Vulnerable Birth Mothers and Recurrent Care Proceedings
A population profiling study

Research Project Summary

Broadhurst, K., Harwin, J., Shaw, M., Pilling, M., Alrouh, B., Mason, C., Kershaw, S. & Logan, J.

Background

There is increasing national and international concern about birth mothers who are caught in a cycle of repeat public law proceedings. Where birth mothers appear and re-appear before the family court on account of child protection concerns, they face the prospect of multiple losses of children to out-of-home care and their circumstances make exceptional demands on children's services and the courts. In addition, where siblings enter care or are adopted at different points in time, there are particular complexities in terms of sibling placement and contact that are insufficiently understood. A first national estimate of prevalence of recurrent care proceedings was established this year by the project team[1] indicating that some 7,143 birth mothers appeared in recurrent care proceedings, between 2007 and 2013. Moreover, this population of vulnerable birth mothers were linked to 15,645 care applications (approximately 1 in every three applications annually), concerning 22,790 infants and children. This work confirmed that repeat clienthood is a sizeable problem for the family court and raised questions about what might be done to help birth mothers, their children and informal networks exit a cycle of repeat legal intervention.

Project Aims and Research Questions

Having completed a successful feasibility study that reported the first national estimate of prevalence of repeat care proceedings, the same research group plan a detailed population profiling study to examine this cohort of birth mothers, their children and informal networks. Funded by the Nuffield Foundation, a 2-year mixed methods study is planned (1st of September 2014 to June 2016), which will address the following six research questions:

1. What is the scale and pattern of recurrent care proceedings nationally and what is the profile of birth mothers involved in this cycle?

2. Is it possible to differentiate the population of birth mothers caught in a cycle of recurrent care proceedings and what are the implications for intervention? (e.g. from non-recurrent/within the recurrent population)

3. How can a dynamic understanding of risk and protective factors/processes over time, inform the development of preventative services?

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[1] http://www.familylaw.co.uk/news_and_comment/capturing-the-scale-and-pattern-of-recurrent-care-proceedings-initial-observations-from-a-feasibility-study#.VAcCo1bpxFw

4. Where mothers exhibit recovery of parenting capacity, how is this achieved?

5. How might reproductive health services be delivered differently to intercept a cycle of repeat pregnancy and   recurrent care proceedings?

6. What are the implications for children, fathers and kin networks of recurrent care proceedings?

The overall aim of this study is to generate evidence to inform service development in respect of the timing, content and mode of delivery of services designed to intercept a cycle of recurrent care proceedings. Further quantifying recurrent care proceedings at a national level will also provide policy makers with the necessary data to enable the economic costs of this problem to be estimated. In addition, in focusing on maternal difficulties over time, the project will make a theoretical contribution to long-standing debates about the extent to which multiple adversities are reversible.

Data Collection and Analysis

During feasibility work, the research team constructed three datasets (Datasets A, B and C). Further collection of quantitative and qualitative data is now planned to extend these datasets for final analysis. Dataset A contains de-identified numerical/categorical data relating to 46, 095 birth mothers, 7143 of whom, are recurrent cases, against a number of explanatory variables. This data was drawn from electronic file records held centrally by the Child and Family Court Advisory Service (Cafcass) and restructured to answer the team's research questions. Statistical analysis will enable robust profiling at the level of the full national cohort of birth mothers, their partners and children. Comparisons will be drawn between recurrent and non-recurrent cases. Dataset B contains qualitative data from in-depth interviews with 26 birth mothers. The research team will interview a further 30-40 mothers drawn from five local authority areas across England, to extend this dataset. Birth mothers will be included in the study if they have had more than one child removed from their care, in sequential care proceedings. We aim to recruit mothers who have lost children to the care system but who have now 'recovered' their parenting capacity (a child resides in their care) as well as those who have not. Analysis of Dataset A and Dataset B will be concluded in March/April 2015.

A final component of the study will comprise a detailed qualitative file review of a randomly selected, representative sample of 430 recurrent care cases that completed in 2013. Data will again be drawn from Cafcass records and where data is missing, supplemented through a review of court files. This element of the study will document a systematic analysis of service provision/engagement over time as well as presenting maternal/family risks and protective factors. Data will be uploaded to dataset C, constructed from pilot review of 30 cases during feasibility work. There may be some revision to this sample size, in light of final analysis of dataset A and B. At the conclusion of the project, data will be synthesized across the three datasets and meta-themes will be drawn.

Legal and Ethical Aspects

The project will be subject to standard ethical scrutiny and conform to data protection requirements. The team intends to make all three datasets available for deposit at the

conclusion of the project through the UK Data Service subject to requisite scrutiny processes and under the 'safeguarded' category.

Translation/Impact

The research group has established a network of multi-agency practitioner/policy stakeholders, which also includes lawyers and members of the judiciary. The Tavistock Centre will continue to host annual dissemination events and produce newsletter/podcast material. The team will explore the translation of maternal 'recovery' stories into material for frontline practice. Team members have a substantial track record in standard academic publishing.

Research Team

Dr. Karen Broadhurst (Principal Investigator) University of Manchester
Professor Judith Harwin (Co-Investigator) Brunel University London
Dr. Mike Shaw (Co-Investigator) Tavistock and Portman NHS Foundation Trust
Dr. Bachar Alrouh (Senior Research Associate) University of Manchester
Ms. Claire Mason (Research Associate) University of Manchester
Ms. Sophie Kershaw (Clinical Collaborator) Tavistock and Portman NHS Foundation Trust
Dr. Janette Logan (Research Collaborator) University of Manchester

Contact Details

Dr. Karen Broadhurst: Senior Lecturer in Socio-Legal Studies**,** Room 4.323, School of Nursing, Midwifery and Social Work, University of Manchester, Jean McFarlane Building, University Place, Oxford Road, Manchester, M13 9PL.

Telephone: University Office: 0161 306 7666/ mobile: 07810131671
Email: karen.e.broadhurst@manchester.ac.uk