Families who recurrently lose children to care: how can professionals support mothers and protect their children?

Abstract

Numbers of children entering the care system in English-speaking countries are increasing, with almost 1 in 4 women who have lost a child to care returning to court with a subsequent pregnancy. Currently there is no statutory obligation in the UK to support women whose children have been taken into care or to prevent recurrent losses. Understanding which women are most at risk of losing their children and the possible reasons behind these losses is the first step to preventing them recurring. This article identifies the steps that can be taken to support women at risk of recurrently losing children to care.

Key points

- Numbers of mothers losing their children into care are increasing
- Adverse childhood experiences increase the risk of mothers losing children recurrently into care
- Positive interactions with health professionals can improve mothers' resilience and prevent subsequent loss of children
- Evidence-based interventions exist to support mothers at risk of losing children into care

Key words: women's health, maternal welfare, child welfare, child well-being, social determinants of health

Background

In the UK, USA and Australia, the numbers of children entering the care system is increasing (Broadhurst and Mason, 2017; NSPCC 2018). Despite this, there is very little research which examines the long-term consequences for the mothers who lose their children into care or the extent of repeated losses of children into care for individual women. This is an important topic for practitioners because they work on a day-to-day basis with 'at risk' mothers and

their families and can play a part in preventing family breakdown and children being taken into care. Understanding which mothers lose children into care and the reasons behind the children's removal is the first step in preventing recurrence (Broadhurst et al, 2015). Prevention strategies for women who are at future risk and rehabilitation packages once the adoption process has been completed can then be developed.

Who are the mothers who lose their children repeatedly to care?

Children who enter the court arena predominantly have mothers as their main or sole named carers, and the majority of fathers have no parental responsibility (Masson et al 2008; Broadhurst et al, 2017). Although it is increasingly recognised that fathers are significant protective or risk factors in vulnerable children's lives (Zanoni et al, 2013) research into recurrent child loss is primarily focused on mothers alone. Broadhurst et al (2015) found that almost 1 in 4 women return to court with a subsequent pregnancy within 7 years of the initial hearing; the younger the mother is, the more likely there will be multiple reoccurrences. Mothers who repeatedly lose children into care comprise a third of all care applications. Most mothers losing their children to care have their first child before the age of 20, much younger age than the general population, with 42% likely to have four or more children (Broadhurst et al, 2017).

Of those who lose their child to care, a high proportion have experienced adversity in childhood including emotional, physical and sexual abuse and neglect, and many have been in care themselves (Masson et al, 2008; Neil et al, 2010; Broadhurst et al, 2017). A large body of work now recognises that such adverse childhood experiences (ACEs) increase the risk of mental health disorders, substance misuse and risky behaviours and violence and aggression (Felitti et al, 1998; Anda et al, 2006; Bellis et al, 2014). Excessive stress in early childhood affects the developing brain leading to problems in adulthood, such as substance misuse, risky and antisocial behaviour, violence and aggression, and increased mental ill health (Barlow, 2014; Felitti et al, 1998; Thomason and Marusakad, 2017).

The impact of ACEs on parenting capacity

There is a significant correlation between adverse childhood experiences and parenting capacity (Anda et al, 2006; Gould et al, 2012). Lower and higher income families who experienced childhood adversity are likely to exhibit parenting difficulties, but women who live in poverty are more frequently perceived to be unable to parent adequately which increases the risk of losing children to care (Steele et al, 2016). Risk of poverty increases

where there are higher adverse childhood experiences, due to the correlation with low educational achievement, limited employment, social deprivation and poor health (Hughes et al 2016).

Women who are already at the edge of society become more isolated and stigmatised following the loss of a child into care (Broadhurst and Mason, 2017). Having lost children into care, mothers often become invisible (Povey, 2017). Their identity as mothers is threatened and this affects their emotional recovery following their loss, potentially resulting in a decline in their mental health and the use of inappropriate coping mechanisms such as substance misuse (Honey et al, 2018). Feelings of loss, loss of identity, shame and isolation may be the driver for many women to become pregnant again following the removal of a child into care and create a barrier to future engagement in prevention or rehabilitative initiatives.

Engagement with support services

Analysis of analysed administrative records showed that professionals' greatest concern was mothers' lack of engagement with services (Broadhurst et al, 2017). Having been in care or having a criminal record increases the likelihood that these women will be monitored by a variety of services, which have the responsibility of raising concerns regarding the welfare of children (Broadhurst et al, 2015; Povey, 2017). Mothers may perceive themselves victims of their own childhood experiences, addictions and abusive relationships, rather than as perpetrators (Scholfield et al 2011). It is often suggested that mothers receive disproportionate blame for the impact of domestic abuse and poverty upon their children (Featherstone, 2006). Additionally services designed to support mothers and reduce the need for safeguarding (such as mental health and domestic abuse services) are reducing and their thresholds for accepting referrals increasing (Lynch 2016).

Mothers at risk of losing their children are commonly dealing with complex issues, but the time in which to build a trusting relationship with professionals, sustain engagement with support services and demonstrate a positive result is short. Masson et al (2008) found that over half of initial assessments began only 16 weeks or less prior to the date of court application in care proceedings. The driver for this is that legislation requires services to ensure that children receive permanency within as short a time frame as possible (Children and Families Act 2014; Social Services and Well-being (Wales) Act 2014). This aims to be in

the best interests of the child but reduces the time in which mothers are involved with services (Lister, 2006).

How can practitioners better support women and protect children?

Preventing court removals of children and supporting mothers who lose their children into care requires support and prevention from many agencies. The quality of interactions during this process can either add to or diminish a mother's sense of sense of self and resilience (Scholfield et al 2011; Povey,2017), and negative experiences may result in poor future engagement with professionals (Lewis, 2006). . Professionals who work with mothers and young children can have an influence on preventing a cycle of adversity (Low and Theriault 2008; Kerker et al 2015) and thereby reducing the risk of future children entering the care system. To do this, professionals, such as health-visitors, school nurses and social workers, must work together in identifying parents' adverse experiences and their impact on both parents and children (Murphy et al, 2017).

Supporting at risk women

Support initiatives should be tailored towards the profile of the mothers in highest need, with care-leavers identified and prioritised for support services. A high proportion of women who lose their children into care are single mothers with little family support (Masson et al 2008; Broadhurst et al 2015) who are likely to be living in poverty. Interventions should therefore be accessible to mothers who need to care for their children on their own. Offering interventions which take place out of school hours or which require travel, are counterproductive for mothers who have no childcare facilities or cannot afford transport.

Investment in community support and interventions which aim to bring women out of poverty by improving access to education or employment can help to build the resilience and self-worth of mothers who have experienced previous abuse as children and as adults. Such interventions must take into account the care needs of children from birth upwards in order to reduce the risks of neglect or abuse (Levendosky and Graham-Bermann 2001). Education and employment provide a sense of purpose with the opportunity to make plans for the future, helping to mitigate negative experiences and to build resilience and confidence. Such positive experiences can enhance friendship groups to include peers with less socially disadvantaged backgrounds who may contribute to stable and positive support (Rutter 2012).

Improving communication

Lack of engagement hinders work with families (Masson et al 2008). Good communication between parents and professionals is highly valued by mothers who have lost their children into care, particularly where parents are involved in the decision-making process and shown respect and empathy (Honey et al 2018). Being well-informed and involved in decisions alleviates parents' feelings of powerlessness and low self-esteem (Scholfield et al 2011). Some professionals believe that anger is a barrier to constructive relationships. However if professionals show understanding that anger comes from sadness and feelings of not being listened to, even those who are most angry are more likely to engage (Scholfield et al 2011). A relationship where parents feel respected aids engagement with other support and welfare services (Morris et al 2014).

Building trust

Many parents feel that professionals have previously have let them down, particularly if they have been in care (Broadhurst et al 2017) which makes the building of respectful and trusting relationships even more important when developing new ways of working. Considering what is important to parents, and what they feel their greatest needs are, is therefore essential for engagement. Lack of continuity of social workers, health visitors and other professionals creates difficulties in building trusting and empathetic relationships (Scholfield et al 2011). Retaining staff is therefore key. Support for professionals and a realistic workload aids staff retention in this high intensity work (Reupert and Maybery, 2014).

Practitioners should have the knowledge and capacity to work in partnership with familes at risk of losing their children, using a strengths-based model and aiming to develop a clear and achievable plan. Honesty and an open dialogue is vital from the start of the professional/client relationship (Reupert and Maybery, 2014). Empirical studies suggest that trust, respect and empathy from the professionals enhance women's ability to deal with the loss of their children and strengthen their sense of self (Honey et al., 2018; Cox et al., 2017).

Partnership working

Building trust takes time, as does providing evidence that a parent is engaging in an intervention and can demonstrate a positive result (Reupert and Maybery, 2014). To give parents time to make changes an initial or proportionate assessment needs to be begun in early pregnancy. It is important that professionals accept that addressing complex problems requires time and to expect recovery to be slow with frequent relapses (Quimette and Brown, 2014). Without national or local guidelines, professionals prioritise their time differently

according to their attitudes and empathy (Scholfield et al., 2011) which leads to a disparity in service provision to these vulnerable mothers.

Mothers with mental illness experience difficulties in negotiating child protection services (Sands, Koppelmen, and Solomon, 2004), exacerbated by low socio-economic status and low educational achievement. Advocates for mothers are required to consider their needs alongside those of their child (Featherstone et al 2011). Mothers who feel supported rather than blamed are more likely to disclose depression, domestic abuse or substance misuse. Timely interventions reduce the risk of ACEs which impact on children's development and future life chances (Barlow, 2014; Thomason and Marusakad, 2017).

Initiatives to prevent losing children into care

Initiatives have been developed to support women who have lost children into care and to prevent recurrent losses (Cox et al., 2015; McCracken, et al., 2017). Some focus on breaking the cycle of adverse experiences, such as Australian initiatives which address mental health and substance misuse in the perinatal period (Maybery et al 2009; Reupert and Maybery 2014). Systems which facilitate continued supportive and positive contact or reunification improve placement outcomes for children and allow mothers to maintain their identity as mothers. For instance Scholfield et al., (2011) examined the experiences of parents of children who have been placed in foster care in the UK, Norway and Sweden. Child welfare approaches in Norway and Finland were designed to support the family, but in the UK the focus was child-protection. Whereas in the UK the permanent aim was to achieve adoption of children where possible, in the Nordic countries children were placed in long-term foster care which facilitated continued contact with birth parents (Scholfield et al., 2011). Over time parents of children in foster care were able to gain a better understanding of why their children were placed into care, recognising their own responsibility in this (Scholfield et al., 2011). Secure attachments to birth parents are more likely to lead to secure foster placements, enhanced development, mental health and resilience (Minge et al, 2005).

In the UK. Family Drug and Alcohol Courts aim to work openly with these parents in a structured and supportive manner. Staffed by judges with extended training they aim to help parents overcome substance misuse and develop appropriate coping mechanisms. In this way parenting capability is improved and children are more likely to stay within parental care (Harwin et al., 2016). At present, they are limited to a few areas but this service could be extended nationally.

Some UK local authorities have invested in initiatives such as 'Pause', 'MPower', and 'Positive Choices' which provide enhanced support to women post-removal to improve their well-being and prevent successive losses (Cox et al., 2017; McCracken et al., 2017). Provision is inconstant across the UK, and inclusion criteria, such as whether support occurs before or during pregnancy, before or after care proceedings or following the removal of one or more children still requires analysis. There is a need for the mapping of local initiatives and a comprehensive comparative review of the short and long term impact of post-care services for birth parents and legal guardians in the UK. Once this is achieved recommendations for local and national protocols and legislation to provide post-removal therapeutic support can be made.

Policy implications

Women who lose their children to care are highly marginalised which has major implications for the welfare and future outcomes of themselves and their children (Cox, 2012). Major consideration needs to take place within national and local governments to ensure that women, especially those who are most vulnerable, are treated with equity and fairness. On-going statistical evidence is required to link mothers to children who are lost to care, monitor repeat proceedings and the effectiveness of support interventions. A dataset was created for England by Broadhurst et al (2017), but there are no statistics for Wales despite higher levels of child poverty and adverse childhood experiences (Bellis et al., 2015).

Conclusion

Increasing numbers of children entering the care system in English-speaking countries poses a challenge to those who provide services to children and families. Poorer, younger mothers who have suffered adverse childhood experiences are more likely to have children removed, which represents a health inequality. Current research focuses on mothers, who are the parent commonly involved in the care process, but it is likely that the position of fathers requires more attention in research and practice. As there is currently no statutory obligation in the UK to support women and prevent recurrent losses, families can received a variable or absent service. There is good evidence that practitioners working with children and families can improve family support and protect children by communicating openly, working in partnership, and establishing trusting relationships. In order to provide an equitable service to vulnerable parents change is required at the policy level. Nationally accessible evidence-based initiatives offer the best opportunity to protect children and families.

References

Anda, R. F., Felitti, V. J., Bremner et al (2006). The enduring effects of abuse and related adverse experiences in childhood. *European archives of psychiatry and clinical neuroscience* **256**(3): 174-186.

Barlow, J. (2014). Excessive stress disrupts the development of brain architecture. Journal of Children's Services **9**(2), 143-153.

Bellis, M. A., Ashton, K., Ford, K., Bishop, J., Paranjothy, S. (2015). *Adverse childhood experiences and their impact on health-harming behaviours in the Welsh adult population.* Public Health Wales NHS Trust, Cardiff.

Bellis, M. A., Hughes, K., Leckenby, N. et al M. (2014). Adverse childhood experiences and associations with health harming behaviours in young adults: Surveys in eight eastern European countries. *Bulletin of the World Health Organization* **92:** 641-55.

Broadhurst, K., Alrouh, B., Yeend, E. et al (2015). Connecting events in time to identify a hidden population: Birth mothers and their children in recurrent care proceedings in England. *The British Journal of Social Work* **45**: 2241–2260.

Broadhurst, K., Mason, C. (2017). Birth parents and the collateral consequences of court-ordered child removal: Towards a comprehensive framework. *International Journal of Law, Policy and The Family* **31**: 41-59. doi:10.1093/lawfam/ebw013

Broadhurst, K., Mason, C., Bedston, S. et al (2017). *Vulnerable birth mothers and recurrent care proceedings: Final report.* Lancaster University: Centre for Child and Family Research. https://www.nuffieldfoundation.org/sites/default/files/files/rc-final-summary-report-v1_6.pdf (accessed 22 November 2019)

Cox, P. (2012). Marginalized mothers, reproductive autonomy, and 'repeat losses to care'. *Journal of Law and Society* **39:** 541-561. doi:10.1111/j.1467-6478.2012.00599.x

Cox, P., Barrett, C., Blumenfeld, F., Rahemtulla, Z., Taggart, D., Turton, J. (2015). *Reducing recurrent care proceedings service evaluation: Positive choices and MPower.* University of Essex, Colchester.

Featherstone, B. (2006). Why gender matters in child welfare protection. *Critical Social Policy* **26**: 294-314.

Featherstone, B., Fraser, C., Ashley, C., Ledward, P. (2011). Advocacy for parents and carers involved with children's services: making a difference to working in partnership?. *Child & Family Social Work* **16**(3): 266-275.

Felitti, V. J., Anda, R. F., Nordenberg, , D. et al (1998). The relationship of childhood abuse and household disfunction to the many leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine* **14:** 245-258.

Gould, F., Clarke, J., Helm, C., Harvey, P., Majer, M., Nemeroff, C. B. (2012). The effects of child abuse and neglect on cognitive functioning in adulthood. *Journal of Psychiatric Research* **46:** 500-506. doi:10.1016/j.jpsychires.2012.01.005

Harwin, J., Alrouh, B., Ryan, M., Tunnard, J. (2014). *Changing lifestyles, keeping children safe: An evaluation of the first family drug and alcohol court (FDAC) in care proceedings.* London: Brunel University. https://www.research.manchester.ac.uk/portal/en/publications/changing-lifestyles-keeping-children-safe-an-evaluation-of-the-first-family-drug-and-alcohol-court-fdac-in-care-proceedings(e260a073-697e-475a-9daa-36a6acc6e50a)/export.html (accssed 22 November 2019)

Honey, A., Mayes, R., Miceli, M. (2018). Mothering after child removal: Living under the rule of the Greek gods. *Child and Family Social Work* **23**: 417-426.

Hughes, K., Lowey, H., Quigg, Z., Bellis, M. (2016). Relationships between adverse childhood experiences and adult mental well-being: Results from an English national household survey. *BMC Public Health* **16**(1): 222. doi:10.1186/s12889-016-2906-3

Kerker, B. D., Zhang, J., Nadeem, E. et al (2015). Adverse childhood experiences and mental health, chronic medical conditions and development in young children. *Academic Pediatrics,* **15**: 510-517.

Levendosky, A. A., Graham-Bermann, S. A. (2001). Parenting in battered women; The effects of domestic violence on women and their children. *Journal of Family Violence* **16:** 171-192.

Lewis, M. (2006). Relationship of prior custody loss to maternal-foetal bonding in a subsequent pregnancy. *Children and Youth Services Review* **28:** 1169-1180.

Lister, R. (2006). Children (but not women) first: New Labour, child welfare and gender. *Critical Social Policy* **26**(2): 115-133.

Low, J., Theriault, L. (2008). Health promotion policy in Canada: Lessons forgotten, lessons still to learn. *Health Promotion International* **23**(2): 200-206.

Lynch, C. (2016). *Young parents' involvement in the child welfare system.* London: Family Rights Group. https://www.frg.org.uk/images/YPP/YPP-FINAL.pdf (accessed 22 November 2019)

Masson, J., Pearce, J., Bader, K., Joyner, O., Marsden, J., Westlake, D. (2008). *Care profiling study Ministry of Justice Research.* http://www.bristol.ac.uk/media-library/sites/law/migrated/documents/care-profiling-study-report.pdf (accessed 22 November 2019)

McCracken, K., Priest, S., FitzSimons, A. et al N. (2017). *Evaluation of Pause: Research report.* Department for Education, Lancaster. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625374/Evaluation_of_Pause.pdf (accessed 22 November 2019)

Minge, A., Scott, D., O'Neill, C. (2005). *Contact between children in out-of-home care and their birth families: Literature review.* Department of Human Services, Sydney. http://www.childrenscourt.justice.nsw.gov.au/Documents/oohc_research.pdf (accessed 22 November 2019)

Murphy, K., Moore, K. A., Redd, Z., Malm, K. (2017). Trauma-informed child welfare systems and children's well-being: A longitudinal evaluation of KVC's bridging the way home initiative. *Children and Youth Services Review* **75**: 23-34.

Neil, E., Cossar, J., Lorgelly, P., Young, J. (2010). *Helping birth families: Services, costs and outcomes.* British Association for Adoption and Fostering, London.

NSPCC (2018) *Looked after children: statistics briefing* https://learning.nspcc.org.uk/research-resources/statistics-briefings/looked-after-children/ (accessed 22 November 2019)

Povey, L. (2017). Where welfare and criminal justice meet: Applying Wacquant to the experiences of marginalised women in austerity Britain. *Social Policy and Society* **16:** 271-281.

Quimette, P. E., Brown, P. J. (2014). *Trauma and substance abuse: Causes, consequences and treatment of comorbid disorders.* American Psychological Association, Washington

Reupert , A., Maybery, D. (2014). Practioners' expereiences of working with families with complex needs. *Journal of Psychiatric and Mental Health Nursing* **21:** 642-651.

Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology*, **24**(2): 335-344. doi:10.1017/S0954579412000028

Sands, R., Koppelmen, N., Solomon, P. (2004). Maternal custody status and living arrangements of children of women with severe mental illness. *Health and Social Work*, **29:** 317-325.

Scholfield, G., Moldestad, B., Hojer, I. et al (2011). Managing loss and a threatened identity: Experiences of parents of children growing up in foster care, the perspectives of their social workers and implications for practice. *British Journal of Social Work* **41:** 74-92.

Sen, R., Broadhurst, K. (2011). Contact between children in out-of-home placements and their family and friends networks: A research review. *Child and Family Social Work* **16:** 298-309. Doi:10.1007/s00127-015-1069-3

Steele, H., Bate, J., Steele, M. et al (2016). Adverse chidhood experiences, poverty and parenting stress. *Canadian Journal of Behavioural Science* **38**(1): 32-38.

Thomason, M. E., Marusakad, H. A. (2017). Towards understanding the impact of trauma on the early developing human brain. *Neuroscience* **342:** 55-67.

Zanoni, L., Warburton, W., Bussey, K., McMaugh, A., (2013) Fathers as ‘core business’ in child welfare practice and research: An interdisciplinary review. *Child. Youth Serv. Rev.* **35** (7): 1055-1070.