

Vulnerable Birth Mothers and Recurrent Care Proceedings

Final Summary Report



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Introduction

There is growing national awareness that a proportion of birth mothers who appear as respondents in care proceedings, have had children removed from their care in previous proceedings. In 2015, our research study provided the first estimate of recurrent care proceedings in England, indicating that a sizeable population of women will appear in successive proceedings (Broadhurst et al. 2015a). Our early findings have prompted searching questions about what might be done to prevent this negative cycle, given the distress that 'repeat removals' cause for families as well as the demand that these cases inevitably make on services.

In response, a raft of new preventative initiatives have emerged, with multiple local authorities and charities now determined to make services available to women, to prevent recurrent care proceedings. The discovery of recurrence has clearly prompted a major change in how local authorities and the courts think about the impact of the family justice system, given that one in every four women appearing in care proceedings is at risk of returning to court.

This is a summary report that aims to present, in brief, the key messages from our comprehensive study of birth mothers and their recurrent care proceedings. The full research report, along with other papers and practice resources, is available from our website at:

<http://wp.lancs.ac.uk/child-and-family-justice/publications/>

In this summary report, we provide new evidence with the aim of helping agencies to understand the reasons why women return to court, and what more can be done to break this negative cycle. We also make recommendations regarding national data collection to ensure that intelligence about recurrence is more readily available for policy-makers and practitioners.

The study

A mixed methods study was carried out between 2014 and 2017. The first element of the study comprised a set of analyses of the population-level data held by the Children and Family Court Advisory and Support Service (Cafcass). The team produced the first national estimate of recurrent care proceedings using Cafcass records dating back to 2007/08, concerning approximately 65,000 birth mothers. The second element involved semi-structured interviews with 72 birth mothers who record repeat care proceedings, drawn from across seven local authorities. Interviews provided rich insights into women's experience of the family justice system, child removal and positive turning points. The third element of the study comprised a detailed case file review. The research team manually read court records relating to a representative sample of 354 recurrent mothers who had a total history of 851 proceedings issued by 52 local authorities in England. Court files provided data on maternal childhoods, the antecedents of recurrence, presenting concerns that triggered repeat proceedings, as well as outcomes for children in terms of placement, legal status, and contact.

Key messages

For the purposes of this summary, we have condensed our observations into eight key messages, which we discuss in more detail below, together with a brief discussion of policy and practice implications. These messages are as follows:

- 1. Scale and pattern:** The population of birth mothers who are repeat clients of the family court is sizeable; reducing care proceedings requires further concerted action to ensure the wider roll-out and evaluation of preventative programmes.
- 2. Childhood antecedents of women's complex difficulties:** Birth mothers in recurrent care proceedings have experienced significant and multiple adverse experiences in their own childhoods, particularly from their own parents or caregivers. The persistence of difficulties that women present need to be understood in this context.
- 3. Childhood care experience and adult family justice involvement:** Approximately 40% of the women in our case file study had spent a period being formally looked after, with the largest proportion entering care aged 10 years or older. Half were also found to have experienced multiple placement moves. An awareness of how women's care experiences impact on their interaction with the family justice system in adulthood is vital for local authorities and the courts.
- 4. Contraception, pregnancy planning and intimate partner relationships:** We found that 64% of recurrent mothers had entered motherhood aged less than 20 years. Many women described pregnancies as unplanned; the reasons behind unplanned pregnancy were varied. New preventative projects and mainstream services need to engage closely with the particular reasons why women may be vulnerable to unplanned pregnancy if they are to enhance women's capacity to make better use of reproductive health services.
- 5. Differentiating the population of women in recurrent proceedings:** It is important to differentiate the population of recurrent mothers in regard to their particular combination of difficulties. Women also differed in regard to their pathways through the family justice system, with some women recording multiple family court appearances and others making marked improvements to their lives, even in the face of very difficult childhoods.
- 6. Impact of child removal and access to rehabilitative services:** Women consistently described an acute phase of grief following child removal, which greatly exacerbated their difficulties. Descriptions of mental health difficulties indicated concerning and enduring levels of mental distress for many women. Complicated and persistent grief responses need to be understood as difficult to resolve and require skilled and well resourced professional help.
- 7. Positive turning points:** A number of women demonstrated positive turning points in their lives, which are not readily accounted for in terms of fewer difficulties, either in childhood or in women's adult lives. Instead, the following common factors were associated with positive change: positive changes in intimate partner relationships and

kin networks or effective professionals who were able to form relationships with women to support a process of change; insight and a willingness to learn from experience; and women's desire to 'do better' for children either lost from their care or new-born.

- 8. Outcomes for children:** Recurrent care proceedings impact on children's lives. A high proportion of infants who appear in subsequent proceedings do so within four weeks of birth. More work needs to be done to better understand the health and placement outcomes for these infants.

1. Scale and pattern

Based on an update of our original analysis (Broadhurst et al. 2015a), we have identified approximately 65,000 women who have appeared in care proceedings between 2007/08 and 2015/16. Our updated estimate of risk of return to court is slightly higher than our original calculation which confirms that a sizeable population of women are appearing in recurrent proceedings (Broadhurst and Bedston 2017).

Approximately 1 in 4 birth mothers appearing as respondents in an index set of s.31 care proceedings are expected to re-appear in a subsequent set of proceedings within 7 years.

Replicating our original analysis, but based on our updated sample, we also found that approximately 70% of women who return to court do so in proceedings that concern an infant who is born subsequent to, or during previous proceedings.

Repeat care proceedings typically concern children who are younger than those appearing in an index set of proceedings. This indicates that local authorities are issuing proceedings much earlier in a child's life, if the mother has previously appeared as a respondent in care proceedings.

The percentage of repeat proceedings concerning at least one child aged less than 4 weeks is 60%.

The introduction of a 26-week deadline for care proceedings in the Children and Families Act 2014 required a shorter time frame for care proceedings. However, in the two years prior to the implementation of the Act, the length of proceedings had started to reduce. We found that after controlling for these changes, on average, repeat proceedings are 3 weeks shorter than an index set of proceedings, for mothers who are returning to the family courts.

The time between repeat care proceedings is typically short, which leaves women with very little time to either make, or evidence changes to their lives. Certainly intervals between proceedings are out of sync with what research evidence indicates about the longer term recovery time frame required for serious problems of mental health and substance misuse.

Between 2007/08 and 2015/16, we found that 25% of repeat care proceedings were issued prior to the final hearing of an earlier set of proceedings. An additional 35% were issued within one year (i.e a total of 60% of repeat proceedings were issued in short succession).

Policy and practice recommendations

Given current concerns about the continued high volume of care proceedings, further work is needed to address this very serious issue of recurrence. Our updated analysis indicates that the scale and pattern of recurrent proceedings that we reported in 2015 continues, largely the same. New preventative initiatives that offer intensive post-removal support to women are increasing in number, but based on our most recent analysis, the impact of these initiatives is not yet felt in a reduction in the volume of repeat care proceedings. Over time, and as new initiatives increase in scale, it will be important to further establish their impact in terms of sustaining women's engagement in rehabilitation, and better planning for any subsequent pregnancy.

The Children's Social Care Innovation Programme has made major investment in supporting new preventative initiatives, particularly Pause. There are many other positive developments including Positive Choices (Cox et al. 2017). However, the government has stopped short of making post-removal support a statutory obligation, which means that services will be offered largely at the discretion of local authorities or by charitable organisations that have secured funding.

In the absence of statutory mandate for post-removal support services, women's access to intensive support services is uneven across England. Services continue to be offered on a discretionary rather than statutory basis.

Given that repeat cases are now firmly established as *routine* rather than *exceptional* within the family justice system in England, it is vital that the Department for Education (DfE) and the Ministry of Justice (MoJ) develop the capability to produce their own national and regional statistics. An understanding of the need to tackle recurrence is becoming embedded in local authority thinking, but in the absence of methods that enable national and regional tracking of recurrent cases, policy and practice leads are unable to efficiently establish the impact of local innovation.

At present, the Centre for Child and Family Justice Research at Lancaster University, in partnership with Cafcass, remains the only research group able to provide a national estimate of risk of recurrence and disaggregate this to a local or regional level. Local authorities and government departments need to develop the capability to monitor recurrence through changes to national indicators and their own performance reports. Although England and Wales form a single family justice system, at present there has been no analysis of recurrence in Wales.

2. Childhood antecedents of women's complex difficulties

There is a substantial body of literature that indicates the relationship between child and adolescent exposure to harm and adversity and poor adult outcomes (Anda et al. 2002). In this report, we provide the first detailed analysis of the particular nature of child and adolescent adversities in regard to mothers who subsequently appear as adult repeat respondents in the family justice system, drawing on court records from a representative sample of 354 recurrent mothers, appearing in a total of 851 proceedings. In order to capture the type of adverse childhood experiences (ACE), we have used an adapted form of the ACE scale (Felitti et al. 1998). We also captured additional information including the nature of the adversity as well as the perpetrator and we found that:

Recurrent mothers have been exposed to much higher levels of harm and adversity than what would be expected in the general population with 56% of recurrent mothers having an ACE score of 4 or more. Scores of 4 or more are reported as predictive of poor adult outcomes in the international ACE literature.

Multiple and enduring harms in the context of a child's primary caregiver relationship are firmly established as highly consequential for children's development and subsequent adult functioning (Murphy et al. 2017). Exposure to abuse and neglect impacts on emotional regulation, relationships with others, attachment to caregivers, self-concept, and ability to think, learn, and concentrate.

From our study, we found that 66% of recurrent mothers had experienced neglect in their childhood, 67% emotional abuse, 52% physical abuse, and 53% sexual abuse. The level of sexual abuse is high and particularly concerning given that sexual abuse has been described as a unique victimisation experience, with particular developmental consequences.

The international literature also confirms that developmental harm in the context of the primary parental or caregiver relationship predisposes individuals to further harms from

those outside the family. This was particularly evident in women's choice of intimate partners as teenagers and in their young adult lives.

Qualitative interviews provide invaluable insights into the roots of the complex difficulties women presented in their adult lives and confirm observations from case file data. Women were able to reflect on and link their own childhood experiences to difficulties they experienced in their own parenting. The literature on developmental trauma is particularly relevant because it helps practitioners and women themselves to understand women's difficulties as adaptations to trauma (such as use of substances to block emotions) that have a long history.

Professional help needs to be longer-term and attuned to helping women find alternative ways of managing difficult emotions and resolving past trauma. Dealing with entrenched and complex difficulties takes time. Professional relationships that offer continuity and consistency will have a greater chance of success.

Policy and practice recommendations

A standard local authority case management response is unlikely to help women deal with persistent difficulties that have their roots in early childhood. We would expect women to have problems in engaging with services, given their past experience of relationships and we would expect women to have difficulty in changing their behaviours, which although unhelpful, need to be understood as long-standing methods of coping (e.g. use of substances to block difficult emotions). In addition, women's expectations of relationships and self-perceptions mean that they are at risk of forming unhealthy intimate partner relationships. For those who have experienced sexual abuse, this needs to be taken into account in terms of likely impact on self-image and intimate partner relationships (Lewis et al. 2016). New published evidence from initiatives such as Pause¹ and Positive Choices (Cox et al. 2017) are leading the way in terms of demonstrating alternative approaches to engagement that are delivering very clear benefits for women. The challenge for services is how to create the conditions for mainstream social workers to adopt similar relationship-based approaches to help. The case file study revealed 'non-engagement' with services as the most commonly cited concern for professionals. The literature on trauma informed practice may equip professionals to better understand this resistance and to understand how to work through this and foster trust.

3. Childhood care experience and adult family justice involvement

This is the first study to systematically probe the relationship between care experience and adult involvement in the family justice system. Over half (54%) of the women whose files we reviewed had spent a period in out of home care, either formally as a looked after child (40%) or only through informal or private arrangements (14%). The largest percentage of mothers

¹The DfE Pause Evaluation can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/625374/Evaluation_of_Pause.pdf

experiencing out of home care entered care for the first time aged 10 years or older (48%). They were typically placed with foster carers (67%), half had experienced multiple placement moves (50%), and many also recorded a placement in a residential children's home (39%). Women with a higher ACE score were more likely to have spent a period in care, although the ACE scores for those not recording an episode of care were also high.

Women who had experienced formal out of home care typically entered aged 10 years or older. Moves in care were common, as were placements in residential children's homes.

We found that a higher ACE score is related to a higher probability of being looked after. However, women who were exposed to high levels of adversity did not necessarily record an episode of out of home care.

From the qualitative interviews, women's own accounts of childhoods in care were mostly of an unsettled experience, with moves in care compounding and adding to developmental harm. This is not surprising, given that an international literature indicates that childhood trauma is predictive of attachment difficulties and placement instability (Taussig 2002). However, there were also some examples where women described very positive relationships with a foster carer. Often these relationships remained an important resource for women in their adult lives. This begs the further question of how some foster carers managed to negotiate the difficulties these women as children inevitably brought to placement, such that positive attachments were described.

Early transition to motherhood is reported in the international literature on care experience and pregnancy (Fallon et al. 2015). Our findings would suggest that the care system did not help this particular group of women plan or delay pregnancy, in fact, care experienced mothers were at heightened risk of earlier removal of their children. In interview with researchers, women who had been in care as children claimed that they felt in 'the firing line' of children's services from the outset of their pregnancies and that their childhood history was held against them in assessments of their own parenting capacity. A key message from women participating in the study was that they wanted children's services to have a greater sensitivity to the legacy of their own care experiences, particularly during pre-birth assessment.

Policy and practice recommendations

Those coming into care after the age of 10 years and who experience placement moves require earlier, therapeutic support to address attachment issues and unresolved childhood trauma. Use of ACE tools and resources is now becoming more widespread and may help to identify those most at risk of trauma related difficulties (Lang et al. 2016). We make this recommendation in relation to those in care, but also for those in the community whose difficulties appear undetected, according to this study. In addition, greater sensitivity is required on the part of professionals to respond to women's sense of feeling pre-judged by professionals on the basis of their childhood involvement with services.

4. Contraception, pregnancy and intimate partner relationships

We found that 64% of recurrent mothers had entered motherhood aged less than 20 years. This is out of sync with the national demographic trends which showed that the median age at first birth is between 27 and 29. Women consistently described pregnancies as 'unplanned', but a number of reasons are associated with lack of planning that need to be considered when working with this group of women:

- Problems of substance misuse, mental health, and/or generalised problems of planning resulted in women being unable to prioritise contraception.
- A number of women described pregnancy as neither planned nor unplanned, and welcomed the news of a pregnancy as they wanted to create the family that they felt they had never had in their own childhoods.
- Child removal, at least in the short-term, results in an increase in women's emotional difficulties and therefore heightens vulnerability to a further unplanned pregnancy.
- Active pregnancy concealment from professionals was reported by a very small number of women.

It is of little surprise that women with serious problems of addiction often co-occurring with mental health problems, struggled to prioritise their own needs, including use of contraception. Many women demonstrated generalised problems of planning and confidence which most likely results from childhood maltreatment and neglect. It is also of little surprise, that women who had experienced unhappy childhoods were ambivalent about the use of contraception and wanted a family of their own, often forming hasty relationships with men who were unable to provide support, or who were violent.

Contrary to common opinion, planned concealment of pregnancy was described by a very small number of women. This minority group of women had lost multiple children through local authority and court intervention to public care and adoption, and viewed concealment as the only way to retain the care of a new baby. A larger percentage delayed telling children's services early in their pregnancies due to anxiety about the consequences. However, the majority of women notified children's services or another professional very early in their pregnancies, with the aim of demonstrating to professionals, over the longest window possible, that their lives had changed.

Local authority guidance varies in relation to what is considered to be the optimum timing of pre-birth assessments and the corresponding child protection conference. With many local authorities recommending that the pre-birth conference be at 18-20 weeks gestation, although some recommend as late as 32 weeks. Information from the case files regarding intervention during pregnancy was variable. Based on available information:

Of the recurrent mothers, 64% had become mothers aged less than 20 years.

The majority of women at interview wanted earlier help in pregnancy, even when a child had been removed from their care previously.

We found that 32% of pre-birth child protection conferences were held between 8 and 4 weeks before the birth of the child, 24% between 4 weeks and the birth, and 6% after birth.

For women who had spent a period of their own childhoods in care, the following observations are noteworthy:

- Pregnancy triggered memories of their own often negative or frightening experiences of being cared for as children themselves.
- They were fearful of the impact that 'being known' to services as children would have on social workers' perceptions of their ability to parent.
- They were fearful for their own children entering the care system because of their own negative experiences.

Policy and practice recommendations

Professional intervention to support informed reproductive decision making needs to be attuned to women's *personal biographies and capacities*. Consideration of the particular sensitivities that women who have spent time in public care bring to their relationships with services is also very important. Given the proportion of women entering motherhood as teenagers, work is needed at an early point to help ensure young women are making informed reproductive choices and feel better prepared to face the challenges of parenting. In the context of recurrent care proceedings, the loss of a previous child is likely to loom large over a subsequent pregnancy and a sensitive response that takes account of this previous loss is essential (Broadhurst et al. 2015b).

5. Differentiating the population of women in recurrent proceedings

Women in recurrent care proceedings can be differentiated in a number of ways. A detailed understanding of these differences and the provision of services that are sufficiently flexible to meet the range of needs of this population is vital, if we are to effectively address the issue of recurrence.

Although women typically displayed problems of substance misuse, mental health, and domestic violence, they differed in the extent to which of these was the over-riding issue. In addition, for a smaller percentage of women, cognitive functioning difficulties were the over-riding concern for children's services. Our analysis in this study is an attempt to move

beyond the notion of a “toxic trio”. However, far more work is needed and may be possible within new preventative initiatives to ascertain the following:

- Timing or onset of particular difficulties.
- Interaction between the difficulties.
- The ‘function’ of difficulties.

As stated, it is important to consider that problem behaviours, such as misuse of substances, may be ‘functional’; that is, they are long-standing methods of coping in the face of trauma and stress. Examining onset of difficulties is important in terms of causation, and may help to further explain why some women desist from re-appearances in the family court, but others present with a pattern of repeat pregnancy and removal.

Practice needs to be attuned to women’s different presentation of difficulties, and in particular how problems combine.

Where substance misuse is the over-riding concern, preliminary analysis indicates that problems may be more amenable to change, than when substance misuse exists in more equal measures with other problems.

Recurrent trajectories differ. Some women record multiple repeat appearances, whereas other women appear to ‘age out’ of risk. This preliminary observation requires further analysis as datasets mature and enable researchers to follow women’s lives for longer.

Policy and practice recommendations

As national datasets mature, researchers will be able to gain a better understanding of women’s divergent trajectories over time. However, in terms of immediate recommendations, services need to be attuned to the varied presentation of women’s difficulties and subsequent outcomes. Given the number of women presenting with problems of substance misuse, a key question that needs to be central to service delivery is: what is the function of substance misuse in women’s lives and how does substance misuse interact with other difficulties? Prospective follow-up of women within preventative services is most likely the best way to ascertain the combinations of issues that are more amenable to change, although linkage of population-level datasets (e.g. health and social care) may be revealing in terms of onset of mental health difficulties and continuities between women’s childhood and adult lives.

6. Impact of child removal and access to rehabilitative services

Women consistently described an acute sense of grief following child removal, which increased difficulties of mental health and substance misuse. The international literature on complicated and enduring grief responses is useful in helping to make sense of the particular difficulties women described in resolving their loss (Crunk et al. 2017). Children were very much psychologically present, but physically removed from women's fulltime care, resulting in role loss, major shifts in maternal identity and a profound sense of emotional loss. Women's sense of restricted options in lives compounded their sense of emptiness and futility of existence without their children. Removal at birth was described as particularly traumatic.

All of the women in interview described an escalation of problems following child removal. This included homelessness and housing instability, further interpersonal violence, instances of criminal behaviour and unplanned repeat pregnancy (Broadhurst and Mason 2017). Descriptions of suicidal thoughts were common, and in the majority of cases, women described self-harming behaviours, typically excessive drinking or drug taking and entering into very negative intimate relationships. Self-reports of mental health difficulties indicated symptoms clearly meeting the threshold for professional intervention.

Women felt a profound sense of isolation following child removal which was compounded by the fact that it was very difficult to access help from adult or mental health services. Women described the absolute frustration of being unable to access mental health therapies that were recommended during care proceedings and they did not fully understand diagnoses.

Lack of access to mental health services created a deep sense of injustice for women because they knew that professionals would require evidence of improvements in mental health in any future assessment of women's ability to safely parent.

The removal of infants close to birth was for many women particularly traumatic, because they did not know or did not understand plans for infant removal and placement in many cases. Late completion of pre-birth planning greatly added to women's distress.

Policy and practice recommendations

Improving awareness within mainstream mental health services of the impact of child removal is an urgent priority, both in terms of understanding complicated and enduring grief responses, but also to improve access to services. A critical question centres on the accountability of the courts and services to ensure that women can access treatment recommendations made within proceedings. Women who have undergone psychological assessments, as part of proceedings, should be offered professional assistance to understand any expert witness report and the implications of any diagnosis. Early help in subsequent pregnancy is essential to helping women make changes in their lives and will also contribute to better infant health.

7. Turning points

A proportion of the women interviewed were caring for a child at the time of the interview (48%) having made marked changes in their lives. Women self-selected for interview with the support of agencies, hence our sample may be biased towards those better engaged with services. However these women's accounts provide very important illustrations of positive change, despite histories of multiple adversities (Broadhurst and Mason 2014). In addition, another group of women, who did not have children in their care, also described positive change in regard to recovery from substance misuse, better interpersonal relationships, employment and education. Given that all the women in the study had experienced multiple harms and adversities in childhood, the study confirms that ACE scores may be predictive of poor adult outcomes, but with the right change in circumstances, marked changes in developmental trajectories are possible (Rutter 2012).

Women differed in their reactions to court ordered child removal. Although, across the group, an immediate downturn in functioning was evident, we see divergent longer-term reactions. Some women were able to bring about change, whereas for others, child removal further entrenched mental health and other problems.

The common factors associated with positive change, across the women's accounts, were combinations of:

- Positive change in intimate partner relationship and wider informal networks.
- Ability to reflect and learn from experience.
- Being offered better professional help and making better use of that help.
- Commitment to children, both those removed from a woman's care and those in her care.
- A sense of purpose and ability to plan for a different future.
- Access to post proceedings counselling and/or mental health services.

Intimate partners were frequently central to women's difficulties and loss of their children, on account of violence and emotional abuse. However, a supportive intimate partner and connection to a new and more positive extended family network were equally transformative.

For all the women who demonstrated positive turning points, learning from experience was also critical in their journeys towards recovery. From our population-level data, we observed that risk of return to court as a respondent in care proceedings reduced with age. A reduction in risk is evident from the age of 25 years, dropping again after the age of 30. This cannot be attributed to a drop in fertility but does suggest that maturation plays a part in reducing the risk of recurrence. In interview, women themselves indicated that they had learned from experience and with maturity, gained insight into partner and lifestyle choices that were damaging.

Relationships are at the heart of help seeking and help giving. For all the reasons above, this population of women may present as hard to help. However, it was clear that a percentage of professionals were able to foster trust and engagement where others had failed. This can be attributed to the skills of the worker who is attuned to women's emotional needs, but also to timing. Some women demonstrated resilience to child removal and a greater willingness to receive and respond to professional help with maturity. Women themselves reported a change in how they perceived help over time, on account of both changing personal circumstances but also skilled and sensitive professional help.

Women consistently described a keen sense of the presence of their children, and an enduring maternal identity, despite their physical absence. Wanting to 'do better' for their children was a very powerful driver for change. In addition, subsequent pregnancies acted as a powerful catalyst for change.

Policy and practice recommendations

The group of women within our interview sample who had brought about positive change following great adversity and multiple losses of children, provide evidence that change is possible. Often changes in circumstances, such as meeting a new partner, or a change in worker were transformative for women. However, internal psychological shifts also appear key. Our interviews would suggest that access to psychological services for some was critical, but for others an attuned, supportive professional or personal relationship appeared to spark the necessary change. Our findings clearly confirm observations from a wealth of international that the following ingredients are critical in promoting change: (a) consistent relationship-based help, (b) informal support, and (c) learning from experience. In addition, interview accounts highlight the importance of harnessing women's commitment to their children, to improve contact with children in care. Responding to an impetus for change that a new pregnancy can bring is vital. A greater awareness within services of these factors and further efforts to create the conditions for practitioners to deliver consistent and longer-term support to women with complex difficulties, would mean that intervention has more chance of improving lives.

8. Outcomes for children

This study has focused primarily on women's lives, but nevertheless we have been able to make some important observations regarding children born into a recurrent cycle, which are as follows:

- A high proportion of women entering repeat proceedings do so with infants who are subject to proceedings within 4 weeks of birth.
- Children within recurrent proceedings have a greater chance of being separated from siblings. This may be due to children being very young and placed for adoption, having different fathers, or kin networks which are unable to care for large sibling groups.
- Out of all age groups, infants (those aged under 1) are most likely to be placed for adoption.

- Children in mothers' first repeat proceedings are more likely to be placed for adoption than children who are in an index set of proceedings.
- Of the infants of recurrent mothers, 15% were born pre-term. In comparison, in 2015 in England and Wales, 8% of live births were considered pre-term (ONS 2016).
- Additionally, 16% of the infants were admitted to SCBU at birth, and 18% had been affected by mother's substance misuse.
- However, based on limited court case file data, a large percentage of infants appear to be born healthy and full-term.

Research recommendations

We have derived all observations regarding infant health and placement from our review of court files of recurrent mothers. The information in the case files was very limited regarding infants, hence our analyses are limited. However, these provisional observations do suggest that further work is needed to understand both health and placement outcomes for infants linked to women in care proceedings. Further analyses should be based on finer infant sub-populations to ascertain differences between those subject to proceedings at birth and those who come before the family court later in infancy. Given the high number of removals at birth, analysis of infant trajectories will help to address concerns about whether intervention is proportionate and delivers better outcomes.

Conclusion

Given the evidence of widespread innovation on the part of practice agencies to help prevent recurrent proceedings, it appears that the case has been made that recurrence is a major national issue for England, which must be tackled if care demand is to be reduced. In addition, it is heartening that innovation is also driven by an ethical imperative to help women, their children and wider networks avoid the distress caused by recurrent care proceedings. Our work has now stimulated a related programme of work, not just in the UK, but also in Australia. New studies will yield valuable research evidence, addressing questions that we have been unable to answer, or will shed light on recurrence in comparable jurisdictions. However, more immediate work needs to be done, as at present, because women's access to intensive therapeutic help is uneven across England. Efforts on the part of the Family Rights Group (FRG) have made some progress towards making the case for change to primary legislation, but have fallen short of achieving this. However, in response to campaigning by FRG, Edward Timpson (former Minister of State for Children and Families) stated that changes would be made to practice guidance regarding care leavers to ensure post removal support.²

²David Burrowes, Conservative MP for Enfield Southgate, proposed an amendment to the Children and Social Work Bill during its passage through parliament in 2016-2017. It applied specifically to the provision of therapeutic support for care leavers who subsequently have children removed from their care. Whilst no change to primary legislation was agreed the (then) Minister of State for Children and Families, Edward Timpson, did agree to an amendment to local authority statutory guidance on care planning.

Moving forward investment needs to be made in robust evaluation of preventative programmes in order to make the case for and ensure the wider roll out of best practice. Alongside this, investment must be made in ensuring that local authorities and the courts collect the necessary data to ensure that recurrence, which is a routine feature of the family justice system, can be identified and measured. The lack of national intelligence regarding women in the family justice system becomes all the more clear when we compare the readily available national data regarding women in the criminal justice system.³ With marginal costs, the inclusion of additional variables to datasets collected by local authorities and the courts (and in turn DfE and MoJ), would enable recurrence to be monitored at a national level. As data on the national family justice system matures, it will become increasingly valuable but only if there is: (a) a willingness on the part of government departments to ensure revision of national indicators and (b) an increase in analytic capability.

An overarching message from birth mothers, but also from our detailed review of case files, is that relationships matter. This statement is not new, but needs to be re-stated because as yet, our public services do not sufficiently provide the conditions for workers to offer bridging relationships that afford the kind of continuity and consistency that will bring about change. Where parents, and indeed children within child welfare services, are isolated and disconnected from nurturing and supportive relationships, difficulties will persist or worsen, as we have shown in this study. Again, much can be learned from new preventative solutions such as Pause and Positive Choices. These are demonstrating alternative ways of reaching this population of women, where mainstream services report 'non-engagement'.

This study has, for the first time, clearly identified an association between unsettled pathways through care, characterised by multiple moves, and subsequent adult appearances in the family justice system. This is both a deeply concerning finding, but is not surprising given the wealth of international literature which indicates that serious childhood harm and adversity are predictive of attachment difficulties and placement instability. Given that the largest percentage of the cohort of recurrent mothers in our sample entered care at the aged 10 years or older, this raises the question of how we might identify these women far earlier in their lives and intervene before further problems arise. Again, there is a wealth of international literature, which indicates the value of the ACE methodology and accompanying screening tools for frontline practice with children and adolescents. In addition, there is a burgeoning literature on trauma-informed practice, which could be better applied to children entering care (Murphy et al. 2017).

In cases of recurrent proceedings, 60% of care proceedings are issued within 4 weeks of birth. This is the first UK study to use finer infant sub-populations to arrive at a clearer picture of infant removal practices. The removal of an infant from his or her mother close to birth is a very serious form of pre-emptive action, which of course, raises questions of whether state action is proportionate or fair. Nevertheless, some circumstances will mean the infants

³The lack of intelligence regarding women in the FJS becomes all the more obvious, when we consider national data regarding women in the criminal justice system. For example, reconviction rates regarding women in prison are calculated annually by MOJ, together with offender profiling and cost data. Yet, the prison population of women is smaller (n=4,020 at 2017 in England and Wales) and forms only a very small percentage of overall prison population (5%).

cannot be safely cared for by their mothers following birth. Work to establish best and humane practice in these difficult circumstances is urgently needed to ensure professionals work in partnership with mothers as far as possible and that clear pre-birth plans are in place at a timely point. Birth mothers' first person accounts provide important insights into how the distress associated with this particular form of child removal might be reduced. Our work demonstrates that birth mothers who experience recurrent care proceedings are willing to be involved in service development.⁴

As we have seen in this study, pregnancy can also be a window of opportunity, but as yet we know very little about how local authorities make use of this window in their work with recurrent mothers. Evidence from this study is that the pre-birth conference is often held close to an infant's birth, which raises questions about why local authorities are not consistently responding early in pregnancy, given we know that pregnancy can be a powerful motivator for change. Initiatives such as the pregnancy pathway that has been piloted by the Family Drug and Alcohol Court National Unit⁵ (Early FDAC), require detailed evaluation to establish programme impact.

Finally, evidence of turning points in the face of adversity indicates that although ACE is predictive of poor adult outcomes, ACE scores do not determine adult outcomes. This is an important distinction and has been made by leading scholars such as Michael Rutter in his work on resilience (Rutter 2012). In this study we have described the common factors that are associated with positive turning points and which resonate with an accumulated body of knowledge that provides similar messages (Collishaw et al. 2007; Bonanno and Mancini 2008). Our work, together with the broader relevant literature, provides a clear steer for those who wish to help women bring about positive change.

⁴This study has produced a short film in collaboration with birth mothers in which they provided rich insights into their positive turning points in their lives. In addition, women have helped to design a new preventative pathway within the Family Drug and Alcohol Court (FDAC) aimed to help pregnant women who have had a child removed from their care previously.

⁵FDAC National Unit: <http://fdac.org.uk/>

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