



# **Forgotten Mothers**

**Meeting the needs of  
homeless women who have  
lost their children.**

**Health Action for Homeless People**

## 1. Introduction

The category 'single homeless women' obscures the fact that many women who are homeless have had children and lost custody of them to adoption, fostering and the care system. The impact of this stays with women throughout their lives and their invisibility as mothers has an additional emotional impact. These women may fall into one of three categories:-

- \* older women who have had their children taken into care many years ago;
- \* women with children currently in care, whether they maintain contact with them or not;
- \* women with children still in their care, but who face the possibility of having them taken into care. This includes women who are pregnant.

This Guide has been written for agencies working with homeless women who have lost their children. It outlines the key facts about this often unrecognised group of people and offers guidance about approaches you can adopt to begin to meet their needs. As agencies are only just beginning to tackle these issues, there is not a large pool of good practice on which to draw. However some examples of ways of working are included in the text and it is hoped that the Guide can be used as a tool to develop policies around these issues in partnership with women users. Finally the Guide provides a list of organisations you, or women you are working with, can contact for more advice and information and some additional reading which you may find useful.

Many people have contributed to the Guide. It has grown out of a piece of action research, funded by Crisis and carried out by Health Action for Homeless People during 1998. The research collated case studies and information from homeless women, homelessness agencies like hostels, day centres and specialist health projects and from organisations providing support specifically to families. The results of the research were then fed back to those who had been involved at a seminar. Here participants began to draw together the lessons learnt to form general guidance for agencies providing services to homeless women. A working group of practitioners, policy makers and homeless women, set up at the seminar, undertook to finalise and publish the Guide and to carry these issues forward.

## 2. Background - Policy and Practice

The Children Act 1989 provides the main legislative framework for services for children in need, including those in need of protection. It emphasises the importance of working in partnership with families for the welfare of children and places a general duty upon local authorities to safeguard and promote the welfare of children in need by providing Family Support Services. These are the many different services that social services are expected to provide to help families care for their children and prevent family breakdown.

Recent years however have witnessed a tension between policy and practice. Lack of resources has concentrated energies at the crisis end of child protection work at the expense of more preventative family support. This means that it can be difficult to access social services support unless there are serious child protection issues. The Children Act focuses on the 'best interests of the child' and once a decision has been made that parenting puts the child at risk, it can preclude working with the mother to enable her to be a better parent or to avoid a care order. There is little support offered to enable her either to make any necessary changes or to come to terms with the loss of her children unless she has other vulnerabilities. There are very few outlets for her to tell her own story or say how the experience has been for

her. It also means that although a woman might need help she may be wary about asking for it because her concerns might bring her to the attention of the child protection system.

A recent consultative document 'Working Together to Safeguard Children' places child protection work firmly within the context of wider services for children in need and reappraises the balance between protection and prevention. This 'refocusing' debate emphasises help to vulnerable families at an early stage and the importance of inter-agency co-operation in child protection work. This means a more significant role for voluntary organisations including those working with homeless people and possibilities for developing a child protection system which is more effective in intervening in the cycle of poverty and homelessness.

### **3. Key Facts**

#### **Invisibility**

Provision for homeless people is divided into services for single people and services for homeless families. Women who have children and some involvement with them, either emotionally or practically, are a significant but often unrecognised group using services for single homeless people. Few non-residential projects ask women about their children and questions, particularly those likely to be painful, are kept to a minimum until some kind of a relationship had been established. Residential projects, especially those offering structured programmes and a keyworking system, are more likely to be aware of any concerns women may have about their children. Overall, however, a non-intrusive approach has served to reinforce the invisibility of these issues.

This means that agencies have difficulties in estimating how relevant these issues are for the women they are in contact with. However, many projects feel that the majority of their women users are mothers. It is more apparent among younger women where it tends to be a live issue. Older women are inclined to keep it to themselves.

#### **The links between homelessness and the loss of children**

It is difficult to tease out exact relationships between a woman's homelessness and the loss of her children and everyone has their own story to tell. Homelessness by itself does not mean having children taken into care; the picture is more complex. There are a cluster of common characteristics associated with parents of children on the child protection register and these include, domestic violence, drug and alcohol use and mental health problems. Any one of these can lead to loss of children and of permanent accommodation resulting in homelessness. Or the stresses of homelessness and recourse to drink or depression can result in care proceedings.

One clear pattern is the number of homeless mothers who have not had 'good enough' parenting themselves. They have been in care, or in abusive situations as children and have few parenting experiences or skills to pass on to their own children.

#### **Impact on women**

The loss of children can have a major impact on levels of emotional distress and although it may not be the first thing mentioned in women's dealings with workers, the separation, loss and guilt underlying it are very visible and long lasting. People who have had their rights as parents taken from them tend not to attract much public sympathy or services. The experience

can have a powerful detrimental impact on self esteem, and the shame experienced by women for not being 'adequate' mothers is something many women carry with them for life.

Women adopt a number of coping mechanisms. These include:-

- \* seeking out talking therapies; with other women who have had similar experiences, with workers, through more formal counselling and therapy;
- \* offering support to others in similar circumstances;
- \* self medication through drugs and alcohol;
- \* depression and mental illness;
- \* anger and violence;
- \* denial;
- \* having more children.

Many women find themselves in a Catch 22 situation. For example with an interim care order, social services expect the woman to make lifestyle changes before the children can be returned. Yet having responsibility for the children may have been the only reason the woman had to make changes to her lifestyle. Once they are removed the resulting loss of confidence and self esteem undermine any motivation to continue. It can be easy to return to the culture of the streets, drinking heavily and increasing drug use to block out the feelings.

### **Impact on homelessness agencies**

Agencies set up to provide services for single homeless people have to respond to the needs generated by these issues with little experience or resources to be able to do so. They might be a shoulder to cry on, a referral channel for counselling or more practical parenting support, an advocate in dealings with social services or providing services direct to children. This can stretch the capacity of hostel and day centre workers who have to feel their way around the Children Act, and may have difficulties in accessing appropriate services or specialist advice about child protection issues.

In response some day centres are attempting to provide services for increasing numbers of their users who now have children, particularly when these users are not accessing other services. This brings up health and safety issues as well as more pertinent questions about the role of these agencies. Should women with children be allowed to bring them into hostels and day centres? Should they be providing play spaces or creches for them? Does providing such services keep people within a homelessness culture when it would be more constructive to help them to forge links outside? Few agencies have any written policies or procedures on these matters and most are dealing with these issues in an informal and ad hoc way.

### **Access to children**

Single homeless agencies do not usually have facilities where women who do maintain contact with their children can be with them. There are no play facilities or opportunities for children to stay overnight. Contact usually means going out and there is nowhere for women to do normal things with their children, such as cook and eat a meal together. Although aware of these gaps agencies feel they cannot offer an appropriate environment for children and are more likely to encourage arrangements through social services. Providing an environment for children can

also set up conflicts with the needs of women who do not have any contact with their children and who may prefer to cut off emotionally.

Access facilities that are available are often in an environment where women are being closely observed and scrutinised; in a social services office or foster home or with a grandmother or other family member. This can have an impact on the quality of the contact. Attitudes or judgements about the mother's lifestyle can operate as a significant barrier to contact with her children.

### **Resettlement**

Women may have unrealistic expectations that resettlement will automatically mean that they will regain custody of their child(ren). They might be placed in single person accommodation and then ask what steps they can take to have a child live with them or how to acquire more room for weekend access. A transfer to a larger property only becomes a possibility if the children are returned and custody may depend on having access to appropriate accommodation. When housing does not immediately bring the children back, this can set women up for failure in the housing situation as well.

### **Drugs and alcohol**

Some homeless women lead chaotic lives where drug and alcohol use have been major factors in having their children taken into care or in being at risk of losing them. Increasing substance misuse is also a common coping mechanism women use to deal with the loss of their children. This means that it is easy for them to become stuck in cycles of behaviour which undermine what they want.

Treatment agencies can rarely offer a safe and healthy environment for children while they work with the mothers. Residential projects are unwilling to take women with their children because of disruption to schooling and even when there is provision, separate funding sources make co-ordination difficult. Although there may be funding available for the mother from the drug and alcohol community care budget, it is harder to access funding for the child from childrens' services. Mothers are forced to rely on informal support and child care networks which many lack, especially if they are chaotic drinkers or drug users.

Considerable stigma and social prejudice is attached to mothers who drink or use drugs and it can be hard for social services to accept that women have changed and moved on; there is an intolerance of relapse. These judgements can undermine any motivation to change and set up real difficulties for women who present for treatment with these kind of pressures on them. For instance, women need to acknowledge that they have an alcohol problem in order to get help, but any acknowledgment may bring the judgement of others and increase the danger of losing the children.

Women's Aid does not accept women with drug or alcohol problems unless they are stabilised. This means that in domestic violence situations where substance misuse is an issue women may be placed in bed and breakfast accommodation with their children. These are often heavy drinking and drug using environments and may compound the difficulties that the woman is already experiencing.

### **Working with social services**

There has been a lot of work in the voluntary sector in recent years to develop a more positive relationship with social services and to overcome misunderstandings and conflicts. This has involved a recognition that it is not positive for agencies or their clients to work in isolation or to

behave as if the statutory sector was on the 'other side'; child protection should be everybody's business.

However, working with social services is often dependant on the priorities of individual social workers rather than being standard practice. There are instances where homelessness agencies are marginalised by statutory services and where their opinions about individuals they are working with are not trusted or respected. There can be long waiting times between referrals and action and a lack of communication between social services departments and parents. Agencies can be asked by social services to support women when it is beyond their capacity to do so. This means they are also engaged in an educational role with social services departments; for example raising awareness about alcohol issues and their impact on parenting.

Because of the extent of hostility towards, and suspicion of, social workers among many homeless women, there is a delicate line to tread when working in partnership with social services departments. It is a sensitive issue which needs to be thought about carefully. Agencies have to protect children at risk while at the same time maintaining a relationship with women without alienating them. This is especially true in those instances where the agency is the main source of support to the mother when the child is removed.

#### **4. Guiding Principles in Working With Homeless Women**

All agencies working with single homeless people need to develop policies and procedures around these issues in order to provide a good quality service to homeless women who have lost their children. In doing so they should take into account the following guidance.

**Acknowledging the issues.** When neither homeless women themselves nor the agencies working with them are prepared to speak up about these matters it serves to reinforce their invisibility. Agencies should make it clear that they are on the agenda and can be discussed. Honouring privacy should not be used as an excuse for not asking the right questions; women themselves can appreciate being offered the space to talk and it can allow a more preventative approach to be used particularly when there is a pregnancy involved and decisions have to be made about the future of mother and baby.

**Creating a safe space** within the agency in which to deal with these issues. There is a delicate balance between respecting a woman's need for privacy and providing a space for her to begin to deal with her loss. Although there may be a role for offering a structured assessment where these questions are asked, a woman should also be supported in her right not to tell until she feels safe and is ready. As one homeless woman said what women in this position need is 'immediate kindness and unconditional acceptance' in order to be able to take things forward.

**Placing the woman in the centre** with 'her' issues. Many homeless mothers have had very few opportunities to talk about their experiences and this might be the first time they have tried to articulate their feelings. They may need to talk about and acknowledge their loss before they can deal with it and move on. Listen to women where they are and acknowledge their strengths as well as their difficulties. Women have different ways of coping with loss and separation and receiving photographs of adopted or fostered children may be a support to some and a source of distress to others. They may also express themselves in different ways and opportunities should be presented which are acceptable to the individual - through life diaries, one-to-one therapies, group work and so on.

**Recognising diversity.** Women at different stages do not necessarily have interests in common and agencies need to recognise this diversity and respond appropriately with services or approaches for women in a variety of situations. Women who find it easier not to have any contact with their children may find it distressing to be with those who are seeking to regain custody. Younger women will not necessarily have the same priorities as older women and their support needs may not be compatible. There are differences generated by sexual orientation and ethnicity which have a major impact on women's needs and the most appropriate response.

**Facilitating peer support.** For some women the opportunity to contribute to and help others can be an enormous boost to their own self esteem and they can experience a sense of unity and bonding. This approach can be encouraged by agencies, although it should be recognised that many women will not be in a position to join a support group before they have undergone a great deal of individual counselling. The ability to foster the development of such a group also depends on whether there is a core group of women willing and able to participate and requires skilled facilitation.

**Contact and Access.** For many homeless women maintaining contact with their children is a major problem and there are few environments where they can do so effectively. Agencies should consider and develop a policy on whether it is realistic for them to offer a safe and appropriate environment for such contact. If they cannot, they should make themselves aware of any alternative local resources where mothers can visit and have contact with their children and of any financial help available to allow them to do so.

**Allocating time and resources.** Dealing with the past and with low self esteem takes time which is not necessarily available in hard pressed projects. Agencies need to be clear and honest about their limitations and what they can offer and have the knowledge to refer on to more appropriate agencies if necessary.

**Advocacy.** Projects can play a valuable role in helping homeless mothers to empower themselves through knowing their rights and options, learning how to assert themselves and in challenging the stereotypes of the 'bad mother'. They may be the only support the mother has or is prepared to use in these matters. This means that agencies should inform themselves about the Children Act and the child protection system. They should be aware of a woman's options, what resources exist and how to make them accessible. Effective advocacy can involve both working through personnel issues and challenging the feeling of being 'the worst person in the world' as well as assisting with solicitors, courts and child care proceedings.

**Supporting staff.** Dealing with these issues can be distressing for staff. It is very emotional work and staff will require both a knowledge base gained through training and information as well as supervision to support them in working with individual women.

**Working with social services.** A careful balance needs to be maintained between the role of the agency as advocate and as a participant in the child protection system. Agencies have a responsibility to engage with the child protection system and develop, as far as possible, effective working relationships with local social services departments. They should be very open and explicit about boundaries so that both staff in the agency and the women they are working with are clear about the kind of issue an agency would be obliged to feed back to social services if it arose.

**Resettlement.** The issue of contact with and access to children can have major implications for a woman's resettlement. This should be taken into account by all agencies engaged in resettlement work so they are realistic with women about their options in the resettlement process.

**Working with men.** Agencies need to explore the experience of men who have lost their children. It is clearly an issue for them yet there is even less scope for men to express their feelings and get acknowledgement of the impact of the loss of a child(ren).

## 5. Useful Contacts

**Adoption Contact Register.** Details from Department of Health pamphlet ACR 110 available from The General Register Office, Smedley Hydro, Trafalgar Road, Southport, Merseyside PR8 2HH. Tel: 0151 471 4313. The Children Act established a Register where any adopted person or relative can register an interest in making contact. If both do so, a link can be made.

**Child Abuse Studies Unit, North London Polytechnic, Ladbroke House, 62-66 Highbury Grove, London N5 2AD.** Tel: 0171 607 2789. The staff at the unit can provide a list of local self-help support groups for mothers whose children have been sexually abused.

**Family Rights Group (FRG), The Print House, 18 Ashwin Street, London E8 3DL.** Freephone Advice Line 1.30-3.30 weekdays. Other calls 0171 923 2628. FRG is a national charity established to improve the services received by families whose children are involved with social services. They aim to promote full participation by families in the planning and decision taking regarding their own children. They run an advice and advocacy service for families and produce a series of advice sheets for families, newsletters and good practice guides. They also run training courses and conference programmes on these issues.

**Home-Start UK, London Region Office, Garfield House, 86 Edgware Road, London W2 2HX.** Tel: 0171 723 6475. Helping young families in stress who have at least one child under five years. Trained volunteers offer regular support, friendship and practical help in the home to prevent family crisis and breakdown. Families are usually referred by social workers, health visitors and voluntary sector agencies and can also self refer. There are now schemes in 18 London boroughs.

**Law Centres.** A list can be obtained from the Law Centres Federation, Duchess House, 18-19 Warren Street, London W1P 5DB. Tel: 0171 387 8570. Some of them do family and child care work.

**Natural Parents Network, 3 Ashdown Drive, Mosley Common, Nr Tyldesley, Manchester M28 1BR.** Send and SAE for further information. An informal network of birth parents which operates as a self help and pressure group and produces a regular newsletter. They aim to share feelings and experiences as well as to influence current and future legislation and practice.

**National Newpin, Sutherland House, 35 Sutherland Square, Walworth, London SE17 3EE.** Tel: 0171 703 6326. A national voluntary organisation which helps parents under stress break the cyclical effect of destructive family behaviour. Through a network of local centres, expectant mothers, parents, carers and children are offered the opportunity to make changes



in their lives focusing on alleviating maternal depression. Newpin provides a drop-in service, training in parenting skills, counselling and family play programmes.

**NSPCC, 42 Curtain Road, London EC2A 3NH. Tel: 0171 825 2500. Freephone with 24 hour advice line 0800 800 500.** The NSPCC has a network of Child Protection Teams and Projects working with children and families. They also produce a range of publications and other information.

**Post Adoption Centre, 5 Torriano Mews, Torriano Avenue, London NW5 2RZ. Tel: 0171 284 0555. Advice Line 10-1pm weekdays except Thursday when open 5.30-7.30pm.** Set up to meet the needs of both adults and children experiencing problems which arise in some way from adoption. Offers support, counselling, family work and advice individually or in group sessions to any party involved. Has advocacy for birth relatives pre-adoption and self help support groups for birth mothers including non consenting birth mothers. Also offers training and consultation to those working in the field. If you live within one of the 16 local authorities that subscribe to the Centre, the authority may meet the cost.

**Solicitors.** It is important to contact a solicitor who specialises in child care work and who has experience in representing parents and other family members in child protection work. The local Citizens Advice Bureau or the Family Rights Group can provide recommendations.

**Women's Therapy Centre, 10 Manor Gardens, London N7 6JS. Tel: 0171 263 6200 for advice and information.** Provides psychoanalytic psychotherapy, education and training for women, by women, through individual and group therapy.

## 6. Some Additional Reading

***Children Act 1989.*** This is published by HMSO and costs £18. You can get it from good bookshops or by phoning or writing to HMSO Publications, PO Box 276, London SW8 5DT. Tel: 0171 873 9090. Your local library may have a copy.

***Child Protection Procedures - What They Mean For Your Family.*** *Family Rights Group and National Society for the Prevention of Cruelty to Children.* Available from NSPCC or FRG. A guide for parents and other family members involved in child protection procedures. It incorporates changes under the Children Act and includes a Child Protection Plan Agreement.

***Making Sense of the Children Act.*** Allen, N. 3rd Ed. Chichester: Wiley. 1998.

***Adoption: Guide for birth Families.*** Jordan L. May 1998. Available from the Family Rights Group, The Print House, 18 Ashwin Street, London E8 3DL Tel: 0171 923 2628. Price £2.50 plus p&p. A guide for birth parents and family members of a child who is being adopted. It explains the steps in planning a child's placement, the role of the Adoption Panel and good practice in post adoption services.

***Going Home: A Pocket Guide for Families of Children looked after by a Local Authority.*** Available from the Family Rights Group, The Print House, 18 Ashwin Street, London E8 3DL. Tel: 0171 923 2628. Price £1.15 including p&p.

***Jettison the Jargon.*** Available from The Grandparents Federation, Room 3, Moot House, The Stow, Harlow, Essex CM20 3AG. Tel: 01279 428040. Price £2.00 including p&p. A user

friendly guide to terms used by social services and the courts in cases involving children. For all families involved in the childcare system.

***Still Screaming: Birth Parents Compulsorily Separated from their Children. Charlton L, Crank M, Kansara K, Oliver C.*** This is available from After Adoption, 12-14 Chapel Street, Manchester M3 7NN. Price £8.95 plus £1.50 p&p. It provides revealing and hard-hitting accounts of what birth parents themselves think and gives voice to their experiences. It also gives an account of services for this group.

***Strong Mothers. Peake A, & Fletcher M. Russell House Publishing. 1998.*** A readable guide for mothers caring for children who have been sexually abused to help them to come to terms with a variety of emotions. It describes the responses of professional agencies and the child protection procedures and gives mothers strategies for dealing with the difficult behaviour of abused children.