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**Connecting Events in Time to Identify a Hidden Population:
Birth Mothers and their Children in Recurrent Care
Proceedings in England**

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6 **Connecting Events in Time to Identify a Hidden Population: Birth Mothers and**
7 **their Children in Recurrent Care Proceedings in England**
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14 **Abstract**
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18 There is international concern about the population of birth mothers who experience
19 repeat court-ordered removal of children. This article reports the findings from a
20 population profiling study that provides the first picture of the scale of women's repeat
21 involvement in public law proceedings in England. Based on national records from the
22 Child and Family Court Advisory (n= 43,541 birth mothers, 2007-2014), two subsets of
23 mother, child and legal proceedings data were created. The aims of the study were to: a)
24 produce a descriptive profile of recurrent cases; b) estimate the probability and timing of
25 recurrence and c) examine the relationship between maternal age and recurrence.
26 Quantitative analysis comprised descriptive statistics for profiling purposes and methods
27 of survival analysis to estimate probabilities. Findings indicate that the family justice
28 system recycles a sizeable percentage of women (24%) through repeat episodes of care
29 proceedings, with young women aged 16-19 years most at risk of recurrence.
30 Implications for social workers and the family courts are outlined with reference to new
31 innovations in England.
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Key words: care proceedings; recurrence; birth mothers; longitudinal

Introduction

There is international concern about the population of birth mothers who appear and re-appear before the family court and lose successive infants and children to out of home care or adoption. For a percentage of birth mothers, history repeats itself and women find themselves caught in a cycle of public law proceedings. Although the *serial* removal of infants and children from the same mother is reported in the U.S. (Grant, 2011, 2014; Larrieu et al., 2008; Ryan et al., 2008) in Australia (Taplin and Mattick, 2014) in Canada (Novac et al., 2006) and in England (Cox, 2012; Authors own, 2014), there is a dearth of research to inform a prevention agenda. Where the state intervenes to remove children to public care, birth mothers, fathers, children and extended family networks all experience loss, but this is surely magnified where compulsory removals are repeated. In this context, it is surprising that so little is known about this particular population of women as an international trend.

In this article we report the findings from the first stage (September 2014 – June 2015) of a mixed methods population profiling study funded by (hidden for review purposes) that provides the first picture of the scale of women's repeat involvement in public law proceedings in England. Our interest is in cases of care and supervision proceedings under s.31 of the Children Act 1989. Making full use of population-wide, time-ordered datasets held by the Child and Family Court Advisory Service (Cafcass), we connected birth mothers and their children to successive episodes of public law proceedings to create a unique longitudinal dataset. In contrast to single point designs that typify both government and research analyses of public law datasets, we restructured administrative data to tell a new story that captured repeat clients within public law proceedings.

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3 Reliable administrative data was available between 2007 and 2014 (fiscal years)
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5 concerning 43,541 birth mothers and 85,452 unique children. Two subsets of data were
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7 created based on birth mother as the primary unit of analysis to enable: a) descriptive
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9 profiling of recurrent cases; b) an estimation of the probability and timing of recurrence
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11 and c) an examination of the relationship between maternal age and recurrence. Our
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13 findings indicate that the family justice system recycles a sizeable percentage of women
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15 through repeat episodes of s.31 proceedings. In addition, evidence confirms a
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17 relationship between young motherhood and risk of recurrence. This is the first time that
18
19 data held by Cafcass has been used for population-wide analysis of public law
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21 proceedings, hence a full account of methodology is provided and limitations made
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23 transparent.
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28 New findings prompt searching questions about local authority and family court
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30 obligations to women to prevent recurrent proceedings. Once children are removed
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32 from women's care, neither the local authority nor the courts have any mandate to
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34 actively support women's rehabilitation. Although published judgments concerning high
35
36 profile cases evidence considerable disquiet on the part of the judiciary about women's
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38 exposure to repeat legal proceedings (c.f. [2014] EWFC B158), commentary on
39
40 individual cases has not resulted in systematic change in policy and legislation. Recent
41
42 central government investment in pioneering new initiatives is very welcome (c.f. the
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44 Pause initiative and the Family Drug and Alcohol Court), but in the absence of far-
45
46 reaching policy and legislative change, the sustainability of new solutions is in question.
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50 51 **Limitations of previous research: static lenses and hidden populations**

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54 Social workers and members of the judiciary in England are all too familiar with birth
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56 mothers who are repeat clients of the family court – their plight is not new. Yet, prior to
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3 our own work (Authors, 2014) the circumstances of this group of women have only been
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5 voiced through published case law precedents; the research literature has been largely
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7 silent on this topic. So, how is the relative obscurity of this population of birth mothers
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9 explained, given the hugely pressing human and economic concerns associated with
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11 successive court-ordered removal of children? Turning first to reports produced by
12
13 government departments based on audits of public law datasets, reports largely take the
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15 form of annual or quarterly cross-sectional performance reports. Whilst these reports are
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17 useful in enabling performance to be compared from one organizational timeframe to
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19 the next, these snapshots reveal little of the trajectory of the service user over time (e.g.
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21 Ministry of Justice, 2014). This trend is not peculiar to the UK, but similar performance
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23 focused reporting is evident in the U.S. Canada and Australia – countries that share in
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25 cognate systems of child protection. For example, the Family Court Australia produces
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27 an annual report that provides snapshots of court performance against key performance
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29 indicators such as the time taken to finalise appeal cases (Family Court of Australia,
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31 2014). However, recurrence is a *sequence problem* and in the absence of longitudinal
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33 analysis that connects episodes of public law proceedings, individuals re-appearing before
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35 the family court remain out of view.
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40 Turning next to the research literature, a similar *static* lens is evident because studies have
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42 tended to focus on an index child within a single episode of care proceedings (Hunt and
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44 Macleod, 1999; Harwin, 2003; Masson et al., 2008). Indeed, research on public law is
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46 marked by a dearth of robust longitudinal studies, despite the increasing availability of
47
48 accessible electronic datasets (Fluke et al., 2008; McGhee et al., 2013). Within the
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50 international literature, a small number of studies evidence an exception to this trend,
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52 notably research on sibling entry to public care (Shlonsky et al., 2003; Wulczyn and
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54 Zimmerman, 2005; Lery et al., 2005). Wulczyn and Zimmerman offer an alternative to
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3 what they describe as a 'point-in-time' perspective (p.741, 2005) by examining placement
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5 outcomes for siblings where they enter care on different dates. However, this body of
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7 work has had only marginal impact in terms of advancing longitudinal research that
8
9 makes full use of available administrative datasets, despite providing invaluable insights.

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11 The relative obscurity of the birth mother within analyses of public law datasets is also
12
13 explained by a consideration of what counts in terms of public and political interest in
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15 outcomes of the family justice system. Within public law proceedings, the child's welfare
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17 is paramount, whereas the family court is only tangentially interested in outcomes for
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19 parents. Thus, research on child pathways or outcomes has not been matched by any
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21 parallel interest in how parents fare over time. Indeed, much of the government and
22
23 academic literature tends to treat 'children' as a discreet reporting category and
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25 disconnects the child from his or her relationships with parents and extended family.
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27 Here it is useful to consider law as a social force that absorbs and reflects broader social
28
29 and cultural norms. In the UK, Canada, North America and Australia, the primacy
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31 afforded to the best interests of the child has served to marginalize questions about
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33 parents' experiences within family justice systems (Hunt, 2010).
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40 **Methodology**

41 *i) The research materials*

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43 National electronic case records held centrally by the Child and Family Court Advisory
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45 Service (Cafcass) comprised the primary source of data for the study, specifically records
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47 held in the agency's Case Management System (CMS). Cafcass records all care and
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49 supervision cases, thus, researchers can work with population-wide data, avoiding
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51 problems of bias. Data is held in electronic format and covers all court areas (n= 44)
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3 Designated Family Judge [DFJ] and all local authority areas (n=152) in England. A
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5 detailed feasibility study was initially completed which confirmed that records held in the
6
7 agency's Case Management System or "CMS" were of sufficient scope and quality to
8
9 enable the team to examine repeat clienthood in England, although the range of
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11 explanatory variables was restricted (Broadhurst et al., 2015). CMS is an electronic
12
13 relational database (Microsoft SQL Server), which means that it can be readily managed
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15 and manipulated using standard SQL-based (Structured Query Language) reporting
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17 programs (e.g. Crystal Reports). Thus, the research team could work with far larger
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19 samples, than would have been possible if manual reading of case files was required. In
20
21 the past, studies of care proceedings in England have been based on smaller sub-samples
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23 of paper/electronic files and researchers have reported difficulties in achieving
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25 representative samples (e.g. Masson et al., 2008; Wade et al., 2014).
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29 Within CMS limited biographical data is available concerning adult and child parties,
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31 which includes: date of birth, gender, relationships between parties and personal address.
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33 Previous feasibility work found too much missing data against the variables ethnicity and
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35 disability, such that this data could not be used for research purposes. In respect of S.31
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37 applications, data concerning application type, date of issue and case closure is available.
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39 It is also possible to identify the local authority in which an application has been issued,
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41 as well as court location and level. Legal outcomes *per child* and their combinations are
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43 also recorded in CMS. The list of variables and further methodological detail is provided
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45 in the project's open access technical appendix (see website X).
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52 A decision was taken to construct the study population around the birth mother, based
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54 on the fact that birth father information is often missing or can be unreliable in public
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56 law records. Consistent with the international literature (Lery et al., 2005; Masson et al.,
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3 2008; Brown et al., 2009), we found no information regarding a father as party to
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5 proceedings in a substantial number of cases (27.9% based on Dataset 1, see below page
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7 12). As with all research based on retrospective analysis of administrative records,
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9 research questions are inevitably shaped and constrained by the number of available
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11 variables and the quality of administrative records (Fisher and Rivard, 2010; Evans et al.,
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13 2010).

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17 *ii) A note on terminology*

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20 Within the CMS, proceedings commence with the logging of an ‘application’ for a s.31
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22 order, and cease, having typically spanned a number of months (current expected time
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24 for conclusion of care proceedings is 26 weeks), at ‘application closure’; when a decision
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26 as per the outcome(s) of the application is made. We use the terms ‘legal episodes’,
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28 ‘episodes’ or ‘proceedings’ (interchangeably) to refer to the activity that place in the
29
30 family court between issue of an application and closure. We use ‘index episode’ to refer
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32 to the first set of proceeding recorded in our dataset for any given mother, and ‘first
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34 repeat’ and ‘second repeat’ to refer to the subsequent two episodes (see technical
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36 appendix, website X).

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40 *iii) Final legal order data: rationalization and limitations*

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43 Some rationalization of legal order data was required given the multiple public law orders
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45 and their combinations recorded in the CMS dataset, per child. We created four discrete
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47 categories that captured the typical legal order outcomes for children: “adoption”
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49 (Placement Order and/or Adoption Order); “out-of-home care” (Full Care Order or
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51 Secure Accommodation Order); “family and friends care” (Special Guardianship Order
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53 or Residence Order)” and “at home/with birth parents” (Supervision Order [not in
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55 combination with any other order], Order of No Order or Family Assistance Order).
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3 Given the focus on birth mothers in this study, we sought to provide a picture of the
4 legal order outcomes from the birth mother perspective. Specifically, we aimed to answer
5 the question: did the mother have *at least one* child in the respective four categories?
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9 Where a mother was linked to at least one child with an order in one of these categories,
10 a value of 1 would be recorded. So, for example, if the mother has 2 children in the same
11 category, this was also recorded as a single value.
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16 Cafcass does not record child *placement* data, so we have inferred the most likely
17 permanency outcomes given the legal orders made. To gain a more accurate picture of
18 children's final placements, it would be necessary to link CMS data with that held by the
19 Department of Education.
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26 *iv) Data extraction and manipulation*
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29 Following ethical clearances, data collection and initial analysis took place between
30 September 2014 and May 2015. Reliable data was available dating back to 2007. Thus, a
31 decision was taken to capture cases that started and concluded between the 1st of April
32 2007 and 31st of March 2014 (fiscal years). Using Crystal Reports, a set of filters was
33 applied to CMS to identify all applications made under S.31 of the Children Act 1989, to
34 include *care and supervision* order applications. Feasibility work identified that recurrent
35 cases included supervision applications that resulted in a care order, so it was important
36 not to exclude them. Data was extracted and entered into the Microsoft Access research
37 database where data restructuring, checking, cleaning and analyses were performed.
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40 Applications were then filtered to identify the subset of completed cases that concerned
41 a unique mother (based on her ID) linked to at least one unique child. Applications
42 concerning the same birth mother could then be linked to identify birth mothers with a
43 recurrent profile. Meta-data tables were made available by the agency to enable the
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3 research team to unpack the agency's coding methodology and identify any major
4 changes in recording that would lead to errors in analysis (UK Statistics Authority, 2014).

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6 Initial data cleaning comprised the removal of duplicates and removal of clearly
7 erroneous values (e.g. mothers with impossible dates of birth). Such values were dealt
8 with by categorizing these as "missing". Here we assumed that errors were simply
9 random errors within the dataset rather than indicative of any systematic bias (Graham,
10 2012; Osborne, 2012). For analysis purposes we have worked only with available case
11 data and reported percentages of missing data.
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21 The main database contained data regarding the full cohort of birth mothers, her
22 children and legal proceedings. To meet the study objectives, two subsets were drawn
23 from the main database, stored in Microsoft Access and analysed using the software
24 package SPSS v.22 and R v.3.1.1 (R Core Team, 2014). **Dataset 1** comprised all usable
25 records against mother's first appearance in the dataset (index episode: n=43,541 unique
26 birth mothers) as well as first repeat (n=7,022) and second repeat (n=1,058) episodes.
27
28 The numbers of mothers experiencing a third (n=147), fourth (n=20) and fifth repeat
29 episode (n=1) were much lower and in some cases too small to enable meaningful
30 analysis, hence this episode data was excluded from Dataset 1. Analysis of Dataset 1
31 aimed for a *descriptive profile* of episode, mother and child characteristics, against the index,
32 first repeat and second repeat episodes.
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46 To estimate the probability and timing of a first repeat episode, we constructed **Dataset**
47 **2** based on birth mothers who recorded an index episode between 2007 and 2011 (n =
48 25,311 unique birth mothers). By restricting the sample in this way, we set a 3-year
49 *minimum* follow up per case, given findings from previous feasibility work indicated that
50 the majority of first repeat episodes would fall within this three year period. Here the
51 study replicated strategies used in previous published studies (e.g. Hawton et al., 2012).
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3 To begin to examine explanatory variables, we also examined mother's age at birth of her
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5 oldest child in the index episode. Feasibility work indicated the significance of this
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7 variable, suggesting a relationship between young motherhood and recurrence. Further
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9 multi-variable analysis is ongoing and given the complexity of this kind of analysis, will
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11 be reported separately.
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15 *v) Data analysis*
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18 Quantitative analysis aimed to produce an initial descriptive profile of cases held in
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20 Dataset 1. Raw counts and percentages were calculated for discrete variables, and
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22 measures of central tendency and spread, specifically the median, and lower and upper
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24 quartile and interquartile range, for continuous variables. Where meaningful categories
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26 existed, we discretized continuous data into ordinal groups.
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29 Using Dataset 2, the yearly probability of return to court (timing), and rate of recurrence
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31 (from index episode to first repeat), was estimated using Life Table methodology
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33 (Hosmer and Lemeshow, 2008). The relationship between probability of women's
34
35 return to court and maternal age at birth of the oldest child in the index episode was
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37 examined using Kaplan-Meier estimates of survival curves (Collett, 2003). Methods of
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39 survival analysis aim to 'correct' problems arising from incomplete observation and
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41 variable follow up (Lovric, 2011). Regarding Dataset 2, cases entered the observational
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43 window (2007-2014) at different points, giving rise to this issue. However, survival
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45 methods are less able to deal with problems of left truncation (events pre-2007 are
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47 unobserved), a matter we return to in discussion of limitations.
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Legal and Ethical Aspects

Approval for the study was granted by the President of the Family Division, the Cafcass Research Governance Committee, University of X and following transfer of the project University of Y. The University's Data Protection Guardian led the development of a System Level Security Policy (SLSP) for ensuring safe storage of sensitive data. Following extraction, de-identified (coded and unlinked) datasets (Meystre et al., 2010) were kept within an access restricted data share on University network storage infrastructures, compliant with the UK Data Protection Act 1998. Where de-identified data files were downloaded to approved laptops for analysis, laptops were protected with Bitlocker or TrueCrypt and datasets were returned to the share immediately after scheduled analysis. All members of the research team received updated training in data protection, were mindful of the data subject's rights throughout the lifecycle of the project and obtained enhanced clearance from the Disclosure and Barring Service (DBS).

Findings

1. Legal episodes: a descriptive profile

i) Overview

Table 1 displays the episode, mother and child characteristics against the index, first repeat and second repeat episodes. Of the 43,541 unique birth mothers captured in Dataset 1, 7022 (16.1%) recorded a repeat episode, and of these, 1058 (15.1%) recorded a further, second, repeat episode. At the index episode, the majority of s.31 applications were for care orders (n=42,247, 97.0%) rather than supervision orders (n=1,294, 3.0%), and this pattern appeared relatively consistent at first and second repeat episodes.

In keeping with the broader international literature, in a substantial percentage of index cases (n=12,146, 27.9%) women appeared as lone respondents with no father listed in the case. In a small proportion (7.0%), the mother was listed with two father respondents. In the remaining two thirds of cases (65.1%), the mother was listed with one father respondent. In first and second repeat episodes proportionally more women appeared as lone respondents (repeat episode 1: 37.2% and repeat episode 2: 40.4%).

Table 1: Episode level information: case type, mothers, children and legal outcomes.

	Index Episode		First Repeat		Second Repeat	
<i>Total number of applications</i>	43,541	-	7,022	-	1,058	-
<i>Type of S.31 application</i>						
Care Order	42,247	(97.0%)	6,470	(92.1%)	965	(91.2%)
Supervision Order	1,294	(3.0%)	357	(5.1%)	57	(5.4%)
Extension of Supervision Order	0	(0.0%)	195	(2.8%)	36	(3.4%)
<i>Application respondents</i>						
Mother as the lone respondent	12,146	(27.9%)	2,610	(37.2%)	427	(40.4%)
Mother and 1 father respondent	28,359	(65.1%)	4,295	(61.2%)	606	(57.3%)
Mother and 2+ father respondents	3,036	(7.0%)	117	(1.7%)	25	(2.4%)
<i>Age of mother respondent at application (start of episode)</i>						
14-15 years	284	(0.7%)	2	(0.0%)	0	(0.0%)
16-17 years	1,682	(4.2%)	87	(1.3%)	1	(0.1%)
18-19 years	3,350	(8.4%)	477	(7.0%)	40	(3.8%)
20-24 years	9,390	(23.5%)	2,123	(31.2%)	335	(32.2%)
25-29 years	8,356	(20.9%)	1,726	(25.4%)	282	(27.1%)
30+ years	16,908	(42.3%)	2,389	(35.1%)	382	(36.7%)
Information Missing	3,571	(8.2%)	218	(3.1%)	18	(1.7%)
<i>Number of children in application</i>						
One	24,603	(56.5%)	5,975	(85.1%)	898	(84.9%)
Two or more	18,938	(43.5%)	1,047	(14.9%)	160	(15.1%)
<i>Recurrence status of the child/children in the application</i>						
First time child/children only	43,541	(100.0%)	5,196	(74.0%)	744	(70.3%)
Recurrent child/children only	0	(0.0%)	1,546	(22.0%)	279	(26.4%)
Mixture of both	0	(0.0%)	280	(4.0%)	35	(3.3%)
<i>Age of the youngest child at application (start of the episode)</i>						
Less than 1 month	8,291	(19.1%)	4,191	(59.7%)	632	(59.9%)
1-3 months	4,251	(9.8%)	737	(10.5%)	104	(9.9%)

4-6 months	2,878	(6.6%)	169	(2.4%)	13	(1.2%)
7-11 months	3,444	(7.9%)	170	(2.4%)	31	(2.9%)
12-23 months	5,753	(13.2%)	335	(4.8%)	82	(7.8%)
24-35 months	3,883	(8.9%)	276	(3.9%)	48	(4.5%)
3-4 years	4,692	(10.8%)	359	(5.1%)	55	(5.2%)
5-9 years	6,298	(14.5%)	428	(6.1%)	46	(4.4%)
10-15 years	3,902	(9.0%)	336	(4.8%)	42	(4.0%)
16+ years	128	(0.3%)	15	(0.2%)	2	(0.2%)
<i>Information Missing</i>	21	(0.0%)	6	(0.1%)	3	(0.3%)
<i>Number of mothers experiencing each legal outcome</i>						
Parent Care (SO/FAO/NO)	6,496	(16.4%)	1088	(17.0%)	160	(16.2%)
Family and Friend Care (SGO/RO)	10,097	(25.5%)	1,231	(19.2%)	168	(17.0%)
Foster Care (CO/SAO)	15,468	(39.0%)	1,466	(22.8%)	192	(19.4%)
Adoption (PO/AO)	11,366	(28.7%)	2,820	(43.9%)	495	(50.0%)
<i>Information Missing</i>	3,924	(9.0%)	605	(8.6%)	68	(6.4%)

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3 *ii) The mothers: legal minors, teenagers and women in s.31 proceedings*
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5 We calculated women's age at first appearance in the dataset (index episode) and at first
6 and second repeat episodes (Table 1). It is particularly noteworthy that we captured 284
7 *legal minors* aged less than 15 years at the index episode, and 1,682 girls (4.2%) aged 16-18
8 years. A further 3,350 young women (8.4%) were aged 18-19. Putting these numbers
9 together, 5,316 (13.3 %) of Dataset 1 were teenagers at the index episode (see Table 1).
10 Just under half of the women (n=16,908, 42.3%) were aged 30+ years at the index
11 episode. Given problems of left truncation as described, we cannot be sure that the
12 index represents the onset of women's family justice careers in all cases – women may in
13 fact be *younger* than we can determine from available data. Looking across episodes, it is
14 concerning that a percentage of girls experienced a first *repeat* episode before they left
15 their teenage years (n=566, 8.3% of women at first repeat; n=41, 3.9% at second repeat).
16 Proportionally fewer women were aged 30 and above at first and second repeat episodes
17 (35.1% at first and 36.7% at second compared to 42.3% at index), which may suggest
18 maturation has a role to play in reducing the likelihood of recurrence. In the section that
19 follows, we probe further, the relationship between maternal age and recurrence.
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39 *iii) The children*
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41 It is important to note that recurrent care proceedings can concern a child who has
42 appeared before in an earlier set of proceedings, as well as newborn children. Though in
43 the majority of instances this was not the situation, just over a quarter of first and second
44 repeat cases did concern a child/children who had been subject to s.31 proceedings
45 previously. Just under half of the index applications concerned two or more children
46 (n=18,938, 43.5%). However, at first and second repeat episodes a far smaller
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percentage of applications concerned more than one child (1st repeat = 14.9% and 2nd repeat 15.1%), i.e. the majority of repeat episodes concerned one child only.

Regarding the age of children, the number of *infants* subject to proceedings in recurrent cases is noteworthy. Taking the youngest child within each legal episode, at the index, 43.3% of these children were aged less than 1 year, with 19.1% aged less than 1 month. The number of very young infants subject to proceedings *rose sharply* for the first and second repeat episodes: over 70% were aged under 1 year, nearly 60% were aged less than 1 month. In contrast, the proportion of children falling into the older age categories decreased (with the exception of the 16+ category, for which the proportions remained small and relatively stable). Clearly this variable is biased towards younger ages, however, this pattern remained when the distribution of children's ages, for the oldest child in each set of proceedings, was examined. Thus, evidence indicates a tendency on the part of local authorities to issue proceedings very early in the life of an infant, where there is a history of previous proceedings.

An important question regarding the prevention of care proceedings concerns women's movement between local authorities across the course of successive proceedings – anecdotal reports might suggest transient lifestyles. Table 2 displays information regarding geographic movement of cases between local authority areas and regions across legal episodes. It is noteworthy, that in the majority of cases, repeat proceedings were issued by the *same* local authority, although in around 10% of cases they were issued by a different local authority but one still falling within the same Government Office Region. In only 5% of cases were proceedings issued by a local authority in a different region of England, using DfE regional categories. Thus, evidence is of limited geographic movement for this population of women.

Table 2: Movement between geographic areas

	Index to First Repeat		First Repeat to Second Repeat	
<i>Movement between areas</i>				
Same LA	6,005	(85.5%)	892	(84.3%)
Different LA but same Region	649	(9.2%)	115	(10.9%)
Different Region	366	(5.2%)	51	(4.8%)
<i>Information Missing</i>	2	(0.03%)	0	(0.0%)

iv) Legal outcomes

As stated above, we have considered legal outcomes from the mother's perspective.

Asking questions about what happens to women's children as a consequence of public law proceedings is important as final legal outcome determines the level of contact she will have with her child, following court-ordered removal. In the case of adoption, direct contact is not generally sanctioned.

We can see that the proportion of women who experienced loss of one or more children to adoption *increased* with repeat legal episodes (Index: 28.7%; First repeat: 43.9%; Second repeat: 50.0%). However, it is noteworthy that family and friends remained a resource for recurrent birth mothers across successive proceedings; though the proportion of mother's experiencing this as an outcome for at least one of her children declined from 25.5% at the index episode, to 19.2% at the first repeat, and 17.0% at the second repeat. The proportion of mother's who lost at least one child to out-of-home care also decreased, from 39.0% at the index episode, to 22.8% at the first repeat, and 19.4% at the second repeat. This pattern suggests that over the course of successive proceedings, adoption becomes the preferred permanency option for local authorities and the family court.

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3 Across legal episodes, a fairly consistent percentage of cases (approx. 16%) fell into the
4 category “In parent(s) care” from which we can tentatively infer, that in at least some of
5 these cases, child/ren returned to the birth mother’s care. This suggests that even where
6 there is a history of previous proceedings, reunification was still possible. Further
7 research is needed to gain a fuller understanding of reunification in the context of
8 recurrent care proceedings and the factors/mechanisms associated with positive turning
9 points (Authors, 2014).
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20 *v) Intervals between proceedings and repeat pregnancies: where is the recovery window?*
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22 Table 3 reports the intervals between proceedings, based on the number of weeks
23 between the start of one episode of care proceedings and the start of the next. The
24 median interval between proceedings was 17 months, which is very short given that a set
25 of care proceedings will typically absorb at least 6 months of this interval. Of particular
26 concern is that in 36.0% of first repeat cases, proceedings *overlapped* with the index (a
27 fresh set of care proceedings started before the index episode concluded) and in 21.8%
28 of second repeat cases, proceedings also overlapped. This indicates that a sizeable
29 percentage of women in the sample were exposed to *continuous legal proceedings* and/or
30 experienced repeat losses of children within a very concentrated period of time. For
31 birth mothers who have had children removed from their care, the interval between one
32 set of care proceedings and the next may constitute a vital window for recovery.
33 However the timeframes we observed are out of sync with what is known about realistic
34 recovery for problems of mental health or addiction – problems that frequently
35 characterise the lives of women whose children are removed through court order
36 (Sidebotham and Heron, 2006; Brandon et al. 2008; Bockting et al., 2015).
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If we examine intervals between successive pregnancies (using child date of birth data) a pattern of *rapid repeat* pregnancy is suggested. Based on the median, a new sibling was born in a first repeat episode 21 months after his or her older sibling. In as second repeat episode, pregnancy intervals were shorter still, with a median of 13 months between episodes. Further work is needed to examine the dynamics of infant removal and rapid repeat pregnancy and factors that lie behind this concerning pattern, given the risks to maternal and fetal health associated with short interval pregnancies.

Table 3: Intervals between proceedings and pregnancies.

		Index to First Repeat	First Repeat to Second Repeat
<i>Interval between successive proceedings</i>			
N	7,022		1,058
Median (IQR) in Weeks	71	(80 = (38, 118))	72 (58 = (50, 108))
Median (IQR) in Months	17	(19 = (9, 28))	17 (13 = (12, 25))
<i>Proceedings overlap</i>			
N	7,021		1,055
Yes	2,530	(36.0%)	230 (21.8%)
Information Missing	1	(0.01%)	3 (0.3%)
		DOB of Youngest Index Child to Conception of Oldest First Repeat Child	DOB of Youngest First Repeat Child to Conception of Oldest Second Repeat Child
<i>Pregnancy interval (Months)</i>			
N	5,435		759
Median (IQR) in Weeks	90	(126 = (42, 168))	54 (82 = (27, 109))
Median (IQR) in Months	21	(29 = (10, 39))	13 (19 = (6, 25))
Information Missing	1,587	(22.6%)	299 (28.3%)

2. Estimating the probability of recurrence and timing

i) *Using the Life Table methodology to estimate the probability of recurrence*

In dataset 1, 15.1 % of women were linked to recurrent proceedings. However, a better estimate of recurrence is obtained using methods of survival analysis, given datasets

contained incomplete observations as described above. Using the Life Table methodology, yearly estimates of the probability of a first repeat episode in Dataset 2 were determined and are listed in Table 4. For women recording an index episode of s.31 proceedings, between 2007 and 2011, the probability of recurrence was almost 24% (23.7) across the 7-year window. This statistic indicates that repeat clients are far from unusual within the English Family Court if almost *1 in every 4 women* is likely to re-appear in a subsequent set of proceedings within 7 years.

Table 4: Life Table estimate of the probability of having experienced a first repeat by the end of each time interval, and the 'hazard' of experiencing a first repeat proceeding during each time interval. 95% confidence intervals for these quantities are also given.

Time Interval (years)	Probability of Recurrence	95% Confidence Interval for Probability of Recurrence	Hazard Rate	95% Confidence Interval for Hazard Rate
0-1	0.059	(0.057, 0.062)	0.061	(0.058, 0.064)
1-2	0.132	(0.128, 0.136)	0.080	(0.077, 0.084)
2-3	0.178	(0.173, 0.183)	0.055	(0.052, 0.058)
3-4	0.206	(0.201, 0.211)	0.034	(0.032, 0.037)
4-5	0.224	(0.219, 0.230)	0.024	(0.021, 0.026)
5-6	0.235	(0.229, 0.242)	0.014	(0.011, 0.017)
6-7	0.237	(0.231, 0.243)	0.003	(0.001, 0.006)

Regarding timing of a first repeat episode, the hazard rates in Table 4 are displayed graphically in Figure 1. They indicate that, following an index episode, the risk of a first repeat episode is greatest *within the first three years*. Regarding prevention, the reduction in probability of recurrence after 3 years is noteworthy. Although the reasons for this reduction cannot be determined from this dataset, we might speculate that women who space a subsequent pregnancy may be better able to convince the local authority and the courts that their circumstances have changed. Given the age profile of women at the index episode, we might speculate that that many women recording an index episode will

go on to have a subsequent pregnancy, suggesting that at least in a percentage of women, for whatever reasons, that warrant further analysis, they demonstrate some resilience to the loss of a child at an index set of proceedings.

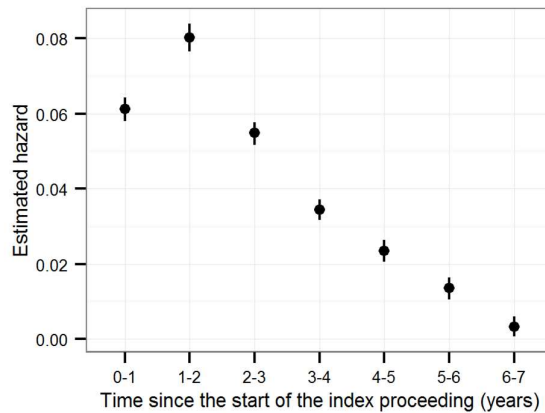


Figure 1: Estimated ‘hazard’ (with associated 95% confidence intervals) of experiencing a first repeat proceeding during each time interval.

ii) Maternal age and probability of recurrence

Figure 2 considers the probability of a first repeat against the variable “women’s estimated age at birth of oldest child in the index episode” based on Kaplan-Meier estimates of survival curves. Overall, we see that younger mothers are most at risk of being recycled through the family justice system. The probability of recurrence rises to around 32% for girls aged 16-17 and 31% for young women aged 18-19. For these categories of women, almost 1 in every 3 girls/young women are likely to reappear in a subsequent set of proceedings within 7 years. In contrast, for the age group aged above 30, the probability of recurrence drops to around 16%.

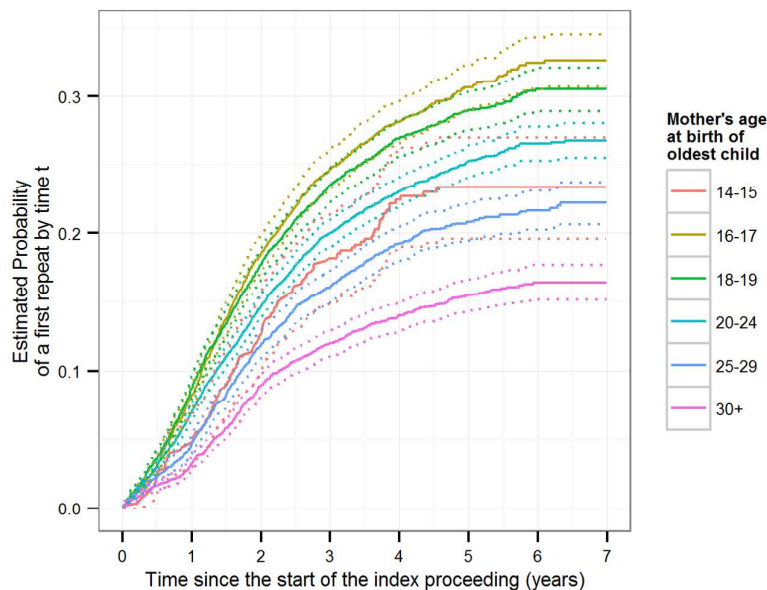


Figure 2: Estimated probability (with associated 95% confidence interval) of experiencing a first repeat by time point t according to mother's age at the birth of their oldest child within the index proceedings.

Main findings and discussion

By connecting events in time, we have been able to uncover a hidden population of women who are repeat clients of the family court. Given limitations of national databases, we have been unable to track cases back beyond 2007, but nevertheless our findings evidence that repeat clienthood is an *enduring and routine* feature of the family court. Based on yearly estimates of probability, we can expect (at least) 24% of women to return to court, having previously appeared as a respondent in s.31 proceedings. This estimate increases to almost 1 in every 3 for women aged between 16-19 years. In addition, for the majority of repeat clients, they will return within a short space of time (median interval is 17 months), typically following the birth of a new infant. Based on our population-wide analyses ($n =$ birth mothers), we have been able to establish that a

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3 pattern of rapid repeat pregnancy is firmly associated with recurrence, carrying health
4 risks for both mother and child (Conde-Agudelo et al., 2007) and resulting in women's
5 *continuous* exposure to legal proceedings in 36% of cases, at the first repeat (overlapping)
6 episode. Moreover, our limited analysis of the age profile of women, indicates that this
7 population of women make a far earlier transition to motherhood when compared to
8 the general population (ONS, 2014), with women in the categories 16-17 and 18-19
9 years, being most at risk of returning to court.
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19 Putting this new evidence together in this way, results in a very concerning picture – so
20 what are the implications for local authorities and the family courts in England? In
21 common with jurisdictions (e.g. U.S., Canada, Australia) that manifest something of a
22 policy lacuna regarding post-removal support to parents, in England there is no
23 statutory mandate regarding the provision of tailored rehabilitative support to parents
24 following child removal. This in spite of the fact that specific recommendations for
25 parents' rehabilitation are frequently set out during care proceedings, typically indicating
26 a programme of work that will endure long beyond the conclusion of care proceedings.
27 Although birth parents are entitled to *post-adoption* support under the Adoption and
28 Children Act 2002, services are highly variable, take up is inconsistent (Neil et al., 2010),
29 and there is no evidence that support in its current form meets the complex needs of
30 this higher risk population. Arguably, the family justice system operates according to an
31 implicit expectation of 'natural recovery'. By this we refer to a process of recovery that
32 results from untreated remission, ageing out of problems or self-change (Toneatto,
33 2013). However, evidence from this study indicates that a sizeable percentage of women
34 re-appear, because their problems are *repeated* rather than resolved. Here an expectation
35 of natural recovery fails this group – evidence is that women do return to court,
36 sometimes multiple times, losing successive infants to public care and adoption.
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3 Turning to the profile of women and children within recurrent proceedings – further
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5 pressing questions arise, given the young age of mothers and that a high number of
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7 infants appear to be ‘born into care’. Regarding maternal age, we have begun to
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9 differentiate the population of women against the variable age, with some concerning
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11 findings. Urgent attention needs to be paid to legal minors who feature in the data given
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13 the dearth of research concerning parents who are *children* themselves within care
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15 proceedings. Regarding the broader population of women, further work is needed to
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17 better understand the impact of child removal on young women’s developmental
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19 journey – does this form of loss increase maladaptive behaviours such as substance
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21 misuse? Evidence that repeat appearances before the family court can be *multiple*, may
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23 also indicate that for some women, a negative cycle of repeat pregnancy and removal
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25 becomes chronic. Through further waves of data collection that map recurrence against
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27 the maternal lifecycle, a clearer picture can be gained about the different trajectories that
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29 women take through the family justice system.
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34 The new evidence we present about children indicates that a sizeable percentage of
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36 infants are ‘born into care’ – i.e. they are subject to proceedings at or close to birth
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38 (n=5,455 infants in the repeat episodes). Moreover, the chance of proceedings being
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40 issued very early in an infant’s life rises sharply in first and second repeat episodes. To-
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42 date we know little of how these infants fare over time regarding permanency
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44 placements or sibling contact. The health and wellbeing outcomes for this population
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46 are of particular concern, because rapid repeat pregnancy is associated with a range of
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48 health risks for mother and child. Clearly the local authorities and the courts act earlier
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50 in the life of infants born to mothers who have a history of removal, but further work is
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52 needed to unpack the consequences of this action.
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57 In England we are witnessing innovation that aims to help parents avoid becoming
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3 repeat clients of the family court. The setting up of the Family Drug and Alcohol Court
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5 National Unit that takes a non-adversarial, problem-solving approach to family justice
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7 holds out the promise of helping parents to understand and develop the necessary skills
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9 to avoid repeating unhelpful patterns. Equally, the national “Pause” project aims to help
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11 women pick up the pieces after child removal, filling the space vacated by children’s
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13 services and helping women to gain control over their lives. However, without far wider
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15 roll out of preventative measures, it is highly probable that local authorities and the
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17 family court will continue to recycle a sizeable population through repeat care
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19 proceedings.
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24 **Limitations**

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27 For two key reasons the probability of recurrence that we have presented is likely to be
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29 an underestimate. First, the data for this study spanned a 7-year window (2007-2014);
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31 although methods of survival analysis aim to deal with incomplete observations, the issue
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33 of left truncation (events pre 2007 are unobserved) is far harder to ‘correct’. Second, we
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35 have assumed that all women recording an index episode are at risk of a further
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37 recurrence. Given the age profile of women, it is likely that many women will have had
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39 subsequent pregnancies rendering them ‘at risk’ of child removal – however, in the
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41 absence of maternity data we do not have a definitive picture of the risk set.
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45 It is also important to note that whilst we have focused on formal family court
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47 proceedings, children in England can be placed in out of home care on a voluntary or
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49 compulsory basis (Children in Care in England Statistics, 2013). Had we broadened our
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51 lens beyond formal legal proceedings, we would not doubt have captured a different
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53 picture of women’s repeat losses of children to out-of-home care.
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