

Stemming the tide of infant entry to care: What needs to change?

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Colleagues at the Rees Centre Oxford University

A collaborative research centre working internationally



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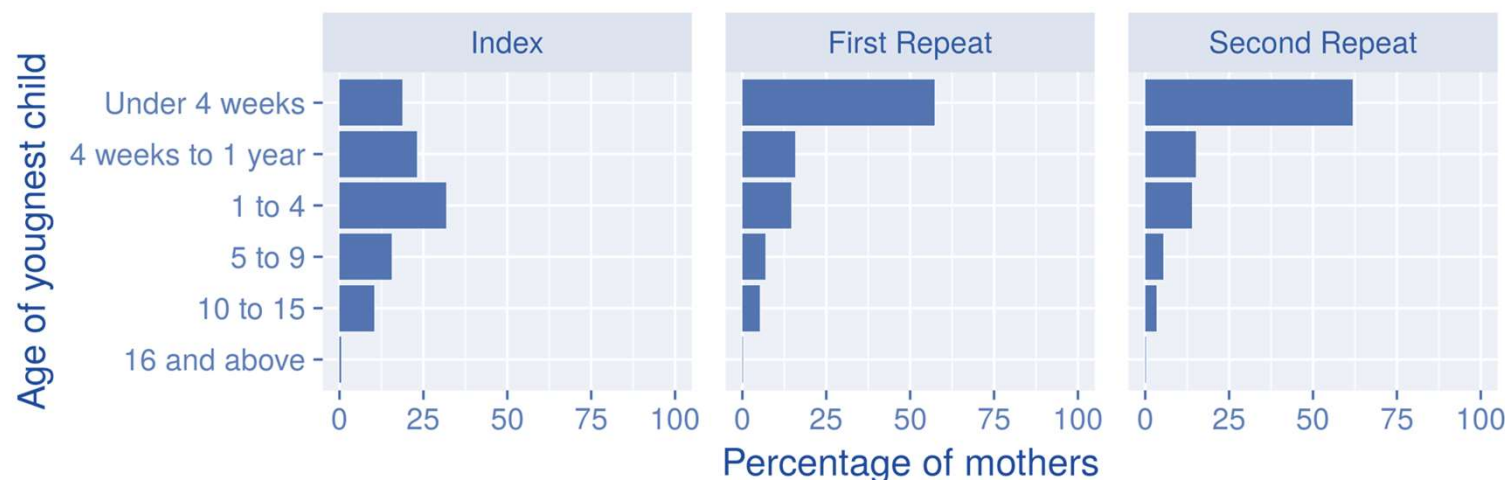
From our research: removal at birth – is a very particular type of loss

Removal at birth is a distinct form of (pre-emptive) removal which requires specific analysis (i.e. different from removal of older infants or children).

- **More public** – baby removed from hospital ward
- Health and vulnerability of mother - **trauma**
- **Emergency & short notice** court proceedings
- Legal advice – very difficult to access in the immediate post-natal period



Also from our research: very high rates of infant removals in repeat care proceedings



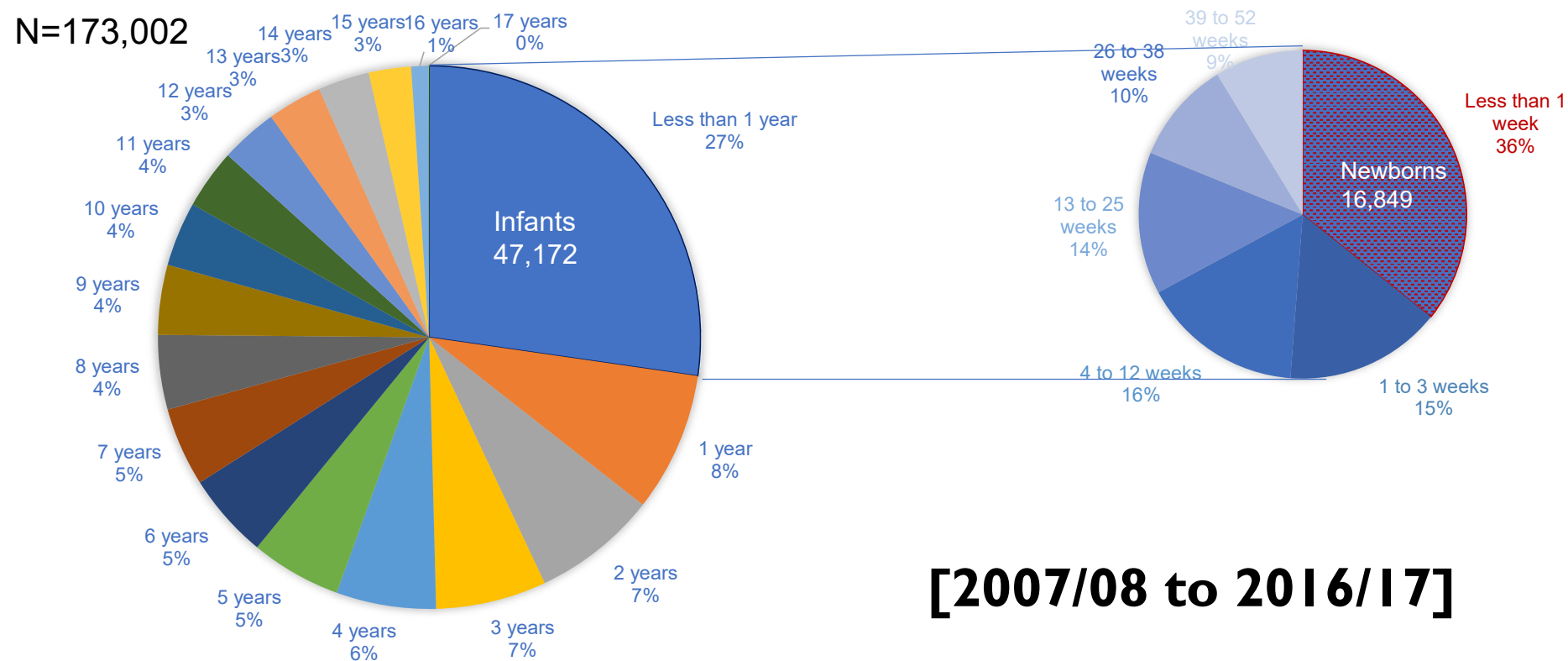
Compared to her index proceedings, mothers are much more likely to appear in repeat proceedings with a very young baby.

60% of first repeat proceedings involve **a baby under the age of 4 weeks**, 70% under the age of 1 year.

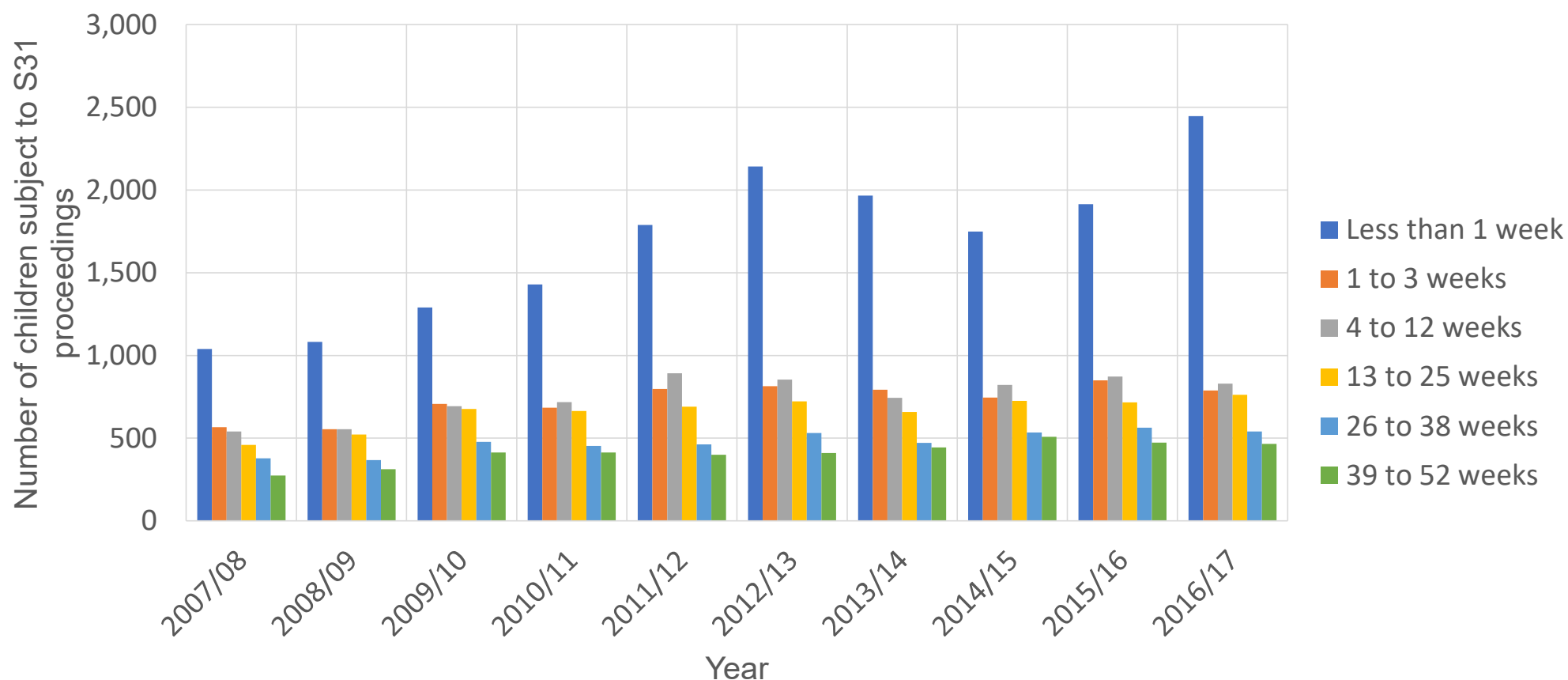
A birth mother speaks...

Part 1: The rising tide...

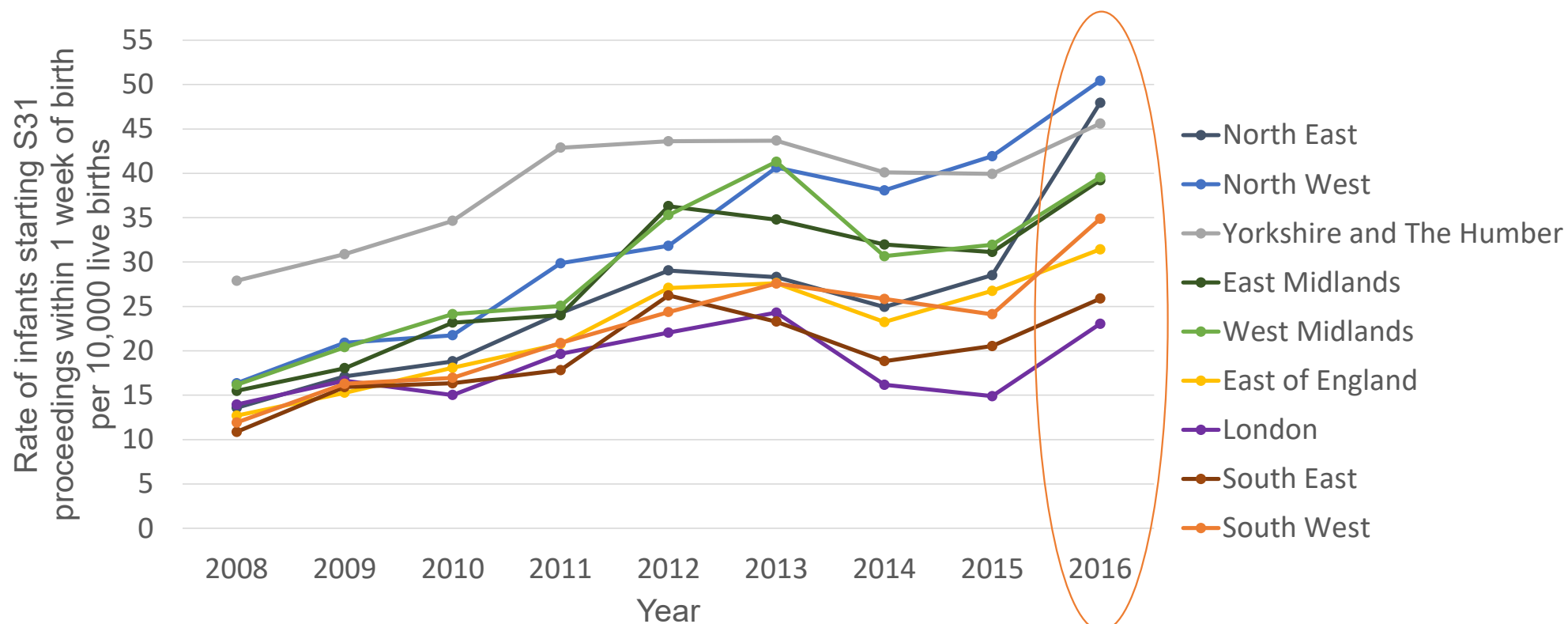
Age of children in care proceedings in England



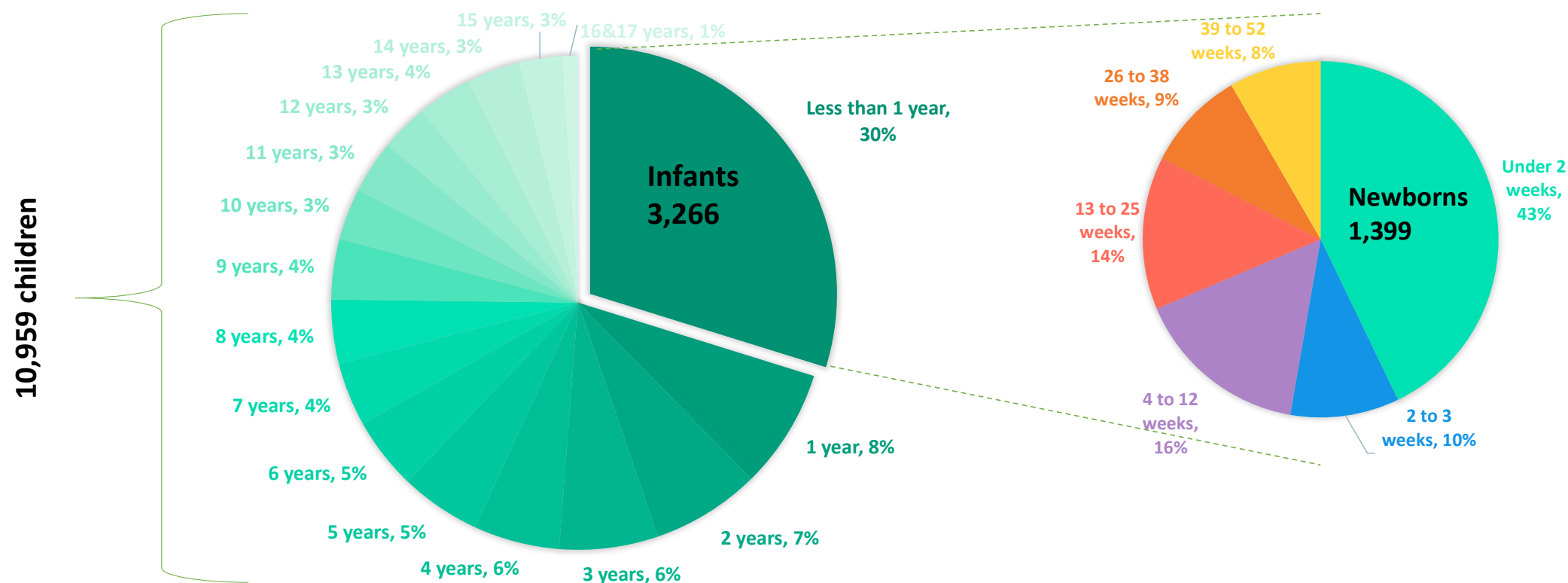
Number of infants in care proceedings, per infant age band



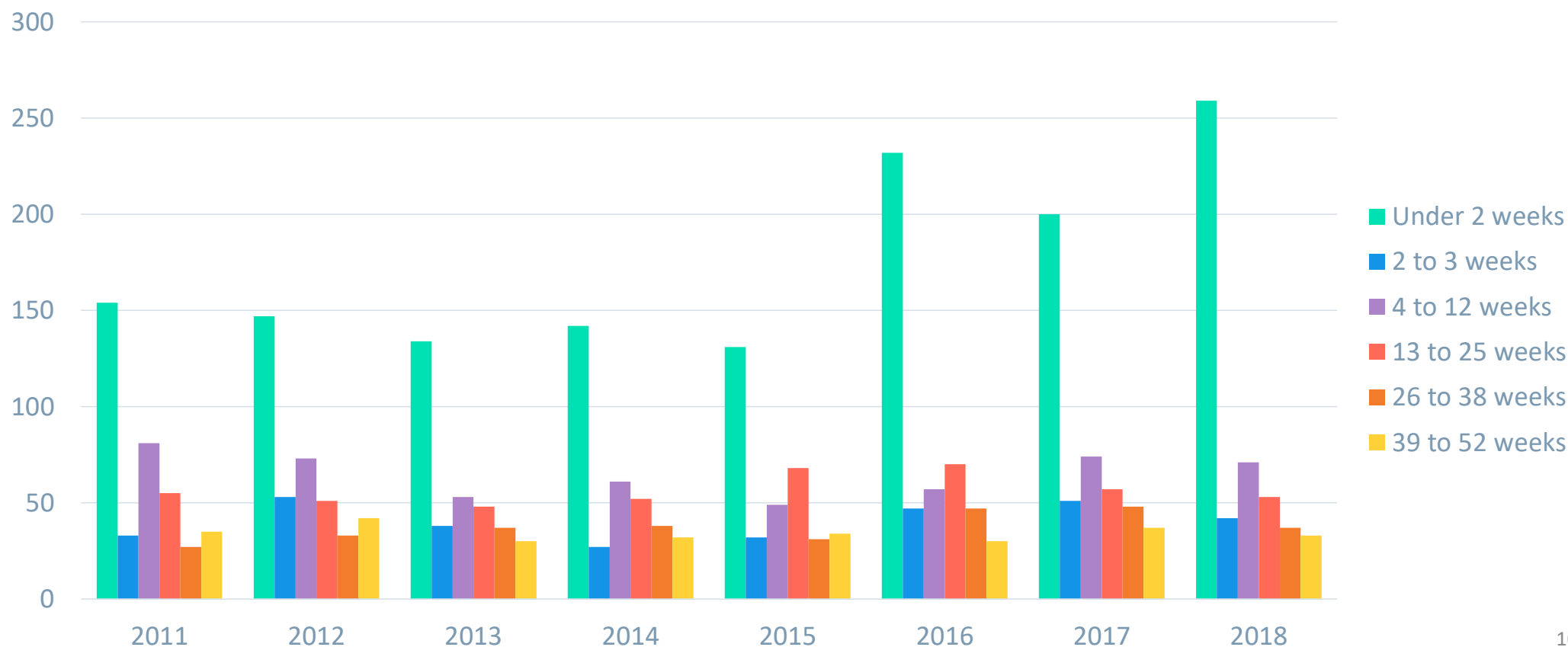
Incidence rates: regional variation [2008 to 2016]



Age of children in care proceedings in Wales [2011 to 2018]

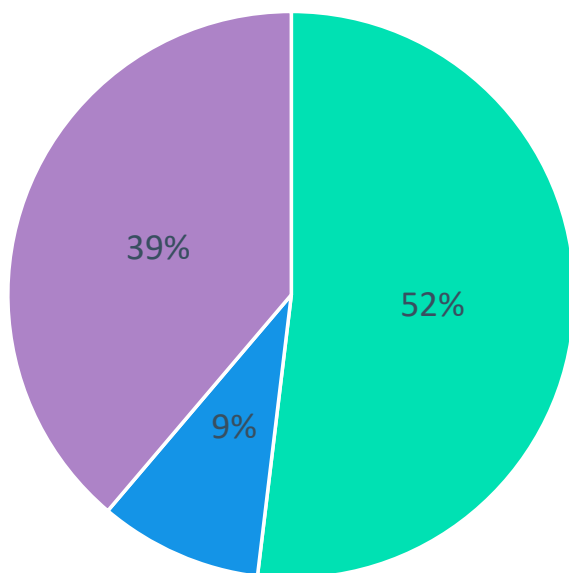


Number of newborns/infants in care proceedings in Wales

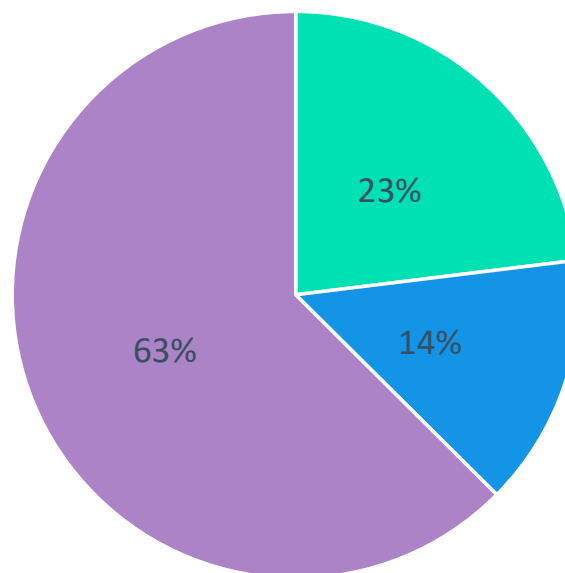


Urgent / non-standard hearings [2015-2018]

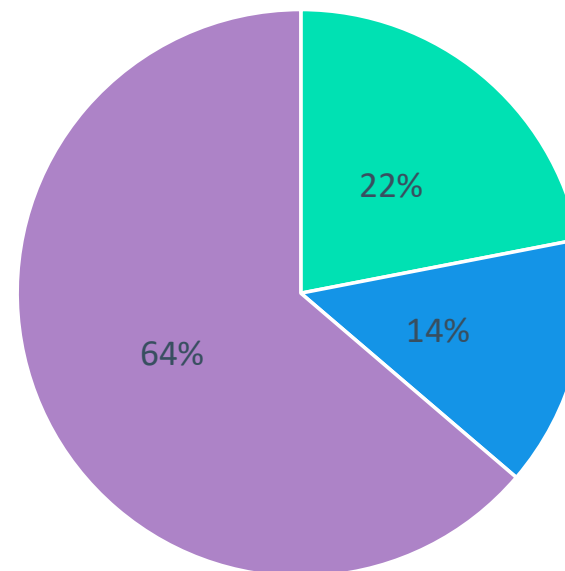
Newborns (under 2 weeks)



Older Infants (2 to 52 weeks)



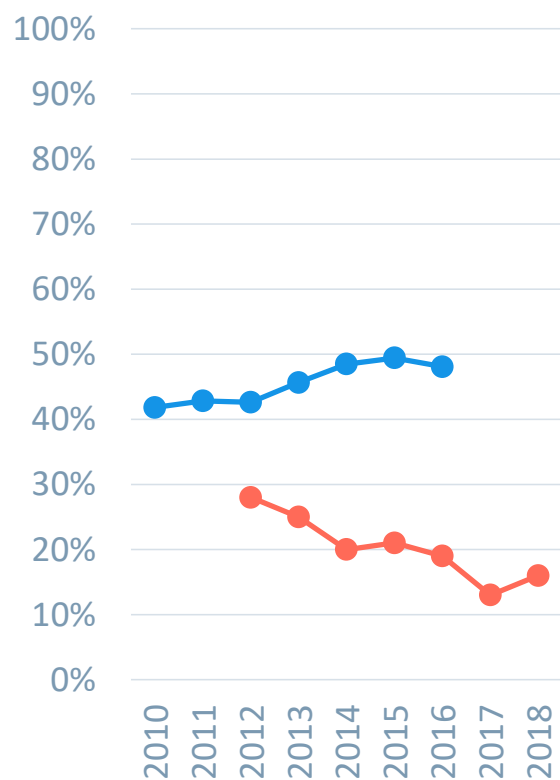
Older Children (1 to 17 years)



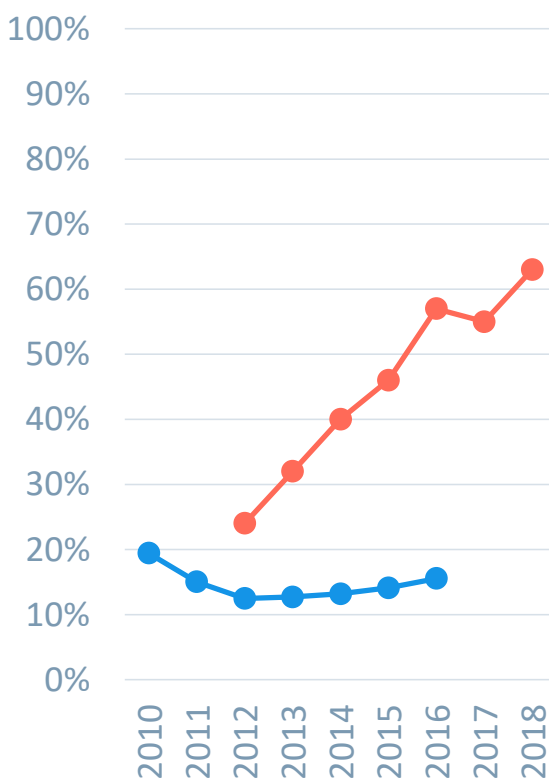
■ 1 to 6 days
■ 7 to 11 days
■ 12 days or more

Legal order outcomes – all infants [Wales & England]

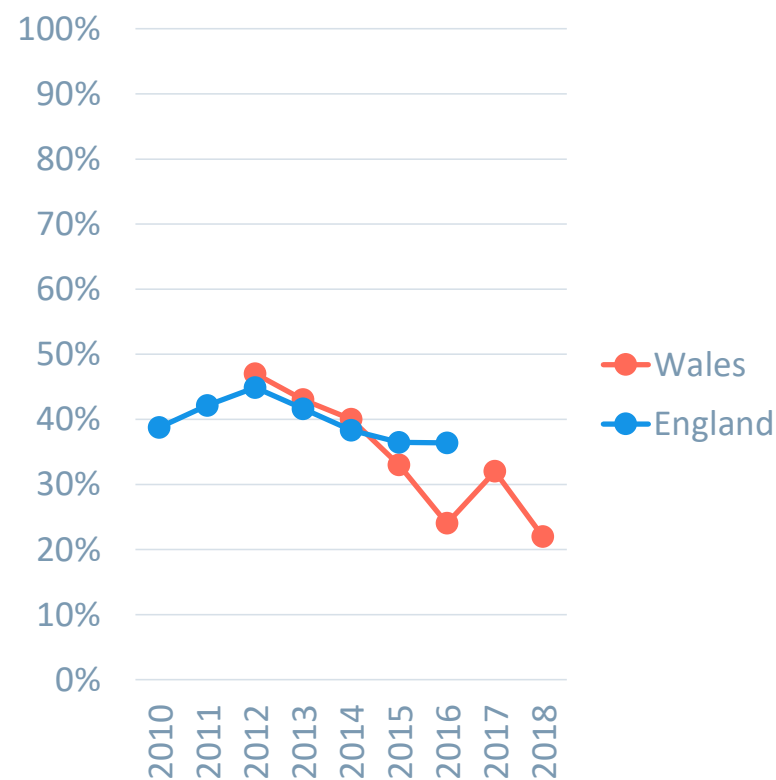
With parents/family members



In care



Placed for adoption



Part II: Why should we care?

Contrasting explanations:

1. Social workers are better at identifying infants at risk of serious harm and taking appropriate and timely action
2. The rising number of infants entering care is best explained by increasing family hardship, coupled with a reduction in community and local authority preventative resources?
3. Practice has become increasingly risk averse, particularly in the context of a high number of 'failing' local authorities

To investigate this claim we held conversations with 1/3 of all local authorities in England and we concluded...

Wide variation in preventative services and legal advocacy

Unequal access to mother and baby placements at birth across England

Quality and availability of legal advocacy **highly variable**

Some local authorities offering preventative services early in pregnancy – but **late intervention in others**

Highly variable access to **specialist mental health or drug and alcohol services**

Overall – service offer better in London and the South East than the North of England

Part III

What needs to change?

i) Within current service provision

Developmental journeys are not set in stone – change is possible if help is *helpful* and timely (no point initiating CP processes close to birth)
Effective and consistent bridging relationships (get away from case management and signposting – understand the challenge of engagement)
Reasonable expectations of very young parents – and support to *adapt* to parenthood
Longer-term support and sufficient investment in community resources designed to build family resilience – including peer support and mentoring
Value child and adult outcomes

ii) Utopia:

Redistribution of resources – for families, communities, local authorities

References



No cover
image
available

Volume 45, Issue 8
December 2015

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Limitations of previous research:
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EDITOR'S CHOICE

Connecting Events in Time to Identify a Hidden Population: Birth Mothers and Their Children in Recurrent Care Proceedings in England ^{FREE}

Karen Broadhurst ✉, Bachar Alrouh, Emily Yeend, Judith Harwin, Mike Shaw, Mark Pilling, Claire Mason, Sophie Kershaw

The British Journal of Social Work, Volume 45, Issue 8, December 2015, Pages 2241–2260, <https://doi.org/10.1093/bjsw/bcv130>

Published: 14 December 2015 [Article history ▼](#)

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Abstract

There is international concern about the population of birth mothers who experience repeat court-ordered removal of children. This article reports the findings from a population profiling study that provides the first picture of the scale of women's repeat involvement in public law proceedings in England. Based on national records from the Children and Family Court Advisory and Support Service (Cafcass) ($n = 43,541$ birth mothers, 2007–14), two subsets of mother, child and legal proceedings data were created. The aims of the study were to: (i) produce a descriptive profile of recurrent cases, (ii) estimate the probability and timing of recurrence and (iii) examine the relationship between maternal age and recurrence. Quantitative analysis comprised descriptive statistics for profiling purposes and methods of survival analysis to estimate probabilities. Findings indicate that the family justice system recycles a sizeable percentage of women (24 per cent) through repeat episodes of care proceedings, with young women aged sixteen to nineteen years most at risk of recurrence. Implications for social workers and the family courts are outlined with reference to new innovations in England.

Keywords: [Care proceedings](#), [recurrence](#), [birth mothers](#), [longitudinal](#)

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Karen Broadhurst, Claire Mason

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Article information



Abstract

This article is focused on the immediate and enduring consequences of child removal, from the perspective of birth mothers. The article builds on the authors' previous theoretical work on the collateral consequences of child removal and women's vulnerability to repeat family court appearances. Interview data drawn from in-depth qualitative interviews with 72 birth mothers conducted in seven local authority areas are revisited to enable a focused analysis of the immediate and longer-term effects of child removal. Analysis was informed by phenomenology's interest in collective accounts of experience and the pursuit of moderate generalisations. All the women participating in the study had experienced the repeat removal of their children through the family courts, or were involved in child protection proceedings concerning an unborn child, having previously lost a child from their care. Birth mothers recounted an immediate psychosocial crisis following child removal, but also the cumulative and enduring nature of problems. From women's accounts, we have been able to deepen our understanding of the enormity of the recovery challenge for women with long-standing histories of disadvantage who hold fragile and restricted social statuses. Role loss and further exclusionary consequences of child removal were particularly pronounced, given women's limited access to protective resources. A clear set of recommendations for services are set out in a final discussion. The scale of the difficulties women face needs to be recognised in services that aim to promote recovery, if women are to be helped to avoid recurrent family court proceedings.

Keywords

Birth parents, child protection, phenomenology

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The Born into Care Series

Current research

Born into Care: towards inclusive guidelines when the State intervenes at birth” [Nuffield Family Justice Observatory]

Working with 8 local authority areas in England and Wales, parallel work in Australia – to develop a consensus around best practice principles when the State intervenes at birth

More about this study: <https://www.cfj-lancaster.org.uk/projects/born-into-care-towards-inclusive-guidelines-when-the-state-intervenes-at-birth>

Team members: Claire Mason, Research Fellow; colleagues at the Rees Centre, Oxford University