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Mother courage: swapping pregnancy in exchange for help

Pause, a project that makes women whose children have been removed by the state take contraception to qualify for intensive support, is saving millions - but is it ethical?

Louise Tickle

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Will you make sure you put in that I love my kids, so much?" says Lisa Filton, 31, tears streaking her face. She pushes long dark hair back with a hand tattooed with the names of her son and two daughters. None of her children live with her.

Two were removed as babies and adopted. Her eldest daughter was taken into foster care aged four. Domestic violence is one of the main reasons she lost her children.

Before getting a phone call 18 months ago from a project called Pause, which works with women who have had multiple children removed, Filton, who lives in Hull, was homeless and desperate. After each child was taken, “social services basically chuck you in a ditch, or they might as well have”, she says. The complete lack of support offered to women experiencing deep trauma after losing a child to the state is a brutal reminder that they are nobody’s priority now, just as many never were during their own childhoods, ravaged by sexual abuse, violence and neglect.

Filton says what has meant the most to her about her time on the Pause programme has been “getting together with all these ladies where we can talk about our feelings and how much we miss our kids and not feeling judged. Out there, you say you’ve had your children removed and you feel judged, like you’re the worst parent in the world. Because they don’t understand the circumstances.”

The circumstances can be extreme. Jessie Vane, 32, one of the 22 women on Hull’s Pause pilot, tells me all her boyfriends have been violent. “They start perfect, like a little dream fairytale that lasts five or six months. I don’t know what I do wrong,” she says. Later, matter-of-factly, she mentions that “one boyfriend tied me up and tried to put a knife up me”. Vane has been repeatedly hospitalised and tried to kill herself several times. Her three children now live with the mother of one of those violent men: he sees them far more than the courts permit her to, she says. The pain is so raw that she can’t go on. Her anger is held somewhere very deep inside.

Pause is a service designed to step into the lives of these women, made fragile by layers of accumulated anguish, and work intensively alongside them for 18 months on the practical and emotional challenges they face. It finds a dedicated practitioner - deliberately not a social worker - to run with a caseload of just six to eight, in order to develop a therapeutic relationship with a woman and be her advocate with housing, health, psychological and addiction services so that the critical nature of her needs are better understood.

This means that Pause clients sometimes get quicker access to the help they need, and are supported to keep attending appointments even when they find addressing their problems particularly painful or difficult. “Working differently is key to gaining trust - it’s about forming a bond,” says Lesley Redpath, a senior practitioner at Pause in Hull.

Co-founded by former head of safeguarding at Hackney council, Sophie Humphreys, Pause launched its first pilot in 2013 with £400,000 put up by Hackney council’s public health department. It now operates in five London boroughs as well as Hull and Newcastle, and has worked with 137 women who have had two or more children removed. It recently secured £6.8m of funding from the Department for Education’s innovation fund to extend its reach, and last year won a Guardian Public Service Award

for its work in Southwark. The Hull pilot was initially funded by the DfE but has just secured money from the local council and clinical commissioning health group.

Based on Pause's just finalised, independently evaluated data - published on Thursday - the economic case for investment seems crystal clear. If the women had continued to have babies at the same rate as they did before getting involved with Pause, a further 53 babies would have been born in just two years. Given their mothers' histories, the children would almost certainly have been taken into care - at a total cost of £1.5m per year. But since the start of the programme, just two women have become pregnant.

Assuming that rate of pregnancy avoidance was to continue, the evaluation shows that after five years, the return on investment in Pause, including additional savings from a reduction in substance abuse and domestic violence, would be 9:1, or just under £23m in England. Extrapolate the financial savings to the more than 3,500 children who are removed each year from women facing recurrent care applications, and in five years more than £2.5bn could be saved. "The first woman we engaged with, who had had five children removed, wanted very little from us. But she did want to be able to work." That woman has since registered with a GP and a dentist and had several rotten teeth removed, which increased her confidence in being around people. "These women live in poverty," says Mandy Greening, the Pause practice lead in Hull. "She still lives with her partner, which is why her children were removed from her care, but she's more aware and in control of that relationship now. Her self-esteem has grown enormously, and she's working full-time as a care worker for adults with physical disabilities and she's thriving."

The cost in misery of repeated care proceedings for parents and children is clearly incalculable. But Pause is not without controversy. To be accepted, a woman must agree to take long-acting, reversible contraception (Larc) to prevent her becoming pregnant while on the programme. Given that Pause is the only support scheme for this group of women with anything approaching this level of central government investment, disquiet is being voiced by social work academics, with some arguing that it could amount to state control of women's fertility.

"If women choose to use a long-acting, reversible contraceptive while they do the work they need to do, that is probably very wise indeed. But I am concerned that Pause is the only real option that is funded generously and heavily promoted," says Brid Featherstone, a professor of social work at Huddersfield University. "I know of other projects that have worked with women in similar situations that have not insisted on Larc and have had good success rates. Why are they not promoted as Pause is?" Featherstone says that debate about alternatives to the Pause model appear to be frowned upon. "Current discussions in child protection are not anchored in a framework that is informed by ethics and human rights. There is a very anti-intellectual tone being set by top policymakers, and this means that our conversations about these issues are not thoughtful enough."

Humphreys describes contraception as a necessary tool for a defined period of time because evidence shows the “pause” in having babies cannot be achieved without it. “The minute you get pregnant, the system’s focus goes on the pregnancy, the child, the referral to social services, care proceedings, and all the terror for that woman that accompanies the cycle being repeated,” she explains. “We know that many simply cannot make the changes they need to within the timescales of care proceedings. It sets them up to fail. And if they get pregnant during Pause we’ve set them up to fail as well.”

Both Filton and Vane say the requirement to use long-acting contraception didn’t bother them. Filton wants another baby “but not now ... It’s a bit complicated”. Vane definitely doesn’t. “I’d get sterilised if I could but they [healthcare professionals] won’t let me,” she says.

Pause does not aim to reunite women with their children, but to create a space where they feel secure enough to think about renewing or initiating contact - by letter or in person - where that is possible. This can be exquisitely painful, but is embarked on not just for the woman’s benefit, but because social workers have told Pause that better quality contact with their mother has helped children in care to feel more stable in their own lives. “They’ll sometimes use the group to work out what to write, because it’s hard to know what to say,” says Greening. “But they’re starting to realise the benefits to the child. Almost all [of the Hull women] are writing now.” Practitioners have supported women with children in foster care through the emotion prompted by rare contact sessions. And Pause will also try to broker some level of relationship even where a child’s carers refuse to countenance a face-to-face meeting. “In one case, we wrote and the grandparents didn’t feel able to facilitate any contact at the time,” says Greening, “but we may, in time, be able to achieve a situation where she can write to the children.”

Four years on from its launch, Humphreys emphasises that her future focus is on influencing commissioners so that services are designed to fit women’s needs rather than vulnerable women being told to act in a way that suits providers. “Domestic violence is a really good example, because just telling someone to leave, as we do in social work, isn’t going to work. It’s not about condoning, but about recognising that these relationships are extremely complex and have two people in them, so it’s about working with the woman and the partner, and helping them become safer. “Then you can begin to look at the very difficult areas of their lives and bring options to them that they didn’t realise were there,” Humphreys adds. “I see 50% of my objective for Pause as being to influence services and policies.” Some of the Pause pilots are already working with care leavers who have had just one child removed, but its ultimate objective is to work with women before any of their children are removed.

Humphreys believes the degree of trauma these women have experienced has never been recognised. “We’re starting with women with very shaky foundations,” she says. “It’s a beginning, it’s not doing magic or turning their life around. And 18 months is a very short time period, and it’s not enough. If we get the rest of the system doing its job better, then other services will find new ways to understand them.”

It's unlikely Filton's eldest daughter will ever live with her as it would be difficult for a court to countenance disrupting her attachment to her stable foster carer. But Filton may be comforted to know that the progress a woman makes during her time with Pause may stand her in good stead to keep any baby she goes on to have.

Some names have been changed

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