Child removal as the *gateway* to further adversity: birth mother accounts of the immediate and enduring collateral consequences of child removal.

Introduction

There is growing international recognition that the removal of a child from his or her birth parents by the family courts, should not mark the end of professional support for parents' own rehabilitation (Grant *et al*, 2011; Cox, 2012; Broadhurst and Mason, 2013; Broadhurst *et al*., 2015, Broadhurst and Mason, 2017a). Our own research, which uncovered the scale of women's repeat appearances in the family courts in England (Broadhurst *et al*., 2015), has catalysed a fundamental re-appraisal of State responses to parents beyond child removal given women's vulnerability to repeat losses of infants and children to public care or adoption. We have argued that policy and professional intervention must be attuned to the *additive* burden that this population of parents face, on account of family court involvement and child removal.

The majority of parents involved with child protection services and the family courts have experienced multiple forms of disadvantage in their own childhoods. They typically become parents at a younger age than the general population, but with fewer resources to bring to parenthood (Broadhurst *et al.,* 2017b). Family court involvement, which is typically adversarial can compound parents' difficulties, exacerbate mental health difficulties and prompt a return to coping strategies such as misuse of drugs and alcohol which undermine recovery (Harwin *et al*., 2013; Morriss, 2018). Although there is a clear consensus that children must be protected from harm, there is a strong moral and economic argument for continued work with parents beyond the conclusion of court proceedings, to prevent repeat family court appearances. In a number of international contexts, services are beginning to demonstrate (McCracken *et al.,*

2017; Cox *et al.,* 2017; Roberts *et al.,* 2018; Wise, 2018) that relationship based, longer-term professional help beyond the conclusion of family court proceedings, can limit the harm that parents experience as a consequence of loss of their children and promote recovery.

In our earlier work, and based on a review of the relevant interdisciplinary literature, we proposed a preliminary conceptual framework designed to capture the combination of *collateral consequences* that can follow child removal (Broadhurst and Mason, 2017a). We argued that the grief associated with loss of children combines with social penalties (stigma and restrictions on kin relationships) and civil disqualifications (housing, employment and welfare benefit restrictions) which together impact on longer-term life chances. In addition, we argued that parents who already have a family court record, face an up-hill battle in convincing child protection services and the courts that their parenting capacity has improved, in the context of a new baby. In this article, we turn to findings based on qualitative analysis of interviews with 72 birth mothers conducted in 7 local authority areas in England. Although we have reported broad themes from these interviews in an earlier project report (Broadhurst et al., 2017b), in this article we re-visit the data with a specific focus on the impact of child removal on women's immediate and longer-term life chances. By grounding our earlier propositions in rigorous analysis of an extensive corpus of interview data, we have been able to revise and extend our preliminary framework. The study was funded by the Nuffield Foundation (2014 - 2017).

All the women participating in the study had experienced more than one set of care proceedings. Analysis of self-report data from birth mothers' lived experience of child removal firmly evidences an immediate psychosocial crisis following child removal, but also the cumulative and enduring nature of problems. As Bradshaw and Finch (2003) have described,

disadvantage tends to cluster – for this group of women child removal was firmly *the gateway* to further adversities. From women's accounts we have been able to deepen our understanding of the enormity of the recovery challenge for women with long-standing histories of disadvantage who hold fragile and restricted social statuses. Role loss and further exclusionary consequences of child removal were particularly pronounced, given women's limited access to protective resources.

Secondary analysis of our qualitative interview data has been informed by phenomenology's interest in lived experience and a search for shared meaning across multiple interview accounts (Giorgi, 2012; Eberle, 2014). In contrast to narrative or case study research, the phenomenologist aims to identify commonalities in experience in pursuit of *conceptual generalisation* (Merleau-Ponty, 1968; Sokolowski, 2000). Thus, we aimed to establish where interview accounts cohered in relation to the same experience. This is the first study that has probed women's lived experience beyond child removal on the basis of a large purposive sample of women, drawn from multiple local authority areas in England. Given that women typically disappear from the gaze of public services when they no longer have children in their care, the study makes an important contribution to the literature, because women's retrospective accounts enable the experience of child removal in the immediate and longer-term to be shared – this also helps to explain recurrence. Revisiting our interview data has enabled a clear set of recommendations for services to be set out, in our final discussion.

Policy and legislative context

As increasing numbers of parents appear before the family courts in care proceedings in England, searching questions are being asked about what might be done to prevent parents involvement in family court proceedings (Munby, 2017). Recently the Nuffield Foundation funded the Care Crisis Review (Family Rights Group, 2018) to better understand the factors associated with increasing numbers of children entering care in England and Wales. A key issue that has attracted considerable academic and policy interest is demand on the courts due to the scale of parents' repeat appearances before the family courts and the serial removal of children. The serial removal of infants and children from the same mother is reported in the USA (Grant *et al.,* 2014; Larrieu *et al.,* 2008; Ryan *et al.,* 2008), in Australia (Taplin and Mattick, 2014; Hinton, 2018), in Canada (Novac *et al.,* 2006) and in the UK (Cox, 2012; Broadhurst et al., 2017b; Broadhurst et al., 2018; Alrouh et al., 2019; Roberts *et al.,* 2018).

Growing awareness of parents' vulnerability to repeat appearances has prompted a proliferation of new preventative developments in the UK but also in the US and Australia (Grant *et al*., 2014; Hinton, 2018; Wise, 2018). Innovation has been catalysed by the recognition of the scale of recurrence in public law proceedings – a sizeable proportion of women who have children removed through court order, return to court to lose more children in this way (Broadhurst *et al*., 2015). New preventative solutions recognise that terminating public services involvement with mothers and indeed fathers, at this juncture, cuts short their options for rehabilitation and does little to prevent a negative cycle of 'repeat removals' (Cox *et al.,* 2017; Roberts *et al.,* 2018). As innovation gathers pace, it is critical that a robust evidence base continues to evolve in tandem.

However, studies of parents' experience that provide a longer view on experience are very few in number (e.g. Neil *et al.,* 2010). As Joan Hunt (2010) described from a comprehensive review

of the literature, there are glaring gaps in research on parental perspectives on the family justice system, and very little data on the experiences of parents in public law cases after proceedings have ended. Retrospective interview accounts can provide fine-grained insights about women's lived experience and the obstacles that stand in the way of recovery. These insights are invaluable for those designing new services.

The study

Data source and theoretical approach

As stated above, for the purposes of this paper we have re-visited data drawn from interviews with birth mothers which formed part of a mixed methods study conducted between 2014 and 2017. For the purposes of this article, we have revisited the data with a specific focus on the *immediate* but also *cumulative impact* of child removal over time. Analysis was informed by phenomenology's emphasis on close qualitative engagement with embodied experience (Sokolwski, 2000). Although each interview account was unique, we sought to identify common themes across interviews, in line with phenomenology's interest in collective accounts of experience. All phenomena are time and context specific, but this does not preclude the search for commonalities in accounts and pursuit of *moderate generalisation* (Giorgi, 1997; Eberle, 2014; Gallagher and Zahavi 2008). From this perspective, the qualia or idiosyncratic features of the individual interview are valued, but are not the central focus of analysis. In-depth interviews provide intimate first-person accounts of experience and analysis centres on the *experiential* content of this data (Gallagher and Zavahi, 2008). Moreover, the researcher is less interested in the truth or facticity of accounts, rather in how individuals experience phenomena (Polkinghorne, 1989; Moustakas, 1994; Moran, 2000). Conceptual generalisation

requires persistent engagement with qualitative data to arrive at an extrapolation of collective experience.

However, in contrast to early proponents of phenomenology, we have rejected an ideal notion of bracketing which requires the researcher to set aside theoretical presuppositions. Although analysis was influenced by Husserl's original indictment to return to experience (or the things themselves) we do not agree that the researcher can simply withhold prior knowledge or formulations when analysing data (Cohen and Omery, 1994; Gearing, 2004; Starks and Trinidad, 2007). More than four decades ago, Merleau-Ponty (1962) argued that the interpretive process could not simply be freed from prior suppositions – nor in fact, was this desirable. Thus, our approach to bracketing is best described as analytic (Stewart and Mickunas, 1974; Gearing, 2004; Sokolowski, 2000). Prior conceptual ideas are made transparent rather than set in abeyance. Analytic bracketing is more readily associated with ethnographic or grounded approaches to social research, therefore in revisiting our data, we might be described as *bricoleurs* (Denzin and Lincoln, 2000). As Starks and Trinidad (2007) have argued, the boundaries between qualitative methodologies are porous, with overlap between phenomenology and grounded theory (Charmaz, 2014). Moreover, in combining complementary principles, we recognise that the confines of any particular school of qualitative research, may not fit neatly with the process of data collection and analysis required by specific studies. Through back and forth engagement with the interview data, our analysis aimed for conceptual generalisations based on the integration of existing knowledge and new, qualitatively derived conceptual insights grounded in women's lived experience.

Rigour and quality standards

Data collection and analysis adhered to recognised standards for robust qualitative research (Davis and Dodd, 2002; Daly *et al*., 2007; Hannes, 2011). These include consideration of ethics, transparency in methods of sampling and description of the sample, the use of appropriate and rigorous methods of data collection and analysis, and attention to all elements of study reporting (Cohen and Crabtree, 2008). In addition, analysis has been based on attention to negative cases, persistent observation and independent analysis of data by more than one researcher, as well as the presentation of verbatim quotes (Spencer *et al.,* 2003). We started from the premise no single methodological approach to the analysis of experience is neutral - all analysis seeks to make data comprehensible through processes of sorting, reducing and simplifying which in turn rests on prior assumptions and filters.

Research approval and ethical considerations

The project was subject to ethical scrutiny by Lancaster University Ethics Committee. In addition, the project was subject to full scrutiny by the governance groups within the participating local authorities. A protocol was developed with each participating agency that ensured that procedures were in place to enable an effective response to maternal distress/disclosure given the sensitive nature of the project. The protocol specified a named person within each local authority who would respond to either, requests for help from women themselves, or serious concerns about women's wellbeing on the part of the researchers. Principles of voluntary participation underpinned the project and are specified in more detail below.

Recruiting women to the study, the sample and ethical considerations

An interest in commonalities in the lived experience and conceptual generalisation, underscores the importance of both maximum variation and sufficiency in sampling (Ritchie and Spencer, 1994). Seven local authority areas in the North and South of England were selected for the study on the basis of their varied demographic profiles. Research protocols were developed with each of the seven participating local authorities and the relevant workers were briefed about the study, its purpose and the inclusion criteria. Women were also recruited via third sector organisations operating within the same local authority areas. Professionals, typically social workers, were asked to initially identify women with whom they had previously worked who met the criteria for inclusion in the study. Capacity to consent to interview was critical and hence, we did not include women in this study who had previously required the services of the Official Solicitor within care proceedings. The Official Solicitor is appointed when an assessment is made that parents in care proceedings cannot independently instruct a solicitor, on account of serious mental health or learning difficulties. Our resources meant that we could not offer similar advocacy or ensure sufficient follow up for mothers falling into this category.

A purposive approach to sampling was taken based on the following inclusion criteria: the mother had experienced two or more sets of care proceedings, or was currently pregnant, had previously appeared as a respondent in care proceedings and child protection proceedings were in process regarding the unborn child. Recruitment to the study was informed by principles of voluntarism as outlined by the British Sociological Association (BSA, 2017). We paid careful attention to our explanation of interview protocols as well as how we would preserve anonymity. We also explained how, and at what point, women could withdraw from the study. 26 women initially joined a pilot study conducted in a single local authority site, followed by a further 46 women recruited across six local authorities, resulting in a total sample of 72 birth

mothers. Our initial target for recruitment was 50 women. However, we had also taken a decision that any mother volunteering to be interviewed and meeting our inclusion criteria, would not be refused an interview. Feedback from mothers participating in our pilot interviews, suggested that women found participation in the study of considerable therapeutic value. The final sample size (N=72) makes this one of largest qualitative studies of birth mothers in care proceedings (Hunt, 2010). A questionnaire was completed with the mothers at the conclusion of the interview to supplement demographic information provided in interview (Broadhurst *et al*., 2017b).

Initial information about the project was shared with women who met the project criteria via a known and trusted professional from the participating agencies. An initial information leaflet was shared with the woman and initial consent for inclusion in the study sought. Prior to each interview the mother was offered a further opportunity to clarify any outstanding issues with a member of the research team and a second stage consent form was completed and signed by each mother prior to the interview commencing. This included consent to allow the researchers to audio-record the interviews using an encrypted audio device.

Approach to interviewing

In keeping with our phenomenological lens, interviewing is understood as a shared experience (Hycner, 1985). The interviewer inevitably brings prior knowledge to her conversations, which creates structure, the researcher as empathic listener is attentive to the importance of conveying listening and understanding (Harding, 1987). Thus, both the researcher and birth mother contributed to the knowledge generation process through reciprocal interaction. This kind of interaction strongly affects both the discursive and the tacit knowledge generation process. The

interviews varied in length (12 minutes to 3hrs 13mins), but were typically of 90 minutes duration, resulting in a corpus of approximately 110 hours of interview data.

All interviews were conducted in a private room in either a local authority or partner organisation's premises. The venue was negotiated with the mother in advance to ensure that her wishes were closely considered. A family support worker provided transport to and from the interview where this was requested. In addition, every woman was offered a £20 high street voucher as recognition of the time given to the study. Upon completion of the interviews, all audios were fully transcribed verbatim. All identifying details were removed from the transcripts and each was uploaded to NVivo software package for storage and to enable analysis.

Data Analysis: Analysis proceeded on a case-by-case basis to maintain close engagement with the individual account, before looking for common themes across the interviews. The pilot interviews were initially coded and compared for consistency between the authors, before the final full set of interviews were coded. Initial coding was informed by detailed background reading of the literature, but also openness to *how* women's accounts of loss were organised and described.

First stage coding resulted in a large number of open codes and early comparisons between these codes enabled commonalities between interviews to emerge and provisional themes developed (Stark and Trinidad, 2007). Analytic memos were used as a means to capture the analytic process throughout the data capture and analysis process and to aid final data reduction around core themes. The lead research associate kept a research diary to help her identify preconceptions, and also to record thoughts and feelings following interviews which were

discussed by the authors (Van Manen, 1990; Shaw, 2012). Discussions then took place between the two authors, to compare interpretations and confirm final themes. A small group of women who participated in the study served as a reference group. A formal meeting with this group enabled findings to be checked for their resonance with women's own interpretations of their experience (Shaw, 2012).

Integration of questionnaire and interview data was also conducted to produce a descriptive demographic profile of the mothers participating in the study, presented in tabular form below (Table 1).

Findings

Descriptive profile of mothers

All of the women participating in the study reported considerable hardship in childhood, which included for many, forms of child neglect and abuse. From **Table 1** below, 59.7% of women had experienced physical abuse as children and 47.2% sexual abuse. 45.8% of women had also been looked after by the State as children. The majority of women reported very early entry to motherhood with 79.2% aged less than 19 years old at the birth of their first child. Women's exposure to domestic abuse in their adult intimate partner relationships was very high at 87.5%, as was the prevalence of mental health difficulties at 83.3% and substance misuse at 59.7%. Notwithstanding the possibility of under-reporting of childhood difficulties, it is clear that legacies of difficult childhoods and early adult relationships characterised by further harms, were typical for this group. All the women participating in the study had experienced the removal of at least one child from their care and more than half the sample (37/72) had

experienced the removal of a baby at birth. At the time of interview, a child had been returned to the care of 11 of the mothers.

Insert Table 1 -

Qualitative findings

The presentation of findings is divided into women's accounts of a) an immediate psychosocial crisis following child removal and b) the enduring and cumulative negative consequences. Close engagement with women's accounts has prompted some revision of our earlier framework (Broadhurst and Mason, 2017), and in particular, to differentiate an acute phase of psychosocial crisis from enduring difficulties. Women's framing of the longer-term consequences of child removal resonates with our preliminary categorical framework, but makes far more evident women's fragile and restricted social statuses, which shape their experience of loss, in the context of acutely limited protective resources. Role loss is multiple for women, because child removal not only profoundly re-shapes mothering, but also stigmatised identities re-cast women's position and ability to participate in intimate partner relationships, wider family and informal networks. The interaction of informal and formal penalties is very evident in women's accounts, which helps to explain the enormity of the recovery challenge for mothers.

a) The immediate psychosocial crisis of child removal.

The powerful and very moving first-person accounts shared by the women in interview, vividly conveyed the profound and emotional pain that resulted from child removal. Without exception, the mothers in our study described the *immediate* devastation they felt when their

children were removed from their care. Suicidal thoughts or actions were frequently described. For women already wrestling with problems of mental health and/or substance misuse (see Table 1 above), the immediate emotional pain of child loss led to an exacerbation of the difficulties that were causal in child removal. Child removal heightened the vulnerability of mothers whose lives were already characterised by multiple and long-standing disadvantage. In the first extract below, Kelly describes the immediate emotional crisis that followed the removal of her children:

Extract 1

> "it really broke me. It ruined my life, for a little while, I'm not going to lie I was drinking, I was taking drugs, I was having sex with everyone. Like, you know, I was just…I weren't living life… because I felt so alone. I just felt like they just took away my life, you know. " (Kelly)

The extract depicts a life that is out of control. Kelly is "drinking" and "taking drugs" to dull the pain of child removal. Kelly's increased vulnerability following the removal of her children is very evident, she says: "I was having sex with everyone… because I felt so alone". She refers to a life that has been taken away. Disclosure of self-harming behaviours or suicidal thoughts was frequent across the interviews.

In Extract 2 below, Kylie also recounts the acute pain she felt as she left the courtroom knowing her children were to be removed permanently from her care:

Extract 2

"I was going to kill myself, you know, like. And I actually said to my counsellor - because I had to have counselling as well when it happened - and I says, do you know what, I've got nothing left. I says, they've took them, and I've got nothing left, so I might as well go and jump off a bridge, you know, like. And I left there [the court] that day and I thought, what was the point of all this. What was the point of coming off it (drug), going through what I went through, to take them away, you know, like." (Kylie)

Kylie shares suicidal thoughts. She had completed a programme of drug rehabilitation but was unable to convince the courts of her ability to safely parent, despite her commitment to recovery. Kylie tells her interviewer that the loss of her children prompted relapse and a return to drug misuse. Like Kelly, her life too is of emptiness and despair.

Similar themes are evident in Linda's account below:

Extract 3

"When they take children away, they leave you feeling, like, empty, you've got no reason to wake up in the morning, you've got no reason to, say, live, in a sense. So going out drinking, doing drugs, having a laugh makes you forget what you're going through, but you wake up every morning still the same, your life hasn't changed. Because you've gone out and had a drink, but you don't see it like that, because there's no counsellor there, there's no support team there to say, right, I know we took the kids away, but we took them for their own safety, because you're not in the right place, but we're going to help you get back to the place you need to be in." (Linda)

Linda also turns to drink and drugs as a way of escaping her pain. For all three women, it is clear that mothering had previously provided some buffer against the isolation of their lives. However, once children are removed, for women with *few protective resources* – either from family or services, they are left with a profound sense of isolation and loss.

In Extract 4 below, we see that an immediate psychosocial crisis has practical consequences, which again heighten vulnerability. Kim loses the tenancy on her home to her ex-partner. Her return to drinking and drugs meant that she could no longer afford her accommodation.

Extract 4

" …I drank, took drugs… was going out. Just making things worse for myself, basically…trying to forget about everything. I couldn't afford to stay at the flat. I gave it to him - said to him, he can have it. We got it swapped over into his name (ex-partner) and that." (Kim)

Hannah's story below is one of emotional trauma, manifest in panic attacks. She is overwhelmed by the loss of her children and is "drinking from half past seven in the morning 'til half past three in the morning". For her, an absence of any help in the immediate aftermath of child removal leads to homelessness and destitution:

Extract 5

"Basically, once they took my kids, they left me to rot. I couldn't even go back into my house after that, I'd have panic attacks. So I made myself homeless. I turned to alcohol. I ended up drinking from half past seven in the morning 'til half

> past three in the morning. I didn't care where I were… It killed me. I couldn't even go into my own house. I couldn't. Physically, every time I'd go in, I'd just drop, so I had to go outside… I'm like, just do what you want to me…".
>
> (Hannah)

Descriptions of an immediate and acute psychosocial crisis with compounding effects were consistent across all the interviews. As Sampson and Laub (2017) have argued, for individuals with histories of chronic disadvantage – adversity and disadvantage can *pile up faster*. For, Kelly, Kylie, Linda, Kim and Hannah, in the absence of formal or informal help, lives spin out of control, grief prompts self-harming behaviours and undermines women's rehabilitation. Child removal can also destroy personal and intimate relationships and render women homeless. Thus, child removal can be conceptualised as a *gateway* to further and multiple adversities. Adding to the broader literature on cumulative disadvantage (Arditti *et al.,* 2010; Merton, 1968; Seabrook and Avison, 2012; Sampson and Laub, 1997) child removal is a further major hazard in the life course of women whose lives are already characterised by multiple contextual risks. Moreover, as Arditti and colleagues write: 'earlier difficulties and setbacks amplify the implications (and deleterious effects) of current ones' (2010, p143).

b) The cumulative and enduring collateral consequences of child removal

Beyond an immediate psychosocial crisis, difficulties accumulated and endured for this group of women, whose experience typically set them apart from others. We have identified five particular dimensions of difficulty, consistently described by the mothers:

i) Role loss - in the context of fragile and restricted social statuses

Six months beyond the removal of her children, Olivia feels an enduring sense of loss in daily living. Loss of her children has stripped her everyday world of routines that once provided structure and purpose:

Extract 6

"I think six months after I lost the children I started using heroin…to block out how I was feeling, not having them…having the children for eight years and then having nothing. You're not in a routine, you haven't got the dinner to cook, you haven't got to get them up for school; you haven't got the uniforms to sort out. It's just going from being busy to doing absolutely nothing. Sitting around and wondering what was happening." (Olivia)

Olivia describes an emptiness that pervades everyday living. Disadvantaged childhoods can limit adult life chances and options; hence it is unsurprising that women's accounts were frequently devoid of hope (Hobcraft and Kiernan, 2001). Olivia has few personal resources or opportunities in the conventional domains of education and employment. Thus, removal of her children leaves Olivia with "nothing".

In Extract 7 below, Laura states that motherhood was the first thing in her "whole life" that she "felt proud of":

Extract 7

"They're everything to me. They was anyway. They was everything to me. Being a mum was the first thing I felt proud of in my whole life, and then they took it away…

> And then when they take them away it just shatters everything. I felt like the only thing I was good at after the rape and being beaten up and everything was being a mum. And then when that's taken away from you, you just absolutely don't know where to turn. Then when you're going through it again it is life shattering. You just want to kill yourself, to be honest with you. That's how you feel." (Laura)

Although for many women in the general population, motherhood might consume lives, for Laura, the value and meaning she attaches to motherhood is bound up with a life which has afforded few prior positive experiences. A substantial body of literature has described how social class structures both parenting choices and the meaning of parenthood (Hobcraft and Kiernan, 2001; Walkerdine et al., 2001; Allen and Osgood, 2009). Laura was unemployed at the time of the interview; she was estranged from her own family and had also experienced sexual assault and domestic violence. The removal of her children – who served to buffer a life replete with previous loss - literally left her with nothing and nowhere to turn. Consistent across the interviews were accounts of the difficulty of navigating loss and changed identities, given women's restricted social statuses. From Table 1 above, the majority of women interviewed had made an early transition to motherhood – and whether this was planned or unplanned - motherhood was viewed as a positive new stage in typically troubled lives. Motherhood as Laura recounts, was an identity to be proud of and gave meaning to daily living. Whether children were adopted or living with kin, women struggled to adapt to compromised roles as mothers apart. Thus, it was unsurprising that for many a further pregnancy followed.

ii) Restrictions on intimate partner relationships and distorted family roles compound role loss

Loss of the mothering role was also compounded, for a number of women, through formal restrictions on their intimate and kin relationships. In a number of cases, a condition of placing a child within the family, or with a partner, was that women's own contact would be restricted or supervised. In Extract 8 below, Gemma's partner Steve is being assessed by the local authority as a suitable lone parent, but this means Gemma must live apart from Steve. As a former care leaver but with a perceived 'risky profile' on account of mental health difficulties, the local authority required Gemma to move out of the family home:

Extract 8

> "Because they [children's services] were trying to say I was a risk to be around the baby and they were assessing Steve [baby's father] to have the baby home, so obviously me and Steve couldn't be together because he was getting the baby home. Our relationship was amazing. We did everything together. We went everywhere. It was happy, and then it just went from that to nothing… because they thought I was a risk [to the baby]." (Gemma)

For Gemma, her relationship with Steve marked a positive departure from a childhood of trauma and abuse; in her own words the relationship was "amazing". Gemma, like many of the women interviewed, had been in care herself, making family acutely important in her adult life. However, her mental health problems meant that the court felt it unsafe for her to have care of their child. Gemma and her partner were faced with an almost impossible choice, but their

desire to retain the care of the baby, resulted in her exclusion from the relationship and day-to-day care of the new baby. Gemma could only have supervised contact with her child.

In Extract 9 below, Lisa describes how her initial relief that her child had been placed on a Residence Order within the family, soon led to a family rift because kin were put under pressure by the local authority to apply to adopt the child:

Extract 9

> "I thought well…because he's with family, he'll be fine with family, he'll flourish with them. I'm going to get really good contact, because he's with family, it'll be lovely. But the trouble was our brother and sister-in-law listened to everything, social services had gone and said. Well "we don't believe you're very good parents and you should have baby Freddy"… they said they were going to adopt him. So we were like "you're family, you don't adopt family, that's sick". "He's already family anyway so what are you going to adopt your family for?" So that caused a huge rift within the family… (Lisa).

Local authority intervention to formally restructure parental responsibility where children are placed in kin networks, can lead to parents' exclusion from networks that were previously a vital source of support and care. Although the local authority's intentions to provide permanence for the child within the extended family made sense to Lisa, the adoption of the child by kin made little sense at all and served to fracture the family. Thus, multiple roles - as mothers, partners and family members – can be lost or profoundly re-shaped for this group of women.

iii) Social stigma and isolation within informal networks – sheer isolation

Extract 10

Stigmatised identities also re-cast women's social positions and ability to participate in informal networks and communities, beyond family. Gillian Schofield (2011) and colleagues have written previously on this issue, drawing on Goffman's notion of "spoiled identities" (Gofman, 1963). More recently Lisa Morriss (2018), writing on the subject of women whose children have been removed, centralised stigma and its silencing effect on women's lives. It was of little surprise that we learned that women employed a variety of strategies of concealment within their informal networks, to attempt to hide the fact that children had been removed from their care:

Extract 11

"At the charity shop, they know I have children but they don't know they don't live with me because I can't bring myself… I have to leave at three o'clock because it's school time."

(Darcy)

Darcy continues to leave work at school time as if to collect her children, because she feels completely unable to share the fact that her children have been removed from her care. In face-to-face social interaction, women went to considerable lengths to hide the 'flaw' of child removal. Although concealment provides some immediate protection from the experience of stigma – such concealment also served to further isolate women from informal sources of support. Women craved the opportunity to meet other women whose children had also been

removed, but had little opportunity for such collective exchange. Morriss (2018) has argued that opportunities for such communal experience enable women to move beyond personal shame and understand the deep social-structural inequalities that are critical antecedents in parenting difficulties.

iv) Stigmatised identities and professional service use

Stigma plays out in *multiple settings* for this group of women – who feel discredited in both interpersonal and professional encounters. Within services stigmatised identities are *already visible* - concealment is rarely an option that works because institutional records mark women's histories over time. Having already had their parenting judged as insufficient or unsafe, women stated that their "card was marked" within services and the courts. This is an aspect of stigma that is often overlooked in the literature, but critically important for this population of women. Family court records are non-erasable – when women return to court having previously had a child removed from their care, their history will always be referenced in care proceedings. Engaging closely with women in interview, we found that their accounts evidenced what we have previously termed 'legal stigmatisation" (Broadhurst and Mason, 2017a). Although local authorities and the courts are required to judge mothers on the present rather than simply the past, women felt that it was their past that dominated their interactions with services:

Extract 12

"At the minute, they are still judging me and keep dragging up about (child 1). I mean I don't how they expect me to, like, make sure things go right with (child 2),

when they keep dragging up about his brother. But they know I can't make it right with him. They know I can't get them years back and yet they keep dragging it up." (Lori)

Lori feels she cannot move on and "make sure things go right with [child 2]" because the focus is still on what happened with her first child. Professionals "keep dragging up" the past and this casts a cloud over her relationship with her new baby. In extract 13 below, Lois similarly describes how she felt judged on the basis of her passed difficulties:

Extract 13

"And they just kept on going on about my past, your past, it's your past, the way you got treated by your mum and dad, that's the way you're treating your children. They said the most horrible things in court… like I understand that my son was taken you know, I did mess up, and the depression did get to me, but with my daughter I had a chance to make it better, I had a chance to put everything right. And I did, I put everything right, and it's like they just snatched it from me. You need to give someone a chance. (Lois)

A marked card can be highly consequential for this population of mothers. Lois says: "they just snatched her from me" – she feels the removal of her older son meant she was not given a second chance with her new baby. Lois also refers to her own childhood within services – she too was a child in care herself and feels that this history is part and parcel of her stigmatised identity within services. In Extract 12 below, Courtney again refers to "a bit of a paper trail". She shares with Lois a deep sense of her case being prejudiced from the outset:

Extract 14

"I think social services, when they deal with young mothers that have gone through a lot, I think in some cases they need to take the time and give the benefit of the doubt. You don't just say: "okay because you've got a history of doing this, I'm not going to give you a chance". Everyone deserves a chance, everyone deserves a second chance...you've got someone like me who has got a bit of a paper trail and won't even be given an inch, let alone a mile." (Courtney)

In Laura's account below (extract 15), she states that "she can't trust anyone" which leaves her isolated with no one to turn to in her third pregnancy. Thus, women were isolated in both informal *and formal* networks. Laura is unable to benefit from professional help because she feels any disclosure of personal needs or difficulties will simply add to a negative record. For this group of women, *the past is never spent*:

Extract 15

"So if I felt down or something I couldn't go to my doctor because I'm too scared that social services would… they'll put it oh, she's feeling low again on her pregnancy and she ain't going to be able to cope. It makes you feel as though you can't trust anyone…. They told me go to your doctor and get help. And it scares people, because that's another thing as well, they'll look into your doctor records, and if you've got depression they say you're unstable to look after a kid… and it feels like even if you go to the doctor you can't ask them for help. After you lose your first two and you realise that they get to look at your doctor's records and stuff it's like you can't trust

anyone. But if you really need help you can't go to anyone …I feel so isolated that I can't talk to no one or tell them the truth because it's going to go against me." (Laura).

Analysis of women's accounts draws attention to the pervasive nature of stigma and captures the sheer isolation of women's lives. The adverse effects of stigma intersect with role loss as described above, setting women apart with few avenues of help or support. Although classificatory struggles and stigma have been much discussed in the literature (Tyler, 2015), this form of institutional classification, centralised in women's accounts, warrants far more detailed consideration.

v) Restrictions in welfare entitlements - home and housing loss

In our original theoretical formulation, we argued that restrictions in welfare benefits could also follow child removal. In the context of an increasingly harsh welfare climate, welfare entitlements can readily be lost when personal circumstances change. Women's stories underscore the importance of grasping the combined challenges that women face arising from a combination of social and formal penalties. With few economic resources at their disposal, women described their vulnerability to homelessness in particular. As stated above, disadvantage tends to cluster and loss of home and housing heightened women's vulnerability following child removal:

Extract 16

"I ended up with depression. I'd moved, I'd went from a two-bedroom house to living back into a hostel. …Because I didn't have the children so I didn't no longer need the

house. And then that's when I just started meeting other people and they were using, and I'd used before, and I didn't get a habit before, so I thought well, if I use it then I'm not going to get a habit again. But I did this time." (Olivia)

In the excerpt above, Olivia has lost not just children, but also her home. Housing rules mean that she is no longer entitled to a two bedroomed house. She is moved into temporary hostel accommodation when she is arguably, more at risk, and exposed to drug misuse. In Extract 17 below, Katie was similarly forced to move on account of housing rules "without the kids I had to give the place up". She then had no choice but to move back to live with her own mother, but without her children she became low priority for rehousing:

Extract 17

" I was living with my mum, because the house that I had was a three bedroom house, and without the kids I had to give the place up, so I had to move back in with my mum. I was applying for places, and they were saying, no, because I didn't have any kids, I wasn't a priority". (Katie)

From women's account we learned that there are few material safety nets for this group of women – housing rules are inflexible despite their loss. Civil disqualifications are not sensitive to issues of trauma or grief in women's lives; rather women simply fell foul of strict and restrictive housing rules (Gibb, 2015). Thus, women's accounts readily demonstrate how further adversity can 'pile up' (Garcia Coll *et al.,* 1998). The exclusionary potential of welfare restrictions are particularly pronounced for women already living marginalised lives and with limited access to protective resources. In the longer-term, women can find themselves without the multiple routine anchors of children, informal networks and home, in a welfare environment

which is unforgiving on many fronts.

Discussion

The over-arching message from women's accounts is the *enormity* of the recovery challenge - beyond child removal. This is the first study to engage with a large sample of mothers, purposively drawn from across a number of local authorities who had experienced repeat family court involvement. Interviews provide firm empirical evidence of the scale of women's loss and help explain women's vulnerability to repeat family court involvement.

Child removal results in an immediate psychosocial crisis, but women's interview accounts evidence cumulative and enduring collateral consequences. The range of negative consequences that we previously articulated (Broadhurst *et al.,* 2017a) play out in women's accounts, but close qualitative engagement with women, highlights the *context* of their loss. From the women participating in the study, we gain a far clearer understanding of the way in which fragile and restricted social statuses *amplify* loss and vulnerability. The meaning of motherhood is structured through women's experience of limited choices and life chances. Thus, loss of the mothering role can literally leave "nothing" in women's lives. Life beyond child removal is empty, hopeless and filled with despair.

Moreover, women's (stigmatised) social positions afford limited opportunity for any collective sharing of their loss. Women's fine-grained qualitative accounts underscore the pervasive impact of stigmatised identities that play out in *multiple arenas*. Life beyond child removal is profoundly isolated, with women vulnerable to estrangement from informal networks and highly mistrustful of professional help.

Accounts of the lived experience of child removal provide a window into the intersection of the informal and formal social penalties that leave women with few avenues of support in the short or longer-term. Women's histories suggest limited resilience in the face of adversity (Rutter, 1987). Beyond child removal, disadvantage 'piles up' - which helps to explain women's vulnerability to repeat family court involvement. Welfare entitlements compound emotional pain, and can render women homeless and destitute. There is simply little to stem the flow of collateral consequences for this group of mothers.

We have previously argued that the family justice system operates according to an implicit expectation of 'natural recovery' (Toneatto, 2013) – given absence of any statutory mandate to support parents' rehabilitation beyond child removal. This article provides further robust empirical evidence based on lived experience that this is a false presumption and women are urgently in need of help. Further research, to quantify the impact of life chances beyond child removal, would add weight to the case for mainstreaming support for this group of parents, however immediate practical implications are as follows:

1. It is imperative that we provide a safety net for women in the *immediate aftermath* of child removal because crisis can lead to further difficulties with profound longer-term consequences.
2. Grief is *enduring* and intersects with issues of socio-economic disadvantage and stigma. The scale of the difficulties women face needs to be recognized in services that aim to promote recovery.
3. Given women's profound sense of isolation and social stigma, preventative projects should create opportunities for the collective sharing of experience and help women to

gain a clearer sense of the multiple factors implicated in the loss of their children, including vulnerability which results from socio-economic disadvantage.

4. A number of professional services can potentially aid or undermine women's recovery, at present the plight of birth mothers within the welfare system and housing is insufficiently understood and requires urgent attention.

5. Children's services, the courts and allied agencies must be attuned to women's deep mistrust of professional help and the impact of this on women's subsequent engagement with services.

Despite multiple positive initiatives in England and Australia – as yet, the provision of support to parents beyond child removal is neither mainstream or mandated in policy. New and very positive initiatives are at risk where they rely on skeletal or short-term funding. Thus, national policy leads must take seriously the human and indeed economic costs of *cutting short* support for women at the close of care proceedings.

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