Chapter 4.1

Supporting Young Homeless Mothers Who Have Lost Child Custody

SYLVIA NOVAC, EMILY PARADIS, JOYCE BROWN, AND HEATHER MORTON

Homeless and pregnant

Each year throughout the 1990s, about 2,000 young women 15 to 24 used shelters in Toronto. Homeless young women are often searching for someone to love and protect them and may become sexually active as a way to maintain relationships and avoid being alone, even if the relationship is a bad one. Many of them – some studies have found that as many as half of the homeless young women using health services or shelters – are or have been pregnant.

Homeless pregnant adolescents are a vulnerable group. Both homelessness and pregnancy are risk factors for poor health among youth. Pregnancy among homeless young women is associated with earlier and more severe abuse during childhood, earlier onset of drug use, and poor mental health.

Several Toronto social service agencies have organized a network called Young Parents No Fixed Address (YPNFA) to address the needs of homeless young pregnant women and parents. The YPNFA Committee commissioned research to explore service interventions for young

Sylvia Novac, Emily Paradis, Joyce Brown, and Heather Morton. Supporting Young Homeless Mothers Who Have Lost Child Custody. In: Hulchanski, J. David; Campsie, Philippa; Chau, Shirley; Hwang, Stephen; Paradis, Emily (eds.) *Finding Home: Policy Options for Addressing Homelessness in Canada* (e-book), Chapter 4.1. Toronto: Cities Centre, University of Toronto. www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

homeless mothers who lose custody of their child, with a focus on helping them cope with their loss and move on with their lives.

Longing for a family

A study by Sarah Gorton in London, England, found that many homeless young women have never had a family life. When they become pregnant, they often imagine changing their lives and creating a family. Some hope that their parents will accept them again, on behalf of the baby. Birth fathers may demonstrate a short-lived interest in the pregnancy, but the fathers are rarely involved when their baby is born.

Some young mothers become inspired and motivated to attend to the baby's needs, find child care, return to school, and change their lives. Those who succeed draw on inner resources, which probably include a sense of competence as a parent. Other young women are too burdened with their own problems to change their lives. When homeless young pregnant women fantasize a new family life for themselves, that fantasy and the hope it represents are destroyed when their baby is taken into care.

Young parents are not necessarily bad parents. An analysis of more than 8,500 Illinois child welfare case files showed that adolescents were not overrepresented among the cases of parents who mistreated their children. Substantiated harms to children are associated not with parental age, but with lack of prenatal care, low maternal education, single-parent status, unshared responsibility for child care, and poverty.

Repeating patterns

Studies have found an intergenerational pattern between state care of children and homelessness. Homeless adults who themselves were in foster care are more likely to have their own children in foster care.

There is also a link between homelessness and the child welfare system. At least in part, this is the result of welfare reform that reduced funding for income support and other programs. To some extent, homelessness may be, in itself, a trigger for child protection referrals. Moreover, without adequate support from other agencies, young mothers

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

who experience homelessness may be unable to maintain independent living with their children, even after they are re-housed.

Homeless parents face a dilemma. For families who receive or require social assistance, social benefits or a housing subsidy may be reduced or terminated when a child is placed in temporary care; this reduction in income may threaten the family's ability to maintain its housing. The parents may be forced to move to a smaller home or end up in a shelter, which makes them unable to provide a suitable home for their children to return to. Even if there is an opportunity to reunite with the children, parents are not eligible for social assistance or subsidized housing until the child resides with them, yet they cannot afford the housing they require without that assistance.

Separating mother and child

Long-term homelessness, drug use, and mental illness increase the odds of mother-child separation. A U.S. study that compared homeless mothers with and without their children found that almost half of those who were separated from their children had a severe mental illness and one-third suffered from alcoholism.

When mothers are forced to give up a baby, most experience normal initial grief reactions (anger, guilt, and depression), but for homeless young mothers, these emotions may persist and lead to chronic, unresolved grief. Some studies found that mothers who had relinquished a child had more grief symptoms than women who had lost a child to death, including more denial, despair, atypical responses, and disturbances in sleep, appetite, and vigour.

Although society expects the relinquishing mother to resume her former role as if the experience had not occurred, these women are at risk for long-term physical, psychological, and social problems. Lack of social acceptance of the grief of relinquishing mothers contributed to chronic, pathological grief. Family and marital problems were common, as were fantasies and searching behaviour. If the decision to relinquish was forced on the woman, searching may be a way of finding a lost part of the self, more than an attempt to reclaim the lost child.

Women who had been drug users before becoming pregnant sometimes sought refuge in drugs after having a child removed from their

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

care. From their perspective, they had not only lost a child, but the opportunity to take on a positive social role. Another common maladaptive response is rapid subsequent pregnancy in an effort to replace the lost baby.

Various interventions have been proposed (including counselling, dream analysis, role playing, interviews with adoptive parents, and continuing support from a health care professional), but there has been no long-term follow-up to evaluate the effectiveness of such interventions. There appear to be no studies that have asked the birth mother what she thought would have been helpful in her situation. Many birth mothers have indicated that they did not receive acknowledgement of their loss from health professionals involved in their care.

The role of child welfare agencies

Child welfare legislation is directed by the "best interests of the child" and, in practice, child welfare agencies are increasingly focused on protection efforts. Destitute young mothers must therefore provide adequate parenting with minimal support from a badly eroded social welfare system. If a young woman fails, the only available solution is to apprehend her child. Once a child has been removed from the mother's custody, the odds of family reunification are low.

When a child is born, the most common reasons for taking that infant into care are confirmed drug use by the mother during her pregnancy, lack of prenatal care, lack of an appropriate place for the mother and child to stay, and a history of apprehension of other children of the same mother. These problems are usually coupled with a general lack of formal supports.

The likelihood of an apprehension at birth is also associated with administrative factors, such as the length of stay in hospital after the child's birth, the services available at the time the child is born, and the admissions criteria for supportive residential programs.

The usual length of stay in hospital for a vaginal birth is two days, which is not long enough for the child protection agency to make a thorough assessment of an unknown mother's parenting prospects and available supports. As a result, a newborn might be apprehended unless the mother can quickly demonstrate that she has a strong network of

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

supports in place and a supervised environment to return to with her baby.

Risk of apprehension increases further when a baby is born late in the evening or on a weekend or holiday, when the hospital social worker is not available to set up supports. Even when the worker is available, there are usually waiting lists or time-consuming procedures for admission to residential programs that offer safe environments for a woman and her baby while child protection conducts a more thorough investigation. If these exceed the length of stay at the hospital, the child may be apprehended as a precaution.

Child protection agencies generally inform hospitals and residential programs of their intention to apprehend a child, either when a child protection worker is on the way to apprehend the child or before. They sometimes do not inform the women themselves, due to concerns that the woman will leave with her child to avoid the apprehension. Midwives or outreach workers who were present at the birth may or may not be notified. Some workers, specifically those whose focus is counselling and advocating for the mother, are not informed in advance because it would present an ethical conflict for them to keep this information from the mother.

The apprehension process

The following information on the apprehension process was drawn from interviews with Toronto social service workers.

When newborns are apprehended at a hospital, the child protection agency representatives usually arrive within hours of the birth, although some social workers ask that the process take place the following day. A midwife or outreach worker may be present to support the mother. The hospital social worker or an outreach/agency worker usually mediates between the mother and the child protection agency representative.

If time allows, the representative might gather information first, and return once the decision to apprehend has been made. Sometimes, however, the child protection agency representative arrives with a letter of apprehension. The latter situation is hard on the mother. If there is concern that the mother will flee or become violent, the baby will be taken from the room before the mother is informed of the apprehension.

Sylvia Novac, Emily Paradis, Joyce Brown, and Heather Morton
4.1 Supporting Young Homeless Mothers Who Have Lost Child Custody

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

When children are apprehended at shelters or residential programs, the apprehension takes place in an office. Workers are present to support the mother, and will accompany her to her room to pack the baby's things. Occasionally, an apprehension may take place when the mother is not present, for example, when a mother has left the child with an inadequate alternative caregiver, or has failed to return at an expected time.

In some apprehensions, the mother hands the baby or child directly to a child protection agency representative; in others, the mother gives the baby to a trusted social worker or advocate to be given to the child protection agency representative.

One child protection agency representative removes the baby to a waiting vehicle while the other stays to provide information to the mother, including written information about child protection and her rights. The mother also receives a copy of the warrant of apprehension, which describes the grounds on which the apprehension has been made. The child protection agency representative also explains the arrangements for visitation and information about the first court date.

The mothers' reactions vary from woman to woman. Some yell, scream, or cry; some become enraged or even violent; others appear expressionless, numb, or dissociated. Whatever their emotional expression, the immediate trauma usually makes it impossible for mothers to remember the sequence of events and absorb the information that they are being given. Their understanding of what has taken place, what will happen next, and what is expected of them will often be inaccurate or incomplete.

A Family Court hearing must be held within five days of the apprehension. If the mother has not retained her own lawyer, duty counsel is available at the court to ensure that she understands her rights and that there is a plan for access to the child. Though there is no legal directive stipulating when a mother is entitled to visit her child after an apprehension, such visits generally happen as soon as possible.

The first court appearance usually results in an adjournment and a Temporary Order for Care and Custody until the next court date. The duty counsel provides the mother with information on how to obtain a

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

lawyer for subsequent court dates. For young homeless mothers, this means applying for legal aid.

The court system is alienating for a young homeless woman who does not understand the proceedings and who may feel that the child protection agency and the court are conspiring against her. Young women with low levels of literacy are at a particular disadvantage.

For the children, state wardship may mean adoption into a new, permanent family, but for many it means a childhood spent in foster families or group care. Some young people run away from state care and adoption. Others, lacking the life skills and socio-economic support that are usually provided by a family of origin, end up on the streets in late adolescence. If these young women themselves become pregnant, the cycle may begin anew.

Left alone

When they lose custody of their children, women lose access to many services and resources. Distraught and mistrustful of staff, they may leave the hospital against medical advice. This may place their postpartum recovery at risk, especially if they are returning to the streets or to a shelter where they will not be permitted bed rest. Women who have been staying in a shelter or residential program for pregnant women or mothers may leave immediately after the apprehension because it is too painful to stay with other mothers and their children.

Even if she chooses to stay, the mother will be required to move once a plan for her relocation is in place. Service providers who work with women during the perinatal period, such as the Toronto Public Health program, are often reluctant or unable to stay involved with a woman whose child is not in her care. After an apprehension, Child Health public health nurses link women to appropriate services in the community, but do not have the mandate to follow up.

A mother who loses her child also loses National Child Benefit and social assistance payments associated with the child, causing a sharp reduction in her income. Later in the process, a woman who is living in subsidized housing may be required to move to a smaller unit if she permanently loses custody of her child.

Sylvia Novac, Emily Paradis, Joyce Brown, and Heather Morton
4.1 Supporting Young Homeless Mothers Who Have Lost Child Custody

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

Young women with no home to go to must move to a shelter in the youth system or one for women unaccompanied by children, where there are usually few or no supports for women coping with the child protection system. This withdrawal of services and resources affects women's ability to meet the conditions for reunification with their children.

The mother's social, emotional, and relational responses to her loss, and her way of coping, may limit her capacity to work through the loss or seek reunification with her child. Women often terminate relationships with service providers or agencies who were involved with the decision to apprehend. Although these women may return later, the response of "taking a break" from services leaves them without access to the support of workers who know them well during the initial crisis period of coping with the apprehension.

The loss of a child can also result in the loss of a mother's motivation to get off drugs, turn her life around, or even stay alive. For women whose babies are apprehended at birth, there is a profound sense of despair because they were denied any chance to be a mother. For women whose children are apprehended later, the implication that they are "unfit mothers" is a blow to their self-esteem.

A later loss may be even more painful, because it ruptures the bond that has formed between mother and child, and signals a woman's failure in spite of her best efforts. The immediate grief may be complicated by postpartum depression that is often unacknowledged by service providers.

The demands made of young homeless mothers fail to take into account their physical and emotional situation. The day-five court appearance and all the activities that lead up to and follow it are required, even when a woman is in the immediate postpartum recovery period. In other words, during a time when middle-class mothers are being advised by medical professionals to do nothing but eat, sleep, and breastfeed, young homeless mothers (who are more likely than middle-class mothers to be undernourished, to have had a Caesarean delivery, and to be at risk of complications) are walking or taking the TTC to legal clinics, legal aid offices, appointments, and visits.

Sylvia Novac, Emily Paradis, Joyce Brown, and Heather Morton
4.1 Supporting Young Homeless Mothers Who Have Lost Child Custody

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

In spite of postpartum hormonal fluctuations and the trauma and grief of the loss, women must present themselves in court and at appointments as reasonable, trustworthy, and cooperative individuals. Even then, if a woman is too successful at holding herself together, she risks being accused of not having a healthy attachment to her baby.

What might help

This study's findings and the interviews with agency workers suggest ways in which the system could better respond to the needs of young homeless mothers.

Bereavement support programs

Specialized bereavement support for young homeless women who lose custody of their children would help these women cope with their loss and grief. These services could take the form of group or individual counselling, but whatever the form of support, the process needs to honour the emotional impact of the loss and recognize the woman's experience, including the impact of wider societal issues – such as poverty, abuse, and racism – on their lives. A woman's own experience in care and the factors that contributed to her own apprehension also need to be considered.

Programs for women with addictions and programs that address the effects of post-traumatic stress disorders should also address the impact of child apprehension. Peer-support models allow women to share strategies and skills for coping with custody loss, and may be less threatening than intensive individual counselling. Young women may not be ready for counselling until years after an apprehension, so these services must remain available for a woman when she is ready.

Bereavement support and related services for mothers involved in child protection should be offered outside child protection agencies, so that mothers feel safe revealing their thoughts and feelings without fear that this will affect their chances of reunification with their children. And while there is a need for specific programs in bereavement support, agencies such as shelters should also incorporate training in bereavement support for their staff.

Sylvia Novac, Emily Paradis, Joyce Brown, and Heather Morton
4.1 Supporting Young Homeless Mothers Who Have Lost Child Custody

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

Service Coordination and Protocols

YPNFA's efforts to ensure service coordination among hospitals, treatment programs, and shelters have improved the situation for young homeless mothers. These efforts should be expanded to include shelters for youth and single women, perhaps by designating beds and services in these shelters for women leaving family shelters after the apprehension of their children. This would enable the ongoing provision of support and a linkage with the family shelter in the event of reunification.

Protocols are needed to guide service providers in the event of child apprehension. Hospitals, shelters, and other settings that deal with young homeless mothers need such protocols to ensure consistent staff response and appropriate, timely interventions.

Workers also need support as they accompany mothers through their grief and loss. The consequences of lack of support include burnout and a decline in workers' ability to remain empathic and nonjudgmental. Organizational policy should provide for such support, including immediate critical incident debriefing and regular clinical supervision that is not tied to performance evaluation.

Education and information

Educating nurses, doctors, and social service workers would ensure more respectful, appropriate and sensitive services for young homeless women that will assist them in coping with the trauma. With its emphasis on reunification within a community and supportive groups for women, the holistic approach of Aboriginal services may provide a model for other service providers.

Residential services and housing

Giving women an appropriate place to stay is a crucial factor in maintaining or regaining custody of a child, as well as in working through the grief of custody loss. Supportive residential services provide vital stability for mothers—and reassurance for child protection agencies—in the perinatal period.

At present, there is no environment that offers the high-intensity supervision of a hospital and the possibility of immediate referral for

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

young homeless or underhoused women whose first contact with services is their arrival at the hospital to give birth. The lack of such an environment means that some apprehensions happen by default – not because the child protection agency has assessed that the child is unsafe in the mother's care, but because the service workers do not have enough time to make that assessment during the brief postnatal hospital stay. A residential service to fill this gap would prevent unnecessary postnatal separation, and enable women to make the most of the optimism and motivation that motherhood brings.

There are also no residential substance abuse treatment programs where women can stay with their children. Pregnant women should also be allowed to move from single women's or youth shelters into family shelters earlier in their pregnancies, in order to benefit sooner from the enhanced services and more stable environment that these shelters offer.

Housing for young homeless mothers must be affordable, with options for transitional, supervised housing as well as independent living. It should be located near appropriate services. On-site supports and training should be available, including parenting classes and home-based mentorship in life skills. Finally, such housing must accommodate both women who are parenting alone and women with partners.

Policy Changes

Some studies of child protection suggest that conditions identified as "neglect" in fact are the effects of poverty, therefore policy changes in income security are required to enable young homeless mothers to fulfil their potential as good-enough parents. In Ontario, a single mother with one child receives $860 a month from welfare. Meanwhile, the cost of maintaining a child in state care is estimated to be $1,950 a month. Clearly, the state should redirect financial support from maintaining children in care to improving conditions in the parents' homes.

Child protection agencies require more resources to function effectively. Escalating caseloads and declining numbers of workers have forced the adoption of an increasingly bureaucratized and risk-oriented approach that tends to focus on poor, racialized, and immigrant families. Moreover, current child protection budgets no longer let workers employ creative measures to relieve stressors related to neglect or abuse.

Sylvia Novac, Emily Paradis, Joyce Brown, and Heather Morton
4.1 Supporting Young Homeless Mothers Who Have Lost Child Custody

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

For example, in the past, budgets included discretionary funds that workers could use to replace a family's broken washing machine or to provide training in homemaking skills.

Some child protection policies demand reassessment. Problems with foster care and group care must be addressed to prevent the perpetuation of the cycle of abuse, trauma, and homelessness that complicate many of these young mothers' attempts at parenting. The potentially discriminatory bias of risk assessment instruments may contribute to the overrepresentation of racialized, poor, young, mother-headed, and Aboriginal families in child protection. Finally, policy changes currently under consideration—including a shift away from apprehension and towards family-centred support—would enable more young mothers to maintain custody of their children.

Changing the pattern

During our research, we heard about one success story: A homeless 16-year-old who had lost custody of her baby received support throughout the apprehension process. A social worker accompanied her on every access visit, treated her as a parent, and acknowledged her pain and loss. Together, they discussed the young woman's future. The worker assisted woman with practical matters, such as birth control and access to transit fares, taxi chits, and menstrual napkins. She acknowledged the links between the birth mother's family history and current situation.

The CAS workers involved were also supportive. They recognized the mother's childhood trauma and perceived her as a victim of bad circumstances rather than as a bad mother. They were kind, took the time to get to know her, and made a long-term commitment to the relationship. The social worker and the mother maintained contact over several years. The young woman did not become pregnant again until she was 19 years old and better prepared for motherhood. At that time, she received good, supportive supervision. All these factors contributed to a successful outcome in the second pregnancy. Change is possible.

Sylvia Novac *is a research associate at the Centre for Urban and Community Studies, University of Toronto.* ***Emily Paradis*** *is a doctoral candidate at the Ontario Institute for Studies in Education, University of Toronto.* ***Joyce***

Sylvia Novac, Emily Paradis, Joyce Brown, and Heather Morton
4.1 Supporting Young Homeless Mothers Who Have Lost Child Custody

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6

Brown *is Executive Director of Ontario Council of Alternative Businesses, an organization that provides employment for psychiatric consumer/survivors.* ***Heather Morton*** *is a Mental Health Nurse with Toronto Public Health and a member of the bereavement sub-committee with Young Parents No Fixed Address.*

Sylvia Novac, Emily Paradis, Joyce Brown, and Heather Morton
4.1 Supporting Young Homeless Mothers Who Have Lost Child Custody

www.homelesshub.ca/FindingHome

ISBN 978-0-7727-1475-6