

H.O.P.E
(Hold On Pain Eases)
Boxes

INFORMATION PACK

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About this Information Pack

This pack contains information to help you with implementing the HOPE Boxes in your Trust. Whilst each Trust locally will need to develop their own implementation plan and care pathway for the HOPE boxes, the pack contains information, resources and 'case studies' about how other Trusts have approached implementation. This pack also contains reflections from midwives who have led similar innovations in their Trusts and offers some insights into their learning. It aims to provide you with information to:

1. Understand the purpose and content of the HOPE Boxes
2. Consider your next steps re implementing the HOPE Boxes in your Trust
3. Support conversations with partner agencies as part of your implementation plan
4. Help you develop your Standard Operating Procedure paperwork, and local evaluation plans

If you require further information not included in this pack please contact us at:

England.safeguarding@nhs.net

The Hope Boxes Intervention: Purpose and Design

Background

Research led by Lancaster University as part of the Nuffield Family Justice Observatory *Born into Care* series, has demonstrated that there are an increasing number of newborns issued with care proceedings in England (Broadhurst et al 2018). The mothers are typically facing multiple adversities, have histories of trauma and many were care experienced themselves. Previous research by the team at Lancaster University has also revealed the issue of ‘recurrent care proceedings’. Once appearing in care proceedings with one child women have a 1 in 4 chance of returning within a seven-year period, with the greatest likelihood within 2 years with a newborn baby (Broadhurst et al 2015, 2017, 2022 forthcoming).

Findings from the recent *Born into Care* qualitative study, conducted by the Lancaster team in partnership with the Rees Centre at Oxford University also revealed that women are often overwhelmed by the systemic practices surrounding safeguarding during pregnancy and separation at birth, which include often late decision making, poor communication between agencies and with families and shortcomings in the specialist support shown to mothers (Mason et al 2022). Women highlighted how even small changes that promote sensitive interactions and improve their sense of control and choice, may have helped to ameliorate the trauma many experienced during this time; trauma that often leads to significant emotional and psychological deterioration in the women.

Women who experience separation from their babies at birth are at acute risk of a mental health crisis, including self-harm and attempted suicide during the postnatal period (Marsh 2015, Bicknell 2021, Mason et al 2022). Despite the risks of separation to women’s mental health, they lack access to well established psychological care pathways open to other mothers who experience a birth trauma such as stillbirth or late-stage miscarriage. Impacted by these women’s situations, midwives in some NHSTrusts have adapted an intervention they used for mothers of stillborn babies immediately following the death of the baby. Whilst different in their detail, each is an adaptation to their local bereavement pathway, largely centred around the creation of memory boxes for mothers and babies (see for example Nursing Times Awards).

Building on this local area practice development and in partnership with women with lived experience of separation at birth the Lancaster University team in partnership with Birth

Companions have developed “HOPE (Hold On Pain Eases) Boxes”. The HOPE Boxes are designed to help mothers capture important memories of their time with their baby prior to separation and importantly to promote the ongoing connection between them and their baby post separation whilst court proceedings are considering the longer-term plans for the child. The boxes also contain a poem and letter written by the lived experience group with the aim of providing an ongoing connection to other mothers who have experienced similar forms of loss, thus mitigating feelings of stigma and shame. In the immediate aftermath of separation, the boxes will be used as a vehicle to promote connection between mother and baby and motivate the mother’s contact with her baby through the family time arrangements. It is also a tool to help the parents grieve the separation and acknowledge their maternal identity and provides parents with some control in a process that many report as feeling dehumanising (Broadhurst and Mason 2020, Mason et al 2022). Further down the line and if the court outcome does lead to the baby being placed out of the mother’s care, the HOPE Boxes are designed to support loss and grief work with the mother and longer term life story work with the child.

The HOPE Boxes Pilot

Through monies from the Economic and Social Research Council and the NHS National Maternity Safeguarding Network, the HOPE Boxes will be piloted in a number of NHS Trusts between summer 2022 and summer 2023. Inclusion in the pilot is based on the individual Trusts’ ability to demonstrate readiness for implementation. The site readiness is a short two-stage self-assessment process designed to ensure that any Trust receiving the HOPE Boxes has the necessary processes in place to ensure they are delivered effectively and safely. Both stages of the site readiness will be approved, and sites chosen for the pilot by a HOPE Boxes Steering Group chaired by Rebecca Reynolds National Safeguarding Clinical Lead at NHS England. Membership of the group includes named midwives for safeguarding and specialist midwives with the expertise in working with this cohort of women, some of whom have developed similar schemes within their own Trusts and Claire Mason the project lead for the HOPE Boxes at Lancaster University.

Using the HOPE Boxes

The design and content of the HOPE Boxes have been chosen by a group of women with lived experience of separation at birth (HOPE Mum's group) and build on the learning from charities and midwives already innovating in this field of practice. The women have been working as a lived experience advisory group for the past two years as part of the 'Born into Care' developing new best practice guidelines (Mason et al. 2022). When the women in the group heard about some of the innovations, they wanted to develop the idea and after seeking funding began work on the HOPE Boxes project.

The HOPE Boxes is an intervention designed to minimise the trauma experienced by the mother and baby by supporting them in different ways and at different points through their journey from the postnatal ward through care proceedings and beyond. Specifically, they aim to:

1. Support professionals to help mothers prepare for the separation and undertake 'memory-making/capturing' activities.
2. Provide a vehicle for keeping the connection between mother and baby following separation whilst awaiting decisions regarding the long-term plan for the baby
3. Support loss grief and identity integration work with the mother and child if a long-term separation is the final outcome.

The HOPE Boxes consist of two boxes, one to stay with the mother and one for the baby in their placement with kin or foster carers.

What is included in the HOPE Boxes?



The items contained in each of the HOPE Boxes is listed below. This content is outlined in the letter from the HOPE Mums. The content may however be adapted locally in discussion with the mother and also include, for example, donated hand-knitted items from the community ([see examples of local innovation](#)) The film produced by the HOPE Mums and a group of midwives who have already innovated in this field provides more information about the purpose of the boxes and their content. See [the resources page](#) for more information

Mothers' HOPE Box:

1. **Letter** from HOPE Mums' group – to be given in advance of the boxes which explains the purpose of the boxes and an overview of the content
2. **Poem** in an envelope written by the HOPE mums (warning mother should open in her own time and when feeling emotionally ready It is a heart-felt poem conveying support and care)
3. **Blank cot card and baby name bracelets** (to be completed by midwives as duplicates for mother and baby to have a copy each)

4. **Baby record book** (mother to be supported to complete with any early information/memories prior to separation and then both books placed in the baby's box at the point of discharge. The record books are designed to be updated by foster carers or kinship carers and shared at family time. If longer-term separation is the outcome following proceedings, then the mother and baby keep one book each.
5. **Acknowledgement of life certificate**- to be completed with baby's details by the midwife before discharge
6. **Elephant soft toy** (chosen because *elephants never forget*) to be swapped at family time for mother and baby to share each other's scent
7. **Blanket** to be swapped at family time for mother and baby to share each other's scent (this may be replaced with hand-knitted blankets locally if available)
8. **Forget-me-not flower seeds**
9. **Scented candle and wooden candle holder**
10. ***Guess how much I love you book*** (an opportunity may be given for an audio recording of the mother reading the book which can be played to the baby when apart. If literacy is an issue, then the mother could also be recorded singing a favourite lullaby or song)
11. **Photo frame for a chosen picture of mother/family and baby**
12. **Notebook and pen**
13. **SD memory card for photography**
14. **Kit to make hand and footprints**
15. **National services contact list.**

The following items might also be added locally to the mothers' box

1. Local services contact list (see appendix for some suggestions of organisations to include on a local list)
2. Homemade knitted items e.g. blankets
3. Affirmations from other women from local charities (see examples provided by [East Lancashire Health Trust](#))

Baby's HOPE Box

1. **Elephant soft toy** to be swapped at family time for mother and baby to share each other's scent
2. **Blanket** to be swapped at family time for mother and baby to share each other's scent
3. ***Guess how much I love you* book** (an opportunity may be given for an audio recording of the mother reading the book which can be played to the baby when apart. If literacy is an issue, then the mother could also be recorded singing a favourite lullaby or song).
4. **Photo frame for a chosen picture of mother/family and baby**
5. **Baby record book** (mother to be supported to complete with any early information/memories prior to separation and then both books placed in the baby's box at the point of discharge. The record books are designed to be updated by foster carers or kinship carers and shared at family time. If longer-term separation is the outcome following proceedings, then the mother and baby keep one book each.
6. **Kit for hand and footprints**

The following may also be added locally to the baby's box:

1. Mother's record of her pregnancy and birth journey (mother may be offered the opportunity to record this for example in her notebook)
2. Hand-knitted blanket and cardigan if available locally
3. Any other identified special toys or mementoes the mother wishes to add

Using the HOPE Boxes: Key considerations

Stage One – Preparing for Separation

a) **When to introduce the HOPE Boxes and begin memory-making activities:**

Careful consideration needs to be given to whether it might be appropriate to introduce the idea of the HOPE Boxes in the antenatal period. This should always be discussed within a multi-agency setting **and involve the case holding social worker**. The box should only be discussed if there is a clear LA plan for separation and after the Local Authority has shared this plan with the family. If the Local Authority are planning to issue care proceedings once the baby is born, then it should be emphasised that this offer of a HOPE Box is not pre-

empting any court decision but supporting the mother to think through her wishes in advance *if* separation is the outcome. The purpose of the HOPE Boxes; to support mother and baby to keep connection whilst decisions are still being made should also be conveyed clearly. If a conversation has taken place antenatally then this and the mother's preferences regarding the HOPE Boxes should be made clear on the LA birth plan.

b) Introducing the HOPE Boxes: Sensitive and compassionate conversations

Whether taking place antenatally or postnatally, the idea of the HOPE Boxes should be introduced with sensitivity and care. Ideally, the initial discussion about the HOPE Boxes should be had with a specialist midwife or another professional with whom the mother has a trusted relationship. The letter written by the HOPE Mums group should be given prior to the boxes. The letter clearly sets out the purpose and content of the boxes and allows the mother time to consider whether or not she would like the boxes and what content she may choose.

Given the challenges faced by women in this situation, it may be the mother does not feel ready to think about a HOPE Box or engage in any memory making activity. We encourage Trusts to ensure that it is not a one-off offer and to engage the multi-agency network to consider how a mother can request the boxes later on in the postnatal period if and when she feels ready.

c) Providing opportunities to take part in memory-making activities

The mother should be offered the opportunity to take part in a range of activities prior to the separation that can then be added to her and her baby's HOPE Boxes.

This may include for example

- Photographs of mother/father/wider family/baby
- Completing the birth record books
- Completing the acknowledgement of life certificate
- Preparing duplicate cot cards and identity bracelets
- Bathing the baby and photographing this activity
- Hand and footprint mementos for mother and baby (kits included in boxes)
- Recording the baby's birth story (audio or written)
- Sharing care preferences for the baby for example colour of clothing/milk brand/use of pacifier/nappy type/ favourite lullabies and songs and recording to share with the kin or foster carer

- Reading and recording first story (for example the book in the baby's box or another chosen book or singing a lullaby and recording)
- Sharing antenatal memories if not already recorded e.g.
 - Names used for the baby in utero by mother/father/siblings and other family members
 - Baby's reactions to music/bath time etc.
 - Mother's likes/dislikes in preferences

d) Including Fathers

Whilst the HOPE Boxes *at this stage* of the pilot have been designed for mothers by mothers, it is important to consider how fathers may be included in the preparation of the Boxes and included in memory-making activities. Further parallel work is planned to consider how HOPE Boxes may be used and adapted for specific work with fathers, particularly where the parents are living apart.

Consideration should also be given to including wider family members in the collection and creation of memories for the baby's box particularly if adoption or a long-term placement outside of the kinship network is planned.

Stage 2: Keeping the connection between mother and baby following separation whilst long-term decisions regarding the baby's future are still being made

- The boxes contain items to help keep the connection between the mother and baby whilst the long-term decision regarding the baby's future is still being made. This includes items to be swapped at family time sessions to promote the sensory connection between the mother and baby, for example, the soft toy and blankets. Trusts may also invite members of the local community to provide hand-knitted items such as hand-knit blankets, baby cardigans etc. that could also be added.
- Kinship or foster carers will need to be actively engaged in the process of swapping and using the swapped items to help the baby stay connected to their mother. Discussions with Children's Social Care regarding how this can be embedded should be considered as part of the implementation process.

- The boxes each contain a baby record book which the mother may wish to add to prior to the separation. The books are designed to be updated by the kin or foster carer and to be shared with the mother at family time.
- The mother's box also contains items to help the mother with her own mental health at an acutely distressing time. This includes a notebook and pen, a scented candle, and contact numbers for national/local services. A poem written by the HOPE Mum's group is also included to send a message to the mother that she is not alone and to mitigate feelings of shame and stigma. Consideration should be given to how the social worker, midwife, and other professionals in contact with the mother during this period could support the mother to make use of these items.

Stage 3: Managing loss, grief, and identity if a long-term separation is an outcome

- If a decision is made that the mother and baby are to be separated long-term the HOPE Boxes may become important memory boxes and provide a vehicle for longer-term loss, grief and identity work with the mother and life story work with the baby/child
- As part of implementation, thought should be given to how Children's Social Care, kinship carers, foster carers and other statutory and third sector services (e.g. Regional Adoption Agencies, post-adoption services, kinship carer support services, recurrent care services) working with the mother and/or baby post-proceedings are made aware if a mother and baby have been given HOPE Boxes.

Learning from the Trailblazers- Reflections

The HOPE Boxes have built on the learning from local initiatives led by midwives in some Trusts in England. Whilst they may differ in detail each has been developed in response to midwives witnessing the difficulties of this process for women and wanting to respond. The midwives in these Trusts have shared their learning and this has fed into the HOPE Boxes initiative.

In this section, we share the thoughts and ‘tips’ from this group of pioneering midwives. We have also included two case studies from areas of the country that are developing broader specialist care pathways/services for families at risk of separation or who have experienced a separation.

Tabitha Tantawi-Basra and Rachael Asserati: Kettering NHS Trust



First developed in 2017 whilst in her post as Safeguarding Midwife in Kettering Tabby developed the 'Not Forgotten Boxes'. The Kettering team were finalists in both the Nursing Times and British Journal of Midwifery awards for their Not Forgotten Boxes.

Rachel Asserati is now the Not Forgotten Boxes 'champion' and continues to offer the boxes to women facing state intervention at birth.



Tabby and Rachael share some of their key reflections and learning below:

Winning Hearts and Minds: Championing the innovation

The most difficult aspect of creating the boxes was that of challenging the negative perceptions regarding this vulnerable group of women. To address this culture a campaign was commenced which included advertising via posters, education, articles in Trust magazines and the Trust Facebook pages. By this campaign it became clear that this was a Trust supported scheme and not an individual project.

However, the most effective medium was the sharing of women's stories and their voice, their pain, and the need for someone to listen. The provision of a box is not just about the items or the box, but the experience they have during this critical time.

To support a universal experience for women, a champion was created in the maternity setting to provide the boxes and offer the sensitive support that is required in these situations. The champion is an advocate for women and the needs who also collected their stories and feedback.

With a specific individual acting as a champion, they themselves became an advert for the provision of the boxes. The champion acts as a conduit to advocate for the women and being able to have those courageous conversation to explain the ideals of this therapeutic intervention to other people participating in the women's care.

Mary Thompson and Daisy Collingham: East Sussex Healthcare NHS Trust

Mary and Daisy have also been offering their 'Baby boxes' to women and their babies at her Trust for a number of years. Mary and Daisy offer these words of advice to midwives trying to implement the HOPE boxes

We have a team of midwives and maternity support workers who acknowledge the trauma of mothers separated from their baby following a court order and who want to support the family during this time of grief.

Time

Creating a photo album and capturing hand/footprints can be time consuming and difficult for the maternity team to prioritise on a busy maternity ward. The safeguarding team therefore take the lead in offering the HOPE Boxes and working closely with the mother to collect memories important to her. The maternity bereavement team provide incredible support and offer assistance when the ward is extremely busy

Storage

Think about where to securely store the boxes and contents. Infection control requires boxes to be off the floor and up on shelves. We have room in our general supply cupboard, with a dedicated shelf. The boxes are flat-packed and are assembled as needed.

Stock Control: Think Ahead

Make sure that you have a good supply. Once you start offering HOPE Boxes, you do not want any family to miss out on the opportunity to receive one.

Local Funding

If you are not part of the pilot project, but want to get started as soon as possible, consider fund raising locally. Check in with charity organisations. We received overwhelming support and funding from the Friends of East Sussex Healthcare NHS Trust.

Involving medical photography.

The boxes do contain an SD card for use with a camera that can go in the box in case the prints get lost or damaged. However, I was informed after we started providing photo albums that the medical photography department is the only department that should be processing pictures in the hospital. They do have an agreement with the bereavement midwives who take pictures and bring them to medical photography to process. The safeguarding team does have a camera which medical photography is aware of. Our team takes the pictures with parental consent, we then take the camera to medical photography to process the pictures. They will also delete the pictures from the camera. Medical photography edits and process the pictures. We receive a set for the mother and a set for the infant. These pictures are stored electronically on the medical records which means they are stored permanently if the family want to access at a later point.

Michelle Beales-Shaw: Wirral University Teaching Hospital



Michelle is the Named Midwife for Safeguarding/Lead for Domestic Abuse at Wirral University Teaching Hospital and leads their initiative called 'Always and Forever Boxes'

Michelle feels it is really important to try to engage parents with the concept and the content of the boxes in the antenatal period rather than just postnatally. Starting conversations early Michelle says "will allow them ownership of the contents and memories and emotions attached"

In addition, we have identified some sites that will act as 'early implementer sites' for the HOPE Boxes. Again, this work is being led by midwives who had already begun work to try to offer additional support to women facing separation at birth.

Sally Unwin is a Specialist Midwife for Safeguarding at Gloucestershire Hospitals NHS Foundation Trust.



Sally is implementing the HOPE Boxes and had been working to establish the pathway for this initiative over the last 12 months.

In preparation for implementing the HOPE Boxes, Sally enlisted the help of medical photographers to ensure their support in capturing memory-making activities.

“One of the key reasons why we want to give HOPE Boxes is that their contents have been decided by the women with lived experience”

Sally quickly realised that offering training was key to ensuring confidence and sensitivity amongst the photographers. Initial worries from the photographers related to personal feelings and some lack of understanding about safeguarding and the reasons for removals.

The Senior Photographer quickly became aware of this and is sensitive regarding which member of her team she sends to take photos. She has also identified a ‘Memory Making Link Worker’ to support the team.

“Medical Photography has kindly agreed to take photos of baby and birth parents (with consent) and are funded by our local neonatal charity”

Natalie Woodruff Specialist Perinatal Mental Health Midwife and Louise Slater Specialist Substance Use Midwife: East Lancashire Hospitals NHS Trust (ELHT)



“I have delivered some safeguarding training so that the team are more familiar with terminology e.g. Fostering, adoption, section 17 and section 47 and some of the reasons for removal. The photography team currently undertake levels 1 and 2 safeguarding training and have decided it is important to complete level 3 as well.”

In preparing for the HOPE Boxes being launched at ELHT Louise and Natalie reached out to the wider community to help them in preparing and packing the boxes. They wanted the contents of the HOPE Boxes to be packed by other women in the community who were able to pack the boxes with love and compassion.

As a specialist substance misuse midwife Louise was involved in supporting women who already have Children's Social Care involvement. She also was running a mother and baby group at the local drug treatment service, Inspire.

The drug treatment service have also offered to provide storage space for the boxes once they are packed.

Natalie also spoke to a local charity Home-Start where she already supported a group for parents who had the experience of being separated from their children and spoke to the group about the HOPE Boxes. Again, many of the women wanted to be involved in making up the boxes.

"The women in the group, most of whom are experts by experience became very interested in supporting the making up and contents of the boxes. Some of these women have been separated from their children, and have, in some cases had the children returned to their care or have had subsequent pregnancies and have kept baby in their care. All the women were very positive about the Hope Boxes and wanted to help other women and families. Some of the women volunteered to make up the boxes."

"We have requested our boxes to be delivered flat packed and then the women from these groups will pack them. They are also including a hand-written affirmation on a piece of heart-shaped card. We have also enlisted the help of our local knitting group who have provided homemade blankets again to give that personal feel to the boxes and let the women know that people in their community care about them."

Embedding the HOPE Boxes into a Care Pathway

Trusts involved in the pilot will differ in their safeguarding and specialist team arrangements.

In some areas enhanced case-loading teams or ‘vulnerable women’ teams whilst not providing intrapartum care do offer the important continuity between the antenatal and postnatal period for women who are facing separation at birth. Recent research findings have shown this specialist care is very important to women (Mason et al 2022). The research also points to the important role that foster carers can play in supporting the connection between mothers and their babies following immediate separation.

It is important for Trusts to consider the role the boxes might play in reducing trauma and suffering for the mother and baby at various points in the family’s journey through the child protection and family court system.

Additional work is underway as part of this pilot to consider the care pathway in more detail. However here are some things to consider from the outset:

1. How will Children’s Social Care, midwifery and other services working with the families ensure they each are all aware if a mother has been informed about the HOPE boxes? Ensuring clear communication is vital to ensure all women are offered the boxes at an appropriate time and in an appropriate way.
2. If a woman has accepted the HOPE Boxes, how will Children’s Social Care, ensure they are supporting the effective use of the box with the baby’s carers. i.e. supporting the swapping of items and completing the baby record books?
3. How will post-proceedings services such as adoption agencies, maternal mental health services or recurrent care services be made aware of the project and whether a mother has received a box?
4. How will the baby’s kinship carers or adaptors be made aware of the baby’s box and the relevance of the items contained within it?

Some areas of the country have made progress with developing a variety of specialist pathways aimed at supporting parents.



Case Study:

Developing a specialist midwife pathway: Adele Martin Strengthening Families Salford

The aim of the specialist midwife pathway for recurrent care proceedings is to oversee the maternity care of pregnant women and their families throughout the pregnancy continuum using trauma informed approaches to care via a continuity model. The specialist pathway midwife provides a bespoke, intensive support to vulnerable families with complex social needs who have previously had children removed from their care and will require a local authority Children's Services pre-birth assessment during the pregnancy. The support offer includes completing work with families surrounding public health (healthy diet and exercise, smoking cessation, drugs, and alcohol), attachment and bonding in pregnancy, perinatal mental health, and parenting.

The specialist midwife co-ordinates the safeguarding assessment and care of the families alongside the safeguarding team by attending multi-professional meetings (professional meetings, strategy meetings, child protection conferences) and completing safeguarding care plans and reports with parents. Additionally, inpatient trauma informed support and advocacy is provided during court hearings, discharge planning meetings and separations where required. The specialist midwife deals frequently with emotional and distressing circumstances due to the complex trauma associated with recurrent care and skills to navigate difficult conversations and situations sensitively with families are essential.

The pathway was developed using outreach models of care provision to reach vulnerable families and support equal access health care services. This includes hospital, community, and home-based care provision.

The midwifery pathway is embedded within the Strengthening families' pre-birth workflow therefore maternity services and children's services work in collaboration with families. Having clear communication pathways between maternity services and Children's Services is essential to aid timely referrals for support, multidisciplinary communication, and collaboration to advocate for a family and provide support at early gestation.

The specialist pathway midwife participates in the development of Trust and Local policies and standards with a focus on national initiatives to support women and families who have experiences of recurrent care and trauma and be responsible for ensuring these are adhered to in line with Trust policy.

Reporting Requirements

1. Brief activity report

We aim to keep central reporting for the HOPE Boxes pilot to a minimum. However, all pilot sites will be expected to submit the following basic information at two time points in the first year a) end of quarter one b) end of quarter 4

- Number of HOPE Boxes offered and accepted by women
- Key challenges and facilitators in implementing the HOPE Boxes

A template for this reporting is included in [appendix D](#).

2. Attendance at learning event

At end of the first year pilot we will hold an online learning event for the leads in each of the HOPE Boxes pilot sites to attend and share their experiences and learning. This information will help inform the next stage of roll-out. The date for this event will be circulated by email to lead contacts.

Evaluation

Funding will be sought longer term for a central evaluation of the HOPE Boxes project. Therefore, Trusts are encouraged to undertake local evaluation and present the findings to their Local Maternity System and other stakeholders who have supported the pilot implementation.

This may for example include collecting the following qualitative measures:

- Feedback from midwives and maternity staff about offering the Boxes
- A training needs audit for midwives offering the Boxes
- Feedback from mothers with lived experience locally
- Feedback from other professional groups involved in the implementation e.g. social workers, kinship and foster carers, regarding their experiences of using the HOPE Boxes

Other considerations may also include measures such as:

- Postnatal engagement with midwifery, and other services such as Health Visiting, for mothers who have received the HOPE Boxes
- Changes in attendance at family time sessions and engagement with broader services for mothers who have accepted the HOPE Boxes

Appendices

Appendix A: Links to Resources

HOPE Boxes Learning Event

In November 2022 NHS England's Safeguarding Team hosted a learning event to share the learning from midwives already offering boxes to women when they are separated from their baby at or close to birth and to launch the new HOPE Boxes initiative that builds on this learning. At the event we heard directly from the midwives and they shared their learning journeys.

We also heard key messages from research surrounding separation at birth practices.

To listen back to the event or view the power-point slides [please click here](#)

HOPE Boxes film

As part of the HOPE Box project the team at Lancaster University in partnership with the 'Hope Mums' group, the NHS National Maternity Safeguarding Network and Birth Companions produced a film explaining the development of the HOPE Boxes. The film provides an opportunity to hear directly from members of the HOPE Mum's group and midwives and helps to provide important background information about the boxes and their use. It is an important training resource for Trusts implementing the HOPE Boxes.

The film is divided into 3 sections:

1. Why we need HOPE Boxes
2. The content and purpose of the Boxes
3. Important messages about how to use the Boxes

At the time of producing this information pack, the HOPE Boxes Film was awaiting final sign off. Links to the published film will be socialised to sites once available.

Further Relevant Reading

1. Bicknell, T. (2021) Developing supportive midwifery practice in the context of the removal of a baby at birth, Thesis for: MSc Advanced Professional Practice: Maternal Psycho-Social Health, Middlesex University, available at:
https://www.researchgate.net/publication/354921707_Developing_supportive_midwifery_practice_in_the_context_of_the_removal_of_a_baby_at_birth.
2. Broadhurst, K., Alrouh, B., Mason, C., Ward, H., Holmes, L., Ryan, M. and Bowyer, S., 2018. Born into care: Newborns in care proceedings in England. *Final Report*.
3. Broadhurst K. (2021) New-borns in urgent care proceedings in England and Wales – stark regional differences in practice, *Family Law*, September 2021.
4. Marsh, W. (2016) Babies removed at birth: narratives of mothers' and midwives'. Doctoral thesis. University of Surrey, available at:
<https://openresearch.surrey.ac.uk/esploro/outputs/doctoral/Babies-removed-at-birth--narratives-of-mothers-and-midwives/99511924802346>
- 5.. Mason, C., Broadhurst, K., Ward, H., Barnett, A., & Holmes, L. (2022a) Born into Care: Developing best practice guidelines for when the state intervenes at birth. London: Nuffield Family Justice Observatory <https://www.nuffieldfjo.org.uk/resource/born-into-care-developing-best-practice-guidelines-for-when-the-state-intervenes-at-birth>
6. Mason, C., Broadhurst, K., Ward, H., Barnett, A., & Holmes, L (2022b) Born into Care: Draft best practice guidelines for when the state intervenes at birth. London: Nuffield Family Justice Observatory <https://www.nuffieldfjo.org.uk/resource/born-into-care-best-practice-guidelines-when-the-state-intervenes-at-birth-feasibility-testing>
7. Tantawi-Basra, T. and Pezaro, S., 2020. Supporting childbearing women who are at risk of having their baby removed at birth. *British Journal of Midwifery*, 28(6), pp.378-387.

Appendix B Standard Operating Procedure Exemplar

Many thanks to Natalie Woodruff and Louise Slater at East Lancashire Health Trust for sharing their Standard Operating Procedure document for others to share. This is a 'template' and should be checked carefully (pg. 23-26). Suggested amendments/insertions are indicated in red text in the document, but the entire document should be checked and amended appropriately to ensure it reflects local governance structures and planning

DIVISIONAL DOCUMENT	
	Standard Operating Procedure
DOCUMENT TITLE:	Hope Boxes
DOCUMENT NUMBER:	
DOCUMENT REPLACES Which Version	
LEAD EXECUTIVE DIRECTOR DGM	
AUTHOR(S): Note should <u>not</u> include names	

TARGET AUDIENCE:	Midwives, Maternity Support Workers Obstetricians and Neonatologists, Social Workers
DOCUMENT PURPOSE:	To provide a memory box for women/families who are separated from their babies during the early postnatal period following Court intervention or parent's voluntary agreement to separation (s.20) .

To be read in conjunction with	N/A
SUPPORTING REFERENCES	<p>Not Forgotten Boxes. Tabitha Tantawi-Basra. Kettering NHS Foundation Trust.</p> <p>Born into Care: newborn in care proceedings in England (2018). Broadhurst. K Alrouh B, Mason. C et al. Centre for Child and Family Justice. Lancaster University.</p> <p>Mason, C., Broadhurst, K., Ward, H., Barnett, A., & Holmes, L. (2022a) Born into Care: Developing best practice guidelines for when the state intervenes at birth. London: Nuffield Family Justice Observatory</p> <p>Giving HOPE: Film made by Lancaster University Available at xxxxxx</p>

CONSULTATION		
	Committee/Group	Date
Consultation	For comments	
Ratification date at WNSHQSB		
NEXT REVIEW DATE:		
AMENDMENTS:		

1.1 Operational Policy for Hope Boxes

Hope boxes will be offered to women and families when the baby is separated from the mother following **a court order or following voluntary agreement to the baby being accommodated by the Local Authority**. There will be one box for the mother/family and one for the baby. The name Hope Box was decided upon by women with lived experience and stands for: Hold On Pain Eases.

The boxes will contain items to support positive memories for families. A separate box will be for the baby. The aim is to positively acknowledge the women/ birthing people as mothers/fathers/parents, despite the fact that they are separated from their babies. The baby's Hope box will provide memories which the child may be curious about in later life.

The box will also contain **(add own detail or see list in information pack if using standard HOPE Box)**

In the case of multiple births, it is the woman's choice if she would like a box for each baby.

Items within the boxes have been taken from ideas and suggestions from women who have been separated from their babies.

1.2 Name of Service

HOPE Boxes. This name has been chosen by women with lived experience, who have been involved in the planning and preparation of the boxes. **(Hold On Pain Eases)**

1.3 Referral Process

The boxes will be available on **(NAME TRUST/HOSPITAL)** maternity sites and will be available to any women/families that are separated from their babies. It is hoped that discussion will take place with women/families by a midwife who is caring for them at an appropriate point during the pregnancy, or the postnatal period. The box will be given to the women/family at a time which is decided by the woman/parents; this may be following discharge from hospital and will be planned in conjunction with the woman and her family on an individual basis.

1.4 Referrers

All midwives / care providers can refer families to the named midwife for that family.

1.5. Patient Journey

In the majority of cases, the outcome/placement of the baby is not decided until the baby is born, and the case is heard in Court. It may be possible to discuss the provision of a HOPE Box with women and families prior to the birth, but in the majority of cases, discussion will take place during the postnatal period. This will be approached in a sensitive manner with a care provider who has a positive relationship with the woman. The boxes can be provided at any point during the perinatal period.

1.6. Management Arrangements

Funding has been obtained from xxxxxxx. It is hoped that in the long term, National funding will become available to sustain this initiative. The boxes will be put together (add detail of if being packed locally or received packed from the HOPE Box distributor). Information will be collated relating to the numbers of boxes issued and, where possible, qualitative feedback will be gathered from women and families who have accepted the boxes.

Hope boxes will be amended or improved as the service evolves.

Training for staff will be offered (ADD DETAILS).

Information sessions can be provided for any staff on a group or an individual basis.

Contacts for further information/advice:

Add contact

1.7. Signed as Final Operations Policy

Head of Midwifery

..... dated

1.8 Amendments

This operational policy will be reviewed on an annual basis

Appendix C Suggested Contacts List

We suggest that every HOPE box contains a list of national and local services that may be able to offer support. A list of suggested national contacts is included below. Local contacts need to be added by individual Trusts but some suggestions of what types of services to include are also listed

Suggested National Contacts List

Samaritans

The Samaritans run a free 24-hour 7 day a week helpline run by trained volunteers who will give you the time and space to talk through your thoughts and feelings. You can also contact them in person or by email or letter. For more details see their website

<https://www.samaritans.org/>

You can contact them in a number of ways:

On the phone

This number is free to call from both landlines and mobiles, including pay-as-you-go mobiles. You do not need to have any credit or call allowance on your plan to call 116 123.

Via email

E-MAIL jo@samaritans.org is free.

In-person

Visiting face-to-face in your local branch is free.

By letter

make sure you include the first line of the address to make sure your letter gets there for free.

Freepost RSRB-KKBY-CYJK'
Chris
PO Box 9090
STIRLING FK8 2SA

Family Rights Group [Helping families Helping children - Family Rights Group \(frg.org.uk\)](http://www.frg.org.uk)

Family Rights Group is a national charity that advises parents, grandparents, relatives and friends about their rights and options when social workers or courts make decisions about their children's welfare. We work with parents whose children are in need, at risk or are in

the care system and with wider family members and friends who are raising children (known as kinship carers). Their services include:

- Easy-to-follow, online advice. Features include an A-Z, FAQs, films, 'top tips' and legal advice sheets [Get Help and Advice - Family Rights Group \(frg.org.uk\)](http://frg.org.uk)
- Online forums where families can receive advice, discuss issues, and find support from others
- A free telephone advice line open Monday to Friday between 9.30am and 3pm (excluding Bank Holidays) on **0808 801 0366**. For Textphone dial 18001 followed by the advice line number.

Citizens Advice Bureau

[Citizens Advice](#)

Provide confidential, free advice online, on the phone or face to face or via their local services. They can help with issues regarding benefits, housing, debt and money immigration and legal issues.

To find out more visit their website and find out how to contact them [Contact us - Citizens Advice](#) or call their advice line on 08001448848 (England) Or 08007022020 (Wales)

if you can't hear or speak on the phone, you can use Relay UK - type what you want to say: 18001 then 0800 144 8884

Local contact suggestions

You may want to include the details of these types of services on the contact list if appropriate (please check their criteria first to ensure they will offer help):

1. Women's Centre

2. Pause or local recurrent care service – see [Services for parents who have experienced recurrent care proceedings \(researchinpractice.org.uk\)](http://researchinpractice.org.uk) for a Directory to see if there is a service in your local area and contact details

3. Mental Health Crisis Team

4. Local advocacy service

5. MIND

6. Regional adoption agency or post-adoption charities with birth parents support groups/counselling offer

Appendix D Reporting Template

HOPE Box Reporting

NHS Trust		Name of HOPE Box Lead	
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Total actual number of Boxes requested during Year 1	
Start date for HOPE Box implementation	
Reporting period. Q1, Q2-Q4 (Please delete as appropriate)	
Number of boxes offered to women	
Number of boxes accepted by Quarter	
Number of boxes declined by Quarter	

Key Successes (Please provide bullet points)	
Key Challenges (Please provide bullet points)	

<p>Report completed by</p> <p>Name</p> <p>Job Title</p> <p>Signature</p> <p>Date submitted</p>
