



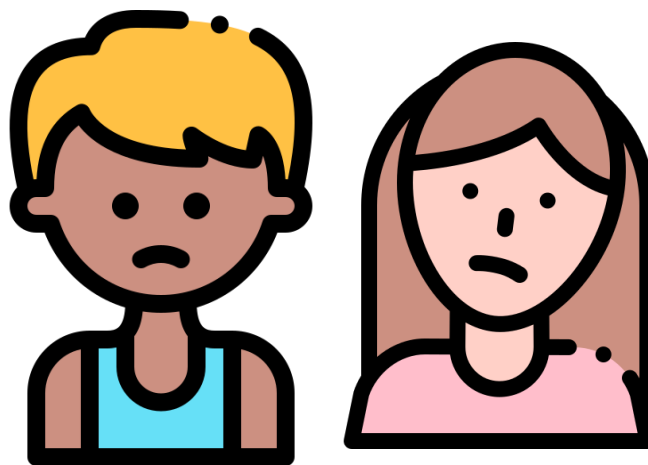
**DRUG RELATED DEATHS
AMONG WOMEN WHO HAVE
HAD CHILDREN REMOVED**
AMY VAN ZYL, HER CIRCLE AND
MARK WHITFIELD, LJMU

Background of identifying the issue



**INTEGRATED
MONITORING SYSTEM**
LIVERPOOL JOHN MOORES UNIVERSITY

- LJMU coordinate multi-agency DRD review panels across NW and midlands areas of England (IMS model)
- Aim is to identify themes and trends within data, but also learnings and missed opportunities
- Theme of women who have had children removed identified in Cumbria in 2024
- OHID NW Fatal and Non-Fatal Overdose Group explored theme in meetings throughout 2025
- Presentation from Her Circle to group in October 2025
- Ongoing work planned in 2026 including thematic analysis

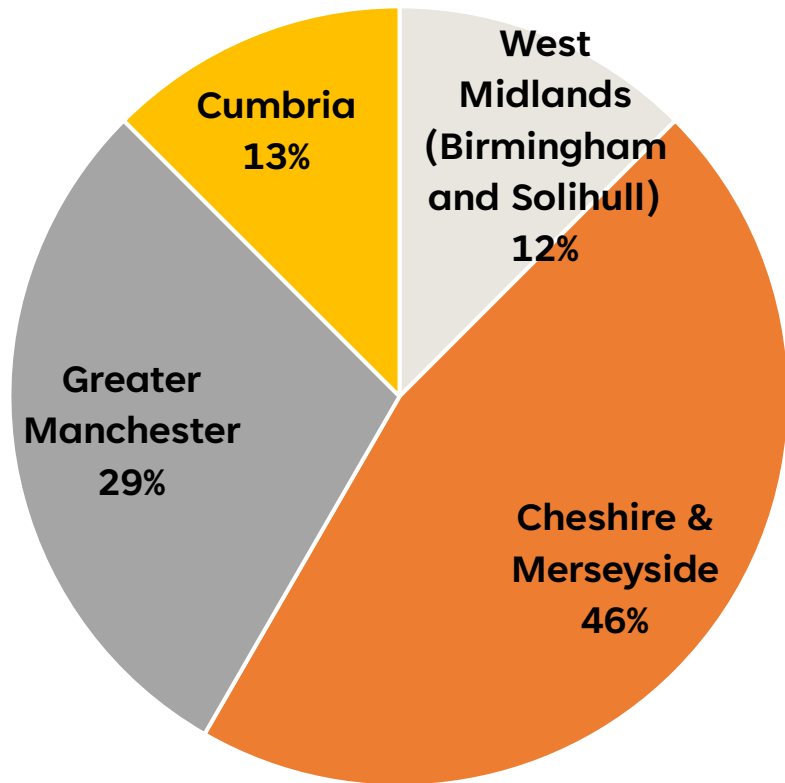


Across NW of England, Birmingham and Solihull, at least **277 bereaved children from parental DRD reported by treatment providers in 2025 (for all causes this figure is **844**)**

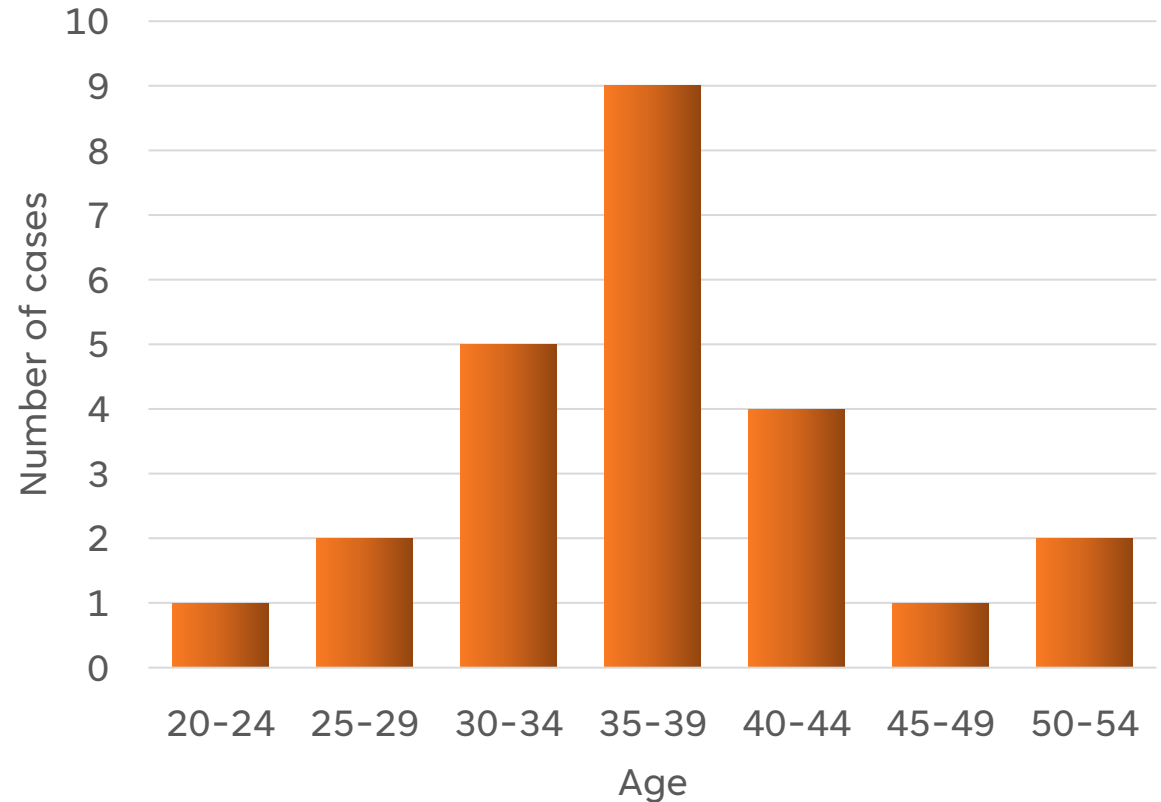
Source: IMS, based on individuals with confirmed drug related deaths reported by treatment providers

24 cases identified where actual or potential child removal present

Local Authorities of Cases

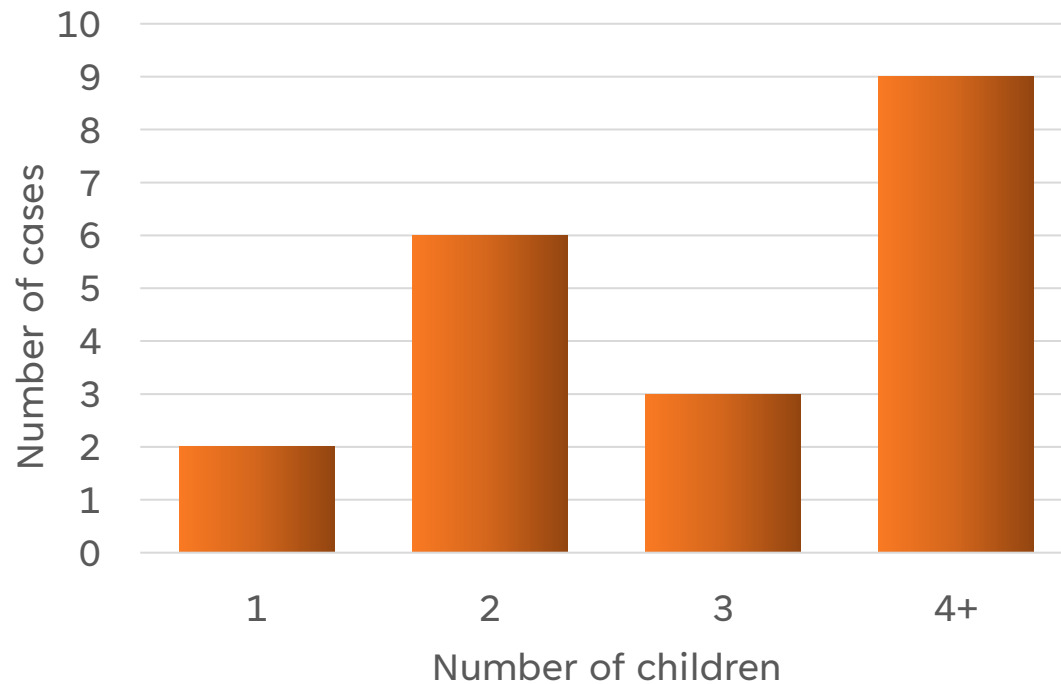


Age range of cases

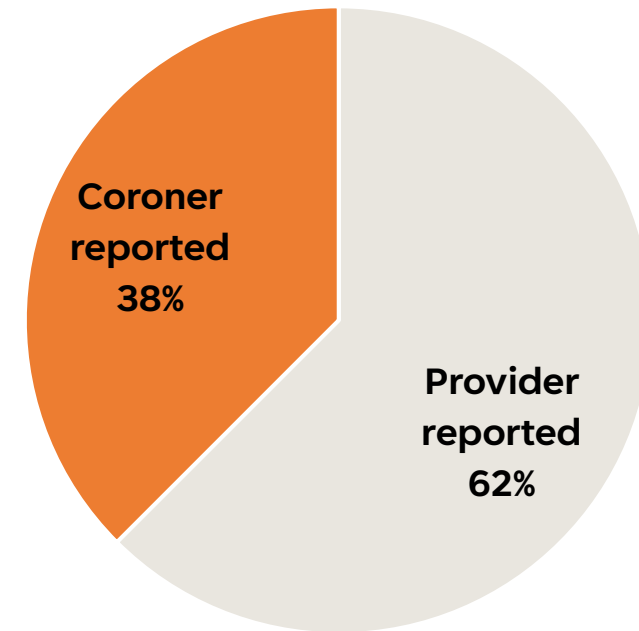


24 cases identified where actual or potential child removal present

Number of children, where recorded (n=20)



Reporting status



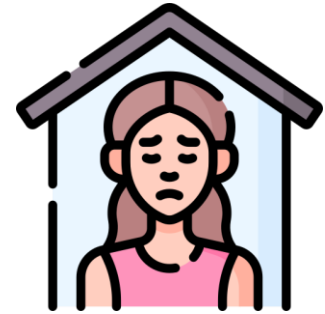
Themes from cases



Domestic abuse



Mental health



Mistrust of authority



History of being in care



Sense of loss

Case studies of DARD where woman had children into care

Anonymous case study from Cheshire, 46 year old female.

- Complex mental health difficulties
- Individual and partner open to family support services in 2019
- She contacted DA Hub in 2022
- Calls made to police by social worker and family friend around strangulation and other forms of physical abuse.
- Individual became homeless in March 24 and was supported by a housing provider but caused concerns because of her behaviour, threats to staff and other tenants and use of Class A substances.
- Informed in July 2024 that her child was being taken into foster care.
- Referred into treatment provider but declined any support.
- Died from overdose 6 months later



Case studies of DARD where woman had children into care

Anonymous case study from Greater Manchester, 36 year old female

- Had 5 children. Youngest three were removed from individual's care in November 2024.
- Family report that she has a history of extended periods of self isolation and depression.
- Family also reported that she has a history of cocaine use, and that her mental health has declined and substance use “increased significantly following the younger three children being removed from her care.”
- Ambulance service attended in December 2024 following police attending address.
- Attended A&E in Feb 2025 with suicidal ideation.
- Died from reasons contributed to by cocaine use in May 2025



Her Circle – Complex Motherhood



Complex Motherhood

Complex motherhood is the experience of mothering while managing challenges such as homelessness, poor mental health, substance misuse, sexual exploitation, domestic abuse, trauma, poverty, experience of the criminal justice system or care. These issues are not exhaustive of the challenges women might experience but are merely representative.

Women who experience complex motherhood are often at risk of child removal without sufficient support. Our work empowers women to overcome these challenges and keep children safely in their care.



HerSupport

We specialise in supporting women overcome the challenges of complex motherhood through holistic support services. Our support is designed and delivered by women with lived experience.



HerInsight

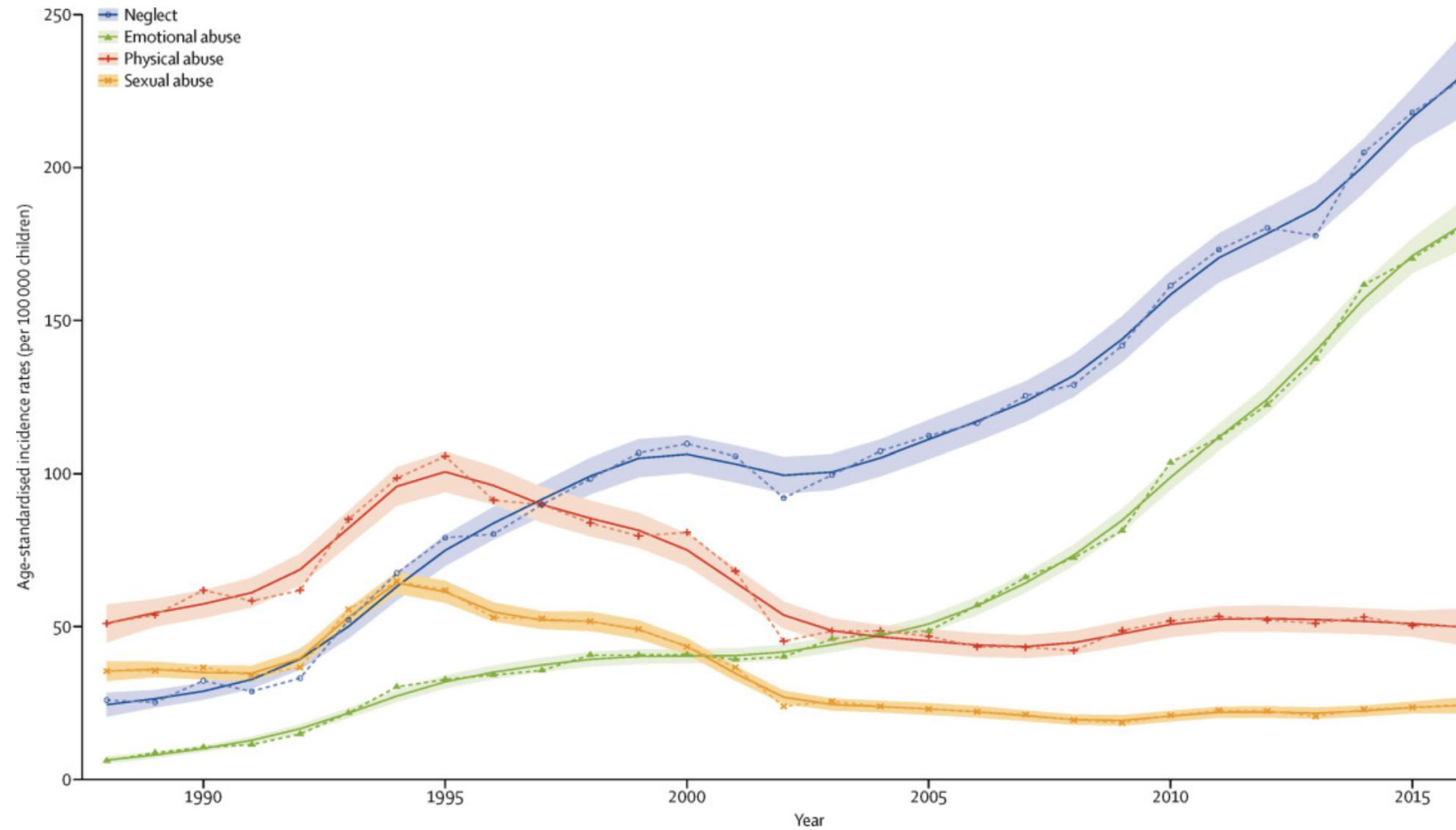
To empower our women, we amplify their voices in both national and international research, ensuring their perspectives shape the design of services and policies that would otherwise exclude them.



HerImpact

We harness the power of lived experiences to advocate for and challenge systems supporting women who experience complex motherhood, aiming to improve treatment and service outcomes.

Child protection registrations by type of maltreatment



Women & Care Proceedings

Over the past decade more women have become involved in care proceedings in England

In the North-East, women are more at risk of appearing in care proceedings, than many other regions of the UK

Once a mother has appeared in care proceedings, her risk of appearing again, is increased

In the North-East, women also have the greatest risk of appearing in *repeat sets* of care proceedings

Impact of child removal

Growing body of research evidences the hugely negative impact of child removal on women's mental health & life chances

Self-harm and suicide – risk increases following child removal

Increase in substance misuse, homelessness and harmful intimate partner relationships

Negative impact on wider family, siblings and communities

MBRACE-UK Saving Lives, Improving Mother's Care

Analysis of the deaths in 2020-21 found more than one in ten (11%) of those who died by suicide, and 59% of those who died through substance misuse, had had an infant removed into care and/ or ongoing care proceedings.

'It is heartbreaking that all ten of the teenage mothers who died during this period had their babies removed. I find it very difficult to express my feelings about this into any adequate words'

Laura Seebohm reflections on 2018 – 2020 MBBRACE Data

But we need to safeguard the child!

CARE EXPERIENCED CHILDREN

Children in care have worse educational, employment, income, housing, mental and physical health, and criminal justice outcomes, than other children.³⁻⁵ Up to four decades after their initial care assessment, care experienced people are more likely to die earlier than their peers, of causes related to self-harm, poor mental health, behaviours and accidents.⁶ Disturbingly, there's a higher mortality risk for more recent care entry.⁶



Over

83,000

children were in care in 2023 in England, a 30% increase since 2010 and a fifteen-consecutive-year high.¹

In England, of the cohort of children born in 2009/10, around one in five children were referred to Children's Services before the age of five.

In Liverpool, a named outlier, this number is one in two.

Children in care experience educational disadvantage linked to unstable placements, worse-quality schools, support needs and discrimination.

Cost to Public Purse

CARE COSTS

The social cost of adverse outcomes for children who need a social worker is an estimated

£23billion
annually.¹²

Placement costs incurred solely due to the rise in child poverty between 2015 and 2020 are estimated at

£1.4billion

It would cost

£0.25billion

per year to support 250,000 children out of deep poverty by abolishing the benefit cap. It would cost **£1.3 billion per year** to lift a further **250,000 children out of poverty** by abolishing the two-child limit.

The lifetime social costs per child in care is **£1.2 million** – around double that of a child who needs a social worker but does not enter care.¹² **Accordingly, if the North had experienced the same care entry rates as the South between 2019 and 2023, it would have saved at least £25 billion.¹**



Increasingly local authorities are caught in a cycle of ever-greater spend on children in care, at the expense of investment in effective support for families in need. **Families in the North experience disproportionately high care intervention rates. Services in the North shoulder a greater share of the economic cost.**



HerCircle

Supporting women who experience complex motherhood

Trauma Informed Care?

I currently have a woman who is due to give birth in the next week and social care have not shared (with her) that they are planning to remove baby. I have asked the social worker to share this information with her prior to her giving birth but I have been told they feel she is a flight risk and that they won't be sharing this information with her until she is admitted to hospital. The social worker has discussed this with her manager who is in agreement.

I feel that hospital is not the best place to have this conversation and feel that is unfair to the woman to not share this information with her as she thinks they *are* going to take her baby, but no one is communicating with her.