MOTHERS' VOICES: HEARING AND ASSESSING THE CONTRIBUTIONS OF 'BIRTH MOTHERS' TO THE DEVELOPMENT OF SOCIAL WORK INTERVENTIONS AND FAMILY SUPPORT

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Mothers' voices: hearing and assessing the contributions of 'birth mothers' to the development of social work interventions and family support

Abstract

This paper focuses on interviews with 'birth mothers' who experienced successive losses of their children to public care in one local area of London, England. Interviews were conducted during a project partnership between a London borough and university staff, aiming to provide a localised, pilot support initiative which responded to mothers' viewpoints. To 'hear' mothers' own voices more clearly, we analysed interview transcripts using a methodology which separates out elements of how the interviewee tells her story, how she speaks about herself and about her relationships, taking into account surrounding social complexities and researchers' reactions to the story. To explain how professionals could subsequently draw upon these 'mothers' voices' for a pilot support initiative, we identify some *key messages for professionals* from these interviews, including: women wanting clear and honest communication between themselves and workers, and between staff; women often feeling 'let down' by professional procedures and court processes that were moving too fast for them to keep up; women wanting to be treated with more respect. Women respected some professionals but not others and this seemed to relate partly to personalities. Some mothers experienced being 'left alone' or 'abandoned' to deal with the aftermath of children's removal and/or adoption.

Key words

Action-based research, family support, parenting, partnership research, prevention, qualitative research.

Introduction

This paper focuses on interviews with ten 'birth mothers' who have experienced successive losses of their children to public care in one local area of London, England. These interviews were carried out as part of the *Mothers Apart* project, a partnership initiative between a London borough and staff at Middlesex University, London. We therefore aim in this paper to explore findings from our interviews, which interviewees themselves intended to provide messages for practitioners.

Research in the United Kingdom has already identified high human costs, as well as public financial implications, of successively removing children from their birth families: some research has looked at the frequency of such removals (Broadhurst & Mason, 2013), and various studies have also considered their wider social impact, including legal and historical aspects of this issue (see e.g. Cox, 2012; Harwin et al, 2014; Neil et al, 2010). Research and practitioner experience suggests that many families' ability to parent successfully can be compromised because parents have multiple, complex needs; for example, substance misuse, domestic violence, learning disability and/or mental health support needs may all be key factors for some parents whose children are removed. This complexity can result in contradictions and tensions for professionals aiming to provide appropriate family services, both in the UK and elsewhere (Barnard and Bain, 2013; Blazey and Persson, 2010; Featherstone et al, 2014; Forrester at al, 2016; Hester, 2011; Holland et al, 2014).

Our partnership project (including social work practitioners and university researchers who had backgrounds in sociology and anthropology) interviewed mothers as part of the preparations for a subsequent local authority-based pilot initiative *Hummingbirds*, that we described in an earlier article (Lewis-Brooke et al, 2017). We intended to place 'mothers' voices' at the centre of both the initiative and the related research. In this paper we explore more fully how we developed work with mothers and the implications of drawing upon these kinds of interviews

when developing practical initiatives in which professionals aim to work constructively with parents whose children are removed from their care.

Literature and background

Successive removal of children from the same parent(s) raises wider, international policy questions about the contested role of the State in promoting child and family wellbeing in the context of child protection services (see Gilbert, Parton, & Skivenes, 2011; Gilbert, 2012). Considering cross-national perspectives, these authors have suggested that different, but overlapping policy orientations towards what they identify as a 'child focus', or alternatively an emphasis on 'family service', or on 'child protection', are evident internationally. May-Chahal et al's (2006) study of responses to child maltreatment in several European countries states that :

> 'Few children (less than 5% of the total sample) were indicated as permanently removed from their families. Substitute care was both compulsory and voluntary, but for the majority it was initiated as a short term measure', (May-Chahal et al, 2006, p. 11.)

Compared to the UK, where the concept of 'permanency' for children is currently prioritised, action such as adoption without parental consent may thus be uncommon in some other European countries; and approaches to child removal can vary between countries depending on other policies, (see May-Chahal et al, 2006; Poso, Skivenes, and Hestbaek, 2014; Welbourne and Dixon, 2016). In practice, increasing rates of 'out of home' child placements are reported internationally (Hiilamo, 2009), raising further issues about how best to support birth parents whose children are removed due to child protection concerns (see also Hiilamo and Saarikallio-Torp, 2011; Ubbesen, Petersen and Kristensen, (2013). Work by Slettebø and Seim in Norway (Seim and Slettebø, 2011; Slettebø, 2013) explores the idea of a user group partnership between service users

(including parents) and professionals (and our pilot service made use of some of these ideas as a basis for intervention).

We deduce from these complex and highly contested processes that they can reveal potential for conflict between the rights and welfare of the child and of the parents. As we have already suggested elsewhere, in England:

> 'the focus on the child has perhaps allowed hard pressed local authorities to fund work with children and their new families, rather than provide services to their grieving birth parents, many of whom are still grappling with the problems that were given as evidence of their inability to safely parent'. (Lewis-Brooke et al, 2017, pp. 8 - 9)

In her research paper Cox (2012) suggested that:

> 'Birth parents who lose children ……… are currently offered little or no routine follow-up in relation to their own unmet needs and form part of no agency's case load. To quote one Suffolk safeguarding manager, `One minute they are everybody's clients, the next they're nobody's clients'.' (Cox, 2012, p.543)

Issues regarding 'normative' views of parenting in society may also be key in this context (see e.g. Bell and Ribbens, 1994; Edwards and Gillies, 2004; Lee et al, 2014; Ribbens, 1994). Lee et al discuss the rise of prescriptive ideas as part of what they term 'parenting culture', suggesting this is becoming an important influence on professionals who are working with families. Work with parents in families where there are child protection concerns (as well as available funding) may also tend to focus on 'mothers' seen as proxy for 'parents'. It has been argued that fathers (especially unmarried fathers) have very few rights in relation to their children (see e.g. Clifton, 2012); recent research explores their (lack of) involvement with child protection services (see Brandon, Philip and Clifton, 2017; Philip, Clifton and Brandon, 2018;

Zanoni et al, 2013) and argues for greater inclusion of fathers, especially in professionals' decision-making about children's futures.

The *Mothers Apart* project.

In 2013 social work staff and colleagues in one London borough began to explore possibilities for providing support to local families who were experiencing successive and permanent child removal (see e.g. Lewis-Brooke and Bradley, 2010). This borough is a mid-sized, densely populated and very diverse local authority where more than 40% of households have been estimated as living in 'income poverty' (i.e. living below 60% of the median (average) UK household income, after housing costs: twice the national average). Local authority staff approached researchers at Middlesex University in 2014, subsequently joining with them in a partnership action project, which explored the above issues and in which *mothers' own experiences and voices* were considered a key element to developing a supportive intervention. As Whittaker suggests, action research 'is associated with smaller-scale research projects that seek to address real-world problems, particularly among practitioners who want to improve practice.' (Whittaker, 2012, p.12).

The *Mothers Apart* project thus emerged from these deliberations in three stages:

Stage One: *Background research to the development of a practice intervention*:

Following initial partnership meetings, university staff carried out a literature review and project team members visited or contacted other relevant initiatives working with families (including PAUSE, (Hackney); Positive Choices (Suffolk Council and Ormiston Trust); Families in Care (Newcastle); FDAC (see also Harwin et al, 2014); Strengthening Families (Salford City Council). Team members also attended relevant conferences jointly. Members of the partnership team set up interviews, aiming to obtain views from *mothers who had already experienced successive removal of their children* in the London borough (our focus in this paper). (This research was university funded during 2014 - 2015). Practitioner activity in the

borough at this stage included exploring potential financial aspects of taking a 'cost to save' approach towards support for birth parents experiencing child removal.

Stage Two: *A pilot intervention model* was designed and developed by practitioner staff in the borough (*Hummingbirds*), using the material gathered from Stage One including the 'mothers' voices' as expressed in their interviews; this pilot intervention (intended for mothers who had lost children to public care) sought to reduce children being successively removed and included individualised and group support for women participants (*London borough funded*). This involved some ideas and staff understanding about attachment and developing a 'secure base' for mothers (see e.g. Schofield and Beek, 2014). (See our previous paper for more details of this pilot activity, Lewis-Brooke et al, 2017).

Stage Three : Informal evaluation, providing feedback from mothers (via a focus group and interviews) and from staff interviews, about the pilot intervention. After the first cycle of *Hummingbirds* university researchers in the team obtained further internal funding to interview staff working in the initiative and they held an initial focus group with five women participants. Further interviews with women who had participated in a subsequent *Hummingbirds* group (in 2018) and with two more staff provided further informal feedback and allowed us all to reflect further on outcomes from the pilot initiative.

Ethics approval for all the research elements of this project (i.e. separately from the pilot intervention itself) was given by both the University ethics committee and the London Borough ethics (Research Governance Framework) panel. The ethics process included use of an appropriately worded information sheet and obtaining written, informed consent to interviews and/or focus group participation from mothers, and from *Hummingbirds* staff.

METHODS – INTERVIEWS WITH MOTHERS

Access and sampling

A key research objective of the project Stage One was to :

- 'Obtain viewpoints of a small, identified group of up to 20 birth mothers in [the London borough] about the value of [the pilot intervention] and its potential for supporting birth mothers and their families'.

The team decided it would be best to approach local mothers who had experience of successive removal of their children via key workers, with whom they were already in contact. Interest in and enthusiasm for the project shown by these workers was both reassuring and motivational. A project team member in the local authority who is a qualified social worker took the lead on recruiting mothers; she briefed these key workers and subsequently explained our information sheet to mothers face to face, once they had been contacted and asked to participate. Everyone was aware of the potential vulnerability of all of these women and so we took care to produce an appropriate information sheet explaining the project, which was then approved by the ethics panels.

Twenty five local mothers who had had relevant experiences were initially identified as potential interviewees; two of these mothers immediately declined the request for interview when contacted, and four others chose not to be interviewed after showing some initial interest. Some key workers said they found it difficult to access mothers as their relationships with them were not good. The process of setting up and conducting interviews was challenging for the partnership team, and we are grateful to all the mothers who have taken part and to the key workers who facilitated contacts. In the event, although some pre-arranged interview appointments were cancelled, two team members (a researcher and jointly appointed researcher/practitioner) eventually managed to interview ten mothers, some of whom asked for a partner or other person to accompany them during interviews. Interviews lasted from 15 minutes in one case, to over an hour and with permission were audio recorded. We used a short list of interview questions that had been agreed with the local authority ethics panel (**see**

Conclusion – Project Interview Questions) which included several 'prompts' that could be used as part of our conversations with women, as appropriate.

During their interviews a few mothers did offer suggestions about the kinds of support they felt they would benefit from now, including giving or receiving peer support. Interviewees looked back to what would have helped them cope at the time of their child(ren's) removal, but for most their grief and current sense of loss was clear: for example, one mother said:

'the reason I want to do this [interview] is so that other mothers don't go through what I'm going through right now'.

Data analysis

Interviews with mothers were fully transcribed and then analysed thematically. We have made use of a 'voice centred relational method' of interview analysis developed by Mauthner & Doucet (1998), derived from the work of psychologist Carol Gilligan. This approach also allows for an underlying feminist approach to be developed to the analysis of this interview material (see Bell and Ribbens, 1994; Ribbens, 1994), allowing the multi-layered nature of each person's narrative to be explored through several readings:

1) the story and our reactions to the narrative

2) reading for the voice of the 'I' – how the person speaks about her/himself

3) reading for relationships

4) placing people within cultural contexts and social structures

Taking this approach to analysis allows individual stories to be developed and understood in depth *before* dividing the data up into themes or codes, as in more conventional forms of thematic analysis. This allows us:

'to 'coax' stories and to listen with an open mind and an open heart to this person and his or her story, both of which are ever-changing and continually constituted in relationships' (Mauthner & Doucet, 1998, p. 136)

We accept that when analysing this data, notions of 'self' and 'voice' may need to be seen as partial & fragmentary and we agree with Mauthner & Doucet (p. 140) that the research process involves a balancing act between 3 different and sometimes conflicting standpoints:

1) the multiple and varying voices and stories of each of the individuals we interviewed

2) the voice(s) of the researcher(s)

3) the voices and perspectives represented within existing theories or frameworks in our research areas and that we as a team can bring to our project – (In this case, sociological/ anthropological understandings of 'family' *and* social work theories and practice(s), for example a psychodynamic approach).

Reflexive and ethical considerations have helped transform these 'private' stories/ narratives into 'public' theories. We needed to accept 'losses and gains' involved in this process and to have careful regard for the meanings inherent in our interviewees' narratives, even though these may not be the exact versions they would have presented themselves. We aim to present these narratives without identifying individual mothers too closely, and have therefore decided not to 'compare and contrast' the exact characteristics of all the interviewees within our dataset. This process shares with other qualitative methods the limitation of being focused on a small sample and relies on the researchers' understandings of what mothers were telling us. However this has provided us with more understanding of mothers' viewpoints. In presenting our data in this paper we therefore start by focusing on three example 'narrative' accounts which we have derived from our material, drawing upon the layered readings of each transcript, including our own reactions as researchers and/or practitioners.

FINDINGS : **Example narratives**

'Mary's' s**tory**

In this narrative 'Mary' briefly describes the removal of her children, (2 boys and a girl). At the time of the interview, Mary is living in a hostel, the fourth child (2 months old) is in contact with Mary and her partner and they are visiting weekly in the family centre. There will be a court case in a few months' time to decide the child's future. She has learning difficulties and was in foster care herself till the age of three due to domestic violence in her home.

Our overall reaction to this story was that Mary is one of the mothers we interviewed who does not always understand what is happening and why social work intervention is needed. Mary sees parenting as largely being about practicalities e.g. learning to change nappies; however she says to the interviewer that she wants to learn these parenting skills.

How 'Mary' speaks about herself.

Mary sees herself as reacting to events largely outside of her control. She speaks mainly in the third person ('*it would be nice…'; 'they took them*….') She says she does not understand why the children were taken, and that she was not given an explanation.

How 'Mary' speaks about relationships.

Mary apparently has a good relationship with her (male) partner (the children's father). She makes various comments about her own mother, her mother in law and her partner's aunt, saying her mother talks about her to the social worker (with negative implications).

'Dee's' story

Dee had two sons, one born 18 months after the first, and says she experienced bad post natal depression after the second birth. Dee suggests that her husband could get 'grumpy and aggressive' (but later in her interview she confirms she was experiencing domestic violence). She and her husband have both used cocaine. Money, and substance/ medication problems

meant that the family 'lost everything', after having a good lifestyle (on reflection this lifestyle could be perceived as 'middle class').

She says she 'told everything' to Social Services and subsequently lost care of the two children, but initially kept her third child. Dee managed to take the children abroad for several months, returning to England as did not want to 'exile' them, and she served a short prison sentence for their abduction afterwards. The children are all now in public care.

Our reaction to this story was that it is a complex, articulate and fairly reflective account.

How 'Dee' speaks about herself

She recounts her own difficult childhood, and takes some responsibility for what happened to her children. She says she would have liked more 'early intervention' as she knew she was not coping well; this narrative might suggest the usefulness of *preventive* 'intervention'. '*I knew I needed help, I knew I wasn't a very good mum*'. But Dee also says '*I'm a smart person, I've got interests. I'm not a bad person*'. She does not think Social Services wanted to hear 'good things'. She feels she put her role as wife first and emotionally neglected her children, and she has realised this subsequently.

How 'Dee' speaks about relationships

Dee says she had good relationships with her children. She excuses her husband's behaviour due to 'the way he was brought up'. She says she had a bad relationship with her own mother, and seems to have ambivalent relationships with professionals.

'Xena's' story

'Xena' describes how at the age of 16 she was living in public care when her first child was born, and when she was pregnant with her 2nd child she was advised to stay away from the child's father, who was violent towards her. This partner was not allowed to be at the birth, so she took the baby to go and see him afterwards, resulting in both children being removed a few

days after the second child's birth. She thinks it would have helped her if she had been given more information about domestic violence and its potential effects on children.

By the time of her third pregnancy (with the same partner) Xena was living in her own flat and was not being supervised, so she concealed the pregnancy from social work professionals until after the birth: '*the only reason why I got to keep her is because I hid her*'. When she told the leaving care worker about the birth, the family were then assessed but : '*they could see that I had everything for [child]. I had gone to all my antenatal appointments, I was willing to engage with them so I just feel like I kind of got away with it'*. Later on domestic violence returned and her partner went to prison as a result of this:

I saw it as, this is my break.....so we moved out of the area. I met somebody else and went on to have three other children with him and I've never looked back ...

Our reaction to this narrative is that it is ambivalent in suggesting that Xena needed to 'fit in' in order to negotiate the system on one hand, but that she feels she also showed courage and tenacity in extricating herself from the professionally-dominated system by concealing her third pregnancy and then by changing her lifestyle when she had the opportunity.

How 'Xena' speaks about herself

Xena says she learnt from experience how to free herself from a violent relationship. She presents herself with hindsight as an assertive person who was able to build a successful family life, although she still grieves for the children she lost.

How 'Xena' speaks about relationships

With her first partner, who had also been in care

'*we felt like we needed each other, we was the only like real support that we had'*.

She suggests she has had ambivalent relationships with social services and other professionals:

'Social workers ......said: 'we're not forcing you to but if you don't, then it will lead to this…' so you feel like it's bully tactics'.

Discussion – key themes

Taking up a focus in this paper on 'mothers losing children to care' may imply that there were very clear similarities in mothers' experiences; but careful analysis of these narratives where mothers are 'telling their stories' helps to bring out the differences as well as similarities in these accounts. Mauthner & Doucet's (1998) 'four readings' approach has been helpful to us in attempting to bring out how mothers speak about themselves (reading 2) and about their relationships, both personal and with professionals (reading 3). We are presenting some additional direct quotes (below) from the 'voices' of several other interviewees (mainly in relation to the themes we have identified) rather than linking them to specific narratives, so as not to identify individuals too closely.

Relationships with fathers/partners are often crucial, whether or not he is known; significantly, in all of the three example narratives, fathers were still 'around', although their influence varied from positive to less than positive. We identified from mothers themselves that they thought professional support such as the proposed pilot initiative should be offered to fathers, as well as mothers, whose children have been removed. Whilst we understand current limitations on funding such initiatives to support parents, we also recognise that this issue of fathers' involvement is significant and this is a lesson for those involved in our own project (see also Brandon, Philip and Clifton, 2017; Bedston et al, 2019).

> Interviewer: Do you think [social workers] should do more to work with fathers?
>
> *They definitely should do because if it's only one side that's getting all of the support and knowing what's going on the other side is still in the same position, they're [fathers]*

still not going to see where they're going wrong or what they need to change and it will

still carry on that way.

A key characteristic of most of our interviewees' **relationships with professionals** seemed to be ambivalence. In some cases 'battle lines' seemed to be drawn, involving trust but also mistrust of professionals, in particular social workers (who were often seen as 'other' in some circumstances yet as 'friends' at other times). Taking up a professional perspective here, social workers in our research team did know something about these mothers' early histories with authority figures and how at least some of them coped with adversity (see e.g. Levenson, 2017). Using psychodynamic theories to interpret our interview material would therefore suggest these interviewees would have been likely to transfer hostile feelings onto their social workers. Using a psychodynamic lens, it could be argued that by removing the children and then 'abandoning' the mothers, this could reinforce early messages about unsafe authority figures. (see e.g. Bifulco and Thomas, 2013; Schofield and Beek, 2014; Trevithick, 2011).

In the third example narrative above we see the interviewee ('Xena') learning (through adversity) how to negotiate/navigate both her own life experiences and the professional 'system' – and so we reflected on whether this is a sign of developing 'positive independence' from professional control? Some women were *asking for better communication between themselves and workers,* as well as between staff. Mothers stated that they want honest information so they can understand where they 'went wrong' as parents so as to be able to do better 'next time', for example:

> *It would have been nice if they had actually spoken to me and said look, we're going to*
>
> *be involved in your child's life, this is the plan, this is what we need you to do.*

In many of our interviews with mothers, they expressed the viewpoint that they did not understand what was happening to them or why social services staff had become involved with

their family; *reasons for interventions* were not clear to them. In parallel with this theme, we identified mothers' discussions about *the role of external forces* (events such as experiencing a fire at home, or the actions of professionals, action of family members, or health issues) which were perceived to be outside the mother's control and not within her power to influence.

Complex 'structural'/social issues (reading 4) such as addiction, violence and perhaps social class or moving around into different (geographical) areas over time also feature in most of our interview transcripts and are outlined in some of the above stories. Our interview examples illustrate how mothers explained and engaged with these complex forces: according to their stories, things have often *happened to* the mother rather than being something that she *made happen;* or alternatively, she did not realise the potential consequences of her actions. Mothers did not often see themselves as *personally responsible:* they were sometimes distancing themselves from their actions, keeping them at 'arms length'. (But as we saw with Dee's story, insight about responsibility might emerge subsequently). Could there also be a link between this distancing with the stigma of having child(ren) removed? ('*I don't blame myself*'). In some cases mothers suggested that social work or other professional intervention came too late in their subsequent pregnancy/ies, or at the wrong time.

We recognise throughout the interview transcripts that all of these mothers experienced *grief and bereavement* issues at the loss of their children. Their pain was greater since this loss was not usually something that could now be resolved.

> *Knowing my daughter is happy and well is the only reason why I haven't killed myself, but there are many times when I've thought about committing suicide…*

Furthermore, several mothers expressed the view that they had had *no 'voice'*: they said that at various points throughout their life experiences they were not being listened to or believed by professionals.

This mother suggested how sharing her experiences with other mothers was an important aspect of her agreeing to take part in this project:

Respondent:…….*we could just sit down all together in a group and talk about it. Or probably like write something. Pieces of paper. And just, you know, something. ……….You know? Just to say that, you know, these people are trying their best.*

Interviewer: *Yes...*

Respondent: *Something like that. That's what's in my head.*

Interviewer : *It's a good thing to have in your head.*

Respondent: *Yes. ……I think it's really helpful to me. And I think sometimes there's strength in numbers. And that people who have been through similar positions, situations, can also help each other. And encourage each other.*

It was clear that **women wanted to be treated with respect** and that they valued their role as mothers. In contrast they did not always feel they were being treated by workers with such respect, for example during contact visits:

> *……they just come and pick the baby off us without even asking us, can we hold the baby? This has happened to me so many times, I was feeding my daughter and one of the [workers] used to come in, pick the baby up and just walk off with her and I'm like, hold on a minute. I was in the middle of feeding her……*

Some mothers made comparisons between themselves and other parents who, they said, were allowed to keep their children despite those parents' shortcomings. Another example where women sometimes felt a sense of grievance was where they perceived they had not been believed over their concerns about children's health issues:

I said I know my son and I know what's wrong; I'm the mother. There's something wrong. They kept saying no, no, no. And in the end after they took the kids from me, they finally proved when he went to my sister-in-law, that he had ADHD. They never believed me once. And that's what really gets to me because if they'd have listened to me in the beginning, they could have put the help in. They wouldn't have had to take my boys away from me.

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a lot of social workers actually talk down to the parent as though they were a bit of crap on your shoe, where it's you've got to work out, these parents, right, they go to work, they've got clean homes, now if the house is too tidy your child is being neglected. If your house has got toys all over the shop, your child's being neglected.

There were some indications within these interviews of mothers' own suggestions for professionals taking their involvement with these families into more positive directions:

[Interviewer]…...the people here [in the local authority] are really trying to develop some ideas about supporting women, can you think of anything?

I just think to make it more clearer and to not make it feel like it's parents against the services, because I think once that happens parents don't want to engage with the services and the services see it as they're trying to do their best for the children, so it's like you butt heads and then they feel like that's the only way they can look after the children is they remove them. But I feel like if they came with a different approach and parents actually felt like they was trying to support them not just remove the children they would get a better outcome.

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Even though I've had other children it's like they could never replace the children I've lost, I still know I have two children out there that I don't see so I always feel like my family isn't quite complete. But I just feel that if there was somebody there, especially like a group where other people was in your situation then you would be able to see that you will get to that stage where you can do it.

Limitations of this study include the small scale of the overall pilot and the limited population of mothers from which to draw our sample. We have no specific data on these mothers' attachment styles (see Bifulco and Thomas, 2013), so to consider their relationships with social workers in any detail is also difficult; however the pilot did make use of psychodynamic ideas about relationships and relationship-based social work, including developing a 'secure base' (Schofield and Beek, 2014). Our overall intention in this paper has been focused on 'hearing' what these mothers have said about their experiences within the child protection system.

CONCLUSIONS

In this paper we have explored in some detail interviews that we carried out as part of our project with mothers who had experienced losing children to public care, in one locality in London (England). In order to 'hear' mothers' own voices more clearly we analysed the interview transcripts using a methodology which separates out elements including how the interviewee tells her story, how she speaks about herself and her relationships, and that takes into account the complexity of surrounding social environments, including researcher and practitioner reactions to these stories. This approach was intended to allow us to keep the integrity of each woman's narrative whilst also being able to draw out key themes. The limitations of sampling that we mentioned above were linked to the overall small population of local mothers who had experienced successive losses of their children to public care,

reflected in the small-scale nature of our project and the pilot initiative. But we hope that by remaining close to these mothers' own voices we can draw some useful conclusions for practitioner colleagues more widely.

To allow practitioners in our project team to subsequently draw upon these voices to provide a support initiative that reflected mothers' own ideas and which included both individual and group support, we identified some *key messages for professionals* from this set of interviews; these messages were fed into the development of the pilot intervention *Hummingbirds*; (for more details about the development of this pilot intervention see also Bell et al, 2015; Lewis-Brooke et al, 2017):

- Mothers we talked to wanted better, clear and honest communication between themselves and workers, as well as between staff.

- Mothers were often feeling 'let down' by professional procedures and court processes involving their children that were moving too fast for them to keep up.

- Women wanted to be treated with more respect, and to be recognised as 'mothers' although they had lost their children.

- Women suggested that in future, support should be offered to fathers as well as mothers.

- Women had respect for some professionals but not for others and this seemed to relate partly to personalities.

- Some mothers experienced being 'left alone' or 'abandoned' to deal with aftermath of children's removal and/or adoption. One spoke about not being provided with support /post-adoption counselling, as she had been promised.

Project Interview Questions – Birth Mothers

1) Can you tell us what happened to you and how your children came to be taken away from you?

      Prompt : If the social worker was here now, why would they say your children came to be taken away?

      Prompts : Could you tell us a bit about your life growing up and do you think that there was anything about the way you were looked after as a child that influenced the reasons why your children were taken away? Or any events in early adulthood?

2) Looking back, were there things that could have been done to support you that might have brought about a different result?

      Prompt : Were there any key times when the right support might have helped?

      Prompt: At the time that care proceedings were drawing to an end and the decision had been made not let your child/ ren come home, what support / services did you receive?

3) In your experience of working with professionals like social workers, were there any people who you trusted/ who were helpful and who you could talk to?

      Prompt: if so who were they? What services did they work for?

4) Do you have any contact with your children who were taken now? What, if any, contact would you like to have ?

      Prompt: Thinking more generally, would support make it more possible for contact to

happen between children and their parents, and what sort of support do you think
would be most useful?

5)What do you think might make a difference to women so that they do not keep having
children removed?

   Prompt : Can you think of anything that could be offered that would support women to
make choices about their lives?

6) Is there anything else you would like to tell us that will help us to design a service that will
be helpful to women whose children have been permanently removed?

Thank you very much for sharing your thoughts and your story.

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