A qualitative study about changes that parents experience through a pilot parenting support program to improve the quality of contact visits in non-kinship foster care

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ABSTRACT

Despite the important impact that contact with birth parents during non-kinship foster care can have on a child's well-being, there are few psychoeducational programs aimed at improving the quality of visits. The purpose of this study was to analyze the perceptions of changes in birth parents who have completed the first program of this kind to be developed in Spain, here in its pilot application. The aim of the program *Visits: a context for family development* is to improve parents' emotional, communication, and parenting competences, and it comprises a total of seven sessions: six individual sessions that take place in the hour prior to consecutive scheduled visits with the child, and one group session involving all participating birth parents. A total of five families began the program, and three mothers completed all seven sessions. We conducted semi-structured interviews with mothers before and after the intervention so as to explore their perceptions regarding changes in their parenting competences and the quality of visits with their child. These data were complemented by participant-observer notes taken by one of the researchers during program sessions. Through content and semantic network analysis of interviews, we were able to identify changes in relation to five aspects of contact visits following participation in the parenting program. The results suggest that the program has the potential to enhance the parenting competences of birth mothers, to improve parent–child interaction during contact visits, and to encourage collaboration between the birth and foster families. These preliminary findings support the utility of the program for improving the quality of contact visits between birth parents and their children in non-kinship foster care.

1. Introduction

In 2021, there were 18.455 children and youths in family foster care in Spain (Observatory of Childhood, 2022), the vast majority of whom (11.637) were in long-term placement, only 4.384 were in short-term placement and 591 in emergency placement. Kinship care (11.395) predominates over non-kinship care (7.060), and around 6.700 of children in family foster care are aged between 4 and 10 years old. These data reflect the low rate of reunification and the tendency to keep children close to their family roots in our country. In addition, research in this area highlights the long duration of family foster care placements and the lack of contact and collaboration between birth and foster families (Del Valle et al., 2008; González-Pasarín et al., in press; Jiménez

& Palacios, 2008; López et al., 2010).

Legislation in Spain (Law 26/2015) stipulates that children who are placed in non-kinship foster care have the right to maintain contact with their birth parents, provided that this will not be harmful or detrimental to them. The main rationale for allowing contact visits is that they serve to maintain an attachment to the birth family, thus preserving relationships that may potentially benefit the child.

In terms of the impact that contact may have, some studies have found that visits can interfere with the daily routines and activities that have been established within the foster family, as well as potentially generating in the child feelings of anger, anxiety, and sadness, conflicts of loyalty, and rule-breaking or other disruptive behaviors (Biehal, 2014; Carvalho & Delgado, 2014; Morrison et al., 2011; Prasad, 2011). It

has also been found that problems of this kind tend to emerge following some kind of negative incident during the visit, or when the birth mother has failed to attend as agreed (Biehal, 2014; Delgado et al., 2016; Morrison et al., 2011).

These findings notwithstanding, most research suggests that when visits are a positive experience for those involved, they can contribute to the child's psychological adjustment and well-being. Specifically, it has been proposed that contact can help to maintain an attachment to the birth family (Chesmore et al., 2017; Poitras et al., 2021), reduce loyalty conflicts in children and their sadness or concerns about the separation (Boyle, 2017; Delgado et al., 2016; McWey et al., 2010), and bring a sense of continuity to the child's life story, thus favoring identity development (Argent, 2006; García-Martín et al., 2019; Taplin, 2005). Direct contact may also provide children with a more realistic view of their birth family's current circumstances, thereby preventing an idealized view from developing (Argent, 2006; Boyle, 2017; Fuentes et al., 2019; Sanchirico & Jablonka, 2000).

Poitras et al. (2021) recent systematic review on the association between parent–child contact and the foster child's adjustment, which included 18 empirical studies, conclude that: a) the lack of parental contact and a complete break with birth home negatively affect child adjustment; b) contact with birth parents is linked to attachment to them, this means that regular contact strengthens parent–child relationships and facilitates family reunification; c) there were no associations with academic functioning or attachment to the foster carers; and d) there were mixed results on the link between parental contact and behavioural adjustment (externalizing and internalizing problems), but in general, the systematic review showed an absence of such association. In this respect, potential moderating variables should be taken into account such as the quality of parent–child interactions and relationships, attendance at formal interventions or psychotherapy, or the quality of prenatal environment. Déprez and Wendland (2015) also point out as possible factors impacting the quality of parental contact and the child's outcomes: type of maltreatment, child's age or parents' responsiveness to the child's needs.

With respect to birth parents, visits are an opportunity to continue exercising some of their parental functions and to see for themselves that the child is doing well (Fuentes et al., 2019; García-Martín et al., 2019). Contact may also serve to create a relationship of mutual trust and collaboration between the foster and birth families (Amorós & Palacios, 2004; Collings & Wright, 2020). Scientific literature has shown that this collaboration is important for the success of visits (e.g. Ellingsen et al., 2012; Fuentes et al., 2019; Sanchirico & Jablonka, 2000), insofar as an attitude of acceptance and inclusivity by both parties helps to encourage contact, whereas hostility between the two families is detrimental to the child's development and wellbeing (Díaz-Tártalo & Fuentes-Peláez, 2018; Linares et al., 2010). When the birth and foster families are seen to be working together, children are able to relax and to speak more openly about their background and why they have been taken into care, thus enabling them to feel that their past is acknowledged and that the foster carers can appreciate their family of origin (Nesmith et al., 2017; Schofield & Simmonds, 2011). Moreover, studies point out that when foster and birth families received support, they are able to cooperate with the aim of making visits a success, for example, by sharing information over the phone, setting clear rules with regard to the organization and planning of contact, and by showing trust in one another from the outset and acknowledging that they both have a role to play in the child's life (Collings & Wright, 2020; Hedin, 2015; Linares et al., 2010).

Finally, research also points out the importance of establishing a collaborative relationship between professionals of the Child Protection System and birth families to facilitate better engagement and involvement (Bouma et al., 2020; Schreiber et al., 2013). However, the majority of the studies show a general mistrust by birth families of professionals and the system due to, for example, harmful interventions, lack of communication, misinterpretation of birth parents' emotions or inconsistent support (Ankersmit, 2016; Fernandez & Thorpe, 2021). Ensuring

that parents of out-of-home children are adequately supported since the beginning of the process is key to helping them develop their competences, for improving family functioning and working towards family reunification (Akin et al., 2017; Balsells et al., 2019; Farmer & Wijedasa, 2013).

Despite the important impact that contact with birth parents during non-kinship foster care can have on a child's well-being, there are few psychoeducational programs aimed at improving the quality of visits. In the majority of cases, intervention during contact is focused on the goal of achieving family reunification, and very few programs have been designed to complement long-term foster care, in which most children continue to have contact with their birth family (Akin et al., 2017; Bullen et al., 2015; Bullen et al., 2017; Suomi et al., 2020; Taplin et al., 2015). For example, the *FamilyConnections™ Reunity House* (https://neabpdspain.org/programa-family-connections/?lang=en) or *Family Reunification Project* (https://vecina.org/volunteer-opportunity/family-reunification-project/). Furthermore, scant research has been conducted on the effectiveness of these programs. Of 14 visitation programs identified and reviewed by the California Evidence-Based Clearinghouse for Child Welfare (CEBC) in 2020, 13 had not employed a robust method to examine program effectiveness. The exception was the *KContact intervention* (https://www.cebc4cw.org/program/kcontact/) (Suomi et al., 2020; Taplin et al., 2015), for which the research evidence was rated by the CEBC as promising. However, in this program the intervention consists of contacting parents by telephone before and after each contact visit to provide them with support (i.e. clarify parents' concerns and expectations, and practical and emotional support for next visit) (Suomi et al., 2020).

This situation is reflected in our country, Spain, insofar as there are currently no evidence-based programs which child welfare professionals may use to help them prepare families (both foster and birth) for contact visits. Moreover, previous studies by our group that have examined the views of children, birth families, foster carers, and social workers regarding contact visits during non-kinship foster care (Fuentes et al., 2019; García-Martín et al., 2019; Salas et al., 2021; Salas et al., 2016) have noted that a high number of visits are rated as poor quality, and also that birth parents often lack the emotional, communication, and parenting skills needed to relate successfully to their child. In line with other researches (Biehal, 2014; Urrea-Monclús, Ichaurrondo et al., 2021, Urrea-Monclús, Ponce et al., 2021), these studies also highlighted the need to provide children, foster carers, and birth families with better information, preparation, and support in relation to visits, and also to ensure that professionals have the training required to facilitate and mediate these encounters.

In an attempt to address these shortcomings and the fact that cultural differences between countries, the Family Foster Care and Adoption Research Group from the University of Malaga recently developed a systematic psychoeducational parenting program called *Visits: a context for family development* (Bernedo et al., 2020). The aim of this program, which is freely available for use by any child welfare professional, is to help birth parents and foster carers develop the specific parenting competences they need to put into practice, both during and as preparation for the child's contact visits. To inform the study design, a review was made of the positive parenting programs developed in NAME OF THE COUNTRY (i.e., number of sessions, duration, dosage, contents) (González-Pasarín & Bernedo, 2021), as well as of international programs as mentioned above. A need analysis of birth families, foster carers and professionals was also carried out in relation to contact visits to identify the areas to be targeted (Fuentes et al., 2019; García-Martín et al., 2019; Salas et al., 2021).

The purpose of the present study is to present results regarding the changes achieved by those birth parents who had contact visits with a child in permanent non-kinship foster care and have completed the pilot application of this psychoeducational program. We expected to find that the intervention would: a) lead birth parents to feel better equipped to meet their child's needs during visits, b) improve the perceived quality

of parent–child interaction from parents' point of view, and c) encourage greater collaboration between the foster and birth families.

2. Method

2.1. Design

We used a qualitative pretest, intervention, post-test design to analyze the perceptions of birth parents regarding any changes in their parenting competences and the quality of visits with their child following their participation in the program *Visits: a context for family development* (Bernedo et al., 2020). Data were gathered through semi-structured interviews with birth parents and were complemented by participant-observer notes (taken by one of the two program facilitators).

2.2. Agency recruitment

In order to implement the program we first requested the collaboration of the Child Protection Service and the two agencies responsible for managing foster care in the province of Málaga. Ultimately, access to families was only obtained through one of the two agencies (Infania Agency).

2.3. Participant recruitment and description

To be eligible for inclusion, birth families had to fulfill the following criteria: 1) Having a child in permanent or temporary non-kinship foster care; 2) having face-to-face contact visits with the child; 3) fostered child is aged between 5 and 12 years; and 4) volunteering to participate in the program.

Professionals from the fostering agencies identified and contacted families who met the aforementioned criteria, and that they also considered those families needed to improve the quality of their contacts. In this first contact, professionals provided them with information about the nature and purpose of the study; this included a letter from the research team formally inviting them to take part. Those families who were willing to participate in the study were then contacted by the research team, via the fostering agency, to agree on a date and time for the initial pre-intervention interview. Written informed consent was also obtained from the birth families at this point.

Five families began the program. In three cases it was the mother alone, and in two it was the mother and her current partner. These families had a total of seven children in non-kinship foster care, in all cases with a visitation agreement. Two of these families did not complete the program due to a change of circumstances: in one case, contact visits with the mother were suspended, while in the other the two children were formally moved from non-kinship to residential foster care. Table 1 summarizes the main characteristics of the three families who completed the intervention program. As regards the relationship between the birth and foster families, in case 1, they met for the first time approximately-one month prior to the start of the intervention

program, since when they continue to encounter one another at the beginning and end of Jacob's visits. A good relationship exists between them, positive communication and coparenting practices. In cases 2 (Daniel) and 3 (David and James), the birth and foster families have not met and do not share information about children. Furthermore, prior to the intervention, Daniel's mother had a negative view of the foster carer, filled with mistrust of the care her child was receiving. For her part, David and James' mother conveyed negative messages about the foster family.

2.4. Development and implementation of the intervention with birth parents

The aim of the program *Visits: a context for family development* (Bernedo et al., 2020) is to improve the quality of contact visits for children in non-kinship foster care by promoting the emotional, communication, and parenting competences of birth parents and foster carers. The program comprises two modules, one for birth parents, one for foster carers, with the same number of sessions.

The module for birth parents, which is the focus of the present study, consists of seven sessions, six of which are individual; the final session is a group encounter for all parents who have participated. Table 2 presents the main contents of these sessions. The implicitly individual character of the program responds to the need to adapt implementation to the characteristics of the families and the foster care process, as well as to their needs with respect to visits. The group character of the last session aims to create a space in which to meet and share experiences with other families in the same situation.

To facilitate the birth parents' attendance, the program sessions, which lasted approximately 1 h, were held in the building where they went to meet their child, and immediately prior to the scheduled visit. All sessions were facilitated by the same two members of our research group, one of whom was responsible for implementing the program, while the primary role of the other was to take notes as a participant-observer.

In addition to the program session, the birth mothers were given a short task to perform with their child during the first 10–15 min of the visit. This involved them working together on one of the program resources, the *My Visits Book*, while one of the researchers observed and made notes regarding their interaction. The *My Visits Book* is a place for the child and both families (birth and foster) to gather and share information about the child's life prior to being fostered and their life at present with the foster family. Information may take the form of photographs, drawings, letters or notes. The idea is that the birth parents and child will look at and possibly add content to the book during the visit, while the foster family will do the same between visits. For example, during the visit, which take place after the second session with birth families, the task was to decorate and personalize the book, as well as to include some photographs from when the child lived with the birth family (More information available in González-Pasarín et al., September, 2021).

The intervention analyzed in the present study took place between

Table 1
Characteristics of participating families and children.

Case	Pseudonym	Gender	Age[1]	Type and duration of current fostering arrangement[1]	Total time with current foster family[1]	Siblings[2]	Foster family	Frequency of visits	Visits supervised	Main birth family member who visits
1	Jacob	Male	8.58	Permanent/ 11 months	4 years & 7 months	–	Two-parent heterosexual	Monthly	No	Mother
2	Daniel	Male	4.42	Permanent/ 5 months	1 year & 11 months	1 (LI)	Single-parent	Monthly	Yes	Mother & current partner
3	David	Male	9.58	Permanent/ 3 months	3 months	F-same + 1 (LI)	Two-parent heterosexual	Fortnightly	No	Mother
	James	Male	11.83							

Note. [1] Calculated with respect to the start date of the intervention program. [2]LI: Living independently; F-same: two siblings fostered with same foster family.

Table 2

Main contents of program session.

Session	Main Contents
1. Working together for children's well-being	– Usefulness of the visits and the importance of their preparation. – Importance of collaboration between the different agents involved in the development of the visits and foster care (birth and foster family and social workers).
2. Building the family history	– Importance of conveying truthful information and realistic messages about the current situation of birth family and foster care placement. – Specific communication skills for conveying truthful and realistic messages adapted to the child's developmental level. – Skills for the expression of emotions and feelings associated with difficult life events. – Conflict of loyalty.
3. What can we do to enjoy ourselves during visits?	– Games and activities that meet age, interests and developmental level of the child, as well as the capacity and resources of birth family. – Places of interest to go to make the most of the time during visits. – Planning the visits.
4. What do we bring to visits? Snacks & presents	– Benefits of healthy eating. – Guidelines for the preparation of a healthy snack according to the specific needs of the child. – Advise on the types of gifts that are most suitable for children according to their age and interests.
5. What to talk about during visits?	– Topics of conversation related to the foster child life (e.g., daily routine, school, foster family, birth family memories). – Training in communication skills and assertiveness.
6. Bring up through the visits	– Training in inductive educational skills. – Educational conflict solving strategies.
7. Sharing experiences	– Families' own experiences of the program. – Learnings achieved. – Proposals for improvement the program.

Table 3

Script of the interview.

1. What do you think are the benefits or drawbacks of contact visits? Why?
2. What do you think of how the foster family look after your child? Do you think the work they are doing is important?
3. What do you think about the work of the foster agency professionals in relation to visits? Do you think what they do is important?
4. Before the visit, do you think about what you will do during the visit with your child? How do you prepare for the visit?
5. How do you greet your child, and how do you say goodbye?
6. What do you usually do during visits with your child?
7. Do you bring a snack for your child on the day of the visit? What do you bring? If the visit is outside of the venue, Are you taking your child somewhere for a snack? Where?
8. Do you bring presents for your child when you have visits? What kind of presents? Does your child like them?
9. What do you talk about with your child during visits?
10. What do you do when your child tells you about a problem he/she has had?
11. What do you do when your child tells you about something good that has happened to him/her?
12. Do you share any information or objects of the child with the foster family? Would you like or be willing to do so? If yes, What kind of information or objects?
13. When the child behaves inappropriately, e.g. does not pick up toys or screams, how do you react to this situation?
14. When the child behaves appropriately, e.g. picks up toys or asks for things in the right way, how do you react to this situation?
15. Is there anything else you would like to say?

June 2019 and July 2020. No sessions took place between March and June 2020 due to the social restrictions imposed as a result of the COVID-19 pandemic.

2.5. Instruments and procedure for the interviews

We conducted semi-structured interviews with birth mothers before and after the intervention so as to explore their perceptions regarding changes in their parenting competences and the quality of visits with their child. These data were complemented by the participant-observer notes taken during program sessions.

- *Semi-structured interview with birth mothers.* The interview was guided by 15 questions about contact visits (Table 3). The interview script was designed by our research group based on our experience in the field of non-kinship fostering and, especially, our work examining contact visits with birth parents (Fuentes et al., 2019; García-Martín et al., 2019; Salas et al., 2016). In light of these previous studies, we considered it important to explore different stages of the visit (i.e., initial greeting, the time spent together, and farewell), as well as different aspects of the interaction between mother and child (e.g., expressions of warmth, style of communication and topics of conversation, activities and play, parenting style, bringing food and presents). These aspects were chosen based on the findings of two previous studies by our group (García-Martín et al., submitted for publication; Salas et al., 2021). One of these was a qualitative study (Salas et al., 2021) in which we identified a series of parent and child behaviors that might occur during visits, and which we grouped into the following categories: greeting and farewell; style of interaction; use of parenting strategies; topics of conversations; and presents or food. These categories were established based on childhood needs theory (López, 1995, 2008), which classifies

children's needs into physical/biological, cognitive/cultural, emotional/affective, and social participation. Accordingly, we selected those classes of needs that might be met by birth parents during contact visits with their child.

In accordance with the study design, individual interviews with birth mothers were conducted both before and after the intervention. Although pre-test interviews were face to face, the post-intervention interviews had to be conducted virtually (using Google Meet) due to social restrictions associated with the COVID-19 pandemic. All interviews, which lasted 30–40 min each, were audio-recorded for subsequent analysis, after first obtaining the consent of participants.

- *Participant-observer notes.* One of the two researchers involved in implementing the program sessions acted primarily as a participant-observer and took notes regarding the mother's behavior during the session, focusing particularly on her attitude towards the content, how she related to the session facilitators, her approach to the activities and tasks set (including how she managed the time available), and any comments she made during the session.

2.6. Data analysis

We conducted a content analysis (Braun & Clarke, 2006; Gibbs, 2012) of interviews using ATLAS.ti7. Interviews were not transcribed, and the whole process of analysis (identification of units of meaning and coding) was based on repeated listening to the audio recordings.

In a first step, we established an *a priori* set of categories, agreed by all four researchers, based on the questions that guided the semi-structured interview. For the questions related to the different stages of visits (i.e., initial greeting, the time spent together, and farewell), we took as a reference the categories described above in Section 2.5. For the three general questions and the question about collaboration with the foster family, we chose a key word from each that captured its purpose. This gave rise to a total of 13 categories.

Having established the categories of interest, the researchers then held a series of meetings in which they worked as a team to segment and code the material from each of the interviews. Each audio recording was listened to simultaneously by all the researchers, with any discrepancies being resolved through discussion until a consensus was reached. During the process of coding the material, the list of categories had to be extended as some of the content was not captured by the a priori category system. Consequently, and in order to ensure rigor in the analysis,

the researchers reviewed all the interviews again using the extended category system. Next, and again working as a team, they reviewed the category system and codebook to ensure that the categories and codes included were sufficiently representative of the mothers' utterances. Finally, we conducted semantic network analysis to examine possible relationships between categories. This led us to identify the following themes: (1) Appraisal of visits; (2) Collaboration with the foster family; (3) Planning for visits; and (4) Characteristics of visits and parent–child interaction. However, a further theme also emerged from the analysis of post-intervention interviews: (5) Support received through participation in the program. Through this iterative, flexible, and reflective process we were able to continuously refine the coding system and the results obtained, thus ensuring rigor in the analysis of content (Braun & Clarke, 2006; Srivastava & Hopwood, 2009).

As a complement to the analysis of interviews, we also conducted a content analysis of the participant-observer notes for each of the program sessions for each mother. This involved selecting paragraphs or fragments of text that could be linked to the category system used in the analysis of interviews and which reflected the five themes identified through the semantic network analysis.

2.7. Ethical considerations

The study was approved by the Ethics Committee of the University of Malaga (CEUMA: 58–2017-H) on October 26, 2017. It also received written authorization from the Child Protection Service and the fostering agency that provided access to families. Prior to any data collection and implementation of the program, all participants were required to sign an informed consent form; this form described the purpose of the study and their rights throughout the process, including the assurance that all data would remain confidential and be used solely for research purposes. In addition, at the start of each interview they were given the opportunity to resolve any queries they had, and it was made clear to them that they had the right not to answer any of the questions that would be put to them, as well as the right to withdraw from the study at any point if they so wished. They were also given, at the start of the interviews, a document signed by the lead researcher and stating a commitment to the protection of personal data.

3. Results

The content analysis of the pre- and post-intervention interviews with the three birth mothers who completed the program *Visits: a context for family development* enabled us to identify perceived changes in their parenting competences and the quality of visits with their child, as well as their views regarding the support received through participation in the program. These perceptions were complemented by the content analysis of the participant-observer notes for each of the program sessions.

3.1. Appraisal of visits

When asked about the benefits and drawbacks of contact visits, the mothers highlighted issues related both to themselves and their child. Overall, participation in the program was associated with the reinforcement or strengthening of a positive view of visits. Those mothers who already had a positive opinion of visits prior to the intervention (cases 1 and 3 in Table 1) continued to view them in this way, recognizing benefits both for themselves and their child, and reporting a reduction in or absence of drawbacks. For example, James and David's mother (case 3) remarked: *«The good thing about visits is that I can get close to them and they to me, so they don't forget the affection, for want of a better word, that there is between us»* (36:1); *«(…) when I see my boys, there's a feeling of calm, of peace… [Do you think the children sense this too?] Yes, I do.»* (36:2). When asked about any drawbacks associated with the visits, this mother replied: *«No* [there are no drawbacks]. *There are only

benefits»* (36:2).

As for Jacob's mother (case 1), she was able, following the intervention, to see more benefits to the visits, although she continued to perceive (albeit to a lesser extent) a weakening of the emotional bond with her child, due to the infrequency of visits and the pain of separation: *«…that he still loves me like he did before»* (35:2); *«The main benefit, seeing me… But that isn't a benefit, it's a joy, seeing my boy. What are the benefits? Well…that I'm glad to be able to see my boy (…) I can't say I'm happy simply to see he's doing OK, but it is what matters most to me, that he's OK»* (35:1); *«Love is about closeness»* (35:7).

With respect to Daniel's mother (case 2), who prior to the intervention had a more negative view of visits, her participation in the program led to a number of important changes. In particular, she developed a stronger sense of the importance of visits during her child's foster care, and the benefits they could bring, while the number of drawbacks she perceived was reduced considerably: *«For me, no* [there are no drawbacks]. *I see the visits as really positive. I'm close to my boy, and they* [the visits] *help me a lot. For me they're really important»* (28:2).

In summary, the main benefits of visits, as perceived by mothers, are that they help to maintain the emotional bond with their child, allowing them both to gain some degree of inner peace by seeing each other.

3.2. Collaboration with the foster family

In cases 2 and 3, where the birth and foster families had not met or did not share information relating to the child, the mothers' active engagement with the program and their motivation to change led to collaboration between the two families. Both these mothers had expressed a willingness to collaborate with the foster family, and this became possible through the *My Visits Book*, which enabled them to share photographs. As a result of this experience, Daniel's mother (case 2) became even more interested in collaborating with the foster mother: *«Yes* [I share]*, photos (…) I'd like her to send me photos or something similar, to see her, to get to know her* [see what she looks like] *(…) and to meet her too»* (28:21). James and David's mother (case 3) was also able to see for the first time the faces of foster family members through the photos that were added to the *My Visits* books of her two sons: *«*[I know them] *Through photos (…) We shared photos, using the book, through you»* (36:13).

3.3. Planning for visits

Preparing for visits is often a challenge for birth parents, especially as regards how to use the time with their child (e.g., what activities might they do together, without it becoming monotonous). Because visits are often scheduled in the afternoon, after school, there is also the question of what snack to bring for the child. Another issue to consider is that many parents try to make up for lost time by bringing their child presents. As Jacob's mother (case 1) put it: *«In the little time I get to see him, I want him to have treats»* (35:12).

The results showed that after the intervention program, Jacob's mother (case 1) continued to come prepared for visits, while Daniel's mother (case 2) and James and David's mother (case 3) both improved considerably in this respect and became more aware of how they could plan ahead: for example, by thinking about possible topics of conversation or questions they might ask their child (e.g., what they have been doing since they last met); planning activities they might do together during the visit; bringing a snack (if it is appropriate for the time of day) and thinking about the suitability of what they bring; and presents (e.g., do they buy something in advance or together with the child during the visit). Prior to the intervention, neither of the latter two mothers (cases 2 and 3) prepared for visits. After participating in the program, however, Daniel's mother (case 2) said:

> *«I prepare everything in my head (…) And what I do, well, I prepare a snack, I think about what I'm going to tell him… the questions, because…*

more often than not you don't get to ask much, because he just plays and doesn't want to talk much (…) That's how I prepare, his snack, his toys, the toys I take him» (28:7).

As for James and David's mother (case 3), she now paid more attention to what her sons might want: *«Yes… I ask them first "Where do you want to go?", and they'll say "Let's go to…" (…) When we're together I ask them: "So, where shall we go for a snack today?" (…)»* (36:5).

Also with regard to snacks, Daniel's mother (case 2) remarked that she had been following the advice given during the program: *«I've been doing it like you showed me»* (28:13). It is worth noting here that the content analysis of participant-observer notes supported this, insofar as this mother showed a keen interest in the advice given during program sessions in relation to healthy eating; for example, she said: *«Is this leaflet for me? Yes, I do want to take it home»*. This attitude was reflected, in practice, in the healthier types of sandwich she brought; she also made a cake at home rather than bringing a packaged, processed one, and any sweets she brought were given to the social worker to pass on to the foster mother. As for James and David's mother (case 3), the analysis of participant-observer notes revealed that, as recommended, she had begun to go to a café where the three of them could share an afternoon snack together, rather than treating the boys differently; previously she had first bought a sandwich for David to take away, and then they all went to Burger King, which was what James wanted, and there the three of them would eat.

With respect to presents, although this is one of the topics addressed in session 4 of the program for birth parents, it was not discussed in depth during the sessions because of the time spent discussing snacks and the importance of healthy eating. This is perhaps why the analysis revealed no changes in how the mothers perceived this issue. That said, the participant-observer notes for Daniel's mother (case 2) highlighted a number of positive changes. On the one hand, she started to bring fewer presents to visits. In addition, and in the context of one of the program activities, she wrote a letter to her son expressing her feelings towards him, and this letter became one of the Christmas presents she gave him in the subsequent visit.

3.4. Characteristics of visits and parent–child interaction

The post-intervention results indicated improvements in several aspects of visits and the parent–child interaction, specifically as regards the variety of activities they did together, communication between them, expressions of warmth during the initial greeting and when saying goodbye, and the parenting strategies employed by mothers. Visits are a space in which the birth family is temporarily reunited, and they are an opportunity to build relationships, to catch up on each other's lives, and for parents to exercise their parental functions. This is why the quality of the experience during visits is so important.

3.4.1. Activities

By the end of the program, those mothers who had unsupervised visits with their children (cases 1 and 3) had discovered new places to go during the time together, while the mother whose visits were supervised (case 2) had begun to introduce new activities and types of play into the time she spent with her son in the room where she met with him. For example, James and David's mother (case 3) said that prior to the program they always did the same thing during visits: *«First we'd go and have a snack. And then, they might say: "Mum, let's go to the Chinese bargain store" (…), and afterwards we'd have a stroll and sit together somewhere (…)»* (3:41); *«Yes, we always did the same thing (…)»* (3:12). By the end of the program, however, their routine had changed and they had begun to venture further from the social services offices where they met at the start of each visit: *«We went down to the seafront. We walked around the harbor, we sat in the park for a bit, and afterwards we went to a café for a snack (…)»* (36:8).

As for Daniel's mother (case 2), she began to do activities with her

son that had been worked on during the program, for example, writing him a letter (see Section 3.3) and doing drawing or coloring with him using materials that she had brought with her: *«(…) The last time, I took a lovely picture for him to color in, it was really lovely… And he colored it in and… I try to play with him, so that he feels good, happy, so that it all goes OK (…)»* (28:11).

3.4.2. Communication

The results suggested that communication between mothers and their children during visits had improved as a result of the mothers' active engagement with the program content and activities. For example, after James and David's mother (case 3) had seen photographs of the foster family in the *My Visits Book* (see Section 3.2), both she and her two sons began to talk about the foster parents and what activities the boys did with them. Daniel's mother (case 2) also felt that the *My Visits Book* had helped her son, who was initially quite taciturn, to be more communicative, as well as enabling the two of them to share experiences from his life. In her pre-intervention interview, this mother had said: *«I always ask him what he's doing at school, but he never tells me anything»* (6:4); *«He's not a talker, not my boy. He keeps things to himself»* (6:16). When interviewed again after the program, however, she said she had heard about some of his school friends and the activities he did with the foster parents:

> *«(…) I think the trip did him a lot of good, he really looked forward to it and enjoyed it, because when he talks about it, you can tell that's what he feels (…), and with his friends…»* (28:19)

As regards Jacob's mother (case 1), she already felt prior to the program that communication with her son was fluid, positive, and warm (they talked about a wide variety of topics and trusted one another), and this continued to be the case following the intervention:

> *«With him, we almost always end up talking about school and dance. He starts telling me things about dance, about flamenco (…) He likes to play the box drum and dance (…) And he says to me that they're* [the foster parents] *really nice and that* [name of the foster parents' biological daughter] *is in love with him, or so he says. He loves them a lot, too. He's spent half his life with them and half with me* [And does he tell you what he does with them, where they go?] *Yes (…)* [And do you tell him about your family?] *Of course I do, and also they come to see him (…) he'll ask me: "Where's aunty…?"* [Is there trust between you?] *Of yes. He's never lost that (…) He tells me especially about this friend he has (…) who he says he spends most of the day with. But yes, he tells me about lots of children (…)»* (8:30).

3.4.3. Expressions of affection

Although this issue does not form part of the program content, it became necessary with James and David's mother (case 3) to help her realize that affection could be communicated verbally, not just through physical contact. When face-to face visits resumed after the COVID-19 lockdown, parents were still not allowed to embrace their children during visits, because of the ongoing restrictions about what was permitted during social contact, and she had found this very challenging emotionally. However, the participant-observer notes of program sessions showed how she had learned to express her affection in words: *«Like that, with an elbow or foot bump* [And before the pandemic?] *With a kiss and a hug. I tell them* [now]*: "I love you lots. I really miss you both"»* (36:7).

3.4.4. Parenting style

The results indicated that in the case of James and David's mother (case 3), who had struggled to apply effective parenting strategies, her involvement in the program led to improvements in this respect. For example, she came to see herself as better able to place limits on their inappropriate behavior during visits, such as when they played with her mobile phone and ignored her. She also indicated that they now took

more notice of her. For example, she said: *«They talk to me, but they almost always want to play with my mobile, to play games on it, and I tell them: "Boys, we're talking"»* (36:17); *«"Come on son, put the phone down and talk to me." Them and those little characters* [in the mobile game app] *…»* (36:20).

As for the mothers of Jacob and Daniel (cases 1 and 2), they continued to use parenting strategies they had found to be effective, primarily positive reinforcement of adequate behaviors and inductive discipline when wishing to correct their child's behavior. For example:

> *«But I can't tell him off too much. For two hours that I see him, I'm not going to tell him off, although I do tell him what's right. And I can't be giving him treats, because if they* [the foster parents] *are teaching him one thing and then I go and do the opposite, well that's no good, is it?»* (Jacob's mother; 8:25).
> *«Yes, I do correct his behavior. I tell him to put the toys away, to put the rubbish from his snack in the bin… he has to be well-behaved, not cause any problems, to be a good boy at home»* (Daniel's mother; 28:22).

3.5. Support received through participation in the program

The three mothers who completed the program appreciated the social support and professional help they had received with the aim of improving their parenting competences and the quality of visits with their child. For example, Jacob's mother (case 1) said: *«I'm grateful above all for your support, for the guidance you've given me. You're showing me… you tell me what's right. Above all the help, because you give me lots of advice»* (35:1). In a similar vein, James and David's mother (case 3) was likewise happy with how visits had improved: *«Well yes, I've enjoyed the visits with the boys, I've enjoyed them a lot. And also meeting you»* (36:24). As for Daniel's mother (case 2), she commented that putting all she'd learnt into practice would be really useful: *«Putting it all into practice is going to help me a lot»* (28:24).

In addition, Jacob's mother (case 1) also explains the emotional support she has received as a result of her participation in the program, highlighting her role as a mother and the acceptance and trust conveyed by the program facilitators: *«Thank you all for the importance you give me (…) and what we have talked about, we have talked about it sincerely»* (35:31).

4. Discussion

This paper presents results regarding the changes achieved by those birth parents who had completed the pilot application of the new psychoeducational parenting program, *Visits: a context for family development*. The aim of the program is to improve the quality of contact visits for children in non-kinship foster care by promoting the emotional, communication, and parenting competences of birth parents and foster carers. The present study focused on the pilot application of the program with birth parents. We conducted semi-structured interviews with birth mothers before and after the intervention so as to explore their perceptions regarding changes in their parenting competences and the quality of visits with their child. These data were complemented by participant-observer notes (taken by one of the program facilitators) regarding the mothers' behavior, attitudes, and comments during program sessions. A total of three mothers completed the program. The results overall suggest that the program has the potential to enhance the parenting competences of birth mothers, to improve the quality of parent–child interactions during contact visits, and to encourage collaboration between birth and foster families.

The positive impact of the intervention was particularly evident with the mothers of Daniel (case 2 in Table 1) and James and David (case 3), both of whom had previously experienced difficulties when interacting with their children. Following her participation in the program, Daniel's mother had a much more positive view of visits and a stronger sense of their importance. By the end of the intervention, both these mothers had

begun to introduce new activities and types of play into visits with their child, and they described an improvement in communication, exemplified by a greater variety of topics of conversation (e.g., life with the foster family, friends). They were also preparing more for visits (e.g., thinking in advance about what they might talk about, where they might go), and trying to encourage healthy eating in their children. In the case of James and David's mother, she was also making a greater effort to treat her sons equally in this respect. These improvements in visit content, planning and communication allowed birth mothers to optimize the quality of family interactions during visits and, as a result. This is an evidence of the potential effectiveness of the program to improve the quality of contact visits, above all, in the case of birth parents who have struggled to exercise their parental functions, to whom the program can help them to develop their competences in this respect. These findings are consistent with previous literature, which showed that biological families who have received training to develop their parenting skills in relation to visits have an enhanced ability to establish positive interactions with their children (e.g. Bullen et al., 2017; Urrea-Monclús, Ichaurrondo et al., 2021, Urrea-Monclús, Ponce et al., 2021).

As regards Jacob's mother (case 1), she reported fewer perceived changes in her post-intervention interview and, in our view, there are two possible explanations for this. The first is that she already perceived herself (in the pre-intervention interview) to have a positive emotional relationship with her son, and also that she was able to meet his needs when they were together. The characteristics of this case are likely to be important here, insofar as Jacob had been with the same foster family since he was first taken into care, and over this period (4 years and 7 months) a relationship based on good communication had developed between his mother and the foster parents; they had been able to reach agreements with regard to Jacob, and they also shared information when they encountered one another at the start and end of his contact visits. The second factor that may account, in part, for why this mother did not perceive a greater impact of the program has to do with the presence of other family members (the child's aunt and cousins) during visits. This meant that visits had to be adapted to the needs and/or wishes of several children and adults, making it more difficult for Jacob's mother to put into practice what she had learned or worked on during the program (which, it should be remembered, is focused on the parent–child relationship during visits).

Nevertheless, it is worth noting that no negative program effects were reported by any of the three mothers, and although Jacob's mother (case 1) perceived fewer post-intervention changes than did the other two parents, she nonetheless considered that the program had been worthwhile and an important source of support. As she herself put it: *«I'm grateful above all for your support, for the guidance you've given me (…) because you give me lots of advice»* (35:1). In this sense, participation in the program may have strengthened their parental agency (Máiquez et al., 2000), which is in line with previous research indicating that training to promote parenting competencies in vulnerable families improves feelings of parental competence and efficacy (e.g., Akin et al., 2017; Kennett & Chislett, 2012).

Overall, these findings support one of the conclusions reached by Maltais et al. (2019) in their *meta*-analytic review, namely that the most effective interventions for promoting change in the parents of children in foster care are those aimed at modifying the parent–child relationship or interactions within the family. Accordingly, we believe that the program is adequate for meeting its proposed goals, although its impact would likely be enhanced by extending the intervention to other family members or children themselves.

Another relevant finding is that all the mothers felt positive about the social support and professional help they had received through participating in the program. This finding is of great interest when contrasted with research that reveals hostility and distrust from parents towards child protection services, and a weak or absent collaboration between professional and birth parents. These studies conclude that the way in which families experience the child protection system and the

relationship they develop with professionals will influence the extent to which they feel able to trust their case workers and, therefore, their willingness to work collaboratively with them (Bouma et al., 2020; Harris, 2012; Schreiber et al., 2013). Furthermore, collaborative and strong relationships between birth parents and professionals has been found to be beneficial outcomes for parents, their children and the family itself (Akin et al., 2017; Fernandez & Thorpe, 2021). In light of this, several authors (e.g. Balsells et al., 2019; Biehal, 2014; Schreiber et al., 2013) have highlighted the importance of training caseworkers in assertive and empathic communication so as to help them gain the trust of and build a working alliance with at-risk families, and also to ensure that professionals have the training required to facilitate and mediate the contact visits.

Based on birth family stories and from a functional perspective, emotional, informational and instrumental support has been identified. An example of the latter, used in the program described here, is the *My Visits Book*. By facilitating and encouraging more open communication between child and mother, the book enabled mothers to keep up to date with their child's progress and to feel that they had more of an active role in the foster care. The results obtained here also suggest that use of the *My Visits Book* can help to promote closer collaboration between the birth and foster families, which is important given that the relationship between the two families has implications for children's well-being and the functioning of contact visits. Efforts to ensure that, as far as possible, the relationship between the two families is harmonious and perceived by the child as being a natural state of affairs can help to avoid a conflict of loyalties (Fuentes et al., 2019; Sanchirico & Jablonka, 2000), and tools such as the *My Visits Book* can be useful in this respect. There are some programs that specifically addressed collaboration between birth and foster families (e.g. Linares et al., 2006; Nesmith et al., 2017). For instance, Linares et al. (2006) intervene to enhance co-parenting between birth parents and foster carers. At the end of the intervention and at follow-up, they found that families established collaborative co-parenting and had improved positive parenting, which were maintained over time and positively influenced the child in externalizing problems. Their findings support the feasibility of providing joint parenting interventions to meet families' needs. In this way, Nesmith et al. (2017) found that when professionals support the process to bring the two families closer, encouraging collaboration and strengthening the relationship between them (e. g., clarifying visiting expectations or recognizing birth parents fears), both families are able to establish positive relationships.

Our results evidence how the information and resources provided, as the tool *My Visits Book*, which allow parents and children to express themselves in different formats (visual, verbal, written, and so on), help to improve communication and parent–child interaction during visits. In addition, the program facilitators' competences to create a unique space for each birth mother, which gave rise to emotional support perceived, highlight the importance of building a relationship based on trust, empathy and commitment with birth parents for the successful of the intervention and the foster care process itself (Bouma et al., 2020; Höjer, 2009).

The present study has a number of limitations that need to be acknowledged. The first concerns the small number of birth families we were able to recruit, and also the fact that only three mothers completed the program, although there are several factors to bear in mind here. Aside from the inclusion criteria we established, there is also the question of a family's willingness. Although they may recognize that taking part in a program of this kind could have benefits for their child's well-being, it also implies engaging more closely with social workers, towards whom they might feel considerable distrust due to the painful process of separation from their child. In addition, the personal and family circumstances of these families are invariably challenging, and this may be a further obstacle to their participation (Ankersmit, 2016; Fernandez & Thorpe, 2021).

The fact that participation in the program was restricted to birth parents who had contact visits (supervised or unsupervised) with a child (or children) aged between 5 and 12 years in permanent non-kinship foster care is a further potential limitation, insofar as the results may not be generalizable to families of other characteristics. Intervention needs may be different in the case of temporary or emergency foster placements, or when the child is cared for by members of the extended family, and the content of the program would likely have to be tailored to individual needs and circumstances in these cases.

Finally, although our use of a pre-test/post-test design allowed us to explore the short-term impact of the intervention program perceived by birth parents, it is unclear whether the observed improvements would be maintained over time. Longitudinal studies with at least one follow-up evaluation are therefore required to examine the longer-term effects of the program. Furthermore, data are based on self-report of a single informant (birth parents), reflecting only one perspective in a situation in which there are more stakeholders (foster carers, children and social workers). Future research should also include multiinformant perspectives.

5. Conclusion

Despite the aforementioned limitations, the results suggest that the program *Visits: a context for family development* shows good potential as a tool for improving the quality of contact visits between children in non-kinship foster care and their parents. By helping mothers to develop their parenting skills or to apply more effectively their existing competences, they perceived themselves as better able to interact with their child during contact visits. Through the use of resources such as the *My Visits book*, the aim of which is to gather material that connects the child to both families, the program also led mothers to feel more actively engaged in a collaborative relationship with the foster family. In this way, it serves to give voice to and highlight the important role played by birth parents during the process of non-kinship foster care.

Given the important impact that contact with birth parents during non-kinship foster care can have on a child's well-being and development (Boyle, 2017; Fuentes et al., 2019; Poitras et al., 2021), it is vital that parents receive the support and preparation they need to ensure that visits are a safe space, both physically and emotionally, for the child. Indeed, supporting parents in this way is key to achieving the primary objective of contact, which is to enable children in foster care to maintain a positive attachment to and relationship with their birth family. The results presented in this study suggest that the program *Visits: a context for family development* could be a useful resource for child welfare professionals to use in supporting parents so as to make contact visits a more rewarding experience for all those involved.

CRediT authorship contribution statement

Lucía González-Pasarín: Investigation, Methodology, Writing – original draft, Writing – review & editing. **Isabel M. Bernedo:** Funding acquisition, Investigation, Project administration, Supervision, Validation, Writing – review & editing. **Miguel A. García-Martín:** Investigation, Methodology, Supervision, Validation, Writing – review & editing.

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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