Scottish Government
Riaghaltas na h-Alba

Final Report: Supporting Roots

February 2023

afka
Association for
Fostering, Kinship
& Adoption Scotland

A Report Commissioned by
the Scottish Government

Table of Contents

Authors: Ariane Critchley, Maggie Grant, Mark Hardy and Jessica Cleary

Introduction to the Report

This report comprises three separate parts, each of which can be understood and read in its own right:

- Part 1: Short evidence review on support for birth parents
- Part 2: The experiences and views of birth parents
- Part 3: Services and support in Scotland for birth parents

Together, these three parts of the report provide a broad picture of the needs of birth parents who have lost a child or children to ‘care’, and of the support and services that are currently available in Scotland. Work on this project was originally commissioned by the Scottish Government, in recognition of the distinct needs of birth parents who are living apart from their children, as a result of child welfare interventions. Members of the Scottish Parliament and Scottish Government colleagues recognised that although there was a substantial evidence base developing around the needs and views of birth parents and family members, service development in Scotland in response to these needs has been limited. Therefore, this project was designed to support best practice and service innovation nationally.

Discussion about the Supporting Roots work began in 2019, immediately prior to the global Covid-19 pandemic. The pandemic both delayed and limited the scope of the project in important ways. However, over time and as restrictions to movement have allowed, the three parts of the report have gradually been completed. As authors, we hope that the report will be helpful to practitioners and policymakers who are working in this field. We also hope that the report provides some representation of the views of parents who are impacted by family separation as a result of child welfare proceedings. The authors are immensely grateful to all those people who have lived experience, and all those practitioners in Scotland who have been a part of the work that led to this report. We are also grateful to Scottish Government colleagues who have kept this agenda alive throughout many challenges, and for the continued interest that Scottish ministers have in improving the experiences of families across Scotland. There is a strong appetite for the development of practice in this area among all stakeholders, and we hope that this report acts as one stepping-stone in the path to change.

In terms of language, there is no terminology that can fully capture the experience that families have when children are removed as a result of child protection concerns or child welfare issues, and a plan for permanent care of children outside of the immediate family is made. In this report we have generally used the terminology ‘birth parents’ and ‘birth family members’ but as authors we do acknowledge that some people with this lived experience prefer alternative terms, including ‘first family’ or simply parents. The choice of terms in this report reflects the most commonly agreed terminology in the field and we hope avoids confusion.

Generally, in this report, the focus is on families where children have been ‘permanently’ removed from the care of their immediate birth family, although they may be living in a kinship care arrangement with relatives. In Scotland, four routes to permanence are currently recognised and supported by legislation: remaining or returning to the care of parents, a permanence order, a kinship care order, or an adoption order. Children and young people who are growing up in permanent alternative care arrangements may be doing so in settings that include foster care, a residential care facility, kinship care, or within an adoptive family. There is likely to be some ongoing contact with birth parents and siblings written into any legal order in place for children growing up in these settings, ranging from annual ‘letterbox’ contact to regular, in-person contact. Any permanent arrangement that separates a child from their birth parents has significant impacts on birth family members, and for birth parents represents a removal of all or part of their parental rights and responsibilities for the child. This report is offered from the perspective that such an intervention into family life is very significant indeed, and that all families who are affected in this way require and deserve timely support.

For the most part, the focus of the Supporting Roots project and report is the needs of birth parents. However, it is important to acknowledge the impact of family separation on wider family. In Scotland, the importance of children having ongoing relationships with their siblings, where assessed as appropriate and regardless of any permanent change to their care and home lives, has been increasingly well recognised in policy. Since July 2021, The significance of sibling relationships for care and permanence planning has long been embedded in domestic legislation, but changes made in 2021 re-emphasised this. The relationships of children to their siblings are considered within this report, however they are not the main focus. Further, the authors recognise that when a child is removed from their family of origin there can be significant impacts on grandparents, wider relatives, and friends. While some children may remain in their home communities, perhaps with kinship carers or local foster carers, other children may be placed far more remotely from their communities of origin. This can have significant impacts not only on children and young people themselves, but on the relatives, friends, and communities who have claimed them, and where children may have a strong sense of belonging and shared culture. The Supporting Roots project and the report that follows are informed by the principle that all children and young people growing up in Scotland have a right to safe, loving care and to a sense of belonging throughout their childhoods and beyond. When achieving that aim involves permanent family separation, the consequences for all involved are significant, and it is highly likely that support will be required. The primary aim of this project is to add to the existing evidence base that describes what meaningful support looks like in these circumstances, with a particular focus on the needs and views of birth parents in Scotland.

The first part of the report is a short evidence review of the literature on support for birth parents. Some key principles for practice are suggested, based on the existing evidence base. In recent years, a large volume of research has been published that seeks to describe and explore the needs of birth parents, particularly birth mothers. Part one of this report aims to distil some of the key messages from recent international research in the field, including evaluatory research that has sought to support the development of best practice in support for birth parents. The review is presented thematically and is based on a literature search which included research published in English from January 2012 and February 2021.

The second part of the report presents findings from a small-scale, in-depth, qualitative study. The aim of this study was to better understand birth families’ experiences in the Scottish legal and policy context. The research team put out an open call for birth family members from across Scotland to contribute to the research and fieldwork was completed between January and March 2022. Ten birth mothers came forward to take part in the research, and some were supported in doing so by practitioners working in relevant services, mainly in advocacy and support roles. The research used semi-structured, qualitative interviews in order to explore how the participants had experienced child welfare systems and practice in Scotland, including legal decision-making forums, since this was a gap in existing knowledge. We also sought to understand what support, if any, research participants had accessed in relation to their experiences, whatever the source. The findings of this research are presented in part 2 of the report, and although care must be taken in generalising from the small sample, some key messages for practice are offered on this basis of this study.

The third and final part of the report provides information on current practice and services that are designed to respond to the needs of birth family members across Scotland. In part 3 of the report, we identify key services that provide different models of specialist support. Our intention is to highlight examples of good practice, as well as possible networking and knowledge exchange opportunities between practitioners and services in Scotland. This part of the report also presents data from 12 professionals, who shared their perspective on what good support looks like, some ways in which this can be achieved, and what the barriers and facilitators are to providing timely, effective, and compassionate support to birth parents.

The overall aim of this report is to support practitioners, policy makers, and all relevant professionals to understand the needs of birth parents more fully and consider how their agency or setting can respond, based on available evidence. While the project has been targeted specifically to the Scottish context, the applicability of the key messages of the report goes beyond Scotland. We hope that the report may be of interest to colleagues in other national and international settings, who are working to improve the experiences of birth family members impacted by family separation. We hope that the report provokes dialogue, increases the visibility of the needs of birth parents, and supports ongoing work to provide more timely, far reaching, and comprehensive support to birth family members across Scotland.

Acknowledgements – The authors would like to thank all the participants in this report, particularly the birth mothers who took part in research interviews with Ariane and Mark and who shared their views and experiences with us. Your strength is remarkable, and we hope that some of you might choose to continue to support practice development in Scotland going forwards.

Thank you to all of the practitioners and managers who contributed to part 3 of the report, but who also supported part 2, by putting the research team in contact with birth parents and supporting the research interviews as well as providing information on services in your areas of Scotland. We are particularly grateful to the practitioners and managers who attended the practice group which supported this research and shared their experience, insights, and determination to improve practice in Scotland.

Thanks are due to Edinburgh Napier University, where Ariane was based at the outset of this project, and particularly to Sheena Moffat, now retired Subject Librarian in the School of Health and Social Care, for her contribution to the literature review. Thank you to the University of Stirling, who have allowed Ariane to complete work on this project since joining the Social Work division at the university and have been fully supportive of the project. Our colleagues at AFKA Scotland have provided a great deal of help and support over time, and thanks are due particularly to Robin Duncan and Angie Gillies who oversaw this work. Finally, we would like to thank the Scottish Government for the opportunity to undertake this project, with leadership and facilitation from Felicity Sung, Lorraine Harris and Sophie Rogers.

Part 1: Short Evidence Review on Support for Birth Parents

Ariane Critchley

Three Key Principles for Practice

1. The Case for Support
   Research has demonstrated that for birth parents, losing a child or children through child welfare processes has significant impact in both the short and the long term. In terms of physical and mental health, and in terms of social deprivation and stigma, the effects can be long-lasting. Studies have shown that complicated grief and loss are common experiences, and birth parents must renegotiate their identities in complex ways. The consequences if these needs go unmet can be extreme, with links to mental health difficulties for mothers, physical and mental health difficulties for mothers and fathers, and to suicide attempts and completions for mothers demonstrated by research. In recent decades, the numbers of families affected by separation from a child or children has increased in the UK, due to an increased child protection response to difficulties in families. This is particularly so for infants and very young children. Therefore, there is an increased need for effective support that addresses the needs of affected families, in addition to work that seeks to support family preservation.

2. Birth Fathers, Birth Mothers and Birth Families
   Whilst much research and writing has been dedicated to the experiences and needs of birth mothers in recent years, services that target only birth mothers will address only part of the issue. Studies have shown the extent to which many ‘recurrent’ proceedings in England involved couples or families. Birth fathers are deeply affected by the loss of a child and children to ‘care’ and are also likely to have further children, yet their needs have often been overlooked. A need for services which address the experiences and issues for fathers is clearly indicated by research evidence, and services which acknowledge and work sensitively with the gendered nature of societal expectations of men and women as parents are required.

3. Indications for Best Practice
   Research evidence points to a need for services that are multi-disciplinary, one-stop, collaborative, and co-located in order to address the complex needs of birth parents. All services and practitioners working with birth parents will need to engage with questions of reproductive justice in ensuring access to supportive reproductive healthcare and contraceptive services. The ethical questions around requiring long-lasting reversible contraceptive use as a condition of support must be considered in practice and a view taken by service managers and staff about what is most helpful and defensible in their setting. Practitioners are challenged in many ways by working to meet the needs of birth parents and family members and require regular supervision and good collaborative working arrangements that support their work. Birth parents participating in and contributing to research have made it clear that a non-judgemental approach that recognises their status as parents is required from practitioners. The significant barriers to trust that are created by the experience of losing a child to ‘care’ must be acknowledged, and perseverance, person-centred support, and a therapeutic approach are key

ingredients of effective support. Evaluations of targeted services across the UK have shown that support is valued and can be well utilised by birth family members when made available locally.

Introduction

This Scottish Government commissioned evidence review is intended for use by practitioners, managers, and service providers who are developing the support available to birth parents in their area or agency. The review aims to offer a broad overview of research findings. It provides a guide for what to consider, and where you might find out more, in order to offer a service or set of supports that meet the needs of birth parents. The evidence is presented thematically, to help with navigation. However, these themes are interlinked and thinking about how the needs of birth parents may be met holistically is important. This review was provided as the first stage of reporting from a Scottish Government funded project designed to better understand the services available for birth families across Scotland who have been separated from a child or children through child welfare processes. Further reporting which links the literature reviewed here to the views of birth parents (part 2) and examples of the services that have been developed in Scotland followed (part 3), along with recommendations for practice and policy.

Methods

A systematic approach was taken to searching the literature; however, this is not a systematic literature review, and no claim is made towards providing a full and accurate review of the evidence. Rather, this necessarily partial and selective picture is focused on the major pieces of research published in English, that have been completed in this field between January 2012 and February 2021, with some more recent papers added to the final sample, due to relevance. The initial brief for the review was focused on birth mothers and ‘recurrence’ or ‘repeat removals’ and this is reflected in the search terms selected. This review of the literature is based on a literature search completed on 19th February 2021. The following Medline (EBSCO) search strategy was adopted:

1	((MH "Mothers") or mother* or (mother* N5 birth or vulnerable* or marginal*))	497,347
2	"recurrent care" or "repeat removal" or "return to court" or (infant N3 removal) or (baby N3 removal) or (newborn N3 removal) or "born into care" or "assumption of care"	235
3	(MH "Pregnancy") or (MH "Prenatal Care") or pregnant* or antenatal or "pre birth" or pre-birth	1,016,390
4	S1 AND S2	38
5	S2 AND S3	45

The aim was to include all papers which related to the experience of early removal, particularly for mothers. The search included all study designs, reported in English.

The sources included the following databases and search functions in order to identify grey literature in addition to peer-reviewed academic articles:
Medline, CINAHL, PsycInfo, ASSIA, Sociological Abstracts, Social Science Abstracts, Google Scholar, Google, LibrarySearch (Edinburgh Napier).

After applying the inclusion criteria and filtering for relevance, 141 papers were identified. As suggested above, only articles published from 2012 onwards were included in the final results. This start date was chosen as it marked a major shift in the literature, beginning with Cox's (2012) 'call for action' around the significant issue of 'recurrent care proceedings' or 'the repeat removals problem', and continuing with Broadhurst and Mason's initial work in this area (Mason and Broadhurst, 2012). There has been a large amount published about the needs of birth family members in the UK and more widely since then, particularly around birth mothers. These papers effectively define the problem, and as practitioners and managers, the issues described are likely to be familiar to you. Commissioned evaluations of targeted services have added to the evidence base by providing findings, particularly on what birth mothers find helpful in terms of support. Disagreement exists about some important details, such as whether a pregnancy free period is essential for birth mothers to undertake therapeutic work around losing the care of a child, and over the best timing of support. However, there is a large amount of consensus about the kinds of approaches that can meet the needs of birth parents who are living without a child or children and about what good reparative support looks like.

Of the 141 papers, 13 papers were removed from the sample as these were not sufficiently relevant to the topic. A further 8 relevant papers were added to the final sample; these were published in 2021, while work was ongoing on this project. A thematic analysis of the content of the 136 papers included in the final sample was undertaken, which arrived at the themes presented below. As already stated, this cannot capture the full detail of the findings of the studies, or of the lives of the birth parents who contributed to the research studies. Many of the papers are freely available open access, or can be requested from their authors, providing avenues for following up on areas of specific interest for your setting. A very helpful book has also been published on the topic, edited by Alder (2019), and entitled *Supporting birth parents whose children have been adopted* which provides suggestions for practice which are broadly applicable.

Limitations

As indicated above, the initial search strategy for this review was targeted towards the issue of 'recurrence' and early separation of children from their birth family. This has also been a major motivation around the research and practice literature over the past two decades. Clearly, birth families include fathers, and many other relatives, but their experiences and needs are not as thoroughly covered in the literature, or in this review. Further, although there has been policy, practice, and public concern around increasing numbers of infant removals in recent decades, this experience will not be common to all birth families. Therefore, caution is needed in terms of the results of this review. In practice, approaches which seek to understand and respond to individual circumstances, histories and support needs are indicated. Papers and research focused on assessing risk to infants during pregnancy and on the pathways of babies and young children in out of home contexts have also been largely excluded from this review. This is in order to focus on the experiences, needs and views of birth parents.

Findings

1. ‘Calls to Action’ and Defining the Problem
   Since Cox’s (2012) call to action around the ‘marginalised mothers’ coming to the attention of Family Courts in England, a number of papers have sought to define the issues for practice. Broadhurst and Mason wrote about ‘maternal outcasts’ (2013); women who have had multiple children removed through care proceedings and whose needs for reparative and therapeutic support have gone unmet. Broadhurst and Mason went on to call for a family justice response to the ‘collateral consequences’ (2017) of care proceedings that are designed to protect individual children but have long-ranging consequences for families, including welfare disqualifications and legal stigmatisation for birth mothers. These consequences leave women in an extremely vulnerable position post-removal, often with very limited support. Healy (2020) advocates a critical policy agenda that better recognises the circumstances of ‘vulnerable’ birth families, drawing on Boudieu’s concept of ‘misrecognition’. Many birth parents who are encountered by services may have had their children removed within this context of increased numbers of removals through difficult legal processes. The experiences of birth families of the somewhat different legal processes in Scotland are less well understood, and this ongoing project aims to provide data on this experience. Some families met in practice may have lost a child or children through care proceedings that are longer ago, and the intergenerational harms that characterise birth mothers’ lives have been emphasised by Richardson and Brammer (2020). Their qualitative interviews with nine mothers in England highlight the challenges that the women had endured since their own early childhoods, which contributed to their loss of their own children through care proceedings. These findings echo those of Mason et al. (2020), who emphasise the very difficult social histories of the 72 women who participated in qualitative interviews in relation to their experiences of recurrent care proceedings in England. Many of the women had suffered from significant adversities and poor care within their own childhoods, with ongoing impact on their capacity to trust and work with professionals.

2. Targeted Reproductive Healthcare
   In working with birth parents who have had a child or children removed, the issue of access to contraceptive advice and healthcare is relevant. Broadhurst et al. (2015), questioned whether the enhancement of reproductive healthcare for women to avoid ‘recurrence’ was justified. There has been much debate since then about the use of long-acting reversible contraceptives (LARC) as a condition of receiving support for birth mothers. This is a condition of the intensive, time-limited Pause services commissioned by a number of local authorities, which have been very positively evaluated (Boddy and Wheeler, 2020; Bowyer et al., 2020; McCracken et al., 2017). However, there are ethical questions around whether this conditional approach enhances or works against reproductive justice for women. Particularly as the women are likely to have very limited support routes following the loss of a child to care. Other services for birth mothers have offered support with access to reproductive healthcare but have not made the support offered conditional on LARC uptake (Cox et al., 2015; Welch et al., 2015). Cox et al. (2017) provide some helpful comment on how advice and support with contraception may be sufficient in addressing recurrence, without making support conditional for women. It is not possible for this review to do more than highlight this key ethical

question. For practitioners, managers, and commissioners, it is important to engage with this and to make informed decisions about how access to reproductive healthcare will be supported for women, for men, and for couples, who are motivated to avoid the experience of further removal of children from their care. Service providers and practitioners may wish to carefully consider the evidence in deciding on the best approach.

3. The Scale and Nature of the Problem: 'Born into Care'
An extensive body of research has demonstrated increases in the numbers of infant removals in England (Broadhurst et al., 2018; Pearson et al., 2020), Wales (Alrouh et al., 2019; 2020), and Scotland (Raab et al., 2020), in the context of a distinct orientation towards child protection as a response to difficulties in families across the UK nations reported in the decade between 2004/5 and 2013/14 (Bunting et al., 2018). Bilson and Bywaters (2020) have argued that this points to a 'failed state' within which family preservation is not supported. In Canada, Wall-Wieler et al. (2018) have modelled predictors of mothers having a first child removed at birth, and report that the strongest associations are with the mother having herself been in 'care', substance abuse, schizophrenia, developmental disability, and a lack of any prenatal care in the pregnancy. In the UK, the health vulnerabilities of mothers (Griffiths et al., 2020) and birth parents (Johnson et al., 2021) whose infants have been subject to care proceedings have been highlighted. As the authors of these studies suggest, these are factors which can be mitigated by community services, healthcare, and support for families. However, this arguably does indicate the extent to which the problem of increased removals points to wider structural issues, and particularly the gaps in community-based supports that might provide early help and refer parents on for more targeted treatment. For practitioners and managers, a need for collaboration with healthcare partners, including substance abuse treatment and support facilities, and mental health services in the local area, as well as specialist perinatal mental health services (Lever Taylor et al., 2019) is strongly indicated by the well-established evidence base on the complex needs of birth parents.

4. Substance Abuse
Substance abuse can be a key factor in children being removed from their families of origin (Boyd, 2019; Canfield et al., 2017; McElhinney et al., 2019), although there appears to be some variation in how maternal substance abuse informs professional assessments of infant safety (Rebbe et al., 2019; Tsantefski et al., 2014). It has been suggested that combining substance abuse treatment with good support in the perinatal period could allow more babies to remain in the care of their birth mothers (Grant et al., 2014; O'Connor et al., 2020). As Harwin et al. (2016) report, ongoing support around issues of mental health and domestic abuse is often necessary. A non-judgemental approach has been described as crucial by women seeking support and treatment in the perinatal period (Harvey et al., 2015). Shaw et al. (2014), reporting on the Family Drug and Alcohol Court in England, also emphasise the importance of the working relationship between professionals and families. As Taplin and Mattick (2015) suggest, motherhood can be a motivating factor in terms of treatment for substance abuse, with women seeking to retain care of their children, or to protect them from the harm of living with substance abuse. However, working with a multitude of services can be challenging for women (McGrory et al., 2020) and a collaborative professional

approach that addresses the complex needs of women using substances that may be harmful to them and their unborn baby in pregnancy is recommended. Rutman et al. (2020) offer a multi-methods evaluation of a community-based programme which has been successful in offering a 'one-stop' site that aims to meet the complex needs of women and their babies both before and after the birth, where substance abuse is a significant risk factor. This programme was offered in multiple sites in Canada and appears to have had positive impact through a co-located multi-disciplinary model.

Post-removal, substance abuse may begin or worsen as a means of coping with the pain of living apart from a child. Honey et al. (2019) found that mothers used drugs or alcohol to numb their pain. Although providing temporary relief, the women interviewed acknowledged that their strategy was 'inconsistent with mother's long-term well-being and goals' (2019: 173). Therefore, whether working in a reparative way with birth mothers following the loss of a child through care proceedings and/ or seeking to provide a preventative service, collaborative working with healthcare colleagues to secure treatment and support for substance abuse problems can be essential.

5. Young Mothers and 'Care Leavers'

Hajski's (2020) doctoral work on young mothers in the United States context highlighted the increased risk of separation from their infants through child welfare involvement. This risk appears even greater for looked after young people and care leavers who have a baby (Roberts, 2017). Based on qualitative interviews with eight young parents in Wales, discussing 31 pregnancies, Roberts reports that 75% of the sample of care-experienced parents 'had experienced the permanent removal of at least one child' (2017: 1280). Participants in Roberts' study discussed intense feelings of failure having wanted to be good parents to their own children. Based on their research with 15 care experienced young women in a mother and baby setting in the Netherlands, Van Vugt and Versteegh (2020) show how the ambiguous loss of their own parents affected their participants' transition to becoming mothers themselves. The authors suggest that rather than superficially teaching 'parenting', young people require more psychodynamic support during this significant time in their lives that acknowledges the ambiguous loss they have suffered of their own birth families. Sensitivity to the needs of young people who have been or remain in the care of the local authority and are having their own children is therefore important. Both in terms of addressing their specific needs in this transition and in order to decrease the risk of separation from their infant in the near or more distant future. Within the Scottish policy context, the 'corporate parenting' responsibilities of local authorities and communities require that tailored support be provided for young people (The Promise, 2020), with young care experienced parents having recognised needs for enhanced support.

6. Fathers

Until recently, the published literature on 'recurrence' and infant removals was largely focused on birth mothers, despite the distinctive needs of birth fathers having long been recognised (Clapton, 2003; Clapton and Hoggan, 2012). This gap has begun to be addressed in recent years. Work on linked data sets, which is connected to the Born into Care programme of work, has shown the nuance around ‘recurrent’ families in the UK (Bedston et al., 2019), with a majority of fathers who experience repeat care proceedings in England doing so as part of a ‘recurrent family or couple’. This suggests that for many families, initiatives that seek to address the needs of birth mothers are only addressing part of the issues that lead to further child welfare involvement, with the needs of men in danger of being overlooked and side-lined (Philip et al., 2018).

Fathers are less likely to be represented through professional advocacy in pre-proceedings in England (Holt et al., 2013) or to be fully involved in these processes (Masson and Dickens, 2015). Writing in the Scottish legal context, Critchley (2021) found that in pre-birth child protection assessment, men were not always involved in key processes and fathers’ own vulnerabilities were poorly acknowledged by practitioners. These findings are supported by Philip et al.’s (2020; 2021) larger scale research with fathers in England. Leading the authors to call for far greater support for birth fathers, not to the diminishment of services for mothers, but alongside and in addition to these. Philip et al. describe their recommendations for practice as follows.

We suggest that there can be a more gender-sensitive approach to understanding and responding to recurrence, and indeed to working with fathers more generally. Our position, and central to such an approach, is a commitment to gender equity in relation to parenting roles and responsibilities. Supporting fathers and mothers cannot be seen as a zero-sum game, where service development for one necessarily diminishes or sits in opposition with the other. In relation to recurrence, we are arguing for the development of services that hold men equally accountable for the safe care of children and avoid positioning women as disproportionately responsible for children’s welfare. Such services are urgently needed and require sustainable resourcing, not least in terms of time (Philip et al. 2020: 13).

Therefore, the needs and strategies of couples (Critchley, 2019), fathers, and families (Philip et al., 2020; 2021) who may face and experience the removal of one or multiple children need to be better recognised and addressed. This work should build on and learn from the support that has been offered to birth mothers, but also consider the distinctive needs of men as fathers, and the gendered nature of societal expectations of fathers and mothers.

7. Listening to Birth Mothers and Birth Fathers

As Bengtsson and Karmsteen (2020) demonstrate in their paper on parental co-operation in foster care in Denmark, both fathers and mothers ‘seek recognition of their parenthood especially their love for their children’ (2020: abstract) from professionals. Services and practitioners seeking to engage with birth parents must therefore recognise birth mothers (Boddy and Wheeler, 2020; Morgan et al., 2019) and fathers as parents, regardless of their legal relationship to their children. Honey et al. (2018) describe how post-removal mothering is experienced by mothers as deeply constrained. Their interviews with eight mothers post-removal provide a picture of how unnatural it can feel for the women to have the limits of their maternal role dictated to them by professionals. Memarnia’s (2014) work also engages with the renegotiation of identity that mothers must undertake when separated from their children through child welfare intervention. Based on Memarnia’s (2014) in-depth interviews with seven birth mothers, Memarnia et al. (2015) describe the complexities around how women define themselves over time when permanently separated from their children, and how ‘letterbox contact’ affects this process. They suggest that for some women, there is a felt responsibility to improve themselves, or to find a new identity.

There is substantial research evidence of the long-lasting harm, pain and grief endured by birth mothers separated from their children. Morriss (2018) describes how women are left unable to resolve their grief, since their children are alive and well, but out of reach. As Morriss also highlights, women are often materially harmed by the removal of their children, their welfare benefits and eligibility for social housing dramatically reduced at a time of extreme emotional distress. Through her qualitative interviews with 17 birth mothers, based on artefacts related to their motherhood and children, Geddes (2021) also found that women were suffering from deep ambiguous loss around the adoption of their children out of their care. Mothers were often left with anger at professionals about what had happened. Lewis and Brady (2018) report negative, but also some potentially positive impacts of child welfare and protection in the lives of the 12 birth mothers and two birth fathers interviewed by Lewis. Some of the birth parents interviewed had been supported to access services that they needed through social work involvement with their children, with therapeutic input being highly valued. This perspective is supported by Morgan et al. (2019) who discuss the positive benefits of person-centred counselling support to birth mothers. The authors, including Stevens who is a birth mother and activist, conclude that,

> The findings of this study invite the provision of services for this client group that address the social and systemic nature of child removal, privilege the relational nature of recovery, empower birth mothers and create safe spaces for the processing of the emotional pain inherent in having your child taken away (Morgan et al., 2019: 151).

Honey et al. (2019) also found that birth mothers highly valued non-judgemental support that could address some of the mental health sequelae of living apart from their children. Mason et al. (2019) emphasise the role that midwives could play in meeting both the emotional and physical needs of mothers separated from their children in the immediate post-partum period, suggesting that continuity of midwifery care, and a compassionate approach, could be of significant benefit to women recovering from childbirth without full care of their infant. As Bell et al. (2016) suggest, based on their qualitative interviews with ten women in London, women often feel abandoned and alone after their children have been removed. A common theme in the literature. The impacts of this isolation, stigma and grief on mental and physical health can be overwhelming for mothers. In the Canadian context, Wall-Wieler et al. (2018b) have demonstrated an association between child removal and subsequent maternal suicide attempts and deaths by suicide. In summary, the mental health needs of birth mothers are very well recognised, evidenced consistently by research, and non-judgemental support to address these has been found to be helpful to women. Yet support services continue to be patchy and underfunded across not only the UK nations, but across European jurisdictions (Luhamaa et al., 2021).

Evaluations of targeted services in England (Bellew and Peeran, 2017) and Scotland (Welch et al., 2015) offering post-adoption reparative work with birth mothers have been generally positive. The Breaking the Cycle programme evaluated by Coram (Bellew and Peeran, 2017) was designed to run for two years and take a staged approach with women, building skills and confidence. Broader remit services designed to prevent recurrence in Suffolk, Positive Choices and M Power, were also positively evaluated by a team at the University of Essex (Cox et al., 2017) who emphasised the importance of genuine and empowering relationships between practitioners and women accessing these open-ended services.

Bowyer et al.'s (2020) evaluation of Pause in England also emphasised the need for long-term relationship-based practice in order to achieve change. The safety and stickability of the relationship with practitioners is a common theme. These evaluations provide a picture of holistic and flexible support, which can respond both to immediate crises in women's lives and to their longer-term needs and vulnerabilities. Trust in practitioners is a factor that women emphasise when interviewed, and this trust being a significant precursor to working through past adversities and pain in their lives (Cox et al., 2020).

A fiscal argument is also present in evaluations of targeted interventions designed to prevent recurrence and infant removal (Bowyer et al., 2020, Cox et al., 2015; McCracken et al., 2017). In particular, cost benefit analysis has been used to consider the savings that the Pause programme can provide in terms of avoiding future infant removals. McCracken et al. suggest that the costs of delivering Pause to the cohort of 125 women over the seven pilot sites that their evaluation covered (2017: 6) were 'likely to be offset by savings to local authorities within two to three years' (2017: 58). There is clearly an ethical imperative for intervening to prevent 'recurrent care proceedings', and the distress of this experience for families. However, an economic imperative is also described in the literature, based on the argument that investment is required to prevent the need for costly services at a later date. A compelling argument can be made in terms of the complex and intersecting needs of birth parents, which span a wide range of services, and which are at high risk of going unmet, without targeted interventions.

8. Practitioner Perspectives

It will be clear that the needs of birth family members who are separated from a child or children through child welfare processes are complex. The pain of losing care of a child in this way is known to be long-lasting. Families affected are likely to have endured a range of adversities, which have led to the involvement of child protection services in their lives. Removal of a child or children has further identifiable 'collateral consequences' (Broadhurst and Mason, 2017) for birth mothers, including welfare and housing issues. The loss, stigma, and grief for birth parents and for wider family can be intense. Therefore, as suggested in relation to birth parents' views, collaborative multi-disciplinary practice approaches are indicated to begin to address the needs of birth family members. A number of studies have considered the views of practitioners engaged in this work and these are considered here. In addition to literature focusing on social work and legal aspects of this work, within health, several articles have been published on practice responses. In New South Wales (NSW), Australia, the impact of working in the area of infant removal and with birth mothers has been particularly well recognised and researched. Everitt et al. (2017) interviewed ten midwives with experience of 91 episodes of ‘assumption of care’ or infant removal. The authors describe the tensions for midwives in remaining woman-centred in their practice whilst also working collaboratively with child protection services in respect of infant safety and well-being. Also in NSW, Marsh et al. (2015) have also described the challenge to ethics and practice that assumption of care at birth represents for midwives.

Marsh et al.’s (2019) interviews with a range of relevant professionals and with women themselves provide evidence of the difficulties of infant removal for all involved. Marsh et al. (2019) recommend ways that legal, health and social work responses could better support the needs of infants and mothers, including the following suggestions:

> 1. Instead of the statutory process currently in place for maternity care a collaborative therapeutic justice process linked to a partnership built on strong interdisciplinary relationships.
> 2. Each woman who is at risk of her baby’s care being assumed by the state be automatically part of a continuity of care midwifery model where she is assigned her ‘own’ midwife (with the backup of a strong team) for the duration of the woman’s pregnancy, labour and birth and time following.
>
> (Marsh et al., 2019: e10).

The need for social workers, community practitioners and health colleagues to work together with parents, families and communities has also been emphasised by Keddell et al. (2021a; 2021b) in their work on preventing baby removal in Aotearoa, New Zealand. Writing in the UK context, Hannah and Condon (2020) provide suggestions for practice for health visitors working with families at risk of ‘recurrence’. Whilst the needs of young, first-time parents have been prioritised by some successful initiatives, Macdonald et al. (2018) provide evidence from Northern Ireland that targeted support for older, non- first-time mothers and their babies can be effective when there is a risk of adverse outcomes. Finally, Enlander et al. (2021) have recently highlighted the role and ethical dilemmas for psychologists and psychiatrists. The authors call for wider societal changes that tackles problems of deprivation for families. Therefore, research with and comment on the role of practitioners has pointed to more collaborative, joined up, and preventative services. This perspective is supported by the extensive research of Broadhurst and colleagues at Lancaster into the lives of birth mothers (Broadhurst et al., 2017), and the more recent and related work with birth fathers (Philip et al., 2020). In order to address the needs of birth family members, practice responses that go beyond the scope of any one profession are required. The demands that the workplaces on professionals should also be acknowledged, and appropriate support and supervision provided for practitioners.

Conclusion

In summary, this review of the available evidence clearly indicates long-lasting and significant impacts for birth parents around the loss of a child or children through child welfare processes. There are risks to the physical and mental health of birth mothers in the immediate and longer term. Parents experience shame, stigma, grief, loss, and material hardship over time. There are compelling arguments for providing better processes, services, and supports for birth family members than currently exist in Scotland. Specific thought should be given to the needs of young care-experienced parents, around the links to substance abuse, and to ensuring access to supportive reproductive healthcare. Practice approaches that are non-judgemental, person-centred, multi-disciplinary, and that recognise birth parents as parents are clearly indicated by the research findings summarised within this review. Practitioners experience this area of work as ethically complex and demanding, and their need for appropriate support and supervision should be met within relevant services.

Part 2: The Experiences and Views of Birth Parents

Ariane Critchley and Mark Hardy

Introduction

The findings presented in this part of the report are based on interviews with birth parents from across Scotland, undertaken between January and March 2022. The Association for Fostering, Kinship and Adoption (AFKA) Scotland were funded by the Scottish Government to undertake this work to assist in the development of policy and practice in this area. The aim of this strand of the Supporting Roots project was to hear directly from families with experience of separation from a child or children through Scottish child welfare processes. The authors recruited participants through both targeted and open calls, and the only criteria for participation were experience of having lost the care of a child or children in the family through child welfare and protection processes in Scotland. Agencies working in this field were asked to invite people they were working with, or had worked with, who met these criteria.

The project aimed to better understand birth families' experiences of the Scottish 'care system'; a system which has been described as 'complex, fragmented, multi-purpose and multifaceted' (The Promise, 2020: 112). The research was also designed to discover what support participants had been able to access both before and after their child or children started being cared for beyond the immediate birth family. We were interested to know what, if anything, participants had found supportive and enabling around what are necessarily very difficult experiences. Therefore, the research interviews were targeted at these two main aims: to understand the experience of birth families who have had a child removed from their care in Scotland, and to hear from them about the support they had received around this experience, whether formal or informal.

Participants in this research shared very wide-ranging views and accounts with the researchers, and we are extremely grateful for their contributions to this report, which we hope captures the major themes of the research interviews. These themes are expected to be of interest and relevance to practitioners and managers in both statutory and third sector agencies, as well as to policy makers and educators in the field. In many ways, the findings presented here echo those from previous studies, which are summarised in Part 1 of this reporting: the short evidence review of existing research. However, this report builds on these themes by offering further indications towards improving the experience of birth parents and relatives, and better meeting their support and welfare needs pre- and post-separation.

Ethical Statement and Acknowledgements

This research was commissioned by the Scottish Government and completed by AFKA Scotland, with the support of agencies working in this field, including local authorities and third sector organisations, from all over Scotland. Ethical permission for the study was provided by the Board of AFKA Scotland and oversight of the project was provided by the organisation’s Director. The work of the first author was initially situated within Edinburgh Napier University, and we would like to thank colleagues in the School of Health and Social Care for their ethical oversight at the outset of the research phase of this project. Ms Sheena Moffat, librarian in the School, completed the literature search which underpinned the evidence review presented in part 1 of this report.

Once ethical approval had been granted by the Board of AFKA Scotland for the fieldwork, recruitment through agencies and social media was supported by an informational video covering suggested considerations for participants in deciding whether to take part. All participants were provided with written and verbal information about the study and were fully informed on how their data would be recorded and stored, and about their rights in relation to this. All participants provided written consent to participation. Participants were offered the opportunity to remain in contact to hear more about the research, including possible opportunities to support implementation of improved support in Scotland. Most have opted to keep in touch.

Methodology

All successful recruitment to the study was achieved through agencies that were working with, or had worked in the past with, the research participants. The authors also put out a call through social media and word of mouth, particularly to try to include fathers in the project, however this did not succeed in recruiting any fathers. All of the birth relative participants in the research are birth mothers, and some are also grandmothers and aunts to other children who have been removed from the wider family. The ten birth mothers taking part in the study were aged between 28 and 52 at the time of the research interviews. Each participant had between one child and five children, and in total, the mothers had 27 children, all of whom they discussed in the interviews.

The research proceeded through semi-structured interviews, which were completed either in person or online, according to participant preference. Over the course of the fieldwork, national restrictions related to the Covid-19 pandemic and public feeling about in-person meetings gradually changed. All participants were given the opportunity to bring a friend, supporter or advocate to the interview and half of the women chose to do so. Two of the participants are sisters and were interviewed together, along with two professionals from the agency supporting them. One of the interviews was conducted in the presence of the participant’s youngest child, who was toddling around. Therefore, the formality and the length of the interviews varied, depending on the participant’s choice of setting, and the extent to which they wished to discuss their experiences. The presence of supporters was often helpful in reminding participants about aspects of their story that were relevant to the interview schedule. The schedule itself was flexible but focused on participants’ experiences of child welfare and protection processes in Scotland, including legal processes, and on the support they received before or after separation from their child or children.

The data from each interview was audio recorded by the interviewer and stored securely according to the ethics permissions provided by the Board of AFKA Scotland. The authors of the report took notes after each interview and on listening back to the recordings and discussed the key themes from each research encounter. The data was then analysed thematically (Braun and Clarke, 2021), to arrive at the themes presented below. All names and identifying information have been changed to protect the anonymity of participants in the research. At the point of interview, the women were given the opportunity to choose a pseudonym for themselves, which four of the mothers and one support worker did. All other participants were assigned pseudonyms by the researchers.

The Research Sample

The women who spoke to us for the purposes of this study had all demonstrated great courage, strength, and determination in overcoming significant difficulties and barriers in their lives. All participants had received some measure of support around separation from their children and the experience of living apart from them. The nature of that support varied greatly, as we will describe in the findings section. However, it is important to acknowledge that the mothers who make up this research sample may have received more support than the wider population of birth family members living in Scotland. This is not to claim the support that our participants had received was always sufficient or timely, but the women had all benefitted from some form of community based or formal support, and some had also experienced good informal support from their family, friends, or partners. All participants had been identified by professionals who worked with them as able to coherently tell their stories, which they did very articulately. Given the evidence of wider research that incorporates larger scale data about parents whose children are subject to care proceedings or removed from their care (Broadhurst et al., 2017; Cusworth et al., 2022; Johnson et al., 2021) we would suggest that in the wider population of birth parents and relatives, many people will have had less support, and potentially more adverse outcomes.

It had very much been hoped to include fathers in the study, and targeted recruitment was attempted with a view to achieving this. However, we were unsuccessful in including any men in the research, which is a clear limitation for this report. Based on the accompanying mapping exercise, and on the data collected through this research, one possible explanation for the difficulties in recruiting men to the study is that very few are in contact with services around the loss of their children. It appears that fathers are less likely to access, or be eligible for, formal support services. The lack of recognition of the welfare needs of fathers who have been subject to child protection processes in respect of their children has been reported on previously, based on data from fathers in England (Philip et al. 2018; 2020; 2021). It was very unfortunate not to be able to hear the voices of birth fathers within this project.

All of the research participants identified as being White Scottish/ White European. This is a limitation of the study and indicates a need for care in over-generalising from the findings. Birth parents and relatives from racially and culturally minoritised communities may require support that differs in important ways, due to the intersectional nature of the experience of losing a child or children through removal, with the additional challenges of experiencing minoritisation and discrimination at a societal and individual level. Two of the participants in the study identified as having a learning disability and there are some specific findings in relation to the needs of parents with learning disabilities included within this report.

Five Key Messages for Practice

1. Professional Practice and Values

Participants in this research clearly articulated the importance of compassionate, professional practice to their own well-being in the short and long term, but also for their children. Mothers who felt respected and included in child protection and care proceedings, and in permanence decisions for their children, were better able to come to terms with these and to support their children's welfare and identity through positive 'contact' arrangements. Changes of worker made this more difficult and there was a clear practice and policy message in terms of retention of skilled professionals, particularly social workers, who are able to carry the child's story and retain positive working relationships with families. For parents with learning disabilities, frequent changes in worker and in communication style were particularly challenging to navigate. Professionals who were reliable and gave mothers their place in their children's lives were highly valued.

2. Social Isolation

Social isolation was a major issue for all the birth mothers, at different stages of their journeys. For some women, it was a significant factor in the assessment of their capacity to care for their children, with mothers acknowledging their limited support network was problematic. For other women, the placement of their child or children in a kinship setting served to isolate them from their own families, with family or community-based events being sites of potential unplanned 'contact' with their children. For practitioners, thinking about the 'collateral consequences' (Broadhurst and Mason, 2017) of alternative care arrangements for children in terms of wider family relationships and the kin support available to birth parents could make a real difference. Relatedly, for women who had grown up in 'care', the fractured nature of their relationship to family was a problem when they had their own children, indicating a need for targeted support for parents with care experience. Finally, in line with previous research, the participants in this study felt that the experience of losing care of a child or children had further isolated them from their family, friends, and community. Mothers who had been able to access peer support had benefitted significantly from this and were also motivated to support other parents in their position.

3. Parental Mental Health Needs

A significant gap in mental health care and support was identified by some mothers contributing to this research. For three of the women, despite severe mental health difficulties being acknowledged by professionals, they were offered no care or support at the point of their children's removal, precipitating a period of serious mental health crisis. Two further women participating reported reactive depression and thoughts of self-harm post-removal, for which limited crisis support and medication was provided. One mother was well supported through child welfare and permanence processes, so that despite a severe and enduring mental health diagnosis she was able to stay relatively well. Notably, of those women whose mental health was poorly managed and responded to at the point of separation from their children, they had later made strong recoveries with the help of health care, therapeutic interventions, and community-based support. This is important, firstly because of the known risks of suicidal behaviour for mothers post-separation (Wall-Wieler et al., 2018). Secondly, the women affected were all in contact with their children and contributing to their lives and care in significant ways. Given the risks of poor outcomes and the evidence of potential for recovery, ensuring that birth parents receive the health care and support required with their mental health should be a key priority in practice.

4. Advocacy and Legal Representation

Acknowledging that this is a small-scale study, there were some concerning findings around the availability of trained and consistent advocacy and legal representation for birth mothers. Further research is indicated to better understand the extent to which this is a wider issue for birth mothers and also birth fathers in Scotland. In terms of practice, it cannot be assumed that birth parents have access to adequate legal advice or support to understand the complexities of the care proceedings in relation to their children. Beyond encouraging birth family members to secure sufficient legal representation, a need for clear and accessible communication with parents is indicated by this research. There was evidence from the birth mothers with learning disabilities who participated that they had not been sufficiently supported to understand and contribute to assessment, decision making, and legal processes. Mothers who did not have any form of intellectual disability also reported confusion around child welfare processes, and steps in separation from their children that they were not fully prepared for by professionals. For those mothers who had been able to work with advocacy services, this was highly valued. We were fortunate to include advocacy and support workers in three of the research interviews, providing rich data on the significance of these relationships in the women’s lives and to their well-being.

5. Support for Birth Parents is Valuable

Echoing previous evidence-based and theoretical contributions in this field (Cf. Alder, 2019; Bowyer et al., 2020; Cox et al., 2020; Morgan et al., 2019; Welch et al. 2015), participants in this project found the support they received in relation to their experiences as birth mothers living apart from their children crucial. The courage and resilience of the women who were interviewed for this report was one of the most notable aspects of undertaking the research. Their contributions speak to the capacity for recovery, change, and growth through both formal and informal supports. Although most participants had received non-specialised support, and for all the women the formal support they were able to access was limited, they had made very good use of this. Many of the women spoke of remaining strong for their children. This is a positive message for practice and for policy since the findings from this study indicate the potential benefits to both birth parents and children from providing support at key stages. The point of removal of children and the stage of registration for permanence were identified by participants as moments of crisis when they would have particularly benefitted from support. Despite the highly charged nature of separation from children, for mothers who had good relationships with the professionals involved at these stages, this was very important to them. For others, who had accessed support later, this was described as essential to their well-being, with faith groups, partners, and family members playing significant support roles alongside third sector organisations, local authority provision, and healthcare services. Having greater access to reliable, long-term, non-judgemental support was absolutely key in terms of the outcomes for many of the women, and extensions to the current provision across Scotland are to be welcomed.

Findings

1. Social Isolation

All the research participants reported experiencing some degree of social isolation. This was experienced by many as having been a critical factor in losing the care of their child or children permanently. For those who had gone on to find support later, some felt that this could have helped them to retain care of their children, if it had been in place at the time. As one participant, Deborah put it,

> "If I had my time over again, I would definitely, if my family situation was better back then, there would be no questions, but again I had no support, I was on my own, my situation was not in a good place, adoption was the only good option"
>
> (Extract from research interview with Deborah, mother of two children).

Isolation was often exacerbated by the removal of a child, with feelings of shame, stigma and distrust preventing women from reaching out for support for friends and family. Some participants described how close friends or family members had distanced themselves. Many of the women felt that what would have helped most at this time was talking to somebody who had been through the same experience, feeling this might have created hope and made a difference.

> "Nobody, unless they've been through that process, can genuinely understand how you feel. They can be sympathetic, but they can't be empathetic. And they can't give advice on how to navigate through things"
>
> (Extract from research interview with Clary, mother of three children).

When mothers later met other parents who shared their experience of separation from children, they found this reparative, but would still have liked that support earlier when there was still a possibility of influencing decisions about their children's care. Several of the women were keen to offer this support to others in future and felt that peer support could be an important form of intervention for birth parents and relatives.

An under-recognised aspect of social isolation for birth parents is the way that the expectations of children's plans, or the care arrangements for children, can serve to further isolate parents from immediate family. Sonya described how she had tried to distance herself from her family of origin after having her daughter, due to the risk they represented.

> "I never had anyone. I've never really had a good relationship with my Mum… and my Stepdad wasn't the nicest of people. So yeah, I just

> felt very alone and isolated because the family's chaotic and… it's not the sort of people I would have wanted around my daughter anyway. So yeah, I felt very alone at that point."
>
> (Extract from research interview with Sonya, mother of one child).

Two of the participants in the study explained that their child or children being in a kinship care arrangement distanced them from their own family members. This could be due to being excluded from family events or celebrations to avoid unplanned contact with their child, or due to the strain that kinship care placed on relationships in the family. The eldest of Clary's three children was in a foster care arrangement within the local community and attended primary school alongside cousins. Clary described how she had to refuse her nieces' and nephews' invitations to school shows or events as she was not allowed to go to the school her daughter attended. In practice, giving some thought to how plans for children may impact on parents' own relationships and supports might have reduced the social isolation experienced by the women.

Other participants described how their own early experiences of child welfare involvement and 'care' had left them unsupported when it came to having their own children. Charlotte explained how she had grown up in foster care, with no knowledge of or contact with her birth family, including her five siblings. Having never felt accepted by her foster mother, Charlotte described being left very much alone in the world in her late teens, with no family network or identity. She went on to have three children, all of whom entered alternative care at different stages of their childhoods and felt that the lack of family support around her was a factor in this.

2. Professional Practice and Values

Given the levels of isolation reported by participants, it is unsurprising that the nature of the working relationships they had with professionals was significant in their accounts. This was particularly in relation to statutory social workers, whose job it was to assess the needs of their children, to consider risks in the family, and to lead on plans for support or alternative care. How the mothers experienced treatment by workers in this position had long-lasting and far-ranging consequences for them, and for their children. Isabella, who had emigrated from another European country alone after having three older children, had experienced a long and very difficult process of separation from her youngest child, who was born in Scotland. Her son was eventually adopted by a couple, who have been open to contact and supportive of Isabella. Despite the pain and difficulty of her story, Isabella had a good working relationship with the child welfare team and felt this had been hugely important to her and to the outcome for her son.

> "What they were actually doing, they had their best interests actually for the child in all, and… so it wasn't like 'we want to take your child away and nothing else to do with you, he's ours now', not at all, in my case that was not the case at all. It was literally they were trying to make everyone, how can we make this the best for everyone, mostly important for the child, and then also keep me in his life and kind of find a family the best suited for a child. Probably some other places

> and countries and social work departments don't maybe care that much but specifically this one was really, really forthcoming, and really felt it, got in with, like the heart in there, not with just purely professional, just like you know cut and dusted, that's it done. So, it was really, really made sure that the child got the best place possible for him and I don't know to be honest who was listening, but they find him the best possible family, it's like you can't ask anything better"
>
> (Extract from research interview with Isabella, mother of four children).

Having continuity of social worker had been very important for Isabella, and she described how, despite periods of disagreement and conflict, her child's social worker had continued to take a warm and genuine approach to her family. Isabella also enjoyed a good working relationship with her child's nursery, who supported her around the 'contact' arrangements once her son was living apart from her. These positive working relationships, and Isabella's sense of being valued and respected as a person and a mother, appeared to have made her experience bearable, and allowed her to follow the advice of professionals and to sustain an ongoing relationship with her son, to both their benefit.

Other participants described less positive relationships with child welfare professionals. Concerns including lack of continuity of workers, frequent changes of foster care placements, and the attitudes and behaviour of practitioners towards the family. Participants who had experienced multiple changes of social worker during the period of working with child welfare professionals found this particularly difficult.

> "Every time you get a new social worker you need to literally go through your whole story again"
>
> (Extract from research interview with Kimberley, mother of three children and Rose, mother of one child).
>
> "I think having one social worker throughout that time would have been better cos then that way I'm not having to meet new ones and kinda having to get to know them and them getting to know me cos if I start to get to know them and then they change then I've kinda got to relay the story again to somebody else and it was frustrating that there were so many different ones in a short period of time and I still to this day don't know why there was so many different ones"
>
> (Extract from research interview with Sonya, mother of one child).

Mothers were deeply concerned about the impact of changes of worker on their children. Lizzie described how her children, three of whom are currently growing up in alternative care arrangements including foster care and residential care, 'hate social workers' as they have had so many changes of worker and care placement.

> "It takes time for social work to get to ken [know] you, and your family, and stuff, but it doesnae [doesn't] help when there's constant people coming in and out all the time"
>
> (Extract from research interview with Lizzie, mother of five children).

Telling very painful stories again and again to workers, including histories of their own childhood trauma and abuse, was understandably difficult for mothers. Frequent changes in the team around their child or children could be confusing for families, and for parents with learning disabilities it was particularly challenging to keep up with the renewed flow of information sharing that each change of worker generated.

> “My son has had about 10 different social workers in 8 years. And each of them has said this and that, but it doesnae go on to the next social worker. You're having to explain yourself and then you're not getting that thing that the last social worker said you could get… Empty promises I would say”
>
> (Extract from research interview with Charlotte, mother of three children).

The quality of working relationships with professionals was also very significant to participants. Clary described feeling judged and disrespected by professionals, and as if she herself was of little significance.

> “The social workers made it very clear that they were only there for the children, that I wasn’t their responsibility at all”
>
> (Extract from research interview with Clary, mother of three children).

Clary’s mental health was so badly affected by the child protection involvement in her family and the lengthy assessment of her parenting capacity, that she was compulsorily detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 at the end of the child welfare process. She reported being offered no mental health support through this involvement, and her mental health seriously deteriorated due to the judgement she experienced from social work professionals, and her sense of fighting the inaccuracies she perceived in their reports.

Considering the data about professional working relationships as a whole, it is clear that participants were looking for a basic level of care, respect, competence, and acknowledgement of their role as mothers. This finding is very much supported by previous research (Cf. Bengtsson and Karmsteen, 2020; Honey et al., 2019; Lewis and Brady, 2018). Yet not all the women participating in the study had experienced this. Some described confusing, cruel, and hurtful encounters with professionals. The impact of poor practice can be significant and long-lasting for birth mothers and may exacerbate existing mental health difficulties. Most participants in the research described challenges around their mental health, and we provide some comment on this in the following section of the report.

Mental Health

Of the ten mothers interviewed for the study, four described significant mental health problems made worse by their experience of child welfare and protection processes, and by separation from their children. One further mother, Rose, described very frightening and intrusive thoughts, and difficulty in leaving the house when her son was younger. However, she did not describe these experiences in terms of mental health difficulties and had not told professionals about these at the time, for fear of judgement. Rose described suicidal thoughts, and having had specific support around this, but she had not had the benefit of any longer-term therapeutic intervention or care and was at the time of interview still processing much of what had happened to her family. Stephanie also reported having experienced reactive depression at the point of her daughter's removal, but not any ongoing mental health problems or diagnosis.

For three of the women, their mental health was known to be extremely poor at the point of their children's separation from them, yet they received little or no support to address this, or any help in getting access to appropriate healthcare. Lizzie described how her mental health had deteriorated over time, but despite repeated attempts to gain help, she was not able to access any mental health services. As a result, her children were accommodated, after she told her children's school about her situation. She described how this process was managed.

> "The police came, removed the kids and basically, I was left like… they just took my kids and left. That was it. A citation got put through the door saying that they had, I was to read it, put a court thing on it so I would remember. So, I laid on the stairs for three days, like crying, cos they took my kids away from me and I thought they were maybe going to come back but once I read the thing, I thought they're not coming back anytime soon. I had absolutely no support or nothing. As I say. I sat there for three days crying my eyes out, saying where's my kids?"
>
> (Extract from research interview with Lizzie, mother of five children).

Charlotte and Clary described equally poorly managed separations from their children, with no support for their acknowledged mental health difficulties offered to them at that time. Stephanie was prescribed anti-depressants around the time her daughter was removed from her care but was not offered any other support at that time. Isabella's story was different in that she was well supported by services, including having a therapist throughout the process. This helped her to accept the decision that her child be adopted, and over time allowed her to help with that process and offer a safe, supported, ongoing relationship with her son and his adoptive family.

> "I don't know, it is better probably to have broken legs and arms, you know, than have a broken brain, and do you know what it does to me, I don't want my children to have that at all, so I was fully onboard in time, I think all the way through I kind of knew, right this is about him now, I have to do what I have to do, I have to, yes I had my moments and I had fallouts with social worker and stuff but you personally… if it's a good social worker they truly care what they're doing. The department, the nursery, the people who are all involved really, they do care. It's not like they don't care at all. You wouldn't be able to do that job if you wouldn't care. So, it's just… I'm very lucky"
>
> (Extract from research interview with Isabella, mother of four children).

The recoveries that the women described making since these painful times in their lives were remarkable. All had gone on to access support of different types, which included in-patient and out-patient mental health treatment, medication, person-centred counselling, therapy, peer support, and active involvement in faith or community-based groups. One of the participants had the benefit of specific support service for birth mothers, although this was time-limited which significantly impacted on the value of the service for her. Only one of the four women with ongoing mental health difficulties, Isabella, felt that her mental health condition was so serious that it was not possible for her to care safely for her child, no matter how motivated she was to do so. The remaining three women who reported long-term mental health problems and diagnoses felt that with sufficient support and care at the right time, they could have safely brought up their children at home. The proportion of women in our sample who described experiencing mental health problems was slightly smaller than the proportion reflected in the Born into Care in Scotland report, which stated that mental health concerns were recorded in relation to 70% mothers of infants looked after away from home included in their aggregate data set (Cusworth et al., 2022: 19). What our interviews with women add to this finding is detail around how difficult it was for the mothers to access the mental health care and support they needed in a timely way, and how this impacted on their families. As Honey et al. (2019) have highlighted living well with mental illness and post-separation from children represents a significant challenge.

It is important to note that all four of the mothers with mental health diagnoses who participated in the study have ongoing or renewed contact with one or more of their children, and two of the women are caring for at least one child. Therefore, their mental health recoveries have been vital not only to their lives and well-being, but to that of their children. As Wall-Wieler et al.'s (2018) work demonstrates, the outcomes for birth mothers post-removal can include suicidal actions and death by suicide. The importance of timely and appropriate care, and the support to access mental health services, cannot be over-stated for this population of parents. For the mothers we interviewed, better mental health and management of their conditions was possible, as was a positive role in their children's lives and for some the safe care of children, yet for three of the women the mental health support required to achieve this was lacking at the crucial point of family separation.

3. Parents with Learning Disabilities

We were fortunate to include two mothers in the research who have learning disabilities and were willing to share both their experiences and their views. Deborah and Charlotte were interviewed separately for the study, but on each occasion were supported by Florence, who is involved in facilitating a parents' group which both women are part of, and which both supports and campaigns for parents with learning disabilities in Scotland. Charlotte and Deborah's stories are very different, but there were some common messages in their accounts, which are highly relevant for practice. Charlotte and Deborah described how they had benefitted from being part of a peer-support group, and how important the work they do to educate and inform on the needs of parents with learning disabilities is in terms of their own well-being. There was a strong sense in both interviews of how reparative it was for the women to be able to join with others to work for change in the systems that they had navigated in relation to their own families.

Charlotte’s story is one of inter-generational loss and experience of ‘care’, as she grew up in foster care, separated from her birth parents and five siblings, then left her foster mother’s home in her late teens with no support or aftercare in place. She went on to have three children, and successfully raised her older two children into primary school, before becoming involved in a new relationship. This was exploitative and harmed her mental health significantly. Suffering from undiagnosed post-natal depression after the birth of her third child, life began to unravel, and Charlotte eventually lost the care of all three of her children. Painfully for Charlotte, her daughter Emma later lost the care of her own son, Anthony, soon after his birth, causing ongoing difficulties for relationships between the family. Emma blames Charlotte as her family history contributed to the assessment that she could not safely care for Anthony. This is particularly difficult for Charlotte as even now; she does not feel she has a full understanding of her own records and the story that has been told about her life in these.

Key points of improvement for practice that Charlotte raised were around communication, respect, and continuity of social worker. Despite her significant difficulties with communication, Charlotte only sometimes had an advocate beside her at ‘big meetings’ when decisions were made about the care of her children. There was no consistency in advocacy support throughout her very difficult process of family separation, during which Charlotte was suffering from mental health difficulties: she described feeling ‘disoriented’ and confused by meetings and being unable to understand reports.

> “It would have been easier if they could have spoke it in a better way, and explained what they were doing, instead of using the jargon words that they used. I used to come out a meeting and I was like "where am I?" It's just about being judged and about… with social workers it's like they dinnae [don’t] listen and they dinnae pay attention to what you're sayin', you're just talking to yourself”
>
> (Extract from research interview with Charlotte, mother of three children).

Although she was able to appoint a solicitor when permanence decisions were being made for the children, Charlotte felt the solicitor was not on her side, leaving her very vulnerable within legal processes. In interview, Charlotte described being asked to sign legal documents which she was unable to read and understand. This history of confused and fractured contact with services has made sustaining her family life and her mental health a day-to-day challenge for Charlotte. The parents’ group she is now an active part of has been helpful in this. However, Charlotte felt that reparative mediation work that involved her and her now adult and almost-adult children, and that might help them to form a coherent narrative of their experiences as a family, would be of benefit to her at this stage in her life.

In contrast, Deborah had felt well supported and cared for during the child welfare processes which led to the adoption of her second child. Deborah was herself adopted as a child and had a positive childhood and enjoyed the support of her parents into adulthood. She was able to care for her first child as a result of this family support. However, when she became pregnant to a new partner later in life, that support was no longer available and social workers suggested that her second baby should be adopted. Deborah’s own positive experience of adoption contributed to her acceptance of this plan, suggesting that ‘adoption isn’t as bad as it’s made out to be, it could be a good thing’.

Many of the concerns around Deborah’s baby’s safety were in fact related to the father’s history of having hurt a child previously, and the ways he had hurt Deborah herself. Yet, this information was not clear to Deborah at the time of having her child, and she had understood that the reasons for the adoption of her baby were related to her own learning disability. Deborah had wanted the opportunity to be a mother and care for her child and holds the view that with the right support and advocacy her story could have turned out differently. However, Deborah also reported she had felt respected and supported by the social worker for her child, and was able to meet the adoptive mother, consent to the adoption, and be part of ongoing ‘letterbox contact’ as a result of this.

> “Interviewer: What are those times of year like for you then, when you’re writing those letters or getting those letters? Do you get excited or anxious?”
>
> Deborah: “Full of excitement and joy.”
>
> (Extract from research interview with Deborah, mother of two children).

Therefore, again there was a clear message around good practice and values in child welfare and protection practice being crucial to individual and family outcomes. Both the women, and their worker Florence, emphasised that creating open, honest, and clear communication channels with parents with learning disabilities required time, skill and thought from practitioners. Considering the divergent experiences of Charlotte and Deborah, it is clear that taking the necessary time and care to work respectfully with parents could make all the difference to long-term and tangible outcomes for families.

4. Legal Processes, Representation and Advocacy

In terms of the Scottish legal system, some of the women identified had felt significant benefit from advocacy support, particularly within the Children’s Hearing System. Lucy was interviewed along with Anne, who was her advocacy worker from early on in the local authority involvement with her children. Anne commented that the sheer number of meetings that take place in relation to their children can be confusing for parents. Anne had supported Lucy to put her views across in meetings and Children’s Hearings, although both women felt that ultimately it was difficult to challenge the social work assessment of Lucy’s capacity to care for her children. Lucy reported that although many parents are unaware of the possibility of submitting written views prior to a Hearing taking place, Anne had helped her to do this, and feedback from Children’s Panel members was that this had helped them to absorb the information in advance.

Children’s Hearings were experienced as being stressful by participants in the study. Lizzie found it difficult that Panel members change with each Hearing convened. Whereas one Panel member had given her hope in relation to caring for her daughter when it came to the next Panel, she felt they had made their decision already and she was surprised to find plans moving in a different direction, despite her own situation having improved. Some of the mothers interviewed had found it difficult to secure reliable, skilled, legal support in relation to the legal proceedings that ultimately separated them from their children. Clary had found it difficult to find a solicitor who would represent her in legal proceedings and felt that having a list of local solicitors who understand this area of work would have been helpful. She described the Court experience as ‘being ripped to shreds for two days’ whilst professionals gave testimony one after the other. Lizzie also found that reliable legal support was difficult to find, and had two solicitors, ‘who came, and they went’, but did not materially help to change the outcomes in relation to her children. Given that Lizzie described some very complex proceedings in relation to her family, a need for adequate legal support appeared clear, yet this was difficult to secure. Kimberley described having a solicitor who ‘disappeared off the face of the earth’ and became uncontactable.

Although she had legal representation within Court processes, Sonya remained confused by what the legal processes had in fact been in relation to the adoption of her daughter.

> “I still don’t know if I ever went to a Children’s Hearing. I know she was on the Child Protection Register but there was never really any meetings after that with me. I got a visit from a social worker who says the plan was they were going to put [Sonya’s daughter] up for adoption, they thought it was the best thing for her. So, after that final meeting… I never went to any after that… [there was a] plea deal sort of thing if I gave up trying to get her back then I was guaranteed to see her until she was adopted and then letterbox contact. They were pushing for that”
>
> (Extract from research interview with Sonya, mother of one child).

There was a lack of clarity for many of the women around the legal steps and decisions that were taken in relation to their children, and how these were arrived at, even when they were ultimately accepting of the outcome.

> “I think I knew from the start it was never going to go my way, you know. So, when they gave the deal, it was still a hard decision to make, but I knew deep down it was the right thing to do for her”
>
> (Extract from research interview with Sonya, mother of one child).

Both Sonya and Lizzie described their major supports in the permanence and Court processes as being their partners, rather than any of the professionals involved, or their legal representatives. Both still had strong relationships with the men who had been through these processes with them at the point of interview and experienced these relationships as very significant in terms of how they had coped and begun to recover.

Although the data around the Scottish legal system is limited, and the small sample size means that caution is needed, for professionals working with families, it cannot be assumed that parents are able to access adequate legal and advocacy support in relation to legal proceedings. Therefore, checking out with birth parents what they have in place, and what they might need would seem important, in order to ensure understanding of the legal steps being taken, and proper advice regarding these. Mothers who had only accessed reliable advocacy support later in life, including Charlotte and Deborah who both have learning disabilities, wondered whether this could have helped them at the time their children were removed from their care, when hugely significant processes and decisions were taking place. A need for further research into the accessibility of specialist legal support and representation in Scotland is suggested by the data arising from our small-scale study.

5. Timing of Support

There was a clear indication from the mothers taking part in this research that support needed to be offered at the point of registration of a child or children for ‘permanence’, the stage at which it becomes clear that reunification of the family is no longer the plan. This was the stage at which the group Kimberley and Rose were part of reached out routinely to birth parents in their area, with follow-up every few months to ‘check in’, which was found to be a very helpful model. Parents were particularly vulnerable at the point of permanence registration, not least because their entitlement to housing and benefits support may be affected at this point, causing mothers to feel they were losing everything.

> “When you hear the permanence, you don’t want to hear that, because you know that’s the end”
>
> (Extract from research interview with Isabella, mother of four children).

Lizzie had a clear plan for her own suicide at this stage of the process and felt she had carried on living only because of the support of her partner at that time and her commitment to her children.

> “What they did to me was horrendous. There was nothing, absolutely nothing.”
>
> (Extract from research interview with Lizzie, mother of five children).

Isabella also found the huge changes in the support available to her at this stage difficult, as of all the women interviewed, she had enjoyed the best relationship with the child welfare professionals, who were involved with her youngest child.

> “I wish I could have kept some people from when the process was going on, nursery at times keeping in touch, you’re not allowed to do that, it’s professional, so you have to kind of keep the professional, professional, so yeah, that’s the downside really, and it gets cut off and you don’t really have anything”
>
> (Extract from research interview with Isabella, mother of four children).

Although Isabella had gone on to receive specialist after adoption support, the wait for this was difficult and the support was time-limited, which she found unhelpful. There was a clear message from the birth mothers who took part in the study that support needed to be open-ended, sustained, and reliable, and that gaps in support or changes in their eligibility for support as a result of the changes of their children's status in the system were very difficult to navigate. The withdrawal of agencies and entitlements at the stage at which mothers were coming to terms with the loss of their child or children could be especially difficult and de-stabilising, with women reporting an understandable crisis in their mental health at this point.

6. Keeping in Contact and Saying Goodbye

For the women interviewed, their direct contact with their children once they were living apart from them was a mixed experience. Isabella had the most positive experience of this, finding her child's social worker and the nursery setting where the contact took place highly supportive of her and encouraging of a sustained connection. She felt this had allowed her to manage her own difficult experiences of being with and then being separated from her child each time, and to make this a positive time for them both while they were together.

Stephanie and Clary reported much more negative experiences of supervised 'contact' or family time with their children and felt judged by the supervising workers.

> "When you're in that frame of mind you just feel like everybody's watching you, every move you make, y'know what I mean? So, it kind of puts you on edge, dya'know what I mean?... And I'm probably an anxious person anyway, one thing would come up, I'd be making her tea, she loves stovies, and I was making her stovies and I couldn't get the can of stovies open or nothing, and I was like that [demonstrates her hand shaking] pure shaking. She must have been like, what's the matter with her? But when someone's watching you, you seem to make more kinda mistakes"
>
> (Extract from research interview with Stephanie, mother of one child).

Clary had a particularly difficult period of contact arrangements, at the end of which her children were permanently removed from her care and were separated from one another. Yet, Clary was not given the opportunity to explain this to her children, or to say goodbye to them. Clary reported that on the last occasion seeing her daughter, she did not know that it would be the final visit until she attended that day. Clary remembers being advised not to show any emotion and not to say goodbye. She had no arrangements for support after the visit and had to get the train home alone, having seen her daughter for the last time.

> "That's what hurts the most in this entire thing. I wasn't given the chance to say goodbye. No parent should ever be told that they cannot say goodbye to their child and explain, because I feel that sometimes my children will think I have abandoned them"
>
> (Extract from research interview with Clary, mother of three children).

The birth mothers who spoke to us were overwhelmingly positive about any contact arrangements available to them post-separation, describing these ongoing connections to their children in very warm terms. Talking about ‘letterbox’ or ‘indirect contact’, most women had found there was an art to learning how to write to their children, and around managing their expectations about communication in return, as adopters did not always provide the updates that they had agreed to at the point of the Adoption Order.

> “There was a major learning curve because there’s no set formula, there’s no set advice as to what you need to put in the letters and you just have to kind of guess at the end of the day, and hope that you’re doing the right thing”
>
> (Extract from research interview with Clary, mother of three children).

Mothers appreciated support in getting used to this new form of communication, with Kimberley explaining how one of the workers running their support group had helped her with what she could include in her letters to her son. ‘Letterbox contact’ provided hope for the mothers, and a sense that they still had a place in their children’s lives and stories.

> “Don’t give up because even though you’re not seeing your child, if you’re having letterbox contact it’s nice because you’re getting to know what your child’s been up to and you’re still a part of their life in some way, so yeah, just thinking positive”
>
> (Extract from research interview with Sonya, mother of one child).

Mothers, including Isabella and Stephanie, who had direct ongoing contact with their child or children appreciated this, even though managing their emotions around this was challenging at times. Lizzie also enjoyed the time each month she has individually with the four of her five children living apart from her but felt the responsibility for keeping the connections between her children, who are all growing up apart, lay with her rather than with the numerous different agencies supporting her children. Both Charlotte and Clary were at the time of their interviews caring for children who had spent most of their childhoods in alternative care arrangements and had recently chosen to live full or part time with their mothers. These transitional arrangements were endorsed by the teams around their young people, who recognised that they wanted to return to their families of origin. However, in their separate research interviews, both Charlotte and Clary described the significant challenge of learning new skills as mothers of teenaged children, at the same time as coming to terms with the long period of family separation and managing the complex dynamics with other children. The women both reported that there was little formal support available to their families. Clary in particular worried that she was not fully prepared to parent a teenager, even though she wanted to do so, after so many years of living apart. Clary worried that she was largely relying on parenting techniques she could remember from much earlier in her children’s lives.

Given Clary and Charlotte’s experiences, and Lizzie’s very active role in her children’s lives, it is important to acknowledge that there is always a possibility that young people will return to their birth families as young adults, regardless of the permanent alternative care arrangements that may have been put in place much earlier in their childhoods. Placements may break down and these particular mothers reported being asked to be part of complex care plans for their young people that included part-time or full-time residence with them as their children became young adults. Although they were very pleased to have more time with their young people and looked forward to this increasing further as they exited the ‘care’ system, the support available to the families appeared very limited. These experiences also raise questions about how sustainable ongoing ‘contact’ with birth parents and siblings is best achieved once plans for children to grow up outside of their immediate family’s care have been put in place. There is a question raised by the data here, around how agencies and carers can support and nourish the lifelong relationship to birth family that children have in different ways, as children grow up and as birth parents potentially make significant changes in their own lives that make time together safer and potentially more positive.

Discussion

The decision to separate children from their family of origin has major implications for all members of the birth family. All of the birth mothers who took part in this study were experiencing ongoing impacts of separation from their children, whether this had occurred months, years or even over a decade ago. Although this is a small sample, and caution is needed in generalising as a result, this finding is consistent with the existing literature, which describes the long-lasting grief, loss and stigma that characterises the experience of birth mothers living apart from their children (Cf. Geddes, 2022; Morriss, 2018). Although all of the women interviewed had sustained great loss as mothers, not all their experiences were equally traumatic, with poor planning, confused communication, and a lack of compassion towards their own needs making an already life changing experience worse for some of the mothers. Whilst other women had felt that the support and understanding they and their families had received from professionals had mitigated against the pain of the experience of losing the care of their children.

The major aspects that women reported having made a positive difference to their experience were compassionate and skilled practitioners who acknowledged their place in their children’s lives, continuity of professionals, peer support from people who had similar experiences, and for many of the women, access to health services that allowed them to address significant and enduring mental health difficulties. There was a need for clearer communication from practitioners indicated by many of the participants in this study, including those mothers with diagnosed learning disabilities, although other women too had found child welfare processes to be overwhelming and confusing. A concerning scarcity of solicitors with the capacity to advise and represent birth parents in legal proceedings was reported by mothers, with even those women who were able to instruct a solicitor with expertise in the field subsequently then finding they were difficult to contact, or that they had to change legal representatives. This is an area where more research may be needed in order to better understand the factors that may be contributing to the difficulties in instructing a solicitor in permanence proceedings in relation to children in Scotland.

This study set out to better appreciate the kinds of support that birth parents valued following separation from their children. To some extent it was possible to meet this aim. However, the researchers would ideally have included birth fathers and other male relatives in the sample, and their missing perspective is a clear gap in the findings. The women we interviewed talked about the men in their lives who were important to them, particularly long-term partners, and friends, who had been the major source of support for two of the mothers interviewed. However, the experience and views of birth fathers are absent from this report.

The birth mothers, and the women supporting them, who generously participated in the study told us about what was important to them. They emphasised the ways they would have wanted to be treated by professionals both before and after separation from their children, and the importance of independent advocacy and support. Less than half of the participants had benefitted from specialist support for birth mothers, broadly reflecting the national lack of services designed to meet the needs of birth parents in Scotland post-separation (see part 3 of this report). The women had otherwise accessed mainstream health and social care services, generally through their own efforts, or had been helped in their recovery by community supports, including faith-based groups.

Conclusion

Through this phase of Scottish Government funded work, we aimed to better understand the experiences of birth family members who are separated from their children in Scotland. Although the research sample was not as diverse in terms of gender and ethnicity as hoped, we heard from women from across Scotland, living in both rural and urban areas, who between them had experience of child welfare and protection processes over a long period. Broadly, the findings of the study reflect the major themes of the existing literature, as presented in part 1 of this report. Women described the significant difficulties that they had experienced both pre and post separation from their children, and the crisis that permanence planning and saying goodbye to their children created in their lives. All participants had valued the support that they had accessed, whether this was specialist or was part of more generic or universal services, or community supports. Many of the women had also valued the support of partners or close friends and family, although for others separation from their children had created greater social isolation for them.

The findings of this phase of the research also reflect the description of services in Scotland to be found in part 3 of this reporting. Specialist services for birth parents were not available in all of the geographical areas where the women were based. When they were available, they were often experienced as too little, too late and many of the women expressed a wish for longer-term, flexible support that incorporated peer-support elements from other people who shared the difficult experience of living apart from a child or children. All of the participants in the study emphasised the importance of respectful, compassionate, and reliable support from social workers for their children. Notably, those women who had a good working relationship with the team around their child or children, appeared much more likely to be able to manage ‘contact’ positively and to make an ongoing contribution to their children’s lives, which had implications for their well-being, but also that of their children.

An unanticipated finding of the research was the difficulty women had experienced in instructing a skilled and reliable solicitor in child welfare proceedings. Many had found the legal processes around their children’s care confusing, and some remained unsure years later how the legal matters had been settled. A need for further research into the landscape of legal support for complex child welfare proceedings is indicated by this small-scale study. It would be positive to include birth fathers in future research of this nature, to better understand how possible it is for men to participate fully in legal and decision-making processes for their children.

It is hoped that this report will support the ongoing development of support services for birth families in Scotland and also act as an aid to practice and policy, in that the findings broadly reflect the existing literature and also pose some particular questions in relation to the Scottish legal and policy context, and how this is navigated by birth parents. The participants in the study made clear how important the responses, care and support they received was for them in both the short and the long term, and how this impacted on the relationships they were able to have with their children, and on the dynamics within their families. Practitioners working with this population can be confident that evidence based, and compassionate services can make a significant difference in the lives of families.

Part 3: Services and support in Scotland for birth parents

Maggie Grant and Jessica Cleary

Introduction

As part of a wider programme of work to improve the support that parents who have lost a child to care receive in Scotland, the Scottish Government funded AFKA Scotland to carry out research to identify and map support services and explore a range of perspectives from practitioners providing relevant support. This programme of work links closely to the focus on whole family support, which is one of the five priority areas for the change programme set out in Plan 21-24 of The Promise (2020).

The purpose of this third part of the report, which follows a short evidence review (part 1) and research report based on interviews with mothers living apart from their child(ren) (part 2), is to share information about services and practice models identified in the course of the research and promote learning between areas and across different fields of practice. The report aims to provide a starting point by sharing examples and insights from a range of organisations. It does not include an exhaustive list of all services across Scotland but is intended to provide a useful contribution to the on-going work to improve support for birth parents.

It is important to note that some of the services included in this report support a range of people in different circumstances, many of whom will be parents who care for their child(ren) continuously and never live separately from them. We have included such services to illustrate the range of different types of support that birth parents may receive/have received at some point, even where the primary reason for engaging with the service may not be related to their role as parents.

Context and Aims

As the literature review and research with parents that form this report evidence, when the outcome of child welfare processes is that parents live apart from their child(ren) on a permanent basis, the impact is likely to be significant and deeply enduring (Cf. Broadhurst and Mason, 2017). Therefore, the right support is important for parents, children, and other relatives.

Previous research has indicated a range of important messages for practice to support parents living apart from their child(ren) (see part 1). However, the Scottish Government identified a gap in knowledge about the services available throughout Scotland which offer support to families with this experience, and in particular to mothers and fathers.

The information gathered for this part of the report aims to address this gap in knowledge by identifying specialist services that parents can access in Scotland from a range of statutory and third sector organisations and sharing examples of different models of support services. The report also highlights perspectives from a small sample of practitioners working with parents across Scotland in a range of settings, predominantly in social work and maternal health.

This project was supported by a practice group representing a range of professionals working in social work, midwifery, and other areas of practice. The group met three times throughout the early stage of the project, convened by the Scottish Government and AFKA Scotland, and shaped the questions to ask services and the types of information it would be most helpful to identify. The project, and specifically the exercise to identify support services, was also discussed at the Social Work Scotland Fostering and Adoption Practice Forum, to help ensure that information about the project reached a national range of statutory, independent and third sector organisations. Organisations were asked to share information about services they offer, or were in the process of developing, for parents who have lost a child to care, regardless of how the child came into care and where they are living now (for example, in a kinship, foster or adoptive family or in residential care). As the research continued, the range of organisations was expanded to include services, such as in maternal health, that offered support for parents where a child protection concern had been identified. As noted above, this allowed us to include services that birth parents may have received support from at an earlier stage.

A Note on Language

Although ‘birth parents’ is a commonly used name for this group of mothers and fathers, we recognise that there are a range of views on this term. Following discussions with a practice group of professionals, we used the term ‘parents who have lost their child(ren) to care’ in data collection. This term recognises the complex and long-lasting impact of loss and grief parents have described at living apart from their child(ren), although some participants noted that it also risks potentially the stigmatisation of care and/or that it did not fully apply to their service. Participants were also asked about alternative terms or terms that were used within services, and responses included: parents, birth parents, families of origin, parents of care experienced children, parents of looked after children, and at risk parents. Debates about language are on-going, particularly in the context of The Promise (The Promise, 2020), and will continue to evolve over time.

Methodology

Twelve practitioners from ten agencies participated by providing their perspectives either via questionnaire or online interview. Informed consent was gained from all respondents who completed a questionnaire/interview. The questions were divided into two sections. Questions related to the mapping of services were marked clearly to ensure participants were aware that this information might be shared in a publicly available report. Responses to questions that elicited perspectives on good practice, current practice and challenges were anonymised to encourage respondents to share their views candidly.

Based on the list of services identified in the discussions at the practice group, questionnaire responses and through snowballing, the research team then contacted a number of additional organisations by phone or email to gather descriptions of services and contact information included in this report. As data was collected using a range of methods, the participants for the questionnaire/interviews whose perspectives are outlined in the first section are not necessarily the same as the twelve services described and listed in the second section.

The research for this report has benefitted from information provided by services working in a range of settings and from a number of experienced, committed, and knowledgeable practitioners sharing their perspectives. However, the small sample size – particularly in comparison to the number and variety of services that work with this group of parents in some capacity – means the report captures only a partial view of the full landscape of services. In particular, further work is required to understand more about services that work on a regular basis with parents at the key stages described in Part 1, even where that is not the primary aim of the service, and how support is coordinated across services.

Structure

In section one, we present an overview of insights from the perspectives of ten services with experience of working with birth parents. This section focuses on key themes identified across their responses, building on the experiences shared by women in the previous strand of the research.

In section two, we share examples of a range of organisations and services that provide support for this group of parents. These descriptions are based on self-reported information from the services, either directly or via publicly available information, although many were highlighted by other organisations as examples of good practice. Contact details for each service are included for further information, and wherever possible these have been confirmed directly with the service to ensure they are current.

Section 1: Views on current provision and improving support services for birth parents

In total, 12 professionals from 10 services participated and shared their perspectives on current practice, challenges and what good support looks like for birth parents. The sample of participants was comprised of professionals from local authority children and families teams (n = 4), local authority family placement teams (n = 4), maternal healthcare (n = 2) and third sector organisations (n = 2).

Overview of service provision

In response to the question of what good support for parents looks like, most participants focused on relationships and support tailored to parents' individual circumstances, as in this response from a professional working in a local authority family placement context:

> "A trusting relationship with a service/workers that understands and can emotionally support them with their own challenges and acknowledge the grief

> and loss that they experience. From this base the support required may be different for each parent."

It was also acknowledged that individual practitioners who make a tangible difference to parents' lives can be found across a wide range of organisations and roles:

> "I'm not aware of strategic approaches [to good practice] rather sensitive practitioners across all organisations who go the extra mile to reaching out and ensuring support at times of vulnerability for particular individuals."

Professionals, particularly those based in local authorities, indicated a long list of other services they could refer parents on to as appropriate, either as part of their on-going role or at the end of their period of working with a parent. Services included support related to:

- welfare, financial and material needs
- housing
- mental, sexual and/or physical health
- substance and/or alcohol use
- advocacy and support during legal proceedings
- domestic abuse and intimate partner violence.

Some services also offered, either directly or via referral, support for parenting, either at an earlier stage where concerns about child welfare had been raised or in relation to caring for other children, as well as practical support at home.

However, professionals emphasised that following referral, they often had little oversight of the support being provided by other services, even those offered within the same local authority or health and social care partnership. Coordinating support was not always straightforward. The acute distress and extremely challenging circumstances parents may experience around separation from their child(ren), as evidenced in parts 1 and 2 of this report are likely to require a flexible approach to engagement, and practitioners highlighted concerns about the risk for parents if, for example, adult support services discharged them for missing appointments.

A lack of consistency across the country was also a recurring theme, highlighting that parents living in different local authority or health board areas often have different access to services and experiences of support. These responses echoed discussions within the practice group for the current project, highlighting concerns about a service landscape that is fragmented, complex and inconsistent, making it difficult for parents or professionals to identify potential sources of support for specific needs. These concerns were a strong motivating factor for participants involved in the current research to be directly involved in improving practice in their areas and at a national level.

It is worth recognising the links and potential shared learning with other work being undertaken across the UK. A mapping exercise in England undertaken in 2021 identified a small but growing number of services there supporting parents who have experienced repeat care proceedings (Mason and Wilkinson, 2021; see resources on the Research in Practice website), while also noting that as a relatively new area of practice such services are often vulnerable to budget cuts.

Timing and availability of support

A number of practitioners noted that parents whose children go on to be permanently cared for away from home require immediate support at some key points in the processes involved. These responses echoed the finding in part 2 of this report, with mothers highlighting that support was particularly needed at the point of registration of a child or children for ‘permanence’, where it became clear that reunification with the parent(s) was no longer the plan. Some services structured their engagement with parents around key points, in recognition of the greater likelihood of need for additional support and that services may lose the opportunity to work with parents once a crucial moment passes. One respondent from a local authority, reflecting on their own service, noted:

> “I would like to develop the service in a way that ensures family members have immediate access to therapeutic and counselling services as required. There have been a number of times the referral process or waiting list has been the barrier, I strongly believe we have moments where we can intervene, and a parent or family member will take this support, but their lives can change so quickly we lose the opportunity.”

Another respondent from a different local authority expressed a similar view, and linked this to the need highlighted earlier to coordinate effectively across services to ensure support can be provided for parents, dependent on their specific needs:

> “It should be a coordinated approach and plan that occurs automatically at the point a child comes out of their care. The care plan should be formed and continue for the parent for as long as they require. For those parents who opt out of more tiered interventions this support should be coordinated by universal services, for example the GP.”

These responses also recognise that support may be required over a period of years or even decades, in line with research on the long-lasting impact for parents living apart from their children (Cf. Broadhurst and Mason, 2017). A participant from a third sector organisation echoed the need to recognise the long-term nature of support that may be required:

> “We recognise that this journey is undertaken at the pace of the individual and that this process can take many, many years.”

Two practitioners also directly echoed the views of mothers’ interviews noted earlier: that timely, appropriate, and consistent support for parents and families at key points could prevent some children being removed from their care.

Continuity of relationships, support, and knowledge

Some practitioners in family placement teams were working directly with parents on a regular basis but this varied widely between services and by individual parent or family. To avoid parents having to return to places associated with losing care of their child, services were using strategies such as offering parents a choice of where to meet, for example at home, a local community space or going for a walk. Other professionals felt support was most effective when provided, or at least led, by a separate professional, such as a different social worker, a support worker or a health visitor, and the examples from international research noted in part 1 provide important messages about what this may involve for practitioners. A number of participants noted that in their experience, it was too painful for parents to continue to work with a professional and/or organisation that had been involved in making the decision that their child(ren) should be removed from or not return to their care. Particularly complex challenges may arise in planning for and providing support when there are tensions between children's and parents' needs.

As the women's accounts in part 2 of this report indicate, respectful efforts to ensure continuity of relationships with particular workers post-separation may be experienced as helpful and have benefits for parents including in retaining positive links, either directly or via indirect communication, with their child(ren). Individual experiences are likely to vary significantly and this is an important area for parents' individual wishes and preferences to be heard and acted upon in planning support.

Where relationships were working well, the potential for a change (or in some cases multiple changes) of worker to damage trust and relationships between parents and practitioners was widely acknowledged and described in some services as an on-going challenge. In addition to the impact on individual relationships, and the impact for parents having to re-tell painful parts of their stories to new people, staff turnover means services often lose the skills and knowledge of experienced practitioners.

Practitioners, including those in managerial roles, also discussed practical barriers to providing and improving support for parents. Financial pressures were a recurring theme, including short-term and cyclical funding arrangements for some services that made longer-term planning difficult, particularly where staff were employed on the basis of funding for a particular project or development. These messages are important for those involved in the planning and distribution of funding for services to hear.

Service development and priorities for the future

The role of parents in planning, shaping, and providing support was highlighted from a number of angles. Two services reported that parents had been involved in co-designing some aspects of the support provided, and that changes continue to be made on the basis of parental feedback. While some services asked parents for feedback at the end of interventions, this approach fails to capture the views of parents who either chose not to attend or stop attending partway through an intervention. The majority of participants described this as an area for further development in their service. Some had previously worked for services that had included initiatives co-developed with parents or that were shaped around ideas that had proved popular with parents and were keen to introduce something similar in their current service.

All services had experienced disruption due to the Covid 19 pandemic, although the majority had continued to provide services remotely where face-to-face support was not possible, due to restrictions and in some cases impact on staff availability. The impact was not only directly on the services that participants worked for, but the other services that parents accessed including mental health services, support for substance or alcohol use and face-to-face peer support. The financial impact of the pandemic for parents was also raised as a concern, including loss of access to income or previous material support and the increase in certain types of expenses. The longer-term implications of the pandemic, paired with on-going and acute financial pressures for families, need to be reflected in the planning and delivery of current and future services.

Many of the themes highlighted in part 2 of this report, drawing on interviews with mothers, overlapped with aspects raised by practitioners who participated in via questionnaire/interview for this part of the research. Around half of the services included some form of peer support, an area that was highlighted by parents as an important opportunity to spend time with people who had similar experiences and where their parental identity was clearly recognised. Professionals also shared similar concerns around lack of access to support for mental health, and particularly support available at the right time and accessible over the long-term. In addition, they raised lack of services for fathers, identifying this as a shortfall within current practice despite many fathers' involvement in and care for their children's lives pre-separation, in line with findings from recent research in Scotland (Critchley, 2021; Cusworth et al, 2022).

Reflecting on the national picture, practitioners also advocated for equity of support across Scotland. At the same time, their experiences indicated that support needs to be offered in local and easily accessible venues, not necessarily in the same building or area as where services are based.

All participants were keen for more opportunities to share experience, skills, and knowledge about good practice between agencies, both locally and nationally. The key messages from parts 1 and 2 of this report provide useful evidence for further consideration by services.

Section 2: Support services

This section includes examples of services across different areas of Scotland. It aims to provide a starting point for sharing information about how services are set up, delivered, and developed. Between them these services represent a range of different practice models, settings, and specialist areas of support. As noted earlier, some are specialist services for parents who have lost a child to care, and others support people in a range of different circumstances.

Descriptions of support services

Barnardo’s Scotland

Barnardo’s Scotland Family Placement Service offers a range of services related to fostering and adoption, including services for birth parents. In the adoption support service, interventions include counselling support, access to records, search and reunion, training for local authority partners, input for local authority birth parent groups and support for letterbox contact/information exchange. They offer support related to search and reunion between birth parents and adopted adults, including facilitating face-to-face meetings. They work with parents whose children came into care historically and more recently on behalf of a range of local authorities. Parents are referred by statutory services or in some circumstances parents can self-refer. Services are offered in the following local authority areas: Argyll and Bute, Clackmannanshire, East Dunbartonshire, East Renfrewshire, Falkirk, Glasgow, Highland, North Ayrshire, North Lanarkshire, Renfrewshire, South Ayrshire, South Lanarkshire, Stirling.

Barnardo’s in partnership with Inverclyde Council are also running a research consultation project in Inverclyde, which aims to consult with parents with lived experience of having their children removed from their care on a permanent basis. The project will also include consultation with wider family members, and practitioners who have been involved in Child Protection processes. This consultation aims to gain a wider understanding of the needs of parents during this process and learn what could be improved as well as improving their current networks by implementing a range of tests of change in relation to the consultation feedback. The consultation is in partnership with Inverclyde Council and the findings will be used to inform future service delivery to improve the resources and services available to parents whose children are going through the permanence process.

For more information please contact Yvonne Coyle: yvonne.coyle@barnardos.org.uk

---

Birthlink

Birthlink works with all people affected by adoption with a Scottish connection. They operate the Adoption Contact Register, where birth parents and other birth relatives, as well as adopted people aged 16 years or over and adoptive parents, can register their details to provide a potential link for future contact. There are currently over 11,000 people whose details are entered on the register. Birthlink also run the After Adoption Information Line which is available to birth parents and other birth relatives, adopted adults, adoptive parents and other relatives and professionals engaged in adoption work. In some circumstances Birthlink can provide an intermediary service to trace and make initial contact with the adopted person. Their team of social workers also provide emotional and practical support for birth parents, for example with letters/information exchange or direct contact if the birth parent(s) and adopted person want to meet in person. Birthlink also holds a database with information on the location of adoption records from some Scottish local authorities and other approved adoption agencies.

For more information contact Birthlink by email mail@birthlink.org.uk or by phone 0131 225 6441.

Birth Ties, Inverclyde HSCP

The Birth Ties Support Project has a primary focus on supporting parents who have lost their child/ren to care through adoption. It is part of the Adoption Service within the wider Health and Social Care Partnership. Birth Ties provides support to all birth family members, and works particularly with mothers and fathers from the point where a child is registered as requiring permanence out with their birth family. There is no specific time limit on provision of support. Services include peer support, practical support (e.g., to attend health appointments), support to keep in touch with their child(ren), support for parents to contribute to life story work and help children have a good understanding of their birth family, creating memory books for parents to keep, and support to access other services and welfare rights, including financial and material support. They also offer support for parents considering relinquishing a child into care.

For more information about Birth Ties Support Project Paula Harkins, Team Lead, paula.harkins@inverclyde.gov.uk and by phone 01475 715020.

Change is a Must, Perth, and Kinross Council

Perth and Kinross Council’s Children and Families Services has established Change is a Must project to deliver distinct support to mums and dads who may be at risk of losing their child(ren) permanently to care. Parents are predominantly referred to this team for assessment and support from the unborn baby multi-agency screening group. The project is delivered by a multi-agency team that works across children and family social work, mental health and drug and alcohol health services to deliver holistic support, assessment, and early intervention to parents from as early as possible pre-birth until up to 1-year post-birth. They aim to support parents so that their child(ren) can remain in their care, through pre-birth interventions including one-to-one reflective parenting support, drug and alcohol and mental health support (where necessary) and coordinating collaborative support with other services across the HSCP based on individual needs assessments, including health, welfare, and housing services.

For more information, please contact the team by email almondbank@pkc.gov.uk or by phone on 01738 472260.

Martha's Mammies, Glasgow

Martha's Mammies is a newly establishing service in Glasgow working with women who have lost care of their children, on a recent, short term or long term basis. It aims to work to develop a relationship-based partnership with women which helps women to identify their needs and goals in order to stabilise personal and social circumstances through practical assistance, advocacy and support to secure resources such as stable housing or benefits or treatment for substance use difficulties. Martha's Mammies will have a multi-disciplinary team who will work with small caseloads of women to be able to offer flexible, intensive and adaptive support to respond to the needs of individual women but also to support through periods of crisis into stabilisation: it also shares in-reach physical, sexual and mental health and wellbeing services, and other in-reach services such as housing support, with its sister service, Tomorrow's Women, who work with women in the justice system.

Martha's Mammies will work with women towards emotional wellbeing, repair and recovery and to assist them to find ways of making sense of their experiences and living with their loss of care of their children. It will use trauma informed approaches, in partnership with individual women but also influenced by our developing reference group with lived experience. It also plans to work with women to identify support networks and using reparative methods, to work to repair and rebuild supportive family relationships.

For further information please contact:
Team Leader Stacey McLeary stacey.mcleary@glasgow.gov.uk,
Service Manager Stephen McVey Stephen.McVey@glasgow.gov.uk, or Head of Service Janet McCullough Janet.mccullough@glasgow.gov.uk

Maternity Services Argyll and Bute HSCP / NHS Highland

Argyll and Bute has maternity services located within the children and families and criminal justice service in Argyll and Bute HSCP. They offer pre-birth support, support with caring for babies at home, practical support for family life and support to develop parenting skills before another pregnancy. The team includes midwives, health visitors, maternity care assistants, child and family social workers and support workers, and has access to other specialist input including an infant therapist and perinatal mental health. They also coordinate referrals into other parts of the HSCP or externally, including GPs, welfare support, services related to domestic abuse and/or intimate partner violence, support for parents with experience of criminal justice and support to address alcohol and/or substance use. The team covers the majority of the Argyll and Bute area and offers direct services up to six weeks post-birth, with some flexibility where required.

For more information about Maternity Services Argyll and Bute contact the Lead Midwife Catriona Dreghorn by email catriona.dreghorn@nhs.scot or by phone 01586 555827 / 07900511566.

North Ayrshire Council HSCP

North Ayrshire Council’s Children and Families Service have introduced a Team Around the Parent approach to offer additional tailored support from the point a parent loses their child(ren) to care and prior to the Parenting Assessment being undertaken. This is in recognition of the level of distress that results from this event and desire to recognise this. Support is provided over a 6-8-week period and has moved away from sessions having a professional focused outcome, to listening to the parent, offering them a space to discuss worries, fears, and hopes. This helps us work together to identify how we can best support each parent recognising all parents needs will be different at this time. A practical toolkit is provided that we developed when working with parents in our Pathways parenting assessment team. This toolkit includes adult fidget spinners, adult sensory toys, adult colouring books, hand massage and is aimed at building knowledge of self- soothing strategies. The approach was developed because of the feedback and voices of our parents and in collaboration with a small group of parents with lived experience who had been involved with our Parenting Assessments team. We identified a group of health visitor (not the same one as the child’s health visitor) who works alongside colleagues in the Children and Families Parenting assessment service to provide and coordinate support. As much choice as possible is given to Parents who can chose a location where they feel comfortable to meet, such as in their house, a health setting, social work office or to go for a walk or a coffee. The health visitor provides support over a 6–8-week period including where appropriate helping parents develop a communication plan around what will help them participate and identifying what the service can do to facilitate parents’ sharing their views and being heard. In addition to the health visitor’s role, the wider team continues to provide support and referrals to other services based on the adults needs. Parents’ participation is voluntary and their decision about whether to participate has no impact on any other services they receive.

For more information contact Children and Families Service Manager Corry McDonald by email cmcdonald@north-ayrshire.gov.uk or by phone 01294 317780.

Parents Advocacy and Rights (PAR)

Parents Advocacy and Rights (PAR) is a parent led group seeking to support parents with children in the care system, child protection, children’s hearings, and other situations where they have lost care of their children, or risk losing care. They are a group of parents, families and concerned professionals who offer peer support, advice and advocacy to parents and families who need to be heard and respected. Their website includes a number of reports on surveys, research, and personal experiences of parents in Scotland.

For more information please see www.parentsadvocacyandrights.com or email parparents@parentsadvocacyandrights.com

---

Pre-birth Planning Service/Willow Team, NHS Forth Valley

The Pre-birth Planning Service/Willow Team is part of NHS Forth Valley Women and Children's Directorate, which provides maternity care to families where a child protection concern for an unborn baby is identified. The Willow Team offer women a Named Midwife and provide antenatal care at home with additional appointments if required. Midwives work closely with women and their families throughout their pregnancy journey offering an increased level of care and support with the aim of reducing/mitigating risks that may be present. Midwives also work closely with multi-agency professionals in relation to these families. The service also offers support to women and families who may require additional support throughout their pregnancy journey; and will often sign post and refer to appropriate services including third sector services. Women engage with maternity services from early in pregnancy until around 14 days post-birth. The service covers Falkirk, Stirling, and Clackmannanshire.

For more information please contact the team by email fv.willowteam@nhs.scot or by phone on 01324 618358.

Pause, Dundee

Pause Dundee provides intensive support to women who have had children lost to care. The programme is relationship based and offers an intensive, trauma informed model of support to women to prevent the removals of children in the future. Most women remain with the programme for around 18 months before being supported to move on to less intensive or universal support. A programme like Pause is most effective when a woman has no children in her care, and she is in a position to focus on herself and her own needs. Following the initial 16-week engagement phase, we ask women to commit to a pause in pregnancy. If they are ready to take a pause in pregnancy, women will work with their Pause Practitioner and local sexual health service to understand more about their sexual and reproductive health. If, after the 16-week engagement phase women choose not to take part in Pause they are supported by their practitioner to access and engage with other services.

For more information contact Kathryn Baker kathryn.baker@alcoholtayside.com or by phone on 01382 456012.

TCA Women only Mentoring (WoM) & Beyond Mentoring (BM)

TCA’s gendered mentoring services work in partnership with Dundee City Council’s Community Justice Teams to support women involved in the justice system. Although this service does not specifically target parents who have lost a child to care, this descriptor applies to a significant number of women who use the service. A mentoring approach is used to support increased use of community-based disposals and bail options to reduce use of custody. Women receive intensive, trauma informed, relationship-based support from their mentor. They are encouraged to explore the factors linked to their offending and supported to set achievable, personal goals which enable positive change.

Beyond Mentoring is available to women who no longer need the level of intensive support offered by WoM. BM has been developed in partnership with the women who use WoM, and offers lighter touch support, including activity groups. In 2022 we will be developing a lived experience post within the team, with a specific remit to support those women who are involved with this service and who have lost a child or children to care.

For more information contact Kathryn Baker kathryn.baker@alcoholtayside.com or by phone on 01382 456012.

Willow Project, Edinburgh

Willow Service is a partnership between NHS Lothian and the City of Edinburgh Council that works with a number of different partners to address the social, health and welfare needs of women in the criminal justice system. The service is not aimed specifically at women who have lost a child to care but some of the women who use the service may have had experience of child welfare involvement from services and/or be living separately from their child(ren). Willow aims to improve women’s health, wellbeing, and safety, enhance their access to services and reduce offending behaviour. They offer a wide range of services to women aged 18 years or older in Edinburgh, including 2 days a week programme involving groupwork and key work support. The programme is designed to meet the specific needs of women and is delivered by a multi-disciplinary team, including criminal justice social workers, criminal justice support workers, a nurse, psychologists, and a nutritionist. The team provides a range of interventions including to help cope with the effects of trauma and abuse, consider women’s pasts, and support them in planning safely for the future, address offending behaviour and substance use problems, and develop new skills and strategies.

For more information about the Willow Project contact the team by email willow.admin@nhslothian.scot.nhs.uk or by phone on 07730 318441 or 0131 529 2220.

References

Alder, J. (Ed.) (2019). *Supporting birth parents whose children have been adopted*. London and Philadelphia: Jessica Kingsley Publishers.

Alrouh, B., et al. (2019). Born into Care: Newborns and infants in care proceedings in Wales, Nuffield Family Justice Observatory.

Alrouh, B., et al. (2020) Women in recurrent care proceedings in Wales a first benchmarking report Nuffield Foundation.

Bedston, S., et al. (2019). Understanding recurrent care proceedings: Competing risks of how mothers and fathers enter subsequent care proceedings in England. International Journal of Population Data Science 4 (3).

Bell, L., et al. (2016). Mothers' Voices: Hearing and Assessing the Contributions of 'Birth Mothers' to the Development of Social Work Interventions and Family Support | The British Journal of Social Work | Oxford Academic (oup.com).

Bellew, R. and U. Peeran (2017). After Adoption's Breaking the Cycle programme: An evaluation of the two year pilot. September 2014 to August 2016, Coram

Bengtsson, T. T. and K. Karmsteen (2020). Recognition of Parental Love: Birth Parents' Experiences with Cooperation When Having a Child Placed in Family Foster Care in Denmark | The British Journal of Social Work | Oxford Academic (oup.com)

Bilson, A. and Bywaters, P. (2020). Born into care: evidence of a failed state. Children and Youth Services Review September 2020.

Boddy, J. and B. Wheeler (2020). Societies | Free Full-Text | Protecting Children, Empowering Birth Parents: New Approaches in Family Justice (mdpi.com)

Bowyer, R. G., et al. (2020). Evaluation of Pause, Department for Education.

Boyd, R. (2019). Foster care outcomes and experiences of infants removed due to substance abuse: Journal of Public Child Welfare: Vol 13, No 5 (tandfonline.com)

Braun, V. and Victoria Clarke, V. (2021). *Thematic Analysis: A Practical Guide*. London, United Kingdom: Sage.

Broadhurst, K. and C. Mason (2013). Maternal outcasts: raising the profile of women who are vulnerable to successive, compulsory removals of their children – a plea for preventative action: Journal of Social Welfare and Family Law: Vol 35, No 3 (tandfonline.com)

Broadhurst, K. and C. Mason (2017). Birth Parents and the Collateral Consequences of Court-ordered Child Removal: Towards a Comprehensive Framework | International Journal of Law, Policy and the Family | Oxford Academic (oup.com)

Broadhurst, K., et al. (2015). Vulnerable birth mothers and repeat losses of infants to public care: is targeted reproductive health care ethically defensible?: Journal of Social Welfare and Family Law: Vol 37, No 1 (tandfonline.com)

Broadhurst, K., & Mason, C. (2020). Child removal as the gateway to further adversity: Birth mother accounts of the immediate and enduring collateral consequences of child removal - Karen Broadhurst, Claire Mason, 2020 (sagepub.com)

Broadhurst, K. et al. (2017). Vulnerable birth mothers and recurrent care proceedings. Lancaster: University of Lancaster.

Broadhurst, K., Alrouh, B., Mason, C., Ward, H., Holmes, L., Ryan, M. and Bowyer, S. (2018). Born into care: newborns in care proceedings in England - Nuffield Family Justice Observatory (nuffieldfjo.org.uk)

Bunting, L., et al. (2018). Article | Trends in Child Protection across the UK – A Comparative Analysis | University of Stirling

Canfield, M. et al. (2017). Maternal substance use and child protection: a rapid evidence assessment of factors associated with loss of child care. *Child Abuse and Neglect*, 70, 11-27.

Clapton, G. (2003) *Birth Fathers and Their Adoption Experiences*. London: Jessica Kingsley.

Clapton, G. and Hoggan, P. (2012). *Adoption and Fostering in Scotland*. Edinburgh: Dunedin Press.

Cox, P. (2012). Marginalized Mothers, Reproductive Autonomy, and ‘Repeat Losses To Care’ - Cox - 2012 - Journal of Law and Society - Wiley Online Library

Cox, P., et al. (2015).
Recurrent care proceedings: Service evaluation of positive choices (Suffolk County Council)

Cox, P., et al. (2017). Reducing recurrent care proceedings: initial evidence from new interventions: Journal of Social Welfare and Family Law: Vol 39, No 3 (tandfonline.com)

Cox, P. et al. (2020). Reducing Recurrent Care Proceedings: Building a Local Evidence Base in England. *Societies*, 10(4), 88, https://doi.org/10.3390/soc10040088.

Critchley, A. (2019). Jumping through hoops: Families’ experiences of pre-birth child protection. In L. Murray, L. McDonnell, T. Hinton-Smith, N. Ferreira, and K. Walsh, K. (Eds.) *Families in Motion: Ebbing and Flowing through Space and Time* (pp.135-154). Bingley: Emerald Publishing.

Critchley, A. (2021). Giving up the ghost: Findings on fathers and social work from a study of pre-birth child protection. *Qualitative Social Work*, 21(3), 580 – 601.

Cusworth, L., Hooper, J., Henderson, G., Whincup, H. and Broadhurst, K. (2022). Scottish Government Born into care Scotland Circumstances Recurrence and Pathways (last accessed 27/05/2022).

Enlander, A., Simonds, L., and Hanna, P. (2021). Using the power threat meaning framework to explore birth parents' experiences of compulsory child removal. Journal of community & applied social psychology.

Everitt, L., et al. (2017). Working with Vulnerable Pregnant Women Who Are At Risk of Having their Babies Removed by the Child Protection Agency in New South Wales, Australia. *Child Abuse Review* 26(5): 351-363.

Geddes, E. (2021). "Some days it's like she has died." A qualitative exploration of first mothers' utilisation of artefacts associated with now-adopted children in coping with grief and loss. Qualitative Social Work. Online First. August 2021.

Grant, T., et al. (2014). Improving pregnancy outcomes among high-risk mothers who abuse alcohol and drugs: Factors associated with subsequent exposed births | Request PDF (researchgate.net)

Griffiths, L.J., Johnson, R.D., Broadhurst, K., Cusworth, L., Bedston, S., Akbari, A., Lee, A., Alrouh, B., Doebler, S., Ford, A. and Ford, D. (2020). *Born into care: One thousand mothers in care proceedings in Wales*. London: Nuffield Foundation.

Hajski, A. (2020). Young Families in the Community: An Exploratory Analysis of Child Welfare Contact Among Young Mothers and their Children (umich.edu)

Hannah, B., and L. Condon (2020). Families who recurrently lose children into care: How can professionals support mothers? | Journal of Health Visiting (magonlinelibrary.com)

Harwin, J., et al. (2016). Family Drug and Alcohol Court (FDAC) Final Report 2016. Lancashire University

Harvey, S., et al. (2015). Hope amidst judgement: the meaning mothers accessing opioid treatment programmes ascribe to interactions with health services in the perinatal period. *Journal of Family Studies* 21(3): 282-304.

Healy, K. (2020). Recognising the caring capabilities of birth families of removed children: Towards a critical policy agenda - Karen Healy, 2020 (sagepub.com)

Holt, K., et al. (2013). Access to Justice for families? Legal advocacy for parents where children are on the 'edge of care': an English case study: Journal of Social Welfare and Family Law: Vol 35, No 2 (tandfonline.com)

Honey, A., et al. (2018). Mothering after child removal: Living under the rule of Greek gods - Honey - 2018 - Child & Family Social Work - Wiley Online Library

Honey, A., et al. (2019). Living with mental illness and child removal. *Advances in Mental Health* 1-12.2.

Independent Care Review (2020). About the promise - The Promise (last accessed 20/04/2022).

Johnson, R.D., et al. (2021). Health vulnerabilities of parents in care proceedings in Wales. London: Nuffield Family Justice Observatory.

Keddell, E., Fitzmaurice, L. and Cleaver, K. (2021a). The prevention project: Supporting whanau and reducing baby removals. University of Otago (last accessed 21/11/2021).

Keddell, E., Cleaver, K., Fitzmaurice, L. (2021b). The perspectives of community-based practitioners on preventing baby removals: Addressing legitimate and illegitimate factors. *Children and Youth Services Review*, 127: 106126.

Lever Taylor, B., et al. (2019) Experiences of social work intervention among mothers with perinatal mental health needs - Lever Taylor - 2019 - Health & Social Care in the Community - Wiley Online Library

Lewis, S. and G. Brady (2018). Parenting under Adversity: Birth Parents' Accounts of Inequality and Adoption — University of Huddersfield Research Portal

Luhamaa, K., et al. (2021). Services and support for mothers and newborn babies in vulnerable situations: A study of eight European jurisdictions - ScienceDirect

Macdonald, G., et al. (2018). Right from the start: protocol for a pilot study for a randomised trial of the New Baby Programme for improving outcomes for children born to socially vulnerable mothers | Pilot and Feasibility Studies | Full Text (biomedcentral.com)

Marsh, C. A., et al. (2015). Guilty until proven innocent?--the Assumption of Care of a baby at birth - PubMed (nih.gov)

Marsh, C. A., Browne, J., Taylor, J., and Davis. D. (2019). Making the hidden seen: A narrative analysis of the experiences of Assumption of Care at birth - ScienceDirect

Mason, C., & Broadhurst, K. (2012). *Examining mothers' own histories in the context of repeat removal of children: informing a prevention agenda*. Paper presented at New Horizons in Safeguarding Children, Manchester, United Kingdom.

Mason, C., et al. (2019). Pre-birth assessment and infant removal at birth: experiences and challenges - Nuffield Family Justice Observatory (nuffieldfjo.org.uk)

Mason C & Wilkinson J. (2021). *Services for parents who have experienced recurrent care proceedings: Where are we now?*. Dartington: Research in Practice.

Masson, J. and Dickens, J. (2015). Protecting unborn and newborn babies. *Child Abuse Review*, 24,107-119. DOI: 10.1002/car.2344.

McCracken, K., et al. (2017). Evaluation of Pause: Research Report, Department for Education

McElhinney, H., et al. (2019). Decision Making by Health and Social Care Professionals to Protect an Unborn Baby: Systematic Narrative Review: Child Care in Practice: Vol 27, No 3 (tandfonline.com)

McGrory, J., et al. (2020) Women who use alcohol and other drugs during pregnancy: exploring the complexity of client engagement and their compliance with human service expectations: Journal of Social Work Practice: Vol 34, No 1 (tandfonline.com).

Memarnia, N. (2014). Listening to the experience of birth mothers whose children have been taken into care or adopted (herts.ac.uk)

Memarnia, N., et al. (2015). 'It felt like it was night all the time': listening to the experiences of birth mothers whose children have been taken into care or adopted - Nina Memarnia, Lizette Nolte, Clare Norris, Alex Harborne, 2015 (sagepub.com).

Morgan, H.CM., Nolte, L., Rishworth, B. and Stevens, C. (2019). '(PDF) 'My children are my world': Raising the voices of birth mothers with substantial experience of counselling following the loss of their children to adoption or foster care (researchgate.net)

Morriss, L. (2018). Haunted futures: The stigma of being a mother living apart from her child(ren) as a result of state-ordered court removal - Lisa Morriss, 2018 (sagepub.com)

O'Connor, A., et al. (2020). Methamphetamine use in pregnancy, child protection, and removal of infants: Tertiary centre experience from Western Australia - PubMed (nih.gov)

Pearson, R.J., Jay, M.A., O'Donnell, M., Wijlaars, L. and Gilbert, R. (2020). Characterizing newborn and older infant entries into care in England between 2006 and 2014. *Child Abuse and Neglect*, 109, Online First November 2020, 104760.

Philip, G., et al. (2018). Building a picture of Fathers in Family Justice in England — University of East Anglia (uea.ac.uk)

Philip, G., et al. (2020). "I had no hope, I had no help at all": Insights from a first study of fathers and recurrent care proceedings — University of East Anglia (uea.ac.uk)

Philip, G., Bedston, S., Youansamouth, L., Clifton, J., Broadhurst, K., Brandon, M., and Hu, Y. (2021). *'Up Against It': Understanding Fathers' Repeat Appearance in Local Authority Care Proceedings* (Full Project Report). The Centre for Child and Family Justice Research, Lancaster University.

Raab, G., McGhee, J. and Macintyre, C. (2020). Infants born into care in Scotland report.pdf (ed.ac.uk)

Rebbe, R., et al. (2019). Child protection reports and removals of infants diagnosed with prenatal substance exposure - PubMed (nih.gov)

Richardson, V., and A. Brammer (2020). Mothers of children removed under a care order: outcomes and experiences: Journal of Social Welfare and Family Law: Vol 42, No 3 (tandfonline.com)

Roberts, L. (2017). A small-scale qualitative scoping study into the experiences of looked after children and care leavers who are parents in Wales - Roberts - 2017 - Child & Family Social Work - Wiley Online Library

Rutman, D., et al. (2020). Multi-service prevention programs for pregnant and parenting women with substance use and multiple vulnerabilities: Program structure and clients' perspectives on wraparound programming | BMC Pregnancy and Childbirth | Full Text (biomedcentral.com)

Shaw, M., et al. (2014). Recurrent Care Proceedings: Part 4: the emergence of child protection as a public health issue: how would a more prevention-oriented approach alter the provision of services and the family-professional relationship? *Family Law*. 12, 44.

Taplin, S., and R. P. Mattick (2015). The nature and extent of child protection involvement among heroin-using mothers in treatment: High rates of reports, removals at birth and children in care - Taplin - 2015 - Drug and Alcohol Review - Wiley Online Library

The Promise (2020*) #KeepThePromise*. Edinburgh: Scottish Government. Available at: Resources - The Promise

The Promise (2020) *Recommendations from the Independent Care Review (Scotland).* Available at: The-Promise.pdf (carereview.scot)

Tsantefski, M., Humphreys, C., and Jackson, A.C. (2014). Infant risk and safety in the context of maternal substance use. *Children and Youth Services Review* 47, 10-17.

Van Vugt, E. and P. Versteegh (2020). "She gave me hope and lightened my heart": The transition to motherhood among vulnerable (young) mothers | ScienceGate

Wall-Wieler, E., et al. (2018). Predictors of having a first child taken into care at birth: A population-based retrospective cohort study - PubMed (nih.gov)

Wall-Wieler, E., Roos, L.L., Brownell, M., Nickel, N., Chateau, D. and Singal, D. (2018b). Suicide attempts and completions among mothers whose children were taken into care by Child Protection Services: A Cohort Study using linkable administrative data. *Canadian Journal of Psychiatry*, 63(3), 170-177.

Welch V., et al. (2015). support for birth mothers after adoption | new adoption report | adoption in Scotland | latest adoption news (celcis.org)

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-80525-344-0 (web only)

Published by The Scottish Government, February 2023

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS1206862 (02/23)