Chapter 2: Exploring a Relationship-Based Model of Support for Parents who have Experienced Care Proceedings

Abstract

Introduction: A relationship-based model suggests that the professional-client relationship is the medium through which the practitioner engages and intervenes with an individual. This model has been proposed to support parents who have experienced care proceedings; to limit harm, promote positive change, and prevent further child removals.

Method: Six keyworkers, five mothers and two fathers were recruited from a service supporting parents who have experienced care proceedings, using the relationship-based model, in the West Midlands, UK. Semi-structured interviews were conducted, and the data was analysed using Reflexive Thematic Analysis.

Findings: Four overarching themes were found within parents' and key workers' experiences of the relationship-based model. (1) 'That one person that's always been there' included subthemes of 'parenting parents' and 'having an ally', (2) 'belonging', (3) 'the light in the tunnel' included subthemes of 're-building lives' and 'sharing and inspiring hope' and (4) 'I owe them my life' included subthemes of 'gratitude' and 'a lasting bond'. These themes were found across both parents' and keyworkers' narratives, alike.

Discussion: The findings are discussed in relation to healing attachment trauma and trauma-informed approaches to working with parents who have experienced care proceedings. Recommendations are made for early intervention, specialised and independent services, relationship-based supervision of keyworkers and relationship-based organisational practice. Further research attention should be given to fathers' experiences specifically, parents' experiences in the longer-term and quantitative outcomes related to future care proceedings.

Introduction

Care Proceedings

Every year, more than 13,000 parents are involved in care proceedings in England, many permanently losing their children from their care (Morriss & Broadhurst, 2022). Between 2023-2024 in England, 30,050 children were removed from their parents and placed in out-of-home care (Department for Education, 2024).

Children in the care system are disproportionately affected by complex trauma in early childhood (Bramlett & Radel, 2014; Duffee et al., 2021; Riebschleger et al., 2015). Relational trauma often continues into foster care, with children experiencing frequent changes in allocated caregivers and social workers; often compounding and intensifying a sense of traumatic loss, developing an insecure attachment style, and fuelling life-long interpersonal difficulties and maladaptive self-protection strategies (Mason et al., 2020, Riebschleger et al., 2015).

These children then become parents; the children of the care system themselves. Broadhurst et al. (2017) reported that 40% of a large-scale sample of mothers experiencing repeated care proceedings had experienced the care system themselves as children; many others reported multiple significant adverse experiences in childhood, particularly from their caregivers. Such experiences of trauma in early relationships of interpersonal dependence can lead to self-protection strategies within relationships that persist into adulthood; of prioritising the need for self-protection or avoiding relational dependence (Mason et al., 2020). Mason et al. (2020) described the complex trauma histories of mothers involved in care proceedings as rendering them mistrusting and hypervigilant of others. Quick and Scott (2019) described parents' natural and legitimate responses to care proceedings, such as anger and avoidance, being misconstrued and pathologised, resulting in emotional harm and re-

traumatisation for parents. Through the lens of their trauma, avoidance and anger can be interpreted as valued strategies to cope with professional scrutiny (Philip et al., 2024).

It is therefore not surprising that parents may struggle to trust and work collaboratively with professionals in the context of care proceedings. Parents who have experienced care proceedings have described feeling judged and stigmatised by professionals and fear being labelled as an unsuitable parent if they disclose the extent of their difficulties (Marsh et al., 2018, Mason et al., 2019). Whilst early intervention is seen as paramount in reducing the risk of child removal (Hermes et al., 2022), parents who have experienced care proceedings are often seen by professionals as hard-to-reach and resistive to professional support, confrontational and unable to understand and address concerns relating to their parental abilities (Enlander et al., 2019, Israel et al., 2021, Mason et al., 2020).

A Relationship-Based Model

The relationship-based model is based on the concept that the relationship between the professional and the client is the medium through which the practitioner engages and intervenes with the individual's internal and external world (Ruch, 2005). Of such pertinence, the relationship has been identified as the intervention itself (Courtois, 2004) as "'if relationships are where things developmentally can go wrong, then relationships are where they are most likely to be put right." (Howe, 2005).

The relationship-based model is underpinned by psychodynamic and systemic psychological concepts, recognising the complexity of human emotions and behaviour in the context of relationships and enabling professionals to reflect on the unconscious processes or defence mechanisms that may be triggering these emotional and behavioural responses in the context of past and current experiences of trauma (Howe et al., 2018). This may give rise to the opportunity for practitioners to develop greater understanding and compassion for

behaviours that may be seen as a natural reaction to feelings of anxiety and fear (Howe et al., 2018, Ruch, 2020).

Bower and Solomon (2017) highlighted the psychodynamic concepts of transference, splitting and projection in the context of social workers' difficult relationships with families. They described containment as a core concept of the relationship-based model, whereby parents should be received, understood, held in mind, and sensitively responded to by their social workers, as should their social workers within their supervision (Bower & Solomon, 2017; Earle et al., 2017). Furthermore, the recognition of systemic influences of organisational, socio-economic and political factors in relation to inequality, poverty, discrimination, adverse childhood experiences and abuse, is central to relationship-based practice, as is collaborative interventive work with the systems around the individual to enact meaningful, positive change (Coulter et al., 2020).

The relationship-based model has also been widely recognised in the literature base as a central tenant to best practice in social work in the UK (Munro, 2011; Ruch, 2020) and more recently in other contexts such as general medical practice (Gray et al., 2020) and criminal justice (Humphery, 2024). It can be traced back to the origins of social work, when Hill (1869) described the role as 'heart meets heart' and getting to know 'people, their character, their inner life, and personal experience' (McCulloch, 2019). In current practice, The Munro Report of Child Protection (Munro, 2011) described the 'heart' of social work being lost when bureaucratic elements become the focus and emphasised the need to reclaim the heart of the work, through relationship-based practice. Munro (2011) captured the concepts of relationship-based practice in a word collage; reliable, supportive, trustworthy, accessible, consistent, empathetic, respectful, approachable, honest, open, continuity, dedicated, involving, listening, helpful, experienced, enthusiastic, kind (McCulloch, 2019).

Pervasive interpersonal difficulties experienced by individuals who have been exposed to chronic relational trauma in childhood make establishing safe, healthy relationships into adulthood challenging (Lawson, 2017). A relationship-based model therefore gives rise to the opportunity to form a secure relationship based on safety, compassion, and warmth (Lawson, 2017) where attachment difficulties can be explored and resolved (Pearlman & Courtois, 2005).

A Relationship-Based Model of Support for Parents who have Experienced Care Proceedings

Given the prevalence of complex trauma histories in parents who have had children removed, alongside the evidence for a relational approach to trauma, specialist services using the relationship-based model have been proposed as a more effective way of delivering support to this group (Baxter et al., 2024; Broadhurst et al., 2017; Broadhurst & Mason, 2020; Morriss & Broadhurst, 2022).

Although small, there is a growing evidence base for the positive impact of these services in the UK (Baxter et al., 2024; Boddy & Wheeler, 2020; Cox et al., 2020). In a systematic review of the existing qualitative literature on effective services for parents who have experienced care proceedings, Baxter et al. (2024) reported that the relationship-based model, including concepts of trusted relationships between parents and practitioners, continuity and tenacity in engaging with mothers, and a non-judgemental approach, were key to supporting mothers to make positive, meaningful change. However, the existing literature exploring parents' and professionals' experiences of the relationship-based model of support for parents who have experienced care proceedings is predominantly limited to services supporting only mothers (Cox et al., 2020), and those contingent on their agreement to use a method of long-acting reversible contraception (Boddy & Wheeler, 2020).

Study Aims

This study aimed to explore mothers', fathers' and key workers' experiences of a relationship-based model of support delivered through a charitable organisation supporting parents who have experienced care proceedings in a city in the West Midlands, UK. It was hoped that this study would add valuable insights to the literature on parents' and professionals' experiences of the relationship-based model of support for parents who have experienced care proceedings.

Method

Ethics

Ethical approval was granted by the University of Birmingham Ethics Committee (see Appendix A). Considerations were made to ensure that the research complied with the principles outlined by the BPS Code of Human Research Ethics (2021). All participants were adults with the capacity to give informed consent and were made aware that they could withdraw at any time before or during the interview, and up to seven days after completion of the interview. To ensure confidentiality, the researcher avoided the inclusion of information that could identify participants. Data were anonymised using pseudonyms and altering information such as place, names or ages. Quotes were chosen carefully to mitigate the risk of compromising confidentiality.

Context

The service this research is situated within has been kept anonymous to ensure the research is ethical and therefore the source of the following information is not cited but has been taken from the service's website. The service supports both mothers and fathers affected by care proceedings. This includes parents whose children have been removed from their care; families whose children are in their care following assessment at a parenting assessment

centre; and parents who are pregnant and at risk of the child being removed following birth. The relationship-based model is embedded in the ethos of the service, whereby the relationship between the family and their keyworker is the medium through which parents are supported by their keyworker; to overcome a wide range of difficulties and achieve a more positive future. Participation is entirely voluntary, and parents chose the support and interventions they want to participate in, based on their personal goals. A wide range of support and interventions are offered through the relationship-based model, all of which is led by the parents' keyworker. These include structured interventions in relation to parenting skills (e.g., basic care, stimulation, safety and protection) as well as support addressing issues such as past trauma, substance misuse, mental health difficulties, housing insecurity, and poverty. The keyworkers have a variety of training and background experience in social work, childcare, child development, teaching, child protection and early help, and all previously worked in the parenting assessment centre associated with the service.

Recruitment and Participants

The sample size was informed by guidelines and recommendations from Braun and Clarke (2013), such that twelve participants can be considered sufficient to generate data to demonstrate patterns. Thirteen participants took part in the study, including six keyworkers and seven parents. A purposive sampling method enabled the researcher to gather data related to the lived experience that the study aimed to investigate (Horsburgh, 2003). Eligibility criteria included being at least 18 years old and one of the six keyworkers employed by the service or a parent who had accessed at least six months of relationship-based support after care proceedings.

Recruitment took place between June 2024 and November 2024. The service employs six keyworkers, all of whom were invited and agreed to participate. All keyworkers were

female, three were aged between 30-39, and three were aged over 50. Five of the keyworkers were White British and one was Indian. All keyworkers chose to be interviewed in-person at the service base. Prior to interview, the information sheet was discussed to ensure understanding (see Appendix B). Keyworkers were encouraged to ask any questions they may have had, and informed consent was obtained.

During the recruitment period, 26 families were identified as eligible to participate. All 26 parents were sent an information sheet via email providing details of what participation would entail and asking them if they wished to be contacted by the researcher (see Appendix C). Seven parents agreed to participate: five mothers and two fathers. Parents that gave consent to be contacted by the researcher were given further details on what the participation would involve, and the information sheet was discussed to ensure understanding. Informed consent was obtained, and interviews were arranged. Participants were given the opportunity to take part without the knowledge of the service; however, all participants were happy to share their involvement with the service. Six parents chose to complete their interviews in-person at the service base, and one chose to complete their interview online via Microsoft Teams.

All seven parents were from separate, unrelated families. Two parents were aged between 18-29, four parents were aged between 30-39 and one was aged between 40-49. Six parents were White British, and one was Indian. Six parents reported their marital status as single, and one reported their status as married. All parents had experienced care proceedings and child removal. Three of the parents reported currently having no children in their care. Four parents had one or more children currently in their care, following reunification or further pregnancy. The demographic information for each individual participant has not been published to ensure confidentiality. Parent pseudonyms and whether they currently have children in their care are presented in Table 1.

Table 1

Parent Pseudonyms with Care Proceedings, Child Removal and Child Placement Information

Parent Pseudonym	Experienced Care Proceedings	Experienced Child Removal (of one or more children)	Currently Have a Child in their Care (of one or more children)
Andi	YES	YES	NO
Sage	YES	YES	YES
River	YES	YES	NO
Robin	YES	YES	YES
Casey	YES	YES	YES
Rowan	YES	YES	NO
Phoenix	YES	YES	YES

It was explained to all participants that the research was independent of the service and whether they chose to participate would not impact the support they were receiving, or their employment. All participants were made aware that risk or safeguarding concerns would be shared with their keyworker (for parents) or service manager (for keyworkers). Consent forms were signed by all the participants prior to interview (see Appendix D).

Data Collection

A qualitative methodology was considered appropriate for this study, as the research aimed to gain access to in-depth understanding and insight into the lived experiences and perspectives of others (Creswell, 2009). The qualitative approach was used to generate rich and meaningful discussions relating to the experience of relationships between parents and key workers. This research predominantly adopted an inductive approach, as the researcher aimed to explore novel perspectives on the relationship-based model of support. However, there was also elements of a deductive approach, as previous findings and knowledge related to the relationship-based model have been held in mind throughout the research process.

Semi-structured interviews were used to collect data. The use of open-ended questions and a non-directive interview style encouraged participants to hold the power and expertise of their own lived experiences and to share these in their own words (DeJonckheere & Vaughn, 2019). Interview topic guides were developed prior to interviews (see Appendices E and F). The topic guide for parent interviews was developed in collaboration with someone with lived experience of the service, to ensure the questions were appropriate and accessible. The expert by experience gave insights into potential concerns parents may have in relation to participating in the research and gave thoughtful insights into overcoming these potential barriers. For example, ensuring prospective participants were made aware that the research was in no way affiliated with the Local Authority. The expert by experience also helped the researcher to consider the phrasing and ordering of questions within the topic guide, to build trust and rapport with parents and maximise how comfortable parents felt during the interview and thus able to share their thoughts and experiences honestly, and in full. For example, focusing initially on the practical support and interventions, as this may be easier for parents to share about, thus enabling them to warm up to the researcher and the interview process.

Interview topic guides for both keyworkers and parents centred around three main topics: (1) Support provided (e.g., what does your work involve, or what support have you received), (2) Relationship with keyworker/parent (e.g., what is your relationship like, or how has this relationship made you feel), and (3) Hopes for the future (e.g., have you seen any changes in parents lives, or has the relationship influenced how your future looks). The topic guides were influenced by each interview and evolved as necessary throughout the process.

Interviews ranged from between 25 to 105 minutes. There was no time limit set for the interviews. Interviews were audio-recorded on a secure encrypted Dictaphone. Interviews were transcribed verbatim by the researcher for analysis. All participants were compensated for taking part and reimbursed for travel expenses with a £10 shopping voucher.

Data Analysis

Reflexive Thematic Analysis (RTA) was chosen as it is useful for research questions related to people's lived experiences and perceptions and allows for both inductive and deductive analysis (Braun & Clarke, 2022). This methodology was helpful for this study, as the theoretical concepts of the relationship-based model were used to guide the interviews and the analysis, whilst individual perceptions and ideas related to participants' own experiences were explored. A critical realism and constructionist epistemological approach was taken (Braun & Clarke, 2022). Critical realism suggests that a social reality exists, however, all human experiences and interpretations are unique and individualised (Braun & Clarke, 2022). This approach acknowledges that individuals have their own truth, and the researcher is exploring where these truths may overlap or interlink to create patterns and trends, whilst recognising that there will be many variations and differences. Taking a constructionist position involves examining how individuals make sense of their experiences and interpret meaning and significance, whilst holding in mind that the same meaning may

not apply to others who have experienced the same phenomenon (Byrne, 2022). It is important to accept that whilst using RTA provided insight to a situated, interpreted shared-reality, this does not represent a whole truth, as it cannot possibly encapsulate the entire reality of experiencing a relationship-based model of support in the context of having experienced care proceedings.

The six-step method of RTA was used to analyse the data (Braun & Clarke, 2022). Firstly, the interview transcripts were read multiple times to familiarise and engage the researcher with the data. Initial insights and ideas from within and between datasets were noted. A reflexive journal was used to enhance this process. The datasets were methodically reviewed and segments that were meaningful and relevant to the research question were given brief descriptions. Datasets were coded individually, using NVivo. Each new data set introduced new codes. All datasets were coded twice to ensure the complexities and nuances within the data were captured and multiple levels of meaning and interpretation were not missed.

To generate initial themes, codes that had identified a core concept or idea were clustered together where there was some shared meaning, to identify shared meaning and patterns across the datasets. These were collated to develop candidate themes and subthemes. Codes that shared an underlying concept were combined into a single code, and codes representative of an over-arching narrative within the data became themes or subthemes. Codes that were less or not relevant to the main focus of the research question were discarded.

The participant group datasets were coded separately, with a separate coding framework developed for the parent group and keyworker group, respectively. This was to ensure that concepts and patterns of meaning specific to the individual groups were not lost

or combined with the other group. When codes were clustered and collated to develop candidate themes, it was decided to merge the datasets for analysis as the underlying concepts and overarching narratives were shared across the participant groups.

Candidate themes were reviewed and adjusted to ensure that they remained aligned to the data and presented an evidentially/convincing narrative. The researcher considered how well supported each candidate theme was within the datasets, and which may be more based on assumption or interpretation. An abstract of each theme was written up, to test the central organising principle and consider how it contributes to the overall analysis. This enabled the researcher to clearly define themes and clarify how well they fit with the overall data set and answer the research question. Informative, concise, and catchy names were chosen at this stage for each theme and subtheme. Finally, the research report was written up to produce a coherent and interesting story about each theme and subtheme and the connections across and within themes, to explore the research question.

Quality Appraisal and Reflexivity

The quality checklist for Reflexive Thematic Analysis (Braun & Clarke, 2006) was used to ensure the quality of the research. Braun and Clark (2022) detailed the importance of reflexive consideration of the researcher's own positionality and role in shaping the research. The researcher completed a reflective exploration of their positionality (e.g., gender, age, social class, occupation) at the beginning of the research process (Braun & Clarke, 2022). The researcher also kept a reflexive diary to allow for thoughtful and experiential engagement in the data. Diary entries were recorded during data collection and the initial stages of data analysis. They included reflections on the researcher's feelings and emotional reactions, the participants responses and the data, and the relationship between the researcher and the participant. The reflexive diary enabled the iterative development of the interview

schedule, as questions could be added or adjusted based on the researcher's reflections. The positionality of the researcher was considered throughout this process, which encouraged reflections on the impact of the researcher on the research. For example, the position of the researcher as a trainee clinical psychologist enabled the researcher to build rapport with participants as the researcher was equipped to communicate with empathy. At times it was difficult for the researcher to negotiate the balance between their clinical and research roles and remain committed solely to the researcher position, without offering psychological support that would be considered beyond the remit of this research. It was important to encourage participants to share their stories and experiences without the conversation being steered too far from the research question and into difficulties associated with their own mental health. The reflexive diary enabled the researcher to hold these challenges in mind and reflect upon them in supervision.

Steps Taken to Enhance Credibility

To minimise the risk of bias, the researcher and supervisor met between interviews to reflect on the quality of the interviews that had been conducted and the researcher's initial reflections and findings, to ensure that questions in further interviews were not led by assumptions of the researcher or dimensions of continuity. During the data analysis process, excerpts of a parent and a keyworker interview transcript were coded separately by the researcher and the supervisor. These were discussed and compared together, to verify the accuracy and relevance of the codes and to ensure that they reflect the meaning and patterns within the data. Within the report, direct quotes from both parent and keyworker participants were used to evidence the themes and subthemes. Throughout the process of data analysis, the themes and subthemes were iteratively reviewed and refined by the researcher and the supervisors, to ensure that they were a truthful representation of the narratives of the participants.

Results

Four overarching themes were found within parents' and keyworkers' experiences of the relationship-based model. The themes and subthemes are presented in Table 2.

Table 2

Themes, Subthemes and Contributing Participants

Theme	Subtheme	Contributing Participants Keyworkers (KW), Parents (P)
"That one person that's always been there"	Parenting parents	Charlie (KW), Georgie (KW), Frankie (KW) Andi (P), Casey (P), Phoenix (P), Rowan (P), Sage (P)
	Having an ally	Alex (KW), Ali (KW), Charlie (KW), Georgie (KW), Jamie (KW), Andi (P), River (P), Robin (P), Sage (P)
Belonging		Ali (KW), Jamie (KW), Andi (P), Casey (P), Rowan (P), Sage (P)
The light in the tunnel	Re-building lives	Alex (KW), Ali (KW), Andi (P), Casey (P), River (P), Rowan (P)
	Sharing and inspiring hope	Jamie (KW), Andi (P), Casey (P), Sage (P)
"I owe them my life"	Gratitude	Georgie (KW), Andi (P), Casey (P), Phoenix (P), Sage (P)

A lasting bond	Alex (KW), Frankie (KW), Georgie (KW), Casey (P), River (P), Robin (P), Rowan (P), Sage (P)

Theme 1: "That One Person That's Always Been There"

Parents and keyworkers discussed the experience of parents feeling seen, heard, and believed in, often for the first time. Concepts of re-parenting were explored, such as co-regulation, consistency and unconditionality. Other experiences were related to concepts of alliance and togetherness as parents and keyworkers described their experiences of relating to each other and fighting alongside one another.

Parenting Parents

Keyworkers discussed the impact of intergenerational trauma they have witnessed in their work with parents and described breaking this cycle by teaching parents how to care for their children and protect them from harm. Keyworkers reflected that many parents they work with have been in the care system themselves as children and have experienced abuse and neglect during their own childhoods.

> "A lot of parents that we work with are vulnerable young women that have been in the care system themselves. They've got pregnant, they haven't got a clue how to parent, because they've never been parented themselves. So, they wouldn't have that chance, they wouldn't be able to do things about basic care, do things about being able to protect themselves and their child… I think it would just be the cycle, again… The cycle would just carry on. Whereas we can try and change that cycle, by giving knowledge and giving that support to vulnerable people." (Georgie, KW)

A sense of re-parenting was interpreted through these narratives, whereby not only are keyworkers teaching parents the skills to be better parents but also providing the safe and nurturing parental figure that many of these parents missed out on during their own childhoods. Andi (P) shared that "I've never had that kind of, mother role, with my mum. Not saying she's my mum, but she is, kind of" and Georgie (KW) shared that in her work with parents "I've told people before that I'm proud of them, they've cried. Because they've never had anyone say, they're proud."

The qualities of the relationship between parents and keyworkers that participants described were reflective of a parental figure. Participants described the keyworkers as consistent and unconditional in their support for parents; being there for parents, no matter what.

> "It's just about reassuring them that we're still here, that we're not going to give up. I think because some of the, perhaps trauma they've experienced, and what they've lived through, they've probably had lots of people not stick with them, and you know, sort of give up on them and walk away from them. But we just have to persevere. And let them know that we're here." (Charlie, KW)

A deep sense of keyworkers genuinely caring for the parents they support was interpreted. This was reflected in parents' narratives too; they described feeling cared for and believed in, sometimes for the first time. Casey (P) shared that "They actually care about you, and they care about your future, and they care about your children." Being understood and accepted were also seen as important qualities to the parent-keyworker relationship. A sense of parents being seen and recognised for who they are, rather than judged for their past mistakes, was interpreted throughout the narratives.

> "Even if I told her some things that I've done that were stupid, she didn't like, judge me for it. She would speak to me about it, and now we've gone through all of this bit of work, how do you think you would you do it differently?" (Rowan, P)

> "They feel they can be heard, be listened to, and not be judged… and that is such a massive thing for most of our parents, that have got to this point by being judged on something, their lifestyle, their parenting, their ability to communicate, whatever it might be." (Frankie, KW)

It may be interpreted that this sense of being cared for, understood and accepted, enabled parents to develop a sense of trust and safety within the relationship with their keyworker. Building this trusting and safe bond appeared to facilitate a sense of co-regulation, whereby this trusted and safe person that parents had forged a bond with was able to support them to manage their emotional distress. Phoenix (P) shared that "She made me feel like more at ease. And not like, anxiety, uptight, if that makes sense. Made me feel comfortable and relaxed." A sense of keyworkers bringing stability to the chaos and darkness that parents often described experiencing was interpreted.

> "She makes me see things a different way, she does. So, I could phone her up and I'm really, really angry, I mean I'm really bad, and within 10 minutes of the phone call, she's brought me down. Really down, back to the level where I can process it and think of it in a different way" (Sage, P)

Having an Ally

Keyworkers described sharing themselves and being 'human' and relatable with the parents they work with. Developing this alliance appeared to be a conscious choice for all the keyworkers, who described focusing on the development of the relationship through a sense of shared humanity and getting to know one another.

> “We talk about things that aren't related to their personal life, as well. Very generic stuff, things on TV, things on Netflix. Their hobbies, just to be relatable, and you know, to be human with them and have a normal chat.” (Alex, KW)

These narratives suggested that keyworkers were open to authentic and genuine reciprocal connection with the parents that they support. Charlie (KW) explained this approach as “They need to know who we are, as much as we need to know who they are.”

The narratives shared by the parents suggested that this approach facilitated a sense of compassionate connection with their keyworker. Andi (P) shared that “She doesn't feel like a professional, she just seems like a person. She seems a bit more down to Earth. She don’t seem like she knows it all. She don’t look down on me.” Whilst parents described key workers as “a mate,” “a friend”, “friendly” and “easy to talk to,” the boundaries with the relationship also appeared to be well-established and respected. This may link back to concept of key workers being a parental figure, in the sense that parents perhaps experienced the relationship as predictable and thus safe and stable.

> “I see them as, if it wasn't that they were helping me and this is a professional organisation, they are all people you'd easily find yourself befriending… But they do also keep the boundaries of professionality in the fact that they are supporting you, and that's great. The great level of balance between professional and approachability.” (River, P)

The alliance between parents and their keyworkers highlighted a sense of togetherness and sharing in their journey. Parents seemed to value having someone alongside them, not only to support them but also to understand and share in their feelings of anger, powerlessness and loss, particularly when difficult decisions are taken. This seemed to be felt

and experienced by the keyworkers, who shared their own feelings of grief, anger and anxiety in relation to the experiences of the parents they have been supporting.

> “It’s really difficult because you become, you do build up relationships with parents, and you do see them parent their children. And there’s parts of you that thinks, a lot of it, it’s unfair, I think. Or there’s not enough support gone into things before there’s removals… So, there’s a lot of, trying to get my brain around the unjust of things, and if it’s been done fairly… I think, it is difficult. Because it plays on your mind. And if you’re like me, an overthinker, and somebody who doesn’t switch off ever, then it can be difficult.” (Georgie, KW)

The sense of fighting alongside parents felt hugely important in the context of their difficult relationships with social workers. Robin (P) described their keyworker as a shield, protecting them from the judgment of social services; “And they’re shielding you from them. Shielding us. Yes, it is shielding when you're in that situation, you're a parent. You're being judged. Completely judged. Until somebody who says no, I'm not going to judge.” The sense of the keyworker being from a distinct and separate service, whereby they are aligned to the parent and not the social worker, was interpreted to be highly valuable to parents. A sense of initial anxiety and lack of trust in services perceived to be associated with social services was described by several parents. It felt as though the understanding that the keyworker is not associated with social services was a crucial factor for parents in establishing trust in the relationship with their keyworker.

> “I was really nervous to start with. Because I thought they were into social services and I didn’t trust them to begin with because in my eyes, they were referred through social services, so they were into them. But over time realised that weren’t the case.

> So they're separate from social services but support us to deal with social services." (Sage, P)

This sense of separation from social services was interpreted to facilitate the role of advocacy within the parent-keyworker relationship. Parents described the keyworker being "in their corner" and acting as a "shield" during meetings with professionals. Keyworkers described meetings with professionals as 'overwhelming' and 'intimidating' for parents and acting as a bridge for communication between social workers and parents. Ali (KW) described the role as "a bit of a bridge between families and professionals, which is sad because we should all be working collaboratively together, but it's just not reality, really." The concept of advocacy could be seen to link back to a sense of a parental figure, who is so attuned to the needs of the individual, that they can protect them and speak on their behalf, when they are not yet able to do this for themselves.

> "I struggled to speak, and she knew what I wanted to say. She knew how I wanted things to be, so she was able to advocate for me. So that's important as well, because if you haven't got your own voice, you need someone to be able to say, well, hold on a minute, that ain't ok." (Sage, P)

This quote evokes a sense of how trusted the keyworker is by the parent, and how important their relationship is for the parent to feel truly heard, when their own voice might feel silenced.

The differences between the relationship parents had with keyworkers, compared to social workers, seemed to be rooted in concepts of trust and autonomy. All parents spoke about being 'guided' and 'advised' but ultimately trusted to make their own decisions. Andi (P) described how "They advised me into how to do things… they never told me what to do… they would explain how I could do it differently." A sense of empowerment and taking

ownership appeared to arise in parents, through being trusted to make their own decisions and given the opportunity to enact the changes that they chose.

> "The local authority says you've got to do XY and Z. But we will have that conversation with them about, actually what pieces of work would you like to do? This is what we can offer... Yes, we can be guided and make some suggestions from what the local authority is saying, but actually it's your support plan. What would you like on your support plan? And giving them that little bit of control… that's where you find engagement is really good then… because it's their plan. It's not me saying, right... you need to do XY and Z." (Jamie, KW)

Theme 2: Belonging

The relational experiences described above appeared to lead into a new phase of the relationship-based journey, moving beyond the dyad between the parent and their keyworker, into connecting the parent to a larger support network. Parents shared a sense of their relationship with their key worker attaching them to something bigger; a community to belong to, of others with shared experiences. Parents and keyworkers described the organisation providing a safe space for families with shared experiences to come together, reducing feelings of isolation, loneliness and shame.

Parents conceptualised the service as a whole as 'a family' and 'a safe bubble.' A sense of homeliness was interpreted through these narratives, whereby parents whose own homes and family networks may not feel physically or psychologically safe, have a found a place of sanctuary in which they can feel truly safe and welcome.

> "You feel like a part of the family. It's like a family isn't it… Here, you feel like you're wanted and loved. Other places just kind of, it's just another person, just another statistic, oh god, here we go again. There's a big difference." (Casey, P)

> “They can come in and there's no pressure and they can sit on the sofa. They can have a little chat, you know, tea and coffee. There's usually biscuits floating around the place, it's just much more relaxed. And I think that also helps us build on the relationships and knowing that they can come here if they need to. You know, it's somewhere different that they can get out of their home, maybe away from a not very nice area that they live in, and they come somewhere that's quite chilled. Just have a chat. And I do think that really does help…There's always someone here that will smile at them, that will say hi, you doing alright? And have that, interaction, with them. It, it means a lot to them, because they feel like they're part of something.” (Ali, KW)

The opportunity to connect with other parents who had experienced similar challenges was interpreted as immensely powerful throughout participants’ narratives. A sense of uniqueness to the experience of losing children to care proceedings was interpreted, whereby it felt as though parents could not fathom anyone who has not walked this path, truly understanding or accepting them. Whereas, coming together with others seemed to give parents the opportunity to support and validate one another. There was also a sense of reassurance to seeing others walking their path ahead of them, which could be seen to inspire hope for parents’ own journey forwards.

> “Not everybody understands, they’re like, can’t imagine how you're feeling, which you don't, until you've gone through it… I'm really grateful that I met one of the girls on the trip, and she rings me when she's having shit, and I ring her when I'm having shit. So that's nice, because not many other people understand. My Nan’s like, you can talk to me. I love my Nan, but she would absolutely have a mental breakdown if she knew what was going on in my head some days.” (Rowan, P)

> “She’s been in the system. She's been through it. So she knows what she's talking about.” (Andi, P)

Parents seemed to place huge importance on the relatability and mutuality that came from being supported by those with shared lived experiences. This suggested that perhaps peer support can be perceived as a unique and poignant relational experience in of itself, that can facilitate a sense of shared identity and community.

> “For ages, I thought I was the only one, I knew I wasn’t the only one going through it. But it felt like I was. Until I started the compassion course. And there was 15 more people around that room.” (Sage, P)

Reducing stigma and shame was also interpreted to be a powerful part of the shared experience. Some parents described how difficult being around other parents with their children can feel, when their own had been removed. This was interpreted to perhaps reflect the intense feelings of loss and shame, when reminded of their own children’s absence. Thus, coming together with other parents who had shared this experience may be allowing parents to grieve together, but also to share in compassion for one another, at a time when self-compassion may feel impossible due to the guilt and shame parents may feel towards themselves.

> “Just the opportunity to meet with other parents who have had that shared experience is so powerful for them because there's a lot of stigma involved in having your children removed. And it also kind of helps those parents to be more compassionate towards themselves because a lot of them hold a lot of shame and guilt.” (Jamie, KW)

Theme 3: The Light in the Tunnel

Participants discussed the impact of the support parents had received enabling them to grow into better versions of themselves. Participants shared improvements in knowledge,

skills and confidence giving rise to opportunities for meaningful change. For some, this was deeply connected to parenting, as some children had been returned to their parents' care, and other parents were working towards reunification. For others, this was more about a sense of personal growth and recovery. Parents also discussed a desire to share their lived experiences with other parents walking the same journey, to support and inspire hope for others feeling as lost as they did.

Re-Building Lives

Most parents described feeling completely hopeless and alone when they first came to the service. Several described experiencing intense and traumatic loss stemming from the removal of their children, as well as struggling to manage the difficulties for which their children had been removed. The impact of the stigma and shame associated with child removal was interpreted to feel overwhelming for parents, many of whom described becoming isolated and unable to function. Parents and keyworkers reflected on the absence of other support available to parents, particularly after child removal.

> "I was a wreck at the time. I didn't know what to do with myself. I couldn't function… I was at my lowest, probably that I'd ever been in my life. Didn't know where to go... They were the only place of solidarity that I had at the time." (River, P)

A sense of parents being 'rebuilt' from the wreckage of their trauma and loss, was interpreted. Participants spoke specifically about the relationship between the parent and keyworker giving rise to the sense of confidence and motivation parents needed to enact meaningful change.

> "I was a shell of a person, when I first came here... I was a completely broken person. But working with…[keyworker]… has made me realise I'm not the only one that's

> gone through it. There's work out there, that I can do, to change hopefully everything around. And to get my babies home." (Rowan, P)

Parents described developing their parenting skills directly from their keyworker, in relation to managing behaviour consistently and supporting children with emotional regulation. This may interlink with the concepts of the subtheme of 'parenting parents', as it appeared that parents found skills being modelled for them by a parental figure helpful in learning and developing their own parental capabilities; something that they may not have experienced before. Similarly, participants described keyworkers teaching parents how to self-regulate. Whilst parents described initially needing keyworkers to speak for them, a sense of confidence in finding their own voice, seemed to grow.

> "We can kind of help them to regulate and find that balance, and be a little bit reasonable, with professionals. Or, we can be reasonable for them, with professionals. And then once they see we can do it, you know, they tend to, OK, I can." (Ali, KW)

Narratives of positive changes were not limited to experiences associated with parenting and navigating communication with social workers. Although none of the keyworkers were mental health professionals, a profound effect on parents' mental health was interpreted, particularly in relation to overcoming anxiety. Rowan (P) shared "Now I'm getting the buses on my own and all sorts, which is unheard of for me" and Andi (P) described having learned to manage symptoms of panic "I go all sweaty, clampy, like my body just goes stiff. Like my whole heart just stops for a bit… Just remember what she said, just calm down… I can actually breath."

Another important concept of personal growth interpreted through the narratives of participants involved supporting parents to foster a greater sense of identity and acceptance within themselves. Perhaps particularly salient for parents who are not reunified with their

children, a sense of being supported to make sense of their past and forge a new sense of personal identity and hopes for the future, felt important for parents.

> "A lot of our families lose a sense of their identity. And I feel like my job is to keep giving them that sense of identity, we want to encourage them, and we want them to know that they're still a person, whether they have their child with them or not. They are still a person, and they can have their own goals and continue with their own life." (Alex, KW)

> "I understand life better. It's mistakes that I've made really, that taught me how to be a better version of myself. While I'm not proud of the person I was or the mistakes I've made, I'm proud of the person who those mistakes made me into. Without them though, I don't think I would've seen that I could get through it." (River, P)

Overall, a sense of profound pride was felt throughout the narratives, for the obstacles and challenges parents have overcome, and the new versions of themselves they have created. Keyworkers and parents alike described 'unrecognisable' changes in the lives of parents. Alex (KW) described a parent she worked with: "she became a different person. She was fiery and feisty and strong and determined". This suggested that the relationship-based model can facilitate the capacity to learn, grow and develop, not just as parents, but as people.

> "I'm a different person, altogether. I started off this journey as a very angry, not very nice person. I'm a totally different person, to be honest. And everyone notices, all my family know, like wow. So yeah, my life has turned around, and I feel good. And that's obviously good help, from good people, and a good service." (Casey, P)

Sharing and Inspiring Hope

Parents appeared to value the relational experience and its impact on their own lives so profoundly, that they wished to recreate this for others. Parents reflected on how painful and difficult their own journeys had been and wanted to help others through the darkness.

> "If any of my knowledge or anything can help other people, to try and do the right thing… then I'm willing to help. So that's what I'm hoping, to prevent the pain and heartache that it can cause, in other people." (Casey, P)

Similarly, Sage (P) shared that "I just want to support people. I know how hard it is, emotionally, I know how hard it is." These quotes evoke a similar sense of mutuality and compassion for others interpreted within the theme of belonging. This may represent the importance of this experience for parents in their own journeys and thus motivating them to pass on the torch and share what they have learned, with others.

Casey (P) also described promoting the service as a way of spreading hope: "I'm always recommending them, everywhere I go… I just want people to know, there is hope out there. There is a light at the end of this tunnel."

Parents described recreating the keyworker-parent relationship with others, whereby they are taking on the role of the keyworker. Andi shared that: "She's helped me and she's shadowed over me like I'm doing it now to my sister." This could be interpreted to relate to the subtheme of 'parenting parents'. Perhaps the experience of feeling safe, cared for and nurtured, has facilitated the capacity and inspiration for parents themselves to step into this role and be this parental figure, for others who need it.

> "We want to kind of, replicate to parents what a supportive and stable relationship is, because a lot have never experienced that. But what we want is to sort of build that foundation where they then can go on to also replicate those in their own friendships, in their own relationships." (Jamie, KW)

Theme 4: "I Owe Them My Life"

Participants reflected on the overwhelming sense of gratitude parents hold for the relationship they have built and the growth and change they felt came from it. Parents discussed feeling indebted to their keyworker and wanting to give something back. Parents and keyworkers alike discussed struggling to say goodbye and some reflected on a fear of things going back to how they were, before. All participants described a sense of holding onto the relationship and maintaining a permanent connection.

Gratitude

The sense of appreciation throughout the parents' narratives was profound. Parents attributed perceptions of huge personal success and coping with immense trauma to the relationships with their keyworkers. Phoenix (P) conceptualised the impact of the relationship with the keyworker as "Dreams do come true." All four parents who had children returned to their care or were allowed to keep a new child in their care, described the relationship as pivotal to their children being at home with them.

> "I wouldn't of got my kids home. My kids. I wouldn't have had the support behind me, and my children wouldn't have returned home. My children would've been adopted. So, I owe my life to them." (Sage, P)

However, it was not only parents who had these outcomes that described such gratitude. Andi (P) shared that "these were the people that helped me get to where I am today." Georgie (KW) shared an experience of supporting a parent with the final contact session before her children were adopted: "She sent me an email that said like, she couldn't of got through things without me, and that there's a part of me in her heart, always."

A sense of parents feeling 'indebted' to their keyworkers and the wider service was interpreted through the parents' narratives. Several parents spoke of 'owing them my life' and

all parents shared that they would like to give something back, by volunteering or working for the service themselves in the future.

> "I want to give back what they've gave to me. I want to help them, because they've helped me so much, I want to help them help other people." (Casey, P)

A Lasting Bond

Intertwined with the feelings of gratitude and wanting to stay connected, was a sense of fear and loss related to the ending and having to say goodbye. Although not specifically expressed by participants, it could be possible that the desire by parents to return to the service to volunteer or work could be reflective of their fear of being without the sense of support, belonging and community, that they have become so attached to. Rowan (P) shared that "I'll probably cry when it comes to an end." and Sage (P) reflected that "I think it might be quite emotional, because they've been on the journey right behind me, and my children." These feelings of loss could perhaps influence parents desire to give back to the service, to try to maintain the connections that have felt so meaningful for them.

> "I never want it to end… I just love the support and the people. I know that I've got support, and that's the major thing. Being a single parent, and obviously everything we've been through, its hard work. Here, I know that I've got people that are here willing to help, that always will help and won't let me down. Because I've been let down so many times. That anger that builds up, you're just like why should I keep going, no one's willing to help. But it's different here. It's good, it's really good." (Casey, P)

Keyworkers shared a sense of apprehension about ending relationships with parents. Concepts of uncertainty and not knowing what the future holds for parents were explored. Georgie (KW) reflected: "When I close them, I want to be able to know that they're gonna be

ok." Keyworkers all emphasised that they encourage parents to self-refer back to the service in the future if they need them, as well as signposting to other services. Perhaps this could be reflective of a sense of fear for keyworkers that parents may not be able to cope without them, or that the uncertainty associated with parents' independence is difficult for them to manage emotionally.

The sense of staying in touch and maintaining a permanent connection was explored by keyworkers and parents, alike. Parents appeared to highly value the concept of being held in mind, and the door remaining open for them to return if they needed to. Robin (P) shared that "They've always said that if we feel in a pickle, we can always come back to them." Throughout the narratives, it appeared that the service represented a 'safe base' for parents, that they wanted to remain attached to. Keyworkers similarly described holding parents in mind and maintaining a sense of attachment, as well as feeling proud and sharing in parents' achievements.

> "I always know that I can message her… I know that I can always do that… I can still reach out to them, and I know that. So… if I needed to… I can even just drop by on a day that they're open. And if they've got a bit of time, they'll have a chat with me. And that just shows that they are actually here for us. That it's not just like… oh, OK, they're on my workload, now they're signed off I don't have to deal with them… They will still help. That shows they actually care." (River, P)

> "They want to come here and visit us, to let us know how they're going on. They want to show their babies off. And you know, we love that. The fact that we've been able to be a part of that journey with them, it's pretty amazing. Yeah, it's pretty special." (Alex, KW)

Finally, when reflecting on their journeys, parents and keyworkers shared that they would always remember these relationships and hold dear the bond they had forged together. There was a sense that the relationship can act as a true turning point in the life of a parent and thus becomes a powerful and integral part of their life story.

> "I don't think Mum will ever lose us. She'll always have my phone number. She'll always drop a little message to say how she's getting on. I think it's a real, genuine attachment that the key workers build with their parents." (Frankie, KW)

> "I'm always gonna look back and be like, they were the changing point for me… I know like 10 years down the line, when my kids are nearly adults, I'm gonna be like, they got us here." (Sage, P)

Discussion

Summary of the Findings

This study explored seven parents' and six keyworkers' experiences of a relationship-based model of support for parents who have experienced care proceedings and child removal. The findings suggest that the relationship-based model can provide parents with a trustworthy, consistent alliance, through experiences of being accepted, understood, and believed in. The findings suggest that this relationship can facilitate the integration of parents into social networks in which they feel connected to others by their shared experiences, thus reducing feelings of shame and empowering parents. By replicating and recreating the relationship, parents can not only connect with others, but support and inspire other parents themselves. Meaningful change was described in relation to parenting, as well as improvements in mental health, communication and confidence, and giving something back. Parents were profoundly grateful and bonds between parents and keyworkers were perceived as so powerful, both parties described struggling to let them go.

The narrative of a safe, secure base was explored in this study. Within the subtheme of ‘parenting parents,’ a novel sense of safety within the attachment relationship between parents and keyworkers was interpreted. Participants described the keyworker as a consistent and nurturing figure in the parents’ life; sometimes the first-time parents had experienced this. Whilst attachment styles are developed in infancy between infant and caregiver (Bowlby, 1988) working models of attachment can be revised through significant interpersonal experiences (Berry et al., 2007). Andriopoulou (2021) proposed that reparenting in adulthood can be healing for attachment trauma, through a secure attachment figure. The key functions of an attachment figure are to be attuned and responsive; and to create a secure base from which the individual feels safe to learn and explore the world (Andriopoulou, 2021; Bowlby, 1988). Thus, it could be interpreted that the relationship-based model can help to heal the attachment trauma related to parents’ early experiences and promote a new attachment style for healthier future relationships. This was reflected in the narratives of recreating the parent-keyworker relationship described in the subthemes of ‘inspiring and sharing hope’ and ‘gratitude’. Parents explored their experiences of using the relationship as a template; much like a secure attachment figure scaffolds a secure attachment style (Bowlby, 1988).

Baxter et al. (2024) conducted a review of the existing literature on services supporting parents who have experienced care proceedings. They highlighted the importance of recognising and addressing the underlying causes of parents’ difficulties, rather than the symptoms, and thus proposed that a trauma-informed approach is crucial for working with this population group. Baxter et al. (2024) conceptualised a trauma-informed approach in this context to be relational and strengths-based and identified core concepts as central to the approach; including recognising trauma and avoiding re-traumatisation, safety, trustworthiness and transparency, collaboration and mutuality, empowerment, choice and

control (Baxter et al., 2024; Sweeney et al., 2016). These key principles of trauma-informed care are reflected in the narratives of parents and keyworkers throughout the overarching theme of ‘that one person that’s always been there’. Participants regarded the relational components of acceptance and understanding, being non-judgemental and relatable, and empowering parents through promoting choice and control. These concepts were interpreted as fundamental to participants’ experiences of the relationship-based model.

Baxter et al. (2024) proposed that parents needed psychological therapy to overcome their experiences of past trauma. High levels of unmet psychological need have been found within this population (Cox et al., 2020). It has therefore been suggested that services supporting this population group should be equipped to support timely access to therapy, either in-house or through specific pathways into mental health services (Baxter et al., 2024). However, the narratives of parents in this study suggest that the relationship with the keyworker was intrinsically powerful itself, in helping to address the psychological impact of trauma. This is well supported across the wider literature in relation to the importance of the client-professional relationship in therapeutic work, particularly when working with trauma (Courtois, 2004; Ford & Courtois, 2013). Thus, it is proposed that the relationship-based model is in of itself psychologically therapeutic and its impact on recovery from trauma must not be downplayed or devalued.

Within the service this study was based, specialist psychological therapy was available to parents, in the form of a compassion focused therapy (CFT) group intervention. As reported above, a parent described this as a turning point. However, it was not the therapy itself that this was attributed to, rather it was the experience of coming together with others in similar circumstances. The therapeutic impact of the shared experience was explored through the overarching theme of ‘belonging’, as concepts of social connection, relating to,

understanding, and supporting one another, were interpreted throughout the narratives of participants.

These findings support previous literature, as Baxter et al. (2024) reported that the development of peer relationships and social connections can promote emotional support and inspire behavioural changes (Frame et al., 2006). The reciprocity and mutual understanding that comes with these relationships can ultimately develop a sense of shared identity and reduce feelings of loneliness, isolation, and stigma (Baxter et al., 2024; Budde and Schene, 2004). In this study, parents shared narratives of developing relationships with people who could truly understand them in ways that no one else could. Their sense of shared identity was seen as a catalyst for inspiring hope, confidence and meaningful change, as well as reducing the shame and stigma inherently associated with experiencing care proceedings and child removal.

In the context of the concept of shame, Philip et al. (2024) proposed that empathic containment and understanding of parents' emotions are central to breaking down the barriers of 'non-engagement' and parents being 'hard to reach'. Attempts by parents to cope with shame, by minimising or avoiding shame-inducing experiences, often impede engagement with social services (Dolzeal & Gibson, 2022, Philip et al., 2024). Participants in this study shared narratives of parents mistrusting and avoiding social workers and struggling to manage anger during meetings and contact with them. Through the lens of their trauma, these emotional responses can be seen as coping strategies, in response to a perceived sense of re-traumatisation associated with professional scrutiny (Philip et al., 2024). The keyworkers were an integral part of communication between social workers and parents, described often as 'bridging the gap.' Parents often initially relied on their keyworkers advocating for them with social workers when they felt unable to manage their emotions and distress. A sense of co-regulation was interpreted, whereby keyworkers were able to support parents to learn how

to manage their emotional responses within communications with social workers, which was found to improve parents' engagement and relationships with social workers. This may be reflective of the psychodynamic concept of containment within the relationship-based model; whereby the keyworker helps the parent to process and manage difficult emotions through co-regulation (Bower & Solomon, 2017).

The separation/distinction of the service from social services is an important point of consideration here. Throughout their narratives, a sense of trust and safety was interpreted in relation to the keyworker's position as an outsider to social services, rather being someone there alongside parents; in their corner to advocate for them and protect them. Some participants shared concerns about the association between the service and the parenting assessment centre that it is linked to and situated near, in terms of the potentially negative associations for parents. Similarly, themes of difficulty initially developing trust with the key worker were shared in relation to being referred to the service via social workers, and participants shared narratives of a turning point being the realisation that this service was 'different' and 'separate'.

These findings are well supported in the literature base. Evidence suggests that parents are more likely to engage with services that are non-statutory and less likely to engage if they are part of social care services (Baxter et al., 2024, McCracken et al., 2017). In a service evaluation of a similar service to the site of this study, Roberts et al. (2018) found that a third of professionals reported the independence of their support as important in engaging with parents, because of the mistrust and animosity associated with social workers when parents have experienced child removal. In a service where support is located within the Early Help team within social services, parents were reported to understand the different role, however keyworkers reflected on the hostility parents expressed towards social workers and their reluctance to engage with them (McPherson et al., 2020).

However, a limitation of services being located within non-statutory organisations is the insecurity of funding, particularly in the current economic climate (Baxter et al., 2024). Baxter et al. (2024) reported that funding was being reduced to some services and their sustainability was described as precarious (Mason & Wilkinson, 2021). Baxter et al. (2024) also explored how this affected key workers sense of safety and security within their employment, but also within their relationships with parents in relation to their needs for relational security and long-term support (Boddy et al., 2020).

Parents and keyworkers alike shared their struggles with ending their relationships, and a desire to maintain contact with the service was explored in the context of volunteering, as well as returning for support if needed again in the future. Thus, security of funding and resources is imperative to ensure that keyworkers and parents have the stability that they need to continue to work together, and to continue to hold each other in mind after their work together has ended.

Policy and Practice Implications

The narratives of parents in this study described a sense of being alone and unsupported throughout care proceedings and the associated trauma, before coming into the service. Many reflected explicitly on how they wished they had had the support earlier, and how different things could have been for them and their children if this had been available to them. In a mapping report of services in England for parents who have experienced care proceedings, Mason and Wilkinson (2021) reported an increasing recognition of the need for earlier intervention, to prevent repeated care proceedings. They reported that some services are now working with families after one set of care proceedings, whilst other services are targeting intensive intervention towards pregnant parents who have previously had a child

removed (Mason & Wilkinson, 2021). The findings of this study support the implementation of relationship-based interventions for families as soon as care proceedings are initiated.

It is also recommended that specialist services for families involved in care proceedings are placed outside of the local authority and are independent of social services, as this study and previous research has shown that parents are often deeply mistrusting of social workers and therefore may struggle to engage with support that is associated with the local authority (Baxter et al., 2024). Similarly, service promotion in the community and the development of self-referral pathways may help to increase access and engagement for parents who are mistrusting of social services and services related to, or referred to by, social workers.

It is also important to consider the emotional impact of this work on the keyworkers. A huge emphasis is placed on the individual keyworker – parent relationship within the relationship-based model. Within this study, keyworkers reflected on the shared feelings of grief and loss experienced at times through their work with parents and how difficult this can feel for them to hold and manage. Ruch (2020) described this impact on workers within the relationship-based model in relation to the psychodynamic concept of containment, referring to an unprocessed emotional experience, whereby workers can feel overwhelmed and uncontained. To process these difficult emotions and experiences, workers themselves need a containing supervisory experience, to be able to contain the parent effectively (Ruch, 2020). The systemic concept of parallel processes (Dryden & Thorne, 1991), where interpersonal dynamics are re-enacted in other spaces, is also important to consider here. Ruch (2020) described how an authoritarian style of supervision, with little focus on reflection or emotional experience, is more likely to create a more authoritarian and bureaucratic style of practice. Whereas the experience of containment within reflective supervision provides practitioners with the skills and emotional capacity to adopt a more reflective, therapeutic

style of practice, which enhances the emotional containment they can offer in their work with parents (Ruch, 2020). Therefore, a relationship-based model of supervision for keyworkers within services working with parents who have experienced care proceedings is crucial to enable reflective, attuned and empathetic practice with parents.

Furthermore, the relationship-based model should not be limited to the worker-parent and worker-supervisor relationships, rather it should be embedded within the culture and practice of the organisation. Ruch (2020) described effective relationship-based practice as a golden thread running throughout the organisation. In 2015, a children's social work services department in England implemented relationship-based practice as a whole system change, coined 'The Team Around the Relationship'. This model was premised on the concept of a safe and containing organisational experience for social workers enabling them to build better relationships with families that can be used to influence change. This involved creating a new culture within the organisation, based on relationship-based leadership and management, to foster openness, trust and confidence in practitioners (Brighton & Hove City Council, 2017). A key focus of the model was to shift the responsibility from individual workers onto the organisation, by emphasising how being employed by a relationship-based organisation impacted on practice (Ruch, 2020). In an evaluation of the model, families reported a better experience of social work and social workers reported feeling better supported and able to make more of a difference for families. Thus, it is recommended that services supporting parents who have experienced care proceedings promote a relationship-based culture throughout the organisational hierarchy, from the directors at the very top through management to frontline practitioners, by fostering a reflective and containing environment.

Implications for Research

The service that this study was based on began operating within the last five years, and therefore the lasting experiences of the relationship-based model are not known. It would therefore be helpful for future research to look at longitudinal experiences, to explore participants perceptions of the impact of the relationship-based model of support on the experiences of parents in the longer-term. For example, whether the improvements in mental health, confidence and social and relational functioning are sustained. Further research could also investigate the impact of services using a relationship-based model in reducing repeated care proceedings and child removals, using quantitative methodologies.

The service that this study was based on supports both mothers and fathers, irrespective of whether they are single parents. However, other similar services nationally tend to work specifically with mothers (Baxter et al., 2024), although the evidence base for the needs of fathers is growing (Philip et al., 2024). There is very little research attention on fathers' experiences of these services, compared to mothers. Of the seven parents interviewed, this study included two fathers. Their experiences were perceived to be shared with those of the mothers that participated, with patterns and themes identified across the datasets, irrespective of gender. However, there is no current research evidence pertaining to the experiences of support for fathers, specifically. Further research into their individualised support needs may be helpful to understand unique experiences associated with their identity as a father experienced in care proceedings.

Strengths and Limitations

This research has successfully added to the evidence base pertaining to the relationship-based model of support for parents who have experienced repeated care proceedings. Strengths of this study's approach include the involvement of both parents and

keyworkers, as this allowed the research to capture a sense of experiences from both directions within the relationship, as well as both mothers' and fathers' experiences of the relationship.

All participants were recruited through the service. This was a strength ethically, as all participants were able to access additional support, from their keyworker (for parents) or from their manager (for keyworkers), and the researcher was able to confirm that participants were emotionally able to engage in research.

However, there is also potential for bias associated with this method of recruitment. Narratives of the phenomena explored were overwhelmingly positive. However, participants may not be representative of parents who have accessed the relationship-based model of support. It is particularly important to note here that four of the seven parents had either been reunified with at least one child or had been able to keep a baby from a subsequent pregnancy, and they all described the support from the service as critical in this outcome. Thus, parents who experienced a different outcome may have shared very different experiences. However, the three parents without children in their care did share very similar perceptions and experiences of the relationship-based model, suggesting that these themes do represent a cohesive and valid understanding.

The findings of this research indicated that all parents were so grateful for the support they had received, that they wanted to give back and repay the service. Thus, it is possible that this influenced their discussions with the researcher. Also, although keyworkers and parents were both assured that what they said would not be shared with the service and would not affect their support or their employment, it is possible that participants were concerned about the impact of faulting the service and thus focused on their positive perceptions and experiences.

Furthermore, parents who have had a more negative experience are more likely to have disengaged with the service and therefore may not have met the inclusion criteria (of accessing at least six months of support) or may have felt less able to take part in the research, as it appeared to be connected to the service.

The study is also limited by having one researcher who analysed and interpreted the data. This increased the risk of researcher bias, as the researcher may have interpreted the data in relation to assumptions or pre-conceived ideas, unintentionally. Although the findings were discussed with the research supervisor, it may have increased the reliability further to have a third, unrelated researcher involved in the analysis of the findings.

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