

Summary report:

A study exploring how services in Wales support parents who have had a child removed from their care

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I would like to thank all of the Reflect professionals who invested their time in this research. It was clear from the interviews that working for Reflect is not *just a job*, and the passion that people have for the work they do, and the compassion they hold for the parents was evident throughout.

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1. Introduction

Broadhurst et al. (2015) published a first-of-its-kind study which evidenced the scale of the issue of recurrent care proceedings and the parents who are caught up in a cycle of repeat child removal. Through analysis of administrative data sets from the Children and Family Court Advisory Service (CAFCASS) in England, researchers collected demographic data for 43,451 birth mothers, spanning a seven-year window from 2007 to 2014. They found that approximately 1 in 4 women aged 20 and over who had a child removed under a Section 31 placement order (Children Act 1989) went on to have another child removed within the seven-year evaluation window. For the majority of these women, a pattern of rapid repeat pregnancy was documented, with more than half of all repeat proceedings commencing before a previous set of proceedings had been concluded. These findings were mirrored in a study of CAFCASS data in Wales (Alrouh et al. 2020).

In the last two decades, and in particular in the last six years since Broadhurst and colleagues' (2015) ground-breaking study, a variety of services have been developed which aim to support birth parents following the state removal of their child. There have been positive service evaluations undertaken on some of these existing programmes, such as Pause (McCracken et al. 2017; Boddy et al. 2020), Strengthening Families (McPherson et al. 2020a) and Comma (McPherson et al. 2020b). In 2017, to stem the rising numbers of children being placed into care in Wales, the Welsh Government made edge-of-care and preventative services a key priority, investing five million pounds in initiatives across Wales, including £850,000 being given to local authorities to implement Reflect, a support service for birth parents, ensuring that provision would be offered throughout Wales (Ministerial Advisory Group 2021).

1.1 Research question and aims

Little is documented about the Reflect service in terms of how it is structured and how support is provided across the country. Consequently, this research aspired to address this gap and it was guided by the central research question:

How do services in Wales support parents who have had, or are at risk of having, multiple children removed from their care?

The study aimed to develop an understanding of service delivery in Wales, and to explore the subjective experiences of the people who work within the service. With only one evaluation to date in Wales (see Roberts et al. 2018), there is a paucity of knowledge about service development throughout the country. The commitment to Wales-wide support is encouraging. However, references to Reflect in literature (see National Adoption Service 2020 and Research in Practice 2019) are often general rather than in relation to specific areas of service delivery. Accordingly, these reports cannot provide an understanding of the differences in how these services are delivered and received by parents. Therefore, this

study aimed to make an important contribution to the understanding of Reflect service provision in Wales.

2. Methodology

To understand how Reflect is delivered across Wales, I recruited a managerial representative from each of the areas which provide a Reflect service. The final sample consisted of 13 participants, eight managers who each had responsibility for one Reflect site, one team manager who was responsible for three sites, and four local authority-based practitioners. The sample represented 20 local authorities in Wales across eleven Reflect sites.

2.1 Methods used for data generation

Each participant completed a service information sheet prior to interview that enabled me to map the services across Wales in terms of key features of their service delivery. I also conducted eleven semi-structured online interviews to gather comparable information across all Reflect services in Wales. Due to ongoing restrictions on face-to-face working in COVID-19, the interviews were conducted via Zoom, which was a Cardiff University-approved online platform for research interviews.

2.2 Analysis

The interviews were transcribed and underwent thematic analysis. This method of analysis enabled me to identify patterns across the interview data, which then led to generation of key themes, namely overseeing structure, shared values, and areas of tension.

3. Key findings

This section will outline some of the key findings from the research, including areas of difference in service provision and shared values and tensions across the services.

Table 3.1 (overleaf) presents some key details of each Reflect service. It illustrates that there is variation across all aspects of service structure and provision, including differences in eligibility and duration of support. Table 3.1 shows that the majority of services ($n=6$) were established following the Welsh Government investment of funding, and four of these were positioned within local authorities. Some key areas of difference are around the timing of referrals and who is eligible for support, and these will be discussed further in sections 3.1 and 3.2. Most parents in Wales receive a minimum of two years of support, the exception being one local authority which only commissions Reflect support for one year. The most common referral route is through social workers, and this will be addressed in section 3.7.

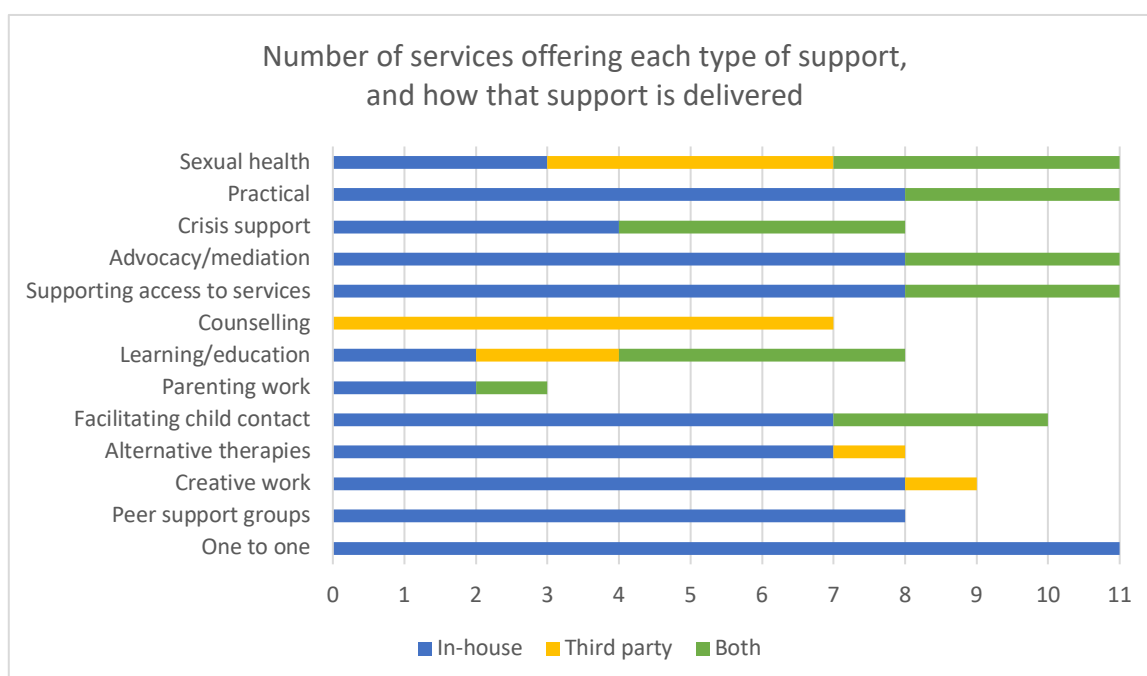
Table 3.1 Key details about each Reflect service

Site	Year established	Run by	Eligibility criteria	Commencement of support	Length of support	Where referrals come from	Number of parents supported	Waiting list	Staff profile
1	2018	Local authority	Parents	Before or after final hearing	2 years	Social workers, self-referrals, ISRO	Overall: 29 Current: 12	No wait list	1 manager, 1 support, partial admin
2	2018	Local authority	Parents	After final hearing (SGOs may be earlier)	2 years	Social workers, other statutory services, adoption, self-referral	Overall: 40 Current: 25	11 (7 months)	1 manager, 2 support, partial dads' worker
3	2016	Local authority	Mothers	After final hearing	2 years	Social workers, adoption	Overall: u/k Current: 9	No wait list	1 manager, 1 support, 1 mental health clinical nurse specialist
4	2018	Local authority	Parents	Later than final hearing	2+ years	Social workers	Overall: u/k Current: 11	No wait list	1 children's manager, 1 support
5	2018	Local authority	Parents	After final hearing	2 years	Social workers, self-referrals	Overall: u/k Current: 10	No wait list	1 manager, 1 support
6	2011	Third sector	Mothers and partners	Before or after final hearing	variable	Social workers, self-referrals, statutory and third sector organisations	Overall: u/k Current: u/k	No wait list	1 children's manager, 2 managers, 4 support, 1 business support
7	2018								
8	2018								
9	2016	Third sector	Parents	Once decision has been made	1-2 years	Social workers, self-referrals, statutory and voluntary organisations	Overall: u/k Current: u/k	10 across all sites	1 children's manager, 1 team manager, 9 support
10	2016								
11	2016								

The variation in service structure seen in Table 3.1 highlights the flexibility of the Reflect service and how it can be adapted to suit the area in which it is located. However, it also highlights that provision for parents will vary depending on where they live in Wales.

Figure 3.1 illustrates the range of support that is offered to parents. It documents how many services deliver the support in-house or by a third party organisation. All sites offer a variety of provision, the most common types being one-to-one, sexual health, practical¹, access to other services, and advocacy/mediation. The least common provision is parenting work, and counselling is the only support type which is exclusively offered through external provision. Whilst not all services currently provide peer support groups, the three sites which currently do not, have plans to establish groups in the near future.

Figure 3.1 The range of support offered by Reflect services, and mode of delivery



Other types of support listed by individual sites included emotional regulation sessions, attending looked after children reviews, accessing emergency funds, and ACE toolkit recovery groups. The range of support is extensive but once again it varies across regions. Each of the four practitioners who were interviewed expressed an interest to find out more about what was being offered in the other services so that they could establish whether it could work in their own area.

Whilst third sector-led Reflect sites all sit under the oversight of the children’s charity to which they are affiliated, each local authority Reflect site is located within a different team

¹ Examples of practical support that were mentioned included driving parents to appointments, tidying a garden, and arranging dental appointments

and has different managerial oversight. In 2017, when the Welsh Government invested the £850,000 to establish a national roll-out of Reflect, it did so as part of the investment of £5 million into edge-of-care services (Ministerial Advisory Group 2021). Two of the local authorities (site 1 and site 5) which developed Reflect as a result of that initial investment placed the service within their edge-of-care teams. In alignment with Reflect, the aim of edge-of-care initiatives is to reduce the number of children being taken into care, however the way they do this is through prevention, working with families to keep children in the home (McPherson et al. 2018). Reflect, while technically preventative in the longer term, does not work with parents if there are children in the home. Figure 3.2 shows where Reflect is positioned within the local authority-based sites, and the managerial oversight of each service.

Figure 3.2 Positioning of Reflect within local authorities and managerial oversight

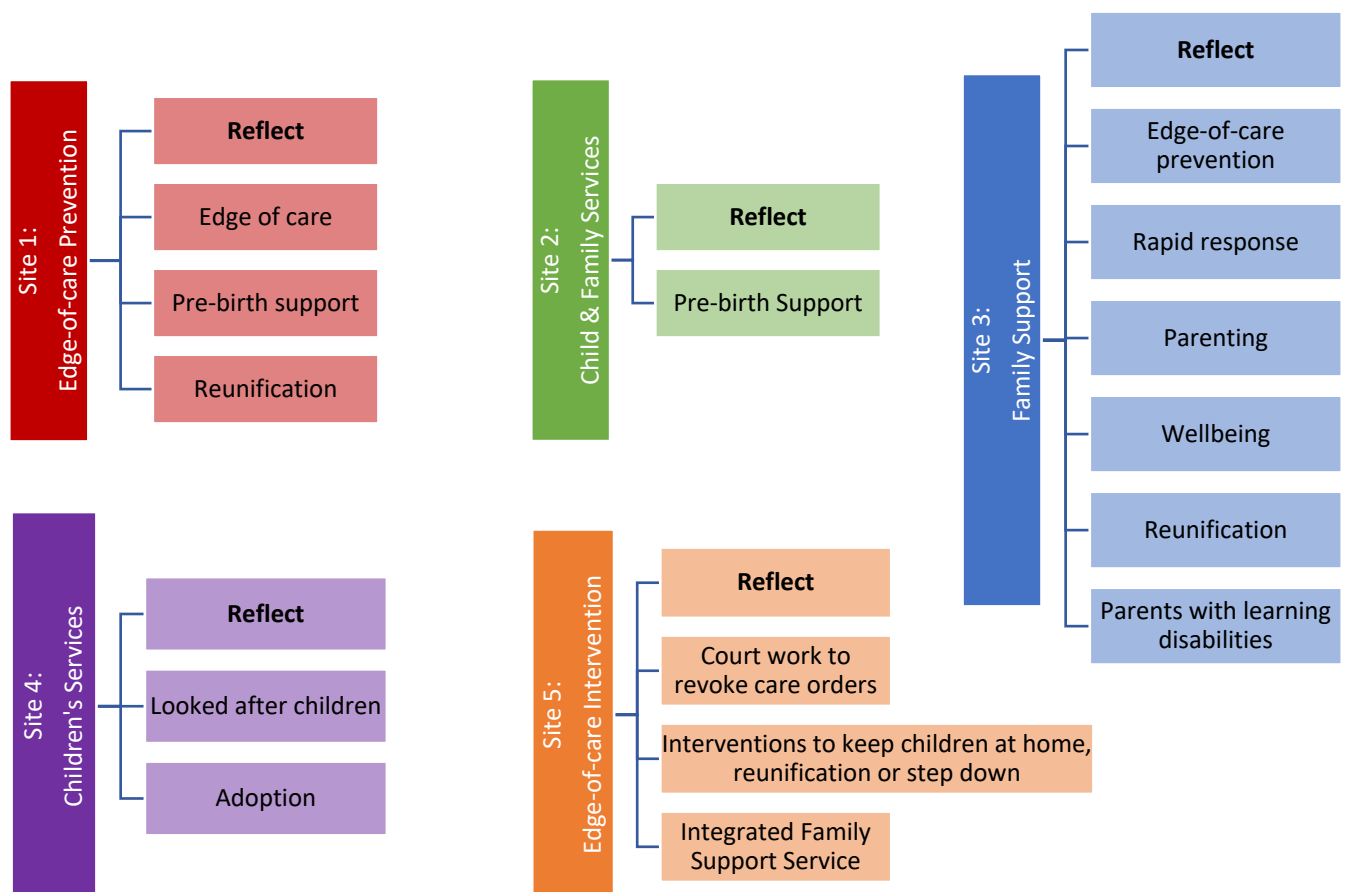


Figure 3.2 highlights that local authorities have different views as to where Reflect should be positioned and this might partially explain the isolation of some practitioners, which will be discussed further in section 3.6.

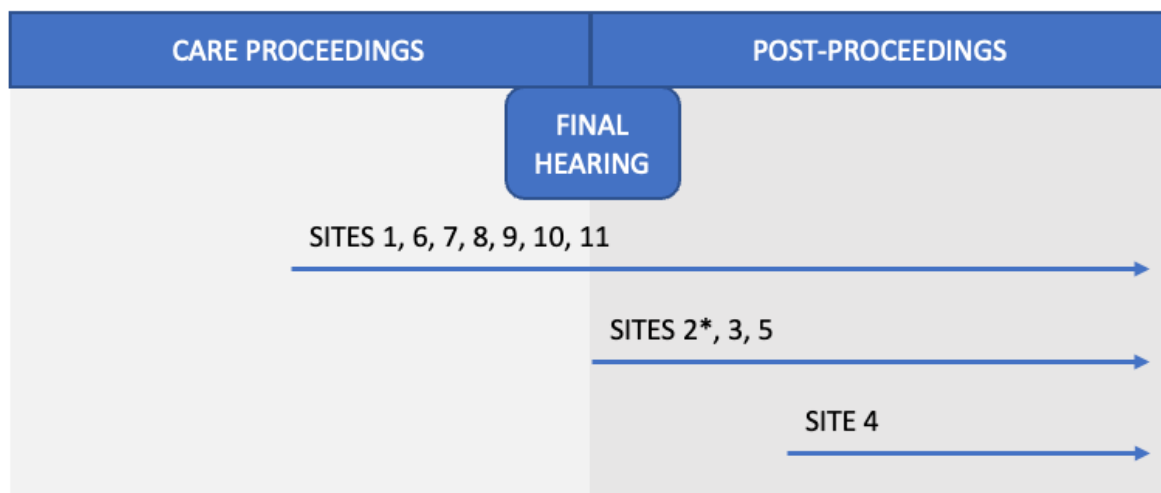
This sub-section has presented a summary of Reflect service delivery in Wales. It has demonstrated that parents are receiving a wide variety of support. However, who is eligible

to receive that support, when it commences, what support looks like, and how long it is offered for, varies considerably across the country. The remainder of section 3 will present the data that was generated from the interviews with professionals, who offered some more insight into some of the differences outlined in this sub-section.

3.1 Timing of referrals

The majority of UK-based services that support birth parents will only initiate contact at the point of the final hearing. However, the picture across Wales is varied, with sites falling into one of two broad categories, either *post-proceedings only* ($n= 4$) or *during and post-proceedings* ($n= 7$) (see Figure 3.3).

Figure 3.3 When support commences in each Reflect site in relation to care proceedings



*n.b Site 2 will start work earlier in the case of Special Guardianship Orders being granted

The majority of services ($n= 10$) will work with parents at the conclusion of the final hearing, and seven of these will also support parents during court proceedings where appropriate.

For those services who support during proceedings, the reported advantages were that:

- The practitioner-parent relationship can begin to develop at an earlier stage.
- Parents can be supported to understand the court process.
- Parents can be supported to manage their emotions in court and be 'prepped' to express their feelings in a rational and calm way.
- Early engagement can help parents prepare for the potential outcome of the court case.
- It can reduce the risk of a rapid repeat pregnancy (see also Broadhurst et al. 2015) as there is no 'gap' between the end of proceedings and the work with Reflect starting.

For those who initiate contact at the point of final hearing, participants felt that advantages were:

- It ensures that parents do not see the work with Reflect as being part of the assessment process, neither giving them false hope about the outcome, nor feeling like the decision has already been made.
- Parents are able to fully concentrate on themselves and their work with Reflect following the final hearing, something they are not able to do whilst proceedings are ongoing.

This section has demonstrated that there are key differences in Reflect services when making the decision over when to initiate contact with birth parents, and this decision must consider the aims of the service and the needs and wishes of the parents. On the one hand, support during the court process can be a valuable time to build up a relationship with parents and reduce the risk of a rapid repeat pregnancy. Conversely, on the other hand, engaging parents in positive goal-setting can be more effective after proceedings have been finalised. The contrasting opinions on this subject align with the complexity of the parents' lives and the need for services to listen to parents and be attuned to their needs (National Adoption Service 2020). No matter on which side of the debate professionals were positioned, there was agreement that the decision about the timing of referrals is an important one, and is one that might require revisiting as part of ongoing service development.

3.2 Working with men

Despite the majority of services ($n= 8$) reporting that men are eligible for support, participants reported that very little work was carried out with birth fathers. There was general agreement that men should be supported more, but there were numerous explanations for why this does not happen in practice:

- Practitioners are already overextended and females need to be prioritised, so there are just not enough resources to work more with men.
- No referrals for fathers.
- Men are not 'on the scene'.
- Men are part of the problem in the lives of the women.

The advantages or benefits of working with men were not discussed in detail by any professional. The comments on why they wanted to work more with fathers were brief and only two participants explicitly stated that working with fathers was just as important as working with mothers.

3.3 Contraception and pregnancy

All participants agreed with the ethos of encouraging and promoting rather than 'enforcing' the use of contraception by women and this was achieved by:

- Good links with sexual health services, especially those which offer a 'fast track' service or those who can administer contraception at home. Supporting women practically at the beginning of their work with Reflect was felt to help with relationship-building.
- Open and honest conversations that happen very early on in the work with a mother.

Professionals reported difficulties for women in accessing contraception that related to:

- Accessibility of services – for women living in rural areas, this was especially an issue during the first lockdown when services were shifted from GP surgeries to main hospitals.
- Women's understanding – it was reported by some professionals ($n= 4$) that women often do not understand their contraceptive options. A physical 'toolkit' which can be shown to women was found by one practitioner to be very useful in early conversations. In addition, good links with sexual health services can create holistic support, focusing not just on contraception, but also looking at women's sexual health in general, for example encouraging women to attend regular smear tests.
- Partnership working – there can be a lack of understanding from GPs around what Reflect does and why women are being encouraged to be on contraception. One service felt that communication between Reflect and sexual health clinics and GPs can be improved, thereby closing a potential 'gap' where women remain vulnerable to a pregnancy at a time when it would not be ideal for them.
- Environment – whilst good links with sexual health are considered vital, the environment of sexual health clinics was described as unwelcoming and the long wait in a room with others can feel stigmatising and shaming. Appointments where women could turn up and be seen straight away, or 'at-home' appointments were reported to be more beneficial for women.

The issue of encouraging rather than enforcing contraception, and what happens if a woman then falls pregnant, could be considered an ethical one. Two services explicitly said that they cannot accept referrals from women who are pregnant, however it is less clear about what happens should a woman fall pregnant during her time working with Reflect. One of the local authority services works very closely with a pre-birth support service and is therefore able to make a referral immediately ensuring continuity of support. Another local authority service is utilising a social worker within a larger team to do a similar role, engaging with women at an earlier stage, potentially avoiding the need for Reflect to become involved later on. In other services, the procedure of what happens if a woman falls pregnant was not discussed in any detail and remains unclear. For example, one local

authority practitioner said that pregnancy can be an opportunity for specific work to be done with a mother, and yet later talked of having to end support because a woman fell pregnant. In this latter case, following the end of her support, the woman terminated her pregnancy and then requested to be referred back to Reflect, raising questions about the clarity of guidance and the availability of wider support systems where women can be referred to should they become pregnant. Significantly, in the three cases where work with pregnant women continued, all three mothers went on to keep their child in their care.

3.4 Impact of resourcing issues

Participants valued the bespoke, long-term, and client-led nature of the Reflect service, and how parents are treated as autonomous individuals who can decide for themselves what their outcomes should be. However, the resourcing that is needed to provide the best possible service for the parents is not always readily available. Practitioners reported long waiting lists and trying to negotiate a high case load of parents. Nine participants talked about funding being a major concern, in terms of either not having enough, or that available resources could be redirected during the next funding review. A lack of funding was cited as a reason not to develop the service any further, particularly in local authority services, as the third sector services have more flexibility with regards to being able to access other grants and funds. One local authority service felt that they would be reluctant to 'advertise' Reflect too much as they do not have the resources to fully meet the potential demand, which could mean that there could be eligible parents who are not aware there is support available.

3.5 Training

Participants suggested that training should be offered that takes the uniqueness of Reflect into account and they expressed a desire for more specialist training in areas such as mental health or sexual health. One local authority service has engaged with the English community resource '*Research in Practice*' (2019; 2021), which offers bespoke training for professionals working with parents at risk of recurrent care proceedings. The practitioner from this service felt that it would be useful to develop a similar community of practice in Wales.

3.6 Isolation

Another issue that was thought to arise from the specialist nature of the Reflect was that of isolation for practitioners. Comments such as "no-one else does my job" and "I'm completely alone in my role" were especially common in areas where services were geographically dispersed. To address this issue, some practitioners utilised video conferencing such as Zoom to create a 'mini-team' where they could share resources and engage in peer supervision. The need for practitioners to be able to meet on a regular basis was raised, with a suggestion that the All-Wales managers' meetings² could be widened to

² Bi-annual meetings held by Barnardo's for all Reflect managers

include practitioners. There was an acknowledgement that not all Reflect services can operate in exactly the same way due to cultural and geographical differences across Wales. However, for the majority of participants, ($n= 10$), there was a desire to learn from each other and find out what is happening in other Reflect services, with two managers suggesting that a national Reflect framework would be useful in bringing the services together.

3.7 Social workers

Participants ($n= 7$) reported that receiving referrals from social workers could be problematic. Suggested reasons for this ranged from a general lack of awareness of Reflect, to negative attitudes towards birth parents (see also Morriss 2018; Roberts 2019, 2021; Roberts et al. 2021), and the Reflect workers who support these parents. This lack of awareness and understanding was thought to contribute to the isolation discussed in section 3.6, and it highlights a need for further promotion and education about the Reflect service to wider stakeholders.

3.8 Mental health

Mental health was presented as a significant barrier for some parents. A lack of services outside of Reflect, and a lack of specialist training in mental health led to feelings of helplessness for some practitioners ($n= 2$). Participants also noted that ceasing work with parents at the end of the two years was more difficult in cases where parents had no access to other services ($n= 2$).

4. Conclusions and Recommendations

Based on these key findings, the following recommendations for practice were suggested by professionals:

4.1 Increasing awareness

The Reflect service appears to be misunderstood by those 'outside' and there was very little publicly available information about the service. One suggestion was that there could be a bespoke website or app where parents could self-refer and where professionals could find out about the services offered by Reflect. However, if Reflect is to be further promoted, there is an issue around resourcing, which is currently limited and uncertain, and might therefore hinder efforts to expand and develop.

4.2 Improving cohesiveness

Whilst consistency in provision would be the goal, what the support looks like in each area varied due to geographical and cultural factors. Regular 'whole team' meetings for managers and practitioners, a national framework and consistent recording procedures were positioned as strategies that could help make Reflect services more cohesive and operate as one unit.

4.3 Concluding remarks

This study has offered an insight into Reflect service provision across Wales. The findings have indicated that there is a desire for the Reflect programme to become more cohesive across the country, however, a 'one-size-fits-all' model for Reflect might not be effective. There is a need to create a national framework under which Reflect can operate, whilst being sensitive to organisational and regional variations that may impact on the service that can be provided. This study has highlighted that there are some key differences in service provision, which are underpinned by a need to balance the needs of the parents with limited resources and local authority constraints. Further research in this area could seek to elicit the views of parents in order to involve them as 'experts-by-experience' (Preston-Shoot 2007), as well as working with wider stakeholders in the on-going development of services to ensure parity of support across Wales.

References

- Alrouh, B., Broadhurst, K. and Cusworth, L. 2020. *Women in recurrent care proceedings in Wales: a first benchmarking report*. Available at: www.nuffieldfoundation.org [Accessed 27 September 2021].
- Boddy, J. et al. 2020. *Evaluation of Pause: Evaluation report*. Available at: www.gov.uk/government/publications [Accessed 27 September 2021].
- McCracken, K., Priest, S., FitzSimons, A., Bracewell, K., Torchia, K. and Parry, W. 2017. *Evaluation of Pause: Research report*. Available at: www.gov.uk/government/publications [Accessed 27 September 2021].
- McPherson, S., Cox, P., Ryan, M. and Baxter, V. 2020a. *Reducing recurrent care proceedings: Service evaluation of Salford Strengthening Families project*. Unpublished report: University of Essex.
- McPherson, S., Cox, P. and Baxter, V. 2020b. *Reducing recurrent care proceedings: Service evaluation of Stockport COMMA project*. Unpublished report: University of Essex.
- Ministerial Advisory Group. 2021. *Improving outcomes for Children: Legacy report*. Available at: <https://gov.wales/sites/default/files/publications/2021-06/improving-outcomes-for-children-programme-legacy-report.pdf> [Accessed 04 October 2021].
- Morriss, L. 2018. Haunted futures: The stigma of being a mother living apart from her child(ren) as a result of state-ordered court removal. *The Sociological Review*. 66, 4, pp. 816-831.
- National Adoption Service. 2020. *Good practice guide: Working with birth parents*. Cardiff: Association for Fostering and Adoption.
- Preston-Shoot, M., 2007. Whose lives and whose learning? Whose narratives and whose writing? Taking the next research and literature steps with experts by experience'. *Evidence and Policy: A Journal of Research, Debate and Practice*. 3 (3), pp. 43–59.
- Research in Practice. 2019. *Working with recurrent care-experienced birth mothers: Resource pack*.
- Research in Practice. 2021. *Supporting parents who have experienced recurrent care proceedings*. Available at: <https://supportingparents.researchinpractice.org.uk/> [Accessed 17 November 2021].

Roberts, L. 2019. 'A family of my own': When young people in and leaving state care become parents in Wales. In: Mannay, D., Rees, A. and Roberts, L. eds. *Children and young people 'looked after'? Education, intervention and the everyday culture of care in Wales*. Cardiff: University of Wales Press, pp. 140-152.

Roberts, L. 2021. *The children of looked after children: outcomes, experiences and ensuring meaningful support to young parents in and leaving care*. Bristol: Policy Press.

Roberts, L., Mannay, D., Rees, A., Bayfield, H., Corliss, C., Diaz, C. and Vaughan, R. 2021. 'It's been a massive struggle': Exploring the experiences of young people leaving care during COVID-19. *Young* 29(4), pp. 81-99.

Roberts, L., Maxwell, N., Messenger, R. and Palmer, C. 2018. *Evaluation of Reflect in Gwent*. Available at: https://www.exchangewales.org/wp-content/uploads/sites/14/2020/03/7516f3_ad677bef7a884f92a13e8b38318fc612.pdf [Accessed 27 September 2021].