This is a pre-publication version of the following article: Miller Brunton, K., and Kitchen, K. (2023). Working with women affected by children's social care involvement in pregnancy and early motherhood: Insights from recent Birth Companions work. *The Child & Family Clinical Psychology Review*, 8: 100-105. https://doi.org/10.53841/bpscypf.2023.1.8.100

Working with women affected by children's social care involvement in pregnancy and early motherhood: Insights from recent Birth Companions work

Katherine Miller Brunton
Policy, Communications and Engagement Officer, Birth Companions
katherine@birthcompanions.org.uk

Kirsty Kitchen
Head of Policy and Communications, Birth Companions

Abstract

Children's social care (CSC) involvement during pregnancy and the first two years of a child's life – the period known as the "1001 critical days" – can have a significant impact on the mental health and wellbeing of both mothers and infants. By putting bonding and attachment between mothers and their babies at risk, this can pose long-term implications for children's emotional and psychological development.

Drawing on findings from Birth Companions' recent projects with women with lived experience of CSC involvement, this article offers insight into the mental health impacts of assessment and/ or care proceedings during the first 1001 days.

The article also outlines key principles for all those working with women in these circumstances, published in the form of the Birth Companions *Birth Charter for women with involvement from children's social care* (2023c). This aims to embed improved practice across all systems and services working with women with CSC involvement.

Key recommendations focus on the significance of trauma-informed care for women, and the centralisation of pregnancy and early motherhood in multi-agency practice. Birth Companions is calling for this to be driven forward in the form of a joint national health and social care pathway for pregnant women and mothers of infants who are subject to pre-birth or parenting assessment, or child protection proceedings, to guide the care and support they receive up to their child's second birthday.

Keywords: Pregnancy; 1001 critical days; Children's social care; Separation; Complexity; Trauma-informed care.

Introduction

The first 1001 days of a child's life, from conception to their second birthday, are crucial in laying the foundations for their intellectual, emotional, social and psychological development and their long-term outcomes (Hogg, 2013; First 1001 Days Movement, 2021; HM Government, 2021). Despite pockets of good practice and the best efforts of many professionals, children's social care (CSC) involvement during these first "1001 critical days" can severely impact bonding, attachment and mental health outcomes for both mothers and infants.

Drawing on findings from Birth Companions' recent work with women with relevant lived experience, this article offers insight into the mental health impacts of CSC involvement during the "1001 critical days". It outlines key principles of care to guide all those working with women in these circumstances, in order to improve outcomes for those women, and for their babies.

Context

Every year, tens of thousands of pregnant women and mothers of infants have contact with the CSC system in England. The number of newborn babies subject to care proceedings is on the rise, having more than doubled between 2007/8 and 2016/17 to reach 35 newborns per 10,000 live births (Broadhurst et al., 2018). Thousands of mothers go on to have their baby removed from their care by the family courts, and recent figures show that 5,410 infants under the age of one began being 'looked after' by the State in 2022 (Department for Education, 2023).

There are well-established links between maternal deprivation and care proceedings, and high levels of pre-existing trauma, mental ill-health, domestic abuse and substance use among women with social care involvement (Griffiths et al., 2020). Many women with CSC involvement find themselves excluded from accessing suitable mental health services on the basis of co-occurring substance use (Making Every Adult Matter, 2022). Many women who are separated from their baby find themselves ineligible for perinatal mental health services, re-routed instead to generic adult mental health service waiting lists (MBRRACE-UK, 2022a).

MBRRACE-UK's most recent report into maternal mortality during the perinatal period (2022b), published by the National Perinatal Epidemiology Unit (NPEU) at the University of Oxford, found that 20% of the women who died had social care involvement, a figure that has risen over recent years. The report also found that 11% of those who died by suicide, and 59% of those who died through substance misuse, had previously had an infant removed into care and/or been subject to ongoing care proceedings (MBRRACE-UK, 2022b).

Women who have had contact with CSC frequently describe a sense of judgement from professionals about their pasts, current circumstances, and parenting abilities. This can have significant consequences for their ability to build trusting relationships with, and disclose feelings and concerns to, practitioners across health and social care (Birth Companions, 2023a; Mason et al., 2019; Mason et al., 2020). Fears of being blamed by professionals for past trauma, as well as widespread shame and stigma around CSC involvement, can themselves engender trauma, anxiety and other mental ill-health (Birth Companions, 2023a; Grant, Powell et al., 2023).

Women experiencing or at risk of separation from their babies are clearly a particularly vulnerable group, but their needs remain largely invisible in many aspects of health and social care policy and research. While recently-developed Maternal Mental Health Services (MMHSs) are intended to include care for women with moderate to severe mental health difficulties as a result of separation from their infants, many are struggling to get appropriate provision for these women up and running (Mahoney and Thompson, 2023).

Birth Companions

Birth Companions is a national charity working to improve the lives of women and babies who experience complexity, inequality and disadvantage during pregnancy and early motherhood. Throughout our 27-year history, Birth Companions has supported women with involvement from CSC. We have seen first-hand the impacts that this involvement

can have on women's mental health, and the trauma that the fear of separation from a baby – no matter how unlikely – can bring.

Birth Companions is a woman-centred, non-judgemental and trauma-informed organisation. Experiences of trauma have shaped the lives of most of the women we support, and the way we work responds to the particular impact of trauma during pregnancy, birth and early motherhood. We build trusted relationships; help women to feel safe; and support others involved in their care to understand how experiences of trauma might affect women's responses and choices.

Methodology

Through recent work with women with lived experience of involvement from CSC during pregnancy and the first two years of their child's life, we have been able to explore the mental health impacts of CSC involvement in-depth, through mothers' own words and reflections.

In early 2023, we spoke with eight members of the Birth Companions Lived Experience Team (LET) who had experienced involvement from CSC during their pregnancies and/or the first two years of their child's life. In order to explore women's experiences in depth, we hosted a mixture of one-to-one conversations and dedicated focus group sessions. In addition, we hosted a session in which we brought women together with healthcare commissioners and frontline staff working in maternity and mental health, to create space for conversations about approaches to care for those who face loss through separation. As this is a highly emotive and often traumatic topic, and as part of our commitment to trauma-informed working, we offered women choices around of how to engage, allowing them to contribute their voice in whichever environment felt most safe to them.

It is interesting to note that while the women we spoke with for this work were invited to reflect on the impacts on both their mental and physical health, women overwhelmingly chose to focus on the mental health impacts. While this is not to undermine the significant physical health impacts that we know CSC involvement can have for parents (MBRRACE-UK, 2022b; Grant, Radley et al., 2023), it highlights how acutely traumatising such involvement can be, and how lasting its effects for both mothers and infants. There may also be limited understanding of the ways in which physical health issues may relate to trauma.

Prior to this work, Birth Companions also undertook a project to co-design a service for women experiencing or at risk of separation in one London borough (Birth Companions, 2023b), and began developing a new Birth Charter for women with involvement from children's social care (Birth Companions, 2023c).

In what follows, we draw on all three pieces of recent work to discuss the experiences of women affected by CSC involvement in pregnancy and early motherhood. We discuss the changes needed in policy and practice to protect mothers and infants against the harms that these services can create, despite pockets of good practice and the best efforts of many professionals. By centring the voices of these mothers, we are able to gain great insight into the need for change within these services.

Mental health impacts

It was clear from listening to women's experiences, and the views of those working with them, that involvement from CSC within the "1001 critical days" had a significant impact on their mental health. Contact with CSC was spoken of as one of the most significant and all-encompassing things going on in their lives at the time. This was the case for those who had been subject only to initial parenting assessments, with no further action

taken, as well as those who had been through care proceedings, a court hearing, and 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 fear, stress and anxiety associated with CSC involvement, compounded by a sense of shame, stigma and judgement, had significant consequences for women's ability to disclose their feelings and needs to professionals. Mothers described their extreme fear that disclosing mental health needs would lead to further repercussions with CSC, and to their baby being removed from their care.

> *"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."*

Experiencing the *possibility* of separation from a baby, no matter how small or remote, can be highly traumatic (Mason et al., 2020; Van Zyl et al., 2022). It was powerful to hear how women's fears were not necessarily linked to the actual likelihood of separation. Some women talked of knowing that separation was unlikely to occur, but still experiencing overwhelming fear at the possibility.

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

> *"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."*

Women's fears of separation were exacerbated by the fact that they often didn't know what was happening, or what was going to happen, with their assessments or proceedings. Many of those we spoke to said this added significantly to the anxiety they felt during their pregnancy and after giving birth.

> *"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."*

We heard from one specialist safeguarding and public health midwife in our focus group that "*pretty much all*" of the women she cares for who are at risk of or experiencing separation from their baby warrant a referral to mental health services for post-traumatic stress disorder (PTSD). As such, she told us she is currently considering whether such referrals should be automatic for women in these circumstances.

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

> *"The thing about dealing with this kind of loss is that its' 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."*

Mental health support

All of the women involved in our recent projects described having issues accessing the mental health support they needed, at the time they needed it. Some talked about asking for help and not getting it; others talked about being offered interventions that were just not right for them; and some described how services stopped or fell away too quickly.

"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."

"Why is it I can't access that support? I need to be cracking up or really hitting rock bottom before you guys will support me? I think it's wrong within the system that it should be like that. You wanna get people before that point, you'd think. Prevention is better than cure. And I just feel like social services, mental health workers and all of that stuff, they don't see that."

Women spoke powerfully about the lack of appropriate services that had been available for them around the time of separation from their infants.

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

Both the women and professionals we spoke with highlighted how support from maternity and specialist perinatal mental health services, as well as from health visitors, routinely falls away when a baby is removed from their mother's care, often the time at which they are most acutely needed. Women in this situation report significant mental health needs, but find their only option is to join waiting lists for generic adult mental health services. These unmet mental health needs had long-term impacts for many women, unable to access support to process the moment of separation.

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

For those who had received what they considered appropriate mental health support, this support was described as having a significant impact on their lives, their relationships with their children, and on their parenting.

"My mental health support has helped me stay present for my daughter, and all my daughter knows is stability."

The importance of good support from specialist midwives, health visitors and GPs also came through strongly in our one-to-one and focus group sessions with women. Support from experienced health professionals who understood the complexities and traumas associated with CSC involvement was described as incredibly powerful.

"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."

"I had a really lovely health visitor…She was really supportive, and queried the cause for concern with the social care team. I was lucky that I could talk to [her], I could really open up, and she didn't judge me."

Discussion: Trauma and attachment in the first 1001 days

Through listening to the voices of these mothers, it becomes clear that contact with CSC is a highly traumatic experience for many pregnant women and mothers of infants. Trauma-informed approaches, which seek to recognise and reduce the impact of experiences of trauma in order to support improvements in mental and physical health (Law et al. 2021; Office for Health Improvement & Disparities, 2022), appear to be largely missing in the treatment of women with CSC involvement during this period. This is deeply concerning for several reasons.

Trauma during the perinatal period is known to impact on maternal relationships with new babies (Erickson et al., 2019), and maternal stress, anxiety, and mental health issues in this period can impact on a baby's intellectual, emotional, social and psychological development (Hogg, 2013). Truly trauma-informed practice within maternity and CSC services is essential to minimise the risks of trauma for both mothers and infants.

Mothers with social care involvement are also at higher risk of death during pregnancy and early motherhood, particularly by suicide and substance use (MBRRACE-UK, 2022b), and there is substantial evidence of trauma, shame and stigma around CSC involvement for the wider family and kin network (Mason et al., 2019).

The experience of separation, even temporary, between a mother and baby during the "1001 critical days" is particularly concerning. We know that the bonds formed in the very early days after birth are crucial to babies' long-term emotional and psychological development. NICE Guideline NG1914 emphasises face-to-face interaction, skin-to-skin contact and responding to the baby's cues as particularly important promoting emotional attachment (NICE, 2021). Attachment theory further highlights the importance of babies' attachment to their primary caregivers in the days, weeks and months after birth. Disruption to, or loss of these bonds and attachments can impact children into adulthood and affect their future relationships (NSPCC Learning, 2021).

Key principles for professionals working with women with involvement from children's social care

Supporting the mental health and wellbeing of pregnant women and mothers of infants is central to supporting the health and wellbeing of their babies, and to breaking intergenerational cycles of disadvantage. It is clear from Birth Companions' recent projects that, in order to address the mental health needs associated with CSC involvement in pregnancy and early motherhood, specialist and sustained provision, guided by trauma-informed and non-judgemental approaches, is urgently needed.

In Birth Companions' recent publication, the *Birth Charter for women with involvement from children's social care* (2023c), we lay out a set of fourteen principles, developed with women with lived experience, aimed at embedding improved practice and trauma-informed care across all relevant systems and services. These principles are intended to apply to women at all stages of CSC involvement, including where a temporary or permanent separation has taken place.

Pregnant women and mothers of children under the age of two with involvement from children's social care should receive support that is:

1. *Specialist and continuous during pregnancy, birth and early motherhood*
2. *Woman-centred, holistic and culturally appropriate*
3. *Trauma-informed and trauma-responsive*
4. *Equitable*
5. *Responsive to their specific needs before, during and after separation from their baby.*

Women should also be helped to give their babies the best start in life, through:

6. *Support from all services as early as possible*
7. *Appropriate mental health support*
8. *Having their birth choices respected*
9. *Appropriate support in hospital before, during and after birth*
10. *Opportunities to bond with their baby*
11. *Retaining or regaining care of their baby where possible.*

Women must also have their rights upheld through:

12. *Help to understand and engage with every aspect of their involvement with CSC and the family justice system*
13. *Access to independent advocacy support*
14. *Clear ways to express concerns, challenge inaccuracies and make complaints about unfair or poor practice.*

(Birth Companions, 2023c)

Recommendations

Evidently, it is sometimes necessary for CSC to get involved in families' lives, to safeguard children and to give parents much needed support. Yet it is also evident, from women's own reflections on the lived experience of CSC involvement, that initial assessments, pre-proceedings, court proceedings, and feared or actual separation from infants are all too often deeply traumatising processes.

Given everything we know about the impact of stress, anxiety and trauma on mother-infant bonding, child development and family life (Pearson et al., 2022; First 1001 Days Movement, 2021; Erikson et al., 2019), it is imperative that CSC services work to minimise the trauma they engender. As we lay out in our *Birth Charter* (2023c), mandatory trauma-informed training for all CSC professionals working with women in these circumstances would help them recognise and respond to the impacts of past and ongoing trauma and abuse. This would reduce the risk of traumatising and re-traumatising women as they navigate CSC. The key principles of trauma-informed care, safety, trust, choice, collaboration, empowerment and cultural consideration (Office for Health Improvement & Disparities, 2022), are essential here. Embedding these fully within CSC services requires all professionals to think carefully and creatively about how they approach their communication and interactions with women.

Supporting the emotional and physical health of pregnant women and mothers is central to supporting the health and wellbeing of their babies, and to breaking intergenerational cycles of disadvantage. In addition to supporting positive attachments and child development, protecting the mental and physical health of mothers in touch with the CSC system will reduce the likelihood of those mothers re-entering care proceedings for future children (Broadhurst et al., 2017) and will support the prospects of family contact and reunification.

Birth Companions hope that the principles outlined above and included in our *Birth Charter* (2023c) can provide the basis for improved practice and trauma-informed working within CSC. But we are also clear that CSC services cannot be expected to change in isolation. Interdisciplinary working is required across the health, mental health, social care and family justice systems, and pregnancy and early motherhood must be put front and centre in all multi-agency practice. This is why Birth Companions is calling for a joint national health and social care pathway for perinatal women with CSC involvement to support those working across health, social care and beyond to deliver the principles laid out above.

A powerful precedent for such a pathway is the government-backed *National Bereavement Care Pathway* (NBCP), launched in 2018 to equip healthcare professionals with frameworks, tools and educational resources to provide the best possible care to parents and families after pregnancy loss or the death of a baby. The NBCP centres around nine bereavement care standards that NHS Trusts can commit to adopting, emphasising the need for continuity, personalised care plans, training, multidisciplinary working, and information sharing. As of 1st January 2023, 84% of NHS England Trusts have committed to adopting the nine NBCP standards (NBCP, 2023).

Following the NBCP model, Birth Companions proposes that a joint national health and social care pathway should be developed for pregnant women and mothers of infants

who are subject to pre-birth or parenting assessment, or child protection proceedings. This pathway would be trauma-informed and woman-centred, and could be embedded and locally adapted by Integrated Care Systems across the country.

We recommend development of this pathway through a co-design process involving a broad range of partners including health and social care professionals, and mothers, children and families with lived experience of CSC involvement. Such co-production will be essential for understanding the needs of those for whom the pathway would apply, and for designing a service that will meet those needs successfully.

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