



Co-designing a new support service for women who are experiencing or at risk of the removal of their baby at birth by children’s social services

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Contents

Executive summary	2
Need	3
New service.....	3
Outcomes	4
Co-design methodology	7
Findings: Why is a new service needed?	7
Continuity of care and services falling away at birth and post-removal.....	7
Support for women experiencing complex substance misuse	9
Support for women who do not meet the learning disability threshold.....	9
Lack of independent support and advocacy.....	10
Supporting women with experiences of racism.....	10
Support for first time mothers	11
Support for mental health and wellbeing	11
The impact of fear, mistrust and stigma on engagement with services	12
Support to retain mothering identity	13
Findings: Features of a new service	13
An independent, trauma-informed, women-focused service.....	14
Early intervention.....	15
Support to navigate children’s social care.....	15
Planning.....	16
Advocacy	16
Mental health and wellbeing	17
Overcoming fear, stigma and mistrust and supporting women to engage with wider services	17
Support to retain mothering identity.....	18
A new service model	18
Cultural competency.....	19
Beneficiaries of the pilot.....	20
Evaluation of the pilot.....	20
Budget.....	20

Policy context.....	20
Children’s Social Care	21
Integrated Care Boards (ICBs).....	21
Research context	22
Existing services in Hackney	22
Gaps identified that fall outside the remit of the new pilot	24
Lack of court recommended services	24
Limited specialist perinatal mental health support post-separation	24

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Executive summary

Need

Mothers whose babies are removed at birth, or who are at risk from separation, are a group who experience profound health and social inequalities, high levels of mental ill health and significant trauma¹²³. A growing evidence base has identified that the care they receive during the perinatal period does not adequately meet their needs and that mothers and their babies are at high risk of poor outcomes⁴⁵.

The National Perinatal Epidemiology Unit's MBRRACE *Saving Lives, Improving Mother's Care* 2021 report into maternal mortality and morbidity shows that 17% of the women who died were known to social services⁶, and there is a clear link between death by suicide and substance misuse, mental ill-health and the removal of babies. Work by Lancaster University's Centre for Child and Family Justice Research and the Nuffield Family Justice Observatory has identified that women's unmet support needs frequently contributes to a negative cycle of repeat removals⁷.

This cohort of women in Hackney experience a high prevalence of intersecting mental health difficulties, domestic violence and substance misuse; and women from Black, Asian and minority ethnic backgrounds are overrepresented⁸⁹. Outcomes for women and babies who have involvement with children's social care include separation under interim care orders and placements in parental assessment units, mother and baby mental health units and mother and baby foster care.

With the support of over 40 local stakeholders and women with lived experience, the charity Birth Companions has co-designed an innovative new service for women and their families who are experiencing or at risk of removal of their baby at birth, to be piloted in Hackney for three years. While there is a significant commitment to addressing the unique vulnerabilities of this cohort in existing services in Hackney, the co-design process identified a high level of unmet need and many gaps, including:

- Need for continuity of care
- Services falling away too soon after the birth, and when the baby is removed
- Support for women facing drug and alcohol addiction
- Support for women who do not meet the learning disability threshold
- Need for independent advocacy support to navigate the children's social services system
- Need for support to overcome the impact of fear, mistrust and stigma on engagement with services
- Lack of support for first time mothers
- Need for support to retain mothering identity

New service

In order to meet the needs and address the gaps, the co-design process identified the key components of a new service. The new model will offer practical, emotional and informational support and advocacy to women who are experiencing or at risk of removal of their baby at or after birth. Delivered through one-to-one support by a specialist practitioner, the service will provide continuity of care for women during pregnancy, birth

¹ <https://www.nuffieldfjo.org.uk/resource/born-into-care-maternal-mental-health>

² <https://www.nuffieldfoundation.org/project/vulnerable-birth-mothers-and-recurrent-care-proceedings>

³ Bicknell, T., Developing Supportive Midwifery Practice in the Context of Removal at Birth, 2021

⁴ <https://www.birthcompanions.org.uk/resources/6-making-better-births-a-reality-for-women-with-multiple-disadvantages>

⁵ <https://www.birthcompanions.org.uk/resources/92-holding-it-all-together>

⁶ https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/maternal-report-2021/MBRRACE-UK_Maternal_Report_2021_-_FINAL_-_WEB_VERSION.pdf

⁷ <https://www.nuffieldfoundation.org/project/vulnerable-birth-mothers-and-recurrent-care-proceedings>

⁸ Hackney Orbit, Evaluation of Service Delivery, April 2018

⁹ Bicknell, T., Developing Supportive Midwifery Practice in the Context of Removal at Birth, 2021

and up to a year after birth, as early and quickly as possible following referral. Support for women will continue where women/families are placed in Mother and Baby Units, parenting assessment units or foster arrangements, and post separation.

Independent from statutory services, the service will rely on strong referral pathways and partnership working with statutory and other voluntary sector agencies to complement provision and encourage wider engagement. Advocacy support will help families navigate children's social care and other systems while a focus on emotional needs will include supporting women to retain their mothering identity. Supporting women safely and sensitively will require a women-led, non-judgemental, trauma-informed approach; Birth Companions' core values. Cultural awareness and sensitivity will be central to service design and delivery, to ensure that the support offered helps address the health inequalities and impact of racism experienced by women from minoritised ethnic backgrounds. The women in the pilot will choose to access the support; engagement will not be compulsory or have conditions attached. The new service will complement Birth Companions' existing services in Hackney.

Outcomes

The pilot will be evaluated by an external academic partner. Potential outcomes may include:

- Improved birth outcomes for women and babies
- Improved mental health and well-being for women, and protection against perinatal ill health
- Reduced isolation
- Greater ability to navigate maternity and children's social care systems
- Greater and higher quality engagement with statutory services

Although it will not be a KPI of this service to prevent the removal of a baby at birth, the support may have a positive impact in this area, and this will also be evaluated.

This pilot will support commitment at a local and national level to address health inequalities including:

- NHS England Better Births (2016)
- National Maternity Transformation Programme (2016)
- East London Local Maternity & Neonatal System Equity and Equality Plan (2022)
- NHS Long Term Plan (2019)
- NHS England/NHS Improvement CORE20Plus5
- Hackney Childhood adversity trauma and resilience (ChATR) programme 2020-2025
- The Women's Health Strategy for England (2021)

Birth Companions

Founded in 1996, Birth Companions is a national charity working to improve the lives of pregnant women, mothers and babies experiencing severe disadvantage.

Through our frontline services in prisons and the community, and our policy and engagement work, we aim to improve the mental health and emotional well-being of pregnant women and new mothers, enable mothers to give their babies the best possible start in life, and shape local and national policy and practice.

61% of the women we supported over the last year through our frontline services had involvement with children's social services, and we worked with 43 women whose babies were removed into care.

Women experiencing removal at birth, and families at risk of separation at or in the year following birth in Hackney

City & Hackney is one of the most deprived areas in England, with a very diverse, growing population and high rates of unemployment¹⁰. The annual Joint Strategic Needs Assessment (JSNA) for Hackney identifies significant health inequalities and a lack of equity for pregnant women in the borough¹¹.

Tamsin Bicknell, Consultant Midwife for Public Health at Homerton Hospital in Hackney has published research into the cases of 18 women who experienced removal of their baby at birth at the Homerton Hospital in 2021. Her findings showed that 83% experienced mental illness, 83% homelessness/insecure housing, 73% domestic abuse during pregnancy, and 72% had substance misuse issues. 39% had a forensic history (contact with the criminal justice system), and 33% were financially destitute. Moreover, women received less care than average: 72% women booked late for maternity services, 94% did not receive the recommended schedule of maternity care, and 13% received no antenatal care at all¹². Women from Black, Asian and other groups experiencing racism were overrepresented (61%).

In order to explore the size and nature of the potential caseload for the proposed Birth Companions' pilot service, a second study of women at risk of and experiencing removal of their baby at birth was undertaken by Tamsin Bicknell in 2022. This took the form of an audit of the minutes of a multi-disciplinary weekly 'psycho-social' meeting in Homerton Hospital Maternity Services. This meeting convenes professionals including those from perinatal mental health, midwifery and drug and alcohol services to discuss high-risk cases; those who have been referred to Children's Social Care or are considered very high-risk for their current or historical mental health (e.g. high risk of relapse if currently well). The audit gives a snapshot of numbers of women and their situations in relation to involvement with Children's Social Care¹³.

Date	Aug 2021	Oct 2021	Dec 2021	Feb 2022	Apr 2022	Jun 2022	Aug 2022
Number of cases on list	34	37	37	34	42	44	34
Child Protection (CP) plans	11	5	6	6	10	11	11
Child in Need (CIN) plans	6	9	8	5	8	5	4
In assessment	12	20	21	22	18	19	15
Not referred to Children's Social Care (i.e. severe mental health); Awaiting info or allocation; Other	5	3	2	1	6	9	4

The audit also gives information about parental custody outcomes for those women whose babies had been placed on CP plans during pregnancy.

¹⁰ <https://cityhackneyhealth.org.uk/>

¹¹ *ibid.*

¹² Bicknell, T., Developing Supportive Midwifery Practice in the Context of Removal at Birth, 2021

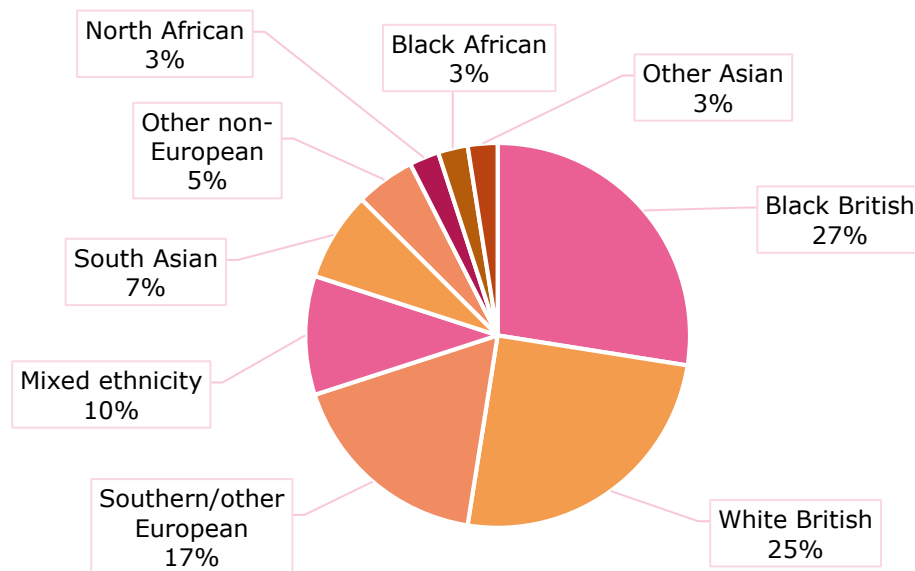
¹³ For this audit, the minutes of the second week of every second month were reviewed for a one-year period. The information is not exhaustive and must not be read as the total number of women over one year for whom CP plans were opened or for whom separation at birth took place.

Separated under Interim Care Order ¹⁴	Mother and Baby Unit for assessment	Mother and Baby Mental Health Unit	Rehabilitation centre with baby	Mother and baby foster placement
4	8	3	1	3

Issues experienced by the women on this caseload included:

- Complex substance misuse
- Domestic violence
- Previous children removed from care
- Mental illness
- Concealed pregnancy
- Self-neglect of complex medical issues
- Physical abuse of children by father
- Suicide attempts
- Limited engagement with antenatal care or social work team
- Autism and learning difficulties
- Lack of appropriate support from family or social network
- Homelessness
- Care leaver
- No recourse to public funds
- Recent release from prison
- Neglect of older children
- Very late booking
- Concerns regarding parenting capacity

Ethnicity of mothers whose babies were placed on CP plans during pregnancy



Twenty-seven percent of the 40 women whose babies were made subject to CP plans during pregnancy were of Black British ethnicity. This compares to a background

¹⁴ Numbers of removals per year are higher than this but not all were captured due to the limitations of the snapshot audit.

maternity population of around 16-18% per year (as per previous internal analyses of those birthing at Homerton 2018-19 and 2019-20), showing clear over-representation in this cohort. It also echoes the previous analysis of women experiencing separation at birth in Homerton Hospital¹⁵, where women of Black Afro-Caribbean heritage made up 41% of this cohort over a 3-year period between 2017-2020. The Southern/other European group shown on the chart includes Eastern European women. Half of the Mixed ethnicity group were of Mixed Black Afro-Caribbean and White British ethnicity

Co-design methodology

Co-production is an essential tool in understanding this community's needs and designing a service that will meet those needs successfully. Through the co-design process, we worked with over 40 local stakeholders including:

- Maternity services
- Perinatal mental health services
- Children's social care
- Voluntary organisations
- Birth mothers

We completed the following engagement with stakeholders to ask about current provision, identify gaps and challenges, and develop key components of the new service:

Stakeholder engagement	
Meetings	6
1-1 interviews	14
Total number of people engaged	42

We recruited a group of four women to form a Lived Experience Advisory Board who met regularly throughout the co-design process. Two of these women are, or have been, residents of Hackney and have experienced Hackney midwifery services and separation from a baby by Hackney Children's Social Care.

We worked with Tamsin Bicknell, a Public Health Consultant Midwife and Florence Nightingale Foundation Leadership Scholar at the Homerton Hospital, who is doing ground-breaking work in this area including the research study *Developing supportive midwifery practice in the context of the removal of a baby at birth*. We also worked with Angela Frazer-Wicks, a birth mother expert by experience consultant with extensive knowledge and experience of children's social care.

Findings: Why is a new service needed?

We asked key local stakeholders about services women could currently access and what they thought was missing from the provision. A number of gaps were identified, many of which could potentially be addressed by the proposed service¹⁶.

Continuity of care and services falling away at birth and post-removal

Professionals saw a need for support beyond that which is currently available throughout pregnancy, birth and early motherhood. Furthermore, continuity of care was identified as being particularly valuable for this cohort.

¹⁵ Bicknell, T., *Developing Supportive Midwifery Practice in the Context of Removal at Birth*, 2021

¹⁶ Others were clearly outside its remit, including lack of therapeutic services and lack of specialist perinatal mental health services following birth. These are discussed at the end of this report.

"In terms of midwifery, I think it's about really thinking how we can guide women through that process. From the late antenatal period, through to thinking about their whole time on the postnatal ward and that experience, and the trauma that can cause when they go home."

Emma Yates, Named Midwife for Safeguarding, Homerton Hospital

A concern we heard time and time again is that support currently ends far too soon for women who experience removal. Midwifery services support women up to 28 days after birth, extended on occasion to six weeks. Many other services become unavailable to women beyond the point of removal, including perinatal mental health services and any community support services that focus on early parenting.

"The scope [of this pilot] is absolutely massive. There are the women that are at the beginning of the process that absolutely need the support to navigate through it. But we also know what happens after the removal... There can be multiple services around women, and then they all just drop off... And you've just been in this potentially yearlong court proceeding, where you've got all these appointments and everyone's around you and they're asking questions... And then it goes, and there's a real loss."

Social Work Manager, Hackney Children's Social Care

"I think the main thing would be for me continuity, having someone, that doesn't go away afterwards. Because a lot of services that we have at the moment are really focused on mums and babies together, and if actually when the separation happens, if that support then goes away, these women are left – who are they left with?"

Gemma Winkcup, Specialist Safeguarding Midwife, Homerton Hospital

Women find it particularly hard to lose support from professionals with whom they have built up a trusted relationship during pregnancy:

"The thing that women always say is that services fall away once the baby is born. So they might be working with a specialist, lead midwife and have built up a really good relationship and they may be getting support from another organisation where the care or the support is focused on the pregnancy and the birth. But then shortly after the birth that support falls away."

Denise Marshall, Head of Services, Birth Companions

As a result, even where new support is available, women find it hard to engage:

"The trauma on top of the trauma – they lose the baby, which is traumatic, and then they lose all of this support that's been so important. And that has changed to a different kind of support with people that they don't necessarily know."

Psychologist

There are clear benefits for women and their children to maintaining engagement with support services post-separation:

"[Women] are going through a really long, difficult process for a very long time. And it just feels like sometimes they're just left to get on with it. And that's the point where they really do need [support], and even if they can't look after their child they're still a really important part of their child's life, helping with life story work and potentially having contact with their child in the future, even if they can't be their primary carer."

Social Work Manager, Hackney Children's Social Care

Support for women experiencing complex substance misuse

During the work with stakeholders we heard of the significant, intersectional challenges facing a subgroup of women within this cohort: those who are experiencing complex substance misuse. A significant gap was highlighted in the pre-engagement space, before women are engaging with substance misuse services. When pregnant women are identified in hospital, at health clinics or within midwifery care as needing support with addiction. At this stage, the woman is referred and is required to attend appointments with statutory services for assessment. Many of these services are unable to work flexibly and in ways that support engagement from women who find that difficult for many reasons. For example, if women do not attend the appointment at the given time and location, they are marked as non-engaging and can no longer access that service.

Stakeholders from Turning Point, Hackney's substance misuse service, were clear that women are missing out on support for intersectional needs as a result, and that a trusted person to support them to navigate this crucial time would be of significant value. Turning Point are keen to collaborate with Birth Companions to support women with complex substance misuse to engage with services and have presented ideas to explore in phase two of the co-design about a potential "one stop shop":

"For women who may have difficulties around drugs or alcohol during pregnancy, a non-judgemental pre-engagement space is very important. I can't see that any services really offer that specifically to pregnant women. To have a person who can help them navigate their concerns and fears, and help them engage with proactive treatment is really important. Often some of these women are avoiding difficult thoughts and feelings, due to a background of trauma, or concerns about being stigmatised. They may miss opportunities to engage with services in a way that would help both their health, and the baby's health.

Dr Matthew O'Brien, Consultant Psychiatrist, City & Hackney substance misuse service (Turning Point)

There are also opportunities to support women facing substance misuse, poor mental health and domestic violence, for example by engaging and collaborating with domestic violence organisations and attending Multi-Agency Risk Assessment Conferences (MARACs).

For the most vulnerable women, they are often impacted by a triad of domestic violence, mental health difficulties, and substance misuse; and can have low levels of trust in terms of engaging with existing services. This can lead to missed appointments, or not responding to invites for assessment. For those clients the pre-engagement space is particularly important, and might be best provided for by a service which sits outside of statutory services, and takes a holistic view of the mother and child health."

Dr Matthew O'Brien, Consultant Psychiatrist, City & Hackney substance misuse service (Turning Point)

Support for women who do not meet the learning disability threshold

There are many women with learning difficulties or disabilities who currently fall short of the threshold to access specialist support:

"Issues arise when women don't quite meet the criteria for learning disability services. Those women who may have lower IQ have some of the same difficulties, but don't meet the criteria for services and all the support."

Emma Yates, Named Midwife for Safeguarding, Homerton Hospital

The impact can be significant:

"It is difficult for people who are on the borderline and still have a lot of support needs and could benefit from reasonable adjustments... If someone's not actually able to understand what they've been asked to do, then they're really being set up to fail."

Grace Fysh, Operational Health Lead, Hackney Integrated Learning Disability Service

Additional support could also benefit those whose cognitive functioning is affected in other ways:

"Trauma, substance use, mental illness, can also lead to decreases in functional ability, and in cognition sometimes, when these problems are quite chronic."

Grace Fysh, Operational Health Lead, Hackney Integrated Learning Disability Service

Lack of independent support and advocacy

Pregnant women with children's social care involvement are required to attend a plethora of appointments with different people on several days of the week in different places. Women have to make many decisions and choices, often with no support and without an understanding of what is expected of them. Both statutory and non-statutory professionals were clear that women need independent advocacy in order to navigate and have a voice in a very complex system:

"It's really challenging in terms of finding support and advocacy for those women, from assessment right through to care proceedings. It's a really complex, difficult process... To support a parent through a child protection conference, there is a real lack in terms of support and guidance there."

Social Work Manager, Hackney Children's Social Care

"I think [women] do need help understanding the process...because they're so stressed, it's difficult to retain information... The language is unfamiliar, it is an unfamiliar process."

Psychologist

The need for advocacy was reinforced by the Lived Experience Advisory Board:

"Things like signposting...being able to direct you to where you are supposed to go or who you should speak to, or maybe push somebody who does know, like the simple basics so they could break down the jargon that they're reading."

Birth Companions' Lived Experience Team member

Voluntary sector practitioners emphasised the value in non-statutory services that are:

"Independent, outside of social care, a bridge for women."

Tessa Begley, Postnatal Services Coordinator, Birth Companions

Supporting women with experiences of racism

Black and Asian women, and women from other racially minoritised groups, are over-represented in their involvement with children's social care in the perinatal period in Hackney. In a recent piece of work conducted for the Nuffield Family Justice Observatory, we heard racially minoritised women face additional challenges when navigating the social care system and how racial prejudices played a part in the way their behaviour was understood and documented by professionals:

"When you're a woman of colour, the journey is very different, the biases are so prevalent and obvious, it just is an additional barrier, when we're trying to do right for ourselves and do right for our children. That should not be the case."
Birth Companions' Lived Experience Team member

"I was deemed as being aggressive when I was crying. Me being sad and upset was seen as me being out of control. I watched plenty of parents being out of control at family court, but they weren't treated like I was. They wrote down [in the reports] I was being aggressive and threatening. You haven't noted that I was crying and upset, you've noted it as aggressive."
Birth Companions' Lived Experience Team member

There was a strong sense that women's culture, their backgrounds, beliefs and ways of doing things linked to their ethnicity, was not respected by professionals in social services¹⁷.

"When they wrote notes about culture, they would write it in inverted commas – 'culture' – like it's something they don't respect."
Birth Companions' Lived Experience Team member

Experiences shared by women with lived experience illustrate the need for support to navigate children's social care from a cultural perspective.

"Professionals need to remember that even though I'm second generation, my mum raised me as if we were living in the Caribbean. Because of my involvement with social services, I've had to raise my children to an English standard, to be deemed 'good enough' to pass assessments"
Birth Companions' Lived Experience Team member

Support for first time mothers

Support for first time mothers at risk of separation or experiencing separation is a significant gap. We heard from midwives that women often disengage from midwifery quickly following separation, partly because the maternity services environment can be difficult for them because of the focus on babies. We know that women are acutely aware of the discomfort of midwives around them, which may make them less likely to seek continued support from a midwife post-birth¹⁸.

First time mothers may also lack the knowledge of what to expect in the immediate postnatal period, so are in particular need of a trusted source of support with whom they feel comfortable and safe, to talk about what they are experiencing and seek information to support recovery. A trusted source of support could also help women to understand the milestones of a new baby and support bonding during and between contact.

First time mothers cannot access Hackney's Pause service post-separation, unless they are also care leavers themselves, as this service is intended for women who have experienced repeat removals.

"This is an area that is very difficult. These women are often so vulnerable and really do fall through the gaps of what's available at the moment. So I think [Birth Companions' pilot] is so needed. [This pilot] is probably quite a big project, but there's lots of need."

Emma House, Clinical Nurse Specialist, City & Hackney Perinatal Mental Health Team

Support for mental health and wellbeing

Women with lived experience told us that involvement with children's social care is incredibly stressful and often traumatic, and this is supported by the evidence base

¹⁷ <https://www.birthcompanions.org.uk/resources/black-asian-and-other-racially-minoritised-women-s-experiences-of-the-family-justice-system>

¹⁸ Bicknell, T., Developing Supportive Midwifery Practice in the Context of Removal at Birth, 2021

focussing on the impact of removal of a baby. For this cohort of women, mental health needs are already high, and the perinatal period is also a risk factor for mental ill health. Stress and trauma arising from women's contact with children's social factor can contribute significantly to increased mental ill-health.

"My mental health state was crazy, I couldn't find my balance."

Birth Companions Lived Experience Team member

"There is a lot of pressure on women and a lot of social isolation. Especially in domestic violence situations, loss of contact with family and friends."

Birth Companions Lived Experience Team member

Despite the significant need, professionals and women with lived experience participating in the co-design process identified that when a baby is removed, women's support from maternity and specialist perinatal mental health services is reduced. Women who access perinatal mental health services during pregnancy and/or in early motherhood have to transition to generic adult mental health service. Furthermore, they do not have access to the health visiting service because their baby is no longer in their care. Women told us that support for their mental health and wellbeing at this time is generally lacking.

"There's nothing out there what mums can reach out to when they need to."

Birth Companions Lived Experience Team member

"We know that at this time they're at a higher risk of completing suicide. But that they just do fall through the gaps in services."

Emma House, Clinical Nurse Specialist, City & Hackney Perinatal Mental Health Team

While the proposed navigator role cannot and should not replace specialist mental health services, emotional and advocacy support can improve women's mental health and wellbeing, act as a protective factor against perinatal mental ill-health¹⁹, and enable women to engage with and access statutory services better, where they are available.

The impact of fear, mistrust and stigma on engagement with services

Women's fear of social services and of losing a child is compounded by the stigma attached to social care involvement.

"I think there are so many different layers... There's the stigma of social services being involved, that you're not a good parent."

Psychologist

Additional stigma impacts on women who have drug and alcohol addictions:

"They've got an intersectional disadvantage, with a narrative around people with substance misuse difficulties wasting resources, or wanting to use substances, it's another disadvantage that the woman takes on as well. As well as the narrative of 'you've harmed your baby while you're taking drugs, or drinking, so you might be a bad person,' they can experience going into hospital. And the stigma when they're on the ward and the way that people treat them differently, even if they're not taking drugs and they're on opiate substitute to protect their babies from the harms of illicit drugs."

Dr Matthew O'Brien, Consultant Psychiatrist, City & Hackney substance misuse service (Turning Point)

Stigma, fear and mistrust are significant barriers to engagement:

¹⁹ <https://www.birthcompanions.org.uk/resources/97-evaluation-of-birth-companions-community-link-service>

"You don't want to tell people you've got social services involved, cause people automatically think you're a terrible parent. I think that's a lot of the stigma. They come in and they make you feel like they're going to take over, like you feel like...it's like being a child. You feel like you're in trouble. I don't have a positive outlook on them and I don't think a lot of people do... It makes you not want to engage with them... You feel like you're being judged for everything that you would tell them."

Birth Companions' Lived Experience Team member

Support to retain mothering identity

Themes of loss, grief and a lack of support to recognise and retain women's identity as mothers were discussed by many stakeholders:

"The loss, the non-recognition of mothering identity after removal is a huge issue – women are stripped of whole mothering experience and identity by services."

Eva Perez, Regional Manager: North London, Advance Minerva

"A massive part of the post-removal work is loss and grief work. Because it is a loss and it is a grief. But actually we don't, and a lot of society doesn't, really see it in the same way as you would a bereaved family... But it's that idea of disenfranchised grief."

Ali Marley, Flourish Practitioner, Lambeth Children's Social Care

"There's grief therapy. My children aren't dead, but they're dead in my life. They are dead in my world. They're biologically mine, but they're not mine. There isn't anything available to deal with feelings like that."

Birth Companions' Lived Experience Team member

Academic research on separation illustrates that the removal of a baby is compounded by a stigmatised identity.²⁰ When describing separation of mothers and babies, Abbott et al. state:

"Common themes included mother's suffering: psychosocial crisis, emotional trauma, stigmatised identity, to subsequent suicidal thoughts through continuing grief. Frequently, women felt a deep distrust of professional services, and yet, there was no provision of compulsory support."²¹

Themes of loss of mothering identity also feature in Tamsin Bicknell's 2021 research into supporting midwifery practice in the context of removals at birth²².

Findings: Features of a new service

Through consultation and co-production with key stakeholders and women with lived experience, the following components were identified as priorities for a new service:

- An independent, trauma-informed, women-focused service
- Early intervention
- Support to navigate children's social care
- Planning
- Advocacy
- Mental health and wellbeing

²⁰ <https://academic.oup.com/lawfam/article/31/1/41/3065577>

²¹ Abbott, L., Scott, T., & Thomas, H. Compulsory separation of women prisoners from their babies following childbirth: Uncertainty, loss and disenfranchised grief. *Sociology of Health & Illness*. 2021;00:1–18. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/1467-9566.13423>

²² Bicknell T, Developing Supportive Midwifery Practice in the Context of Removal at Birth, 2021

- Overcoming fear, stigma and mistrust and supporting women to engage with wider services
- Support to retain mothering identity

An independent, trauma-informed, women-focused service

Women facing disadvantage and inequalities have often experienced some form of trauma, or multiple traumas, and we know that the vulnerabilities linked to such trauma can heighten in the perinatal period. A trauma-informed approach will recognise trauma as an important element of women's experiences and recovery, and seek to empower, build trust and meet her needs respectfully and safely²³.

"Many people have experienced difficult experiences that continue to affect them; these are often referred to as 'trauma'. In order not to retraumatise people, it is important that services strive to be trauma informed in the care they deliver. Trauma informed care is a process; we need to recognise that many people involved in providing and using our services may have experienced some sort of trauma and that this may affect them. We need to keep this in mind and reflect on our ways of working, and how we might then respond more helpfully."

Dr Danielle D'Mello, Counselling Psychologist, Co-Lead for Ocean, East London Maternal Mental Health Service, East London Foundation Trust

Women with lived experience told us that the service should be independent from children's social care, women-focused, non-judgemental, holistic and nurturing. Women told us that social services often focused on one 'problematic' part of their experience, such as domestic violence or drug use, and this took over every decision. Valuing women's strengths, supporting women as a rounded human being with empathy and compassion would be felt positively and lead to empowerment:

"If women can get the right support, it can change outcomes for the future, regardless of the immediate outcomes."

Birth Companions' Lived Experience Team member

"A strengths-based approach is needed, focusing on the positives, what mum does have and can do... To empower mums to identify strengths, give mum the tools. The system tells mum the things that need to change, but it doesn't help mum to understand where the problems are and how she can address them."

Angela Frazer-Wicks, Expert by Experience Consultant

Many stakeholders felt that children's social care practitioners are focused solely on the needs of the baby, and that having someone there to support the woman is vital:

"The women perceive the social workers as being the child's social worker, not the mother's or family's. This can give the message that no one was interested in you, or your issues, and are only interested due to the baby growing inside of you – and suddenly you have to attend all these appointments, engage with all these professionals that were not interested in your welfare previously. It might send the message to women that they are not of value"

Dr Matthew O'Brien, Consultant Psychiatrist, City & Hackney substance misuse service (Turning Point)

"[Women feel a] lack of control, feeling like a walking incubator... all the focus is on the baby."

Angela Frazer-Wicks, Expert by Experience Consultant

²³ <https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice>

"If we've removed a baby from the hospital and then this woman's just there with all of these physical symptoms and emotions, and social workers, at that point, the focus then very much becomes on the baby. And we have lots of things to do for the baby – that they're looked after, we're planning for them – and the woman is often just left on her own in some ways. And I think they need somebody just for them... The social workers go to the hospital, take the baby in a car seat and the woman's just left there. And then who helps them leave the hospital? Who takes them home?"

Social Work Manager, Hackney Children's Social Care

Women with lived experience talked of the tremendous pressure they experienced during this period. Some women were socially isolated because of domestic violence. They echoed the need to have someone focused on them:

"Being independent is key, and having someone there just for you, someone you can trust, a sounding board to talk things through."

Angela Frazer-Wicks, Expert by Experience Consultant

Early intervention

We heard from many stakeholders that support should be offered as early as possible:

"The time of the intervention is important. It needs to be a long time to build the relationship due to the complex trauma women have experienced"

Birth Companions' Lived Experience Team member

"Early intervention is key... We hear from women that they needed support earlier... I think that part of the problem is that support is being offered too late... When we're in court proceedings, it gets a lot more complicated, [so] having trusting relationships built up long before that is so important, and will be so valuable more long-term, after a removal."

Ali Marley, Flourish Practitioner, Lambeth Children's Social Care

Strong referral pathways will be crucial to ensure women are referred to the new service as soon as they are engaging in maternity services and/or have been referred to children's social care. Pathways will be developed within both systems and key leads for this work have already been identified.

Support to navigate children's social care

Throughout the co-design process, we heard consistently that women need someone to help guide them through children's social care processes. We heard women find it difficult to retain information because of the incredibly stressful situations they are experiencing:

"Some women need really intensive support from someone who doesn't come from a health or children's social care service, to help them navigate and access all the other services they need to be accessing."

Jessica Bennett, Practice Development Manager, Hackney Children in Need Service

"Complex trauma is really evident in this group – and this can look like non-engagement. No one exists to help clients with complex trauma to navigate services at difficult points in their lives."

Dr Matthew O'Brien, Consultant Psychiatrist, City & Hackney substance misuse service (Turning Point)

Women with lived experience told us that they need someone independent and knowledgeable to support them to:

- Navigate the system
- Help them to collect and store all the information
- Break down the jargon
- Signpost them to other services

"Trying to help mum understand what the local authority is concerned about is the most important thing you can do."

Angela Frazer-Wicks, Expert by Experience Consultant

Planning

If a woman is at risk of removal at birth, support with meaningful planning around decisions at birth could help her retain some feelings of control:

"It's thinking about how we can really guide women through that process... Thinking about their experience on the ward, thinking about side rooms, thinking about how they get a bag ready for babies clothes; what do they want in terms of that, who goes with them and helps them do that? Thinking about memory boxes, thinking about all of those things in quite a thoughtful way.... who she wants with her...what's going to happen in that early postnatal period?"

Emma Yates, Named Midwife for Safeguarding, Homerton Hospital

We heard it can be difficult to have these conversations without the woman feeling that decisions have already been made about whether she will be separated from her baby, and that it's important for the woman to have the time and space to make choices, rather than things happening without having been considered:

"[Women need] time, transparency and trust."

Angela Frazer-Wicks, Expert by Experience Consultant

Time is needed to support the woman to make the changes that are being asked of her. Transparency involves not just telling the woman what the concerns are, but also helping her to understand and to build trust with the professionals involved.

Advocacy

Advocacy support will focus on getting clarity for women to understand what is happening across all the services and systems they are in contact with, what they need to do and what is expected of them; and will ensure women have a voice.

"Often women who have multiple difficulties and things going on at the same time, they have hundreds of appointments that they have to keep and it can be really difficult. And then, if people start to miss appointments or, they're seen as not engaging... We make it very difficult for them.... [Having an] advocate for the woman, that the woman really feels this person there on her side...that would make a big difference.

Emma Yates, Named Midwife for Safeguarding, Homerton Hospital

A Birth Companions practitioner described how women were too scared to ask questions and thus found it hard to articulate what they need:

"Advocates can 'translate' things to women and can be a really useful person outside of social workers. It makes perfect sense that the social workers explaining things to parents will be a challenge, when they will also be seen as the 'threat' of removal."

Tessa Begley, Postnatal Services Coordinator, Birth Companions

An advocate would articulate the choices available and support women to make informed

decisions. They could help communicate the challenges women face, (for example, barriers they face attending appointments with social workers), supporting better communication and building trust with statutory practitioners.

Mental health and wellbeing

Supporting women's mental health and wellbeing is a core aim of Birth Companions' frontline services. Women with lived experience described how the support we provided impacted positively on their health and wellbeing.

"The support is subtle... [Birth Companions] is not advertised as a mental health advocate, but they provide a safe space. Their support helps women find strength where we didn't have it. There is never any pressure, and they go above and beyond. Birth Companions show care and love."

Birth Companions' Lived Experience Team member

Women told us there was no judgement, they felt safe, supported and empowered.

"The Birth Companions 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, the group support, taking you out of your space – all helps so much, it's all a part of it. We don't have to talk about it, but if we want to talk we can... 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."

Birth Companions Lived Experience Team member

"I feel like you like provide like emotional balance."

Birth Companions Lived Experience Team member

In a review of our Community Births service conducted by mental health research charity the McPin foundation, the report described how Birth Companions' support can impact on women's mental health and wellbeing significantly.

"Women and professionals identified a period of heightened stress around pregnancy and birth, and reported that having Birth Companions' support at this time prevented women's wellbeing from becoming so low they were unable to cope."²⁴

Professionals agreed that the support provided by Birth Companions could act as a protective factor against mental illness, such as talking and providing reassurance at a worrying time, or encouragement to go out of the house when otherwise women would become isolated.

"Some women described the support they received as having a positive impact that 'gave me the strength to continue' (BCSU18), and was the 'driving force really to keep going' (BCSU1)."²⁵

Overcoming fear, stigma and mistrust and supporting women to engage with wider services

Shame, anxiety and trauma frequently contribute to lack of engagement or the appearance of non-engagement with services. The trusted relationships and non-judgemental approach at the heart of this service will ultimately support women to engage in wider services, the positive impact of which is significant.

²⁴ <https://www.birthcompanions.org.uk/resources/97-evaluation-of-birth-companions-community-link-service>

²⁵ *ibid.*

"Having a continuity advocate makes sense... That person can help to streamline the services and support that's out there for the person. And it's somebody that's going to be familiar to the woman... So they're more likely to engage in other services if there's somebody that can hand-hold them through the process."

Pause Practitioner

Although it will not be a KPI of this service to prevent the removal of a baby at birth, the support of the new role may have positive impact in this area. Jessica Bennett, Practice Development Manager in the Children in Need Service in Hackney, told us that she has seen cases of women who have engaged well with services being successfully able to keep their children. She was clear that the new service needs to provide the advocacy and navigator support to make this possible, as attending antenatal appointments and engaging with substance misuse services is both positive for the woman's physical and mental health and wellbeing, and supports the mother's case in care proceedings.

Support to retain mothering identity

Women who are not with their babies need recognition that they are still a mother; something the trusted relationships and non-judgemental approach at the heart of the new service will support.

"Women have told us how important it was for them to have someone who worked with them in pregnancy and was perhaps with them for their birth and may have met their baby to talk with later on. Someone who saw them as a mother and wouldn't judge them, someone who they could talk to about the birth, and share their baby photos with..."

Denise Marshall, Head of Services, Birth Companions

Birth Companions' approach is to focus on the woman and her needs and choices during the perinatal period, acknowledging her as a pregnant woman and as a mother. This strengths-based approach includes working with women on birth choices to think about the support they will need while giving birth, and the options available to them to give their baby the best start possible (skin to skin, breastfeeding, expressing), even when they will not be staying together.

Providing continuity and still being there after the birth when involvement from others may be ending, and providing a safe, trauma-informed space to talk about their feelings, share memories and talk about their baby without fear of judgement, helps women to retain their identity as mothers. Modelling this approach for others increases awareness of the importance of the woman's identity as a mother.

The following quote comes from a report on Birth Companions' services supporting women separated from a baby by children's social care whilst serving a prison sentence. It illustrates how the support provided can help women to retain a mothering identity:

"Birth Companions enables women to behave and feel like mothers." ²⁶

Grace Radford, East Midlands Regional Mental Health Lead, Practice Plus Group

A new service model

This service will be for pregnant women and mothers experiencing and at risk of separation at or within a year after birth, and their families, in the London Borough of Hackney. It will deliver significant benefits for the families involved, the stakeholders working with them, and the wider community, through provision of emotional and

²⁶ Ayers, A., Enhancing perinatal support for women in HMP YO1 Drake Hall, 2022

informational support and advocacy. In order to address the gaps in support highlighted through the stakeholder engagement, the service will be:

- Intensive
- Consistent
- Build trust
- Provide information
- Recognise and show care for women as mothers
- Give women a voice
- Support women to engage more widely with other services

The project remit of women at risk of separation will constitute pregnant women on Child Protection Plans (CPPs) at risk of removal at birth. If we do not have capacity for this cohort of women in its entirety, we will identify women with CPPs who are also in the Public Law Outline (PLO)/pre-proceedings framework. We will focus on women experiencing drug and alcohol addiction as a cohort within this group with significant need. We will look at prioritising women who have either already experienced child removal, because their well-being needs will be significant, or first-time mothers as we know they will not be able to access Pause services if the baby is removed. The remit for referrals will be agreed during phase two of the co-design process with the support of key stakeholders. If we have additional capacity and can extend the remit, we could include women who are on Child In Need (CIN) plans.

In the Birth Companions staff consultation, Denise Marshall, Head of Services, reinforced how important it is that women choose to engage. Choice is one of the guiding principles of a trauma-informed approach to supporting emotional safety and control.

"It is really important that it is clear for a woman that it is her choice whether or not to engage with our service – that is a very different thing to many of the other services that will be involved in these women's lives... We need to make that really clear to both women and to other professionals/services."

Denise Marshall, Head of Services, Birth Companions

The most important factors learnt through the co-design process were to offer support to women as early as possible in pregnancy (which would be as soon as they are placed on a CPP), and to offer support throughout pregnancy, birth and beyond, which does not end at the point of removal. Support should be offered for 6-12 months post-birth, depending on the situation of each woman (women with lived experience suggested the service continued for up to 12 months post-birth). Support for women admitted to a Mother and Baby Unit can continue throughout this 12-week period.

Women supported via this pilot could access Birth Companions' Hackney antenatal classes, and if attending in person was not appropriate or would be challenging, antenatal education could be offered on a remote basis. If the woman on the caseload retained or regained custody of their baby, it might also be appropriate for them to join the Birth Companions mother and baby group based in Islington. For women who retain custody of their baby, we could provide baby boxes through Birth Companions contract with Pram Depot.

Cultural competency

We anticipate that a significant proportion of women from Black, Asian and other communities that experience racism will be supported through this project, and as an organisation, we recognise that structural, institutional and interpersonal racism negatively impacts the experiences and outcomes of these women. We also acknowledge experiences of racism, both overt and subtle, as a form of trauma.

Cultural awareness and sensitivity will be a central tenet of service design and delivery, not only to ensure that the service is trauma informed but also that the support helps to address the health inequalities and impact of racism experienced by women from minoritised ethnic backgrounds. Service delivery will be supported by robust internal policies, practice and training of all staff and recruitment for the new service. We will pay specific attention to recruiting staff with a knowledge base, cultural awareness and understanding of the multicultural diversity of the borough of Hackney.

Beneficiaries of the pilot

The caseload for the new service will be 8-10 women allocated to one member of staff. This low caseload will enable the practitioner to provide the intensive support required. We envisage supporting approximately 30 women throughout the three-year pilot in Hackney.

Evaluation of the pilot

The evaluation will adopt a developmental evaluative approach with micro cycle learning. We will evaluate how women experience the service by gathering feedback that we will measure throughout the pilot and changes implemented in order to continually co-create the service.

Evaluation methods will be developed by an external evaluation partner but may include evaluation forms completed by service users, qualitative case studies and interviews or focus groups with key stakeholders regarding perceived benefits of the service. We will develop a theory of change model to support the formulation of questions. The purpose of the pilot is to understand the role of this support and as such, different evaluation methods may be trialled and possible outcomes creatively explored. It is likely we will complete an assessment at the point of referral.

The topics we will gather feedback on will centre on the impact of the support on emotional wellbeing, health outcomes, substance use outcomes and increased connectivity with other statutory and voluntary services and the impact of this engagement.

Budget

See the Excel document attached.

Policy context

NHS England has committed to a single delivery plan for Maternity and Neonatal Services which will bring together priorities outlined in Better Births, the Maternity Transformation Programme, the NHS long term plan and also actions from the Ockenden and very recently published East Kent reviews. This plan will continue to work towards safe, personalised care. Equity and equality remains a high priority and local maternity systems are developing action plans to address inequalities.

A key priority for the North East London Local Maternity and Neonatal System (NELLMNS) Equity and Equality Planning is trauma informed care. The Children, Young People, Maternity and Families (CYPMF) integrated care work stream and the Hackney Childhood adversity trauma and resilience (ChATR) programme of work for 2020-2025 is of clear relevance here. The key aim is the development of an Adverse Childhood Experiences (ACEs)-aware and trauma-aware workforce and the development of interventions that aim to prevent or reduce impact of ACEs and to build resilience. Increasing early intervention approaches is also key to this work and the pilot will aim to engage women as early as possible in pregnancy. The ChATR programme states that:

"Interventions will be informed by strategic objectives and build on existing services or address gaps identified"

This proposed pilot will be a trauma-informed intervention as outlined in the (ChATR) programme of work. It will support women who have experienced ACEs and will support increased health and wellbeing. The new role will address gaps in continuity and be an additional service to compliment the statutory offer.

The tender for City and Hackney Enhanced Health Visiting Service is also currently in progress. This service will provide a holistic service, strengthened links and support for families with young children in line with the National Health Child Programme (HCP). This enhanced health visiting will support early engagement and Birth Companions' proposed service could support signposting and engagement.

Children's Social Care

The recommendations of the Independent Review of Children's Social Care (May 2022)²⁷ focus on the positive benefits of early intervention and supporting families when they need help. The review specifically acknowledged that there is not enough support offered when a child is removed. We have heard from women with lived experience that help should begin when a referral is made to children's social care and the long and intense journey through this system begins.

The number of removals of babies from their mothers at birth in England and Wales has more than doubled in the last decade, and a growing evidence base has uncovered the deep health and social inequalities experienced by this community of birth mothers.

Women's engagement with statutory services is often very problematic: previous negative experiences of care and fear that children's services will remove their children are very common barriers to women disclosing their needs and engaging with services in a timely way or at all.

Early intervention is crucial, separation is not always inevitable, and providing the right support at the right time can result in more women going on to successfully parent their children. Where removal does take place, putting in place early support for the woman throughout and after this traumatic process can improve her experience and act as a protective factor against mental ill health. The Community and Voluntary Sector can support women to engage and prevent them falling through the gaps, with services that complement and support statutory provision.

Angela Frazer-Wicks, an expert by experience and a member of the Children's Social Care Review Board, has been part of the co-design process:

"The recent independent review of Children's Social Care made several recommendations around the need for supporting families at the earliest possible opportunity, helping families when they need the help, not when the system believes they have reached the threshold for help. The new co-designed Birth Companions service is a perfect example of such support. Working alongside a pregnant woman from the earliest possible opportunity, throughout the pregnancy and after the birth so that they are given the best possible opportunity to safely parent their child. Navigating the system alone is difficult and complex, having a well-trained and experienced guide to support this cohort of women is crucial to help them achieve their full potential."

Angela Frazer-Wicks, Expert by Experience Consultant

Integrated Care Boards (ICBs)

Forty-two new NHS Integrated Care Boards (ICBs) have been set up in an effort to improve health outcomes. Inclusion health recognises that social exclusion affects

²⁷ <https://childrensocialcare.independent-review.uk/>

health, making the women in this cohort even more relevant. In the new system, statutory services are required to work differently to address the health inequalities, co-commissioning services between health and social care and collaborating with the voluntary sector to address the wider social determinants of health.

Research context

Lancaster University Centre for Child and Family Justice Research has been instrumental in identifying the rising number of removals of babies at birth by children's social care. For the past five years, the Nuffield Family Justice Observatory Born into Care Series in collaboration with Lancaster University has explored the intersecting issues surrounding the removal of babies at birth by the state.²⁸ The series has explored the data and raised serious questions about the high level of interventions. The co-occurring inequalities experienced by the mothers experiencing repeat removals has been highlighted and a study on maternal mental health explored the significant impact of removals on those mothers²⁹.

The Observatory has recently published guidelines to support professionals when involved in removal at birth as part of the Nuffield Family Justice Observatory's *Born into Care Series*. They have been developed because of the need for national guidance to support the professionals involved. The guidelines are currently being trialled and the final version is due for publication in early 2023. Birth Companions have worked closely with Lancaster University on this key piece of work and are in a unique position to be able to draw on this guidance to inform the development of the new service in Hackney.

The *Giving Hope* project is part of this series and Birth Companions has been instrumental in its development. Women with lived experience have designed the HOPE boxes, a supportive, multi-use intervention for women experiencing the removal of a baby at birth. There is one box for the mother and one box for the baby and they contain carefully chosen items designed by women with lived experience to support women through their journey. The HOPE boxes are due to be trialled in Hackney in 2023. Birth Companions involvement, knowledge and understanding of this work will be complementary to this pilot and we can continue to develop and support the project as it moves into practice.

Existing services in Hackney

During the co-design process we spoke with practitioners, managers and commissioners from statutory and non-statutory organisations including but not exhaustively:

- NHS Midwifery Services
- NHS Perinatal mental health services
- Children's Social Care
- Pause Hackney
- Ocean Maternal Mental Health Service
- Turning Point Hackney Addiction Service
- Young Hackney Substance Misuse Service
- The Orbit Centre
- The Advocacy Project
- East London Mother and Baby Unit
- Solace WiseR
- The Integrated Learning Disabilities Service (ILDS)

²⁸ <https://www.nuffieldfjo.org.uk/our-work/newborn-babies>

²⁹ https://www.cfj-lancaster.org.uk/app/nuffield/files-module/local/documents/nfjo_1000_mothers_mentalhealth.pdf

We heard from projects in Hackney working to support women with specific challenges such as drug and alcohol services or domestic violence. None of these interventions focus on addressing the specific needs relating to children's social care involvement in pregnancy and none offer continuity throughout the perinatal period. People we spoke with were positive about the need for a new service, receptive to collaborative working and interested in the possibility of creating referral pathways for the pilot.

Pause Hackney³⁰ operates an 18-month programme for women who have previously had children removed and are at risk of further pregnancies and removals. Pause do not work with pregnant women and cannot work with women who have had less than two children removed from their care, unless they are a care leaver themselves. This means that women who are pregnant and at risk of removal, are not able to access support from them and women who have a first baby removed would not generally be under their remit. For this reason, Pause suggested that we prioritise first time mothers at risk of separation for this pilot. The Pause programme has an access requirement to be using contraception and not all women will be comfortable with this stipulation. It is also of relevance that not all women at risk of separation will have their baby removed, meaning that they would not then access Pause.

The Advocacy Project³¹ offers rights based support intervention service in Hackney. This service is not an ongoing or intensive support service and only offers a few hours per client. The service is described as a supportive intervention rather than an emotional navigator role. The project have advocates on the mother and baby unit for women who are placed there, but the support offered would be restricted to women residing on the unit and support would not precede the unit or continue after discharge.

In our initial planning for the co-design, we were interested in working closely with the new Hackney Ocean Maternal Mental Health service³² whose remit centres on loss, including miscarriage, stillbirth, neonatal death and child removal. They do not currently have anything in place to offer support to women separated from a baby, but they are embarking on a scoping phase and expressed an interest in linking in with other services for a multi-agency approach.

Turning Point, Hackney's substance misuse service, has a multi-disciplinary team supporting pregnant women who use substances³³. The Orbit Centre is a partnership of Turning Point Drug and Alcohol service, midwifery, and Comet Children's Centre in Hoxton. They work with pregnant women and women with young children experiencing drug and alcohol difficulties. They offer a weekly mother and baby group for approximately eight women who are facing substance misuse issues and currently have custody of a child based at the children's centre. Many of the women have social services involvement. The aim is to support with ongoing issues and increase life chances. Women separated from a baby could continue to receive support from The Orbit, although the environment may make this challenging this due to the focus on families and children present. Clear transitional support after The Orbit was highlighted as a gap in provision. Antenatal women can also be hard to engage but the centre are keen to increase engagement with pregnant women and the new service could support with this. In a recent Orbit report, they shared that pregnancy is a time of vulnerability and risks can be high³⁴.

Bump Buddies are a well-established service based at Shoreditch³⁵. They offer a peer support programme for perinatal women however, they would not be able to support women facing this level of inequalities and disadvantage. The project manager said

³⁰ <https://www.pause.org.uk/practice/hackney/>

³¹ <https://www.advocacyproject.org.uk/>

³² <https://www.elft.nhs.uk/services/ocean-mental-health-service-east-london>

³³ <https://www.turning-point.co.uk/services/city-hackney>

³⁴ Hackney Orbit, Evaluation of Service Delivery, April 2018

³⁵ <https://www.shoreditchtrust.org.uk/health-and-wellbeing/women-and-children/bump-buddies/>

occasionally she herself would offer support to women in this situation but this is more unusual and limited to emotional support and signposting.

Steps is a public health intensive outreach programme offering support to people with complex needs³⁶. The majority of their service users are men but sometimes Pause refer women into this after completing their programme. There could be potential for signposting this cohort of women following the support of Birth Companions new service.

Gaps identified that fall outside the remit of the new pilot

Lack of court recommended services

As part of the court process, a woman may have a series of assessments and the reports may recommend therapy. However, those services are often not available to them within the time needed because there are long waiting lists for therapeutic support.

"One of my other real worries is that in court when baby's been removed, mum needs to have a parenting assessment. She needs to have a psychological assessment, a psychiatric assessment. She's got all of these assessments to do, and then we get these reports in and it says, 'Mum needs to engage with therapy because she's got so much trauma and so much history that she needs to engage with therapy...' But therapy's not just available like that... You might need to sit on a waiting list for 12 months, if not longer, to access that"

Social Work Manager, Hackney Children's Social Care

"Courts make decisions about parenting, but women may not get therapy within the time scales; courts don't know what is available."

Psychotherapist, East London NHS Foundation Trust

Limited specialist perinatal mental health support post-separation

Lack of perinatal mental health support post-separation was an issue highlighted at every focus group meeting. This is not something we can address through this service, but the new service will focus on increased wellbeing and continuity of care through the perinatal period. The lack of specialised mental health support available post separation therefore has some significance.

We learnt through focus group conversations that if a woman has her baby removed, she is no longer able to access specialist perinatal mental health services. Dr Matthew O'Brien from Turning Point said that at this time:

"Women who have their babies removed by social care, or lose their children through trauma, are unable to access specialist perinatal mental health services which have a multidisciplinary team, including a doctor. The lack of mental health support for women who have had children removed appears to stem from national policy based on funding streams related to infant health outcomes, rather than the mother seeing a specialist who treats postnatal mental health problems like depression."

Dr Matthew O'Brien – Consultant Psychiatrist, City & Hackney substance misuse service (Turning Point)

This lack of continuation of specialist perinatal mental health care will clearly impact negatively upon women's experiences post-separation, and it is vital that women have a trusted person who continues to offer support her at this stage.

We heard from psychologists working in Hackney about the commissioning gap. They said that the time of removal is a jarring transition for mothers:

³⁶ <https://gps.cityandhackneyccg.nhs.uk/coronavirus-covid-19/adult-mental-health-services/steps>

"If baby is removed, there's a really big shift to not being with baby... [and] there is a bit of a gap there in terms of compassionate care. Continuity of care, that is worth thinking about... Then they'll be supported by mental health professionals, but they're not specialised in perinatal mental health, so they won't know, for instance, if a woman's had a C-section, how to look after her, how to restrain her if they need to, what medicine she might need. They don't have any of the expertise."

Psychologist