

Understanding the life course health needs and experiences of mothers who have their children taken into care

Claire Grant

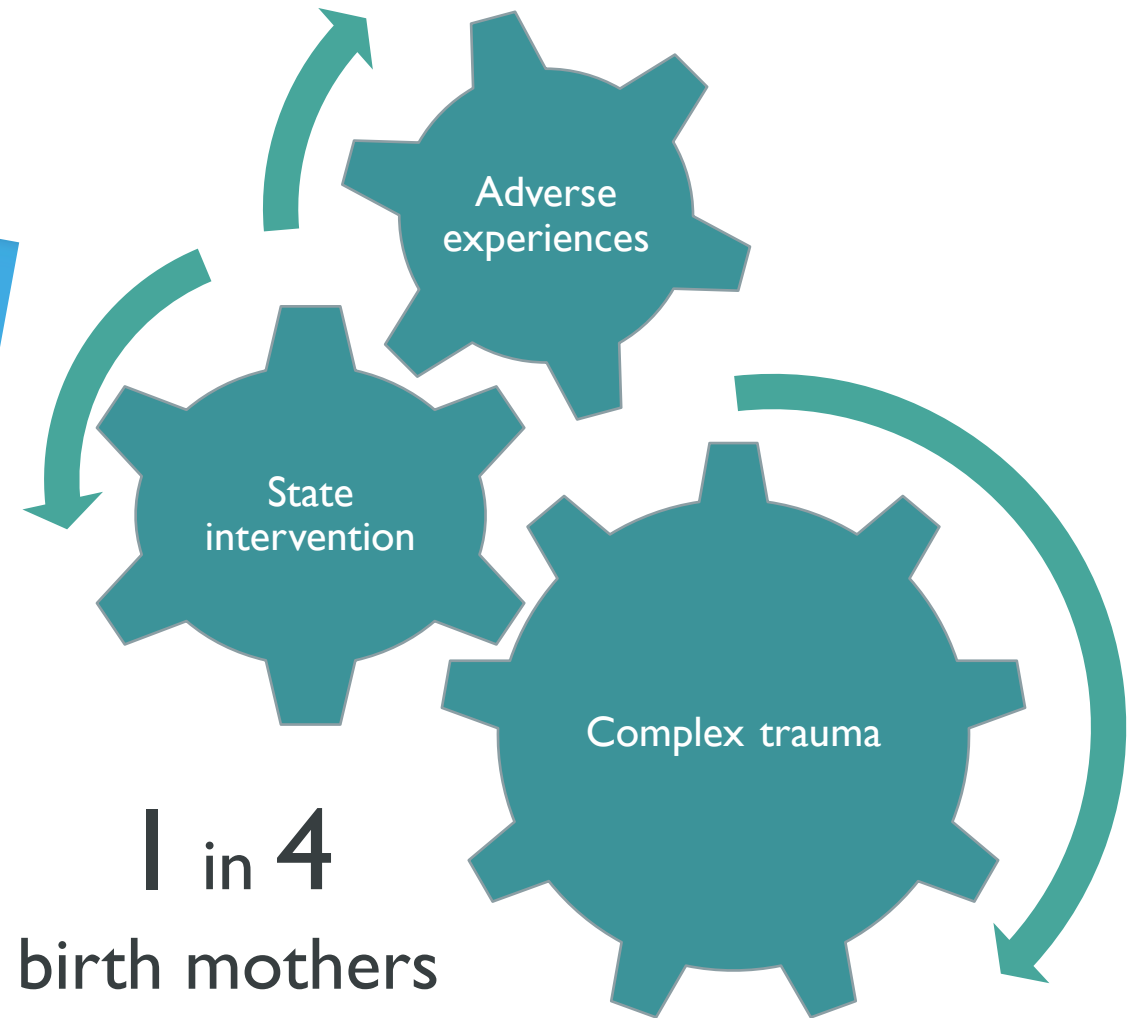
PhD student, University College London

28th of February, CRCF seminar



BACKGROUND

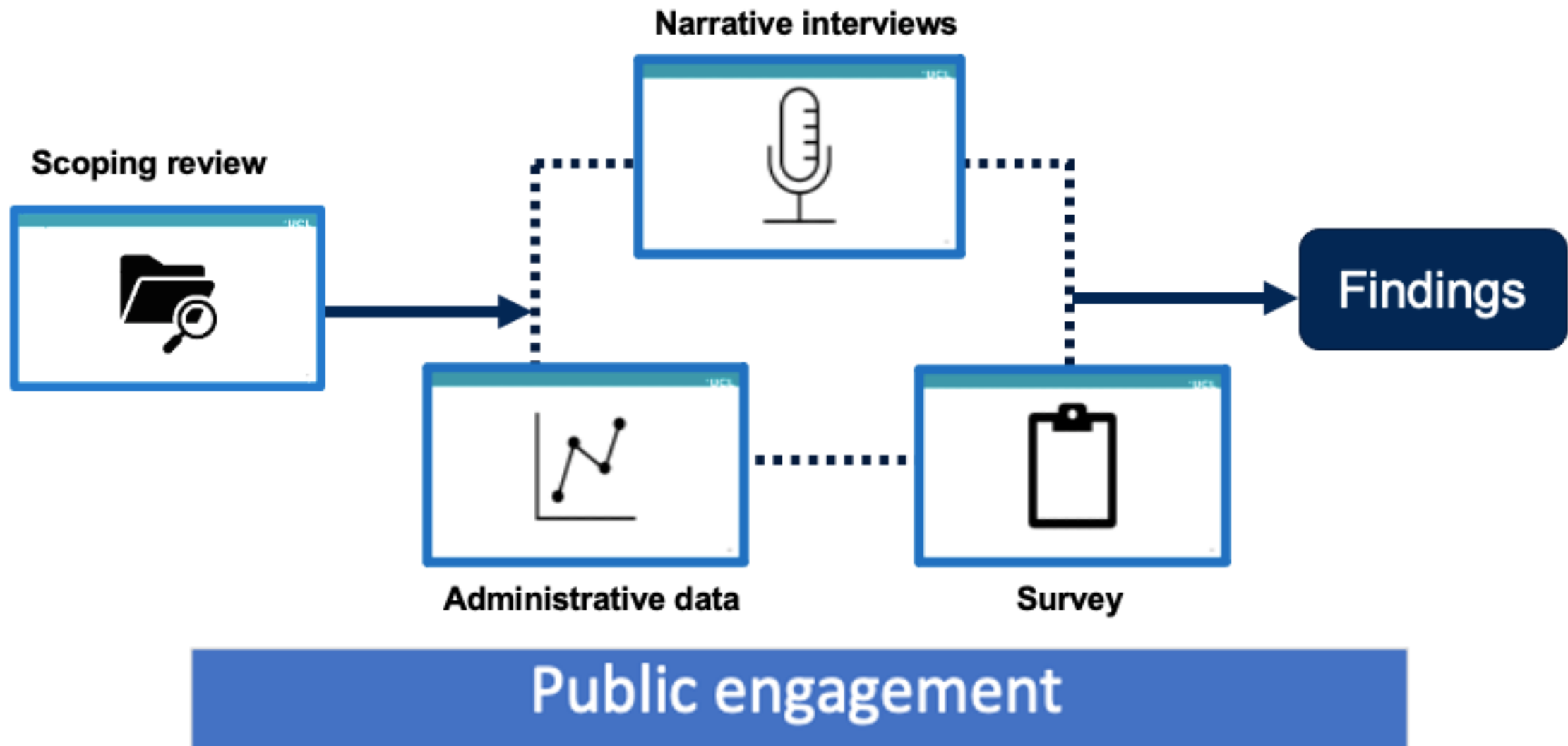
- Over **82,000** children in care in England
- Children are often from families with **complex health** and **social needs**
- Children's social care have a **duty** to protect children at risk of harm
- What does this mean for birth parents?



1 in 4
birth mothers
return within 7
years

MY RESEARCH FOCUS

1. What are the life course health needs of birth mothers?
2. What are the experiences of healthcare provision?
3. What principles underpin meaningful care?



EXPERIENCES OF MOTHERS



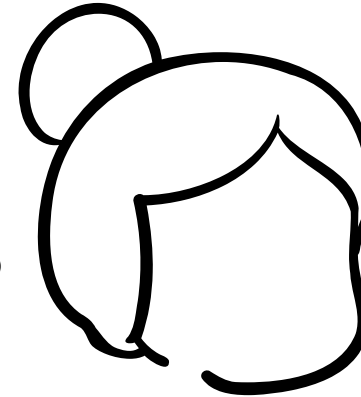
Gina, 35

1 child under
Section 20 Voluntary



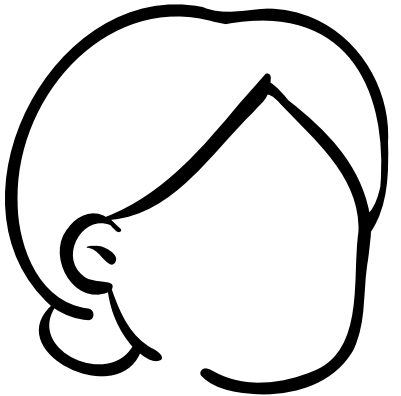
Kay, 34

2 children under
Special Guardianship



Sarah, 29

2 children under
Adoption orders



Ashley, 29

2 children in
foster care



Steph, 41

3 children in foster care
2 children at home
2 stillborn babies



Erin, 25

2 children in
foster care
1 child passed
away

NARRATIVE RESEARCH



- Intent of hearing **stories**
- **Contextual** (socially situated)
- Concerned with the **'whole'**
- **Co-construction**
- **Richness** and **messiness**
- Gives power to participants

When you look back on your life,
what have been some of your main
health challenges?



Themes

①

"On paper, you're normal"

②

"In my family, everyone has issues"

③

"I'm still mummy, no matter where they are"

1

"On paper, you're normal"



*"I mean on paper, **you're normal**. It's just you suffer from psoriasis. When you go to the doctors, they just give you steroid creams. They didn't offer support for the fact it's a **trauma-based condition**. I've suffered from psoriasis for 20 years now and only at my last appointment did my dermatologist **ask me about my life**. For the first time they put together why I'm here and why it's gotten so bad. You go to the doctors, and they give you just a few minutes. **Nobody ever asked.**"*

— Gina

②

"In my family, everyone has issues"



*"I had a lot of traumas **growing up** as a child. My dad was **very violent**, and my brother had special needs. He's bipolar, adult schizophrenic now and had ADHD. A lot of my parent's attention was for him, and I was just on the back burner. I was **too scared to ask for help or too scared to be judged**. The only time I went to get help was probably as my kids were removed, because there's always a stigma about it. I've been brought up to say what happens at home stays at home. You **don't tell anybody** about your problems. That was really instilled in me as a child and even as an adult, **we sort it** out within ourselves."*

—Kay

3

"I'm still mummy, no matter where they are"



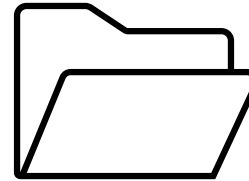
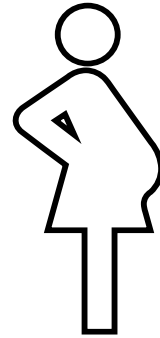
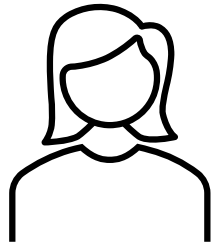
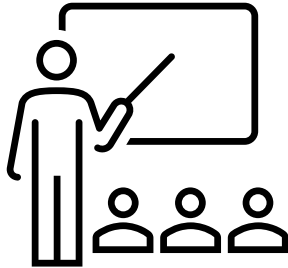
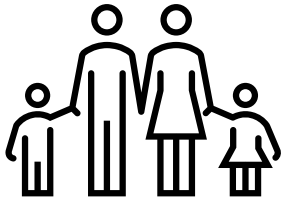
*"Do you know when my children were removed, local authorities did not contact me at all. **There was no contact.** I'm not being funny. Like **I could have killed** myself and I don't think they would have known. That's how bad it is. Keeping in mind that they are looked after, in care children, which means they have a **duty** of making sure that I've got this support when my children are removed. **I didn't have nothing. Nothing whatsoever.** All they will contact me for was parenting assessments for when we went back to court."*

—Erin

WHAT DOES THIS TELL US?

- **Unmet need** for women, even those in services
- **Siloed** healthcare provision leave women falling between the gaps
- Woman can **normalise** their adversity and be **skeptical** of services
- Culture of **fear** between vulnerable families and professionals

LIFECOURSE SERVICE CONTACT



Early years

Family courts

SYSTEMATIC SCOPING REVIEW

WHAT ARE THE HEALTH NEEDS?

(Grant et al., 2023)

Mental health

UK, USA, Australia, Canada, Germany & Denmark (n=20)

- High rates of SMIs
- Diagnosis and history of inpatient care risk factor
- Child removal associated with deteriorating mental health

Physical health

UK & Canada (n=7)

- Birth parents dying early from preventable/amenable causes (cancers, suicide)
- Child removal associated with deteriorating physical health

Substance use

UK, USA, Australia, Finland & Canada (n=15)

- Marijuana, alcohol, and opioids (i.e., heroin)
- History or current use risk factor for child removal
- Child removal associated with increased uptake and use of drugs ('self-medicate')

Intellectual and developmental disabilities

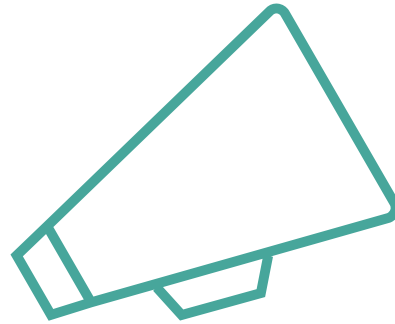
UK, USA, Australia, Canada, Norway & Iceland (n=20)

- Learning, cognitive, behaviour, ASD, & ADD
- Overrepresented in children's social care
- Most at risk of child removal were those with co-morbid mental health need

EXAMPLE INTERVENTION TYPES



Alternative Courts



Advocacy and peer support



Wrap-around

FEATURES OF INTERVENTIONS

Flexible

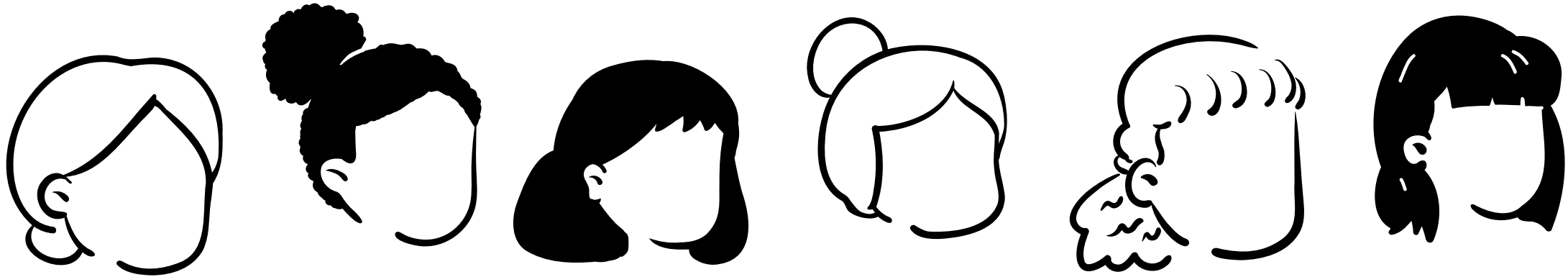
- Outreach
- Home-based support
- SMS reminders
- Last minute appointments
- Contacts for evenings/weekends

Relationship based

- Continuity of care
- Non-judgemental
- Transparency of risk
- Trauma-informed
- Longer term

Multidisciplinary

- Information sharing
- Shared caseloads
- Making referrals
- 'Over and above' referrals
- Family focused care



*“You’re walking into a court room and every single person in there is **against** you or is **judging** you. Irrespective of what you're coming into that court with, it’s not come out of nowhere, like all of a sudden this has happened... There are so many **different services** out there that can help us, and we’re **not always given that information.***

They look at you like the drunk or the alcoholic.

*They forget that you’re also **a human being.**”*

- Steph

LIFECOURSE SERVICE CONTACT

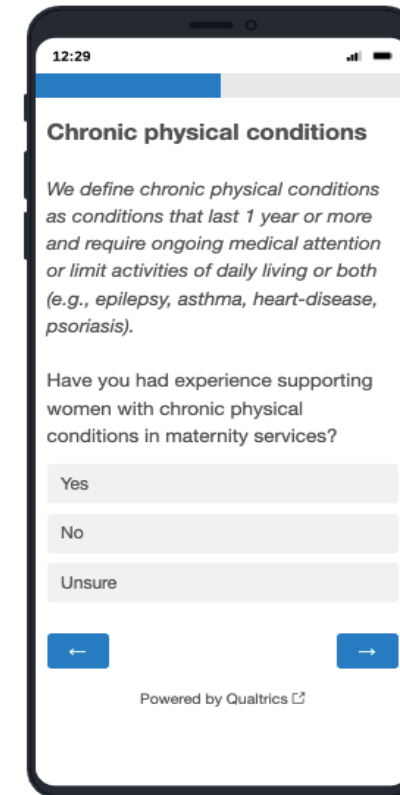


PERINATAL SERVICES

EXPERIENCES OF PROFESSIONALS

Total of 70
respondents

Midwives
Support workers
Obstetricians
Health visitors
Perinatal psychiatrists
Perinatal psychologists



12:29

Chronic physical conditions

We define chronic physical conditions as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both (e.g., epilepsy, asthma, heart-disease, psoriasis).

Have you had experience supporting women with chronic physical conditions in maternity services?

☐ Yes

☐ No

☐ Unsure

← →

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RESULTS

1. Inaccessible healthcare for women with complex needs
2. The challenges and importance of restoring trust
3. Services focusing on individuals, not families
4. The necessity and caution around multidisciplinary support
5. Underfunded services inhibiting good practice



I. Inaccessible healthcare for women with complex needs

“High thresholds for specialist interventions means that the **responsibility** of ensuring safety of mums and babies is **down to us.**” (ID22, family nurse)

“I cared for a woman with a learning disability who was an undocumented migrant...and there was lots of social services involvement around protecting the baby, but **none available** to support her to keep her child, because of her status.” (ID42, midwife)

2. The challenges and importance of restoring trust

“Relationship building is the **key**. A woman will return for advice if she feels **understood** and **listened to**. I am in a much better position to support and advise if a woman **trusts me** and understands what I say to her.”

(ID11, health visitor)

3. Services focusing on individuals, not families

“Often safeguarding concerns are related to **fathers’ needs**. A woman’s partner having severe mental health problems, not engaging with services, being abusive in the house and the woman being subject to coercive control.”

(ID62, clinical nurse specialist)

4. The necessity and caution around multidisciplinary support

“Not everyone understands the **full extent** of conditions.

Staff at services dealing with chronic physical health conditions won't know the **impact** it has on pregnancy, and **maternity staff** don't know the full extent of how pregnancy can impact on chronic physical health conditions.”

(ID36, occupational therapist)

5. Underfunded services inhibiting good practice

“Having **too many** babies and women on our caseloads with specialist needs, **without being trained** to be able to support them. This is a growing area of occurrence and NHS services need to **increase their resources** and staffing to meet these growing demands.”

(ID66, midwife)

REFLECTIONS

Consensus on what
'good' care looks like



A need to resource professionals to deliver **family focused, multidisciplinary** care which is **compassionate** and **proportionate** to need.

Underfunded services
inhibiting good practice

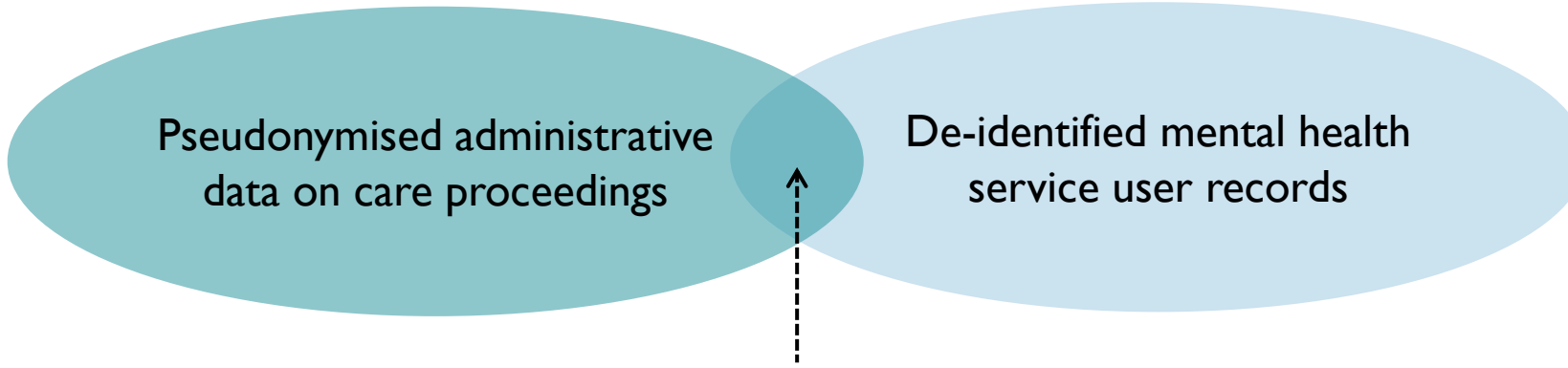


Systemic issues within the NHS can result in women at risk of children's social care receiving **inadequate** perinatal healthcare

LIFECOURSE SERVICE CONTACT

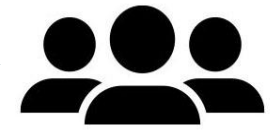


MENTAL HEALTH SERVICES



Women involved in care proceedings who are known to mental health services

3226 women in care proceedings 2007-2019 in Southwark, Lambeth, Lewisham and Croydon



2137 (66%) linked to a mental health service user record

WHAT DOES THIS TELL US?

Most women (79%) were known to services before care proceedings.

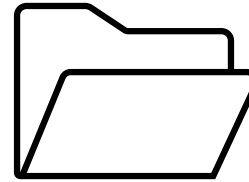
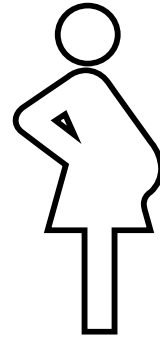
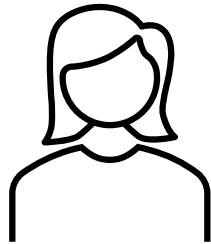
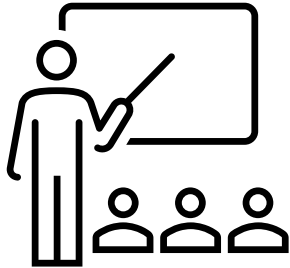
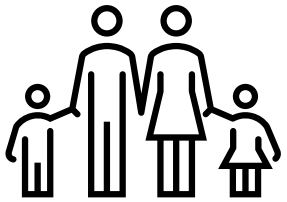
Compared to matched controls:

- Women had higher rates of **schizophrenia** spectrum disorders (19% vs 11%), **substance misuse** (33% vs 12%) and **personality disorder** (21% vs 11%)
- Were more likely to be admitted to **inpatient care** (27% vs 14%) or be sectioned under the **Mental Health Act** (19% vs 8%)
- Higher rates of being **discharged** due to 'failure to engage' (39% vs 20%)

CONCLUSIONS

- Case for **integrating** adult mental health services within children's social care and family court practice
- **Timely** and **targeted** access to specialist mental health services for mothers at risk of care proceedings would likely improve outcomes for women and their families
- Addressing **barriers** to women accessing mental health support

LIFECOURSE SERVICE CONTACT



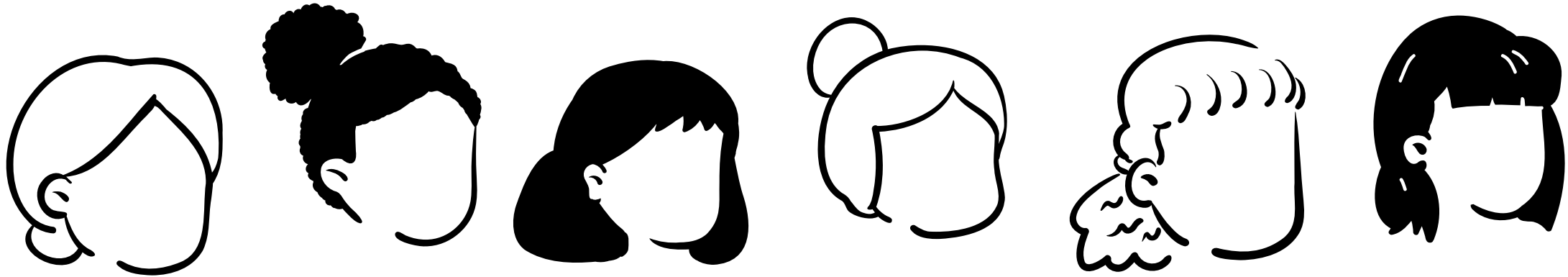
Early years

Family courts



CONCLUSIONS

- Children's social care have a duty to protect children at risk or experiencing harm, but there is **difficulty in balancing** the harms and benefits of placing children in out of home care
- The **rate** at which children are being removed, and the **profile** of the families being most affected, evidence **cracks** within the current system
- How can **health** and **healthcare** better support these families?



*“It’s really hard to say, but even though your children have been removed from your care, **you are still worthy of life.** You are.*

*I’m sorry I’m getting upset but you don’t see that at the time. When your children are removed...It’s the most **traumatic experience** anybody can go through. You grieve somebody that's still alive. That's what you do. You grieve your children, the loss of your children. And they're still alive.*

*It’s just to know, **you are worthy.** It’s painful, I can’t lie. It hurts every single day and I have to manage the guilt and shame that I carry. But you are worthy of life. If it’s addictions or mental health or whatever, **you are worthy of accessing the services** to get yourself better.*

You were always a person before you were a mother”.

- Gina

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DISSEMINATION

Grant, C., Powell, C., Philip, G., Blackburn, R., Lacey, R., & Woodman, J. (2023). 'On paper, you're normal': narratives of unseen health needs among women who have had children removed from their care. *Journal of Public Health*, 45(4), 863-869.

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**'On paper you're normal':
Women's reflections**

21 August 2023



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'On paper, you're normal'

Narratives of unseen health needs among women who have had children removed from their care

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