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Maternal outcasts: raising the profile of women who are vulnerable to successive, compulsory removals of their children – a plea for preventative action

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This paper concerns policy and practice responses to birth mothers who experience *successive*, permanent removal of their children to state care and/or adoption. The central argument of this paper is that, to date, the rehabilitative needs of this population of birth mothers have fallen outside the remit of statutory agencies. Moreover, the extant literature offers little by way of definitive findings in respect of the size of this population or rehabilitative options. Indeed, a marked absence of discussion within mainstream policy circles renders this population hidden, only hinted at in profiling studies that note the sequential removal of siblings through public law care proceedings. Conceptualising this population of women as ‘maternal outcasts’ who bear the stigma of spoiled motherhood, we consider a range of factors that impact on this population’s continued exclusion. Falling so far outside normative expectations of motherhood and presenting with multiple problems of daily living, there is no doubt that this population raises particular practical, ethical and legal challenges. However, these challenges should not stand in the way of a concerted prevention agenda.

Keywords: birth mothers; care proceedings; rehabilitation; post-adoption

Introduction

This paper concerns the plight of birth mothers who appear and reappear before the family courts following successive pregnancies, only to lose infants again to long-term state care or adoption on account of serious child protection concerns. Discussion aims to open up debate about vulnerable women who appear to be stuck in this negative cycle but who, to date, have received little attention in legislative and policy arenas. Although public law profiling studies have identified that it is not uncommon for care proceedings to concern children who have an older sibling already in care or adopted, there is a marked absence of discussion about how and why history repeats itself (e.g. Masson *et al.* 2008). It is of particular concern that the rehabilitative needs of this population of birth mothers who appear to have the most self-defeating patterns of living, fall outside the remit of statutory agencies, once care proceedings are concluded. Here we refer to rehabilitation for parenthood and also that rehabilitative services may enable women to exercise better their reproductive rights in respect of further pregnancies. Given the economic imperatives that organise welfare policy, the absence of debate about successive pregnancies and successive removals of children is surprising, as the cost of care and adoption proceedings alone ought to warrant concern. Moreover, there are surely pressing moral concerns about the impact of repeat losses for these mothers, given the much documented iatrogenic effects of compulsory legal proceedings (Lindley 1994, Freeman and Hunt 1998, Neil *et al.*

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2010). There are also pressing concerns about siblings/half-siblings in this context whose lives are also significantly impacted on by legal proceedings.

Anecdotal evidence suggests that following the compulsory removal of children, the plight of birth mothers all too easily falls outside service provision, leaving women to make their own sense of the lifestyle and relationship circumstances that have led to compulsory child protection intervention. When the courts sanction adoption, birth parents' rights are severed, and contact will most likely be minimal, in the form of letterbox only. While the 2002 Adoption and Children Act raised the profile of birth parents and relatives by specifying the need for a post-adoption service, in practice this may be minimal and certainly does not mandate agencies to address birth mothers' rehabilitative needs. As Neil *et al.* (2010) noted in a comprehensive analysis of post-adoption support, birth relatives who were able to self-refer were more likely to use and benefit from services, but almost half the target population was not using these services at all. In our own work we have found that for birth mothers subject to *successive* removals of children, multiple problems of homelessness, mental health and mental capacity in particular, undermined help-seeking (Broadhurst and Mason 2012). In this context, mothers were unlikely to receive a comprehensive service until a further pregnancy propelled them back under the gaze of children's services for pre-birth assessment.

Birth mothers caught up in the child protection system have almost invariably experienced very difficult childhoods, the legacy of which they bring to parenthood. These negative experiences may include a range of interpersonal physical and sexual violations as well as abandonment or rejection, coupled with socio-economic deprivation (Apfel and Handel 1993, Neil *et al.* 2010, Broadhurst *et al.* 2012, Broadhurst and Mason 2012). Despite unequivocal research evidence, current child protection services do not *consistently* address women's own victimisation and socio-economic disadvantage, either pre- or post-compulsory removal of children (Blanch *et al.* 1994, After Adoption 2007, Neil *et al.* 2010, Schofield and Ward 2011). In the context of successive removal of children, access to health care is essential such that women can make informed choices in respect of spacing between pregnancies or indeed becoming pregnant at all (Blanch *et al.* 1994, Nicholson *et al.* 1998, Albrecht 2001, Montgomery 2005, McCarthy 2009). While health assessments commissioned for the purposes of care proceedings may clearly indicate issues of mental capacity and ongoing unmet need, the imperative of the timetable for the child may mean that mothers do not have sufficient time at this point to engage in necessary treatment programmes. Following the conclusion of care and adoption proceedings, the absence of any *post-proceedings protocol* which places an obligation on health or adult services to respond, means that high thresholds for service eligibility will likely stand in the way of mothers accessing the help they need.

This paper revisits the research evidence pertaining to the complex nature of loss and bereavement for women whose children are lost to care or adoption on a permanent basis. We consider in detail limitations in post-proceedings/post-adoption support for birth parents and consider how normative discourses of mothering may serve to render this population marginal within policy arenas. Conceptualising these hidden mothers as 'welfare outcasts' who, as Schofield and colleagues (2011) have described, bear the stigma of spoiled identity, we consider the reasons why these highly vulnerable women appear to engender so little consideration in mainstream policy debates. Approaches to pre-birth assessment are discussed, and we argue that a truncated, evidence gathering approach that starts late in pregnancy (26–30 weeks), misses a key window in respect of both foetal and maternal health. This then compounds deficits in post-proceedings provision. The final section makes the case for a post-proceedings protocol, in respect of mothers, that is responsive to parental needs as

identified in specialist assessment during care proceedings. Here we argue that it is only through raising the profile of this group in this way that the pattern of successive pregnancy and removal can be addressed. Whilst we highlight the plight of birth mothers given our focus on successive pregnancies, the needs of birth fathers are equally overlooked post-proceedings. An argument in favour of addressing the phenomenon of successive compulsory removals of infants is persuasive on humanitarian grounds alone, but in addition we flag the economic costs of this cycle to support our arguments. Finally we consider a range of new initiatives, highlighting positive developments, but equally sounding a note of caution that in the absence of leadership from policy makers, examples of highly questionable interventions have also gained some ground.

A policy agenda – *Still Screaming?*

The experience of mothers who have had children removed from their care on a permanent basis is revealed largely in an international post-adoption literature. Although not delineating the population of mothers who have been subject to *successive* removals of their children, this literature provides significant and relevant insights into the experience of loss. There is a body of work that has focused on relinquishing parents (Winkler and Van Keppel 1984, Howe *et al.* 1992, Wells 1994, Smith and Logan 1996) and a more recent body of work that has focused on parents whose children have been subject to compulsory removal on account of child protection concerns (Neil 2003, 2007, Cossar and Neil 2010, Schofield *et al.* 2011). Common to the accounts of both groups of birth mothers is a great sense of loss and shame that is difficult to resolve. The title of the now classic text *Still Screaming* (Charlton *et al.* 1998) powerfully evokes this pain, with case studies revealing the biographical detail of the lives of mothers blighted by persistent feelings of loss, guilt and shame. The work of Doka (1989, 2002) is equally valuable in respect of two anthologies which chart the ‘disenfranchised’ nature of grief, where a hidden sorrow results from stigmatised losses. Doka’s observations have been confirmed in more recent work on compulsory removal (Neil *et al.* 2010). As an international literature attests, long-term psychological damage can result for birth parents who are not simply able to put their loss behind them (Millham *et al.* 1986, Logan 1996). While the evidence base is limited, research does suggest that women who have had children removed from their care are widely reported to suffer a downturn in functioning (Logan 1996, *After Adoption* 2007, Neil *et al.* 2010). Moreover, anecdotal evidence suggests that at this point mothers may seek solace in a further pregnancy, only to then have that infant subsequently removed. For parents with mental health problems, whom we have found featuring prominently in our pilot study of 30 birth mothers subject to successive removals (Broadhurst and Mason 2012), compulsory removal of children adds what Triseliotis *et al.* (1997) have described as an additional ‘psychological task’. Despite this powerful documentation of loss for mothers who lose their children to adoption or long-term care, a policy agenda has, however, been slow and insufficient.

Looking back over the past two decades, it is noteworthy that concerns about an inadequate policy response to mothers’ psychological distress are not new. In a key article by Logan in 1996, the complicated and enduring sense of grief that resulted from relinquishment was documented. Logan highlighted a far greater need for mental health services in this population than in the general population. However, as the study reported, the needs of birth mothers were poorly understood by service providers, which served to compound mothers’ sense of isolation and despair. From interviews with mothers Logan writes:

Many women felt that the real cause of their problems was not being taken seriously in that the usual advice was to 'forget it', 'look forward, not back' thus denying their real feelings which had yet to be dealt with constructively.

(Logan 1996, p. 617).

More recently, Beth Neil and colleagues undertook mental health profiling of birth parents whose children had been removed on a compulsory basis as part of their study of postadoption support services. They concluded that presentation of mental health symptoms was higher in parents subject to compulsory removal of children and that symptoms reached clinically significant levels (see Neil *et al.* 2010 Chapter 12 for a fuller discussion). Moreover, the authors reported that a downturn in functioning occurred far earlier than a final hearing, rather at the point of initial removal, birth parents experienced acute emotional distress. Although parents have recourse to independent legal representation at the start of care proceedings, it is unlikely that this service provides any remedy for mental health and other problems, although good quality representation may alleviate some of the difficulties that parents encounter in understanding the legal process. Postadoption support services are available once an adoption plan is agreed, but in many instances such a plan will not be in place at the start of care proceedings. As the Family Rights Group (Fraser and Featherstone 2011) has observed, which is confirmed in our own work on pre-proceedings (Broadhurst *et al.* 2012), independent support that can address the needs of parents should come much earlier in the child protection process.

While the removal of the child may mark the end of concerns for the local authority where a good quality permanent placement is found, for the birth mothers, placement certainly does not mark the end of their difficulties (Winkler and Van Keppel 1984, Howe *et al.* 1992, Logan 1996, Neil *et al.* 2010). It is however likely that children's services will retain only limited contact with birth parents whose children are in either long-term foster care or who are adopted. Again this observation is not new. Masson *et al.*'s (1997) study of 'lost parents' highlighted gaps in welfare provision, by drawing attention to the very low priority given to birth parents who had lost contact with children in the care system. Despite pockets of local innovation in respect of postadoption support, a multi-agency programme of help tailored to parents' continuing unmet needs – the majority of whom we might readily recognise as vulnerable adults – is wanting.

Because the issue of birth mothers' postremoval needs are not adequately addressed within central policy, there is a dearth of knowledge regarding this population of mothers who endure successive losses. Unanswered questions centre on the numbers of women, patterns of interaction with services and opportunities for change. In addition, we know little of how and why women who have had more than one child removed deal with their experiences and conceptualise their identity in regard to 'lost' children. We know little about the impact of this experience on subsequent intimate partner relationships or reproductive choices. Indeed, whilst we talk of 'a population' of mothers, needs are likely to be differentiated in respect of learning difficulties, mental health diagnoses, substance misuse or where women's entrapment in violent relationships is the over-riding concern. Again, anecdotal evidence suggests that a percentage of women will eventually turn their lives around and go on to successfully parent children, but the detail of their recovery is to date unavailable. Montgomery *et al.* (2006, p. 21) makes the useful observation that 'gaps in knowledge are especially noted for mothers who, because of an illness or adverse circumstances, fall outside the romantic ideology of motherhood' and this provides a useful starting point for considering the broader ideological factors that may serve to render hidden, this population of vulnerable women.

Normative discourses of motherhood

Concepts of motherhood have been subject to significant change over time on account of women's shifting roles in respect of domestic labour and employment market participation. Nevertheless, critics would argue that an essence of what it is to be a 'good mother' endures through idealised depictions in parenting guidance, the popular press and as reinforced through women's own informal networks (Chodorow 1978, Day-Sclater *et al.* 2009). Motherhood is a particularly salient social identity for women and attached to this identity are tacit, but nonetheless compelling normative expectations. Images of 'Madonna and her child' epitomise authentic womanhood and are implied in femininity (Berry 1993, Ruddick 1994, Arendell 1999, 2000). Citing a number of key authors, the following excerpt from Arendell (2000, p. 1192) reminds us of this primary association:

Multifaceted and complex, mothering is symbolically laden, representing what often is characterized as the ultimate in relational devotion ... Mothering is associated with women because universally, it is women who do the work of mothering ... Mothering has been presumed to be a primary identity for most adult women. That is, womanhood and motherhood are treated as synonymous identities and categories of experience.

Feminist writers have highlighted the pressure on women to meet the demands of motherhood, unflinchingly, and report that policy makers often give insufficient regard to the context of care-giving relationships, particularly where mothering takes place in conditions of violence or socio-economic disadvantage (Fraser 1989). While there is often a disjuncture between the lived experiences of real mothers and imagined realities as constructed through gendered ideology, the emotive social construct of the 'ideal mother' is hard to resist (Arendell 1999, 2000, Day-Sclater *et al.* 2009). In this context, having a child removed into the care of the state is arguably the greatest challenge to a mother's self-identity and moral character (Slembrouck and Hall 2003). A substantive feminist literature highlights how mothers who depart from idealised Western middle-class mothering norms, can feel that they are policed and vilified by public services (Garcia Coll *et al.* 1998, Peckover 2002, Burman 2008). Where women fall seriously short of standards of good motherhood, they can find themselves subject to serious moral disapprobation. Indeed, we might argue that the extensive press coverage of mothers such as Karen Matthews ('six children, six fathers [and a ring from Argos]', *Daily Mail* 2008) indicates both populist appetite for the public vilification of deviant mothers and, in addition, serves to tarnish 'welfare mothers' with the same brush. Such is the cultural significance of motherhood that to be deemed not good enough will surely give rise to a range of difficult emotions imbued with conflict, ambivalence and guilt due to perceived 'transgression of internalised good mother norms' (Rolfe 2008, p. 366). This was endorsed in an important early study by Millham *et al.* (1986, p. 225) in which interviews with birth parents revealed 'a deep sense of failure in a role that society holds in high esteem'.

Moreover, negative identities are further complicated in many cases of compulsory removal because mothers may contest removal of children and feel their status as a failed parent is 'forced'. As Wiley and Baden (2005) have described, the concept of 'voluntary and involuntary relinquishment' is very difficult to define, indeed given the complexity of the issue there can be no easy distinction between the two. What is clear is that many mothers are left feeling that their children have been 'taken away' whether or not they have 'agreed' to the voluntary accommodation of their children in the first instance, (Smeeton and Boxall 2011). The issue of 'force' is now highlighted in numerous internet posts as social media provide new avenues for outpouring of resistance (Kahn and Kellner

2005). The adversarial nature of the court process inevitably means that the parents' experiences of care proceedings are likely to be very difficult; the process necessitates a focus on their failings almost to the exclusion of any positive attributes (Payne and Littlechild 2000). As a result parents may be left feeling that the process has been unjust or, as Smeeton and Boxhall's (2011, p. 449) study suggests, even 'betrayed' or 'tricked' by the professionals involved. A study of contestation within adoption proceedings identifies that contestation can be very much protracted as parents seek to voice their sense of injustice or appeal for more time, feeling that they have had insufficient opportunity to show change (Luckock and Broadhurst 2013).

In this context and recognising the vulnerability of birth mothers along many dimensions, it is difficult to understand why such a limited service response is in evidence that might address mothers' own needs as vulnerable adults in their own right. However, it can be argued that the self-same cultural expectations of mothers create, at best, ambivalence within public and policy arenas towards this victim/villain population. To borrow a phrase from Zygmunt Bauman, in many respects our maternal outcasts are by-products of modern child protection systems that are adept at identifying and safeguarding many children but less able to respond to the continuing needs of parents. As Bauman writes, a side effect of 'order-building' is that each system cast out sections of its population who are 'unfit' or 'undesirable' (2004, p. 5). An alternative perspective would be to argue that the issue of reproductive rights in respect of this group raises so many unpalatable questions given normative gendered expectations regarding self-regulation of sexual behaviour and reproduction; that it is somehow easier to turn away from the issue as part of a collusive institutional defence. The work of Pam Cox (2012) is prescient in dealing with this latter perspective in respect of normative expectations of intimate citizenship in respect of birth mothers subject to repeat removal. She argues that there is a pressing need to 'begin a national conversation' (Cox 2012, p. 557) around the extent to which mothers in this population are empowered to exercise their reproductive rights, which of course includes choosing not to become pregnant. As stated in our own study of 30 birth mothers, Care Leavers were among those sampled who were beginning parenthood at the age of 16 in some cases, ill prepared and ambivalent. Cox (2012) draws attention to the findings from a key study from the Thomas Coram Research Centre which found that care leavers reported inadequate sex education and unsatisfactory initiation of their 'sexual careers' (Chase *et al.* 2009). In our own study, although the pilot sample is small, we also found evidence that women were subject to sexual exploitation in a third (10/30) of cases. Such findings challenge normative expectations regarding the extent to which women are, in fact, able to exercise their reproductive rights and they run counter to notions that these girls are simply behaving badly in respect of 'normal', 'respectable' or 'safe' sexual behaviour (Kiernan *et al.* 1998).

As a child-centred discourse now comes firmly centre stage, there may be something of an acceptance of the ill-fated lives of these women as inevitable by-products of a system orientated to rescuing children. However, to call for a concerted agenda focused on maternal rehabilitation is *not* a case against either compulsory removal of children, or the tackling of delay. However, it is a call for a concerted national agenda to draw these mothers back from their potentially exiled position. To underscore this point, we now consider the case of pre-birth assessment in some detail.

Pre-birth assessment – history repeats itself

Where mothers have had children previously removed on a compulsory basis, a further pregnancy will probably trigger a pre-birth assessment. However, standard practice is that

statutory assessment comes very late in pregnancy which risks *fait accompli* if the timing of this provides women with some six weeks only in which to show positive change. While pregnancy may be notified early by partner agencies, local authorities will routinely put assessments on hold until the mother is between 26 and 30 weeks pregnant and the foetus is deemed viable. Such decision-making reflects the difficult decisions that local authorities have to take given rationed resources, but is equally indicative of a rather narrow approach that, arguably, misses a window of opportunity in respect of both the health of the foetus and the birth mother's rehabilitation. Of the little analysis that has been done of pre-birth assessment, Hodson (2011) described a narrow forensic approach dominated by a concern to complete statutory objectives of initial and core assessment. Routine practice in this context will likely see local authorities initiating a pre-birth child protection conference and in many cases seeking voluntary agreement from parent(s) to place infants in foster care or with kin immediately following birth. Here history stands before the mother – a history which is non-erasable and which in the absence of *new* information can dictate a fairly predictable institutional trajectory for mother and baby. While some mothers may be offered residential placements with their babies after birth, others may have to 'prove themselves' via supervised contact, with the latter experience frequently described by birth parents as difficult and constraining (Schofield and Ward 2011). In particular, rules around contact can be experienced as standing in the way of responding with confidence and spontaneity to children's needs (Schofield and Ward 2011). Again, in the context of resource constraints, further assessment work may simply be in the form of 'up-dating' rather than a pro-active approach to rehabilitation (Broadhurst *et al.* 2012).

There has been a number of calls for pre-birth assessment work to begin earlier and there are some promising initiatives, which we detail below – however, such initiatives are far from routine. A truncated practice response in respect of subsequent pregnancies can lead to a great sense of injustice for women where they feel that they have simply not been given a chance to evidence change. International research evidence suggests that pregnancy can provide a real opportunity for change (Daly *et al.* 1998, Tunnard 2002, Kuckoski 2004, Toner *et al.* 2008). However, social work research to date has tended to focus more on developing frameworks for pre-birth assessment that are focused on the challenge of coordination in respect of multi-agency evidence gathering (Calder 2000, 2003) or other concerns that are derived from a rather narrow professional perspective in respect of the possibilities for intervention during the pre-birth period (Corner 1997, Hart 2003). While Corner (1997) has described pregnant birth mothers as 'involuntary' service users – we cannot assume this in all cases – our own pilot work suggests variable patterns of help seeking and engagement (Broadhurst and Mason 2012). Emerging findings from our pilot study indicate that a proportion of mothers will avoid ante-natal services, but in other cases mothers will self-refer with a view to gaining help in respect of rehabilitation at a timely point.

Children's services have struggled to establish a balance between recognising parents with support needs in their own right and remaining child focused (Schofield and Ward 2011). This tension is very much played out in respect of the standard statutory response to pregnant vulnerable mothers as described. While the emphasis on working in partnership with parents might be described as the hallmark of UK social work, recent years have seen something of an unhelpful oppositional (child versus parent) approach in respect of familyminded practice (Morris and Featherstone 2010, Featherstone *et al.* 2011). The tragic death of baby Peter Connolly has unfortunately set in trend something of a child-centric approach driven by concerns to avoid collusion or over-identification with parents

(c.f. Laming 2003). Such anxieties can make practice paradoxical where parents' needs are bracketed off because they are seen as somehow dangerous, contaminating or overwhelming for workers. Clearly, in the context of pregnant mothers, it makes absolutely no sense to consider foetus and mother as somehow separate. In our work, in three local authority areas, we found Care Leavers (15/30 mothers had a care episode) featuring in the group of women who were hungry and homeless, thus placing both themselves and their unborn infants at risk. With limited support networks, in many cases young women appeared acutely physically and emotionally vulnerable.

Once children are removed from birth parents' care at birth, they face an uphill battle to have children returned. Evidence of outcomes of care proceedings indicates low rates of reunification and that a systematic and robust approach to reunification can be lacking (Luckock and Broadhurst 2013). Drawing on our own empirical work, the following extract from a team manager illustrates this point:

it's easier to make the case for removal if they have already have another child in care – so *these cases are not a problem for us.*

Given the enormity of the loss of a child, it is perhaps entirely predictable that women may seek solace in a further pregnancy. However, such compensation is likely short-lived where issues remain unresolved and the state fails to offer a coordinated approach to prevention which gives due weight to mothers' own needs. It is imperative, given the central role that children's services play with birth mothers in this context and economic pressures on services, that existing opportunities (i.e. statutory obligations in respect of pre-birth assessment) for engaging with this social group to promote change are maximised.

Postremoval services: the case for a parent-focused post-proceedings protocol

Whilst the pre-birth window can provide an opportunity and incentive for a proportion of mothers who have experienced repeat removals of children to engage with the local authority, research evidence has consistently reported that relationships between the local authority and birth parents can breakdown *post* compulsory removal. It was this evidence that prompted the introduction of an independent birth parent post-adoption service with the 2002 Adoption and Children Act. However, research evidence from Neil *et al.* (2010) has reported that a proportion of birth relatives including birth parents did not use these services at all. Many of the parents included in our pilot study of repeat removals, exited care proceedings with damning assessments of their parenting abilities and psychological or psychiatric reports that stated the need for intensive therapeutic intervention in respect of their rehabilitation. Mental health issues were present in 80% of the sample. Yet, our study also indicated that in many cases, mental health therapeutic services were not available. From our review of cases of mothers where mental capacity issues were noted, it is clear that some women were in sexually exploitative relationships and were not able to exercise their reproductive rights in respect of accessing contraception to prevent pregnancy, although pregnancies were unwanted in some cases. We would argue that it is timely to consider a *post-proceedings protocol* for parents, which would encourage a proactive multi-agency approach to enable the cycle of repeat pregnancies and removals to be broken – wherever this is possible. Given the likelihood that parents may have fractured relationships with local authority children's services, it may be far more relevant for health and/or adults services to play a lead role in this work. The priority of this group of mothers needs to be raised, given current pressures on health and welfare services.

The risk is that where we fail to respond holistically to the needs of mothers, state intervention to protect children simply has iatrogenic effects – adding another layer of

damage to the lives of these women. Rather than viewing reports that mothers 'go off the rails' after care proceedings as further evidence of their unsuitability as parents, these should rather be regarded as evidence of the need for rehabilitative intervention. It is important to recognise, as Logan 1996 has highlighted, that the removal of their child burdens women with an 'additional psychological task'. Anecdotal evidence suggests that some women will inevitably try to resolve the pain of their loss through a further pregnancy. However, if women are to achieve a measure of rehabilitation, surely a further immediate pregnancy is not the solution.

Economic costs

Thus far the arguments presented in this paper might be classed as humanitarian, through the raising of concerns about unmet need in respect of the birth mothers and their infants in question. There is, however, a strong economic argument in favour of tackling the problem of successive removals. Providing a *reactive* rather than rehabilitative service is not a 'cheap option'. Readers will no doubt be aware of national concerns about the cost of care proceedings, which are multiplied in the context of successive removal. Table 1, based on the figures available in the *Family Justice Review* (MoJ and DfE, 2011), gives some estimation of the annual economic cost of the family justice system (public law).

Table 1. Estimate Costs (Public Law) Family Justice System 2009–10.

	Costs (£million)
HMCS	50
Legal Services Commission	330
Cafcass and Caffcass Cymru	80
Local Authority	590
Total	1050

(Adapted from MOJ, DfE, 2001, p.203)

The average annual cost to a local authority in respect of children subject to either a care or placement order, removed from parents on account of child protection concerns, is calculated to be approximately £15,000 per care proceedings. The average cost per looked after child per annum in 2009/10 was £37,669. The total budget for looked after children was £3 billion. Costs for looked after children demonstrate year on year increases (Harker, 2012). In our pilot analysis of 30 birth mothers, we found that some women had up to six children removed on a sequential basis, all subject to care proceedings and requiring long-term foster care or adoption.

Whilst we cannot be sure that services aimed at rehabilitation in a broad sense for birth parents will serve to break a pattern of repeat pregnancy and removal in every case, there is some emerging evidence from new initiatives that cost savings can be generated as we discuss in the following section. Cost savings can result if birth mothers make better choices in respect of subsequent pregnancies, and, also, in cases where birth parents achieve a level of rehabilitation such that children can remain at home. In the next section, a brief flavour of new initiatives is provided to evidence this point.

Local innovation – the good, the even better ... and the ugly

There has been some attempt within some local authorities to try and identify and support vulnerable women earlier in pregnancy to support rehabilitation. Lancashire County

Council, for example, has piloted an 'Early notification of Ppregnancy' initiative. Comprising a targeted intervention aimed at vulnerable mothers, midwives notify children's centres (with the mother's permission) of a woman's pregnancy at the booking appointment, thus enabling children's centre staff to identify need and provide support services from an early stage of pregnancy. This project is listed by C4EO as a validated form of intervention. To date, the project has found that mothers who are supported to access children's centres in the antenatal period continue to access help following the birth of their infants. The project description cites closer communication between health and children's services as a clear benefit, as well as maternal engagement.

In Suffolk, the project 'Positive Choices' (Suffolk Children's Services, 2010) has been designed to support women's reproductive choices by facilitating access to family planning and specialist services for mothers who have had children removed previously on a compulsory basis. The project aims to support women to *delay* further pregnancies until they have addressed issues such as substance misuse or intimate partner violence by choosing long-acting reversible contraception. The project includes an outreach element that will take family planning services out to mothers in the community and will attempt to draw mothers back into multi-agency therapeutic help. This project is in its infancy, but there are some promising findings from the small pilot sample. From an initial sample of seven mothers, two mothers elected to prevent further pregnancies through being able to access long-term contraception. Both these mothers then, based on an informed choice, requested sterilisation. A further two women engaged successfully with therapeutic help, such that they are now deemed ready for motherhood. The remaining three mothers for different reasons, including moving out of the local authority area, dropped out of the service, indicating that a percentage but probably not all birth mothers in this category can be helped to make healthier choices (c.f. Cox 2012). A defining feature of this programme is that potential for positive change is at its heart, which aims to provide tailored therapeutic support to maximise mothers' well-being and reproductive choices.

Another excellent initiative is the much heralded Family Drug and Alcohol Court (FDAC) (Harwin *et al.* 2011) which aims to provide more timely help to parents with problems of substance misuse and related difficulties, where children are subject to care proceedings. Working with parents from the start of care proceedings, the project takes a distinctive problem-solving approach offering tailored intervention under the auspices of the court. With the services of a specialist multi-disciplinary team central to this programme, the following observation is of particular note:

FDAC assessments uncovered more unmet needs in relation to substance misuse, domestic violence and maternal mental health than had been identified by the local authority in the documents accompanying the application for care proceedings.

(Harwin *et al.* 2011, p. 6)

Playing a key role in ensuring parents accessed a range of services, findings from the pilot have indicated better access to help than in a comparison sample. To date, promising findings indicate that an approach based on principles of therapeutic jurisprudence is delivering some promising results. More parents in the FDAC sample than in the comparison sample ceased misusing substances by the end of proceedings. For example, 19/41 mothers in the FDAC sample were no longer using by the end of proceedings, as compared to 7/19 mothers in the comparison group. More FDAC mothers (16/41) than in the comparison sample (4/19) were reunited with their children at the end of proceedings. Whilst noting potential limitations in drawing firm conclusions due to sample size, the evaluation does make the following tentative but very important conclusion:

Success was not linked to length of substance misuse history, type or number of substances used, or number or age of children.... This suggests that people with wide-ranging and entrenched difficulties can do well in treatment and that programme quality is a crucial influence on outcome. A corollary to this is that it may not be possible to screen parents out of the FDAC intervention.

(Harwin *et al.* 2011, p. 6)

The pilot has seen recovery for parents who have previously had children removed. Although not all parents have been able to make this progress, this pilot certainly evidences significant progress in respect of parents' experience and access to services. The FDAC programme is also trialling a pre-birth assessment and intervention service provided by a specialist team, aiming to maximise maternal and foetal health based on an understanding that pregnancy can provide a window of opportunity in respect of maternal motivation.

Whilst the above examples present significant steps forward in addressing the problem of birth parent rehabilitation, deficits in service provision also create space for initiatives with highly questionable ethics. 'Project Prevention' for example, the US based initiative much covered in the populist press, is now also operating in the UK. It aims to reduce the number of babies born to mothers who use drugs and alcohol by paying such women to be sterilised. Project Prevention's website makes clear its objectives:

Project Prevention seeks to reduce the burden of this social problem on taxpayers, trim down social worker caseloads, and alleviate from our clients the burden of having children that will potentially be taken away

This project (www.projectprevention.org), led by the selfproclaimed 'Blessed Barbara', clearly preys on the vulnerability of drug users in offering money (£200) – a reward paid after they have gone through sterilisation. Crawling the streets of poor urban areas and approaching anyone who might be deemed to be a drug user, the project's incursion into an estate in Strathclyde was met with revulsion from citizens going about their daily business, many of whom had never used drugs. In the US, Project Prevention was compared to the Nazi eugenics programme – with drug users also being paid a reward if they refer a friend. While it is completely cognisant with international human rights legislation to support reproductive choices, to seek to permanently prevent procreation through coercive financial incentives (bribery) is surely an ugly solution. However, the fact remains that where a policy loophole exists, ugly and unlawful practices can spring up driven by those with strong emotive agendas and without due regard to issues of questionable ethics.

Conclusion

Mothers who are subject to repeat removal of their children are something of a hidden population – as yet part of an undefined 'problem group'. Whilst practitioners operating in public law care proceedings readily recount individual maternal biographies characterised by *successive* removals of children, as yet we know little of this population's size or the factors that hinder or promote positive change. New initiatives are emerging, but given that concerns about the impact of permanent relinquishment/removal of children in respect of loss are not new, a comprehensive social policy response has been slow and insufficient. The 2002 Adoption and Children Act certainly heralded a much welcomed statutory response to birth parents, but evidence suggests that services are at best reaching only half of the target population. Our own pilot work has revealed the vulnerabilities of birth mothers subject to repeat removal, which suggest that a more pro-active response is required, that is focused in particular on addressing issues of mental health and mental capacity and associated problems. Along many dimensions this group can be classified as

'vulnerable adults' who require a health and adult services response (Mowbray *et al.* 1995, Wright and Walker 2007, National Disability Authority and National Women's Council Ireland 2008).

As Pam Cox has outlined (2012), this particular group of birth mothers raises difficult questions in respect of their reproductive autonomy. We would also add that in respect of Doka's (2002) notion of disenfranchised grief, to address the needs of this group, services must also address the iatrogenic impact of state intervention. To call for a rehabilitation agenda is not to challenge a child-centred perspective or to argue against care proceedings or adoption; rather it is to suggest that mothers should be regarded as welfare subjects in their own right. If we neglect this population then we cast them out to potentially harmful informal networks and run the risk that mothers will seek to deal with the gravity of their losses through a cycle of pregnancies.

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