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Supporting the mental health and wellbeing of mothers at risk of recurrent care proceedings: a realist synthesis

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Background and purpose of the study

The removal of a child into state care is a profoundly traumatic event for mothers, with consequences that extend far beyond the immediate legal intervention. Mothers who experience child removal are at increased risk 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. Whilst the need to safeguard children is unquestioned, child removal frequently operates as a stigmatising event that marks mothers as morally deficient and socially 'unfit'. This can lead to enduring shame, identity disruption and social withdrawal. These experiences are shaped by institutional contexts characterised by surveillance and coercion, meaning that child removal functions not only as trauma, but also as a mechanism through which inequality is reproduced.

Policy and intervention responses have largely focused on preventing recurrent care proceedings or rapid repeat pregnancy, often prioritising behavioural or reproductive outcomes. In contrast, relatively little attention has been paid to how mothers recover psychologically, socially and biographically from the loss of a child, or to the ways support may mitigate or compound harm following removal. This gap is significant, as child removal is disproportionately experienced by women facing cumulative disadvantage, and the period following removal represents a critical point at which trajectories of harm may either deepen or be interrupted. However, there remains limited understanding of how trauma, stigma and identity interact to shape recovery, and how services can respond effectively.

The purpose of this briefing is to address this gap by reframing child removal as a form of stigmatised loss with important implications for health and inequality. Drawing on a realist synthesis, it examines how, for whom, and under what circumstances post-removal support can promote recovery, with a focus on mitigating stigma, enabling meaning-making, and supporting identity reconstruction. The findings aim to inform more responsive, trauma-informed and effective service provision.

Key Findings: Supporting recovery after child removal- what makes the difference?

Maintaining mothering from a distance

A key finding from this synthesis is that child removal is not only traumatic, but also a deeply stigmatising loss which ruptures mothers' biographical continuity. Mothers frequently experience their loss as invisible or discredited during the period of, and immediately after, removal, constraining opportunities for grieving and recognition. In this context, what practitioners do at the time of removal matters enormously. Practitioners who respond with compassion and humanising practices (staying emotionally present, acknowledging maternal love, and recognising loss) at the point of removal, and who enable opportunities for 'mothering from a distance' (allowing time to say goodbye, bathing or dressing the baby, and engaging in life story work), can counter stigma at a moment of profound rupture. These rituals and activities allow mothers to maintain narrative continuity and enable them to engage in loss-orientated coping rather than defensive withdrawal or identity collapse.

Resisting stigmatised identities within non-stigmatised social relationships

Following child removal, mothers experience pervasive stigma and shame, often internalising negative moral judgement and anticipating condemnation from others. Fear of stigmatising interactions frequently leads to social withdrawal and isolation, intensifying distress and compounding existing risk factors. The evidence demonstrates that non-stigmatising relationships are critical to mothers' coping. Peers with lived experience of child removal and/or practitioners who actively acknowledge the mother's loss and demonstrate understanding of her personal and parenting challenges can act as narrative witnesses. This reduces the emotional and moral costs of making themselves and their loss visible and enables mothers to share grief without fear of judgement. Mothers become more socially connected and better able to stabilise their circumstances, supporting oscillation between loss-orientated and restoration-orientated coping.

Repairing narrative identity by re-telling their story

As noted above, child removal generates intense stigma for mothers. In response, mothers may construct narratives of injustice, with some attributing the loss of their child(ren) to unfair or harmful actions by professionals or others (for example, perpetrators of abuse). The evidence suggests that when a practitioner has developed a trusting relationship with the mother, and has a strong understanding of child protection practice, they can sensitively explain the reasons why it was necessary for the child to enter care. This can support the mother to shift her focus away from perceived injustices and towards reflection on her own longstanding and/or ongoing needs. This approach may help the mother to reframe her loss and to understand that entry into care was in the best interests of her child.

A window for repair after child removal

Following care entry, the threat and surveillance that characterise child protection processes are at their lowest. The evidence consistently shows that this period can provide a crucial window of repair for women. Our findings demonstrate that there is an opportunity during this time to focus on women's unmet needs. A practitioner who works intensively to support the woman in navigating services, and who provides a relational bridge between her and other practitioners, can facilitate engagement and access to appropriate care to enhance wellbeing. This can lead to the following outcome: the woman's health, emotional, and social needs may be addressed. However, even when mothers address the risks that related to their child entering care, such as substance use and domestic abuse, high levels of shame and distress often persist. The evidence demonstrates the importance of approaches which facilitate hope for the future and enable a reconstructed sense of self that was not frozen in shame and apology. Where this is coupled with 'fun' and restorative activities, women can be supported to feel more positive about their futures and their own role within it.

Implications for practice

- **Embed compassionate practice at removal**: Respond with empathy, recognise maternal loss, and enable 'mothering from a distance' to counter stigma and support early meaning-making.
- **Reduce stigma through relationships**: Use non-stigmatising, relationship-based approaches, including peer support and 'narrative witnessing', to reduce shame and enable engagement.
- **Support narrative repair**: Work sensitively with mothers' accounts to promote understanding of removal and rebuild a coherent, non-stigmatised identity.
- **Maximise the post-removal window**: Provide timely, intensive support after care entry to facilitate engagement and address unmet needs.
- **Strengthen system conditions to address inequality**: Invest in relational practice (training, supervision, manageable caseloads) and recognise child removal as a stigmatised, bereavement-like loss to ensure services respond effectively to the intersecting impacts of trauma, stigma, and disadvantage.

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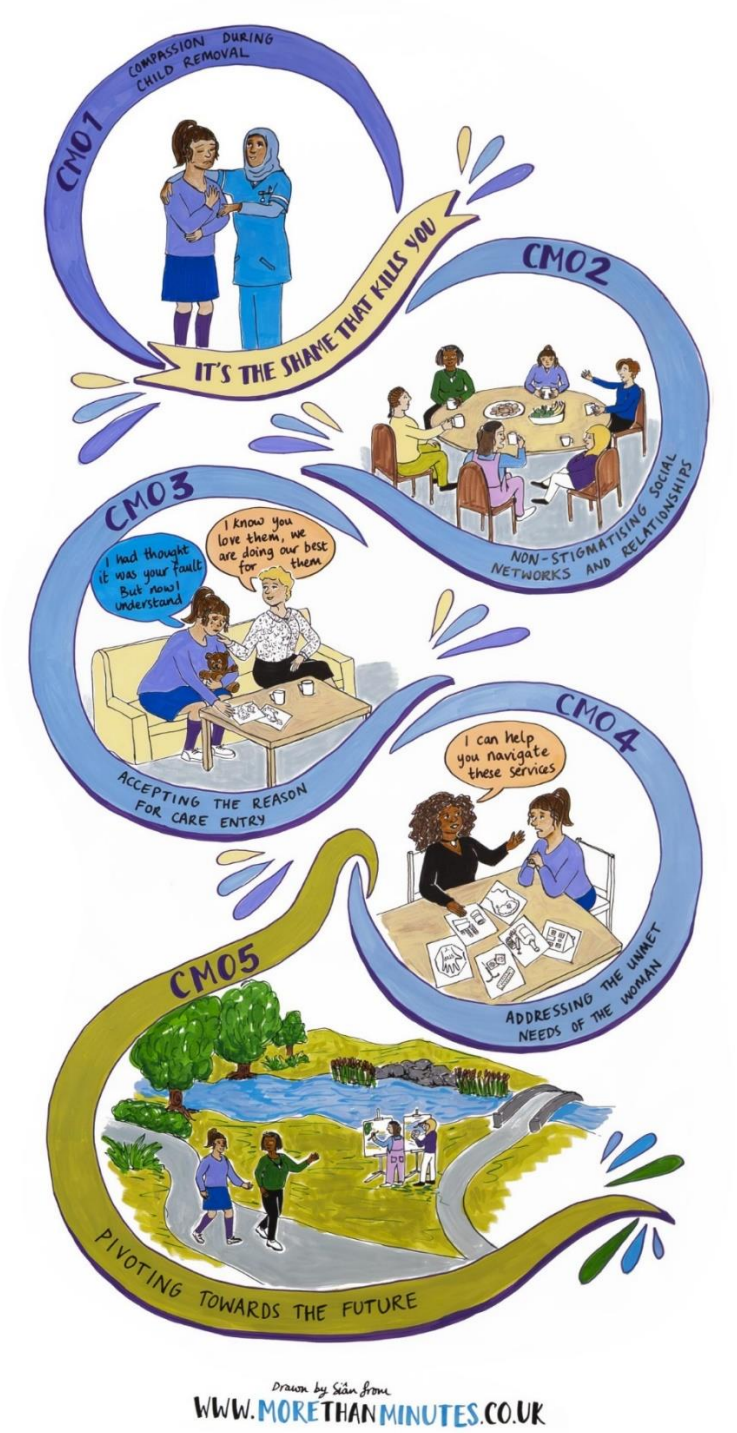
Acknowledgement

This briefing presents findings from independent research funded by the National Institute for Health Research (NIHR) Health Technology Assessment (grant reference NIHR163699). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care. The research team would like to acknowledge the mothers, practitioners and scientific experts who supported this project. These contributions shaped the findings and recommendations. In particular, we would like to thank our charity partners, Birth Companions and Her Circle.