

Connect More: How can services, sectors & communities find a shared vision?

National Multiple Disadvantage Summit 2025

Traumatised systems: Can child removal processes be trauma informed?

Speakers:

- **Elaine Ginty** - Team Manager at Sheffield's Family Assessment Support Team (FAST)
- **Kirsty Kitchen** - Head of Policy and Communications at Birth Companions
- **Angela Frazer-Wicks MBE** - Advocate, Trainer and Expert on Parents' Lived Experience
- **Chair:** Lauren Wallace, Senior Partnerships Manager, MEAM

Opening Reflections

Child removal is increasingly recognised as a defining feature of many women's experiences of multiple disadvantage. The disempowerment, loss and trauma that marks the experience of child removal processes for birth mothers can create a pain that is carried for generations and can often push women further into substance misuse, contact with criminal justice system, poor mental health and housing instability. We know that there is some hopeful work and advocacy happening to change narratives and shift systems; the panel today was selected to represent this from practice, policy and advocacy and lived experience perspectives. We will be framing this discussion around the first 1001 days, recognising that a common journey of a women experiencing multiple disadvantage with social services involvement would include intervention from pregnancy and within early infancy.

Overview of Panel Discussion

The cause of the pain and developing new responses

A member of the audience asked why, amongst the many painful experiences of the women she worked with, child removal seemed like *the* most traumatic, life altering event. The panel reflected on the intimate biological bond between mother and child; a baby which she has been carrying within her for nine months. They also spoke about the hope for healing that the unborn child may represent; the hope of creating a bond and a love that is pure and says '*just you and me*'. To have this potential taken from you, due to systemic factors (i.e poverty, poor mental health provision, previous experience of care), destroys feelings of control, agency and hope. What if you've been through the care system yourself and found it to be void of care and deeply traumatising, and now find your baby facing the same future? Birth mums can be tormented by the systemic injustice and hypocrisy at play –blamed for the symptoms of the system as they show up in their personal lives, whilst the system uses those same flaws to justify its own short comings.

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“...as long as the state can not hug a child it can't be a good parent” Lemn Sissay

We are seeing new responses to the experiences of mothers whose children are at risk of child removal. FAST, for example, is funded by Children's Services in Sheffield and can begin working with expectant mothers before Social Services can. Many women who are at risk of being involved with family courts have their own experiences of children's service and care that the very mention of 'social services' can be re-traumatising. Offering holistic support which centres around relationship and understanding (as opposed to restriction and intervention) can reframe women's experiences and reduce levels of trauma. FAST's support has no time limitations which enables genuinely person-centred support.

Identity and Shame

The identity of 'mum' can be complex but crucial to birth mothers who have had their children removed. Services can lack the language and insight to have conversations with women about their experiences of identity and may avoid calling them mothers; this can be painful and contribute to feelings of shame. HOPE boxes (givinghope.org.uk) are a way to honour the identity of the birth mother, recognising that no matter what external factors may have affected the pregnancy and birth, they are still mum. These boxes were created with women with lived experience of child removal, to centre and be truly sensitive to the experiences of a birth mum. There is also a box for baby to keep; this exchange honours the intrinsic relationship between birth mother and infant and centres the prospect of reunification, holding on to hope.

Supporting the birth mum to navigate this journey, holding on to hope, trying to make processes as trauma informed as possible, serves both birth mum and infant; the wellbeing of both are intrinsically linked and are not oppositional.

If we centre the birth mums' perspective, listening to the experience of mums who have gone before her, we can anticipate some of the very difficult, real life situations that can be brought about feelings of so much shame and stigma and work with the mum to prepare for these (the example given by the panel; going into a shop after pregnancy and shopkeeper asking 'where's baby?').

The interconnectedness of trauma informed approaches, intersectionality and coproduction

Being trauma informed is essentially about meeting a person where they are, understanding their individual complexities, some of which may be connected to protected or minoritised characteristics (such as race, class) but also some of which will just be a coincidence of their individual journey through life and previous trauma. To create space to be trauma informed is to create space for intersectionality by being curious and trusting the human experience of the person we are trying to support. If we listen without judgement, we will be able to practice social grace and be responsive to the person.

Conversation with those who have experienced and are experiencing child removal processes are essential to create services that truly meet the needs of the people using them. This cannot be through one-off consultation but needs to be done by resourcing robust networks with people with lived experience who are representative of the local need.

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This network building also creates spaces for peer-to-peer support which reduces isolation, shame and stigma.

Creating systems change and thinking about the bigger picture

We are all responsible for creating systems change, as multiple disadvantage and motherhood touches everyone. Changing the system requires focus at both national and local levels; the current mission led government *should* provide the opportunity to create this change (under the ‘breaking down barriers to opportunity’ mission) but considerable pressure and policy influencing is required to cement this as a critical issue which has far reaching impact for our society. We need coordinated and clear commitments to addressing pre-birth and infant care proceedings at a national level, to support and catalyse local efforts. Locally, there needs to be constant conversation with people with lived experience of child removal (who are largely representative of local demographics) to inform local arrangements and to lead local innovation. There is a bigger piece around reimagining some of society’s narratives around inequity, women, race, motherhood and childhood to challenge some of the stigma that women experiencing multiple disadvantages and social services involvement face.