
LOOKING FORWARD

Supporting women at risk of repeat
removal of children from their care



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With Special Thanks to:

Oasis Project and the women who took part

Published: December 2021



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EXECUTIVE SUMMARY

Having a child removed through care proceedings is deeply traumatic, almost always a result of complex adversity, and the support women need is entirely foreseeable.

Women find themselves in the chasm between children’s services and adult social care. It’s in this space that Looking Forward now exists; a specialist service for women who have had one or more children permanently removed from their care and are at risk of the trauma of going through this process again.

Fulfilling Lives reviewed the impact of Looking Forward on 18 women with 55 children between them, working with the service from April 2020 to March 2021.



KEY FINDINGS:



Mothers want, can and do take part in their children’s lives after separation, but specialist support is needed to help them negotiate child contact arrangements and parent safely.



Looking Forward is well placed to support co-existing conditions (mental health and drug & alcohol use) but many of the needs of these women are not being met by mental health services.



Systemic issues in the housing system make positive changes difficult. They mean it’s often unsafe for women.



Looking Forward improves social networks & relationships and women start to move to regular and long-term contraception use after 6 months.



Women develop trust and disclose violence and abuse to their Looking Forward practitioner, but it still takes time to work with dedicated domestic abuse services.



Flexible and unconditional support is a valuable part of the service, and the assertive outreach model supports increased engagement.

INTRODUCTION

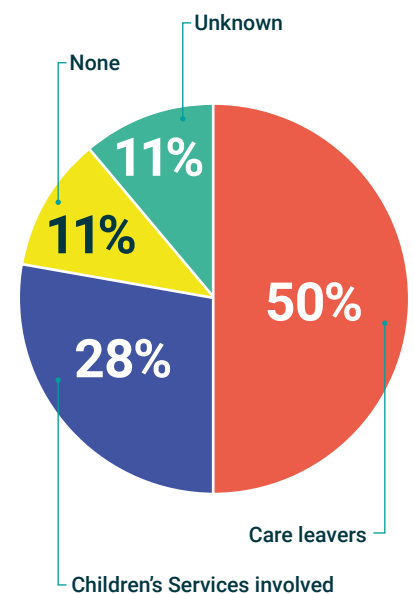
The impact of having a child removed through care proceedings is deeply traumatic, almost always a result of complex adversity, and the support women need is **entirely foreseeable**. However, women don't just slip through 'gaps in the net' but find themselves in the chasm between children's services and adult social care. It's in this space that Looking Forward now exists; a specialist service for women who have had one or more children permanently removed from their care and are at risk of going through this process again.

Looking Forward has operated in Brighton & Hove since 2013 but repeat removals of children is a national problem. Care proceedings for newborns more than doubled from 2008 to 2017 with 1 in 4 mothers returning to court within 7 years of their first child being removed (Broadhurst *et al.*, 2017; 2018). This results in **unmeasurable adversity** and pain for the children, mothers and fathers and their wider family and friends. In addition to the impact on services supporting women in the aftermath of this experience (mental health, drug & alcohol, police, housing, health, domestic abuse, hospital emergency departments), further pregnancies and care proceedings place a considerable strain on Children's Services with an estimated cost of £50,000 for each child (BHCC & Oasis, 2017).

Broadhurst *et al.*'s (2017) comprehensive look at the scale of the issue ('the Nuffield study') is the first to methodically analyse the reasons behind repeat child removal. Significantly the study found 40% of mothers had themselves been in care as children, compared to 50% of women working with Looking Forward who were identified as care leavers. The Nuffield study also identified a consistent failure to end cycles of trauma and abuse. As the Case for Change highlights (Independent Review of Children's Social Care, 2021), women feel **punished twice**; first by perpetrators of domestic abuse and then through child protection proceedings. Interviewing 72 women, the Nuffield study serves to debunk views about women choosing to have further children, knowing they are likely to be taken into care due to negligence, seeking attention or trying to access housing.

The Nuffield study signals the start of a developing research base into this previously poorly understood area and new initiatives toward supporting women are reporting positive findings in independent evaluations (Cox, 2017; Roberts *et al.*, 2018). More recently, an evaluation of the government-backed Pause service shows the **value of support for women** at risk of repeat child removal; less children going into care resulting in substantial financial savings to the public and associated benefits for the children themselves (Boddy, 2020).

CLIENT EXPERIENCE OF CARE AND CHILDREN'S SERVICES

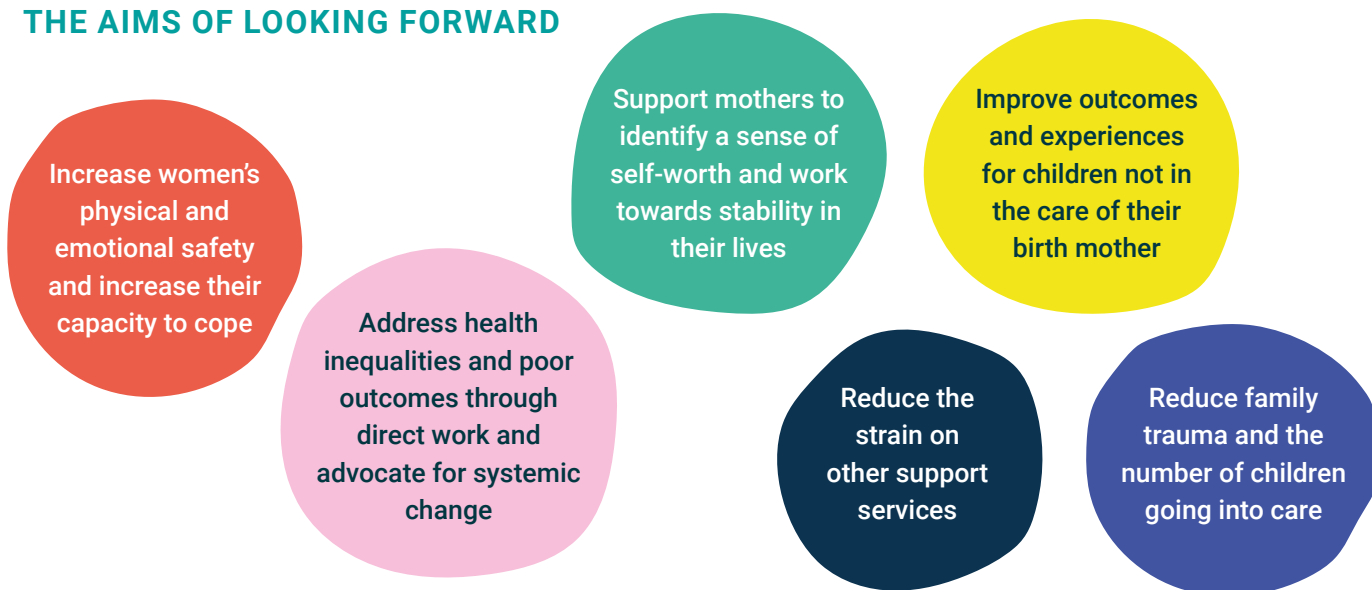


LOOKING FORWARD

Looking Forward delivers support through an assertive outreach model which includes practical as well as psychological/ therapeutic support to promote stability, maximise engagement and help establish routes into additional support services. Started eight years ago as a partnership between the Oasis Project and Brighton & Hove Children's Services, Looking Forward employed three staff (one full-time, two part-time).

Looking Forward's effectiveness was evidenced in the Local Authorities' 2016/17 own report which found women working with the service had no known pregnancies or care proceedings from 2014-17 (BHCC & Oasis, 2017). However, a restructure in 2020 led to a decision by Children's Services to withdraw funding with the loss of two of the three practitioners. Recognising the benefit and value of the service to women with multiple complex needs (and the lack of any alternative service), the Fulfilling Lives South East Partnership (Fulfilling Lives hereafter) stepped in to retain the remaining practitioner (22.5hrs/week) and support evaluation and development of the service.

THE AIMS OF LOOKING FORWARD



The Looking Forward approach is trauma-informed and relationship-based which means there is a focus on building a sense of safety in the relationship between the practitioner and client. They can then work together to identify and manage symptoms of traumatic experiences. These symptoms can come across as 'difficult behaviours' and are often linked to the reasons for instigating care proceedings with at-risk children. Events which bring up strong feelings or reactions are given time for reflection, allowing women to slow down and more fully process their experiences. Other key elements of this approach are working collaboratively with women, promoting their voices and respecting their choices. This requires a flexible approach with the practitioner able to meet women in a variety of settings (e.g., at home, a medical appointment, at a children's services meeting) and use phone calls, text messages and video calls when the client's need requires this. To allow space to address the grief and loss of child removal, the service is available to women for up to two years, although there are examples in this study of women being supported for longer.

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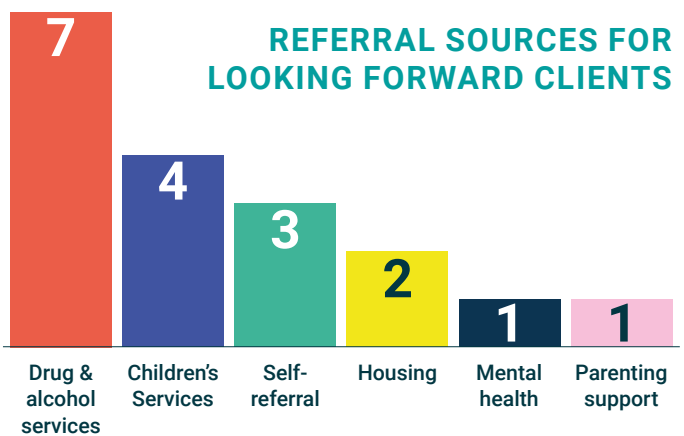
“Trauma has impacted every aspect of their lives, their relationship with themselves, their children, family, professionals and the relationship they have with the world around them”

Looking Forward practitioner

In some regions of the country there are other services looking to support women in this sector. Looking Forward is distinct from many in some key aspects of the service:

<p>CONTRACEPTION</p> <p>No requirement to be using contraception to access the service</p>	<p>MEMBERSHIP STATUS</p> <p>Women who move away from regular support can request it again within 6 months without a new referral</p>	<p>AVAILABLE IN PREGNANCY</p> <p>Available to women who are currently pregnant/ support does not end if they become pregnant</p>
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At the start of this study the service accepted 19 referrals and rejected 3, leaving 10 on a waiting list. In January 2021 the service stopped considering new referrals with high demand outweighing the capacity of the part-time position. Funding is now in place to make this a full-time position until June 2022. However, it is calculated that two full-time practitioners would be needed for capacity to meet the demand.



THE VALUE OF SUPPORT

Services in this sector are motivated by compassion for the women who experience child removal as well as an awareness of the long-term negative impacts on the children themselves. However, these services are also supported by a compelling financial case. Brighton & Hove City Council started Looking Forward as a 'value for money' intervention based on an estimated cost of care proceedings and placing child in care (£50,000), with further savings for adult social care and other support services (BHCC & Oasis, 2017). A more in-depth evaluation of the Pause service calculated a public sector saving of £4.50 for every £1 spent over four years and almost doubling to £7.61 over 18 years (Boddy, 2020). Further cost benefits related to the well-being of participants and economic benefits, as a result of increased employability, were not included in these figures (Boddy, 2020).



OUR RESEARCH

From April 2020 to March 2021, Fulfilling Lives conducted a 12-month study to gain insights into the experiences of 18 women working with Looking Forward, including a review of relevant data held by the Oasis Project. During this time 11 new referrals were accepted in addition to eight women who had already been receiving support.

The purpose was to identify key learning, evaluate its effectiveness (given continued and increased demand for the service) and to consider the case for the unique aspects of the Looking Forward service model across five learning outcomes:

1. The experience of ongoing child contact

2. The mental health of women at risk of repeat removal of children

3. The impact of housing provision

4. The impact of flexible, open-ended support

5. The experience of relationships and family planning support

The data collected included wide ranging quantitative information which tracked referrals, service use and each client's situation across different areas of support. In addition, information was collected in case studies on women's experiences, interviews with two women receiving the service, reflections provided by a local Children's Services Social Worker and an interview as well as written submissions by the Looking Forward practitioner.

The data used includes individual scoring at regular intervals across the 10 domains on the Outcomes Star: (1) Motivation and taking responsibility, (2) Self-care and living skills, (3) Managing money & personal administration, (4) Social networks & relationships, (5) Drug & alcohol misuse, (6) Physical health, (7) Emotional & mental health, (8) Meaningful use of time, (9) Managing tenancy & accommodation and, (10) Offending. It's important to acknowledge that the Outcomes Star was not designed specifically for use with this type of service and limitations have been identified with the domains (e.g., scoring social networks & relationships with an improvement in child contact as well as concern about an increasingly controlling partner). However, it is widely understood across the sector as a measure of service outcomes (MacKeith, 2011). The Core 10 (Clinical Outcomes in Routine Evaluation) measuring tool was previously used by Looking Forward and remains in use with the contemporary Pause service. This was discontinued with Looking Forward due to inconsistencies in its use and concern about the retraumatising impact on some participants.

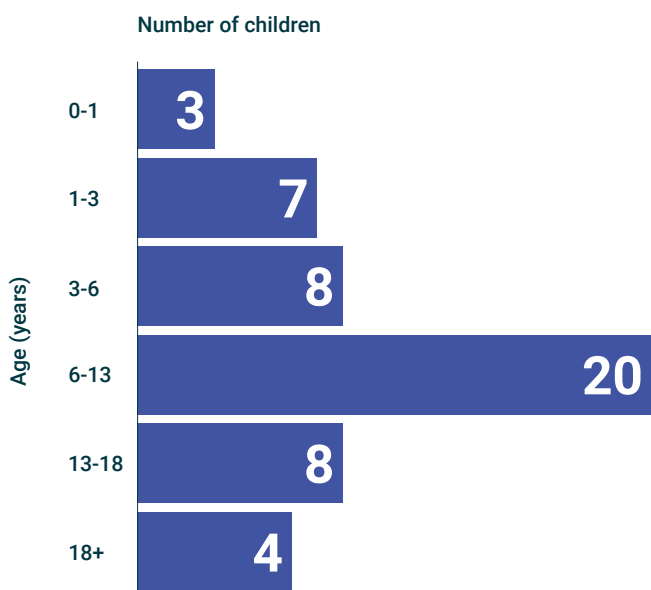
LEARNING & INSIGHTS

1. CHILD CONTACT

- Mothers want, can and do take part in their children's lives
- Specialist support is needed to successfully negotiate child contact

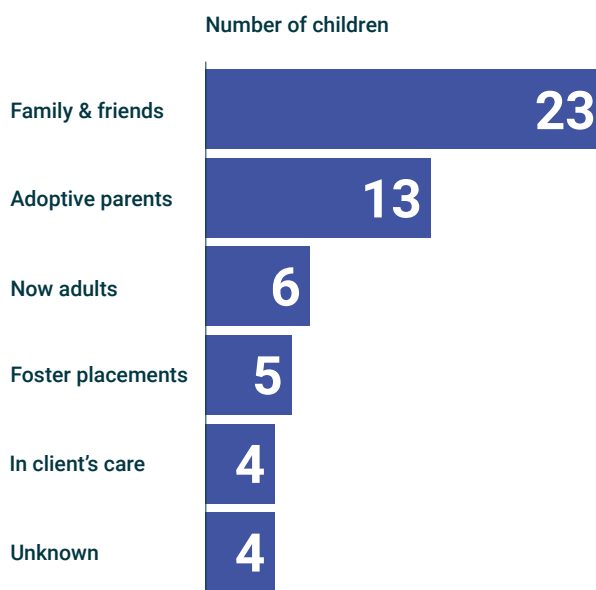
Looking Forward recognises the importance of supporting maternal identity and looks to explore with women what being a mother looks like in their current situation. This is not only beneficial to the mother and their sense of wellbeing but also hopes to improve their child's experience of their birth mother. As a result of a considerable 72 interviews with mothers, the Nuffield study identified the motivation to improve the relationship with children as a significant motivator in women's recovery from the trauma of care proceedings (Broadhurst *et al.*, 2017). The Looking Forward practitioner supports women to plan for and reflect on interactions, by acknowledging the mother's feelings and supporting them to think about their child's world.

AGE OF CHILDREN OF LOOKING FORWARD CLIENTS



The Looking Forward practitioner works towards creating a space for reflection on why children were removed from their care. This can support mothers to start addressing safeguarding concerns and create a path to improved child contact in addition to being the most healthy, stable version of themselves that they can be. Of particular interest with this cohort is the large number of children around 6-13 years old; heading to or starting adolescence where positive contact with parental figures can have a significant impact on their emotional and identity development.

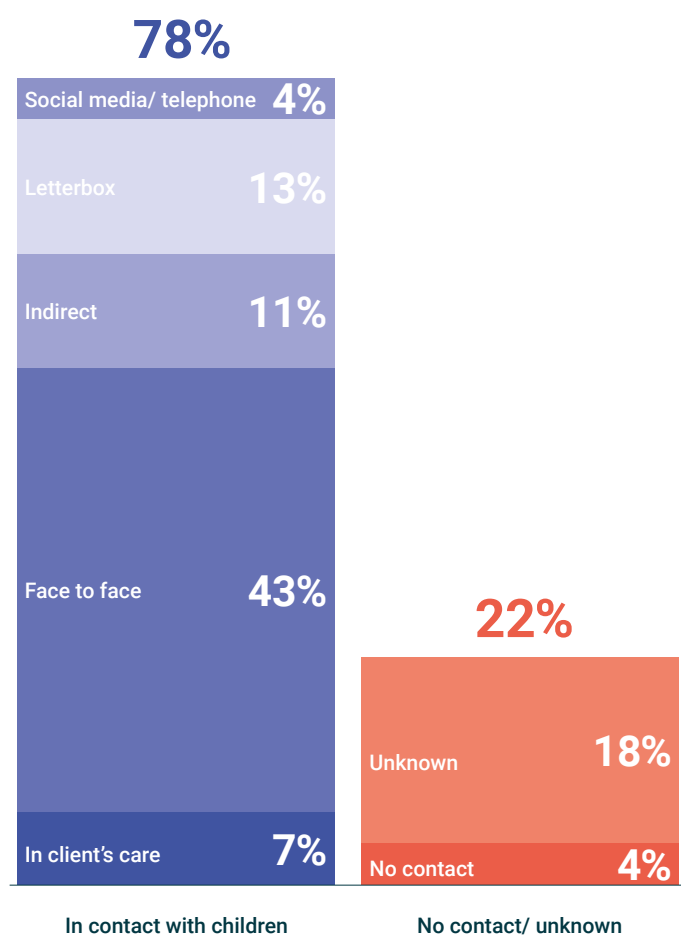
CARE ARRANGEMENTS FOR CHILDREN OF LOOKING FORWARD CLIENTS



As children become more independent, the understanding of risk around contact often changes and there are opportunities for a higher quality of contact and relationship between the child and mother. Although this is less likely in the case of adoption, it is not unheard of with older children. There are factors other than the mother's ability and circumstances but for the 42 children who haven't been adopted it may be possible to work towards a higher quality of contact.

As well as emotional support for mothers, Looking Forward takes a role in practical aspects of child contact. This can range from facilitating consistent letterbox contact¹ (usually in the case of adoption), support to regulate emotions and behaviours during contact managed by a family member (e.g., in the case of a Special Guardianship Order) or challenging practice with professionally supervised contact (often where children are removed because of risk during care proceedings). Looking Forward's inclusion of parenting support within its offer to women is inclusive to women who may have a child still in their care or who may go through further pregnancy whilst accessing the service. Of the 10 multi-agency meetings attended by Looking Forward during the study, seven were with Children's Services including meetings specifically covering child contact.

CONTACT ARRANGEMENTS WITH CHILDREN FOR LOOKING FORWARD CLIENTS



CASE STUDY

Stella continued to go to contact with her daughter since she was permanently removed from her care, showing how important this was to her and her family. She said that in the past this wouldn't happen without Looking Forward because she would have probably 'kicked off' and 'they' would not have let her see her daughter.

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"I can spend that time outside of contact, maybe a whole session looking at what's going on for them when they think about contact; asking what they are worried about, how would they like it to go, what do they think is going on for their child in contact, what do they think will help their child?"

Looking Forward practitioner

Significantly, all the mothers working with Looking Forward had some form of contact with at least one of the children not in their care. Furthermore, contact arrangements were in place with 78% of the children born to them (43 of the total 55 children), showing they are all able to play a role in their children's lives. This figure could be even higher as many contact arrangements were unknown due to only a short period of engagement with Looking Forward. Where there is contact with children, more than half are seeing their children face-to-face. Indirect contact is also occurring, overseen by friends and family (Special Guardians) where they feel it is not currently safe for the child to have direct contact – usually due to ongoing parental drug & alcohol use. There is a clear message that where it is safe and practical, **mothers working with Looking Forward remain an active presence in their children's lives.**

¹ A formal arrangement made when a child has been adopted; coordinated by children's social services as a voluntary arrangement with the birth parent(s) and adoptive parent(s) to exchange letters at set intervals (typically 1-2 times per year).

While in-person and letterbox contact are common for women supported by Looking Forward, it is often an emotionally complex situation to navigate. When it goes well, it can reassure both parties that each other are safe and cared about and can reduce feelings of rejection and harm caused by the separation. However, as the following case study shows, this is not easy without the kind of support offered by Looking Forward:

CASE STUDY

Since April 2020, Carol's keyworker had been asking Children's Services if they received the letter to her child. They didn't confirm this until October. In December, Carol asked Looking Forward for support with her letterbox contact because she hadn't had a letter back from the adoptive parents. Children's Services told them a letter was sent in October, but Carol hadn't received it. A year later there was still no consistent point of contact with Children's Services but eventually this was in place. Without support, Carol would be left wondering why she wasn't hearing anything about her child or if her letters were being received at all.



Despite the difficulties, there are examples where Looking Forward has worked with Children's Services around issues such as the use of masks during the coronavirus pandemic. After advocating for clear face shields, the mother said "Now [my child] knows it is me and can see when I smile". In another case, the Looking Forward practitioner prompted a reflective conversation about why the mother had struggled to consistently attend contact. This led to a meeting with Children's Services and a plan was made to start contact again with a family member overseeing instead of a contact supervisor.

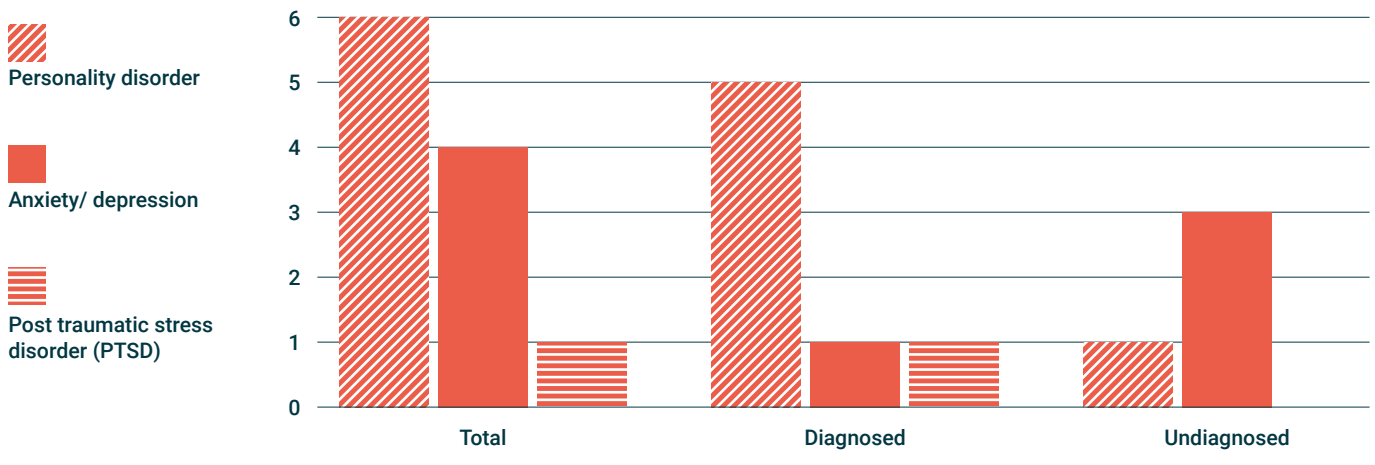


2. MENTAL HEALTH

- Looking Forward is well positioned to support co-existing conditions
- There are many needs not being met by mental health services

One of the most **foreseeable** effects of child removal through care proceedings is the impact on a parent's mental health. Grief, loss, shame and stigma become compounded with further removals and pre-existing mental health conditions. Specialist assessments in pre-proceedings and the 26-week timeline for care proceedings make it difficult for mothers to address long-standing mental health needs. These mental health needs frequently co-exist with drug & alcohol problems with women then finding themselves in debates between services over which one needs to be treated before the other. Once care proceedings are concluded, child contact reduces over a matter of weeks as does support from Children's Services. In Brighton & Hove this support can even be reduced during pregnancy, with perinatal mental health services being withdrawn from mothers where there are plans to place the child in care shortly after birth.

DIAGNOSED & UNDIAGNOSED MENTAL HEALTH CONDITIONS OF LOOKING FORWARD CLIENTS



Women find themselves struggling to get support from mental health services except in extreme circumstances (e.g., hospitalisation or arrest after a suicide attempt). Without a formal diagnosis or recognised disability, they are unlikely to benefit from the support of adult social care. Only one client was accessing specialist mental health services and one other client adult social care support during this study. Another client had been refused mental health services due to their drug & alcohol use (see later case study). Currently, Looking Forward is the only local service set up to understand and support the specific mental health needs of mothers after child-removal and intervene when services are not meeting the client's needs:

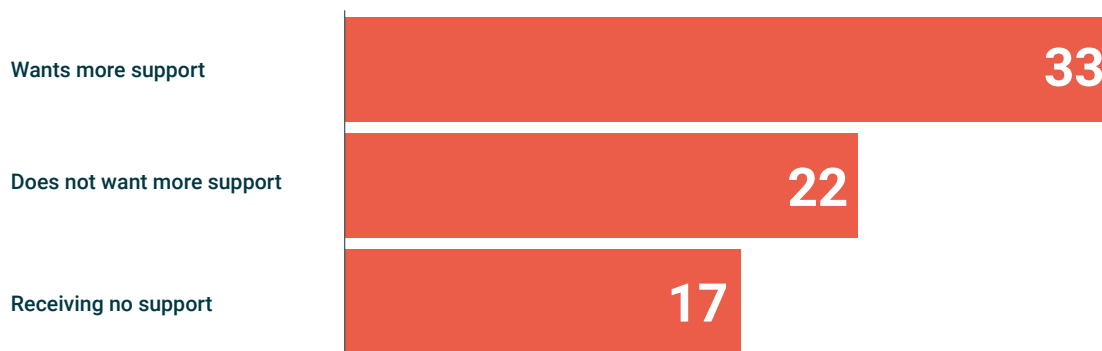
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“Her mental health worker had seen her twice in 12 months. I raised my concerns with the clinical lead that support was not being carried out. After I arranged a professionals meeting, they provided more consistent appointments. They phoned her weekly and answered emails from myself and the housing working which they didn't always do in the past. The client is now contacting them regularly for support.”

Looking Forward practitioner

Of the 11 women who disclosed a diagnosed or undiagnosed mental health issue (61%), the majority were types of personality disorder or depression/anxiety/ depression & anxiety. The disparity between diagnosed and undiagnosed conditions is not uncommon in this area. The Looking Forward practitioner observed women with traits of mental health problems in addition to those they shared; analysis of case studies indicated issues relating to eating disorders, suicidal thoughts and plans, self-harm² and escalating drug & alcohol use. While two women had a diagnosis for an autistic spectrum disorder, the practitioner noted two further women presenting with strong traits and another with undiagnosed learning difficulties.

CLIENT PERCEPTION OF THEIR MENTAL HEALTH NEEDS



Variations in how these services are provided and how Looking Forward clients engage with mental health services has made it difficult get precise data from the services themselves. However, as the adjacent chart shows, 72% of Looking Forward clients identified themselves as in need of some form of mental health service. 22% did not want more support, largely because they had previously not found this useful or meeting their needs. These figures correlate with the proportion of clients sharing diagnosed and undiagnosed mental health conditions (61%); the 55% reported to be receiving some form of mental health service (both supporting their needs and requiring more support). Of note is the role of Looking Forward in supporting clients to have their mental health needs recognised by professionals, with two clients gaining a diagnosis during the study, and the practitioner taking part in two multi-agency meetings with the Assessment and Treatment (mental health secondary care) service.

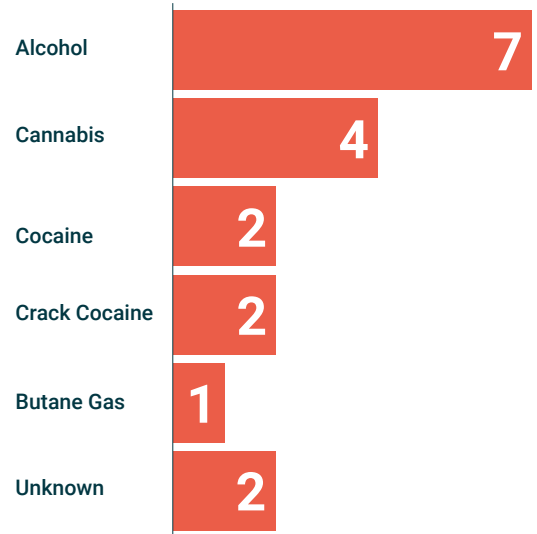


² The Looking Forward practitioner noted that other contextual information suggested some reports of self-harm may have relating to historic events with women seeking validation of these experiences from the practitioner.

DRUG & ALCOHOL USE

Looking Forward sits within the Oasis Project; a women-only substance misuse service. This works well because of the prevalence of drug & alcohol issues amongst women accessing Looking Forward (89%) and gives access to substance misuse treatment pathways as well as psycho-social interventions. Of interest, the percentage of women with drug & alcohol issues closely matches the 83% who reported using drugs and/or alcohol to manage their mental health (with only two clients reporting use of prescribed mental health medications). This somewhat uniquely positions the current Looking Forward service to provide support to women with co-existing conditions (also referred to as 'dual diagnosis'); where specific substance misuse or mental health services may struggle with sharing the responsibility of dual treatment pathways. The following case study and the language of being 'stable enough' demonstrates the difficulty clients have accessing structured treatment programmes:

PRIMARY DRUG & ALCOHOL USE OF EACH LOOKING FORWARD CLIENT



CASE STUDY

The Looking Forward practitioner explained that what seemed to help was flexible and unconditional interventions. Anna needed a professional to reach out to support her, to help her to stabilise her thoughts and mood and think about what resources she had to do this. The mental health assessor confirmed this type of service wasn't available until Anna was 'stable enough' to attend a structured treatment programme. We don't know when (or even if) she will be 'stable enough' to get mental health treatment.

LOOKING FORWARD SUPPORT

There is a difference in the level of progress made over the 12 months of this study around mental health & wellbeing (8.8%³) and drug & alcohol use (15%⁴). While this may reflect some of the limitations of Looking Forward in supporting mental health needs, it is also a likely indicator of the service supporting women to find ways other than drug & alcohol use to support their mental health needs in lieu of formal service provision (such as the 38%⁵ improvement in their social networks and relationships as discussed in section 5). The adjacent example demonstrates one way Looking Forward has been able to do this in order support a client with their mental health needs:

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"I know how to look after my mind. I am going to a therapy group around trauma which [the Looking Forward practitioner] arranged for me to go to. That is really helping me."

Looking Forward practitioner

³ A move from an average first score of 3.4/10 to an average last score of 3.7/10 with the Outcomes Star tool.

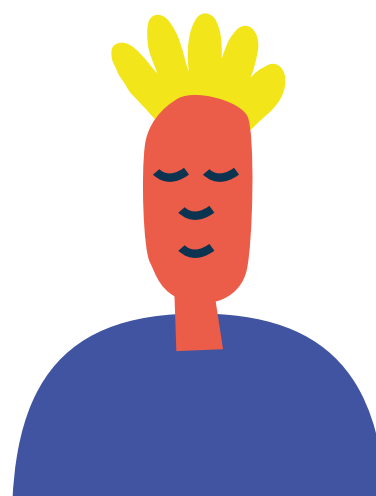
⁴ A move from an average first score of 3.9/10 to an average last score of 4.5/10.

⁵ A move from an average first score of 3.4/10 to an average last score of 4.7/10.

As the Nuffield study identified, women willing to get the support professionals have cited in care proceedings find themselves unable to as the interventions are expensive and often located far away (Broadhurst *et al.*, 2017). This is an important issue sometimes overlooked in favour of a focus on simply preventing women from having more children with contraception. This perspective may be rooted in a presumption that mothers who have children removed are unlikely to ever be able to make the changes required to keep children in their care. Looking Forward looks to advocate for women to get the support that has been recommended in care proceedings. However, this study has discovered that work in this area is complex and not simply a case of getting mental health services in place for clients. The following case study demonstrates the trauma-informed approach of Looking Forward and how the practitioner is positioned to advocate women's needs to mental health services:

CASE STUDY

The Looking Forward practitioner spoke to the mental health team and asked them to explain to Dee why they had discharged her, to help Dee work through feelings of rejection. They agreed to meet with her for first time to explain it.



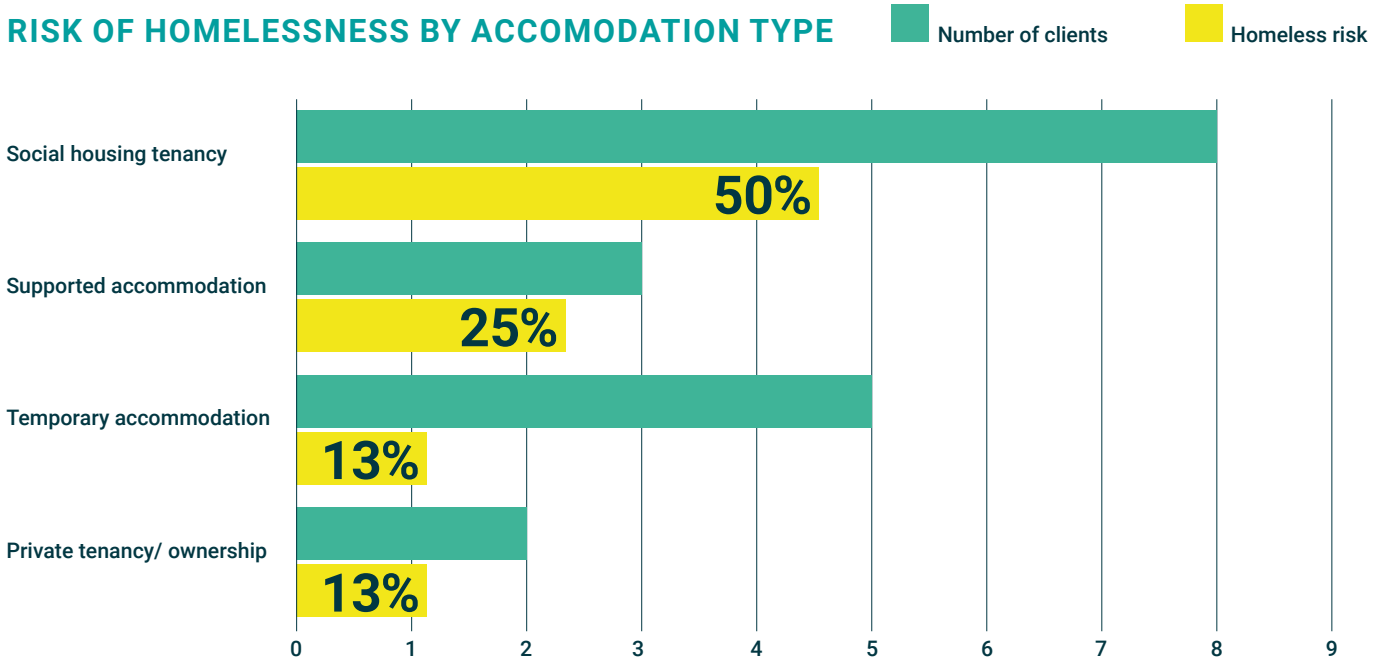
Whilst data on mental health is not routinely recorded, most women working with Looking Forward are living with complex symptoms and presentations which may be under-diagnosed and under-treated. This can be linked to use of drugs & alcohol to manage symptoms, which can create further barriers to treatment. There are high levels of personality disorders which speculatively could be a result of higher need for crisis intervention and therefore being more likely to have access to mental health services and a diagnosis. Insights and case studies suggest mental health services report being unable to support women until they are 'stable enough' and therefore mental health support is not commonly an option. Looking Forward does not position itself as a substitute for established formal mental health interventions. However, it is able to promote access by supporting clients with rejection or withdrawal of services and advocating for support and treatment in conjunction with support around drug & alcohol use.

3. HOUSING

- Systemic issues in the housing system make positive changes difficult
- They also mean it's often unsafe for women

Issues around housing that affect many with multiple complex needs have a particular impact on women who've had their children placed in care. Issues range from waiting for improved housing in the hope of improved contact, to being placed in unsafe emergency accommodation, being penalised by housing and benefits services in the immediate aftermath of child removal, and being offered accommodation away from the support networks so desperately needed. The practice of cuckooing⁶ is also prevalent within this client group who are often vulnerable to this kind of exploitation.

Half of the women working with Looking Forward are considered by the practitioner to be at risk of homelessness with the highest risk category being those with a social housing tenancy followed by supported accommodation:



The Looking Forward practitioner reported that male dominated environments in emergency and temporary accommodation placements present risks to the safety of vulnerable women. During this study there were at least three incidents of women seen to be at risk in this type of accommodation, accompanied by increasing drug & alcohol use. As they struggled to remove themselves from these environments, women reported feeling afraid, anxious and hopeless.

⁶ Where the victim has control of their home taken over by another by coercion, threat of or actual violence towards them, often to facilitate illegal activity.

CASE STUDY

Leah was placed in emergency accommodation where she was 'befriended' by a male resident. It quickly led to substance abuse and Leah being exploited, as it turned out he had a history of very concerning domestic abuse. He continued to harass Leah, sending messages and knocking on her door. Leah doesn't want to tell security (who are based in a different building) because she fears how other residents might react. Leah has since been exploited by another 'friend' with more drug use and now she has no money.

The difficulty of trying to support clients who have complex needs with their housing can be seen with just a 2% improvement in scoring across the 13 women who completed two or more Outcomes Stars⁷. However, this also reflects the complexity of issues faced, as seen in the circumstance of the four women who experienced changes in their situation:

1. In a social housing tenancy prior to being **hospitalised under the Mental Health Act** and placed in emergency/temporary accommodation after discharge
2. Moving from supported to unstable emergency accommodation after being twice evicted from residential drug & alcohol rehab due to **struggles to manage emotions**
3. Moved between emergency/temporary accommodation provision after being **sexually assaulted**
4. Moved from emergency/temporary accommodation to a social housing tenancy - but still considered **at risk of homelessness**

Case studies also highlight a trend for women to make difficult decisions to try and improve their safety. Some examples show women choosing to stay with friends or 'acquaintances' (with an increased risk of exploitation) as an option they perceive as less unsafe than the provision offered to them by housing services. The Looking Forward practitioner supported two women by attending multi-agency meetings with housing services. However, even with the specialist support of Looking Forward, safe and secure alternative accommodation was rarely offered. In some circumstances the Looking Forward practitioner has been required to report safeguarding concerns related to accommodation to Adult Social Care.

There is evidence that Looking Forward has helped to avoid further deterioration of clients' housing situations as well as some improvements. In one case this involved coordinating a multi-agency meeting to respond to harassment concerns, resulting in the client being able to stay and continue to maintain their social housing tenancy. In another, the Looking Forward practitioner stepped in to advocate for the client to remain 'in-area' to support their on-going child contact. There are further examples of advocating for alternatives to unsafe emergency/temporary accommodation with unmeasured benefit to each client's ability to work with the support available. Still, the value of this support is hard to quantify; long standing issues with housing locally and nationally mean it can often be a case of preventing clients being exposed to further unsafe environments than aspirational work to help them obtain a safe home from which they can move forward with their lives.

⁷ A move from an average first score of 4.1/10 to an average last score of 4.2/10.

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“I raised concerns with housing about the emergency accommodation she was offered... she was told there were no other options available.”

Looking Forward practitioner

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“[My Looking Forward practitioner] has talked me through things with my housing, like how to organise repairs and who can help me with money/ debt... She thinks about things I wouldn't have.”

Looking Forward client

4. FLEXIBLE, OPEN-ENDED SUPPORT

- ‘Membership status’ is a unique and valuable part of the service
- The outreach model supports increasing engagement

For a client group that has regularly experienced a lack of choice and control over their situation, offering support on the client’s terms is a core component of the Looking Forward approach. It reflects the complexity of issues being faced, but not as a conditional exchange of services that replicates abusive and difficult relationships or reinforces unhelpful attachment styles. The only limitation on the service has been to offer support for up to two years (although some taking part in the study had received support for longer). Women are not required to be using contraception, they can be pregnant and in care proceedings (a change possible since Looking Forward was no longer funded by Children’s Services) and there is no requirement to be ‘stable enough’ regarding their mental health or drug & alcohol use. Unique to the service offer of Looking Forward is it’s ‘membership status’ which allows women to distance themselves from the service and re-

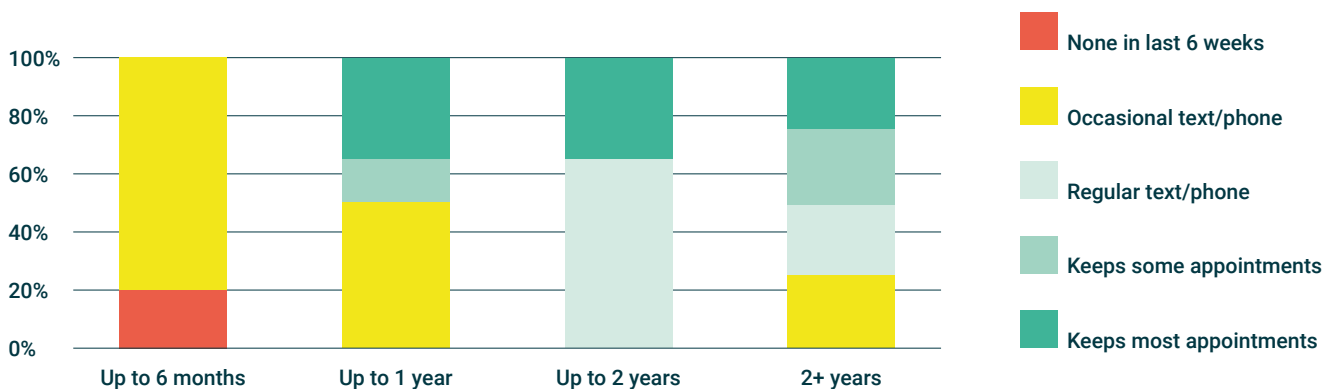
engage at any time within 6 months without re-referral or being placed on a waiting list. Two women had membership status during this study, and this allowed one to quickly benefit from Looking Forward support after she gave birth – allowing for a valuable continuity of support during and beyond care proceedings. The other client continued to benefit from legal support and support to access contraception services that would otherwise not have been possible.



“Looking Forward has been offered unconditionally and this seems to have given her permission to be more honest about her feelings about child contact and how she feels about her drug use”

Looking Forward practitioner

HIGHEST LEVEL OF CLIENT’S ENGAGEMENT BY TOTAL TIME WITH LOOKING FORWARD



As the previous chart shows, the longer women have worked with Looking Forward the more likely they are to reach a higher level of contact with the service. Over the course of this study most women kept the same preferred method of contact with Looking Forward. However, as this occurred during the coronavirus pandemic it was not possible for the practitioner to meet in-person with clients for much of this time. The maintenance of contact with clients that was achieved in these adverse circumstances points to the resilience of the service and adaptability of support, at a time when drug & alcohol and mental health services both had a significantly reduced support offer.

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“At first, I had very little contact with her. She didn’t usually answer calls or reply to texts. I carried on gently trying to keep in contact and it’s slowly increased over the months. Now we’ve built a good relationship”

Looking Forward practitioner

“

“[the Looking Forward practitioner] actually calls up. It really seems like she cares. She talks to me and gives me advice”

Looking Forward client

This unconditional and open-ended approach to supporting women also demonstrates the person-centred approach of the service. The practitioner observed some clients being unfamiliar with this, emphasising crises early on or setting unrealistic goals to avoid the service being withdrawn; a strategy they have needed to use with other services. When they were reassured that the support would continue regardless, this led to more honest conversations and gave the practitioner better insight into their current needs and circumstances.

The flexible approach of Looking Forward means support can be increased in times of crisis around key legal meetings and hearings and ensure safety plans are in place around relapse and suicidal thoughts. Mental health, adult social care and children’s social services generally step in with support after things have gone wrong. In the case of children’s services, a supportive approach is conditional on the parent’s capacity to quickly make positive changes and work with the social worker, with little time to build a trusting relationships. To avoid reinforcing the experience of support only occurring in times of crisis or high risk, Looking Forward aims to provide a consistent level of support and contact aside from risky situations. From the data obtained during this study, this approach is working for vulnerable women.

“

“She was on the edge of relapsing, so I offered to call every day I was working. We talked about relapse prevention, her feelings around attachment to her baby and about her on/off partner, without judgement”

Looking Forward practitioner

5. RELATIONSHIPS & FAMILY PLANNING

- Looking Forward improves social networks & relationships
- Women start to move to regular contraception use after just 6 months

By far the most significant change in Outcomes Star scoring was the 38% improvement in women's social networks & relationships. This evidences the effectiveness of the relationship-based approach, with support to improve relationships around child contact and work to link women in with wider support networks.



“

“Children are taken away because of bad choices. Now I make good choices about my friendships and where I go. I go to groups and spend time with people who help me live my life better.”

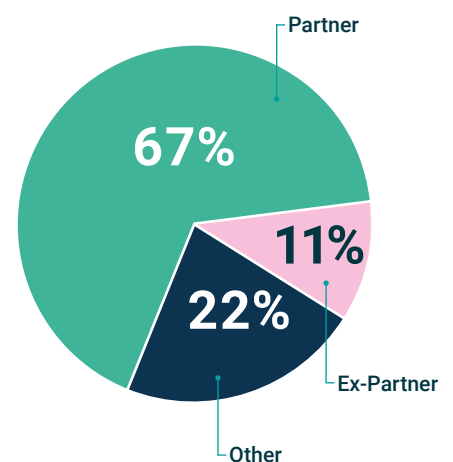
Looking Forward client

The shame and guilt of child loss can often lead to mothers withdrawing from supportive friends and family. Women can find themselves as the focus and target of the grief and loss felt by their family and friends. Forming better relationships in these situations can often depend on good examples of relationships with support services. It's significant then, that women described the Looking Forward practitioner as compassionate, genuine, trustworthy, informative and non-judgemental. Looking Forward also advocates on behalf of women to the services they work with, communicating understanding of relationship styles and difficulties and promoting collaborative working with clients.

ABUSE AND VIOLENCE

Amidst the positive scoring around relationships, women's experience of abuse and violence remains a considerable factor in the adversity they face. Nationally 87.5% of women experiencing repeat removal of children report experiencing abuse and violence in adult relationships (Broadhurst *et al.*, 2017) and locally this is reported to be 93% of women with multiple complex needs (FLSE, 2021). However, in just the 12 months prior to the start of this study, 72% of women working with Looking Forward said they experienced abuse and violence compared around 7.5% across the population (ONS, 2019). In the nine instances where women did disclose the perpetrators of abuse, the majority were current partners. This points to ways in which abusive relationship dynamics, sexual health and contraceptive choices can be interlinked (Broadhurst *et al.*, 2017); with poor access to sexual health and refusal to support contraception being potential methods of coercion and control over women.

REPORTED ABUSE PERPETRATORS



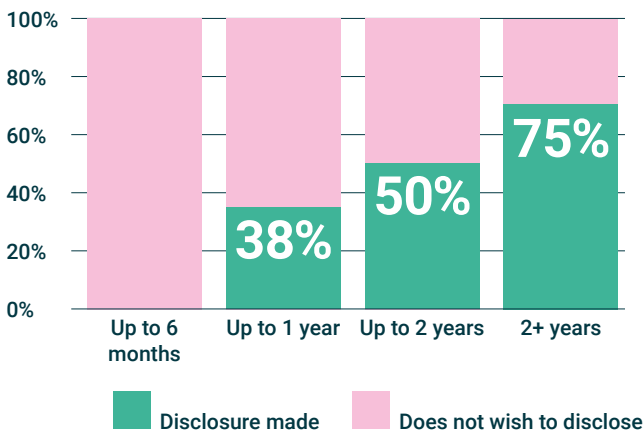
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“Jess has no friends and, other than her mum and sibling, is very isolated. She is doing an online course on domestic abuse and tells me she is learning a lot.”

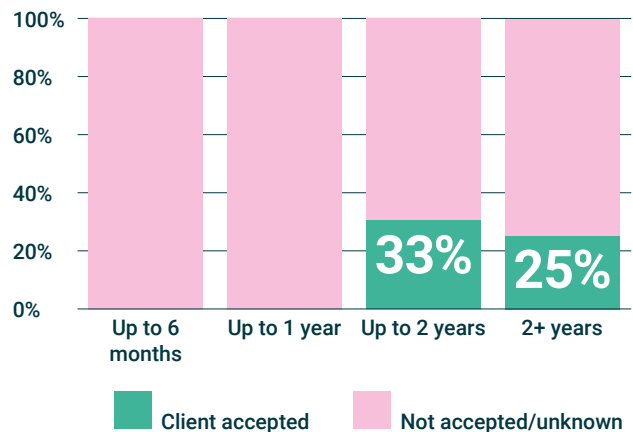
Looking Forward client

Victims of domestic abuse who suffer serious harm live with it for two to three years before getting help and 85% seek help from professionals an average of five times in the year before the abuse stopped (SafeLives, 2015). As the charts below show, women were more likely to make disclosures about abuse and accept additional services the longer they had been working with Looking Forward. The proportion making disclosures after just 6 months is significant as it compares positively with national averages and points to a higher likelihood of a reduction in abuse and violence. However, they also indicate that women need time to build safe relationships with a practitioner to make these disclosures and uptake on additional support remains relatively low. This likely reflects an understandable reluctance to repeat the relationship building process with another service.

CLIENT ABUSE DISCLOSURES BY TIME WITH LOOKING FORWARD



ADDITIONAL DOMESTIC ABUSE SUPPORT BY TIME WITH LOOKING FORWARD



CONTRACEPTION

Looking Forward supports reproductive justice; allowing women to exercise choice and control over their contraceptive options as part of a wider conversation about relationships. The Looking Forward approach to contraception also allows for wider conversations about sex and relationships. This approach is significant, with the Nuffield study identifying the link between a lack of choice and confidence in abusive intimate relationships and the need to protect women’s autonomy in their reproductive choices (Broadhurst *et al.*, 2017). While arguably attractive to funders and commissioners, a simple focus on contraception to reduce children going into care is also problematic ethically and doesn’t address the wider picture of each woman’s relationships.

“

“Yes, we spoke about contraception... and I talk about relationships too, and sex.”

Looking Forward client

While support from the service is not conditional on the use of long-term contraception⁸, half of the women studied were using contraception by the end of the study with one other choosing to use hormonal contraception (the pill). Access to contraception (and sexual health screening) was directly supported by the Looking Forward practitioner who arranged community nurse consultations for clients considering this option. As with other elements of Looking Forward support, use of contraception has increased the longer women have been working with the service and it's notable there is a significant uptake in use of contraception after just six months.

CONTRACEPTIVE USE BY TIME WITH LOOKING FORWARD



The mothers taking part in this study have 55 children between them (three each on average), ranging from a single child to a mother with eight children. There are no significant differences between the profile of Looking Forward clients and those of the Nuffield study which found that women experiencing repeat removal of children are likely to have on average four children compared to the general population average of two children (Broadhurst *et al.*, 2018). So, despite the trauma of experiencing care proceedings and child removal, without support women are likely to go on to have more, not less children. While the instinctive response may be to consider an attempt to 'replace' lost children or even the cynical view that women may seek out the intrusive professional attention of care proceedings, this is explicitly found not to be the case. As the Nuffield study shows, women are generally not planning pregnancies consciously but intersectional disadvantages (disconnection from protective adults, childhood abuse, mental health & substance misuse, poor self-esteem) are significant factors leading to pregnancy (Broadhurst *et al.*, 2017).

CASE STUDY

Cheryl cancelled several appointments and her contraception expired. Looking Forward arranged condoms to be posted to her until she got to an appointment when she started using long term contraception.

⁸ Often referred to as 'LARC', Long-Acting Reversible Contraception.

CONCLUSION

The insights from this report show that women who are at risk of repeat removal of children from their care benefit from unconditional, long-term and flexible support. Insights offered by this study suggest it matters how support is provided, with a relationship-based and trauma-informed model making it possible for improvements in; relationships between mothers and children not in their care, increased use of long-term contraception, drug & alcohol use, disclosures of abuse and violence against women and, social networks & relationships.

There is also evidence from case studies that this approach has helped some practitioners improve their practice with this client group. Taking time to understand an individual's strengths and triggers also appears to result in positive outcomes in terms of child contact, providing women with reparative and affirming experiences. Without this approach, effective support may not have been possible for these clients.

The findings also indicate this client group fall through the gaps between services, creating further negative outcomes. The absence of an accessible mental health service which works with a level of instability means that women regularly turn to drug & alcohol use to manage their mental health and wellbeing. Emergency and temporary accommodation options for vulnerable women lead to additional exposure to traumatic and high-risk situations. This prevents the sense of safety needed for women to begin to address previous trauma and the issues that led to care proceedings with their children.

The service did not end or withdraw during the coronavirus pandemic, but in-person meetings were not possible for a time. This affected data collected about women's engagement with the service. The widespread reduction of mental health services, substance misuse and Children's Services (including child contact; although this is not widely accepted by the Local Authority) will have also had an impact on the data. The ability of Looking Forward to continue to operate during several national lockdowns suggests it is a resilient service. The continued engagement by women with Looking Forward suggests this is also a service they value.



RECOMMENDATIONS

1. **Recognising the needs and vulnerabilities of this client group**

As this study has found, the needs of women who have had children removed from their care are acute and complex. There is a need for services such as Looking Forward where women are liable to fall between gaps between children's social services, adult social care, mental health services and domestic abuse support. While this study has identified some benefits to Looking Forward being separate to statutory services, a wider recognition of the value of this intervention could help to promote greater collaborative working and develop pathways of support with other services.

2. **Continue to provide flexible, unconditional support**

Evidence gathered across the learning outcomes shows the value of unconditional support for women who have experienced the removal of children from their care. This includes being available to women who are not using long-term contraception, who are currently pregnant and who are not yet able to work meaningfully with Looking Forward (with the use of 'membership status'). This approach allows women to feel safe to talk about the difficulties of their situation and understand their needs, leading to more meaningful positive changes. Building trusting relationships over time can result in women receiving resources or guidance for issues like domestic abuse and mental health, which they may not have felt confident to approach alone.

3. **Review gaps in Mental Health support**

Despite the complexity of their needs, learning from this client group shows that few are being adequately supported by dedicated mental health support services. Services are not being offered to women who are not 'stable enough' due to use of drugs & alcohol to manage unsupported mental health needs. For women who want Mental Health support, the gaps in service provision can add to feelings of guilt and shame and create additional barriers to achieving their goals.

4. **Provide safe emergency and temporary accommodation options for women**

Women supported by Looking Forward are routinely placed in emergency and temporary accommodation where they are subjected to further trauma and abuse. Being exposed to potentially abusive and coercive relationships and increased drug & alcohol use (see Leah's case study, p.14) may increase the risk of experiencing further child removal in addition to reducing the effectiveness of support services. There needs to be a wider conversation about how safe accommodation can be provided to women with no other housing options, with serious consideration given to supported women-only provision.

5. **Build collaborative relationships with services**

Building longer term, trusting relationships with services was important to supporting women who have experienced repeat removals of children. This took the form of flexible, relationship-based and person-centred options where possible, but also collaborative working and information sharing between Looking Forward and other services. Where women received support from multiple agencies, meetings helped to co-ordinate the support offered and encouraged trauma-informed practice. This was particularly evident in Looking Forward's work with child contact services, in promoting access to sexual health and contraceptive services and in the few interactions with mental health services.

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Fulfilling Lives

South East Partnership

The National Lottery Community Fund has made an eight-year investment of up to £112 million in helping people with multiple and complex needs access more joined-up services tailored to their needs.

Fulfilling Lives South East is led by BHT Sussex and supported by a number of voluntary and statutory sector partners, providing intensive and tailored support to people with multiple and complex needs, helping the most vulnerable and hard to reach.

It also works alongside people with lived experience of multiple disadvantage, to achieve positive changes in services and make them better connected and easier to access. The Fulfilling Lives South East Project started in 2014 and is funded until June 2022 by the National Lottery Community Fund. It operates in Brighton & Hove, Eastbourne and Hastings.

www.bht.org.uk/fulfilling-lives
