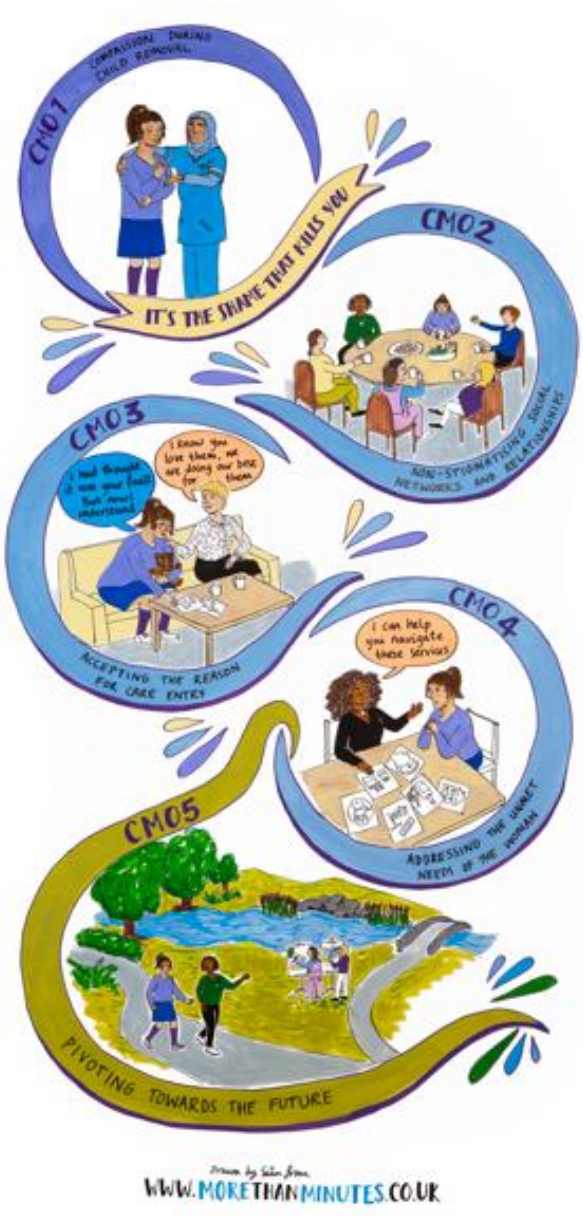
Child Removal and Maternal Health

A Public Health Priority

Briefing for decision-makers



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Executive Summary

Child removal is a **significant but under-recognised public health issue** associated with elevated risks of poor mental health, substance use, domestic abuse, and mortality. It represents a **stigmatising loss** that shapes long-term health and inequality.

Evidence shows that outcomes are strongly influenced by how systems respond. Four mechanisms are critical:

- Compassionate responses to stigmatising loss
- Non-stigmatising relationships
- Timely post-removal support (tertiary prevention)
- Hope facilitation

Positioning post-removal support as **core public health practice** offers a clear opportunity to reduce harm and improve long-term outcomes.

1. Background

The removal of a child into care is a profoundly traumatic event. Mothers who experience child removal face elevated risks of poor mental health, substance use, social exclusion and premature mortality, positioning care entry as a critical but under-recognised determinant of women's health.

This briefing summarises key evidence and strategic implications for reducing the health shaping inequalities experienced by mothers whose children are removed from their care. It draws on 70 sources of published research and stakeholder insights to identify what drives outcomes and how systems can respond more effectively.

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2. Health Inequalities and the Social Determinants of Health

2.1 Key finding: Child removal is a stigmatising loss requiring compassionate responses

- Child removal is a profoundly **stigmatised and health-shaping loss** concentrated among women facing cumulative disadvantage.
- Without recognition and support, stigma constrains grief and contributes to **long-term psychosocial harm.**

2.2 Public health relevance

- Stigma operates as a **structural determinant of health**, actively reproducing inequalities
- Responses at the point of removal and immediately after are critical in shaping trajectories.

2.3 Policy actions

- Recognise child removal within **health inequality strategies.**
- Embed **compassionate, trauma-informed practice** at the point of removal

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3. Mental Health, Trauma and Social Isolation

3.1 Key finding: Non-stigmatising relationships reduce isolation

- Post-removal, mothers frequently experience **intense shame, stigma and social withdrawal**, driving isolation and deteriorating mental health
- **Peer support and specialist practitioners** enable mothers to share grief safely.
- These relationships reduce **self-stigma and isolation and social disengagement**.

3.2 Public health relevance

- Directly aligns with priorities on **mental health, suicide prevention and reducing drug-related death**
- Confirms **relational support as a protective health intervention**

3.3 Policy actions

- Commission **peer-led and peer-supported services**
- Invest in **specialist, relationship-based practitioners**
- Embed **multi-agency anti-stigma training and trauma-informed approaches**

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4. Prevention Across the Life Course

4.1 Key finding: The post-removal is a critical window for tertiary prevention

- Reduced surveillance and safeguarding threat creates a **unique opportunity for engagement**
- Intensive support during this period can **address interconnected needs** (mental health, substance use, housing, and relationships)

4.2 Public health relevance

- Aligns with life course and prevention agendas
- Reframes post-removal support as **preventative infrastructure**, not just safeguarding follow-up.

4.3 Policy actions

- Deliver **immediate, intensive support** post-removal
- Commission **coordinated, multi-agency services** anchored by a trusted practitioner
- Shift service metrics toward **health, wellbeing and stability outcomes**

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5. Recovery, Agency and Hope

5.1 Key finding: Hope facilitation drives recovery

- Persistent shame limits women's ability to **imagine positive futures**
- Interventions focusing on the **woman (not only the mother)** support identity
- **Hope-facilitating relationships and activities** improve mental health, wellbeing and future orientation

5.2 Public health relevance

- Aligns with **recovery-oriented and wellbeing** approaches
- Identifies hope as a **mechanism for improving population health**

5.3 Policy actions

- Embed **hope facilitation and strengths-based approaches**
- Support interventions that include **confidence-building, social participation and wellbeing activities**
- Ensure reproductive and life planning support is **autonomy-based and non-coercive**

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6. Cross-Cutting Strategic Priorities

Systems should:

- **Reframe child removal as a public health issue**
- Embed **trauma-informed, stigma-sensitive practice**
- Invest in **relational models of care** that prioritise trust and continuity
- Develop a **continuum of support** from removal through to long-term recovery

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7. Conclusion

Child removal is a critical inflection point in maternal health trajectories. Evidence shows that outcomes are shaped not only by the removal itself, but by how systems respond, particularly through compassion, relationships, timing, and hope.

Aligning responses with public health priorities can:

- Reduce health inequalities
- Improve mental health and wellbeing
- Interrupt intergenerational cycles of disadvantage.

This is not only a safeguarding children issue.

This evidence synthesis demonstrates that support following child removal is a public health imperative.

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