

“WE NEED SUPPORT”

How women facing multiple unmet needs
experience systems of child removal
in the Greater Manchester area

A photograph of two young women with long, wavy brown hair laughing heartily. They are wearing black sleeveless tops and blue denim jeans with large rips. The background is a wall covered in colorful graffiti, with a clear blue sky above. The image is used as a background for a text overlay.

About Agenda Alliance

Agenda Alliance exists to make a difference to the lives of women and girls who are at the sharpest end of inequality . We are an alliance of over 100 member organisations – from large, national bodies to smaller, specialist organisations – working in collaboration to influence public policy and practice to respond appropriately to women and girls with multiple, complex unmet needs.

Following the 2018 National Commission on Domestic and Sexual Abuse and Multiple Disadvantage, in partnership with AVA (Against Violence and Abuse), Agenda Alliance previously explored how multiple disadvantage affects the lives of women in the Greater Manchester Combined Authority (GMCA) area. We produced two reports, 'Tackling women's multiple disadvantage in Greater Manchester', and 'Devolution and women's disadvantage'.¹² We shared findings with officials and decision makers across the ten boroughs.

¹ Agenda Alliance and AVA (2021) Tackling women's multiple disadvantage in Greater Manchester

² Agenda Alliance and AVA (2021) Devolution and women's multiple disadvantage

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Forewords

This project, run in partnership between Agenda Alliance and the Greater Manchester Combined Authority (GMCA), aims to address an area where women experience significant stigma and trauma: child removal. The research has found that in Greater Manchester, women experiencing individual and multiple instances of child removal felt unheard and unseen; left out of all the decision making.

Without the women who so bravely spoke with us so openly and authentically about their experiences we would not have been able to capture the recommendations which conclude this report. We would like to thank each of them for their contribution to this work.

As co-chair for this work, and as Changing Futures Worker at WHAG, I have seen every day how urgent it is that GMCA understand the complex and multiple unmet needs women experiencing child removal so often face. I hope to see these recommendations put into practice, and for them to be fed into each of all ten local boroughs, so that the unnecessary additional trauma so many women face across the region can be addressed.

Lilly Lewis-Bell, Co-Chair

Forewords

I just want to add my thanks, to those of Lilly, to the women who participated in this study. I do not underestimate the cost that participation such as this can have on you, it demonstrates your selflessness and commitment to this issue. We need to hear your voice.

The Greater Manchester Combined Authority's Gender Based Violence (GBV) Strategy wanted to support this work as we knew the role that GBV plays in destroying women's lives but the tragedy that is so often overlooked is how GBV can and does destroy their children's lives as well.

Women who have their children removed are labelled and discriminated against – unfortunately this continues to be the discrimination that dares speak its name. The harm that statutory agencies, however unintentionally, heap on these women; the hurdles that these women are instructed to overcome to prove their 'worth' would not be tolerated elsewhere.

We need to see a step change in our approach to these mothers, one informed by an understanding of trauma and led by compassion.

Let's make our ambition a campaign against intergenerational trauma, a future where traumatised mothers and their children are treated with compassion and care.

Carol Judge-Campbell, Co-Chair

About this briefing

This briefing focuses on the needs of, and develops recommendations for the support of, women who have experienced the removal of children into social care in the ten boroughs of Greater Manchester. Women who experience child removal often experience intersecting unmet needs, therefore need tailored gender- and trauma-responsive support.

Adopting the recommendations in this briefing will enable Greater Manchester Combined Authority (GMCA) to improve support for women who experience child removal in the region, responding to their experiences and bringing the range of services women are in touch with closer together. GMCA is well-placed to learn from their existing whole-systems approach to women in touch with the criminal justice system to proactively address gaps in provision for women who experience child removal.

This briefing is primarily aimed at GMCA officials and frontline services, but its findings have national and regional relevance.

Methodology

This project was commissioned by the GMCA, who engaged Agenda Alliance to explore issues surrounding women and multiple unmet needs in Greater Manchester, and conduct a deep dive on one area where change could have a significant impact for this group of women. The resulting report would involve making recommendations to GMCA to improve local services.

The project was steered by a Systems Change Group convened to support this project, consisting of GMCA officials, frontline staff from both statutory and voluntary sector services, and specialist women and girls' services from the Greater Manchester area. The initial exploratory process identified **child removal as a key theme**. Two key intersecting issues for women who experience child removal were also identified: **housing and homelessness; and the needs of Black, Asian, minoritised and migratised women**.

Agenda Alliance first reviewed and analysed national research in this space, including statistical data, academic papers, charity reports, and national policy documents. We then explored local experiences of child removal by speaking to ten experts by experience in Greater Manchester, as well as support workers from frontline organisations, drawing comparisons with the national picture and understanding the impacts in the region.

It has been difficult to build an accurate picture of how many women are affected by this issue at either local or combined authority level due to a lack of quantitative data, so we relied heavily on qualitative data to inform this work.

Finally, the recommendations were reviewed by the Systems Change Group and experts by experience involved throughout the project. Interviews with experts by experience were carried out through five one-to-one interviews (three in person and two over the phone) and one focus group held in person in Manchester.

All women were remunerated for their time. All were identified and supported by WHAG in Rochdale and MASH in Manchester. The women were aged between 20 and 50 years old, and had a range of experiences of child removal at different stages of the process. Seven of the women we spoke to were going through active care proceedings at the time of interview.

2

Child removal: the national picture

2.1 Drivers of child removal

Across England, **approximately 83,840 children were looked after in March 2023**.¹ Women are disproportionately affected by this; mothers are six times more likely than fathers to have children removed from their care, because they are more likely to be the primary carer.² We know from work with policymakers, practitioners and women with lived experience of child removal that many experience multiple unmet needs, including complex histories of trauma. Many have no safe place to call home, struggle with substance misuse, mental health problems and have experienced extensive histories of abuse and exploitation. By the time a child is removed into the care system, these mothers have been repeatedly let down by public services and need long-term, holistic support.

A key driver for increased risk to children (and therefore the likelihood of their removal into care) is domestic abuse. Domestic abuse disproportionately impacts women; **2.1 million women experienced domestic abuse**, compared with 751,000 male victims in the year ending March 2023.³

Domestic abuse has significant and far-reaching impacts. Our own research demonstrates clear links between intimate partner violence (IPV) and suicidality; we found that **women who have experienced IPV are three times more likely to have made a suicide attempt in the past year** compared to women who have not experienced IPV.⁴

1. UK Government (2023) [Statistics: looked after children](#)

2. Russel et al. (2022) [Frontiers, Gender, Addiction, and Removal of Children Into Care](#)

3. Office of National Statistics (2023) [Domestic abuse in England and Wales overview: November 2023](#)

4. Agenda Alliance (2023) [Underexamined and Underreported](#)

Mothers experiencing domestic abuse are more likely to experience housing instability due to leaving the family home for their own protection, and moving to new areas without their family and support systems.⁵ They are then at risk of being prevented from returning to their homes by safeguarding processes and child protection plans.⁶ One study highlights the example of a woman who was advised by social services that visiting her hometown would increase the risk of having her children removed, as she would be perceived to be placing them all at risk from the perpetrator who lived locally.⁷

Economic abuse often compounds the challenges women face in escaping abusive relationships, meaning they may feel trapped in situations which could be assessed as high-risk for their children. Surviving Economic Abuse's report 'Into Plain Sight' found that "women are three and a half times more likely to be subject to domestic violence if they find it impossible to find £100 at short notice".⁸ For women experiencing child removal, this creates further complications. AVA's 'Staying Mum' research found that victims of abuse experience additional challenges around financial insecurity, with one woman saying: "I don't have much to give them materially. The house was never in my name, he never put my name on the house. **I walked away with zero, with a cabin bag full of stuff, that's it. After years of marriage, a cabin bag full of stuff, no children.**"⁹

5. Bimpson et al. (2020) [Governing homeless mothers: the unmaking of home and family](#)

6. Ibid

7. Ibid

8. Surviving Economic Abuse (2017) [Into Plain Sight](#) p.5

9. AVA (2022) [Staying Mum](#) p.28



Another key driver for child removal is homelessness and housing instability, an issue which is often linked to domestic and economic abuse, substance misuse and untreated mental health issues. Research from the Single Homeless Project found that **one in every 38 lone mothers are homeless**; nearly one third of lone mothers are in arrears; and 21% of homeless women were accessing drug and alcohol services.¹⁰¹¹ A case study included in the paper 'Governing Homeless Mothers' explores how Emma experienced these challenges, when her children were initially temporarily removed after she was made homeless due to her rent arrears.¹² Emma's alcohol use had increased due to her fear of eviction, and social workers suggested her children were removed while her alcohol misuse was addressed. However, once Emma had addressed her alcohol issues, her lack of suitable accommodation meant her children could not be returned to her care. This shows how housing issues can act as both drivers of child removal, and subsequent barriers to re-unification.

Another driver of child removal can be the mental health and wellbeing of mothers, with existing mental health needs often exacerbated when children are removed. AVA's 'Staying Mum' report found that **mental health was the most common reason mothers were judged to be unfit parents**.¹³ The paper 'Still A Mam' found that the women they worked with experienced various mental health problems, most of which stemmed from childhood trauma or challenges later in life, such as post-natal depression and grief at the loss of family members, partner or child.¹⁴ Existing mental health issues are also reported to be exacerbated, again demonstrating how women's complex needs cause the removal of their children and that this experience causes those needs to worsen.¹⁵

It is clear from the existing evidence base that **women facing child removal have often been left without support for a range of complex needs**, with long life histories of trauma and abuse. Coping mechanisms for this trauma, such as substance misuse, can increase the likelihood of other harms such as homelessness, criminalization, and mental health issues – all of which are key drivers of child removal. Following the commencement of care proceedings, women are left without adequate support and their mental health, substance misuse and other behaviours may escalate, increasing concerns about child welfare.

¹⁰. Single Homeless Project (2023), '[Women's Homelessness: the stats](#)'

¹¹. Single Homeless Project (2022) [Making Women Count](#) p.39

¹². Bimpson et al. (2020) [Governing homeless mothers: the unmaking of home and family](#) p.9

¹³. AVA (2022) [Staying Mum](#) p.3

¹⁴. Reform, and Fulfilling Lives (2022) [Still A Mam](#)

¹⁵. Broadhurst and Mason (2020) [Child removal as a gateway to further adversity: Birth mother accounts of the immediate and enduring collateral consequences of child removal](#)

2.2 Experiences of care proceedings

Mothers, including those experiencing domestic abuse, frequently have to navigate the family court system to fight for custody of their children. Women report interacting with the family court system to make custody arrangements to be inappropriate, alienating, distressing, and re-traumatising. Their grief at losing care of their children is compounded by being unfairly subjected to confusing and recurrent court proceedings which do not account for their multiple unmet needs.

Recent research has shown mothers going through the family courts are often recast as 'offenders', rather than victims of abuse, with fathers often claiming a process known as '**parental alienation**' - whereby those facing allegations of domestic abuse claim the other parent is turning their children away from them as a viable form of defence.¹⁶ The mental health impacts of this are clear: all 45 mothers surveyed as part of the research reported serious health difficulties which they believed to be caused by family court proceedings including heart attacks, miscarriages, and suicidality.¹⁷

Existing court systems do not enable birth mothers to remain involved in the care arrangements for their children, while accessing the support they need to address their own multiple disadvantage. This lack of support can drive mistrust of the legal system or wider public services, with women reporting that their personal situations are not acknowledged or understood by the court, and that there is a lack of any meaningful follow-on support which would help mothers regain care of their children.

Social work practice is repeatedly cited as problematic by mothers going through child removal, with strained relationships damaging their trust of practitioners. In Reform and Fulfilling Lives' report, 'Still A Mam', mothers spoke of how social workers' power to control access to children meant they were viewed as the "gatekeepers to both support and consequences".¹⁸ This power dynamic creates significant difficulties, especially at a time when women may be struggling to build positive relationships with professionals. Mothers feel let down by social services, with the welfare of children being prioritised over their welfare as adults at risk.

Additionally Black, Asian, minoritised and migratised mothers report experiences of racism throughout the family court system. AVA found that in some cases, Black and minoritised mothers, Muslim mothers, and those from migrant backgrounds experienced their abusers perpetrating racist stereotypes to manipulate professionals,

¹⁶. Dalgarno et al. (2024) [Health-related experiences of family court and domestic abuse in England: A looming public health crisis](#)

¹⁷. Ibid

¹⁸. Reform, and Fulfilling Lives (2022) [Still A Mam](#) p.16

and that this was particularly clear where the woman had a white British partner.¹⁹ One woman interviewed by them described how the courts believed her husband when he said she married him just to access his money, and that she had “trapped him” by becoming pregnant, despite her being the main household earner.²⁰ Another Muslim woman interviewed expressed that she felt the child psychologist appointed to her case viewed her as a “weak, submissive, Muslim woman”, and as a result a family member who appeared to be more “Westernised” was prioritised to care for her children.²¹

Better practice does exist. Family, Drug and Alcohol Courts (FDACs) are adopting a different approach to working with parents at risk of child removal who concurrently are experiencing issues with substance misuse. FDAC processes ensure that families have one judge for all their court proceedings, compared to standard care proceedings where families may have a different judge for each session, interrupting continuity. When interviewed by the Centre for Justice Innovation about their experiences of FDAC, **one mother said that she was made to feel normal” by the judge, who treated her “like a human being” and not “just a junkie”**.²² Given that the drivers of child removal are so often related to women’s multiple and complex needs, there is a clear case for specialist court models which can account for such issues. However, specialist courts of any kind are not universally available leaving women to continue navigating traditional systems without support.

19. AVA (2022) [Staying Mum](#) p.23

20. Ibid.

21. Ibid.

22. Centre for Justice Innovation (2020) [Family, Drug and Alcohol Courts \(FDAC\)](#)



2.3 Consequences of child removal

The trauma of child removal has a serious affect on women, and when their support needs are not addressed early on, challenges can intersect and lead to complex disadvantage. Firstly, **the serious mental and physical health impacts of child removal are clear**. The report 'Still a Mam' spoke with Claire, who had all three of her children removed after concerns regarding her substance misuse, poor mental health, and domestic abuse in her relationships. **Following her children being taken into care, she attempted to take her life seven times**, and described herself as having a "completely mental breakdown".²³

The report 'On paper, you're normal' supported this, finding that "poor health was common, and often normalized" among mothers who had their children removed from their care by child protection services.²⁴

Women in temporary or social housing face instability which has further implications on their parenting. In England, mothers with children are given priority for social housing; however once a child is removed from the mothers' care, authorities essentially view her as a single woman.²⁵ **The housing benefit cap means that women are only allocated bedrooms for the children who are already living with them**. This leaves those who have had children removed facing an arbitrary barrier to resuming parenting responsibilities, if their current social housing is not deemed to be of sufficient size for children to be returned to their care. Research has highlighted examples such as of a woman having to move out of a two-bedroom house and into temporary hostel accommodation after the removal of her children. This exposed her to people using drugs, which led to her own substance misuse and addiction.²⁶

Placing women in unsafe housing following child removal not only drastically decreases the likelihood that their surroundings will enable long-term caring responsibility to resume, but also places women at significant risk of increased drug and alcohol misuse, abuse, and homelessness.^{27 28}

Women's experiences of homelessness are distinct to those of men, but poor data collection processes cause a lack of a gendered responses in policy and practice.

The Department of Levelling-up, Housing, and Communities data on homelessness only covers those sleeping on the street in the open, or in buildings not designed for

23. Reform, and Fulfilling Lives (2022) [Still A Mam](#) p.13

24. Grant et al. (2023) ['On paper, you're normal'](#) p.4

25. UK Collaborative Centre for Housing Evidence (2020) [Homeless Mothers: Key Research Findings](#)

26. Bimpson et al. (2020) [Governing homeless mothers: the unmaking of home and family](#)

27. 61% of homeless women have experienced violence from a partner. UK Collaborative Centre for Housing Evidence (2020) [Homeless Mothers: Key Research Findings](#)

28. Broadhurst and Mason (2020) [Child removal as a gateway to further adversity: Birth mother accounts of the immediate and enduring collateral consequences of child removal](#)

habitation (such as stairwells).²⁹ However, the Single Homeless Project highlights that this data is not sufficient to understand how homelessness truly impacts women, stating that women are “often hiding themselves or sofa surfing to avoid dangers on the streets. This means that traditional counting and recording methods underestimate the actual number of women rough sleepers.”³⁰ The ‘Making Women Count’ report found that official London rough sleeping statistics recorded 86 women who were rough sleepers, compared to 154 identified in the project’s own research when including other forms of unstable housing and rough sleeping. Such significant gaps in data mean that the needs of women, and therefore mothers with children, are often overlooked. St Mungo’s found that **over 50% of the women they supported through their services were mothers and of those, 79% had children taken into care.**³¹

Research further demonstrates that homelessness particularly affects Black, Asian, minoritised and migratised women. Homeless Link analysis of Combined Homelessness and Information Network (CHAIN) data for 2021-22 shows that **Black women are statistically more likely to be homeless than white women:** 21% of women sleeping rough in London were Black, compared to Black women making up 12.5% of the London population.³² With such a high proportion of homeless women being mothers, the intersections between child removal, homelessness and ethnicity are a cause for concern.

²⁹. UK Government, Department of Levelling-up, Housing, and Communities (2020) [Health matters: rough sleeping](#)

³⁰. Single Homeless Project (2023), [‘Women’s Homelessness: the stats’](#)

³¹. St Mungos (2023) [Women and Homelessness](#)

³². Homeless Link (2022) [Myth Busting Women’s Homelessness](#)



Substance use can also be a mechanism to cope with the trauma of losing children; the report 'Still a Mam' spoke with Zoe, a woman who had her children permanently removed from her care, after "it was decided that she no longer needed the support".³³ Within 12 months, she had relapsed on drugs and alcohol, and her mental health issues had significantly worsened.³⁴ Substance misuse can also compound challenges in accessing social housing, pushing women towards precarious, insecure housing arrangements where they are at greater risk of exploitation or abuse.

Preventative services can provide vital support to struggling families and stop children from being taken into care in the first place. However, cuts to Early Help budgets since Covid-19 have significantly reduced access to preventative support, with many charities directly linking such cuts to the likelihood of more children being taken into care.³⁵ Children in the poorest areas are worse affected, with research finding that **they are 10 times more likely to be taken into care than children from wealthier regions.**³⁶ Early interventions must take a gendered approach which can account for the complex needs which women at the sharpest edge of disadvantage face.

33. Reform, and Fulfilling Lives (2022) [Still A Mam](#) p.14

34. Ibid

35. NCB (2021) '[Councils forced to halve spending on early help services for vulnerable children](#)'

36. The Guardian (2017) '[Children in UK's poorest areas 10 times more likely to go into care](#)'



3

Child removal: the local landscape

This section brings together findings from our engagement with women with lived experience of child removal in Greater Manchester, frontline practitioners from voluntary and statutory services, and members of our Systems Change Group, exploring how child removal plays out locally.

The women and staff we spoke with highlighted repeated failings by social services, difficulties around disclosing abuse for fear of child removal, and racism within public services. Stakeholders also highlighted how a different approach could have transformed women's experiences, evidence which forms the basis of our recommendations for change.

3.1 Prevention, silo-busting and multi-agency working

Mothers at risk of having their children taken into care will be in touch with multiple **different services, which often work in siloes** without meaningful channels of communication between them to provide holistic support. Frontline practitioners from voluntary organisations we spoke to in Greater Manchester described disconnected services that do not appropriately share information. This can result in women having to repeatedly re-tell their story to multiple professionals and missed intervention opportunities.

A failure to identify the risks women face, or put in place holistic support to address this, erodes women's trust in the system and leads to escalating problems that can ultimately result in care proceedings commencing. The women we spoke to told us they were reluctant to disclose abuse to professionals due to fear of their children being removed from their care.



For me, I was frightened of the authorities, that they would take away my children if I reported anything.

Support worker with lived experience

Women told us that this could have been prevented by the risks and harms they faced being identified and addressed at a much earlier stage.



My son's father was deemed more safe, has more contact, he sees him every week, I see him 6 times a year. Slept with me when I was 15 and he was 26, he beat me up and abused me. No support, social workers aware and don't do anything. I've been with Manchester and Bury city councils, but I didn't have any support from either of them.

Opal

Agenda Alliance research has previously highlighted the negative impacts of siloed-working that fails to take account of women's multiple unmet needs, in particular experiences of abuse.³⁷ However experts by experience indicated that structures across the GMCA to address this are not sufficient.

3.2 Gender- and trauma-responsive working

Many of the women we spoke to described **a lack of trauma-informed support at all points of contact with the system**. This was especially clear in the family courts; women we spoke to reiterated how difficult and confusing the process is, and that the language used was often inaccessible, meaning they did not fully understand what was happening. One practitioner told us that judges often lack the knowledge to respond to women's multiple and complex needs. They told us that professionals could often predict whether a mother would win her case before the court was even in session based on the judge they had been assigned, due to a reputation of poor understanding of alternatives to child removal and a poor track record of referring women for support.

³⁷ CPCs are designed to be spaces to discuss concerns about a child's welfare with parents, professionals, and occasionally with family members (Citizens Advice, [if there's a child protection conference for your child](#), last reviewed 2021)

Women described poor communication from professionals throughout court proceedings and when they have concluded, with many unclear about what was being asked of them or how they may be able to regain caring responsibility. For women who have had their children taken into care, a lack of contact or communication around their child's health and wellbeing led to considerable worry.

Mothers who had made considerable changes in their lives, such as leaving abusive relationships or entering recovery from addiction, felt these improvements were not acknowledged by social workers and were unclear whether this might mean their children could be returned to their care. Some expressed that the system made them feel there was little point in recovering, if there was no hope their child/children could be placed back with them.

Such experiences compounded existing trauma and mental health challenges, leaving some of the women we spoke to in serious distress:



You feel like a lost soul. You sink into a deeper depression. You can't feel good about anything

Chardonnay

Certain elements of the process, such as Child Protection Conferences (CPC), were described by the women we spoke to as degrading, cruel and judgmental.³⁸ More often than not, CPCs left them feeling judged, shamed, and like a "bad mother". The women we spoke to recalled sitting with family members and social workers who rated them as mothers out of ten on scorecards – judgements which ultimately impacted whether their children would be returned to their care. Mothers had suggestions for how these could focus more on their resilience, assets and progress.



They rate you in the meeting, they hold a piece of paper up with a number between 0-10 on it to rate you as a Mum. 0 is the worst, 10 is the best. Your family are there too and also rate you, my family rated me an 8 and the social worker gave me a 3.

Alex



We need more positively framed sessions, rather than scoring, asking questions like 'what positive steps have you made towards being a mother?', 'what are you proud of in the last few months?', things like that.

Support worker

³⁸. CPCs are designed to be spaces to discuss concerns about a child's welfare with parents, professionals, and occasionally with family members (Citizens Advice, [if there's a child protection conference for your child](#), last reviewed 2021)

3.3 The culture of social work

Women with lived experience felt that social workers often created barriers to their re-unification with their children. Practitioners shared similar sentiments, commenting that when mothers they worked with tried to pre-arrange contact with their child in care, children's services often did not respond for weeks or even months, leading mothers to miss pivotal moments in their children's lives such as birthdays. This left mothers distressed and concerned that their child may think they do not care about them anymore, or that they may have forgotten key dates. Resulting anxieties about being a "bad mother" were felt to be reinforced by social workers:



They drill into your head that you aren't good anymore.

Dion

One mother spoke of how even just receiving text updates from a worker on their child's welfare would put them at ease. They spoke of a lack of agency over where their children were placed or concern over which families they went to. Without regular, compassionate contact from social workers women felt isolated from their children's lives.



First thing is [the] wellbeing of your kids, you want to know who you're dealing with. People who your kids are going to – we need more interaction with this. We need to know whether we'd like our kids going to them. We should be able to meet and greet them before they go away.

Chardonnay



They don't really approach you for the letterbox contact³⁹, I want to know how I do this. Didn't get help to get this.

Opal

Social workers are facing rising caseloads and low pay following the Covid-19 pandemic, years of persistent underinvestment, and austerity. As a result, the profession is understaffed, and sees high rates of prolonged sick leave and "churn".⁴⁰ The women we spoke to in Greater Manchester said they had experienced a lack of consistency in social workers; more than one had worked with 12 different workers in a single year due to staff turnover. Rebuilding relationships is incredibly challenging and re-traumatising, as mothers are forced to repeatedly share difficult details of their case.

³⁹. Letterbox contact is a formal arrangement for birth parents and foster/adoptive parents to share information about the child/children.

⁴⁰. Unison (2023) [Social workers at breaking point with half at risk of quitting, warns UNISON](#)



They say the aim is to keep the mother with the baby, but I just don't think that's true. There are other things they can do but then they aren't doing it, because of funds."

Opal



Social worker was too busy to get back to me. Caused me a lot of other stress. There could do with having another third party to speak to you about how your kid is.

Chardonnay

Consistency and time to build trusting relationships is foundational to women regaining care of their children and breaking the cycle of harm. Without this, women's trust in systems can break down to almost irreparable levels.



I'm so scared to have another child; I'm scared they will take them away.

Opal

3.4 Racism and discrimination in public services

National evidence shows that Black, Asian, minoritised and migratised women accessing public services are disproportionately likely to receive poorer support compared to their white counterparts.⁴¹ We heard that racism within services not only causes harm to mothers in Greater Manchester, it dramatically impacts how successful any intervention attempts will be. **A lack of appropriate culturally-responsive support, and the fear of experiencing racism in services**, can prevent mothers from seeking help. We found this was particularly prevalent for mothers who feared the consequences if they challenged experiences of racism within services.


Assumptions and racist stereotypes can have a profound impact on professional perceptions of whether mothers are in a position to have their children remain in, or returned to, their care. One support worker with lived experience of child removal told us that public service workers said she smoked weed, but that she had "never smoked weed in [her] life". She felt that they had made this assumption because she was Black. Other frontline workers across the voluntary and community sector organisations we spoke to reiterated such examples of anti-Black racism, saying that Black women were often perceived to be "aggressive", when they were expressing emotional responses to the grief they faced at having their children removed from their care. Despite needing

41. BBC (2022) [Review reveals 'vast' ethnic inequalities in NHS services'](#)


specific care and support, frontline practitioners were concerned that Black mothers in particular did not reach out to disclose abuse or access support because they know that racism would impact how their case is viewed.

3.5 Housing and homelessness

The mothers with experience of child removal who we spoke to in Greater Manchester had often experienced housing instability related to wider unmet needs such as domestic abuse, substance misuse or mental health issues. As demonstrated through our national evidence review, women are often required to regain secure housing to ensure a child can be returned to their care. However, **the lack of appropriate social or supported housing**, combined with poor multi-agency working in Greater Manchester leaves women stuck in a cycle of being unable to meet housing requirements to regain caring responsibility for their children.

 They promised me a mother and baby unit and they should have provided that. A place with drug addicts is not appropriate for a pregnant mother, [I] need[ed] to be in a safe environment. Housing was something they used against me - they said I didn't have good accommodation and so I couldn't have my baby, but I'd asked to be moved to good accommodation.

Opal

 When they were removing my son I asked if I could go to a mother and baby unit. There were places and my solicitor found two – one in Blackpool and one further away. What's the point of having these units [if they are so far away from home].

Minnie

Women told us that they had failed assessments to have their children returned to them because they did not have appropriate housing with enough bedrooms for the children, leaving them forced to restart the process. This inaccessibility to appropriate housing is compounded for refugee and asylum-seeking mothers with no recourse to public funds, who face even greater barriers to support.⁴²

 I've just been through a 32-week assessment to get my daughter home, which I failed because I don't have a house. Now I have to go through the whole 32 week process again.

Dion

42. UK Collaborative Centre for Housing Evidence (2020) [Homeless Mothers: Key Research Findings](#)

In our previous report, we noted how structures such as [Greater Manchester Homelessness Action Network](#) (GMHAN), which brings together organisations who work across sectors and boroughs, could be instrumental in addressing women's homelessness.⁴³ Such work can build cross-regional holistic support and bring local authorities together with charities providing frontline support, ensuring housing options can be better tailored to meet women's needs. However, the experiences of the women we spoke to demonstrate that there remain significant gaps in the system.

43. [Greater Manchester Homelessness Action Network website](#)



4

Steps for change in Greater Manchester

Effective preventative joined-up measures in Greater Manchester must centre the voices and experiences of women with lived experience of child removal. These women have the clearest understanding of systemic barriers, and where better support could have helped them. In our previous report to GMCA, we found that meaningful co-production was taking place across the region on policy areas such as homelessness.⁴⁴ Building these co-production efforts into other areas of the system would help ensure that a greater range of gendered disadvantages were responded to. The women we spoke to felt that meaningful coproduction should include advocates with lived experience of child removal, who could support them to navigate siloed public services, work in a trauma-informed way, and support women to develop trusting relationships with social workers and other staff. We urge GMCA to explore options for routes into these roles for women with lived experience of child removal.

Advocates must also be able to provide culturally-responsive support, and all advocates and social workers must receive specific anti-racism training to prevent marginalised women from experiencing disproportionate harm. Systems through which professionals are held to account for racist and discriminatory behaviour must be routinely and transparently explained to all women when they first come into contact with services, so that routes to redress are properly understood.

⁴⁴. Agenda Alliance and AVA (2021) [Tackling women's multiple disadvantage in Greater Manchester](#)

It is clear that a trauma-informed approach in Greater Manchester to communicating with women experiencing child removal is urgently needed. Judges and social workers urgently need this training built in at the earliest possible stages and regularly refreshed. GMCA should explore how processes such as child protection conferences can become more gender- and trauma-informed to build a more holistic picture of women's lives. Across the ten boroughs, all local and combined authority public service staff must receive trauma-responsive training, engaging with and referring women to specialist frontline services to ensure wraparound support.

Our research has illustrated how women who experience child removal lack tailored support in Greater Manchester. The women we spoke to expressed clearly that having a child removed from their care was traumatic and can have long term physical, mental, and financial effects. Only when encountering gender- and trauma-responsive support from specialist women and girls' services did the women we spoke to feel that they were being listened to and supported. It is vital that GMCA considers how to embed long-term funding to provide sustainable support for these services.

Recommendations

Our recommendations are designed to cumulatively build support for women experiencing child removal in the region, working towards preventing child removal wherever possible, and supporting women to be re-united with their children where it is safe to do so.

These recommendations are rooted in the areas where women who have experienced child removal in Greater Manchester felt change was most needed. Co-production must continue and underpin the development of all these recommendations moving forward.

1

Urgently produce draft guidance for all ten local authority housing teams setting out that:

- i. Women who have had their children removed from their care remain on priority social housing lists as women with dependents under section 8.12 of the Homelessness Code of Guidance for Local Authorities, or are considered as vulnerable under section 8.14 of the same guidance.¹
- ii. A checkpoint is built into reunification assessment processes, ensuring that housing teams are required to identify whether women have been otherwise deemed fit to resume caring responsibility for their children if appropriate housing can be secured.

1. UK Government (2018/2023) [Homelessness Code of Guidance for Local Authorities](#)

2

Continue facilitating the Systems Change Group (SCG) convened to support this project, meeting quarterly to progress action on these recommendations. The group should focus on improving multi-agency working, and GMCA should initially prioritise the following issues:

- i. Explore how to safely involve women with lived experience to attend the group, with appropriate support from relevant agencies to ensure this is trauma-responsive and meaningful;
- ii. Invite senior stakeholders from across GMCA and member local authorities to generate buy-in for change, prioritising adult and children's social care representation. These stakeholders should also include key decision makers from crime and policing, substance misuse, housing, health, mental health, domestic abuse, sexual violence and multiple disadvantage teams. Voluntary sector membership of the group across all of these issues should also be extended to include a range of specialist knowledge.
- iii. Review where multi-agency networks are already in place across GMCA, and explore how child removal can be considered through these on a regular basis.

3

Fund dedicated Support Advocates to help mothers navigate multiple public services during care proceedings. These advocates should:

- i. Be appointed across all 10 boroughs;
- ii. Be given cultural competency and trauma-responsive training and provided with clinical supervision;
- iii. Be funded through grants to specialist women's organisations to engage existing expertise and trusting relationships;
- iv. Be underpinned by work exploring how women with lived experience can access these roles.

4

Invest in improving relationships between social services, support advocates and women experiencing child removal by introducing trauma-informed communication systems, including but not limited to:

- i. Asking and recording how women would prefer to be communicated with at the outset of care proceedings, and ensuring social workers are connected to the specialist advocates set out above.
- ii. Reviewing how news of permanent adoption is communicated to women, ensuring that referrals to wraparound support have been scoped and prepared, and that women always receive this news in person with their advocate present.

iii. Reviewing how Child Protection Conferences are carried out in the area, working with women with lived experience, advocates and social workers to draft guidelines for practitioners on delivering a trauma-informed approach.

iv. Reviewing how the approach taken by Family Drug and Alcohol Courts (FDAC) could be rolled out across Greater Manchester to strengthen the provision of gender- and trauma-informed support.

v. Supporting women to report racism or discrimination by ensuring social workers clearly explain how women can raise concerns. This should include mechanisms where anonymous complaints can be made to ensure mothers do not experience further punitive action. Complaints should be addressed by local boroughs via independent stakeholders.

5

Develop proposals for piloting Personal Support Plans. These plans should:

i. Support women to identify their personal support needs, including the multiple unmet needs which may have driven child removal, and plans to respond to these;

ii. Be developed through partnership between women experiencing child removal, their advocates, their social worker, and the social worker assigned to their child;

iii. Be reviewed at least once every month by mothers, advocates, and social workers in partnership, to assess progress, provide additional support, and ensure a regular space to raise concerns. These review sessions should engage both adult and children's social workers involved in the case and communicate the likelihood of mothers resuming care of their children in a trauma-informed way.

iv. Following consultation, these plans should be introduced across all boroughs to ensure pan-region working.

6

Invest in gender-, age-, trauma-, and culturally-responsive training for all GMCA staff working with women who are experiencing child removal, delivered by specialist organisations across the ten boroughs.

i. This training should prioritise adult and child social workers, magistrates and judges, and court staff in line with where women told us they experienced most issues, followed by wider roll out to professionals working across other relevant public services.

ii. This training must be developed in partnership with each borough to consider the specific needs in that area, including cultural, economic

and class barriers to support, and be developed in consultation with women with lived experience of child removal, and specialist practitioners.

iii. This training must specifically explore the dynamics of domestic abuse, particularly coercive control, and the interrelationships between this, mental health and substance abuse.

7

Set out plans to fund, support and engage the specialist women and girls' sector across Greater Manchester to ensure gender-, age-, trauma- and culturally-responsive support is available to women in all ten boroughs. This should include:

i. Ring-fencing funds for local, specialist and by-and-for organisations, particularly for by-and-for organisations that support Black, Asian, minoritised and migratised women, to access multi-year grant funding for those organisations currently providing vital frontline support to women experiencing child removal in the region.

ii. Introducing smaller development grants for organisations already delivering this kind of support, which would allow them to apply for additional funding to scale up these services. This should either be provided as an addition to existing funding, or through further small grants.

8

Reform how data is collected, shared and published on women experiencing child removal in the region. This should:

i. Explore where data on women with multiple disadvantage is already collected, and how these systems could be reformed to identify women who may have experienced or are currently experiencing child removal.

For example, future Greater Manchester Women's Homeless censuses should capture data exploring homeless women and motherhood, asking mothers whether their children have been taken into care. This approach should be replicated across other local data collection processes.

ii. Support wider services that women with multiple unmet needs may interact with, such as mental health, homelessness or drugs and alcohol services, to collect data on child removal through providing templates and clear reporting timescales to the Combined Authority.

iii. Examine how data on child removal is safely shared between agencies and local authority teams, and how this could be improved to ensure these women do not have to repeatedly retell distressing information about their lives.

iv. Support organisations in receipt of grants or contracts from the GMCA or 10 local boroughs to gather data on child removal and submit this to GMCA by providing simple templates for data collection.

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