ORIGINAL ARTICLE

Mothers with cognitive limitations who have children in placement benefit from intervention

Päivi Adolfsson[1,2] [ID] | Gunnel Janeslätt[1,3,4] [ID] | Helena Lindstedt[1] | Karin Jöreskog[1,2]

[1]Department of Public Health and Caring Sciences, Disability and Habilation, Uppsala University, Uppsala, Sweden

[2]Centre for Disability Research, Department of Public Health and Caring Sciences, Uppsala University, Uppsala, Sweden

[3]Center for Clinical Research in Dalarna, Falun, Sweden

[4]SUF Resource Centre, Uppsala, Sweden

Correspondence
Adolfsson Päivi, Department of Public Health and Caring Science, Uppsala University, Uppsala, Sweden.
Email: paivi.adolfsson@pubcare.uu.se

Funding information
Erik och Carola Tengströms fond; Stiftelsen Allmänna Barnhuset

Abstract

Mothers with cognitive limitations who have children in placement need to be listened to and to receive help in understanding and dealing with their situation. A support programme for this group was developed in Australia and then adapted for use in a Swedish context and named 'Mamma Trots Allt' (MTA). The aim was to examine the experiences of these mothers regarding their mothering role after participation in MTA. An explorative and qualitative design was used. Inclusion criteria were mothers with cognitive limitations, a child in placement and participation in MTA. Nine mothers, eight of them from a previous study, gave their informed consent to participate. A study-specific interview guide was adapted to people with cognitive limitations. The interviews took place after the final MTA session. The qualitative analyses resulted in a description of the mothers' experiences and how they changed after MTA, resulting in an overall theme, two subthemes, four categories and 11 subcategories. MTA facilitated the mothers' maturation and broadened their earlier, stereotypic life expectations. Offering a support programme benefits not only the mother but most likely the child as well.

KEYWORDS
ADHD, content analyses, foster care, intellectual disabilities, sense of coherence, support

1 | INTRODUCTION

Parents with cognitive limitations are at risk of providing insufficient care (Llewellyn, McConnell, & Ferronato, 2003; Starke, 2005). In the present study, mothers with cognitive limitations include those with such diagnoses as mild intellectual disabilities (IDs), autism and attention deficit hyperactivity disorder (ADHD). For parents with cognitive limitations, neglect is the most common professional concern leading to child protection intervention by social welfare services (McConnell, Feldman, Aunos, & Prasad, 2011). Neglect includes poor home conditions, inadequate care and supervision, failure to thrive, lack of understanding of the child's needs and a risk of impaired child development (McConnell et al., 2011). The children are vulnerable (Wickström, Höglund, Larsson, & Lundgren, 2017), and the families are at risk for child removals (Tøssebro, Midjo, Paulsen, & Berg, 2017). Tøssebro et al. also reported that parental custody was revoked in 30%–50% of cases of parents with cognitive limitations and that such parents comprise at least 20%–25% of all custody cases. Placement has lifelong consequences for the child (Thomson & Thorpe, 2003) and the parents (Mayes & Llewellyn, 2009).

1.1 | Mothers with children in placement

A previous explorative, qualitative study described the maternal role experiences of and support given to mothers (*n* = 11) with cognitive limitations who have children in placement (Janeslätt, Jöreskog, Lindstedt, & Adolfsson, 2019). The results of that study revealed one theme: *Struggling, dependent and frustrated mothers*. The conclusion was that the mothers experienced a threat to their identity and a need to change their maternal role (Janeslätt et al., 2019). The mothers needed adapted support to understand the decisions made and to facilitate cooperation with the child protection service as well as the foster home. There is a failure to meet these mothers' needs for support in understanding, accepting and reconsidering their maternal role as a visitation parent. The findings argue for the need for prolonged and adapted support (Janeslätt et al., 2019).

Mothers' experiences of losing the relationship with a child in foster care may deprive them of their maternal role. Being accepted/included or rejected/excluded is linked to belongingness, which is one of the strongest emotions people experience (Baumeister & Leary, 1995). The research indicates that it is important for the child in foster care to keep in touch with his/her parents (Atwool, 2013). Mothers with cognitive limitations who have children in placement need to be listened to and to receive help in understanding and dealing with their situation (Janeslätt et al., 2019).

1.2 | Support for parents with cognitive limitations

Our knowledge about the support provided for parents with cognitive limitations focuses largely on parents with children living at home (Starke, 2005). It is known that methods adapted to cognitive limitations can improve parental competence in caring, safety and security, feeding, problem-solving, parent–child interaction as well as help the mother to affect the child's behaviour (Feldman, 1994; Feldman, Duchamre, & Case, 1999; Starke, 2011; Starke, Wade, Feldman, & Mildon, 2013; Wade, Llewellyn, & Matthews, 2008). These studies highlight the importance of providing adaptations tailored to each parent, to the cognitive limitations of the parent and to needs the parent experiences as well as the importance of doing so in settings where the new skills are needed.

A support programme combined with home-based teaching programmes may lead to improvement in parents with a borderline or mild ID. It can improve their perception of themselves and the quality of their relationships, and there are indications of secondary benefits for their children (McGaw, Ball, & Clark, 2002).

1.3 | Support programme for parents when children are in foster care

Mainstream parenting groups are not often suitable for parents whose children are in care. There is often a stigma associated with having children in care. Such parents have fewer opportunities to practise skills learnt from the parenting group with their child (Salveron, Lewig, & Arney, 2009). Concerning programmes targeting parents whose children are in placement, a literature review by Salveron et al. (2009) identified four key factors: (1) providing a non-judgemental environment, (2) ensuring a high level of parental involvement in running the group sessions, (3) promoting trust and respect and (4) spending time on parental emotions related to the removal and protection of the child.

Despite the significant over-representation of parents with ID in child protection proceedings (Llewllyn, McConnell, & Ferronato, 2003; Tøssebro et al., 2017), only a few studies have reported on including parents with such limitations in their child's life (Charlton, Crank, Kansara, & Oliver, 1998; Mayes, Tozer, & Elder, 2011).

1.4 | "Parents on the Outside"

One support programme designed for parents with IDs who have children in placement was developed in Australia. The aim of the support programme "Parents on the Outside" (Mayes et al., 2011) was for parents to provide and receive peer support and acknowledgement of their grief and loss, to acquire information, explore and share feelings and to feel acknowledged in their changed parenting role—and even to have fun. An evaluation of the original programme identified mothers with a threefold disadvantage: disenfranchised grief, ambiguous statutory proceedings leading to the placement and struggling for recognition as mothers. Participating in the support programme provided a place to share experiences of having children removed with other mothers in similar circumstances—mothers who also have similar vulnerabilities associated with being a woman with IDs (Mayes et al., 2011). The support programme was first adapted for use in a Swedish context. A programme manual was created so the programme could run. To evaluate the new manual, two full programmes were held. Subsequently, mothers who participated in the support programme were invited to be interviewed preintervention and postintervention. The current study presents the results of the postintervention interviews.

2 | AIM

The aim was to examine the experiences of mothers with cognitive limitations who have children in placement regarding their mothering role and support after participation in a support programme.

3 | METHODS

An explorative and qualitative design was used (Graneheim & Lundman, 2004; Patton, 2015). The study design was approved by the Regional Ethical Review Board in Uppsala (ref. no. 2014/369).

3.1 | Respondents

Purposive sampling from the complete target population was carried out (Patton, 2015). The inclusion criteria were mothers with cognitive limitations, a child/children in placement and participation in the programme (explained below). Respondents were recruited from three separate support programmes in two towns. All mothers participating in these groups were invited to participate in the present study. The invitation was easy to read and adapted to the respondents' cognitive limitations. Twelve mothers agreed to participate and gave their informed consent, nine interviews are included in the present study and three missing interviews are presented in a longitudinal case study, not yet published. Eight of the nine mothers had participated in the previous study by Janeslätt et al. (2019) (Table 1). Between the respondents, they had a total of 14 children.

3.2 | Intervention

The present support programme was implemented in line with the recommendations for practice provided by the programme creators: Mayes et al. (2011). This includes the programme being tailored to the learning needs of participants with IDs and the groups being led by professionals with significant expertise in both group management and grief counselling. The programme was translated to Swedish and was adapted culturally and to a wider target group in a Swedish habilitation service context. It was named 'After all, I'm a mother' (in Swedish: Mamma Trots Allt [MTA]) (Janeslätt, Springer, & Mattsson, 2015).

The purpose of the support group was to assist the mothers in finding ways to better understand and deal with their present situation as well as to receive peer support in their mothering role. The purpose was explained directly to the participants so as not to create

TABLE 1 The characteristics of the nine respondents

Characteristics	(n)
Age M = 32.9, Md = 34 Range = 24–51	
Single parent	6
Living with a partner	3
Level of education	
Ordinary school	6
Special school	3
Employment status	
Daily occupation	4
No daily occupation	5
Diagnoses, self-reported	
Mild intellectual disability	4
ADHD	3
Autism	1
Diagnoses not reported	1

Abbreviation: ADHD, attention deficit hyperactivity disorder.

misunderstandings and hopes that could not be fulfilled, for example, that attending would help them to get their children back.

As in the original programme, all participants were invited to one additional orientation session prior to the first session. Eight weekly sessions (about 2–2.5 h in duration) were held, typically in the afternoon with a pause for coffee and sandwiches. The participants were encouraged to bring a picture of their child/children to have in front of them during the sessions.

The themes for the sessions mainly followed the original, now clarified in a Swedish manual (Janeslätt et al., 2019). Each session started with talking about the past week. Then, the theme of the day was presented and discussed. The session ended with opportunities for scrapbooking. The themes related to parenthood and the parenting role, feelings about being a parent, the reason for placement of the child, information about court procedures, parental rights, consequences of having a child in a foster home, memories of/for children, the needs of a child, visitations, cooperation with authorities, social workers and relations in one's own network.

Added to the Swedish version is also *transparency*, which entails openly and non-affectively (non-judgementally) talking about different cognitive functions using everyday language (e.g., 'difficulties remembering things'), and about the consequences of impairment of these functions. The purpose of transparency was to increase awareness and render the cognitive functions talkable. Moreover, the group leaders were trained in cognitive support and facilitated transparency by naming cognitive functions using lay concepts and supporting parents' awareness of the adaptations that were helpful to them. Examples of impaired cognitive functions and adaptations are (1) short attention span was addressed using frequent, brief pauses when everyone could stretch their legs for 2 min. (2) Impaired short-term memory was dealt with using a whiteboard naming the theme of today and visible keywords; everyone was encouraged to take a picture of the whiteboard using their mobile phone before going home.

3.3 | Data collection

A study-specific semi-structured interview guide developed for the previous study was used (Janeslätt et al., 2019) and was extended with four questions about experiences of the intervention. The interview guide was adapted to suit people with cognitive limitations, as recommended by Azar, Maggi, and Proctor (2013). All respondents received support in the form of reminders and/or had a relative or a professional to accompany them to the interview when needed. Before the interview began, information about the study was provided orally and in writing, including an explanation of anonymity and confidentiality. The interview started with demographic questions followed by semi-structured questions about their mothering role, support needed and given as well as visitations, followed with questions covering the MTA.

The respondents were interviewed individually, in a tranquil, undisturbed environment. One respondent had a family member present. They were helped to stay on the subject; rephrasing, repeating

and exemplifying were used when necessary. Interview duration ranged from 25 to 90 min. After the interview, they were offered a gift card. All interviews were conducted after the final MTA session. Data collection was carried out during the period March to December 2015.

3.4 | Data analyses

Qualitative content analysis inspired by Patton (2015) and Graneheim and Lundman (2004) was used to examine the material. According to them, the analysis should reveal the diversity of the respondents' experiences and avoid quantification. Initially, the four authors read the transcribed interviews. The analysis process was characterized by an accepting and non-judgmental atmosphere among the authors. The third author performed the preliminary qualitative content analyses. To address the study aims, meaning units covering the matching content were collected and distributed in a joint document. While the vital content of the meaning units was preserved, they were shortened and condensed into codes. Subsequently, the authors thoroughly discussed and accepted the specific content of the codes. The categories were developed, such that subcategories with a single, specific meaning in common were assigned to only one category (Table 2). The first and third authors rigorously analysed the content of the meaning units within each category. Thereafter, the authors repeatedly—individually and jointly—discussed the emerging categories until agreement was reached. Next, after an exhaustive discussion among the authors, two subthemes were established. An overall theme emerged when the subthemes were compiled. The analysis continued until consensus was achieved in relation to the study aim. Finally, the authors conducted a joint thorough comparison in relation to earlier experiences described in Janeslätt et al. (2019). The goal of the comparison was to identify any

changes the mothers may have experienced due to their participation in MTA, resulting in an overall theme.

4 | RESULTS

The analyses resulted in a model with one theme, two subthemes, four categories and 11 subcategories describing the participating mothers' actual experiences (Figure 1). The theme describes all changes in the mothers following MTA. The results are illustrated using verbatim quotations in italics, translated from Swedish to English; however, the text alone should sufficiently describe the content. The respondents' cognitive limitations may explain the wording and use of language. In the results, 'child' equals to 'child/children'.

4.1 | Subtheme 1: Dependent and refocused mothers

The actual experiences of the mothers reveal dependent and refocused mothers. They experience being the mother of their child, and the child is their priority. They are dependent on a system, can acknowledge the circumstances they are in and accept their situation as it is.
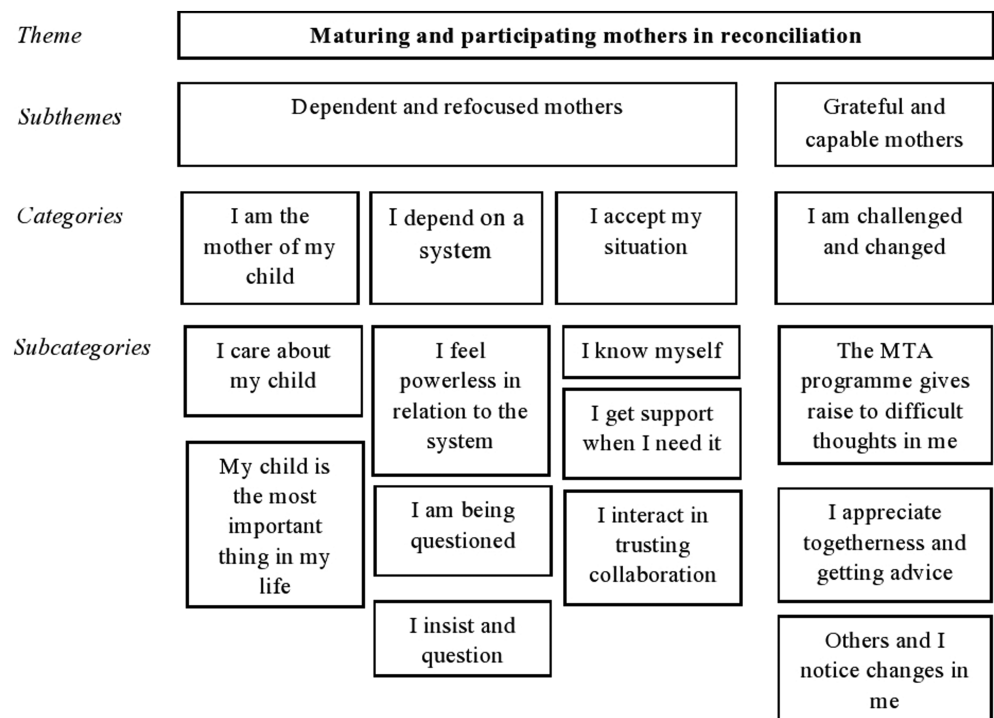
4.2 | Category: I am the mother of my child

The mothers feel they have the responsibility and authority associated with being a mother and adapt their lives accordingly. They do this

TABLE 2 The analyse presentation from meaning units, condensations and codes to subcategories

Meaning unit	Condensation	Code	Subcategory
I: Does it feel as though you can influence things? It sounds like that's not always … K: With my son, yes. My daughter, no, not as much. There I can say what I think and then he (her father) does not do it. Then after a while he says the same thing, except now as if it was his idea. K: Yes, then it works if it comes from him, but apparently not if it comes from me. A:18	My son, I can influence. My daughter, not as much. There I can say what I think and then he (her father) does not do it, then after a while he says the same thing that I said, and it works if it comes from him, but not if it comes from me. A:18	For my daughter I can say what I think, then after a while he (her father) says the same thing, it works if it comes from him. A:18	I interact in reliant collaboration
They do not understand that perhaps especially those of us with cognitive difficulties maybe cannot quite keep up with their strange language. And they somehow do not check that we have really understood what they mean, and then there's misunderstanding and anxiety and you feel awful and so on… D:17	They do not understand that those of us with cognitive difficulties cannot keep up with their strange language. They do not check that we have understood, there's misunderstanding and anxiety, you feel awful. D:17	Those of us with cognitive difficulties cannot keep up. They do not check that we have understood, there's misunderstanding and anxiety. D:17	I insist and question

FIGURE 1 Results of analyses in one theme, two subthemes, four categories and 11 subcategories

Theme — **Maturing and participating mothers in reconciliation**

Subthemes — Dependent and refocused mothers | Grateful and capable mothers

Categories — I am the mother of my child | I depend on a system | I accept my situation | I am challenged and changed

Subcategories — I care about my child | I feel powerless in relation to the system | I know myself | The MTA programme gives raise to difficult thoughts in me | My child is the most important thing in my life | I get support when I need it | I am being questioned | I interact in trusting collaboration | I appreciate togetherness and getting advice | I insist and question | Others and I notice changes in me

because they think it is best for their child, which is their highest priority. The mothers focus on the child's development. The mothering role in relation to the father, however, is complex. The mothers can accept the role of the father, because it is good for the child. Nevertheless, they can refrain from social contacts, including with the father, for the child's sake.

4.2.1 | Subcategories

I care about my child

In this subcategory, the mothers experience having the authority to manage the child's everyday life. They emphasize their ability to protect their child and understand his/her needs. They have a strong sense of responsibility for the child's upbringing. The mothers want the child to participate in decisions concerning him/her. The mothers feel that parental cooperation facilitates the child's socialization.

> Now our son behaves because we have been determined both of us. A:1

According to the mothers, the mother–child interaction is important to the child's development. Not only do the mothers think about what should be done, they also seem to act based on their planned purpose.

> If we are going to a playhouse, I'm the one who decides things like that, but S can take part in the decisions, I decide when we are leaving, I like to explain to her several times. B:1

My child is the most important thing in my life

In this subcategory, the mothers report ignoring their own needs to benefit the child. They value the child, and motherhood is of the utmost importance to them. The father and friends are valued, but they are secondary to the child. The mothers are content with the child being placed in foster care, although they would prefer having the child live with them at home. The placement allows them to maintain contact through visitations, which enable them to follow the child's development and share feelings of closeness with the child.

> My kids are number one to me, number two is my husband. C1

When the child expresses his/her will, the mothers try to adjust their life accordingly, for the child's sake. The mothers also adapt their own social life to what they assume is the best for their child. They refrain from having contact with people who could adversely affect the child.

> I'm trying to find a guy, it's really hard to find the right one, someone who fits with my child. B2

4.3 | Category: I depend on a system

In everyday life, the mothers feel they are not being heard and trusted, yet they feel they are able to make demands and question the social authorities.

4.3.1 | Subcategories

I feel powerless in relation to the system
In this subcategory, the mothers express their disappointment in the system. They feel like the caseworkers expose them to unacceptable failures. The feelings they had when the child was removed are still present. The mothers can find no relief from these experiences.

> They did not ask me, I think the case-workers should have, I am worried about where the children are placed. They did not get in touch for a week, that made me angry. B3

When the child was placed in foster care, the mothers felt disregarded concerning the system's decisions concerning visitations. They report that the caseworkers even make decisions about visitations without allowing them to participate in the discussion; they are given information later.

I am being questioned
In this subcategory, the mothers relate that the social services do not take them seriously. When they point out that the child is not being properly cared for at the foster home, they are not trusted. On the contrary, the mother may be suspected of harming the child during a visitation. According to the mothers, the social services are always right whatever they say, and this is unfair.

> Sometimes I feel that he's not in a good foster home. Social services say I have to trust them, that I am imagining things and losing it. D1

I insist and question
In this subcategory, the mothers report not accepting it when caseworkers make all the decisions for them. Their attitude towards the social authorities is that they themselves would like to decide how and when contact with caseworkers takes place. The mothers claim they assume responsibility in their own lives.

> We do not like the social services, it's easier to handle that now. E1

According to the mothers, the caseworkers are not professional in their contact with clients feel that the caseworkers do not care about them. The mothers say the caseworkers do not understand that they, as clients, have a disability that the authorities need to adapt and attend to. Misunderstandings between the caseworkers and clients may result in anxiety among the mothers. Nonetheless they realize that they can get useful help through a caseworker and the mothers now strive to increase the frequency and duration of their contact with the child.

> Now I've been pushing them harder, I have three days if it's a school holiday. F1

4.4 | Category: I accept my situation

The mothers seek harmony in their lives despite the setbacks they have experienced in relation to motherhood. They claim they are satisfied with who they are and are able to manage the support offered and to collaborate with people.

4.4.1 | Subcategories

I know myself
In this subcategory, the mothers report feeling they are capable mothers and having self-confidence. They accept their own limits and strengths. The mothers are aware of their disability and how it influences everyday life. They find they have difficulties communicating with people around them. However, with their new self-confidence, they can contact and confront other people. To promote their own development, the mothers distance themselves from their own mothers, which helps them to mature and trust in their own ability.

> MTA has changed my way of looking at the world. D2

The mothers' guilt has been reduced, and they do not blame themselves the way they used to; instead they accept themselves as they are.

I get support when I need it
In this subcategory, the mothers express their ambivalence to the support provided. How, when and who they ask for support are not unambiguous. Sometimes they appreciate and accept support when it is offered by people they have chosen, that is, family members or friends, particularly when the mothers have asked for it. However, they have difficulties accepting unsolicited support, especially when social or health authorities have proposed it. They sometimes experience unsolicited support as demanding and conditional, not always forthright.

> We have help and support from the habilitation services, we feel a little pressure from them. G1

The mothers have many thoughts about support. Although it is difficult for them to accept it, they often appreciate it and do not always experience it as a threat. The given support is experienced as adequate for managing motherhood while the child is in placement. This includes support from the caseworkers. In situations when the mothers feel they need counselling or need someone to talk to, they insist on support, but on their own terms.

I interact in trusting collaborations

In this subcategory, the mothers talk about having to collaborate with family members and the foster family to stay in contact with their child. According to the mothers, the foster parents do not always agree with them on how to raise the child. In such cases, the mothers try to be sensible and interact positively, because the collaboration is good for the child. They give and take depending on the situation. They notice that the endeavour is mutual on the part of all parties.

> It feels really good and lovely that the foster home thinks like me. H1

4.5 | Subtheme 2: Grateful and capable mothers

The mothers appreciate having participated in MTA, which imparts, for example, a feeling of social belonging, confirmation of their situation and possibilities to talk about difficult experiences. The mothers are grateful for all of these experiences, both positive and difficult.

4.6 | Category: I am challenged and changed

In this category, the mothers express their view that participation in MTA is valuable. Knowing they are not alone in their experiences gives rise to changes. Everything was good for any mother in need of support. The biggest challenge is sharing (talking about) the experience of having their child removed. However, getting answers to difficult questions is helpful. Previously feeling completely alone in their parenthood, they report initially feeling reluctant to join the group. This hesitation ends when they become accustomed to the content and can enjoy themselves. The group climate allows a range of expression of feelings, like laughter, anger and tears. They appreciate new advice that encourages changes in their lives.

4.6.1 | Subcategories

The MTA programme gives rise to difficult thoughts in me

In this subcategory, mothers report difficulties in revealing private thoughts even when the group is not larger than eight persons. Many things are discussed, but not enough practical advice, for example, about visitations. They find it difficult to interpret the other mothers' reactions. Some mothers take offence when others giggle during group discussion of difficult subjects. The most difficult subject is how the group members lost their child. Still, they report that sharing this and crying together gives some relief.

> It was hard what we were talking about, it was good to get answers to the questions. It was probably needed. I1

I appreciate togetherness and getting advice

In this subcategory, the mothers talk about feeling they can share their experiences with other group members. Everyone is able to contribute. The mothers report feelings of belonging, being involved and socializing in the group. They acknowledge and support each other by building on their common life experiences. They realize they are not alone in their difficult situation, and these positive feelings allow friendships to develop.

> I have been about to terminate contact with my daughter, I have said that in the group but they have said no. You shall meet her, she's mine. A2

The mothers report being particularly satisfied with the opportunity, during one group session, to meet a social worker in a neutral, unbiased context. In this context, with support from group members, they are able to ask questions they have had. They talk about feeling strengthened by the advice and tools acquired during the MTA, thanks to the targeted and meaningful discussions.

> It was good with the MTA that the social worker came, everyone asked about the social service, it was important to discuss. D3

Others and I notice changes in me

In this subcategory, family members, friends and other people, i.e. schoolteachers and social service officials, around the mothers notice changes in them. The mothers have become more determined, resolute and happier after participating in the support group.

> Mom says it's good that I'm more determined. H2

The mother's themselves notice changes in their own attitudes towards everyday life. Nowadays, they are more active at home. The mothers can now think in new ways about how to act in difficult situations and they appreciate the calmness more in their own family. The group members keep in contact and now have a wider social network.

> To be able to talk to others, that you not only need to talk to him [the partner] I2

The mothers also feel there have been no negative consequences of participating in the support group. Nothing harmful has happened—they are the same person as before, which they think is good.

> I'm the same person after the MTA. C2

4.7 | Theme: Maturing and participating mothers in reconciliation

The theme depicts the change as mothers who are maturing and participating in a process of reconciliation. They are maturing in their

mothering role, settled and adapted to the situation with their child in placement. They want, and demand, to participate in all possible ways.

> I used to do what I thought was best for the kids, but now I do things even better thanks to the mothers' group. A3

5 | DISCUSSION

The present study examines the experiences of mothers with cognitive limitations who have children in placement, looking at their mothering role after participation in MTA. Previous studies have shown that individual interventions adapted to this target group can be beneficial in increasing parents' ability to manage their situation (Feldman, 1994; Feldman et al., 1999; Starke, 2005; Starke, 2011; Starke et al., 2013; Wade et al., 2008).

5.1 | Facilitating change

The present results reveal that the MTA can facilitate change in which mothers mature and participate in a process of reconciliation. The category *I am the mother of my child* captures the mothers' experiences and their desire to maintain their relationship with the child. The programme helped the mothers to find strategies to maintain this relationship in a restricted situation. Participating in the MTA brought back the experience of being the mother of the child, thus creating a mutual 'belonging' in the mother–child relationship within the restricted time allotted. This is also important for the child (Atwool, 2013).

Several articles have highlighted the feelings of mothers whose child has been taken away from them, how they struggle to retain their maternal role and describe experiences of sadness, emptiness, helplessness and low self-esteem (Fernqvist, 2015; Janeslätt et al., 2019; Mayes et al., 2011; Thomson & Thorpe, 2003). In the present study, the mothers' experiences of no longer having a daily relationship with the child deprived them from the maternal role. As suggested by Baumeister and Leary (1995) being rejected from important social bonds is linked to belongingness, which is one of the strongest emotions people experience and is closely linked to mental health. There is great loss involved, so strong that it paralyses the mother. The present study shows that the mothers experienced being challenged and changed.

5.2 | Adapted support programme

Also in accordance with earlier results, the present study indicates that the mothers benefitted from participating in the programme and received peer support in the grieving process, a finding also described by Mayes et al. (2011) and Mayes and Llewellyn (2012). Further, experiences of participating in MTA resulted in new friends and an increased social network. This peer support could be part of the increased feeling of belonging. After participating in the MTA, the mothers were grateful and capable. The programme enabled them to experience having a broader spectrum of opportunities. The group could not deal with the problems as such but rather help with strategies to manage the difficulties they face in everyday life.

Mothers who have children in foster care are generally described as experiencing contradictory feelings, grief and loss about their parenting identity, on the one hand, and relief that the children are now being cared for properly, on the other (Schofield et al., 2010). This grief and loss concerning identity seem to be the same in mothers with cognitive limitations. However, in this population, relief that the children are now being cared for was not seen in the first interviews (Janeslätt et al., 2019), but later in the postintervention interviews. One reason could be that the mothers in the present study needed adapted peer support to move forward and manage their grieving process. Just as in Mayes et al. (2011) study, the mothers with cognitive limitations needed support not to get over their grief but rather to manage to live with it.

When comparing these results to the findings in the previous study, some of the frustration present prior to the support programme seems to have been reduced (Janeslätt et al., 2019). In the present study, the mothers accepted their situation and seemed to be satisfied with who they are; they could collaborate with people and manage the support offered. The results are in line with what was described by McGaw et al. (2002), that is, that MTA can improve parents' perception of themselves and the quality of their relationships and may also bring about secondary benefits for the children of parents with IDs (McGaw et al., 2002).

The present intervention was implemented according to the recommendations of Salveron et al. (2009). These recommendations seem to have been beneficial in the present target group as well. In participating in MTA, spending considerable time dealing with parental emotions gave rise not only to difficult thoughts but also possibilities for sharing advice.

5.3 | Added transparency

One of the differences between the original Parents on the Outside and the MTA might have contributed to a new acceptance of the situation. In Sweden, the group leaders have added *transparency*, verbalizing the various limitations and what kind of adapted support might be needed. After intervention, the mothers in the present study expressed awareness of their cognitive difficulties and how they influence daily life and the parenting role (Mayes et al., 2011). They were disappointed that the caseworkers did not understand that they have a disability that requires adapted attention. In this respect, transparency can lead to comprehensibility. Following the MTA, the mothers were able to express the support they need and insist on getting it on their own terms, adapted to their individual needs. Earlier research has shown that support is often rejected and for several reasons (Azar et al., 2013). The mothers in the present study stated that they did

not accept unsolicited support. The study adds to this, showing that one reason for rejecting support could be that the help offered is not presented in a comprehensible and respectful manner. The authorities need to take the time necessary to adapt the information to increase clients' motivation (Janeslätt et al., 2019).

In the previous study, the preintervention interviews indicated a situation of low manageability. The experience of lacking resources was significant, as mothers were dependent on a few relatives, which led to a sense of being the victim of unforeseeable events (Janeslätt et al., 2019). The MTA improved the mothers' ability to assume responsibility for their own lives, indicating an increased sense of manageability. This was reported by the mothers themselves and by significant others. They seemed to use the strategies they acquired in the group programme. They made demands and asked questions. Moreover, they felt the caseworkers were available and provided support when needed.

5.4 | Belonging in a group

In the previous study, the topic of the important role of being a mother was established; it was considered basic to living a meaningful life (Janeslätt et al., 2019). Participating in MTA created feelings of not being alone but rather belonging in a group. This helped the mothers regain their mothering role; they were still being the mother of their child and had an important role to play, within a set of restrictions. Being a visitation parent was considered meaningful. Being involved in peer support was a new meaningful context. The mothers seemed to have a sense of coherence as well as the means to actively participate and affect their own situation (Antonovsky, 1987). In Swedish foster care, the child has the legal right to maintain a relationship with his/her birth parents. The programme was essential in helping the mothers to mature in their new mothering role as a visitation mother.

Overall, the programme seems to have increased comprehensibility, manageability and meaningfulness, thus indicating increased wellbeing (Antonovsky, 1987). The duration of the programme was the same as in the original programme described by Mayes et al. (2011). The results of the 8-week programme are arguably notable, enabling this vulnerable group of mothers to become maturing, participating mothers in a process of reconciliation. Still, based on the present results, we—the authors—recommend that the programme MTA be extended to at least 12 weeks as recommended by Mayes et al. (2011).

5.5 | Methodological issues

The interviews with the nine respondents contain a wide range of content; some of the interviewees were laconic, and some were very talkative. All interviews were performed by two of the authors with extensive competence in interviewing persons with cognitive limitations.

The mothers' diagnoses were self-reported, which could be considered a limitation. The mothers were recruited by professionals working in the social services and adult habilitation, and the invitation clearly stated that the programme was intended for persons with cognitive limitations.

Parenting on the Outside was created for parents with IDs. In Sweden, persons with different cognitive limitations, for example, ADHD, autism, borderline or mild IDs, were included. This could be considered a limitation. The wide variety of cognitive functions was a challenge for the group leaders but also an advantage. A function that was problematic for one respondent could be addressed using the good strategies of another respondent, and vice versa. What they all had in common, and could relate to jointly, was the presence of some kind of cognitive limitation and having children in placement. The reason for placement was not known and could have had an impact on the results. Still, it was not included in the objectives of the research.

5.5.1 | Trustworthiness

The trustworthiness of the present study was was evaluated using the concepts recommended by Graneheim and Lundman (2004). Credibility was affirmed using purposive sampling of the respondents from a complete target population (Patton, 2015). The mothers, all of whom had participated in MTA, were invited to a follow-up interview. All respondents, except one, had previous experience of participating in an interview situation, namely, the preintervention interviews. The material contains interviews with nine respondents with a wide range of experiences regarding number of children, age, voluntarily or custodially placed children, and time elapsed since placement. Credibility was also promoted by means of a study-specific interview guide based on the interview guide used in the previous study (Janeslätt et al., 2019). The authors discussed categories and themes to ensure that all of the data had been covered. Table 2 delineates how the processes of condensation and abstractions were carried out.

Dependability was assured by the interviews being conducted within a period of 2 weeks after the MTA was finalized, a relatively short period, thus reducing the risk of environmental inconsistency over time. Dependability was also ensured through an open dialogue among the authors.

Presentation of the respondents and findings together with appropriate quotations also provides information that allows the reader to draw conclusions about transferability. Transferability was also promoted by means of a study-specific interview guide based on the interview guide used in the previous study.

6 | CLINICAL IMPLICATIONS

The results indicate that offering group support to mothers with cognitive limitations can help these mothers to mature and participate in a process of reconciliation. More research is needed to evaluate the effectiveness of the programme MTA. Offering group support benefits not only the vulnerable mothers but most likely the child as well.

Caseworkers should be aware that mothers, in addition to developing the mothering role, also need other kinds of support if they are to function in daily life and participate in society.

ORCID

Päivi Adolfsson https://orcid.org/0000-0002-3882-2785
Gunnel Janeslätt https://orcid.org/0000-0002-4948-5331

REFERENCES

Antonovsky, A. (1987). *Unraveling the mystery of health: How people manage stress and stay well*. San Fransisco: California, Jossey-Bass Publishers.

Atwool, N. (2013). Birth family contact for children in care: How much? How often? Who with? *Child Care in Practice*, 19(2), 181–198. https://doi.org/10.1080/13575279.2012.758086

Azar, S. T., Maggi, M. C., & Proctor, S. N. (2013). Practices changes in the child protection system to address the needs of parents with cognitive disabilities. *Journal of Public Child Welfare*, 7(5), 610–632. https://doi.org/10.1080/15548732.2013.857630

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117(3), 497–529. https://doi.org/10.1037/0033-2909.117.3.497

Charlton, L., Crank, M., Kansara, K., & Oliver, C. (1998). *Still screaming: Birth parents compulsorily separated from their children*. Manchester: After Adoption.

Feldman, M. A. (1994). Parenting education for parents with intellectual disabilities: A review of outcome studies. *Research in Developmental Disabilities*, 15(4), 299–332. https://doi.org/10.1016/0891-4222(94)90009-4

Feldman, M. A., Duchamre, J. M., & Case, L. (1999). Using self-instructional pictoral manuals to teach child-care skills to mothers with intellectual disabilities. *Behavior Modification*, 23(3), 480–497. https://doi.org/10.1177/0145445599233007

Fernqvist, F. (2015). Negotiating parenthood: Experiences of economic hardship among parents with cognitive difficulties. *Journal of Intellectual Disabilities*, 19(3), 215–229. https://doi.org/10.1177/1744629515571379

Graneheim, U., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to Achieve trustworthiness. *Nurse Education Today*, 24(2), 105–112. https://doi.org/10.1016/j.nedt.2003.10.001

Janeslätt, G., Jöreskog, K., Lindstedt, H., & Adolfsson, P. (2019). Experiences of the maternal role and support in mothers with cognitive limitations who have children in placement. *Child & Family Social Work*, 24(4), 494–502. https://doi.org/10.1111/cfs.12629

Janeslätt, G., Springer, L., & Mattsson, C. (2015). Manual för stödgrupp Mamma trots Allt [Manual for support group: After all I'm a mother] can be provided by www.regionuppsala.se/suf

Llewllyn, G., McConnell, D., & Ferronato, L. (2003). Prevalence and outcomes for parents with disabilities and their children in an Australian court sample. *Child Abuse & Neglect*, 27(3), 235–251. https://doi.org/10.1016/S0145-2134(03)00004-8

Mayes, R., & Llewellyn, G. (2009). What happens to parents with intellectual disability following removal of their child in child protection proceedings? *Journal of Intellectual and Developmental Disability*, 34(1), 92–95. https://doi.org/10.1080/13668250802688348

Mayes, R., & Llewellyn, G. (2012). Mothering differently: Narratives of mothers with intellectual disability whose children have been compulsorily removed. *Journal of Intellectual and Developmental Disability*, 37(2), 121–130. https://doi.org/10.3109/13668250.2012.673574

Mayes, R., Tozer, R., & Elder, M. (2011). An innovative support group for parents with intellectual disabilities whose children have been removed. *Developing Practice: The Child, Youth and Family Work Journal*, 58, 59–65.

McConnell, D., Feldman, M., Aunos, M., & Prasad, N. (2011). Parental cognitive impairment and child maltreatment in Canada. *Child Abuse & Neglect*, 35(8), 621–632. https://doi.org/10.1016/j.chiabu.2011.04.005

McGaw, S., Ball, K., & Clark, A. (2002). The effect of group intervention on the relationships of parents with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities.*, 15(4), 354–366. https://doi.org/10.1046/j.1468-3148.2002.00143.x

Patton, M. Q. (2015). *Qualitative research evaluation methods: Integrating theory and practice* (4th ed.). Thousand Oaks, California: Sage.

Salveron, M., Lewig, K., & Arney, F. (2009). Parenting groups for parents whose children are in care. *Child Abuse Review*, 18(4), 267–288. https://doi.org/10.1002/car.1070

Schofield, G., Moldestad, B., Höjer, I., Ward, E., Skilbred, D., Young, J., & Havik, T. (2010). Managing loss and a threatened identity: Experiences of parents of children growing up in foster care, the perspectives of their social workers and implications for practice. *British Journal of Social Work*, 41(1), 74–92. https://doi.org/10.1093/bjsw/bcq073

Starke, M. (2005). *Föräldrar med utvecklingsstörning och deras barn: vad finns det för kunskap? [parents with intellectual disability: What knowledge is there?]Socialstyrelsen [the National Board of Health and Welfare]*.

Starke, M. (2011). Supporting families with parents with intellectual disability: Views and experiences of professionals in the field. *Journal of Policy and Practice in Intellectual Disabilities*, 8(3), 163–171. https://doi.org/10.1111/j.1741-1130.2011.00306.x

Starke, M., Wade, C., Feldman, M. A., & Mildon, R. (2013). Parenting with disabilities: Experiences from implementing a parenting support programme in Sweden. *Journal of Intellectual Disabilities*, 17(2), 145–156. https://doi.org/10.1177/1744629513483523

Thomson, J., & Thorpe, R. (2003). The importance of parents in the lives of children in the care system. *Children Australia*, 28(2), 25–31. https://doi.org/10.1017/S1035077200005551

Tøssebro, J., Midjo, T., Paulsen, V., & Berg, B. (2017). Prevalence, trends and custody among children of parents with intellectual disabilities in Norway. *Journal of Applied Research in Intellectual Disabilities*, 30(3), 533–542. https://doi.org/10.1111/jar.12304

Wade, C., Llewellyn, G., & Matthews, J. (2008). Review of parent training interventions for parents with intellectual disability. *Journal of Applied Research in Intellectual Disabilities*, 21(4), 351–366. https://doi.org/10.1111/j.1468-3148.2008.00449.x

Wickström, M., Höglund, B., Larsson, M., & Lundgren, M. (2017). Increased risk for mental illness, injuries, and violence in children born to mothers with intellectual disability: A register study in Sweden during 1999-2012. *Child Abuse & Neglect*, 65, 124–131. https://doi.org/10.1016/j.chiabu.2017.01.003