

# Still a mam



Telling the stories of women who have experienced child removal and exploring what can be done to make things fairer

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# WHO WE ARE

## REFORM

REFORM is an organisation which supports women who have experienced child removal. REFORM seeks to break down stigma and affect change on a local, community and national policy level around this issue.

REFORM operates over three distinct areas:

1. Offering direct peer support group for women who have experienced child removal.
2. Conducting research with those who have experienced child removal first hand to understand the wider determinants and consequences this problem and inform the work we do.
3. Work across the public, private and third sector partnerships to create change within the system so future families have better outcomes

REFORM's vision is to help reduce the number of children being removed from their families in a safe and supportive manor. REFORM shares the desire with FLNG to develop ways that user voices can be heard, views valued to actively influence and shape services, policies and practice that exist to support them.

## FULFILLING LIVES NEWCASTLE GATESHEAD (FLNG)

FLNG is an eight-year learning programme looking to improve the lives of people with complex needs and build a trauma-informed approach within the services that support them across Newcastle and Gateshead. It is one of twelve programmes linked together across England funded by the National Lottery Community Fund, looking to influence the system nationally. A Core Partnership of Changing Lives (lead partner), Mental Health Concern and Oasis Community Housing lead the programme's activity.

FLNG's vision is to build a culture of learning, hope and collaboration across Newcastle and Gateshead; helping the workforce create a community that understands and welcomes people experiencing homelessness, substance misuse, mental ill-health and offending. Together we develop ways their voices can be heard, their views valued and actively influence and shape the services, policies and practice that exist to support them.

# BACKGROUND

The removal of a child from their biological parents' care is one of the most extreme forms of state intervention into family life and is generally considered to be the last option by social workers and the family courts. Despite this, child removal cases in England have soared in the last decade; in 2009 there were an estimated 60,930 children who were classed as 'looked after children' (children who have been in local authority care for more than 24 hours (NSPCC, 2022)), by 2021 this figure had risen to 80,850, an increase of 33% (Dept. for Education, 2021). Justice Keehan, a High Court judge of the Family Division estimates that 27,000 of these could have been prevented if the right support had been given instead. (Curtis, 2022)

In the North East of England, these rises have been even higher. Austerity measures introduced by the UK Government over the last 12 years have had a greater impact in the most deprived areas of the country, including the North East, due to disproportionately higher cuts and the impact on spending power. Since 2009 there has been a 77% increase in the number of children being placed in care. (North East ADCS, 2021)

The damaging effects of child removal on both the child and the biological mother have already been well documented by social researchers. Known issues include increased risk of suicide attempts and completions among mothers who have had their children removed (Wall-Wieler, 2018). The impact on children is also far reaching; there is an increased risk of developing mental health issues among children (Trivedi, 2019) and increased risk of experiencing homelessness or prison later in life (MacAlister, 2022).

The emotional and psychological effects on both mother and child are widespread and enduring; in many cases, children taken into care go on to have their own children removed as adults. Like a stone thrown into a pond, the ripple effect of child removal can have long lasting effects for years to come leading to future removals which impact on families and society as a whole.

The issue of child removal is both a current and urgent social problem for all those involved. In 2016 it was described as a 'clear and imminent crisis' by Sir James Munby, President of the Family Division (Stephenson, 2016). In 2019, the UK Government made a manifesto commitment to review the children's social care system; the results of the independent review were published in May 2022 which laid out a five year 'reform plan' which aims to reset and rebuild the children's social care system with an emphasis on support for parents and child to prevent more children being taken into care unnecessarily (MacAlister, 2022).

Children are primarily removed from their parents when there is a perceived risk of harm, either due to abuse or neglect. Despite the rise in child removal, there has been no change in the number of children who die at the hands of parents each year. We are removing the wrong children and with such dire consequences for all involved we need to work to find solutions

## OUR AIM

The aim of this project was to listen to the mothers who have had their children removed from their care and provide an opportunity for them to share their stories. We rarely hear their individual stories; instead, they are spoken for or about as part of a nameless statistic. These women face stigma and shame due to the way they are negatively portrayed in the media. They are silenced and experience the most stigmatised forms of motherhood (Morriss, 2020). We wanted to give them a space free from that and the mothers involved agreed.

This research focuses solely on the mothers' narratives and, although we recognise that child removal will have wide reaching effects on the children involved, the fathers and the wider family, we maintain the view that this is a gendered issue with the mother being the primary focus of the family courts and social services. The mother is more likely to feel the consequences of child removal and endures the most stigmatised forms of parenthood and structurally and culturally the idea of the mothers as the primary care givers is embedded in the system and wider society (Bedston et al, 2019).

While Child removal will always be needed in some form, the current levels are unsustainable and require radical solutions. What we hope to achieve by highlighting individual stories is an understanding that child removal need not be the only option in certain cases and, instead, we need to explore ways in which the mother and the family, as a whole, can be better supported when faced with challenging circumstances in order to prevent breaking families up unnecessarily. We offer this research as a first step to identifying solutions to help prevent families from being separated from the lived experience of mothers.

# WHAT WE DID

We wanted to tell the life stories of women who have had their children removed by exploring their life experiences from childhood to the present day. For this reason, we chose to use qualitative methods of research including elements of grounded theory and narrative inquiry.

Qualitative methods were chosen as we wanted to gather rich empirical evidence of women's experiences of life leading up to when their children were removed. Qualitative research conducted this way results in data that is 'very detailed, information rich and extensive' (Moriarty, 2011).

Grounded theory looks for theories within the data rather than gathering data to confirm a believed hypothesis so is particularly ideal when researching sensitive or unknown subjects. There has been little research conducted which looks at women's life experiences prior to child removal so this allowed us to hear the stories without preconceived notions about what we were going to hear. Instead, emergent themes could be identified early in the research and the data then used to confirm this meaning the data gathering and analysis were conducted in tandem. (Bryman, 2004)

Narrative inquiry 'gives a voice' to participants and validates their experiences (Moriarty, 2011). It relies on trust and good relationships between the researcher and participants since sharing very personal details about your own life history can be difficult if the researcher is unknown to you. The process can be empowering as it gives the participants an opportunity to use their experiences to create impact. Despite the difficult subjects involved in the interviews, all ten women described their involvement in the research as a positive process.

Between September 2021 and January 2022, we conducted semi structured 'life history' interviews with ten women about their experiences of child removal. The women were recruited via purposive sampling based on the fact they had experienced child removal and lived in the North East of England. Purposive sampling methods work well in qualitative research as it allows the researcher to find participants who have the relevant knowledge and experience for the research aims. (Bryman, 2004)

The interviews took place in person or over Zoom and lasted between one and three hours each. Each woman was given the opportunity to speak freely about their life experiences which led to their children being removed. The researchers referred to a topic guide, which was co-produced with one of the mothers, to ensure the conversation flowed and all relevant aspects of their life stories was covered. All the women were then asked about what could have been done differently in their case to

prevent the removal of their children and how they felt the system could be improved.

## PARTICIPANT PROFILES

Most of the women we spoke to had faced significant challenges starting in their childhood including abuse, neglect and witnessing violence in the family home. Although issues linked to poverty featured heavily in many of the women's histories, we also heard from women who were raised in affluent areas and university educated. Despite the differences in background, upbringing and perceived social status, the mothers shared some common characteristics:

- Two of the women were in care themselves as children.
- Three women had been victims of sexual abuse.
- Eight women had experienced multiple child removals.
- Eight women were survivors of domestic violence.
- Ten women experienced problematic substance misuse.
- Ten women reported having experienced poor mental health prior to their children being removed.

This descriptive profile identifies with trends from other research in this area such as Broadhurst and Mason (2020).

## ETHICS

Participation in this project was entirely voluntary. All ten women were provided with information sheets detailing what participation would involve and what steps we had taken to ensure their safety. The process for giving consent and withdrawing if they changed their mind was explained to all participants. All interviews were audio recorded and transcribed by a third party who was known and trusted by the researchers. Once all the interviews were transcribed, the women were assigned random aliases and any identifying information in the transcripts was removed. All the anonymised transcripts were stored on Changing Lives' IT system along with a password protected file listing the women's real name and alias.

Talking about such a personal, emotional topic can be traumatic in itself and we were very conscious of the risk of retraumatisation which could result in the women hindering their journeys of recovery and healing. To ensure we only spoke to women who were ready to share their story, we drew up a readiness document to help participants decide if taking part in the research was right for them and to ensure they had access to suitable support following the interviews. Some of the participants chose to bring a friend or family member to the interview for moral support. We also included on the information sheet a list of support organisations which we felt may be helpful if they felt they needed it. Following each interview, the researchers checked

in after a couple of days to ensure the women had not been adversely affected by taking part and to offer further support as necessary.

As well as checking on the participants, the researchers also made sure to check in with each other following each interview. Secondary and vicarious trauma can affect people in similar ways to experiencing the actual trauma first-hand so we were careful to avoid any issues related to this. The research team had access to reflective practice sessions should the need arise and ensured self-care plans were in place in order to be able to process the stories they heard in a healthy way. Reflective practice was also offered to both the person who transcribed the interviews and the author of the narratives.

Where possible, written consent was given. Due to the ongoing COVID-19 situation, some of the interviews were conducted via Zoom; in these cases, verbal consent was given once the researchers were confident the participants understood what taking part in the project involved.

Each participant was given a £20 gift voucher as a thank you for their time.

## LIMITATIONS

Due to the small sample size, we did not collect any demographic information about the women as it would not have offered a fair representation of the wider population however it could have given us greater data for correlation studies. There is evidence to suggest that small sample sizes work better when managing this type of data and that theoretical saturation is reached with a much smaller sample size than with quantitative data especially when looking at a homogenous population (Boddy, 2016).

We are also aware that the experiences of these women may be unique to North East England since the majority of participants were resident in the Newcastle Gateshead area at the time of interview. In some cases, participants had previously lived elsewhere in the country so this was mitigated to some extent but it would be interesting to replicate this study in other parts of the country to see if similar results would be produced.

## METHOD OF ANALYSIS

For the analysis, we employed Braun & Clarke's method of Reflexive Thematic Analysis which allows the researcher to examine large quantities of qualitative data and identify the themes within. From conducting the interviews themselves, it quickly became apparent what some of the major themes were and this was confirmed when we conducted further analysis of the transcripts. We identified segments of data that appeared 'interesting, relevant or meaningful' (Braun & Clarke, 2021) and grouped these together into broad themes which were then further explored for overlaps and sub themes.

# WHAT WE HEARD

The stories we heard were both powerful and heart breaking. They told stories of women who had faced some of the most challenging and traumatic life events imaginable and yet each story is also full of hope and inspiration. We know from research that women who experience child removal are up to five times more likely to die by suicide (Wall-Wieler et al, 2018). Hearing the women's stories brought this into sharp focus and left us inspired by their ability to survive.

These women have worked incredibly hard on their own individual challenges and are now able to share their experiences in the hope that it will help other women who find themselves in similar circumstances.

For some women, this was the first time anyone had asked them about their life in this way.

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*"I've never told my story, like to anybody. Nobody asks you. Nobody's interested. I just hope to God for the future that services listen to people and give them some help. Like I don't know why they took him off us, I was doing everything right, it was all 'what ifs'. There was no need for it whatsoever. It was so unfair." - Zoe*

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Each woman's complete story is shared in a separate document which will also be available to view on REFORM's website. Many themes were identified within the research and this report focuses on two of them. Other themes will be explored in future publications.

## Theme 1: It is not your fault but it is your responsibility

Two mothers had experience of the care system in their childhood. Many reported physical, emotional and sexual abuse as children. In adulthood, eight of the ten women reported experiencing domestic abuse and/or sexual abuse. We define domestic abuse as an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer (Women's Aid, 2022). In the majority of cases, domestic abuse was inflicted by a partner or ex-partner.

These experiences had a direct influence on the circumstances which led to children being removed later in the women's stories. Complex trauma caused by 'chronic and multiple exposures to forms of interpersonal abuse' (Mason et al, 2020) associated with adverse childhood experiences (ACE) often leads to issues experienced in adult life. Women told us about their involvement in multiple poor relationships and a lack

of understanding of what a healthy relationship was which was based on their experiences early in life.

Women repeatedly told stories of enduring the most harrowing crimes and abuse from childhood to adulthood and only one mother could report being offered support to overcome these issues prior to child removal. Women advised that they did not know where to seek support from or what support they needed and that the pressure of managing these combined issues within the child removal process was so high that whatever maladapted coping strategies they had were simply ineffective for them to cope.

The women we heard from spoke about struggles with various mental health conditions, often stemming from childhood or adverse life events. Four women had experienced post-natal depression and had little support to help with this. Additionally, we heard from six women who had struggled with grief after losing a family member, two had lost a partner suddenly, two had experienced loss of a child and two had lost family members. In all these stories, grief was a contributing factor in the women's mental health and addiction issues.

They have been victimised by perpetrators, experienced traumatic life events, left unsupported by family or wider society. Once life became unmanageable, they had their children removed as a result of the collateral consequences of their life experiences.

## The evidence

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*"Obviously, I'd never seen a healthy relationship, didn't know what one was. So I met my son's dad at the age of 17, my oldest son. I was in a violent relationship with him for just over five years. Really violent, he put me in hospital. He tried to kill me. And then when my son was born, my son was two weeks old and I just upped and out. It was like, I cannot have this around my son. And I was off.*

*But I couldn't be on my own. I didn't know that, and I jumped into another relationship and I was with that person for 12 years, and I suffered some sexual abuse in that. But from the outside everything looked OK. It did, it looked OK, I was fully functioning, I was surrounded by women that were told to put up and shut up and get on." - Claire*

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Claire had all three of her children removed due to concerns around her problematic substance misuse, poor mental health and involvement in domestically abusive relationships. Post removal she attempted suicide seven times and described having a completely mental breakdown. In the years that followed the removal Claire finally found the support she needed and became abstinent from all issues which were present at time of removal. She has been in recovery from addiction for nearly three years now and has undergone intensive therapy to address the issues with her mental health and relationships. She has thrived. As of June 2022, Claire has had all her children returned to her care, four years after the initial removal.

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*"...then the ex come and put my car windows out, so that was reported, having my kids in the house and stuff, and I think it was the week after come and set fire to my car right outside my sitting room window. I done all the right things and I done what I could, the kids grabbed their coats and slippers and stood out in the back garden, rang fire brigade. And it was at that point after handing her back, the social worker says unfortunately, your house isn't safe for you or the kids, the kids are going to have to go and stay with their dads." - Kim*

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In Kim's case, the perpetrator, her ex, was not prosecuted by the police due to a lack of evidence against him yet there was enough suspicion of risk of harm to remove her children for the same incident. This application of double standards further victimises the women involved and potentially places them in a position of risk of further harm.

We also heard from women who suffered sexual abuse and violence as children from family members or strangers and women who had witnessed domestic violence in their familial homes as children.

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*"And then in my mam's care, I was sexually abused. I think my mam did know. I don't know, I just get this feeling, after he had done it she said, "what you doing in there?" But my mam says she doesn't know anything, and then she used to send us to his. So I kept that to myself from five." - Eve*

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Since the age of twelve, Eve told us how she had suffered multiple incidents of sexual abuse, at one point in her teens being trafficked by someone she had met on a dating site. The trauma of these experiences and losing her father at the age of fifteen had a massive impact on her mental health. She was placed in foster care and children's homes but kept running

away as she could not cope. To date she has not had any therapeutic support. She has experienced three repeat episodes of child removal and at time of interview voiced a desire to have another child.

Even where domestic violence or abuse was not specifically mentioned, we found evidence of difficult childhood experiences due to parental mental health or addiction issues.

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*"...both me and my sister have talked about it, having to walk on eggshells, because you didn't want to upset mum so you couldn't say certain things 'cause you didn't want to upset her or whatever. And my dad was the opposite. He was really emotionally void. So he didn't express emotions particularly. And he drank quite a bit. He was probably quite a heavy drinker, a bottle of wine a night, which I don't think was looked on as a problem, but I think he was a drinker, looking back." – Emma*

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All ten women we heard from experienced poor mental health and problematic substance use and these issues often worsened after their children were removed. These accounts mirror what we already know from previous research; existing vulnerabilities are heightened among women who experience multiple disadvantage, in particular, overlapping issues of poor mental health and problematic substance use. (Broadhurst & Mason, 2020).

Zoe shared a story of receiving outstanding support which enabled her to keep her children and maintain a happy life. After 3 years of this support, shortly after experiencing a bereavement, it was removed as it was decided that she no longer needed the support. Within 12 months, Zoe relapsed on drugs and alcohol and her mental health issues spiralled. Her children have since been permanently removed from her care.

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*"CBT therapy stopped the month after my sister died, so I had it for three years and it massively changed my life, massively. It was amazing. And then my sister died and I was due to be discharged from CBT. My psychiatrist and my CPN, I asked them not to and they still went ahead and done it, the month after she died, and I lost all support. All support." - Zoe*

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Eight of the women we spoke to had previously contemplated or attempted suicide.

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*"From social services removing my children I'd had about seven overdoses. One was on Mother's Day, 'cause I wasn't allowed to see my kids and I wasn't allowed to FaceTime them, I was having no contact so not only did I not see my children, my children have no one, no mother. My son, my middle one, I feel dead emotional talking about it, he used to have nightmares that I had died." - Claire*

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The feelings of guilt at not being able to cope as a mother on top of existing mental health conditions and substance misuse meant that women often reached crisis point before they were able to access support.

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*"I tried to get the support I needed. I kept trying to get attention by taking overdoses I knew wouldn't kill us. Just so I could go to hospital so someone would help us. I went in the hospital 14 times last summer. And then at the last visit I tried to hang myself with the cord off my dressing gown. I felt like my mind had gone. I heard one doctor saying she needs to be transferred to a psychiatric ward. I just remember crying and thinking thank you. I just wanted to be better, but I was too far gone to do it on my own. I had nothing left." - Samantha*

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Many women felt that early intervention support could have helped them before they reached crisis point and, in some cases, could have prevented their children being removed. Early support during childhood and early adulthood, where mental health conditions have been diagnosed, can reduce long term symptoms, reduce hospital admissions and require fewer intensive interventions which can be expensive and hard to access (Mental Health Foundation). Similarly, in cases of post-natal depression and grief, especially trauma leading to complicated grief, early intervention and treatment can prevent long term problems later on.

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*"I wasn't in a full relapse. I'd had a drink. If someone had noticed that and stepped in then to help me and worked with me to get me straight out of it so I wouldn't go into a full relapse." - Samantha*

*"We're not all terrible people. We're people with bad mental health. If I broke a leg they wouldn't say, well you can't walk, you can't have your children. They would find a way around it wouldn't they?" - Samantha*

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## Questions raised

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*"Even people who go to work and they work in these high important jobs, and they're alcoholics and they're allowed leave, and they get rehab, and they get their jobs back. But the one job you can't get back no matter how much you try, is being a mam." - Samantha*

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The mothers painted a picture of an unfair and unjust system with a sense that they were being judged for their deficits as a result of crimes and abuse against them.

1. Does becoming a mother mean you 'should' be over any complex trauma related conditions without support? Should mothers be infallible?
2. What responsibility do we have to support women as adults who were victims of abuse in childhood or crimes as adults?

## Theme 2: Relationships matter!

The women built a picture whereby workers were the gatekeepers to both support and consequences. They had poor skills in managing relationships at a time at where building effective and trusting relationships was of the utmost importance. The mothers described being required to operate within a professional environment for which they had no training or qualifications, and the consequence of poor performance was losing their children.

The women reported not understanding the complicated process of social service involvement and advocating against the removal of their children. Often mothers reported not wanting to admit they did not understand something out of fear of being judged as not intelligent enough. Without the skills needed to navigate the child removal system, women are prevented from accessing justice. Social workers perform their duties with knowledge, training, supervision and support by line managers to ensure they are upholding standards within the process. Our mothers did not have those advantages.

Mothers also reported negative interactions with a variety of services and said they felt they were judged as bad mothers. They were frightened to be honest about their histories or needs feeling that by doing so they would jeopardise the chances of having their children returned to their care. Mothers who were honest reported having their past used against them. We heard how stories were misrepresented on reports and how they felt professionals did not believe them when they tried to get help and support. This led to them feeling undermined and helpless with devastating effects on their mental health and wellbeing.

## The evidence

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*"I asked for advocacy, I asked them to provide me with somebody, a contact to help with advocacy, but they didn't do any of that, there isn't any in my area anyway, there's no support. There was no support offered. There wasn't support through the court process. There wasn't anything." – Emma*

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Often women felt left out of the process and were not given the chance to speak about what they felt would work and what could help them. They were silenced, they are spoken about or for rather than to or with. Decisions are made in their absence and without input from them.

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*"Nobody bothered telling me, they would have meetings without us, care team meetings I wouldn't be invited to. They suddenly decided that me seeing the kids was a bad thing, even though at the time I was sober. I asked my solicitor to go in and ask for them to keep at it once a week, because the children were happy with that. She said if I asked for that, they might just turn around and say, well you can only see them once a month. I thought, well what's the point in having a solicitor, I thought you're not sticking up for us at all here. You're supposed to be on my side and all you're doing is agreeing with them." – Samantha*

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This lack of support or involvement in the process left women feeling helpless and without a voice. Many women did not understand what was happening when they were told to sign paperwork and were left with no clear idea of what they needed to do to regain custody of their children. People working within the system represented the children's needs first and foremost, whereas the mothers were left without anyone to guide them through the process and advise them on what they needed to do or signpost them into support services to address additional needs.

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*"it's like you're a bad person ... I'm not saying that people who work there wanted to treat people like that in any way, that's not what I'm trying to say, but I think the social stigma against groups is so high ...it just seemed a bit insane." – Claire*

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There is a sense that the women are, themselves, culpable by engaging in risky behaviours, by 'choosing' to stay with a violent partner or becoming addicted to alcohol or drugs as a 'lifestyle choice'. They are blamed and rather than being offered support to break the damaging cycles of domestic violence and addiction, these women are villainised and judged for their behaviour.

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*"And everyone said, why did you drink after you lost your kids, what kind of a mother does that? And I was like, one that can't live without them, so she doesn't know what the fuck to do. And people kept saying, well if you can't live without them you'd stop drinking, nobody understood what I meant. They just thought I was a selfish cow." – Samantha*

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The shame and stigma experienced by mothers who have their children removed is dehumanising and leaves women feeling powerless against the system. They described feeling like a failure and feeling unable to reach out for support in case they were judged further. This often resulted in the women feeling they had to hide what was happening or lie to social services through fear of what would happen if they told the truth. Instead, they learn what is the right thing to say, the right way to behave, how to play the system which ultimately leads to delays in getting the right support for their needs.

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*"... they were saying I was presenting as erratic, I was lying. I didn't know how to be honest. I felt I was going to be judged on being honest. No one said it's OK, just tell the truth, we can work with that. It was just like there was no support" - Claire*

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Women also told us how their stories were misrepresented on reports and how they felt people didn't believe them when they tried to get help and support.

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*"There was loads of lies in all their reports. ... there was some truth in some things that were written in my reports, but the over exaggerations or the lies in it. It was, it was massive, when I look at my reports I'm like, what?" - Claire*

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We heard from two mothers who had repeatedly tried to access support services for their children who had additional needs but were dismissed by professionals due to

other factors present. Gina told us about the struggle she had had to get her son assessed for eight years but was told the behaviours were caused by trauma despite normal interventions not working. At the point where she finally managed to get him the support he needed, he was removed from her care and the support stopped.

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*"I eventually got him accepted into a pupil referral unit two weeks before the removal happened, so when I finally got the support that he needed, they took him from me and took him out of the pupil referral unit because they moved him out of area, and then they put him back into mainstream school." - Gina*

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Zoe told us how she had repeatedly tried to get her son assessed as he has additional needs from the age of four but was not taken seriously because of her drug use and mental health issues. It took an incident when her parents were looking after him to be taken seriously.

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*"And my mam and dad rang us up one night and they said, we're taking him to A&E, he's wild, there's something the matter with him, he's absolutely wild. And they went, we're so sorry that we didn't believe you, we're so sorry, we had no idea what you've been going through until he started doing it with us. And then everybody started listening because my mam and dad, and 'cause the support worker had said, suddenly flipped, I've been trying to get referrals, they just discharged us, said it was attachment issues and he would grow out of it, come back when he's eight, so I did but they still didn't do anything" - Zoe*

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The power that professionals have within this process cannot be underestimated. As such, the power imbalance is tilted against mothers. Women need professionals to believe in them and advocate for them if they are to access support services and have fair representation before the courts.

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*"Like the social worker said to my mum, 'well they're never going to stop using heroin'" - Emma*

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Post-child removal Emma found recovery from substance misuse and engaged in support for domestic violence. At time of this report Emma has overnight contact with her daughter most weeks and that relationship is thriving. Emma supports other

mothers who have experienced addiction and child removal, volunteering with REFORM, drug services and Newcastle FDAC (Family Drug and Alcohol Services) as a peer advocate. She did stop using heroin.

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*"I said 'can't you just take me to a women's refuge?', and she laughed at me and said, 'you don't need a women's refuge, you're doing this to yourself.'" - Gina*

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Post-child removal Gina found support and recovery and is free from substance misuse and domestic violence. Today Gina works within victim support helping other women who face domestic violence. One of her children was returned to her care however she is still fighting for two others to be returned home.

## Questions Raised

Although mothers have access to a solicitor, solicitors are not able to attend care team meetings, drug clinics, mental health services and/or wellbeing services to advocate on their behalf.

Frequently, women do not know where to turn for help when faced with extremely challenging circumstances and feel whatever decision they made would have resulted in them losing their children. They are stuck, faced with the difficult decision of either staying in an abusive relationship, to 'put up and shut up', or leaving and risking losing their children by finding themselves in a situation where a perpetrator would continue to cause problems which was then deemed a risky and dangerous situation.

If they have the support of someone they trust, the outcome is much more positive. Unfortunately, only a small minority of women we heard from had this.

1. Why are women who are unqualified and untrained expected to navigate and perform within a complicated and high pressure, high stakes environment without support?
2. How is trust and confidence built within a relationship where there is such a clear power imbalance and risk involved?

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*"Someone in my fellowship said, come in, we'll work with you with them, and that's when my relationship with social services turned around. When I had a professional stood there in my meetings, defending me, and telling me it's OK, you can tell the truth here. Wow. When I had someone who I trusted wholeheartedly, it was amazing." - Samantha*

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# NEXT STEPS

The ten women we spoke to came from a variety of backgrounds and have experienced incredibly traumatic challenges which left them without their children, without support and without the means to be able to get help and to navigate the child removal system effectively. Despite this, all the mothers we spoke to were all determined to never give up and had hope for a future with their children back in their care. These women remain strong in the face of adversity and their stories are inspirational.

Our hope is that by reading the individual life stories, we give these women the voice they never had and that readers find parts that resonate with their own personal stories with the realisation that these challenges could happen to any mother.

There is a growing body of evidence around the harmful effects of child removal and momentum is gathering. We need to act sooner rather than later to ensure that the system of child removal continues to ensure the safety of those children who need it but also supports the mothers and children who just need a bit of help. Removing a child from their mother can have long lasting effects on the child's mental health and wellbeing yet we continue to use this as a method of dealing with families struggling with multiple and complex needs. This needs to change if we are to prevent the never-ending cycle of families experiencing this.

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*"I think it's just remembering, that one of us could be your daughter, that this happens to anybody, if they could just see we're somebody's child, and I think if you look at somebody and think, I could be their mam" - Rachel*

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# Still a mam



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