

# A mentalization-based group treatment approach to address the impact of complex trauma on women who have experienced recurrent removals of children

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## WHY NOW?

- The number of children removed into care over the past 10 years has doubled (Munby, 2016)
- 1 in 4 care proceedings involves a mother who has had at least one child
- 36% of cases involve overlapping proceedings with an average of 17 months between proceedings (Broadhurst, 2013; Broadhurst *et al*, 2015)
- Care leavers are particularly at risk of unplanned or unmanageable pregnancy
- Islington 2015: 50 mothers had 207 children removed from their care
- Enormous psychological and social cost
- Social, economic and moral imperative to intervene

## Who does this happen to?

- Women at risk of recurrence who have experienced complex trauma
- Chronic exposure to trauma
- Emotionally harmful parenting
- Social marginalisation and deprivation
- Difficulties in personality functioning
- “Hard to reach”

# The Additional Trauma of Removal

- Validates traumatic world view
- Confirms mistrust of professionals
- Disenfranchised grief and stigma of removal
- Difficulty using help leading to an increased risk of:
  - Mental health problems
  - Substance misuse
  - Offending behaviour
  - Vulnerability to abusive relationships
  - Further pregnancies

# WHY US?

# Early Years Parenting Unit

- Multi-family assessment and treatment service for parents who have a history of complex trauma and their babies and children who are on the edge of care
- Keeping families together but where this is not possible,
- Prioritising the needs of the child by facilitating permanency outside of the family
- No service for extremely vulnerable parents

# Pause

- Voluntary programme for women who are at risk of repeat removals of children from their care.
- Aims to reduce the number of children going in to care, and increasing women's control of their lives.
- Offers women an 18-month intensive package of emotional, practical, and behavioural support.
- Works in collaboration with partner agencies.
- Limited mental health services and long waiting lists reduce the impact of our service

## Our Pilot

- Identifying Pause participants in need of and who can use treatment.
- Engaging and maintaining them in treatment.
- Sense making/increasing mentalization
- Enabling them to access help in the future.
- Supporting them to be better parents to their children, who are not in their care.



## OUR APPROACH

- Working closely and intensively throughout the process
- We don't exclude people as readily as many programmes though we have learned some lessons...
- Pause practitioners recruiting, stabilizing, and supporting women to become group ready, to continue to attend, and to support women between groups
- Clinical debrief after each session, and agile project management
- Sharing the risk and managing crises

# NUTS AND BOLTS

- Weekly therapeutic programme:
  - Community time including lunch
  - MBT therapy group
  - Communal time
  - Staff debrief
- Two therapists running the 90-minute MBT therapy group
- Community time integral in emotional regulation
- Outreach and liaison with professional network over the week.

# Challenges

- Managing the interpersonal dynamics between groups; pubs and fights!
- Substance misuse as barrier and risk.
- Addressing the risks to the children.
- Working with overstretched and pressurised systems
- Closed group – reduced numbers

## WHAT HAVE WE ACHIEVED?

- 5 women completing an 18-month MBT programme.
- Improved capacity to mentalize.
- Increased capacity to grieve.
- Insight into maladaptive coping skills
- Increased capacity to accept and to take responsibility for their parenting
- Improved relationships with their children
- Shifting attitudes towards help and improved sense of agency

*"I can probably pass a Child and Family Assessment. But I shouldn't because all I would be doing would be to have another child to replace the ones I lost. That's not right for a baby. Or for me. Actually, not for anyone to be honest."*

*\*Amy*

\*Not her real name

# WHAT'S NEXT?

- Evaluation of the pilot
- Manualisation
- Funding obtained for an open, rolling group
- Working with substance misuse services to integrate services more effectively.
- Scaling up the model nationally