birth companions

Sands & Tommy's Policy Unit

Working together to save babies' lives

VCSE health & wellbeing alliance

Understanding women's lived experience of children's social care proceedings during their pregnancy and in early motherhood: an insight report

Introduction

This report shares insights from Birth Companions' recent project for the Tommy's and Sands Maternity Consortium exploring the impact of children's social care involvement on women's[1] mental and physical health and wellbeing.

The project explores themes uncovered during previous work done within the Maternity Consortium looking at the barriers to accessing maternity care for groups at risk of poorer outcomes. Women with experience of children's social care assessment spoke of the negative impact this had on their antenatal and postnatal care. Many women also said they did not disclose mental health and wellbeing needs for fear that their child would be removed.

This follow-up project led by Birth Companions focuses in depth on understanding women's experiences of children's social care involvement during their pregnancy, and in the first two years of their child's life (in line with the 1001 critical days).

This project was delivered as part of the VCSE Health and Wellbeing Alliance priority projects funding and took place between January – March 2023.

[1] We have used the words 'woman' and 'mother' throughout this report as this is how those who took part identified themselves. We recognise and respect the fact that not everyone who is pregnant or has recently given birth identifies this way.

Context

Between 2007/8 and 2016/17, the rate of newborn babies subject to care proceedings more than doubled, reaching 35 newborns per 10,000 live births[2], with significant regional variation across the UK[3].

There are well-established links between maternal deprivation and care proceedings, and observed high levels of pre-existing trauma, mental ill-health, domestic abuse and substance use among women involved with social care[4].

Recent analysis has also shown a high and increasing rate of social care involvement among women who die during pregnancy, childbirth and the year after birth[5]; a deeply concerning trend. MBRRACE-UK's most recent report on maternal deaths during 2018-20, found that:

- 20% of the women who died had social care involvement. This figure has significantly increased over recent years, up from 12% in 2012-14 and 17% in 2017-19.
- 11% of the women who died by suicide, and 59% of those who died through substance misuse, had had an infant removed into care and/or ongoing care proceedings.
- For several of the women who died, separation from their baby led to an escalating pattern of mental ill-health, substance misuse and domestic abuse.
- In 38% of all cases, it was found that improvements in care may have made a difference to the woman's outcome.
- Postnatal support, including mental health services, for women separated from their babies was found to be severely lacking. Women receiving specialist perinatal mental health services lost access to this support when their babies were removed.
- Fears of child removal often influenced women's willingness to disclose symptoms of mental ill-health or substance misuse. These fears were poorly recognised and responded to by health professionals.

It is clear that women who may be, or are, separated from their babies shortly after birth are a particularly vulnerable group, yet their needs are largely invisible in many aspects of health and social care policy and guidance, even those focusing on inequalities. These include the Maternity Transformation Programme; the NHS Long Term Plan; the NHS Core20PLUS5 approach; perinatal mental health services; NHS Equity and Equality Guidance for local maternity systems; NICE CG110 guidance on complex needs; and the Independent Review of Children's Social Care. These mothers are also missing from much relevant research and data.

Maternal Mental Health Services (MMHSs) were developed as part of the NHS Long Term Plan published in 2019. They are intended to provide care to women who develop moderate to severe mental health difficulties arising from birth trauma, tokophobia, pregnancy and baby loss, and child removal due to safeguarding concerns. However, recent evaluation[6] and discussion across pilot sites suggests little to no provision has been established for women experiencing child removal to date.

[2] Nuffield Family Justice Observatory (2018) Born into Care: Newborns in care proceedings in England
[3] Nuffield Family Justice Observatory (2020) Discussion paper: What explains marked regional variations in infant care
[4] Nuffield Family Justice Observatory (2020) Born into Care: One thousand mothers in care proceedings in Wales
[5] MBRRACE-UK (2022) Saving Lives, Improving Mothers' Care
[6] Mahony, S. and Thompson, R. (2023) Regional evaluation of the London Pilot of Maternal Mental Health Services, McPin Foundation.

Methodology

In order to improve understanding of, and responsiveness to the needs of women with social care involvement, Birth Companions spoke to eight women with relevant lived experience through one-to-one engagement and in dedicated focus group sessions.

We also ran a session bringing women together with commissioners and healthcare staff to offer space for conversations about approaches to care for those who face loss through separation. This session was run in partnership with the OCEAN Maternal Mental Health Service in Hackney, East London, to help inform the development of their own service for women in these circumstances.

Key themes

The key themes from this engagement are summarised below, along with direct quotes from those who took part. We have grouped these themes into two sections; the first looks at women's experiences relating to social care involvement for their infants, while the second looks at how these experiences might be considered in structuring and running appropriate services in antenatal and postnatal care, including perinatal mental health.

A note: although invited to share their experiences, thoughts and reflections on how children's social care involvement had affected either or both their mental and physical health, women overwhelmingly chose to focus on the mental health aspects.

Section one

How children's social care involvement impacted women's mental and physical health during pregnancy and the postnatal period

The key themes in this section are:

- The impact of children's social care involvement on women's mental health and wellbeing
- Knowing what is happening, and what is going to happen
- Past experiences of social care
- The prevalence of domestic abuse
- Issues accessing mental health support
- The value of midwifery support and other health professionals

The impact of children's social care involvement on women's mental health and wellbeing

It was clear from listening to women's experiences that the involvement of children's social care had a significant impact on their mental health. This was the case for those who had been subject to initial enquiries and assessment of parenting capacity, without further action, as well as those who had been through care proceedings, a court hearing, and/ or separation from their baby.

"When I was told social services would be in touch I lost myself. I felt like my world was crashing down. It triggered all my previous experience. I panicked."

"The assessments are so intrusive. They dug into my childhood. My resilience is amazing. I've learnt to stick stuff in my drawers and that's it. I can be on point. But as soon as I think about losing my children, it knocks me down straight away."

This had real consequences for women's ability to disclose their feelings and concerns to professionals, and was compounded by a sense of shame, stigma and judgement.

"Some of the thoughts I was having, I wouldn't have told people. It would have made it worse. It's just a thought, a horrible thought, but you don't know who to trust, so you've got no one to talk to."

"I kept it to myself. I felt like I was going to be judged by healthcare services because I'd been in prison. I was struggling but I wanted people off my back. Because it was my first child, I didn't want them to think it was my child that was overwhelming me. It was the situation that was overwhelming me. Adjusting to life outside of prison with my baby."

"I hid my emotions for two months, because I didn't want to show them in case it was used against me, in case they said I was unstable."

"Even though I've got so many people around, I'm so lonely. You just feel like they're going to judge."

"Once you've had a child removed women feel 'marked'."

Mothers also described the extent of the fear they felt about potential separation from their baby. It was powerful to note that this fear was not necessarily linked to the actual likelihood of separation; some women talked of knowing that it was unlikely to happen, but still spoke of this fear as overwhelming.

"I'm thinking they're going to take my daughter. They're not, they've told me they're not, but it's in my head."

"I freaked out, I thought they would take her at birth."

Where women had been separated from their children, they described the life-long impact of the loss.

"The thing about dealing with this kind of loss is that it's different every day. There are so many triggers."

"I've had ADHD all my life, but it weren't until I lost my children that I lost my mind. It just couldn't settle."

A specialist safeguarding and public health midwife who took part described how she uses a self-assessment scale for Post-Traumatic Stress Disorder (PTSD) with the women she cares for, saying they "pretty much all" end up with a rating that warrants a referral. She is currently considering whether such a referral should just be automatic where there is a risk of separation or separation has occurred.

Knowing what is happening, and what is going to happen

The fear of separation is exacerbated by the fact that women often don't know what's happening with the social care assessment or proceedings. Many of those we spoke to said this added significantly to the anxiety they felt during their pregnancy and after giving birth.

"I had social workers for my older two children, and the social worker for my new baby. They were talking about me behind my back, I didn't feel like they were involving me in the conversations. So I was thinking the worst."

"It's the anxiety that builds because you don't know what they're doing, you don't know what they're saying. You don't know what's coming next. There needs to be more communication during that process, to better support women's mental health."

One woman described how she was unwittingly sent for psychiatric assessment and diagnosed with multiple personality order after giving birth to her baby, as a result of children's social care assessment.

"I was told to go to the psychiatric unit at the local hospital. I didn't know what I was going there for, I thought it was just a routine appointment, I didn't realise I was being sent for a full-on mental health assessment. It was scary. One door opened, then the door behind me closed. Then I realised I was being assessed to see if I needed to be staying there. My baby was just about to turn one, and I was told I couldn't bring him with me. I had thought I'd just be leaving him for a couple of hours, but turns out if I'd answered some of those questions in the wrong way, I'd have been kept there. I had no idea what was happening."

Women talked about the need for maternity professionals to be conscious of this stress and anxiety, and to be reliable and communicate openly. Previous Birth Companions peer-led research, in partnership with Revolving Doors, found that women at risk of separation wanted clear, honest information about what was happening and what they should expect[7].

[7] Birth Companions and Revolving Doors (2018) Making Better Births a reality for women with multiple disadvantages

"They are trying to break you down in the process, make you anxious, leave so much unknown, all those worries building up, as well as them telling you you have to comply, on their terms. Social care tell you they will come next Tuesday, then they don't come, they cancel at the last minute, then say they want to come on Friday, but it's not convenient to you, but you have no choices. It wears you down. You feel inadequate in the situation, and then they start to find the flaws as your mental health deteriorates."

Past experiences of social care

Women also emphasised the importance of health professionals being conscious of how past experiences of social care – either being in care themselves as children, or having had children's social care involved for previous children – impacted on their ability to trust professionals and affected their mental health.

"My mum had a mental breakdown because of domestic violence, and I was put into the care system at 16 because it got really messy."

"When I had my second son, social services came back to me, despite there being no concerns about my child or my parenting. They left a voicemail a week after I had my baby, and said they'd be paying me a visit because I'd had another child. It threw my mental health. Do you think I'm a risk to my children? Have you been involved in the background the whole time? I had been rebuilding my life, just thought my life was on track, and now a sense that this is all being held over me forever. I felt all the progress I made was gone. Felt judged. Pushed me back, further into depression."

One participant spoke of the long legacy of having a child removed at birth. Years on, she is now having therapy to allow her to "just be able to walk into a hospital again."

The prevalence of domestic abuse

Department for Education data[8] shows that concerns about a child's parent/carer being the victim of domestic abuse is, alongside the mental health of the child's parent/carer, the most common factor in the decision to initiate a children's social care assessment.

Several of the women involved in this project spoke about their experiences of domestic abuse and the way these intersected with children's social care assessment, as well as the impact this had on their health. They talked about the complex issues these experiences created in terms of their ability to trust professionals, to be honest about what was happening, and to do what they were advised to do.

"My therapist was the first person I told that I was pregnant. She was concerned. She tried to encourage me to get a non-molestation order, to protect myself. My mindset at the time, while being abused and attacked, was to let him change, to give the benefit of the doubt. I heard her, but I wasn't ready to accept the route she was offering me."

"I faced serious domestic violence during pregnancy. Social services got involved. My child's dad is in prison now for murder, serving a life sentence. I knew he wanted to kill me. But I was so scared that if I told social services what was going on they'd take [my baby]. I was so frightened about him breaking into our home in the night I used cocaine to stay awake. It spiralled out of control."

[8] Department for Education (2022) Characteristics of children in need: Reporting year 2022

"It wasn't like I'm a bad mum, the reports say they were looked after, I was a good mum. It was my partner. Why couldn't they have said to me we will move you away, we're helping you? But they've ruined me."

Women felt professionals should be mindful of the complicated challenges associated with women feeling safe to disclose domestic abuse, and for them to take steps to access the support they need.

"I said I know I need to protect my baby, and she [the social worker] said 'why aren't you then?' But I was stuck. I owned my house. I couldn't just get rehoused. I wasn't a council tenant. I'd have to sell my property. So she said ok we can't help that way, so you'll have to go 'no contact'. A very simple solution to her, but it's not that simple. He's going to turn up at my door. She advised me to get a non-molestation order, otherwise they would have to step in. Then I woke up. That was the most valuable conversation. My mental health state was crazy, I couldn't find my balance, but I knew I had to do what they asked me to do."

Without careful planning and onward referral, efforts to support women leaving abusive relationships can also have unintended consequences for their care:

"I sold my flat at way under its value, I moved, I changed my number and my email. I started the non-molestation process, but the day before court I backed out. I was more scared of the repercussions from my abuser. Because I moved I lost my mental health support, I lost my domestic violence worker."

Issues accessing mental health support

Unfortunately, every one of the women who shared their lived experience in this project spoke of being unable to access the mental health support they needed, when they needed it most.

Some mothers felt their mental health needs had never really been considered:

"No one asked how I was doing, how my mental health was. It was just me that decided I needed to go to the doctor. The midwife just did the physical checks on my baby, after I came home. Then social services got involved, they were just interested in who would be looking after my son when I went to court for sentencing. They didn't ask how I was coping."

"I can get financial help but I can't get help for my head."

Women talked of asking for help but not receiving it.

"Sometimes you need to talk, it gets too overwhelming, I've gone to my GP but no one does anything about it until you're ready to top yourself, but then you have to be careful because if you say that social services will be at your door."

"I felt like storms were constantly coming my way, but I wasn't being supported, because I didn't fit the criteria."

"I feel like I know myself, I know what I need, but when I tell my doctor what I need, it's not available."

While the majority had received some form of mental health support at one time or another, it was clear this was not focused on, or specialist to, their experiences of children's social care or separation from their baby. It was also not focused on their perinatal status. The mental health support that had been provided often resulted from assessments done during care proceedings. It was felt the support centred on establishing their capacity to parent, rather than addressing the underlying causes of mental ill-health.

Some described being prescribed antidepressants without being given access to the therapy they felt they needed:

"When I had my first son, after six months I started experiencing a blowing sensation in my face. I told the doctor, said I'm not crazy, I'm not depressed, but I can't explain this. They sent me for a mental health assessment, asked me all these questions. It came back as I'm depressed. I was scared, I was taking care of my baby, but I was scared. They did routine checks and then provided no support. Threw anti-depressants at me, and left me to get on with it. I didn't take them. I just focused on praying. The health visitor came to check up on my child, but that was it."

"I was very depressed [after I had my baby], so took myself to the doctor and they gave me antidepressants. I've been on and off anti-depressants for a long time, but they don't fix the things that are really going on. Just treat the symptoms."

Others spoke of receiving mental health support but finding it stopped too early:

"I've got mental health support coming in to help me and my daughter, now that she's two. When my older children first went [into care], four and a half years ago, the psychologist said I'd need long term therapy but I haven't been able to get it."

Women felt the practical aspects of getting support must also be addressed if women's needs are to be met.

"There are real barriers that stop you going to get the help – childcare, travel costs. They really need to be looked at."

Many spoke of their efforts to find mental health support themselves, in spite of, rather than with the support of, professionals around them. For some of the women, they sought this support because they felt they had to show children's social care they were trying to address things.

"I've had to pay for my own mental health support. I contacted a private counsellor."

"The only time they were going to pay for a professional was to pay for their report purposes."

"I've spent 30 year trying to get proper mental health support."

This unmet mental health need had a long-term impact on several of those we heard from. One woman described the day her children were taken into care, saying:

"I still live five years ago. I listen to my son crying in the car."

Those who had received what they considered appropriate mental health support spoke of its positive effect.

"My mental health support has helped me stay present for my daughter, and all my daughter knows is stability. Despite all the storms. My mental health support means she doesn't know anything about that."

One woman received a psychological assessment when her children were taken into care and was given CBT therapy, which she found really helped at the time.

"My resilience came back and I thank them for that, but there is so much more they need to help me with."

The value of midwifery support and other health professionals

Several women spoke of the support they had received from their midwives while they had children's social care involvement, particularly the midwives who had a specialist role in this area.

"The midwives were lovely when I was going into labour, I felt so much more at ease with them, it was the care from children's social care that wasn't the nice part."

"The safeguarding midwife got involved at the end of my pregnancy because they noticed the [domestic] abuse. She handed me over to Birth Companions, and it was a nice transition."

Women also shared their experience of other health professionals during this time, in particular their contact with GPs and health visitors. These experiences were mixed, and there was a sense of frustration that many professionals didn't seem to understand what the women were going through.

"I had a really lovely health visitor. I explained I was really upset that social services were involved again, for no reason, just because I was in prison with my first baby. She was really supportive, and queried the cause for concern with the social care team. I was lucky that I could talk to my health visitor, I could really open up, and she didn't judge me."

"The challenge is in finding a GP who understands trauma. I need you to understand what's happening to me, not just be given medication. I can't trust this professional because they don't understand me. You need everyone involved in your healthcare to understand."

Section two

Women's thoughts on how services need to be able to respond to women in these situations

Drawing on these experiences, we explored how maternity and perinatal services might be designed and delivered to improve support. Professionals from midwifery, maternal and perinatal mental health provision, and maternity commissioning in East London, joined in these conversations with women with lived experience.

The key themes in this section are:

- The need for specialist services
- The need for sustained support
- Focusing on access and helping women engage
- The value of the voluntary sector, peer support and group sessions
- The need for a range of flexible services

The need for specialist services

One of the strongest messages to emerge was the need for specialist provision across maternity and perinatal mental health services for women in these situations; services built from a recognition of the specific nature of these challenges.

"There's grief therapy. My children aren't dead, but they're dead in my life. They are dead in my world. They've been with the foster family for five years, and they're biologically mine, but they're not mine. There isn't anything available to deal with feelings like that."

"We need talking therapies but they need to be specific, I can't find one that works for what I've been through."

"[Health professionals need to show] they understand your loss and are not minimising that."

"There's so much focus on the baby. Mum needs someone to ask her how she is, how she feels, so she can lead the way on what she needs."

The need for sustained support

Many women had experienced fragmented services and support that fell away at key points. As a result, they emphasised the need for support to be sustained.

"I got pregnant with someone very dangerous, and who wasn't good for me or for my daughter. I had taken myself to my doctor, before I was even pregnant, and got a short block of talking therapy. In between each block of eight sessions, you weren't allowed to access any other therapy, maybe to let others have sessions? Then you have to reapply."

"The service I'm with currently is a service for women who have had a child removed, but they are changing their criteria [to focus only on women who don't have any of their children in their care], so I'm not going to be able to keep that service now, and that's another loss."

Focusing on access and helping women engage

There is a need to structure services in ways that make women feel safe and confident about accessing them. Given the trauma and anxiety women describe feeling, the emotional and practical challenges involved in taking the step to engage with a service or another group of professionals must not be underestimated.

"It will take time and understanding on the part of professionals to build trust. It's not just about 'providing access'."

"The initial getting there, the push to get there, that's the thing – getting people to go and see it is a safe space, there isn't any judgment. That might be the tricky thing for some women."

"There is a leap of faith involved in accessing a new service or going to a new space. As well as the emotional and physical energy and time involved."

The power structures and anxiety involved in referrals during care proceedings also need to be acknowledged by service providers.

"I almost didn't go to the group session [I was referred into]. I couldn't see what it would do for me. But I also thought I didn't want to be seen to not be doing something that I was referred to by a safeguarding midwife, I thought it might be compulsory, and there's be consequences if I didn't go. So I went, then I realised how good it would be for me."

"Asking not telling can be life changing."

In thinking about issues like this, women emphasised the need to draw clear lines between the children's social care aspect and provision focused on the needs of the pregnant woman or mother, so issues of trust and the fear of the local authority can be mitigated.

"Highlight the service in the right places – not the local authority waiting room!"

"Active outreach is needed – we need to identify who isn't accessing, as they are probably the ones who need it most. There is value in a navigator role here – someone there just for mum, who can do this outreach."

Building in ways to recognise and respond to trauma was seen as essential to centring the needs of the woman as well as the baby.

"Past loss must be a red flag for trauma, not just a red flag for risk."

Communicating services in the right way is also important. Participants suggested "having quotes from mums who've used the service, to help understand its value" and "being clear about what the offer is, what it can and can't do", while "thinking carefully about language, avoiding triggers, thinking about what women will search for online."

Related to this was the need to recognise different communication needs and preferences. One woman had an undiagnosed learning disability when she had her babies, which affected her understanding and processing time. Professionals need to be sensitive to these varied needs when reaching out to women to offer support and when trying to establish relationships.

Practical challenges also need to be overcome. For example, one woman explained that she has difficulty attending her group service sometimes because of childcare for her daughter.

The value of the voluntary sector, peer support and group sessions

Most of the women with lived experience had accessed Birth Companions' services during their pregnancy and in early motherhood, and many spoke of the value of voluntary sector organisations in this space – a point that was reiterated by the professionals involved. It was felt that charities and community groups offer a powerful source of support and are sometimes able to build trust with women in a way that statutory services can find more difficult, due to (perceived or real) links with the local authority.

"Birth Companions' support is more subtle, you're treated with more care, and with no judgment. Feeling empowered, offered strength, offered support even when we said no, kept the door open. They didn't make promises they wouldn't keep. Talking to us not as doctors or social workers, so we had trust, but also clarity that if there was a concern they'd act on it."

"Having someone who will come and sit with you, any time of the day or night is amazing. Work with us without pressure, without obligation."

Group-based services, which brought women together with others in similar situations, were seen as particularly powerful, and several of the women had attended groups run by different organisations.

"Attending the group setting, it was good – an unspoken understanding that we're all struggling, in one way or another. That helped mentally. We don't have to talk about it, but if we want to talk we can. Can just do baby massage together, or hand our baby to one of the workers and have a bit of respite. It's that that saved me, it's a little hand, a little something to lean on, when you feel that you're going to break. And then the women start to connect and start to speak. It's like peer support."

"The group became a little community. It all helps your mental health. You've got the CBT, talking therapy, that's one side. But the other stuff – doing a little bit of arts and crafts, some massage, the group support, taking you out of your space, all helps so much, it's all a part of it."

"I feel like you need to have people with lived experience in the room with you. That pain. It might help people to open up more."

"The good thing with the group I go to is they let us have the conversation, they don't get involved too much. That group is a lot of support in its own right. We just talk and it does help."

"Being around people who've been through something similar is quite simply life changing."

"If I listen to her talk about her experiences [in a group session] and I don't blame her for what happened to her, how can I blame myself? I was a victim of the same system she was."

Group services were also seen as a counterbalance to the powerlessness many women had felt during their social care involvement.

"Women are so used to being told what to do, not being in control of what they want and need. Women-led groups and collaborative working is giving women back the power."

"It's about women being the drivers."

"You need to allow women to speak for themselves. During [care] proceedings people are making decisions for them and telling them what to do and what not to do, it's disempowering."

Women discussed the value of providing opportunities for mothers to go on to offer this peer support themselves "further down the line", saying "it's about feeling valued again."

There were many things to consider in managing a group-based service, however, such as making sure women had the money for travel up front (rather than being reimbursed after the event); offering childcare; and making sure those taking part had support in maintaining boundaries around what they shared and with whom. It was felt to be vital that women have the choice over whether they share information in these sessions or not, with the option to stay quiet or focus on other activities.

Many recognised the therapeutic value of creative projects and arts and craft-based tasks in such groups. One woman described these as "ways to say something when you don't know what to say," while another said "there are different ways women can heal. For some women it can be too difficult to talk."

One of the women with lived experience shared her reflections on an exercise she had taken part in during a group session:

"We all had negative labels used for us by local authorities, and other professionals. All had very similar negative words used about us. But when we discussed positive things about us all, we saw the words were all really different."

Contributors from the OCEAN Maternal Mental Health Service in Hackney discussed some possible options for groups, including narrative work that "positions women as the authors of their own stories" and shared cookery sessions.

The need for a range of flexible services

However, women cautioned against an over-emphasis on group provision to the detriment of one-to-one support. It was felt to be important that a range of services are on offer to women, and that women can move between these as and when they need to, especially as group work can be "challenging and triggering." One-to-one provision was seen as particularly important at the beginning of a woman's support.

"If all I'd been offered to start with was group therapy I wouldn't have done it, I couldn't talk about it, I was still with an abusive partner who forbade me from talking about the children. Everything felt so shameful. I needed intensive one-to-one to start with."

"Something might be said in a group and make you think 'oh I need to speak to someone one-to-one about this.'"

"When you're ready to pour out emotionally, you need people you can do that with, you need space to be able to do that."

"You need a range of options for engagement, including online. Whatever women need, whatever helps to build up that relationship first, that's the priority."

One of the midwifery contributors also emphasised the need to ensure such provision is connected to, rather than separate from, antenatal care:

"We need to think about the antenatal support, even before you get to a maternal mental health service, for instance. In terms of past children's social care involvement, for example, and past experience of loss, we need to be able to manage that anxiety. The maternity needs of women must be met among all the social care focus. Also emotional needs too. Planning for birth, working with birth trauma."

Centring women's needs and where they are on their journey should also be at the core of any service provision.

"The offer needs to be something to deal with how you're feeling, rather than fitting into a pigeon hole of a service that's on offer."

Conclusions

The insights shared in this project illustrate the need for specialist and sustained provision for women who have involvement from children's social care in pregnancy and early motherhood. This is particularly important in terms of addressing the mental health needs associated with the fear and the reality of separation from a baby.

Studies have shown current provision is fragmented and much of it fails to take account of the specific, complex nature of the challenges women are facing[9, 10, 11, 12]. While Maternal Mental Health Services (MMHSs) have the potential to work with women in these circumstances, many have, to date, been unable to establish appropriate services for women facing loss through separation. MMHSs will need further support and resources in order to embed support for women with children's social care involvement, as part of wider improvements to care for these women across antenatal and postnatal provision.

In response to the most recent MBRRACE maternal mortality report and our own research in this area, Birth Companions advocates for the development of a shared national health and social care pathway, establishing core principles for the care to be delivered by all professionals involved in pregnancy and the first two years after birth where children's social care is involved. Midwifery, perinatal mental health provision and children's social care teams should be central to this pathway, but it should also include primary healthcare, health visiting, domestic abuse, substance misuse and sexual health services.

Such a pathway would help to address many of the key themes highlighted in this report, including ways to mitigate the fear of separation, how to communicate with women, addressing intersecting needs, supporting access and engagement, and provision of a range of flexible services.

This summer Birth Companions will be publishing a Birth Charter for women with involvement from children's social care, which will set out principles of care for those working across health, social care and beyond. This work, and further projects planned through the Maternity Consortium in 2023/24, will maintain a much needed focus on improving care and support for women in these highly challenging circumstances.

[9] MBRRACE-UK (2022) Saving Lives, Improving Mothers' Care
[10] Birth Companions and Birthrights (2019) Holding it all together: understanding how far the human rights of women facing disadvantage are respected during pregnancy, birth and postnatal care
[11] Birth Companions and Revolving Doors (2018) Making Better Births a reality for women with multiple disadvantages
[12] Birth Companions and Clinks (2021) A window of opportunity: understanding the needs and experiences of pregnant women and new mothers in contact with the criminal justice system in the community in England

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About Birth Companions

Birth Companions is a charity specialising in the needs and experiences of women who face disadvantage and inequality during pregnancy and early motherhood. Established in 1996, the organisation has a focus on improving outcomes for women and babies who have contact with the criminal justice, children's social care and immigration systems during the critical period from conception to a child's second birthday[13].

About the Tommy's and Sands Maternity Consortium

As part of the Health and Wellbeing Alliance, Tommy's and Sands co-lead the Maternity Consortium, which aims to use our collective expertise to join up national and local voices behind a common agenda: to reduce health inequalities for families throughout the whole pregnancy journey from pre-conception and through the first year of a baby's life.

[13] This period is widely referred to as the '1001 critical days', which lays the foundations for children's cognitive, emotional and physical development. For more information, see HM Government (2021) The Best Start for Life: A Vision for the 1001 Critical Days, GOV.UK.