Lewisham Public Health Team

Mothers and families who have children repeatedly taken into care in Lewisham

A Health Needs Assessment

Sharif Ismail, Specialist Registrar in Public Health
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Executive Summary

- There is growing concern among practitioners and policymakers concerning high intensity needs among cohorts of women and/or families who repeatedly have children taken into care. The number of families affected in Lewisham is small (24 women who had previously had at least one child removed entered care proceedings in 2014/15), but the health and wellbeing implications for those affected, and cost implications for services are significant.
- This small cohort accounts for a significant proportion of the total administrative burden on the care system in Lewisham. In 2014/15, 28% of all care proceedings in the borough involved women who had previously had children removed. Most women (50%) had had one or two children removed previously, but 20% had had five or more children taken into care previously.
- Health and social needs in this cohort are complex and it is common for multiple needs to overlap. For 47 women in Lewisham who entered repeat care proceedings between quarter 1 2014/15 and quarter 3 2015/16, 53% had documented mental health problems, 53% either currently or historically engaged in substance misuse, and 51% had a history of domestic violence. Housing problems were also common (19% of the sample). Over 50% of the sample had three or more overlapping areas of need.
- Service user perspectives emphasise immense barriers to service access for this cohort, and in particular the lack of social and emotional support at critical transition points as parents are entering or coming out of the care proceedings process.
- Assuming an annual caseload of 24 mothers in Lewisham who have experienced prior removals per year, the estimated annual cost in family court legal fees is around £230,000. The additional cost of child care for children born to these women who are subsequently removed from their care is estimated at £486,000 per annum, giving a total within year cost of around £714,000.
- There is currently no national-level strategy to address needs for mothers who experience repeated removals of children into care. Some innovative programmes to address needs among women who experience repeated removals have been developed at local level, however. All offer variations on a keyworker service model, offering social and emotional support to affected women, and working to improve access to specialist services.
- These programmes include Pause in Hackney, which mandates long-acting reversal contraception (LARC) but offers a range of interventions in return. The estimated one-year cost of establishing a Pause practice in Lewisham would be around £434,000, with an anticipated return on investment (ROI) of around 180% for the first 18 months. Positive Choices/MPower in Suffolk does not mandate LARC but offers a lower intensity service model than Pause. It would cost around £135,000 to deliver for a year in Lewisham, with an anticipated ROI of 166-379% over 18 months.
- Recommendations from this needs assessment include the establishment of a new service offering targeted support for women who experience repeat removals, and emphasising social and emotional support needs during care proceedings, and integrated, tailored support afterwards (or between rounds of care proceedings). In light of funding constraints, commissioners may wish to consider a slim-line service model (either as jointly-delivered service in partnership with a Pause practice in a neighbouring borough, or modelled on the 3-member of staff model developed by Positive Choices/MPower in Suffolk). There is a key role for the Public Health Team in helping to develop a business case for the service and developing indicators to support monitoring and evaluation.

Introduction

- There is growing concern among practitioners and policymakers concerning cohorts of women and/or families who repeatedly have children taken into care. While the overall number of individuals and/or families concerned in any given locality is usually small, the health and wellbeing implications for those affected are considerable. Costs for authorities involved – Lewisham included – are often also significant, combining legal fees associated with protracted court proceedings, and heavy burdens of care for both affected parents and children taken into care in the short-, medium- and long-term.

- However, the needs of birth parents who experience repeated removals have historically been neglected. There has conventionally been an overwhelming (and understandable) focus on the safety of the child, with little attention given to supporting parents in the hope of arresting cycles of repeated care proceedings over the long term. To a large extent, this focus has been driven by the primary statutory duty of care to children where they may be vulnerable to harm. In recent years this imbalance has begun to shift, with the emergence of a number of innovative programmes focused either exclusively on affected women, or on whole families. There is also increasing research interest in this neglected area.[1]

- The purpose of this report is to provide a Health Needs Assessment (HNA) describing key characteristics of the population of women in Lewisham who have experienced repeated removals, an outline of the scale and scope of needs (health, social and other) among this group, and identify suitable interventions to address them. This is primarily an epidemiological HNA, focusing on normatively defined needs (with some information provided on expressed need by the populations in question). The focus of this report is on interventions targeting women and/or families; it does not address interventions aimed at children.

Problem definition

- An important problem in repeated removal is defining the population affected. This problem results partly from the way that legal system in England operates – i.e. the extent to which the needs of the child are prioritised over those of birth parents. It is widely acknowledged that Family Courts approach care proceedings primarily with the interests of the child at the forefront, and often only considering "index" cases (i.e. the case before them at any one time). The needs of parents are often only peripherally addressed, and there is often a failure to take a long-term view on challenges for particular parents or families (substance misuse or chronic mental ill-health, for example) who have experienced removals in the past. This may increase the probability of repeated cycles of court proceedings occurring.

- The academic literature has also been largely silent on this topic, however. Although a number of public law profiling studies have highlighted that it is not uncommon for a child in care proceedings to have an older sibling already in care or adopted, wider family circumstances have rarely been the focus of research concern.[2] Recent studies have focused attention on birth mothers, on the basis that they are usually consistent presences in the early development of their children, and

[1] 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. British Journal of Social Work, bcv130; Broadhurst, K.E., Alrouh, B., Mason, C.S. et al (2016). Women and infants in care proceedings in England: new insights from research on recurrent care proceedings. Family Law. 46, 2, p. 208-211. 4 p.
[2] Broadhurst, K.E., Alrouh, B., Mason, C.S. et al (2016). Women and infants in care proceedings in England: new insights from research on recurrent care proceedings. Family Law. 46, 2, p. 208-211. 4 p.

because some of the most difficult ethical questions arising from the problem of recurrent care proceedings concern female reproductive autonomy (this is discussed in depth later in this report).[3] Other researchers, however, have focused on "birth relatives" or even family units on the basis that consideration of service offers for family units beyond the birth mother may be needed in the event that children are taken into care (grandparents, for instance, may be affected by this decision if they have provided bridging care for the child).[4] There are similar differences among practitioners over the extent to which, for example, husbands or partners are targeted for intervention in cases of repeat removal.

- In this HNA, we have focused on characteristics and needs of birth mothers who experience repeat removals. Partners and wider families have not been considered.

What do we know?

Facts and figures

Characteristics of the affected population nationally

- There is little systematic evidence on the frequency with which women and/or families undergo recurrent care proceedings on a population level in the UK. The best evidence currently available from England comes from a longitudinal analysis of national records from the Children and Family Court Advisory and Support Service (CAFCASS). This study does not provide numbers on the size of the population who experience repeat removals, but gives figures on recurrent rates (in other words, the recurrence rate for women who have at least one child taken into care).

- Reviewing some 43,500 cases relating to birth mothers between 2007 and 2014, this study found an average recurrence rate for care proceedings is 29%, but this value ranges from 24% to 38% (Portsmouth having the highest recurrence rate nationwide).[5] Recurrence rates in London are on a par with or lower than the national average overall, with one exception: Southwark, where the recurrence rate is 32%. Recurrence rates are defined with respect to the birth mother; in 32% of cases recorded in this study there is no information on the father. However, just under 50% of cases are defined as "recurrent couple" i.e. the mother and father appear together in more than one set of care proceedings.

- Some local authority analyses have estimated cohort sizes for women who have experienced repeated removals in their area. A feasibility study conducted in Hackney (which has a comparable population size to Lewisham) in 2013 estimated that there were 49 women in the borough who had experienced repeat removals, between them accounting for 205 children in care.[6] Estimates of cohort sizes are few, however, partly in recognition of the highly mobile nature of this population.

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[3] Cox P. Marginalized mothers, reproductive autonomy, and 'repeat losses to care'. Journal of law and society. 2012 Dec 1;39(4):541-61.

[4] Neil E, Cossar J, Lorgelly P, Young J. Helping birth families: Services, costs and outcomes. British Association for Adoption & Fostering; 2010.

[5] 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. British Journal of Social Work, bcv130

[6] Hackney Pause (n.d.). Pause: creating space for change. Project brochure. Online at: http://www.pause.org.uk/wp-content/uploads/2015/03/Pause-Brochure-Email-friendly.pdf [accessed on 9/2/17]

Size and characteristics of the population locally

- It is not possible on available data to determine the exact size of the population of women who have experienced repeat removals in Lewisham at any one time. As the literature makes clear, women in this group often have chaotic lives and may be very mobile across London and indeed outside the city. However, the number of in-year care proceedings cases gives a sense of the numbers involved. In 2014/15 we know that 24 women in Lewisham were subject to care proceedings. The number of cases (and number of affected children) by quarter for Lewisham are given in Table 1 below. In 2015-16, 17% of all care proceedings in Lewisham issued at birth concerned mothers who had previously had children taken into care. In the preceding two years, the equivalent figures were 26% and 18% respectively. Nationally, evidence suggests that up to 24% of cases passing through the family justice system relate to birth mothers who have previously been through the system.[7] Table 1 below puts figures for Lewisham context and demonstrates a consistent pattern of cases being lodged by quarter over the past few years in the borough:[8]

	Q1	Q2	Q3	Q4	% of all cases issued
2013/14					40 %
2014/15	9 cases 9 children	5 cases 6 children	8 cases 8 children	4 cases 4 children	28%
2015/6	2 cases 2 children	4 cases 4 children	7 cases 9 children	2 cases 3 children	18.5%

Table 1. Care proceedings in Lewisham (and the number of children involved in these cases) involving women who had previously experienced removals between 2013/14 and 2015/16 [source: Children's Social Care data]

- From analyses of national data, the recurrence rate in Lewisham is 29% i.e. in line with the national average. These data come from a single (albeit well-conducted) population-level study based on CAFCASS records.[9]
- Figures from Children's Social Care in Lewisham for the period quarter 1 2014/15 to the end of quarter 3 2015/16 show that 47 women were involved in care proceedings, having previously had children removed. Of these, a majority were aged 30 and under, although a substantial proportion of the group (17%) were aged 41 and over, and the children involved in care proceedings in these cases were usually older. Although local data from other areas in Britain are in short supply, these figures are comparable with findings from the Pause feasibility study in Hackney, although there is a greater proportion of women in the youngest and oldest age groups in Lewisham. Comparisons should be treated with caution, however, as the population sizes involved are small, and samples were taken at different time points.

[7] 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. British Journal of Social Work.
[8] Data supplied by Laura Vaz, Family Social Work Service, Lewisham Children's Social Care
[9] Broadhurst K (n.d.). Understanding recurrent care proceedings: Birth mothers, fathers and children, caught in a cycle of repeat public law proceedings. Cardiff University CASCADE Event presentation. Online at: http://wp.lancs.ac.uk/recurrent-care/files/2015/09/CardiffCASCADEEvent.pdf [accessed on 11th

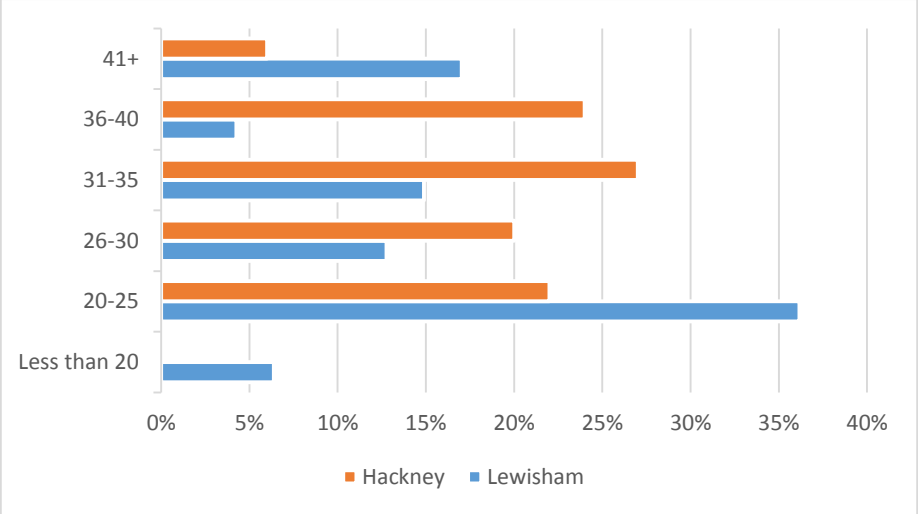

Figure 1. Age distributions of cohorts of women experiencing repeat removals in Lewisham (blue bars) and Hackney (red bars) [sources: Children's Social Care data (Lewisham); Pause program feasibility study (Hackney)]

- A majority of the women (57%) were of White British ethnicity, with most of the remainder being of various Black or Black British ethnic origins, and a small number of mixed ethnicity.
- Numbers of children previously taken into care for the affected women vary. Most (50%) had had one or two children removed before their current care proceedings, but a minority of women had had large numbers of children removed: 20% of the cohort had had five or more children taken into care previously. None of the women had had more than six children removed in the past. In this respect, the cohort in Lewisham differs slightly from comparable populations elsewhere. Data from the Pause program in Hackney, for example, show a number of women who had had 7 or more children removed. Because the population sizes are so small, it is not possible to say whether there is a statistically significant difference in the proportion of women in Lewisham experiencing repeat removals.

The scale, scope and nature of needs among the local population

- Assessing the spectrum of need in this population is challenging. A key reason for this is that no single service gathers data in a comprehensive way on women who experience repeat removals. Information is instead held across a number of services, and often only peripherally addresses the needs of parents (most data are gathered by children's services – for whom the focus is collecting information on the child rather than the birth parents). However, it is possible to draw some general observations for the population in Lewisham by triangulating data from a number of snapshots across different services. In this section, information from the following sources is presented: (1) data from Children's Social Care in Lewisham; (2) data from Lewisham Lifeline, a dedicated service for young people up to the age of 25 with substance misuse, domestic violence, mental health or related issues; (3) interviews with service providers who may have contact with women experiencing repeat removals; and (4) case vignettes from interviews with women in Lewisham who have experienced repeated removals.
- The most comprehensive data on characteristics of this population of women in Lewisham are gathered by Children's Social Care at Lewisham Council. These data are extracted from case notes for children entering case proceedings, and from notes gathered by social workers involved in the cases. Figures for the period quarter 1 2014/15 to the end of quarter 3 2015/16 were reviewed for this needs assessment, and show that, for the 47 women involved in care proceedings having previously had children removed, mental health problems (53%), substance misuse (53%) and/or

domestic violence (51%) were by far the most common presenting issues at initial contact with services. Housing problems were common (19% of the sample). Mothers in this sample commonly had a history of being in looked after care themselves or childhood exposure to abuse. Key statistics are presented in Figure 2 below, along with relevant statistics from the Pause feasibility study in Hackney. These comparisons are indicative only, and should be treated with caution for the reasons outlined above.

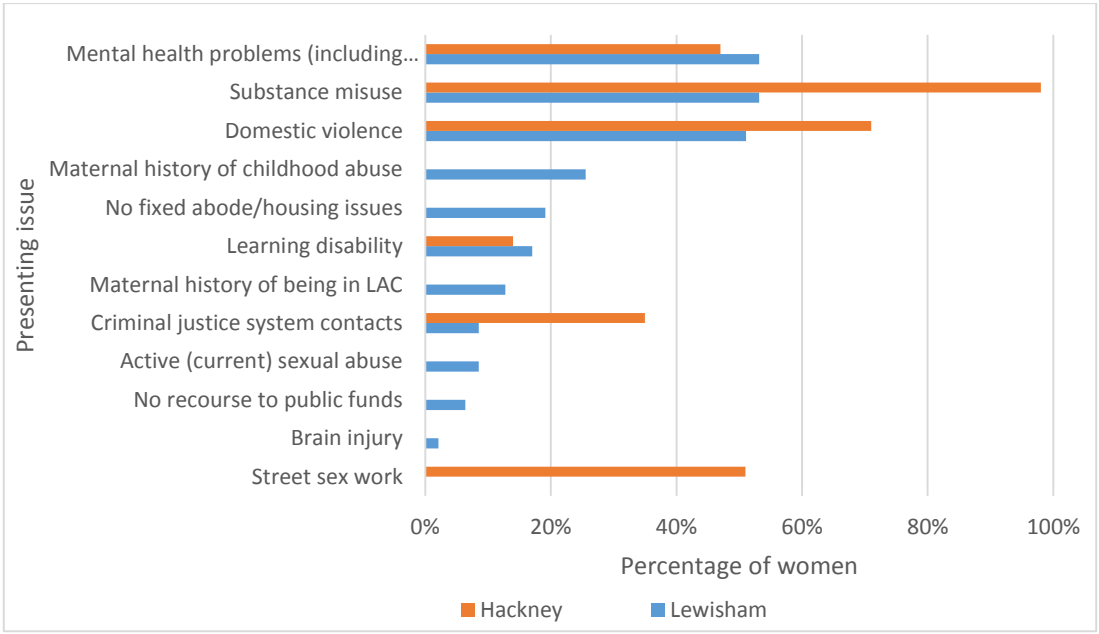

Figure 2. Presenting issues among 47 women in care proceedings in Lewisham (blue bars) between Q1 2014/15 and Q3 2015/16, who had previously had children taken into care. Data for Hackney from the Pause program feasibility study in 2013 are provided for rough comparison [sources: Children's Social Care data (Lewisham); Hackney Pause feasibility study]

- Academic evidence on repeated removals suggests that affected women often have multiple and complex needs. This is supported by data from the Lewisham sample, as shown in Figure 3 below; over 50% of the sample have three or more inter-current areas of need.

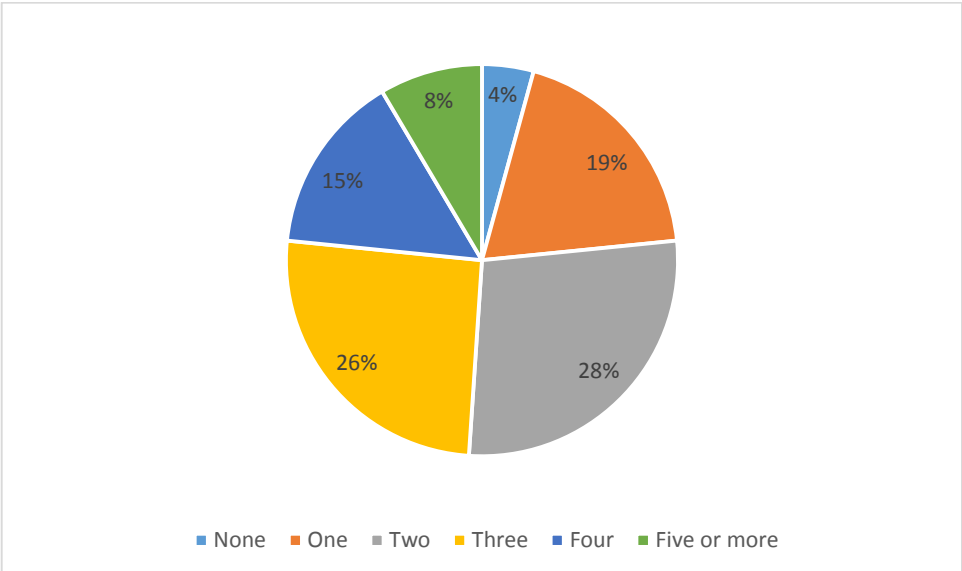

Figure 3. Number of presenting issues among 47 women in care proceedings in Lewisham (blue bars) between Q1 2014/15 and Q3 2015/16, who had previously had children taken into care [source: Lewisham Children's Social Care data]

- A second source of data on women who experience repeated removals is the formal Children's Social Care data system in Lewisham. Coverage of information relating to birth parents is variable as the primary focus of this system is on the needs of children. However, analysis of cases relating to 52 women (and 82 affected children and young people) known to Children's and Young People's Services in Lewisham as a result of repeated removals over a two-year period (November 2014 to October 2016) revealed a spectrum of issues among parents with mental health problems (55%) and domestic violence (50%) predominating – in line with findings reported above. However, in this analysis, substance misuse proved a relatively unusual presenting factor for referral to children's services. Important caveats to these data include the fact that they do not clearly disaggregate between presenting factors among birth mothers as opposed to their partners.

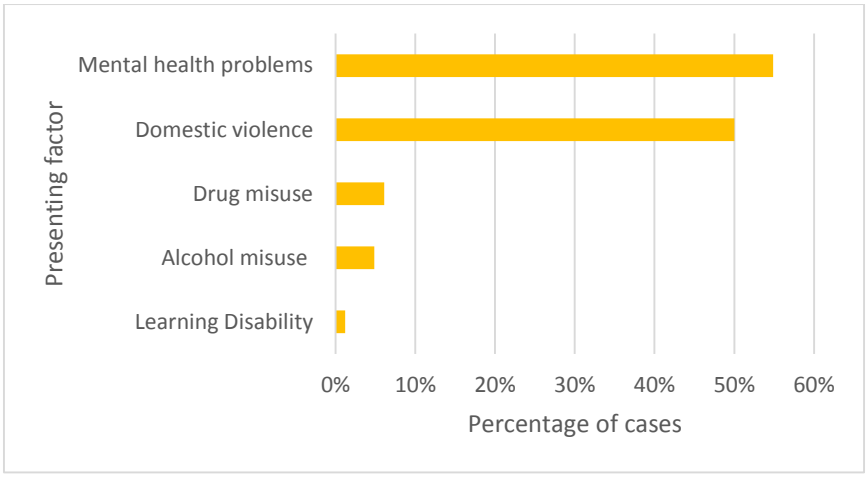

Figure 4. Presenting issues among 52 women in care proceedings in Lewisham between November 2014 and October 2016, as documented through Children's Social Care data systems in the Council.

- A third source of data – principally for younger women – is the Lewisham Lifeline service which supports young people up to the age of 25 with a variety of problems. A snapshot of data from this service between April 2015 and November 2016 showed that 9 women aged between 16 and 25 who had previously had at least one child removed had been in contact with the service. Of these 9 women, all had experienced domestic violence, two had diagnosed mental health conditions, 5 were in varying forms of supported accommodation (including one in LAC), and 8 had a history of substance misuse (principally cannabis).
- Statistical findings are supported by qualitative evidence from service providers and potential clients interviewed for this HNA. Service providers acknowledge the diversity and complexity of needs among women in this population, many of whom were themselves previously looked after children. They described particular challenges with a small number of women with very chaotic lives including a combination of poorly controlled psychiatric conditions (notably medication-resistant schizophrenia), personality disorder or learning disability, poly-substance misuse and unstable housing arrangements.

Case vignette: the scale, scope and nature of needs

Sarah

Sarah is now in her mid-30s and has had two children taken into care in the past. Although she reported a supportive family environment as a child in a single-parent household, she left home at 15 after a breakdown in relations with her mother, and since that time had had a complex history of

escalating substance misuse (cannabis, crack, speed, LSD but clean for some time now), binge drinking, unstable housing and sofa surfing and a spell in prison.

- Data on costs associated with this group are not collected comprehensively. However, using cost estimates from national sources, and assuming an annual caseload of 24 mothers in Lewisham who have experienced prior removals per year, the **estimated annual cost in family court legal fees is around £230,000**. The additional cost of child care for children born to these women who are subsequently removed from their care is estimated at **£486,000 per annum**, giving a **total within year cost of around £714,000**. These costs do not include the additional burden imposed by specialist NHS care for babies born to mothers with, for example, active substance misuse problems (many will require lengthy stays in Special Care Baby Units or even Neonatal Intensive Care depending on the scale of maternal substance misuse), or the ongoing costs of specialist input for mothers with active mental health problems, substance misuse problems, subject to domestic violence or other complaints. The case for improved preventive work on grounds of cost savings to the Council is strong.
- Bringing together findings from these sources, it is clear that **domestic violence, substance misuse and mental health problems are common presenting issues in this population**. In addition, there is a **large burden of multimorbidity** (both clinical and social), with many women reporting complex needs not readily addressed by single services operating in silos. Additionally, academic evidence on the self-perpetuating nature of entry and exit from care – sometimes over generations – is supported by data from Lewisham showing that a large proportion of these women were themselves in LAC or exposed to forms of abuse or neglect during their childhoods. Finally, there is **small sub-group of women within this population without recourse to public funds for whom challenges to engagement and service provision are particularly acute**.
- There are some notable differences from figures for other boroughs in London (although difficulties in data access and comparability should be noted). Data from Hackney show that a much higher proportion of mothers have substance misuse problems (98% of cases), **and around half are or have been involved in street sex work**. There are no data from Lewisham to suggest that street sex work is a comparable problem in the cohort locally, but this may reflect shortfalls in data collection rather than a true difference between the boroughs.

What are the key inequalities?

- Although data are in short supply for the population of women affected by repeat removals in Lewisham, evidence given above suggests that it is representative of the population of the borough as a whole in terms of ethnicity. There is no robust evidence of women from any one ethnic group being disproportionately affected by recurrent removals in Lewisham. Similarly the age distribution of affected women in Lewisham is fairly uniform.
- Insofar as inequalities exist in respect of women in this population, they lie mainly in terms of access to services (in the view of providers who may have contact with affected women). Local services such as Lewisham Lifeline (the Hub) provide integrated support on a keyworker model to women under the age of 25, including those who have experienced repeated removals, which are not available to older women in this cohort. Service providers also reported particular difficulties engaging with some clients in this population, particularly those with poorly controlled mental health problems (schizophrenia) or learning disability.

Targets and performance

- Some targets and measures applied to existing services (in relation mainly to other target populations) capture some aspects of performance that are relevant to women who experience repeat removals. For example, the Public Health Dashboard on Violence Against Women and Girls (VAWG) captures domestic abuse and sexual offence rates per 1,000 population, and the proportion of Multi-Agency Risk Assessment Conference (MARAC) referrals in Lewisham by agency or department on an annual basis (including referrals from Children's Social Care). The most recent figures show that the crude rate of domestic abuse in Lewisham was equal to London average in 2014/15, but that the sexual offence rate in the borough was higher than both the London and national averages. The proportion of MARAC referrals originating from Children's Social Care in the borough declined from 3% in 2015 to 1% in 2016. The overall number of MARAC referrals from all services also declined over the same period.

- Similarly, for substance misuse, we know that overall penetration rates for treatment for opiate and/or crack use in Lewisham are lower than the national average, with 34.4% of the estimated number of opiate and/or crack users in treatment compared with 52.1% nationally. Nevertheless, treatment completion rates among both opiate and non-opiate-using clients are equivalent to national average, if slightly lower than London average.

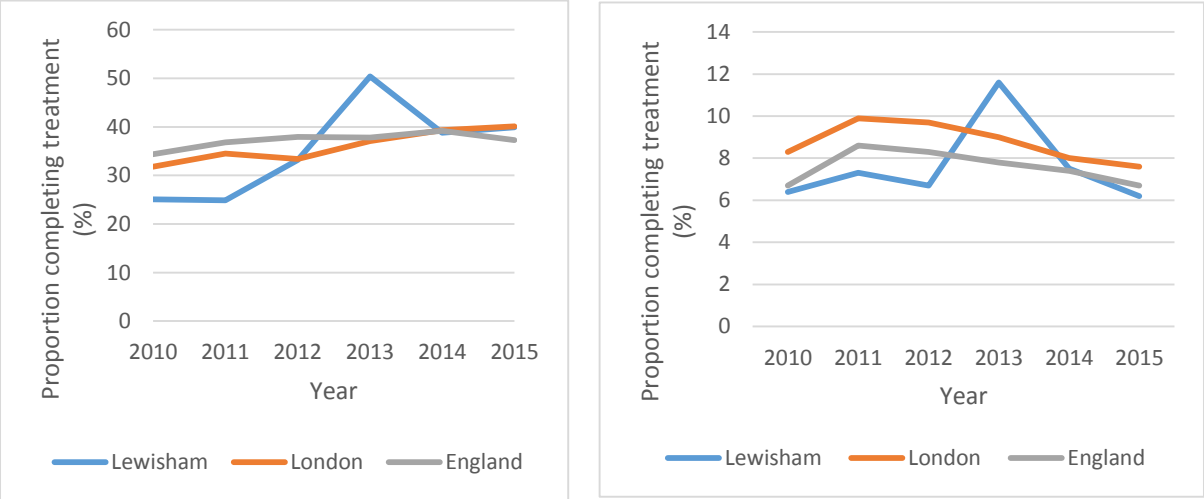

Figure 5. Proportion of non-opiate (left) and opiate (right) using clients completing treatment in Lewisham between 2010 and 2015 (source: Public Health Outcomes Framework, indicators 2.15i and 2.15ii)

- However, none of these performance figures distinguish between different kinds of service client, and there are currently no targets or performance measures specific to women who experience repeat removals. This Health Needs Assessment is intended to contribute to the development of a new service to address needs in this group in Lewisham. Implementation of the new service will require the identification of a series of additional measures to track performance against key outcomes for women who experience repeat removals.

National and local strategies

- This population group has historically been neglected by policy at both local and national level – a fact repeatedly highlighted in the academic literature.[10] Nationally, policymakers have focused on

[10] 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. British Journal of Social Work, bcv130; Broadhurst, K.E., Alrouh, B., Mason, C.S. et al (2016). Women and infants in care proceedings in England: new insights from research on recurrent care proceedings. Family Law. 46, 2, p. 208-211. 4 p.

improving outcomes for children in and out of care through population-level measures designed to support early development (e.g. Sure Start) or target interventions for families and communities who experience multiple forms of deprivation. The Social Exclusion Unit and its successor, the Social Exclusion Task Force operated between 1997 and 2010[11] and focused specifically on supporting cross-governmental work on social exclusion some of which touched on women experiencing repeated removals (among other groups). However, there was no dedicated focus within any of the Unit's reports or initiatives on women falling into this cohort.

- The current government's **Troubled Families programme** is the most high profile current initiative to address multiple deprivation, targeting 120,000 families nationwide to whom key workers are assigned to help "turn around" harmful behaviours including domestic violence, relationship breakdown, mental and physical health problems. Delivery of this programme is through local authorities on a payment-by-results basis.

- A variety of local initiatives have been developed by local authorities in recent to tackle repeated removals, in recognition of the high health, social and financial costs associated with this group. Evidence on the most prominent programs is presented in the next section. In Lewisham, building child and family resilience, and keeping children safe, are key priorities under the Children and Young People's Plan 2015-18. Implementation is supported by emphasising an early intervention approach in Children's Services, and activities through – among others – the Violence Against Women and Girls Action Plan and Safeguarding Children Board's action plan.[12] From the perspective of birth parents, the Lewisham Health and Wellbeing Strategy includes reducing alcohol harm (priority 4), improving mental health and wellbeing (priority 6) and improving sexual health (priority 7) – all of which are significant challenges in this population of women – among its top 10 priority outcomes.[13] However, the strategic approach to support for mothers and/or parents who experience repeated removal has to date been indirect, with a focus on signposting affected individuals into existing services rather than dedicated support.

What works for women and/or families that experience repeat removals?

- Evidence on the effectiveness of interventions for women who experience repeated removal is, for the most part, early stage and documented impact on health and other outcomes is tentative. A summary of the most promising interventions currently operating in England on a local level, their associated impact at 18 months, along with anticipated return on investment (in the context of Lewisham) is presented in Table 2 below.

Service	Features	Impact (all at 18 months)	Return on investment
Pause Hackney, Islington, Newham,	• *Staffing:* 4-5 key workers, 1 service manager • *Eligibility:* exclusive focus on women; no children currently in	For 20 women: • No further pregnancies	• Anticipated one-year cost in Lewisham would be around **£433,960** (for the full service)

[11] These bodies operated using an assumed definition of social exclusion as "a shorthand label for what can happen when individuals or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown".

[12] Lewisham Children and Young People's Plan 2015-18. Priority Area: Identify and protect children and young people at risk of harm. Online at: http://www.lewisham.gov.uk/myservices/socialcare/children/cypp/Pages/-Identify-and-protecting-children-and-young-people-at-risk-of-harm-and-ensure-they-feel-safe.aspx [accessed 9/2/17]

[13] Lewisham Health and Wellbeing Board (2015). Lewisham Health and Wellbeing Strategy Draft Refresh, 2015-18. Online at: https://www.lewisham.gov.uk/myservices/socialcare/health/improving-public-health/Documents/LewishamHWBStrategyRefresh2015.pdf [accessed 9/2/17]

others	care of the mother; LARC take-up obligatory • *Offer:* integrated set of interventions, potentially incorporating therapy (e.g. counselling), health support (GP assessment, specialist nurse input), education and employment advice, practical support (e.g. housing, budgeting), and reflective work.	• 50% supported to find stable housing; 35% and 40% supported into mental health services and domestic violence services respectively • 10% started work (PT)	• **Return on Investment is estimated at 183%** over the first 18 months
Positive Choices/ MPower Suffolk	• *Staffing:* 2 keyworkers, 1 service manager • *Eligibility:* work with women, occasionally partners; no children currently in care of mother; LARC uptake strongly encouraged (not obligatory) • *Offer:* one-to-one support emphasising trust-building between the support workers and clients. Once a relationship has been established, personal goals are identified along with practical ways of achieving these. Particular interventions chosen are flexible according to individual client's needs.	For 65 women: • No further pregnancies • 24% of enrolled women and/or partners found employment and 23% accessed training in the evaluation period • 44% established average, good or excellent relationships with family/friends	• Anticipated one-year cost in Lewisham around **£135,000** • **Return on Investment estimated at between 166% and 379%** over first 18 months
Family Drug and Alcohol Court (FDAC) Camden, Islington, Lambeth, others	• *Staffing:* variable • *Eligibility:* work with families; proximate cause of children being deemed at risk identified as substance misuse; the point of intervention is at the time of referral for court proceedings. • *Offer:* built into the legal care proceedings process; specially-trained judges work with a team of social workers, psychiatrists, substance misuse workers and others to offer personalised package of support and treatment. Aims to give parents the chance to show that they can care for their children.	• Family re-unite rate of 39%, compared with 21% for families going through regular process. • 48% of FDAC mothers and 36% of fathers no longer misusing substances (versus 39% of mothers in control group; all control group fathers still using)	• Anticipated one-year cost in Lewisham around **£380,000** • In 2014-15 in London, FDAC had a case load of 40 families, on which £560,000 was spent with an expectation of a gross saving of £1.29m over 5 years to public sector bodies (a 5-year return on investment of 230%)

Table 2. Three local services for women and/or families who experience repeat removal, and the evidence associated with their impact.

- Some local services have been established in England that are modelled on one or more of the interventions listed above. For example, the SPACE program in Cambridgeshire, which has been operating for around a year, draws directly on the service specification for Positive Choices/MPower in Suffolk and has been designed with advisory support from them. Impact evaluations for this service are pending.

- An important example of pan-European service model development is provided by **Action for Change**, an initiative with a UK base in the Tri-borough in London, but working also in Hungary, Italy and Romania. Action for Change is a two-year project funded by the European Commission's Daphne III initiative (supporting violence-prevention work continent-wide) aiming to support individuals who have experienced domestic violence and have had, or are at risk of having, children taken into care. Although the service models differ slightly in each country, some important success factors have been identified in early evaluation work, in particular the central importance of the "women's shadow board" (effectively a service user steering group), bringing together survivors of domestic violence across the participating countries to help shape programme design and delivery.

- A range of additional interventions, mostly developed internationally, may also be considered. Many of these target women and/or families with older children who have been referred to social services. Among these is the **Triple P program**, developed in the UK and North America. This complex intervention includes streams dedicated to supporting families where the risk of physical or emotional harm to the child from parents is regarded as particularly great, including the Pathways Triple P program. The Pathways intervention, delivered by a practitioner to groups or individual parents over two to five 60-90 minute sessions supports parents to build realistic expectations of their children's behaviour, and then assist with mood management. This program is supported by evidence from two randomised controlled trials showing improvements in parent self-confidence and parent-child relationships. Monetised benefits from this program (across all forms) are 5 times greater than associated costs.[14]

- **Parents Under Pressure**,[15] developed originally in Australia, focuses particularly on multi-risk families where one or both parents were drug or alcohol users. The program is structured around 12 modules delivered intensively by trained practitioners (commonly clinical psychologists) working directly with individual parents/families. An RCT in Australia showed significant reductions in risk across a range of domains at 3- and 6-month follow-up in methadone-dependent families associated with this program. For 100 families in a methadone-dependent Australian population treated with Parents under Pressure, there would be a net present value saving of an estimated £1.7 million.[16]

Current activities and services

- As in many local authorities, the most clearly integrated service "offer" to mothers and families experiencing difficulties that may lead to children being taken into care is delivered through children's services. Lewisham's **Early Help Service** (EHS) provides various forms of support to children and young people with identified additional needs (of various kinds), but some aspects of this service are more closely tailored to work with children and families in which the risk of care proceedings may be high. For example, the **Support for Families Programme**, which forms part of the Government's wider Troubled Families Programme, has strict eligibility criteria including that (1) parents or children are involved in crime or antisocial behaviour; (2) children are identified as

[14] Early Intervention Foundation (2016). Pathways Triple P (level 5). Online at: http://guidebook.eif.org.uk/programmes-library/pathways-triple-p-level-5 [accessed on 3rd October 2015].
[15] NSPCC (2016). Pause, Children's House, Parents under Pressure, Family Drug and Alcohol Court: a set of case studies of practice. Online at: https://www.nspcc.org.uk/globalassets/documents/publications/pause-childrens-house-parents-under-pressure-family-drug-alcohol-court-case-studies-practice.pdf [accessed 4/10/16]
[16] Dalziel K, Dawe S, Harnet PH, Segal L. (2015). Cost-Effectiveness Analysis of the Parents under Pressure Programme for Methadone-Maintained Parents. Child Abuse Review, 24(5).

being in need, or subject to a Child Protection Plan; (3) families affected by domestic violence or abuse; (4) families or children affected by chronic health problems; and others. Where children are involved, many of these services are coordinated by the **Multi Agency Safeguarding Hub** (MASH) bringing together Children's Social Care, the EHS, Health and Police Public Protection Desk.

- Some council programmes offer integrated support directly to families with children in response to identified needs. These include **Targeted Family Support**[17], which provides wide-ranging support including parenting and role-modelling advice to families with children in Lewisham aged 0-19.
- A variety of dedicated programmes are offered in Lewisham to support women and/or families according to the specific presenting social issue. For example, support for those experiencing domestic violence and other forms of violence against women & girls (VAWG)[18] is offered through the **Athena Service** (up to and including refuges), with signposting to third sector organisations providing other forms of support also offered. The Council's **Serious Violence Team** supports families for which gang-related crime (either involvement of children or parents) is an issue.
- There is particularly broad-ranging support for people with substance misuse problems. Lewisham Lifeline's **The Hub** offers dedicated support to children and young people aged between 11 and 25 who have substance misuse problems; they offer a broad range of services including sexual health and, as identified above, have a number of clients who have previously experienced one or more removals. For adults, there are two core service providers in Lewisham: **CGL New Directions** and **Blenheim CDP**. CGL New Directions offer a complex needs service in the community to those aged 18 and over who misuse substances. This service can support people with multiple, overlapping needs, and incorporates an Independent Domestic Violence Adviser (IDVA), an addictions psychiatrist and nursing staff besides core project workers. Blenheim CDP provide substance misuse services in primary care settings, based primarily from a network of participating GP practices across the borough. Both services work with parents who currently have children in their care. Specialised services are also available for specific populations. For example, the **Liaison Ante-Natal Drug Service (LANDS)** offers support to pregnant women with substance misuse problems, in a partnership between CGL New Directions and maternity services at Lewisham Hospital.
- Overall, of the programmes listed above, only Support for Families and Targeted Family Support provide service offers well-tailored to families at risk of having children taken into care. Many of the other services described face issues in (1) identifying families who may be at risk at a suitably early stage to enable impactful intervention; and (2) strengthening collaboration around the needs of individual families. Many of those affected have multiple, overlapping needs that cannot readily be addressed by individual services although some (e.g. The Hub and CGL New Directions) do offer support for complex needs.

Local views

- Service user perspectives were gathered for this needs assessment through key informant interviews with a selection of women who would likely have been eligible for a dedicated service.

[17] Targeted Family Support website: http://www.targetedfamilysupport.co.uk/ [accessed on 4th October 2016]
[18] VAWG is the widely recognised umbrella term for all forms of violence perpetrated towards women, because of their gender.

Case vignette: service needs

Jane

Contact with public services to address each of Jane's needs (specifically: domestic violence, unstable housing and employment support) has been sporadic, and Jane feels that much of the initiative to address these has come from herself. She favours individualised, keyworker or befriender support, with access to that support on an ongoing basis even if contacts are minimal for periods when her personal circumstances are more stable.

- Views on limitations of the current service offer in Lewisham (and indeed elsewhere in London) were clear. In general, support to birth parents was felt to be limited with a particular deficit before, during and after care proceedings (especially where a court decision is taken to remove a child) when parental need for emotional support can be high. Service users reported weakly coordinated contacts with specialist services in other areas of need (substance misuse, mental health and so forth). This is problematic for a population of women many of whom have chaotic lifestyles and for whom difficulties engaging consistently with public services are common.
- The main service need identified was for individualised **keyworker or befriender support**, to help advocate for affected women, to inform them on what to expect during and after care proceedings, and to support contact with specific services (e.g. housing support, substance misuse services). One service user felt that grief counselling could be helpful depending on the circumstances of the client, but that in many cases long-term issues associated with the removal of children are unlikely to be resolved.
- Importantly, **support needs to be ongoing**, or at least sensitive to time-points when vulnerability is increased (e.g. birthdays for previously removed children). Service users envisaged low burden contact methods such as text messaging or emails from service providers at these times to check in with clients, with the option to escalate the level of support if needed. Women would need to have the option of re-engaging fully with maximal support from the service at short notice.
- There were mixed views on whether group support would be appropriate. One service user felt anxious about exposure to the extended social networks of other women who had experienced repeat removals, on the grounds that these networks often perpetuate damaging behaviours and make expose other women in the group to harmful influences.
- In summary, potential service users favoured a keyworker support model, with opportunities for ongoing contact tailored to changing levels of need over time, and support in signposting them to specialist services (mental health, substance misuse and so on) as appropriate.

What is this telling us?

What are the key gaps in knowledge and/or services?

Gaps in services

- The main finding from this needs assessment is that there is an **important gap in service provision for birth parents who have experienced repeated removals**, with a pressing need for an integrated service to advocate for these individuals and help them access specialist services. In many instances, the complex patterns of need are managed independently by a range of different services (mental health, substance misuse and so on), with no integrated support.

- There are **particular needs for social and emotional support** to women and families as they are going through, and then exiting, care proceedings which are not currently addressed by services locally. This was identified as a shortfall that could be addressed through a keyworker support model, with the intensity of contacts tailored according to clients changing needs at different points in time.
- There are **particular challenges around access to sexual health services including contraception**. It is not clear what proportion of women in this cohort are ever offered long-term contraception, even if they are in regular contact with services. This deficit heightens the risk of women becoming locked in cycles of pregnancy, birth, and then child removal. The cost implications of support for children born to women in this cohort are substantial. The integrated models of support being offered to women in some other Local Authorities (e.g. the Pause Program in Hackney) are perhaps best approximated in Lewisham by the Lifeline service, but this works only with young people up to the age of 25.
- Gaps in provision within specific services (e.g. mental health, substance misuse) were not identified by this HNA – partly because the diversity and complexity of needs among women in this group is so great that common themes between them are difficult to draw out. Specific service gaps may however be identified in follow-on work.

Gaps in knowledge

- A significant problem when profiling needs for women who experience repeated removals in Lewisham is that the affected population are hidden and information on their health and social service support needs are captured variably by existing data systems. **Data are often fragmented across team and service boundaries**, increasing the risk of duplication (i.e. double-counting) in assessment of needs among this group. At present, the most comprehensive dataset on women who experience repeat removals is collated by social workers in Children's Social Care – but there is a risk that this dataset may not be maintained if there are internal re-organisations or members of staff change roles.
- Additionally, data are commonly collected from the perspective of the children, with **incomplete information recording regarding birth parents** unless specific parental factors (e.g. substance misuse) are identified that directly affect the wellbeing of the child. In many instances parental information is collected without differentiating between those issues that concern the birth mother, and the father.
- **Detailed health information is commonly not available** for this cohort. Data analysed for this HNA was aggregated (e.g. "mental health problem") and there was very little information available on the nature and intensity of non-communicable disease in this group.
- **Costings** reported in this HNA are approximate and based on generic estimates for legal fees and care placements in London that may not fully reflect local costs in Lewisham. There is a need to strengthen information gathering on costs associated with care proceedings and taking children into care to better inform these estimates for the future.
- Finally, **there may a larger population of women at risk of repeat removal (e.g. women who have had one child previously removed) about whom we can say very little**, based on the data available for this report. A truly preventive approach to reducing the risk of repeat removal will need to engage with ways of identifying the size and nature of this population in Lewisham.

What is coming on the horizon?

- National interest in this area is rising – and particularly in the potential of the Pause model developed in Hackney. The Department for Education has provided pump priming funding to enable Pause to launch nationally, with the intention of increasing the number of practices operating in local authorities around the country. The Government Spending Review and Autumn Statement 2015 announced that a £15 million annual fund, equivalent to the VAT raised each year on sanitary products, would support women's charities. From this fund, £500,000 of additional funding for Pause was also announced in the March 2016 budget, with further rounds anticipated to be administered through the Cabinet Office. A national unit has also been established to support expansion in the work of FDACs nationwide. A preliminary evaluation of this initiative was published in January 2017.[19]
- While there is some justification to taking a national approach to a population that is often mobile across local authority boundaries, at present the focus of project development remains local and driven by local need.

What should we be doing next?

- Given the scale and scope of need among women in this population in Lewisham, and the cost to services associated with child removal and placement, a dedicated new service may be expected to deliver significant improvements in outcomes and savings to the Council. Scoping work is currently underway to investigate options in setting up a new service to support women who experience repeated removals in Lewisham, possibly in partnership with other existing services in London. Various models are being explored with a view to building a business case.

Recommendations

- In light of findings presented above, a pressing need for an integrated service to advocate for women who experience repeated removals and help them access specialist services in Lewisham has been identified. To help meet this need, the following recommendations are made:

For all stakeholders:

- Targeted support for women who experience repeat removals should **emphasise social and emotional support needs during care proceedings, and integrated, tailored support afterwards** (or between rounds of care proceedings) to ensure adequate continuity for this vulnerable group.
- In light of funding constraints, **commissioners may wish to prioritise consideration of a slim-line model for a new service for women in this cohort** (either as jointly-delivered service in partnership with a neighbouring borough, or modelled on the 3-member of staff model developed by Positive Choices/MPower in Suffolk.
- **Services should consider adopting a "Making Every Contact Count" approach to sexual health** screening and offers of contraception to women in this cohort to ensure uptake.

For Public Health:

[19] Roberts et al (2017). Family Drug and Alcohol National Unit: independent evaluation research report. Children's Social Care Innovation Programme Evaluation Report 12. Online at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585193/Family_drug_and_alcohol_court_national_unit_evaluation.pdf [accessed 8/2/17].

- **The Public Health Team should support planning for a potential new service by developing a business case that outlines service design options** ranging from light footprint (potentially a jointly-delivered service in partnership with a neighbouring borough) through to a full model with up to 5 members of staff that replicates the approach used by Pause.
- The Public Health Team can support implementation of a new service by **advising on development of a robust set of measurable performance indicators for monitoring and evaluation**.
- As a result of stakeholder engagement work to date, the Public Health Team is well placed to **advise on recruitment to a steering committee for a new service**. It is crucial to the success of any future service that this committee includes a cross-section of practitioners and in particular, strong representation from service users.

For Children's Social Care:

- **Mechanisms for strengthening information collection and analysis on women who fall into this cohort should be put in place to ensure accuracy and completeness**. This could be achieved through periodic (potentially quarterly) data audits to bring together information on affected women from different sources (children's social care, adult social care, domestic violence, substance misuse and health services) where information governance and confidentiality considerations permit this.