

## **Giving *Hope* and minimising trauma when parents are separated from their baby close to birth.**

### **Background research**

The Nuffield funded 'Born into Care' project has demonstrated that there are an increasing number of newborns issued with care proceedings (Broadhurst et al 2018). The mothers are typically from difficult, disenfranchised communities, have histories of trauma and many were care experienced themselves. Research by the same 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 return within a seven-year period, with the greatest likelihood within 2 years with a newborn baby (Broadhurst et al 2017). Qualitative data gathered also revealed that women are often overwhelmed by the systemic practices within these proceedings, which include rapid decision making by providers, poor communication about these weighty, critical decisions with the woman, and shortcomings in the support or compassion shown to mothers (Mason et al 2022 forthcoming). Women highlighted how even small changes that promote sensitive interactions, and improve their sense of control and choice, may help to ameliorate the trauma many of them experience during this time; trauma that often leads to significant emotional and psychological deterioration in the women. Women who experience separation from their babies close to birth are at acute risk of mental health crisis, including self-harm and attempted suicide (Marsh 2015, Mason et al 2020, Mason et al 2022 forthcoming).

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 stillbirth or late-stage miscarriage. Impacted by these women's situations, midwives in some health trusts 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 Tantawi-Basra and Pezaro 2020).

### **The Hope Boxes Development**

Building on this local area work and in partnership with women with lived experience of separation at birth and Birth Companions, we have developed "*Hope boxes*". The Hope boxes are designed to help mothers capture important memories prior to separation and to promote ongoing connection between them and their baby post-separation whilst court proceedings are considering the longer-term plans for the child.

Hope boxes include important items to the mother and baby. For example, photographs, footprints, and lockets of hair, cot cards, and matching soft toys and blanket. Two boxes are created, one box stays with the mother and the other follows the baby into foster care or adoption, if this is the final outcome. The mother also receives a letter from the *Lived Experience Group* of women which aims to provide a 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 box will be used as a vehicle to promote ongoing connection between mother and by midwives, social workers and support services and to promote and motivate the mother's engagement with baby through the supervised contact arrangements. It is also a tool to help the parents grieve their immediate loss and acknowledge their parental identity, and it provides parents with some control in a process that many report feels dehumanising (Broadhurst and Mason 2020).

### **Future Plans**

Working with the NHS maternity safeguarding network and Birth Companions and building on these local area innovations, we aim to pilot the use of the Hope Boxes in a number of Health Trusts in 2022/23. In addition working with our partners and perinatal psychologists from Kings College London and Exeter University's we aim to develop guidance and training tools to support the implementation of a full Hope boxes intervention. This will include consideration of implementation pathways for this intervention, including integrating them into existing packages of care (e.g., social worker) that currently largely lack psychological support. This work will feed into a parallel project funded by the Nuffield Foundation under the Born into Care series in which national guidelines that aim to improve practices surrounding separation at birth are being developed and tested.

### **Contact**

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