

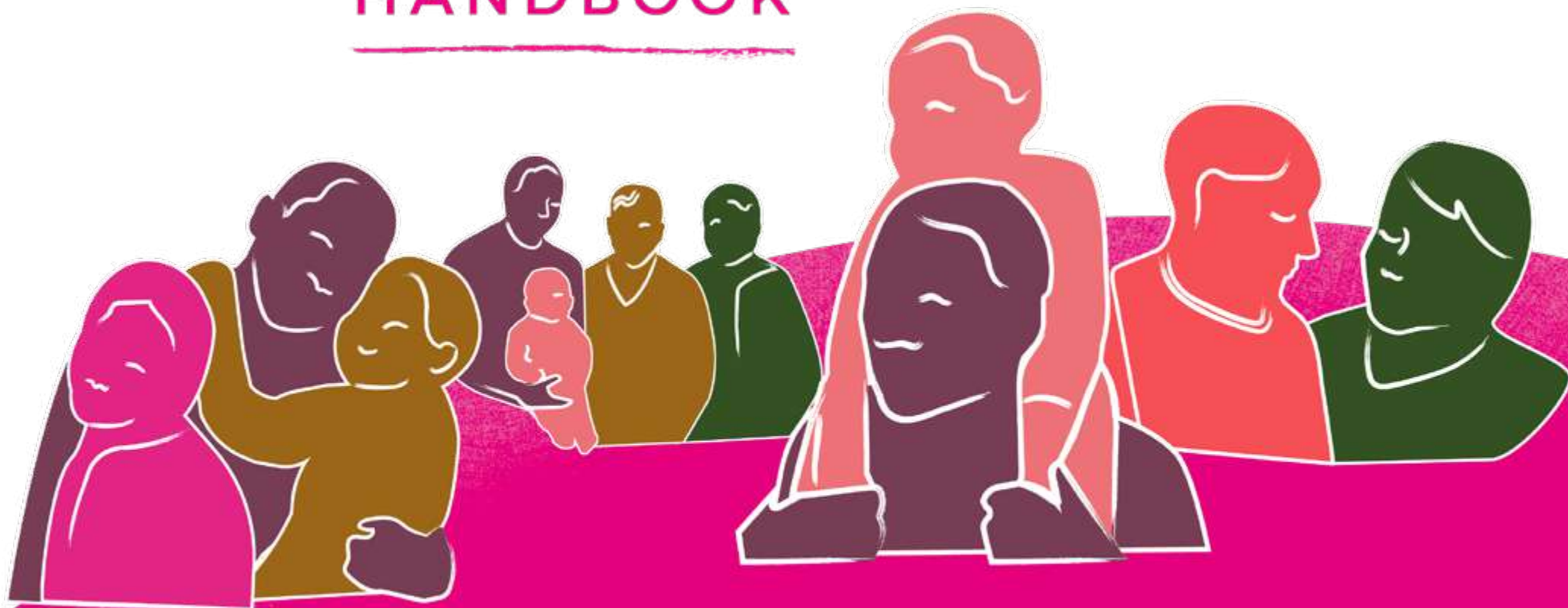


SALFORD  
**Strengthening  
Families**

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HANDBOOK

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# FOREWORD

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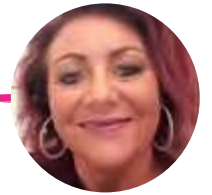
**Charlotte  
Ramsden**

**Director of  
People Services**

I am delighted to welcome you to Salford's Strengthening Families Handbook. It has been developed both to support Salford's practice and to meet the needs of adopting Local Authorities.

In recent years Salford has transformed how we identify and respond to early help need. Children and families tell us that when they experience problems, they value a swift response and support from the right people at the right time. This is managed through an integrated and agile early help and social care system that challenges the concept of referrals, thresholds and agency boundaries. Key to this has been the way in which we work with parents, parents-to-be and families.

I am proud as Director of People Services to work in partnership with other local authorities to develop, scale and spread this model. I look forward to working with you as you adopt and adapt this approach. Strengthening Families has made a real difference to the lives of children, young people and their parents in Salford, and we look forward to learning alongside you, too.



**Joe  
Garraway**

**Greater Manchester  
Combined Authority,  
Preventing Recurrent  
Care Proceedings Lead**

Welcome to Salford's Strengthening Families Handbook. As the Preventing Recurrent Care Proceedings Team Manager, I have been involved with the programme for 7 years.

Developing the service has been a really exciting, rewarding, and at times challenging piece of work. Research suggests that recurrent care proceedings in the North West are amongst the highest in the country – it's an issue for every local authority, and it's one of the toughest to tackle.

This handbook explains the Salford journey, why we did what we did, how we created the change and the outcomes our children and families have achieved. The most distinct aspect of the model we created is the team that works with our families. They are tenacious, passionate, and go beyond the extra mile in delivering their work. Ultimately however it is the families themselves who, with direction, work really hard to build their confidence and knowledge, to think about things differently and to turn their lives around.

I am really pleased and proud to be bringing you this handbook and to be working with you in developing your service.

For more information about Strengthening Families contact Joe Garraway at [joe.garraway@salford.gov.uk](mailto:joe.garraway@salford.gov.uk)



# Welcome to Salford Strengthening Families

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This handbook is a guide to the Strengthening Families approach, which provides intensive early help for parents who have had at least one child taken into care.

The handbook is for decision makers and practitioners considering adopting and adapting Strengthening Families for their context.

It is a why, what and how to guide for how Salford has, since 2014, been successfully preventing recurrent care proceedings, improving outcomes for children and families and avoiding costs for the Council.

A photograph of a man with a beard and short dark hair, wearing a dark blue t-shirt, sitting on a light-colored sofa. He is holding a baby in his arms. The baby is wearing a white t-shirt and a blue and white star-patterned bib. The man is also holding a large, brown, shaggy stuffed horse. The background shows a yellow cushion and a patterned blanket. A large, dark red, semi-circular graphic element is overlaid on the bottom half of the image, containing text.

## WHAT IS STRENGTHENING FAMILIES?

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In this section we will learn about Strengthening Families, its aims and outcomes and the practitioners who work with families to achieve these.

# What is Strengthening Families?

**Strengthening Families is an intensive early help service for parents - mothers and/or fathers - who have had at least one child removed from the family home and taken into care by the courts.**

**Strengthening Families provides support in three different ways at three different stages in parents' lives after court proceedings:**

## PATHWAY A:

**Post proceedings early intervention and prevention. There are currently 20 parents on this pathway in Salford.**



Pathway A supports parents during the weeks and months after their child has been taken into care. Strengthening Families supports parents as they come to terms with the ruling and begin to address some of their choices and behaviours that might have contributed to the judgement. The removal of a child can be traumatic for parents and often intensifies existing difficulties. Nationally 1 in 4 parents who have a child removed go on to have another taken into care. Strengthening Families is an early intervention, post proceedings, that helps prepare for parenthood in the future. Children who have been taken into care are not forgotten and parents are supported to manage contact with their children appropriately. Support in Pathway A is available for a maximum of two years in line with evidence indicating that parents are most at risk of recurrent care proceedings -having another child taken into care - if their next child is born within 18 months of the first removal.

## PATHWAY B:

**Pre-birth pregnancy support and preparation for social work assessment. There are currently 18 families with unborn babies in this pathway.**



Pathway B supports parents who are expecting a child. Expectant mothers who have had a child removed, or whose partner has had a child removed, are referred to Strengthening Families as early as possible in their pregnancy, as this is a unique period during which parents are highly motivated to change. Mothers are referred by their GP, their social worker or their midwife. Strengthening Families works intensively with both partners to support them to grow their parenting skills, helping them learn how to provide a safe and loving environment for their baby. The Strengthening Families team also works alongside children's social workers to prepare for the assessments parents who have had a child removed must complete, to demonstrate that their baby will be safe and cared for. For these parents, Strengthening Families gives them the opportunity to make an evidence change and intensive support to learn how to give their baby the love and care they need. Support transitions to Pathway C when parents are able to take their baby home safely, or if the baby is taken into care.

## PATHWAY C:

**Post birth family support through to school readiness. There are currently 60 families on pathway C in Salford.**



Pathway C supports parents from after their baby is born until their child begins school. The Strengthening Families team works alongside social workers, early years providers and healthcare professionals to continue to support parents to develop their parenting skills as their child grows and their needs change over time. Strengthening Families supports the growing family in practical ways too, helping them get the advice and services many families need, for example housing, debt management, benefits advice, support into work and so on. Over a maximum of five years the support parents receive reduces, moving from intensive to on-going until eventually parents graduate Strengthening Families when their child begins school. The Strengthening Families team use school readiness indicators to evaluate the impact of Strengthening Families for children of graduating families.

The diagram on the next page shows how the pathways fit together and some of the approaches that the Strengthening Families team uses to support parents.

# The Strengthening Families Pathways

YEARS 1 - 2

YEARS 3 - 5

## Pathway A: Post proceedings early intervention and prevention

Adult(s) only NB Referred into Pathway B in event of new pregnancy

### Build the relationship

- Phone and text contact
- Meetings in place of client's choosing
- Home visits
- Liaise with social worker
- Evaluate need
- Explain the offer and its purpose
- Secure consent

### Phase 1 Intensive Personal Support

- Direct support for:
- Final contact
  - Letterbox
  - Life Story
  - Memory Box
- Help to access:
- Counselling
  - Contraception

### Phase 2 Ongoing Personal Support

- Direct support for:
- Understanding what went wrong
  - Preparing to have another baby
- Help to access:
- Mental Health services
  - Skills and work advice
  - Improved housing
  - Benefits advice

### Phase 3 Graduation

- Light touch contact via phone calls and text
- Contingency planning

## Pathway B: Pre-birth pregnancy support and preparation for social work assessment

Referred by midwife/CSC by 20 weeks NB Flows into Pathway C if assessment results in CIN or CP. May be referred to Pathway A if care proceedings are recommended

### Build the relationship

- Phone and text contact
- Home visits
- Liaise with midwife and social worker
- Evaluate need
- Introduce the programme and its purpose
- Secure consent

### Intensive bespoke pre-birth support to prepare for social work assessment and parenthood

- 6 essential elements:
1. Advice about physical health and effects of diet, smoking, substance misuse
  2. Support for reflection on personal circumstances and experience
  3. Build capability for and confidence change
  4. Help to attend antenatal appointments
  5. Help to access/engage with other services
  6. Develop an action plan and gather evidence of change for SW assessment

Social Work Assessment:  
if CIN, CP progress to Pathway C

## Pathway C: Post birth family support through to school readiness

NB escalated via front door to statutory children's services in the event of fresh concerns.

### Build the relationship

- Phone and text contact
- Agreed action plan and intervention following pre-birth outcome
- Home visits to evaluate home learning environment and support SW/HV visits

### Phase 1 Intensive Parenting Support

- Direct support for:
- Parenting: Deliver parenting programmes
  - Applying learning in the home environment
  - Promoting child development
  - Advice about physical health and effects of diet, smoking, substance misuse
  - Working with social workers and healthcare professionals
  - Ongoing letterbox contact with looked after child(ren)
  - Safety planning
  - Assessment as required eg. Graded Care Profile MARAM
  - Healthy relationships work

### Phase 2 Ongoing Parenting Support

- Direct support to engage with universal services eg:
- Nursery registration and attendance
  - Attending Children's centre activities and programmes
  - Registering child with a dentist
  - Working with social workers and healthcare professionals
  - School application

- Help to access:
- Contraception
  - Healthcare including mental health services
  - Relationship advice
  - Housing
  - Benefits advice
  - Other relevant services

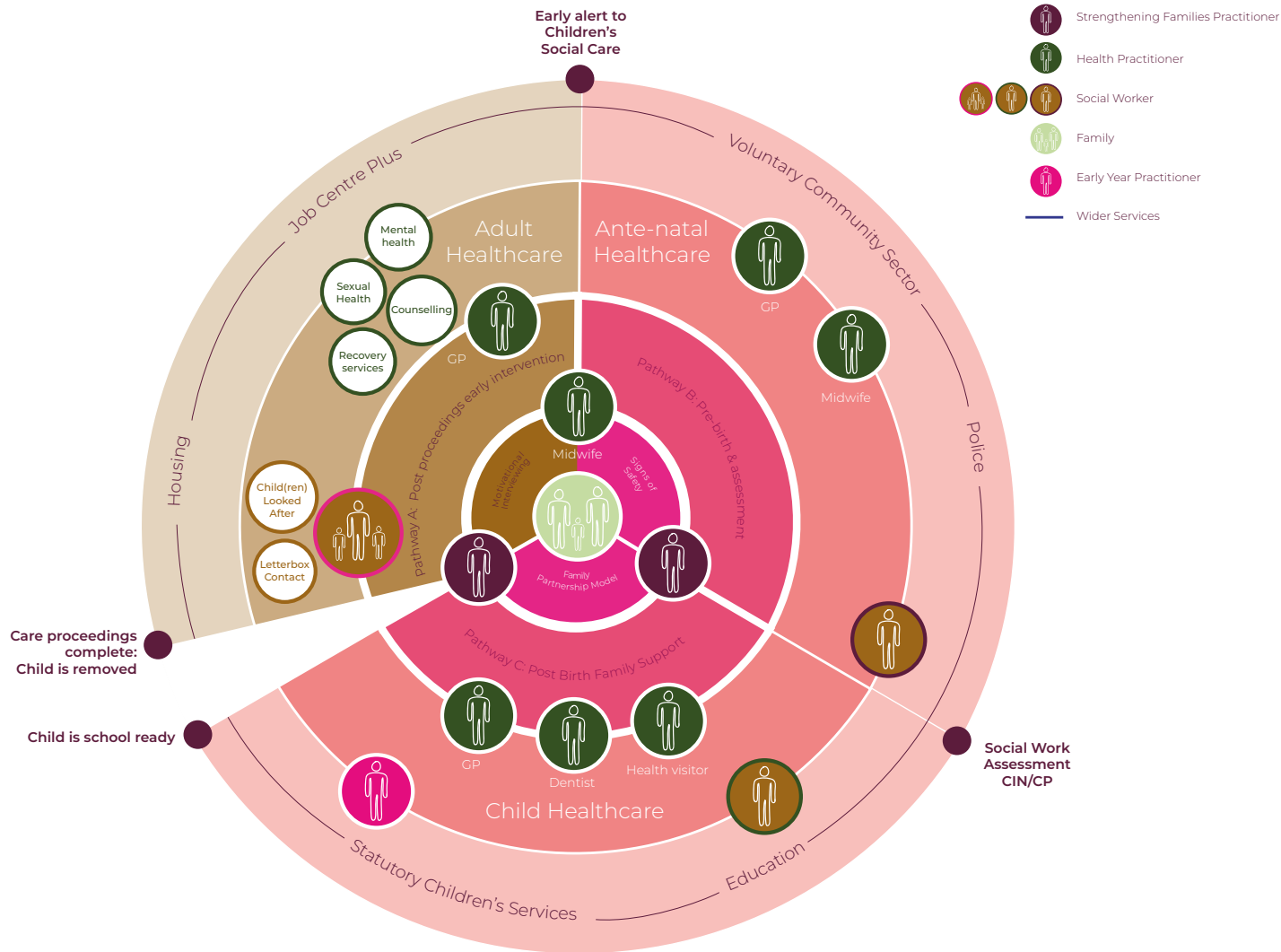
### Phase 3 Graduation

- Light touch contact via phone calls and text
- Contingency planning

Care Proceedings complete; child removed; adult(s) referred

Handover matching practitioner to family

# The Strengthening Families Model



As well as providing direct intensive support to parents, the Strengthening Families team work in partnership with a wide range of service providers to access and coordinate the specialist help that these vulnerable families need.

Families need different kinds of support at different times.

In Pathway A, (the top left segment of the circle coloured green), the focus is on parents' recovery and, if appropriate, establishing safe and healthy contact with their child(ren) in care. Partnerships with statutory children's services and local health care providers are key here. Counselling and specialist recovery e.g. for drug and alcohol addiction can be provided by the voluntary sector.

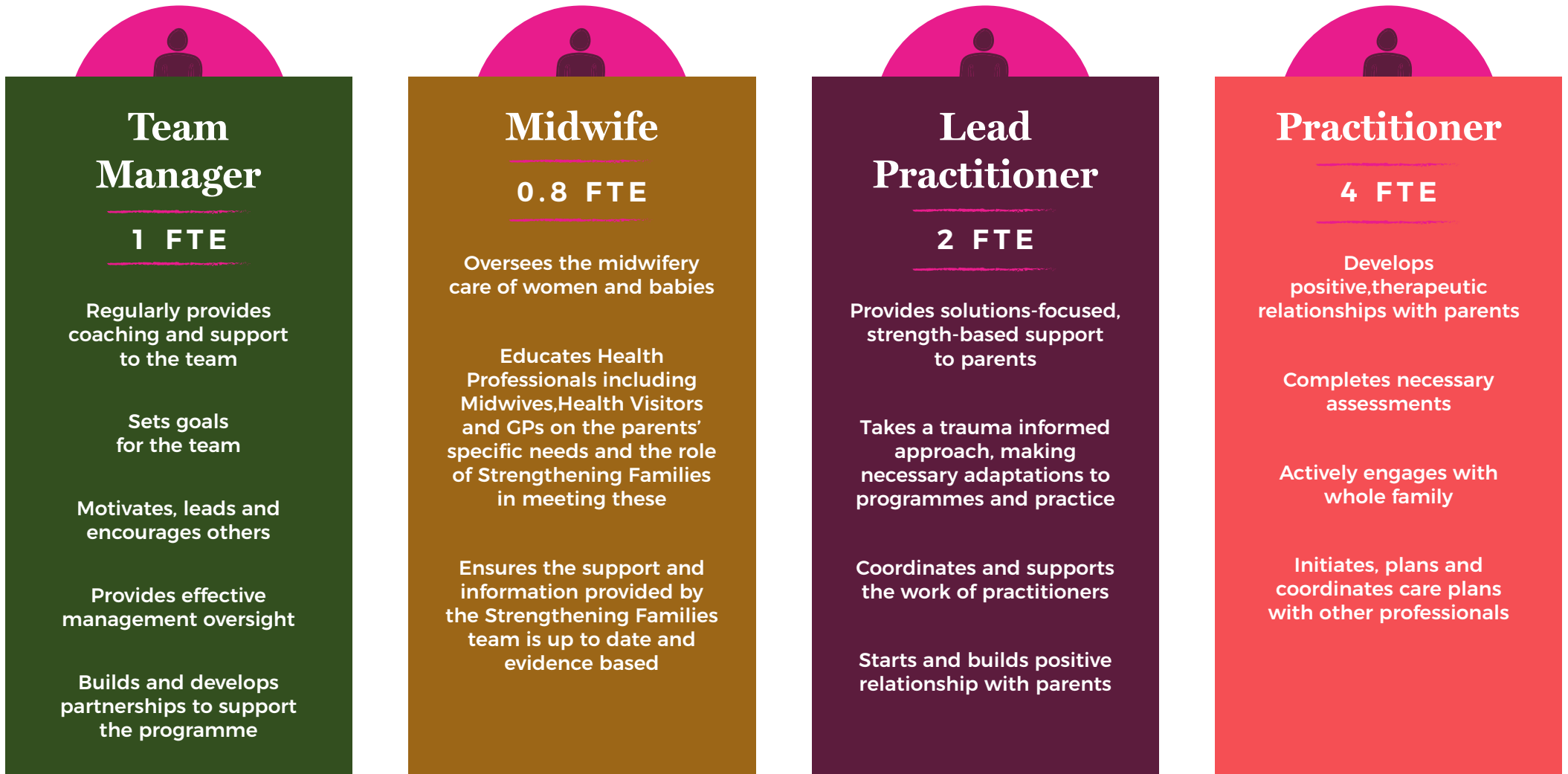
In Pathway B, in the top right segment, the focus is on pre-birth support in early pregnancy. A new pregnancy is a time of great hope and provides parents with a unique window of opportunity for change. The Strengthening Families team harness and scaffold relationships with the parents to help them make these changes and the midwife coordinates ante natal healthcare and supports early attachment. Partnerships with statutory children's services and individual social workers are key as parents prepare for assessments that will determine whether they can keep their new baby.

In Pathway C, where baby has been allowed to stay at home the focus is on intensive parenting support, early childhood development and, over time, making sure the child is school ready. Key partnerships in this pathway are with children's healthcare providers, early years providers and children's social workers.

In all three pathways, Strengthening Families supports parents as they work with a wider range of agencies to deal with practical issues such as housing, work and benefits and as they interact with e.g. education, social services and the police.



# Roles in the Strengthening Families Team



Full role descriptions are available from the Strengthening Families team on request

# Who can work in Strengthening Families?

As important as the unique roles of individual team members are the knowledge, values, skills and experiences that each brings to the Strengthening Families team. A Strengthening Families team member keep...

## MINDSETS & KNOWLEDGE

- Believes that no parent sets out to be a bad parent
- Believes that everyone is capable of positive change
- Understands that past experiences, which may include trauma, affect current behaviour and choices
- Accepts that some parents, especially those who have experienced trauma, need additional and different support to make positive change and to be good parents

## EXPERIENCE

- Understands family social work and how early help and statutory services complement one another
- Is familiar with the range of services available to families and can guide parents to help them find the support they need
- Has 'real life' experience that makes them relatable and approachable for parents

## VALUES & FEELINGS

- Engages with parents with honesty and authenticity
- Shows empathy and is non-judgemental
- Is willing to take a flexible approach to get a good outcome; 'Whatever it takes'
- Listens and values parents' views and perspectives
- Is fair and consistent

## SKILLS & TOOLS

- Is confident with a range of strengths based approaches
- Can teach parents about child development and their role in their child's growth and well-being
- Can inspire and motivate others
- Takes a relational approach, building trusting relationships with parents and colleagues
- Is comfortable working in a multidisciplinary team sharing ideas and decision making with other professionals
- Understands risk and when and how to refer concerns
- Is able to challenge and give kind, helpful and specific feedback
- Is confident with a range of assessment tools and techniques



# The Strengthening Families Challenge



These knowledge, skills, values and experience are critical because working with parents who have had a child removed brings a very particular set of challenges. Strengthening Families practitioners need to:

## BUILD TRUSTING RELATIONSHIPS

Parents referred to Strengthening Families are often harbouring feelings of anger and mistrust towards the children's social care system, so practitioners need to work hard to build a new relationship that will persuade parents to engage with support in order to bring about positive change.

## ACKNOWLEDGE LIVED EXPERIENCE

For many parents, disengagement and distrust are not just an immediate reaction to removal. Sometimes the reasons why a child has been removed from parents' care are rooted in complex personal and family histories and issues. Such issues are only made more complex and/or can be brought to the fore by court proceedings that result in parents losing their child or children.

*Recurrent mothers have been exposed to much higher levels of harm and adversity, 66% of recurrent mothers had experienced neglect in their childhood, 67% emotional abuse, 52% physical abuse, and 53% sexual abuse (Broadhurst et al., 2017).*

## AVOID DEPENDENCY

Strengthening Families practitioners can often be the single consistent person in a family's life over a long period of time. So they need to manage their relationships with parents carefully to avoid parents becoming over reliant or allowing the relationship to become unhelpfully informal or dramatic.

## ATTEND TO THEIR OWN WELLBEING

For practitioners working with parents with complex histories and lives, mirroring becomes a real risk, in particular where practitioners may have some of the same experiences in common with parents. When parents are stuck or struggling, this in turn can leave practitioners feeling stuck and frustrated too, meaning not only can't they do their best work for the family, their own health and wellbeing can be compromised.

The Strengthening Families team are able to use a range of tools and approaches to support parents to continue to make progress.

In addition, daily debriefing, monthly clinical supervision and access to a range of training and peer and leadership support helps keep the team safe and well and the quality of their practice consistently high.

## MANAGE RISK

A team of professionals share, monitor and manage any risks associated with cases. A variety of assessment tools are used to analyse the severity of impact of the risk and the likelihood of occurrence, such as:

- Graded Care Profile
- MARAM (Multi-Agency Risk Assessment)

Where a social worker is involved in a case, The Strengthening Families team refer any concerns about children at risk. If not, the team would refer the case in to the Bridge (SCC Front Door).

# Features of Strengthening Families Parents

Parents who engage with Strengthening Families often come with life experiences that make it harder for them to trust others and to make positive change.

**63% of all Strengthening Families parents were previously known to Children's Social Care as a child.**

The Strengthening Families team help parents explore how these experiences are affecting their parenting now and to support them to make the changes necessary for their own health and well-being, and to demonstrate that they can care for their child(ren).



# The Role of the Lead Practitioner

## INTENSIVE SUPPORT FOR PARENTING

Early interactions and relationships between babies and their parents are important for babies' healthy brain development. Stress factors such as domestic abuse, substance misuse and unresolved trauma often make it difficult for parents to meet the needs of their children. Strengthening Families makes the most of a unique window of opportunity to intervene at the start of a baby's life from conception onwards by providing intensive parenting support pre and post birth.

The Health in Pregnancy and Parenting Programme (HIPP) is an 8-week course, delivered by the Strengthening Families Lead Practitioner. HIPP helps parents understand how their baby is growing and developing. It covers areas such as the pre birth assessment and invites social workers into the group to discuss the process.

Often, when their baby reaches 6 months of age, parents' motivation can start to decline. To tackle this, the Lead Practitioner supports parents through the Baby Incredible Years programme making sure they become 'tuned in' and are able to respond to their baby's needs sensitively.

As their child grows and becomes a toddler, it becomes important to support parents to understand child development and child behaviours that they may experience at this age. The Lead Practitioner supports parents to learn how to help their toddlers feel loved and secure, whilst encouraging their social and emotional development. They follow the Incredible Years programme to strengthen parent and child interactions and attachment and promote language development. Group learning has huge value, but the really hard work takes place at home. The Strengthening Families Lead Practitioner reinforces group learning by providing on-going support.

## BUILDING THE RELATIONSHIP

Key to the success of Strengthening Families is the quality of relationships with parents. Parents can have multiple adverse experiences from their own childhood and present as adults with complex needs, often responding to professionals and services with hostility and aggression. Seeing past these behaviours is key to building engagement. The Lead Practitioner works hard to develop a positive relationship with parents, in particular where parents have not previously accessed support.

Assertive outreach is critical. It shows parents from the start that members of the Strengthening Families team are empathetic and caring, and won't give up. Relationships with parents focus on empowering them so they are able to learn and reflect on their experiences.

## PREPARATION FOR PRE-BIRTH ASSESSMENT

It is crucial to our work that expectant parents are referred to Strengthening Families as early on in pregnancy as possible. This allows work to be undertaken whilst parents are motivated and want to evidence and make changes in their lives. The Lead Practitioner works to understand relevant aspects of parents' histories including previous assessment in the context of their current situation and aspirations. The Lead Practitioner signposts and connects agencies around the parents to improve engagement and communications with professionals, and to ensure that, at the earliest opportunity, any identified need is met.

## CO-ORDINATION OF WORK

The Lead Practitioner takes a co-ordinating role and often attends safeguarding meetings or home visits to parents. This requires them to have a good knowledge of all current cases. Excellent communication skills are essential; they are a sounding board for other members of the team and are the first port of call when support is needed.

The Lead Practitioner facilitates collaboration to effect a multi-agency response, often directing work amongst professionals. They chair and host meetings where a Team-around-the-Family, co-ordinated package of support is required.

The Lead Practitioner works with the whole family, for example with a partner or maternal and paternal grandparents where those relationships have become difficult or strained. They often provide insight and creativity when parents find it difficult to learn about their past and current experiences, and in cases where other members of the team have become 'stuck'.

The Lead Practitioner supports the work of the Strengthening Families team throughout the 5 year offer of support to families and the 2 year support to adults.



# The Role of Strengthening Families Practitioners

## SUPPORTING EARLY CHILDHOOD DEVELOPMENT

Strengthening Families practitioners support parents and children for up to 5 years as they prepare to begin school. They have a good understanding of the risk factors that can threaten children's development and limit future social and economic opportunities, and increase the likelihood of mental and physical health problems, criminal involvement, substance misuse, or exploitation or abuse in later life. These factors exist at different levels in a child's environment – at the individual, family, community and society level – and interact in complex ways.

The early years – from pre-birth until starting school – is a critical period. It is the time when children form bonds with their parents, develop language skills and other cognitive functions, and establish behavioural patterns. Gaps that emerge in the early years can persist into the school years and beyond. Strengthening Families practitioners have a vital role to play in identifying children who may be showing development delays and in helping to develop the skills and competencies that set a child up for life.

The quality of parenting and the relationship between parents, whether they are together or apart, significantly influence a child's development and long-term life chances. Strengthening Families practitioners help to improve parenting practices, to support families feeling the strain of financial or other pressures, and to reduce the conflict between parents, which can be harmful for their children.

The wellbeing and mental health of a child supports positive outcomes in other areas, such as performance at school or behaviour at home. Strengthening Families practitioners help parents to build up the social and emotional skills of their children, which are so essential for learning and life, and to support future good mental health.

The practitioners are trained in programmes which support development in the early years, for example Newborn Behavioural Observations, Talking Together and various parenting programmes.

## IMPROVING ACCESS TO SERVICES

Many parents referred to Strengthening Families are isolated with limited support networks and few positive role models in their lives. The consistency and quality of Strengthening Families practitioners' relationships with parents, and working with children and parents in their family home, means that Strengthening Families practitioners are uniquely placed to introduce services to parents, which they might otherwise never know about or access.

Practitioners engage families, encouraging them to access services delivered within their local communities, often attending appointments and sessions with them to increase their confidence and build their resilience.

Practitioners support, scaffold and become the parent's advocate whilst working alongside them and across services. This partnership approach involves working collaboratively with partners and sharing information to ensure families' specific needs are identified, and that they are referred and signposted to the right services. Successful multi-agency working can significantly improve the impact of support.

## SUPPORT TO GRADUATE FROM STRENGTHENING FAMILIES

After 3 years in Strengthening Families, practitioners begin to prepare parents and children for the end of the programme, when they will 'graduate' Strengthening Families. Practitioners are consistent in their engagement with families and offer hope, empathy and direction, so it takes time for parents to grow their confidence and resilience and their network of support for when Strengthening Families is no longer there. Strengthening Families practitioners work to empower parents and help them develop the skills they need to continue to parent their child well and to access other services for support and help.

When parents are first referred to Strengthening Families, initial support is intensive and practitioners visit weekly. Visits gradually reduce in frequency and intensity over time.



# Why Does Strengthening Families Need a Midwife?

## CONNECTING THE HEALTHCARE AND CHILDREN'S SOCIAL CARE SYSTEMS

An essential element of the Strengthening Families midwife's role is building strong communication pathways between health care and Early Help/Social Care services, promoting a multidisciplinary approach to provide holistic family support. The Strengthening Families midwife connects the community midwife, safeguarding midwives and any specialist midwives involved in the woman's maternity care to create a communication network that will ensure all the appropriate referrals have been made and that all agencies are aware of any safeguarding concerns.

Salford is covered by a number of healthcare providers. Furthermore the majority of women referred to Strengthening Families have complex medical and obstetric histories and usually have multiple health professionals involved. Strong networks are therefore essential to ensure important information is communicated across NHS boundaries and between professionals.

The Strengthening Families midwife takes a coordinating role with NHS providers ensuring families attend their healthcare appointments, chasing up families when they have not attended and planning their care alongside other healthcare professionals.

The Strengthening Families midwife supports collaborative working between health and social care by attending social care meetings and creating a Strengthening Families care plan which is shared with all the NHS providers involved in the family's care.

## PERINATAL AND INFANT MENTAL HEALTH

The Strengthening Families midwife provides more intensive family support in addition to routine maternity care. Many of the parents referred to Strengthening Families experience mental health problems, often associated with the previous removal of a child/ren, so support with perinatal and infant mental health is critical. Perinatal mental health can have a significant effect on the mother- infant relationship, and as a result, there may be longer term consequences for all areas of the infant's development, especially in relation to their later emotional and behavioural development (NICE 2014).

The Strengthening Families midwife is a trained perinatal mental health champion and provides mental health support to women throughout pregnancy and the immediate six weeks postpartum. The Strengthening Families midwife supports women to create an emotional wellbeing plan, teaches relaxation techniques and provides useful resources. The Strengthening Families midwife can undertake mental health assessment such as (PHQ-9, GAD-7, EPDS), liaise with mental health services and refer women for appropriate support when required.

## ATTACHMENT IN PREGNANCY

The Strengthening Families midwife also provides support surrounding attachment and bonding during pregnancy. Parents who have experienced recurrent care proceedings have reported feeling less attached to their baby during pregnancy due to fear the baby will be removed following birth. This is concerning, as research suggests positive in-utero bonding and attachment is essential for ongoing infant development.

The Strengthening Families midwife develops trusting relationships with parents to explore how they feel about bonding with their baby during pregnancy. The midwife sensitively undertakes attachment assessments and uses evidence based resources to support and promote attachment and bonding between parents and their baby.

## INTENSIVE PARENTING SUPPORT

The Strengthening Families midwife assists with parent education by facilitating the HIPP (Health in Pregnancy and Parenting) an 8-week intensive antenatal parenting course alongside a Strengthening Families Lead Practitioner. All staff are trained in the Solihull Approach.

Universal antenatal education programmes are centred around labour and birth and are largely aimed at first time parents. Because they have previously had one or more children removed, these sessions are rarely suitable for parents being supported by Strengthening Families, although we would not discourage them from attending such sessions.

The Strengthening Families midwife and Lead Practitioner also deliver the Baby Incredible Years Course, an 8-week postnatal parents' education programme, which includes one-to-one support with infant feeding, safe sleeping, bathing and parenting.

The Strengthening Families midwife has a significant role in public health, with the aim of improving health outcomes of mothers and babies. This includes support and education in relation to healthy eating and exercise, smoking cessation, drugs and alcohol, access to health care services and infant feeding, predominately the promotion of breastfeeding. The HIPP and Baby Incredible Years include a strong focus on the impact of parents' lifestyle choices for the healthy development of their baby and, later for the development of their child. Both courses support parents to make positive choices surrounding smoking and drug and alcohol use and encourage them to consider how their behaviour and parenting will impact a child's physical, emotional and behavioural development.





## WHY DO WE NEED STRENGTHENING FAMILIES?

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In this section we will explore the incidences and impact of recurrent care proceedings in Greater Manchester.

We will learn about the difference Strengthening Families has made for parents, for children, for communities and for the health and social care systems in Salford.



# The Greater Manchester Context



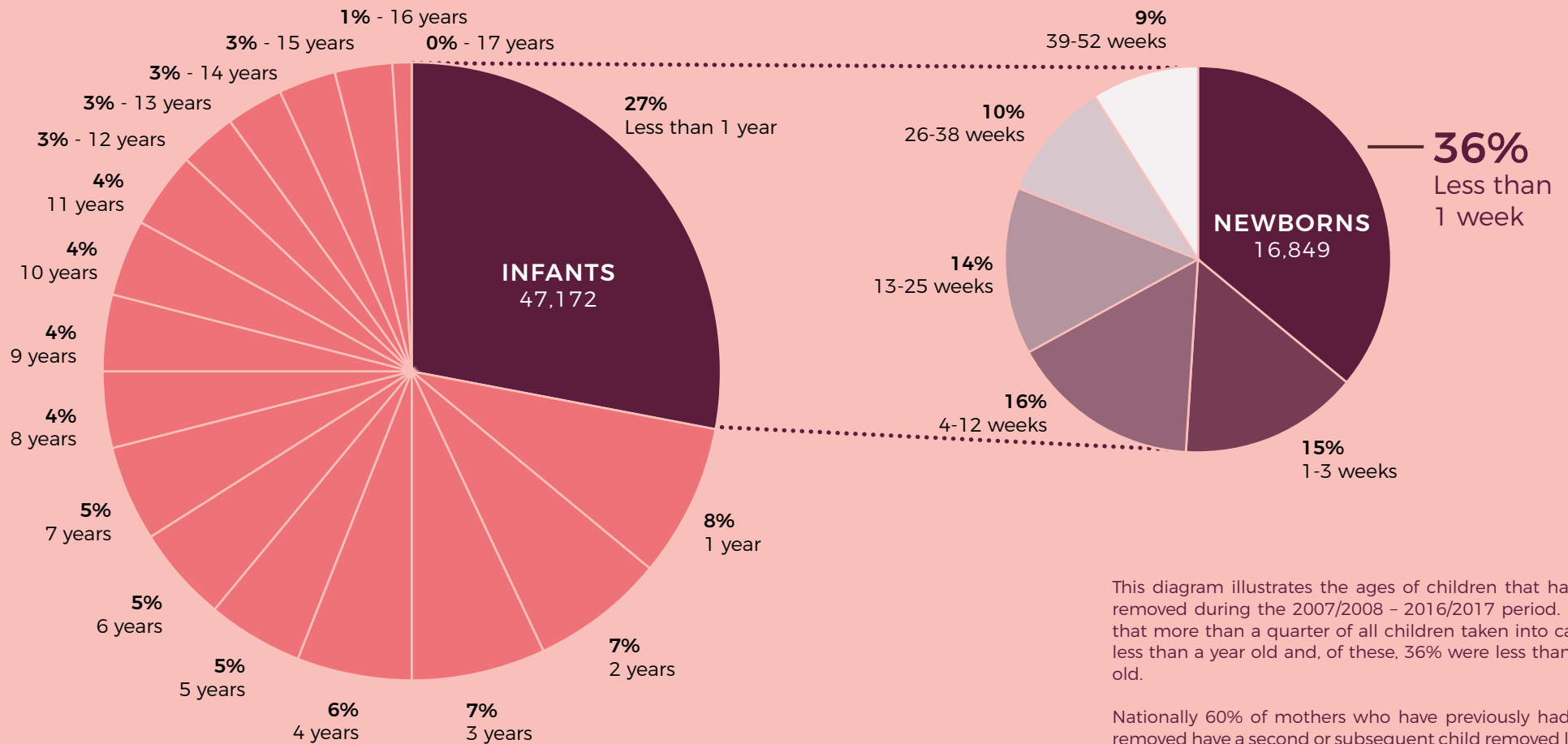
This chart shows the percentage of parents experiencing recurrent care in each of the ten local authorities in the Greater Manchester Combined Authority in the 2007-2008 – 2016/2017 period.

**GMCA final report - Vulnerable Birth Mothers and Recurrent Care Proceedings in Greater Manchester,**

**Lancaster University**

**Dr. Rebecca Pattinson, Dr. Stuart Bedston, Prof. Karen Broadhurst. 24th April, 2018**

# The Greater Manchester Context



This diagram illustrates the ages of children that have been removed during the 2007/2008 – 2016/2017 period. It shows that more than a quarter of all children taken into care were less than a year old and, of these, 36% were less than a week old.

Nationally 60% of mothers who have previously had a child removed have a second or subsequent child removed less than a year later. In 25% of these cases care proceedings began for the second or subsequent child before they concluded for the first or previous.

# The Picture in Salford

Strengthening Families was a direct response from Salford City Council to the growing number of women repeatedly losing their children to the care system.

Our data told us that:

- Over a 7 year period from 2005 – 2012, 228 mothers and 644 children were involved in repeat removal cases
- Over this same period, 65% of all looked after children (LAC) were from mothers who had had more than 1 child taken into care
- There was an average of 17 months between the first time mothers appeared in court with an infant, and the second time she appeared with another infant
- The hardest to reach families were resistant to accessing support or advice. Safeguarding concerns therefore had the potential to be left unresolved following the removal of a child
- No support was offered to families prior to 20 weeks' gestation. This was a missed opportunity
- Parents were not accessing health services consistently.

Salford recognised the need to identify an innovative and creative solution. The Strengthening Families Team was created to support parents prior to 20 weeks' gestation and if previous child(ren) had been removed.

Strengthening Families set out to improve:

- the number of parents and babies able to stay together after the removal of a previous child
- the health of parents and babies, including perinatal and infant mental health
- early attachment and bonding, leading to improved child development outcomes
- rates of breastfeeding
- the number of children ready to start school (school readiness)

We realised some improvements would be required to the local system to make these outcomes possible:

- links between social care and healthcare needed to be improved
- integration of local support services into a single pathway was necessary to ensure timely and appropriate referrals.

If we can get this right, as well as achieving these outcomes for children and families we will save money too.

GMCA (Greater Manchester Combined Authority), is undertaking a Cost Benefit Analysis (CBA) process with the data leads in each Local Authority.

The process will capture indicators including child development, cases open to children's social care, parental wellbeing and school readiness and evaluate the cost saving opportunities of improving outcomes in these important areas.



# The Strengthening Families Difference

## Current status of families in pathway C – post birth parenting support

There are currently 60 families with 64 children being supported by Strengthening Families.\*

### Of the current Strengthening Families children:

**22** ACCESS UNIVERSAL SUPPORT THROUGH EARLY HELP

**11** ACCESS TEAM AROUND THE FAMILY MULTI-AGENCY WRAP AROUND SUPPORT

**13** ARE ASSESSED AS A CHILD IN NEED AND ARE SUPPORTED BY CHILDREN'S SOCIAL CARE

**15** ARE SUBJECT TO A CHILD PROTECTION ORDER, AND

**3** ARE LOOKED AFTER CHILDREN

No children supported by Strengthening Families are being placed for adoption.

## Other highlights since 2014:

**ONE PARENT**, who had previously had 10 children removed by the courts, has been able to keep her 11th child in her care. She is now seeking employment.

**15 SIBLINGS HAVE BEEN BORN** to parents supported by Strengthening Families to keep a child. Many have been able to remain with their families without further assessment.

**3 CHILDREN HAVE GRADUATED** from Strengthening Families and have started school. Of these 2 have attained a good level of development. The 3rd has Special Educational Needs, which have been recognised and supported by the Strengthening Families team.

**PARENTS BEING SUPPORTED** by Strengthening Families report an increase in contact with children previously removed. Some have their children returned.

In 2019 Salford City Council commissioned the University of Essex to complete an external evaluation of Strengthening Families. The evaluation will report in 2020.

\* Note this does not include adult only cases in Pathway A or parents of unborn children in Pathway B

# Family Stories

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In late 2019 we spent some time hearing from families who are being supported by, or have graduated the Strengthening Families programme in Salford. The stories that follow show the way that families have interacted with the Strengthening Families team, from the point of view of the families themselves.

What comes through loud and clear is the critical role that Strengthening Families has played in helping the families stay together. Parents highlight the quality of their relationships with their practitioner, the confidence they have gained from the parenting programmes and the relief and joy they felt when they realised they could keep their baby. Some have overcome drug and alcohol addiction, left abusive relationships or moved to a new area for a fresh start. All are clear that without the support from the Strengthening Families team, they would not be in a situation where they could share with us how far they have come.

We would like to take this opportunity to thank the four families for their generosity and trust in sharing their stories with us and wish them all good wishes for the future. Names have been changed and pseudonyms have been selected by the families themselves.



# FAMILY STORIES

## Polly + Dennis



In 2008, Polly & Dennis had a difficult time. Dennis was struggling with drug and alcohol abuse and a history of domestic violence while Polly was struggling with her mental health.

Polly temporarily left her 3 children with her mum, meanwhile Dennis was arrested for a violent incident. Polly's mum involved the police and social workers.

Polly's mum put the children into care without telling Polly.

Over the following few years Polly & Dennis got their lives back on track with the help of Polly's nan and Dennis' drug/alcohol support worker.

*'SF came in and gave us a chance, and we took that chance'*

*'Police said if I come back to me mums they'll take my kids away.'*

In 2014 they were shocked to find out Polly was pregnant and feared they would not be able to keep the baby.

In late 2014, baby Aurora was born. Polly was supported by a MH midwife and SF. SF helped with pre-birth assessment and case conferences. Aurora was placed at CP and quickly moved to CIN.

Polly & Dennis welcomed support from SF and had regular weekly visits and attended the HIPP course.

They met with the midwife who notified social services, and got referred to SF.

*'I still had that fear right up until they told me I could keep her.'*

SF COURSE

SF REFERRAL

SF made regular visits, and Polly & Dennis took part in the Baby Incredible Years course. SF advised them on neighbour issues, moving house, claiming discretions and writing to social workers.

*'We got to know them, they was like family 'cause we had no family.'*

*'With our past, if we can do it and keep our kids, anyone can.' 'SF make you feel like you want to do it.'*

*'I never thought I'd say I'm sad to see you go.'*

*'It's a case of knowing that if you do need anything, they're there. Knowing that makes a big difference.'*



Polly fell pregnant again, and baby Belle was born in 2016. Belle was put straight at universal level.

Aurora and Belle started nursery and school and are doing well. SF are now able to step back from supporting them.

Polly & Dennis reflect positively on the motivation and support SF gave them. They want things to keep going as they are, and have happy healthy kids. Polly hopes to get in touch with her youngest son and start working.

# FAMILY STORIES

## Natalie



In 2010, Natalie gave birth to baby Toby. At the time she was in a violent relationship.

Toby kept getting ill and visiting the doctors. One day Natalie found a lump on his leg and took him to hospital.

Natalie was arrested and put on remand for 2 weeks. Toby went into foster care.

In this time Natalie found out she was pregnant again.

*'It was a shock and fear, cause I knew he was gonna get took.'*

*'Even though Toby was only a baby, he kept me going, kept me sane.'*

*'He spent a night in [hospital], they did an xray and all these broken bones come up.'*

Natalie was sent to live in a hostel in Liverpool for a month. She had regular visits with Toby and the foster carer.

Over the next two years Nat had regular contact with her sons until she unexpectedly had both boys returned to her care.

In June 2011, Benji was born. He was immediately placed in care under a section 20.

Natalie moved to live with her auntie. She was having assessments for Toby and unborn child. She attended (family & criminal) court 2-3 times a week.

*'Everyday I come down for visits with my son.'*

Nat noticed Toby's behaviour was unusual but no one was listening to her concerns. She was disappointed with the lack of support from social services.

*'It was exciting, it was hard. The foster carer just came and dropped them off, there weren't even a social worker present. They didn't prepare me for placing them back.'*

*'I got to say goodbye and that was it, he just got took.'*

*'I thought no i'm not giving up, not a chance I would give up on my kids, never.'*

Nat struggled to cope so Toby and Benji went to live with Nat's mum.

Nat's mum also flagged Toby's behavioural problems. He was then diagnosed with autism.

In 2014 Nat met her partner, Rich, and fell pregnant.

Nat found out she would be able to take her third son home. Baby Aaron was born soon after.

*'I was very unsure of social workers, I didn't trust them.'*

*'I think it all got on top of me and I ended up going off the rails, going out, getting drunk.'*

*'Getting pregnant was a negative, if i'm honest, 'cause I knew what was gonna happen. I didn't know SF existed then.'*

*'They phoned me and told me it was positive, that I could keep him. I can't even explain it, it was like i'd turned a new leaf over. I cried happy tears.'*

*'They need more places in different areas, there's a lot of women going through the same thing and they've got no help there, there's no one, no one at all. They should have one in each area.'*

*'They're like a sidekick, if I need something they're always there, always.'*

Nat attended parenting courses through SF.

SF helped Nat to move into her own house near her mum and sons. Social workers quickly withdrew knowing SF were there to help.

Nat was referred to SF. She met with them regularly and attended the HIPP course.

SF COURSE

SF COURSE

SF have supported Nat with nursery funding and school placement. They've also provided advice with family issues and helped Nat get through panic attacks.

*'Those courses helped me a lot. Helped with Aaron's behaviour.'*

*'It was like standing on your own two feet, need your own space.'*

Nat and Rich have a good relationship and see each other at weekends.

SF are now able to step back from supporting Natalie.

Nat hopes things will continue as they are and for a good education for her and her children.



*'I'm normally quite funny with people, hard to trust someone. But now, I'm a lot easier trusting people, [SF] helped me through that.' 'Me working with them and not against them has helped me with trust issues a hell of a lot.'*

*'I know if I needed them, and I phone them, I know they'll be there still. It's the fear of letting go. No social worker would do that.'*

*'I want my kids to do well in school. I'm hoping for myself to get back on track, do some courses. Go back and do my maths and english at college, better myself.'*

*'Just keep going, I'm quite happy at the moment. Take each day as it comes and smile.'*

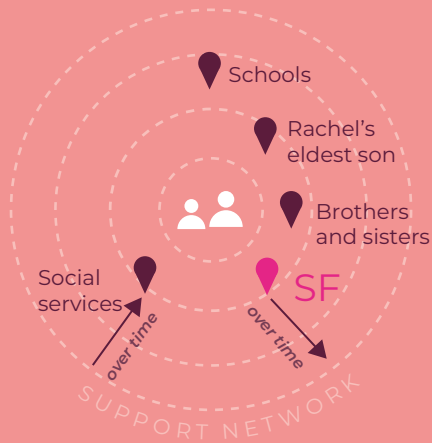
*'I wouldn't have my son without Strengthening Families, they have done a hell of a lot for me. If they weren't there he would've been put up for adoption.'*

*'If it wasn't for SF I wouldn't be where I am today, I wouldn't have Aaron. I can't say where I'd be mentally. I say it to my partner, if I hadn't had Aaron, hadn't had strengthening families I wouldn't be here, I would've carried on off the rails.'*



# FAMILY STORIES

## Rachel + Dave



Rachel & Dave met on New Years Eve 2011. They “clicked with each other” straight away as had both been through situations where they had children not living with them (Rachel 2 kids, Dave 3 kids) because they had been removed by Childrens Services due to issues with alcohol and drugs.

A few years later Rachel & Dave were living together and found out Rachel was pregnant. They worried whether they would be able to keep the baby in their care because of what had happened before.

*‘I was a bit panicky at first ‘cause we had to have all these assessments done.’*

*‘We stayed up talking about it ‘til about 6 in the morning, we’d both been through the same things so we didn’t judge each other.’*

*‘We needed a new cooker, mattress, highchair etc. Without them we wouldn’t have been able to sort the house out which then helped us prove that we got our home ready for the baby.’*

Rachel & Dave agreed to a referral and welcomed the support as part of their involvement with Childrens Services.

**SF**  
REFERRAL

*‘We knew that if we worked hard with Support Services it would be good evidence to a SW that we had changed. There was no way they were taking our kid again. We felt that Strengthening Families really wanted to help us keep our baby. We welcomed them in and they helped us to be ready to meet a Social Worker.’*

**SF**  
COURSE

Rachel & Dave had regular visits every week from Strengthening Families and attended a specialised Antenatal Course with other parents.

While Rachel was pregnant, Dave had some health problems that resulted in mobility issues. Strengthening Families provided support to the whole family including emotional and practical support and help with benefits and financial assistance.

*‘The course was quite good, alright actually. Bit early in the mornin’ though. ‘Opened your eyes that course, it was good.’*

Childrens Services Social Care commenced a full pre-birth risk assessment. Family were supported by Strengthening Families through the process and attended meetings etc.

Parents didn’t know if they would be allowed to take their baby home until his birth. Strengthening Families helped with hospital discharge etc.

Baby James was allowed to go home in his parent’s care. The decision was made that he was to be on a CIN plan because parents were able to show all the work they had done re personal development and abstaining from drugs and alcohol. The Social worker was satisfied that the baby was safe and secure in their care.

*'Social Services used to be just about taking children away, it feels like they're happy to keep us as a family now though.'*

*'Sometimes with Social Services it feels like they expect you to be perfect - Nobody is perfect.'*

*'Voting with his feet'. He really wanted to be here with his brothers, not in care.'*

*'I knew I had the ability to look after a baby, it was all positive, we weren't worried about things like that.'*

Parents completed Baby Incredible Years. They had regular visits from Strengthening Families to maintain positive relationships and offer ongoing support to the whole family.

SF COURSE

Strengthening Families could end support once child was 5 and in full time education provision.

Dave found that his ex-partner had agreed for his children to go into "care", but the children weren't happy - Dave found that they were running away and wanted to live with him - This has now been agreed.

Social work support/involvement ending with James as there were no ongoing concerns. Family continued accessing support from Strengthening Families.

*'Supports getting less and less but they're always on the end of the phone.'*

Family now have a better relationship with social services and school - They feel services are working together to support them.

The children are doing well in school and they hope things will carry on as they are.

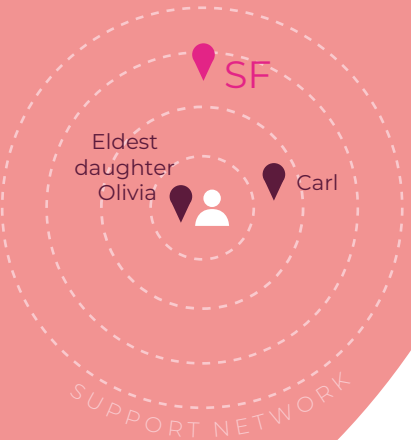
*'The headteacher comes to meetings with social services as well.'*

*The family want to be happy, They want to carry on as they were going. Everything is going well' our son has been 'Star of the day' twice in school and the older son is accessing college etc.*



# FAMILY STORIES

## Sandra



Sandra lost her home due to issues with antisocial behaviour and became targeted by her neighbours. Sandra and children were placed in temporary accomodation.

Once Sandra was in a house, her two eldest children were returned to her care. She continued to fight to get the youngest two back.

In 2016 Sandra met Carl. She got pregnant and was introduced to SF but sadly lost the baby.

SF  
REFERRAL

*'They put me in a homeless house, then I couldn't get all me kids to school, so they took 'em off me.'*

*'They didn't send them to me, they sent them to live with their dad in Wales. He wasn't looking after them properly so we all had to go through court, but they stayed with their Dad. So that was a bit shit really.'*

Sandra got pregnant again and was worried to tell social services. She then met with SF.

Sandra and Carl took the Baby Incredible Years course and continued regularly seeing SF.

Sandra & Carl didn't know if they would be able to keep baby Sophie until after she was born, she wasn't allowed to leave the hospital until they had decided.

Sandra had regular meetings with SF. They supported her with assessments, and she attended the HIPPP programme. She had more regular and unsupervised visits with her two youngest children.

*'I was thinking that [social services] were gonna be a nightmare to be honest, but they actually weren't, they was alright.'*

SF COURSE

*'The workers are friendly and talk to us like normal human beings. They don't judge based on what they've read. They don't speak down to you and they're not trying to back you into a corner.'*

*'It was more for Carl cause he'd never had a kid, he didn't have a clue. Things I'd said and how to do things, if he weren't sure, he could ask SF just in case.' 'The course was helpful. There's things now that I didn't do with the others, some things were quite educational!'*

*'They shouldn't leave it til you're that far gone. Worrying about it all that time while you're pregnant isn't really good, is it?'*

*'We started on PLO. Now we don't have a social worker.'*



1-1 support has continued. This has included emotional support, help with benefits, form filling and getting equipment needed for Sophie and the house.

After 9 months, Sophie was brought off child protection. She has recently come down below threshold again.

Sandra will continue to be supported by SF until Sophie turns 5 years old.



KEY FEATURES OF  
STRENGTHENING  
FAMILIES

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# Strengthening Families in the System

## WHY EARLY HELP?

Families have indicated that at the point of referral, they can feel distrust towards Children's Social Care.

This can be due to many reasons including their personal history and previous experiences of statutory services. Salford's response is for Strengthening Families to be a discrete service, separate to Care Children's Social Care, located in Early Help.

Whilst this separation is important it is also crucial that parents could see the relationship between themselves, Strengthening Families and Social Care with both services working constructively with parents and in partnership to achieve positive outcomes and lasting change. The team are given both the permissions and time to support families when they are ready and at their own pace. This ensures that parents feel a part of the working agreement and positively contribute to their own change; they own it.

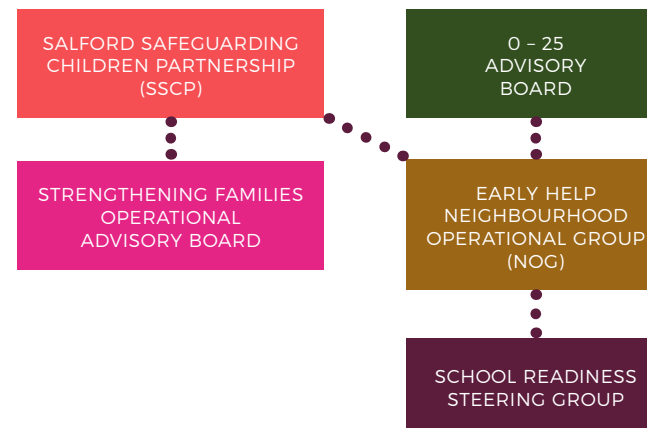
## GOVERNANCE STRUCTURE

Strengthening Families is a key element of Salford's Early Help offer and is accountable to the 0-25 Advisory Board.

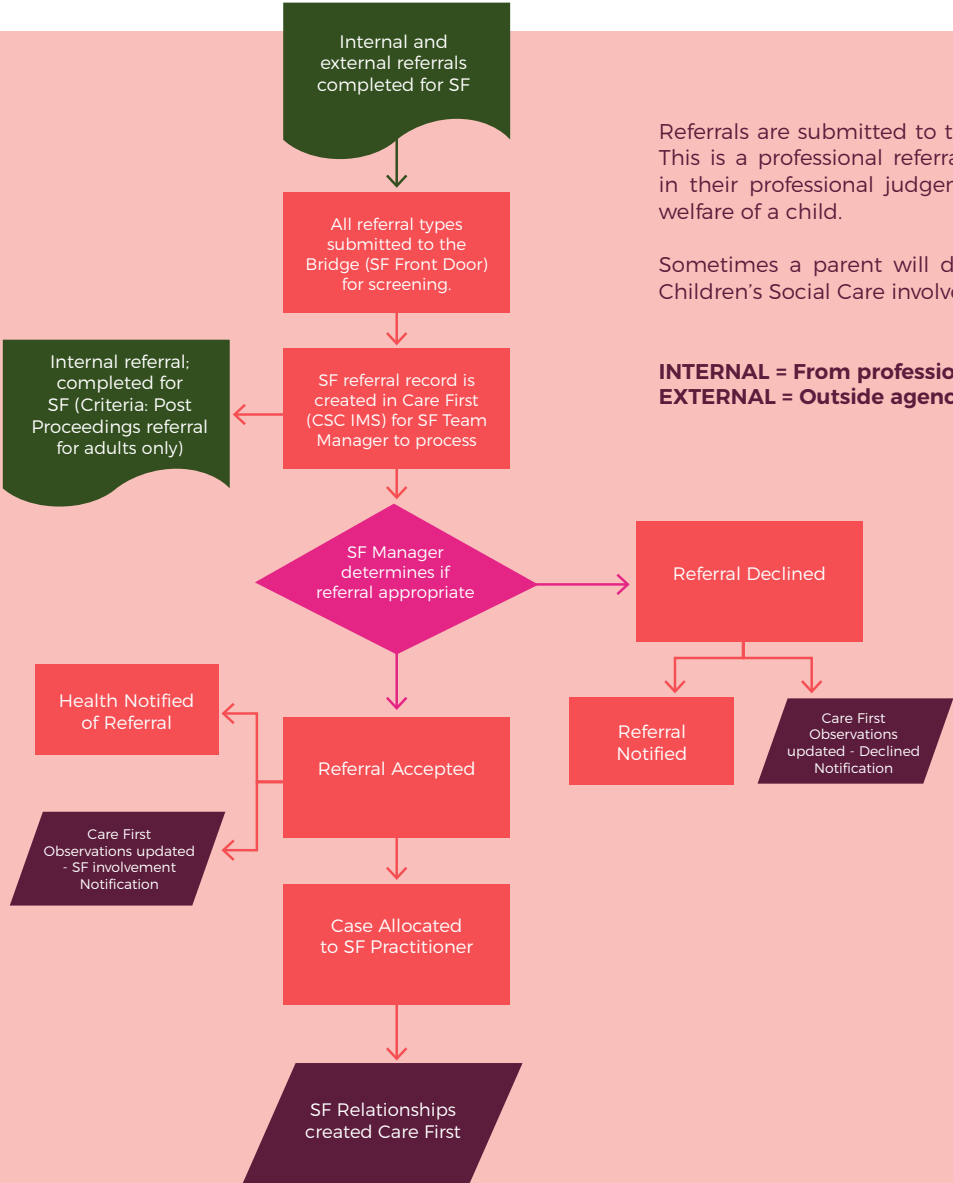
The Salford Early Help Neighbourhood Operational Group oversees the Early Help Action/Work Plan across the City. It provides deep dive exploration and intelligence on the Early Help system to identify areas for further connectivity and to escalate potential barriers and challenges to the appropriate forums and boards.

The Salford Early Help Neighbourhood Operational Group (NOG) reports to the 0-25 Programme Oversight Group (POG) and the 0-25 Advisory Board. This provides assurance to the Salford Safeguarding Children Partnership (SSCP).

The Strengthening Families Operational Advisory Board is accountable to the 0-25 Advisory Board and the Salford Safeguarding Children Partnership.



# How parents are referred to Strengthening Families

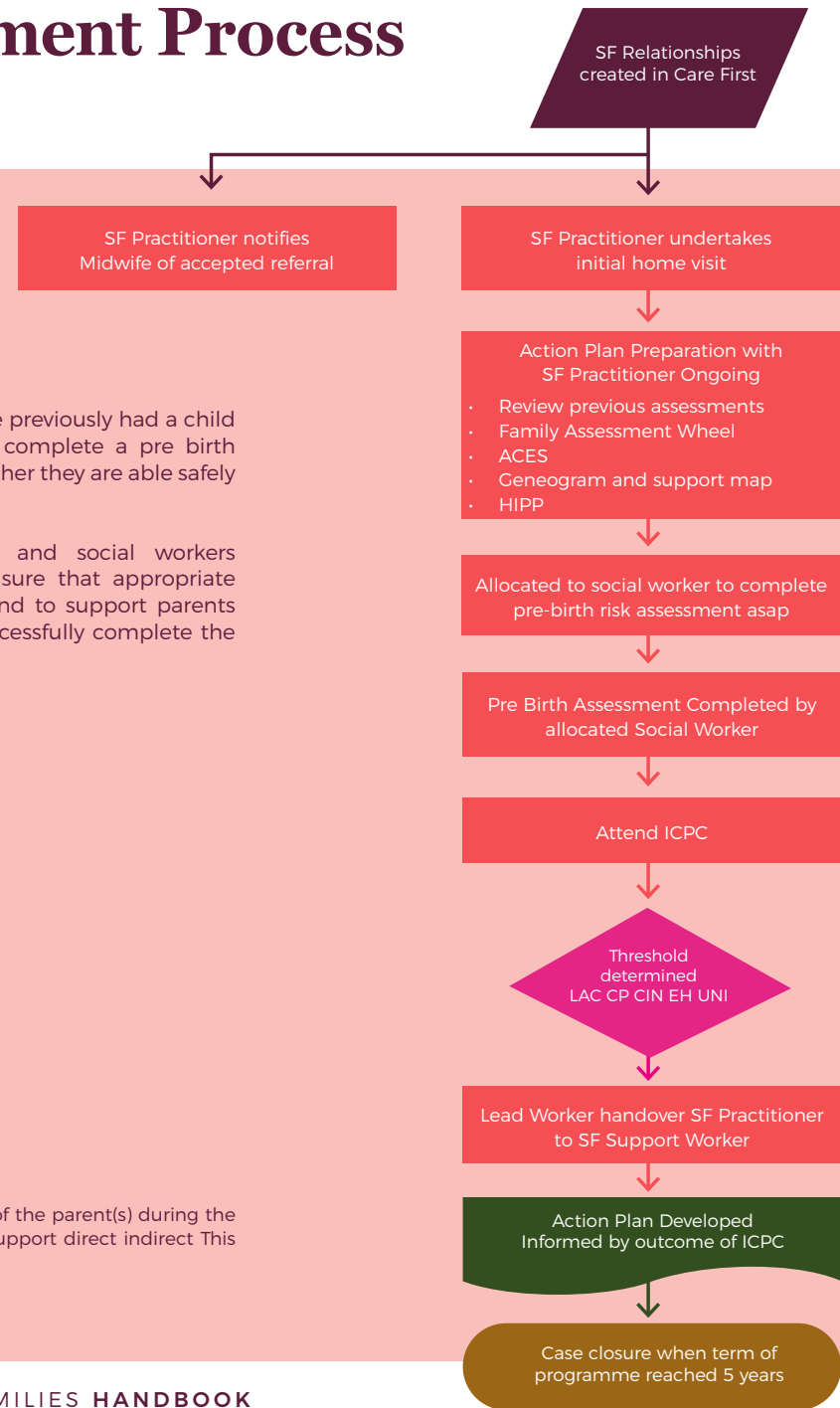


Referrals are submitted to the team directly from the MASH. This is a professional referral usually from a midwife where, in their professional judgement, there are concerns for the welfare of a child.

Sometimes a parent will disclose that they have had prior Children's Social Care involvement.

**INTERNAL = From professionals within CSC**  
**EXTERNAL = Outside agencies e.g. Police**

# Pre-Birth Assessment Process



For parents who are pregnant and have previously had a child removed, it is necessary for them to complete a pre birth assessment, in order to determine whether they are able safely to keep their baby after birth.

Strengthening Families practitioners and social workers work together to evaluate risk, to ensure that appropriate safeguarding measures are in place and to support parents to make the necessary changes to successfully complete the assessment.

\* Should a child be removed from the care of the parent(s) during the first 5 years the adult will receive ongoing support direct indirect This support is a maximum of 2 years

# The Strengthening Families Approach

Practice in Strengthening Families is informed by a range of evidence based approaches, adapted to fit the needs of hard to engage parents.

Practitioners adopt an 'assertive outreach' approach, they are passionate, tenacious and do what it takes to provide the support needed. They never give up. This means working outside of 'normal' hours and being flexible and creative in their approaches. If this means meeting a parent in a place they choose, then they are happy to do that.

All workers have the strong belief that everybody has the capacity to change, and working with parents to change their mind sets, or views of the world is key to what we do. All workers are working with some of the most vulnerable people in society. Parents have often been in care themselves or have experienced trauma. The team work hard to bring partners along on this journey too.

The team is flexible, they work together to provide creative solutions to difficult problems. It is vital that they are resilient and think 'outside the box'.

At the centre of everything is the child, whether unborn or new-born. However, it's also vital that Practitioners and Lead Practitioners take an asset based approach and listen to and learn from parents, to their stories and their wants and needs. Relationships are central to the service, it is essential to that all those involved, including professionals share information on the case and the parents.

Ultimately, the service is an empowering service with the aim of moving parents and families on, enabling them to understand their behaviour and the impact it has on them, their family and potentially their unborn baby.





# Non-Negotiables and Core Values

Effective practice and the success of Strengthening Families are underpinned and assured by a set of five non-negotiable, essential features and six core values:

**1**

Early identification in pregnancy. The earlier we receive referrals the better the outcomes.

**2**

Relational practice and assertive outreach

**3**

Support that lasts 5 years for families or up to 2 years for adults

**4**

A consistent focus on support for parenting

**5**

A continuous cycle of consultation with parents



## FUTURE FOCUSED

We believe every parent is capable of positive and lasting change



## STRENGTH BASED

We believe every family has strengths and assets they can build on



## RELATIONAL

Honesty is at the heart of relationships, which are based on mutual respect and trust



## HOLISTIC

We work with the whole family although our focus is the child(ren)




## EVIDENCE INFORMED

We use proven approaches to support positive and lasting change, manage risk and build capacity



## PERSONALISED

We draw on a wide range of skills and services to offer families the mix of support they need



## SYSTEM CONDITIONS FOR SUCCESS

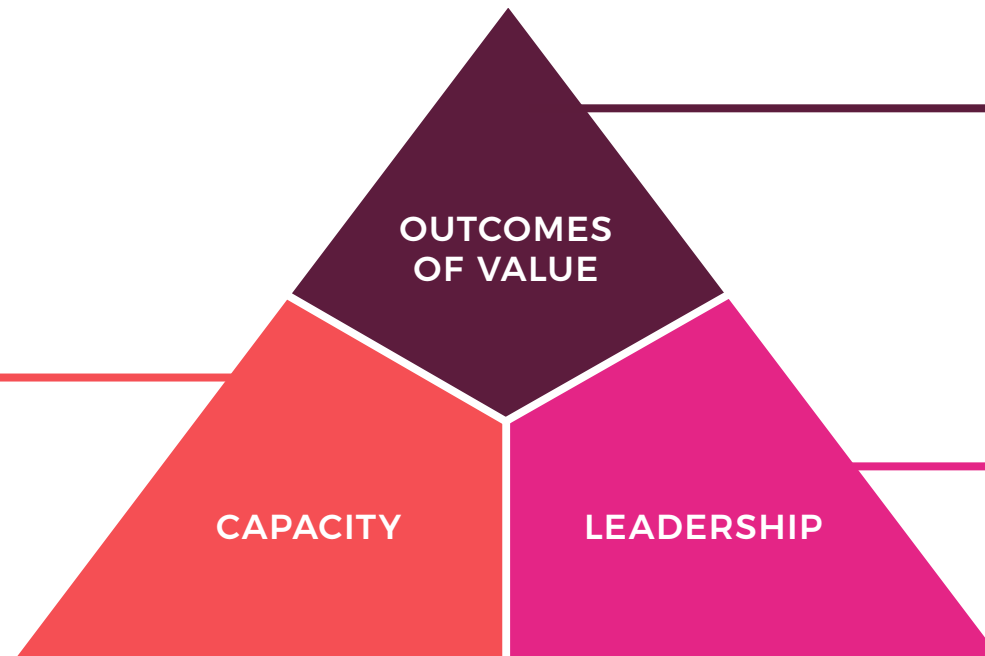
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In this section we consider some of the system conditions necessary to successfully implement Strengthening Families.

You can explore this important area in more depth and ensure you have the right conditions in place by taking part in a Strengthening Families readiness review. Ask the Salford team for more details.

# The Strategic Triangle

Harvard Professor Mark Moore is an academic studying and advocating public value. His Strategic Triangle model provides a comprehensive framework for strategic management in the public sector. When applied to innovation, it allows for a set of questions and success criteria to move from innovation to implementation - turning a design into a reality.



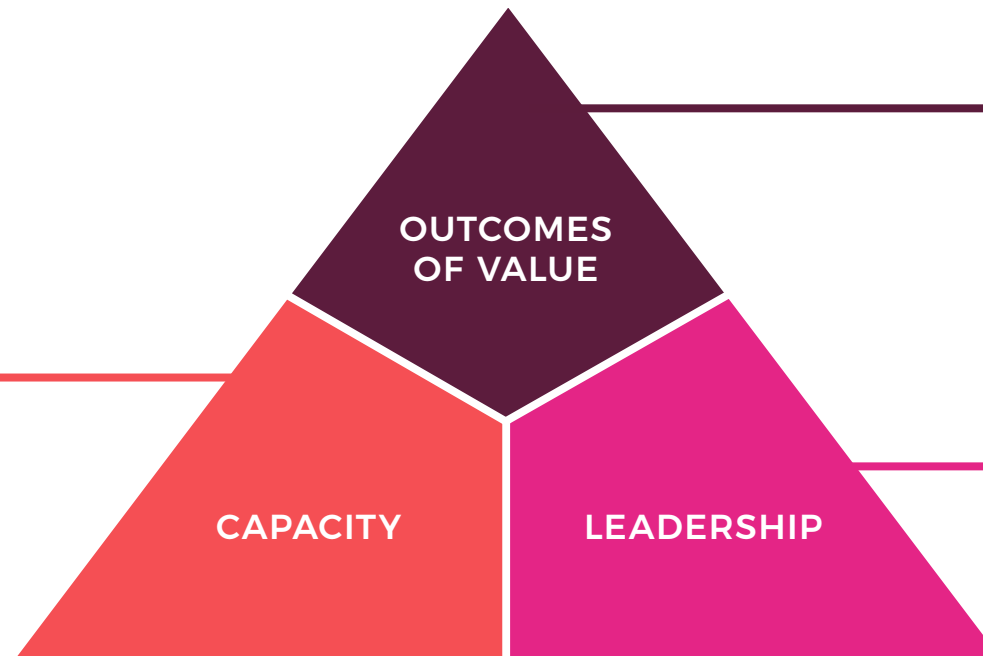
**Outcomes of value** are produced when people's lives are improved as a result of the services we provide or commission. Outcomes need to be widely agreed, and providers and commissioners need to feel accountable for achieving them.

To produce outcomes of value requires operational **capacity**, which includes sufficient resources, correctly allocated; a skilled workforce; access to useful data; innovation and change management know-how, and effective communications.

**Leadership** includes the group of people who are in positions that provide legitimacy and support for the service. People in the positions of leadership need to agree that the service produces outcomes of value, and work is required to secure their engagement.

# Strategic Triangle – Implementing Strengthening Families

For each of the elements at the corners of the Strategic Triangle there are specific questions that need to be addressed if Strengthening Families is to be successfully adopted and adapted.



Have we got what we need to provide Strengthening Families: funding for the team; skilled practitioners; access to useful data; change management know-how; and good communication? What about our partners? Have we got their willingness and commitment to contribute?

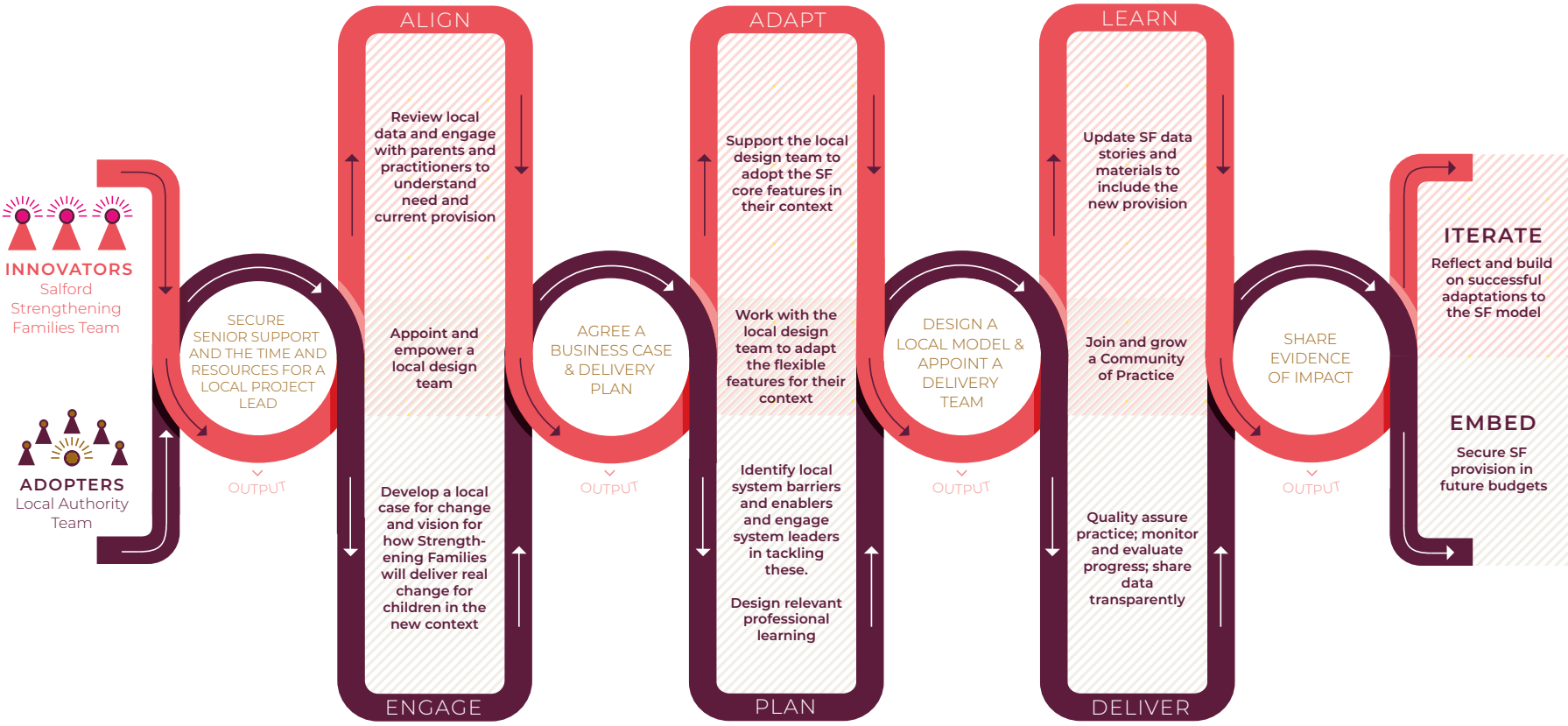
What are the specific improvements we expect to see from implementing Strengthening Families? The desired outcomes need to be agreed, so that everyone involved in setting up and running the service will feel a sense of ownership and accountability for achieving those outcomes.

Have we got the commitment from our leaders – elected members and senior managers – to invest and support the development of Strengthening Families? Do they believe that the service is needed and will make a real difference to families' lives? Who do we need to enthuse and enlist in making the changes we need and getting the service up and running?

# Scaling Strengthening Families

Adopt, adapt and grow Strengthening Families to reduce recurrent care proceedings outside of Salford.

This model describes at a high level the process that local authorities engage in as they adopt and adapt Strengthening Families for their own contexts. More detail is available in the Adopting and Adapting Strengthening Families Planning Tool which is available from the Strengthening Families team on request.



Adapted from Innovation Unit's Model for Scale



## REFERENCES

**Research in Practice** recently compiled a set of references to help us explore how all the different parts of Strengthening Families work together to reduce recurrent care in Salford and to help us to continually improve our offer to families.

With thanks to Research in Practice we share those references here.

In 2019, Salford commissioned an external evaluation of Strengthening Families, which will report in 2020.

For more information about the evaluation or Strengthening Families more generally please contact [joe.garraway@salford.gov.uk](mailto:joe.garraway@salford.gov.uk)

# References

## Evidence Underpinning the Strengthening Families Model

### KEY SOURCES:

#### Research in Practice (2019) [www.rip.org.uk/recurrent-care](http://www.rip.org.uk/recurrent-care)

On-line resource containing summaries of the evidence, presentations, resources, videos, exercises developed for the RiP Change Project to support development of services to meet the needs of parents caught up in recurrent care proceedings concerning their children.

#### Research in Practice (2020a forthcoming)

Strategic briefing on pre-birth assessment, incorporating evidence on effective models, evidence about the impact on parents and professionals of child protection involvement in pregnancy and at birth and practice information and issues around improving services working in this area.

#### Research in Practice (2020b forthcoming)

Frontline briefing on reconceptualising parental 'non-engagement' linking to the recurrent care evidence and the growing evidence and practice understanding about complex trauma and trauma informed practice.

#### Broadhurst et al (2017) <http://wp.lancs.ac.uk/recurrent-care/publications>

Full and summary report of the Lancaster University study on recurrent care.

**Broadhurst et al (2018)** [https://www.nuffieldfjo.org.uk/app/nuffield/files-module/local/documents/Born%20into%20Care\\_Final%20Report\\_10%20Oct%202018.pdf](https://www.nuffieldfjo.org.uk/app/nuffield/files-module/local/documents/Born%20into%20Care_Final%20Report_10%20Oct%202018.pdf) Full and summary report of the Lancaster University findings on newborns involved in care proceedings.

## Evidence of need

Studies providing data on the numbers of women and men who have children removed in sequential care proceedings, including demographic data and characteristics and vulnerabilities of the parents.

### References:

**2** Bedson S et al 2019 <https://doi.org/10.1016/j.childyouth.2019.104392> Article about emerging findings from the Lancaster University and University of East Anglia study looking at fathers in recurrent care proceedings.

**4** Broadhurst & Mason 2013 <https://www.tandfonline.com/doi/abs/10.1080/09649069.2013.805061> Article about the factors leading to recurrent proceedings

**6** Broadhurst et al 2017 [http://wp.lancs.ac.uk/recurrent-care/files/2017/10/mrc\\_final\\_main\\_report\\_v1.0.pdf](http://wp.lancs.ac.uk/recurrent-care/files/2017/10/mrc_final_main_report_v1.0.pdf)

As above, report of the Lancaster University recurrent care study. Contains detailed qualitative evidence about the mothers as well as quantitative data.

**35** Research in Practice 2019 [www.rip.org.uk/recurrent-care](http://www.rip.org.uk/recurrent-care) As above, the recurrent care resource pack.

Study providing data on numbers of newborns made subject to care proceedings in England:

### Reference:

**7** Broadhurst et al 2018 [https://www.nuffieldfjo.org.uk/app/nuffield/files-module/local/documents/Born%20into%20Care\\_Final%20Report\\_10%20Oct%202018.pdf](https://www.nuffieldfjo.org.uk/app/nuffield/files-module/local/documents/Born%20into%20Care_Final%20Report_10%20Oct%202018.pdf)

As above, data on number of newborns subject to proceedings and issues arising.

Studies on vulnerability of care leavers to teenage conception and outcomes for care leaving parents:

### References

**11** Craine et al 2014 <https://core.ac.uk/download/pdf/82160259.pdf> Paper on risk of teenage pregnancy in looked after children.

**38** Roberts et al 2019 <https://ideas.repec.org/a/eee/cysrev/v104y2019ic23.html>

Study on what happens to care leavers who become parents. Identifies the support needs of these young parents and difficulties they may face in getting the support they need.

Evidence on variability of pre-birth assessment across England and Wales.

### References

**25** Lushey et al 2017 <https://onlinelibrary.wiley.com/doi/abs/10.1002/car.2496>

Looked at pre-birth assessment practices across England and Wales and found that it was very patchy and inconsistent. There is a lack of good practice guidance. Evidence that assessments start too late and are insufficiently dynamic in their approach.

**36** (Research in Practice, Strategic Briefing on Pre-Birth Assessment Forthcoming 2020)

As above – contains tips for good practice and examples from different places.

**Plus:** data for each GM LA prepared by Lancaster University in relation to recurrent care and in relation to care proceedings on newborns.

## Points of intervention

Evaluations of services working with recurrent care parents, parents who have lost children to adoption, and substance misusing parents in care proceedings which illustrate the different points at which support can be offered: pre-birth, post birth, in proceedings, post removal, and throughout. Evidence in this area is limited and still emerging. A new evaluation of PAUSE is due out this year, evaluations of Venus Project (Merseyside), Strengthening Families, COMMA (Stockport), RISE (Essex) and Family Action (Croydon) are all underway.

### References:

**3** Bellew & Peeran 2017 <https://www.coram.org.uk/sites/default/files/Breaking%20the%20Cycle%20final%20report%20%28Aug%202017%29.pdf>

Service for birth parents who have lost children to adoption – identifies issues for the parents and impact of the service. Mixture of one to one and group work, flexible and tailored to individual needs. Mothers helped to gain understanding of why their children had been removed and adopted and this helped them to come to terms with what had happened.

**10** Cox et al 2017 <https://www.tandfonline.com/doi/abs/10.1080/09649069.2017.1345083?src=recsys&journalCode=rjsf20>

Evaluation of Positive Futures and MPower in Suffolk – services working with mother's who have lost children through care proceedings. Positive Futures has outreach workers located within children's social care working with mothers, while MPower is a third sector organisation providing support. Overall aim to reduce recurrence through providing support to the women.

**19** Harwin et al 2014 [http://wp.lancs.ac.uk/cfj-fdac/files/2016/11/FDAC\\_FinalReport\\_2014.pdf](http://wp.lancs.ac.uk/cfj-fdac/files/2016/11/FDAC_FinalReport_2014.pdf)

The first report of the Family Drug and Alcohol Court evaluation. Relevant because many of the parents entering FDAC have had previous children removed and one of the aims of the service is to break the cycle of recurrence. This is a model of working in a multi-disciplinary, intensive way with parents during care proceedings to harness capacity to change.

**24** Learning and Work Institute 2016 <https://www.rbkc.gov.uk/sites/default/files/atoms/files/Action%20for%20Change%20Final%20Evaluation%20Report.pdf>

Evaluation of Action for Change located in Kensington & Chelsea and Westminster. Located with children's social care but mainly staffed by non-social workers. Working with parents who have lost children through proceedings but service continues to work with them if they become pregnant.

**30** McKracken et al 2017 [https://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.87-Evaluation\\_of\\_Pause\\_](https://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.87-Evaluation_of_Pause_)

Evaluation of PAUSE describes the service model, focused on women who have had children removed through care proceedings. The service requires women to agree to using LARC and provides support to women on a range of issues. It's aim is to reduce recurrent proceedings. A more recent evaluation of PAUSE by Sussex University due out this year.

**35** Research in Practice 2019 [www.rip.org.uk/recurrent-car](http://www.rip.org.uk/recurrent-car)  
Contains examples of different types of services, including those that work with parents during pregnancy and during proceedings.

**39** Roberts et al 2018 <https://sites.cardiff.ac.uk/cascade/our-projects/reflect/>

Evaluation of Reflect in Gwent, a service for parents who have lost children through care proceedings. The aim is to reduce recurrence through intensive, individual support to women. Now rolled out across all of Wales.

## Contraception

Articles which focus on the ethical issues and arguments about services which require women to use long-acting reversible contraception (LARC).

### References

**5** Broadhurst et al 2015 <https://doi.org/10.1080/09649069.2015.998007>

**27** Lucke & Hall 2012 <https://bmcmomenshealth.biomedcentral.com/articles/10.1186/1472-6874-14-5>

Evaluations of services demonstrating that PAUSE is the only service to require use of LARC. Although a number of recurrent care services work with parents who have lost children through care or adoption proceedings, they do not make use of LARC a condition of receiving the service. They all offer advice on contraception and sexual health and encourage women to think about using contraception until they are in a better position to parent a child. The evaluation findings by Cox et al and Learning and Work Institute suggest that advice and persuasion is as effective as a requirement to use LARC.

### References

**3** Bellew & Peeran 2017 <https://www.coram.org.uk/sites/default/files/Breaking%20the%20Cycle%20final%20report%20%28Aug%202017%29.pdf>

**10** Cox et al 2017 <https://www.tandfonline.com/doi/abs/10.1080/09649069.2017.1345083?src=recsys&journalCode=rjsf20>

**24** Learning and Work Institute 2016 <https://www.rbkc.gov.uk/sites/default/files/atoms/files/Action%20for%20Change%20Final%20Evaluation%20Report.pdf>



**30** McCracken et al 2017 [https://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.87-Evaluation\\_of\\_Pause](https://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.87-Evaluation_of_Pause).

**35** Research in Practice 2019 [www.rip.org.uk/recurrent-care](http://www.rip.org.uk/recurrent-care)

**39** Roberts et al 2018 <https://sites.cardiff.ac.uk/cascade/our-projects/reflect/>

### Building the relationship

Studies which provide evidence about, or discuss the evidence about, the impact on parents of the removal of their children, as well as the impact on them of their own adverse childhood experiences and ongoing adverse experiences as they become adults, including the experience of care proceedings. Many of these studies also look at effective ways of engaging these particularly vulnerable parents. Messages from these studies are relevant to approaches to building the relationship and getting parents engaged and for approaches likely to be effective when providing intensive support (see below).

#### References:

**3** Bellew & Peeran 2017 <https://www.coram.org.uk/sites/default/files/Breaking%20the%20Cycle%20final%20report%20%28Aug%202017%29.pdf>

Found good engagement from mothers and suggested this was helped by initial contact being one to one, before introducing mothers to group work. Also effective was a flexible approach depending on the specific needs and history of the women.

**8** Broadhurst & Mason 2019 <https://journals.sagepub.com/doi/full/10.1177/1473325019893412>

Article using the Lancaster recurrent care evidence from interviews with mothers to illustrate the consequences for women of having a child removed: grief, shame, loss of role, impact on relationships with wider family and friends, resorting to drink or drugs, loss of benefits, loss of housing. All of which can contribute to a reluctance to engage with services and to anxiety over future pregnancies.

**10** Cox et al 2017 <https://www.tandfonline.com/doi/abs/10.1080/09649069.2017.1345083?src=recsys&journalCode=rjsf20>  
Evaluation contains quotes from parents about the impact on them of removal, difficult family relationships and a lack of trust in children's social care. Process of engagement assisted by persistence of workers and growing trust over time.

**19** Harwin et al 2014 [http://wp.lancs.ac.uk/cfj-fdac/files/2016/11/FDAC\\_FinalReport\\_2014.pdf](http://wp.lancs.ac.uk/cfj-fdac/files/2016/11/FDAC_FinalReport_2014.pdf)

Evaluation of FDAC, qualitative interviews with parents and other professionals demonstrating ability of the specialist multi-disciplinary team and the judges to engage parents, including fathers, and keep them engaged – relationship-based practice, motivational interviewing, hopefulness, honesty, reliability, persistence, plus

expertise were all important. Report also found a strong support for a different way of dealing with care proceedings that was more 'humane' and encouraged greater involvement by parents.

**20** Harwin et al 2018 <https://onlinelibrary.wiley.com/doi/10.1002/car.2521>

Article using findings from the interviews with parents and observations of the process to show the importance of relationship-based working in FDAC, combined with the factors listed above.

**24** Learning and Work Institute 2016 <https://www.rbkc.gov.uk/sites/default/files/atoms/files/Action%20for%20Change%20Final%20Evaluation%20Report.pdf>

Findings from interviews with parents about what they liked about the service indicated that many of them were distrustful of children's social care. As this service is located within children's social care it was important for parents to know that it was a different sort of service. Visiting people at home to explain the service was important for early engagement. This service is also described in Research in Practice 2019.

**26** Hunt J 2010 [https://www.judiciary.uk/wp-content/uploads/JCO/Documents/FJC/Publications/Parental\\_Perspectives\\_final.pdf](https://www.judiciary.uk/wp-content/uploads/JCO/Documents/FJC/Publications/Parental_Perspectives_final.pdf)

Literature review of studies into parental experiences of the Family Court, including care proceedings which demonstrate that parents feel ignored and cut out from proceedings and at the end are left feeling anger, resentment, insecurity, shame and guilt. These are all factors which will impact on their willingness to engage with services in the future.

**28** Mason et al 2019 [https://www.nuffieldfjo.org.uk/files/documents/Literature%20review\\_Born%20into%20Care\\_Dec%202019.pdf](https://www.nuffieldfjo.org.uk/files/documents/Literature%20review_Born%20into%20Care_Dec%202019.pdf)

A rapid evidence review to identify key messages from research on the views and experiences of women and professionals in relation to pre-birth assessment and removal at birth. Women who had had previous children removed felt stigmatised and fearful of being judged negatively and lacked trust in social workers. Engagement was more likely when a strong relationship with professionals existed underpinned by a non-judgmental and respectful attitude and an empathetic and supportive approach.

**29** Marsh et al 2019 Women and Birth, 32(1), E1-E11 [https://www.womenandbirth.org/article/S1871-5192\(17\)30603-0/abstract](https://www.womenandbirth.org/article/S1871-5192(17)30603-0/abstract)

This research found emotional (isolation, shame, guilt, loss, disenfranchised grief) and physical consequences (depression, substance abuse complications) for women experiencing the removal of a baby at the time of birth. There were also conflicting ethical and moral positions for the professionals involved. The use/abuse of power, concealment of facts and disenfranchised grief were identified as intertwined factors that caused or increased tensions and make engagement with services difficult.

**30** McCracken et al 2017 [https://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.87-Evaluation\\_of\\_Pause](https://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.87-Evaluation_of_Pause).

Evaluation describes the importance of a small caseload for PAUSE staff (6-8 women) tailor-made interventions for each person and a flexible approach. Initial engagement was helped by staff showing tenacity in their commitment to the women, being emotionally available, having belief in, and empathy for, their clients, and being consistent in honouring their commitments.

**31** McElhinney et al 2019 <https://doi.org/10.1080/13575279.2019.1612733>

This is a systematic narrative review of child protection decision making among health and social care professionals in relation to an unborn baby. The review identifies evidence about the importance of both and health and social care professionals adopting a respectful, empathetic, non-judgemental approach to pregnant women where there are child protection concerns to assist engaging the women in the assessment process.

**33** Morriss L 2018 <https://doi.org/10.1177/0038026118777448>

In this article, the author depicts how mothers who have lost their children to the care system exist in a state of haunted motherhood: they are paralysed in anticipation of an imagined future of reunification with their children. They are also painfully aware that any future pregnancy will also be subject to child protection procedures. Relevant for understanding the importance of an empathetic approach when engaging parents.

**34** Nixon et al 2013 <https://www.tandfonline.com/doi/abs/10.1080/15548732.2012.715268?tab=permissions&scroll=top>

This article looks specially at the impact on women who lose their children because of domestic abuse in the home, and the profound grief and loss they experience associated with losing their children and the loss of their identity as mothers.

**35** Research in Practice 2019 [www.rip.org.uk/recurrent-care](http://www.rip.org.uk/recurrent-care)  
Messages from the Lancaster research and the Change Project on recurrence.

**37** Research in Practice (forthcoming 2020b)  
Frontline briefing on reconceptualising parental 'non-engagement' linking to the recurrent care evidence and the growing evidence and practice understanding about complex trauma and trauma informed practice. It describes why parents might be 'hard to engage' and suggests approaches that can help.

**39** Roberts et al 2018 <https://sites.cardiff.ac.uk/cascade/our-projects/reflect/>

The evaluation of Reflect in Gwent describes how mothers were suspicious and mistrustful of services following their experiences of losing children to care and that an 'assertive' approach to engaging with women and their partners was important at the beginning. Such

an approach involved being pro-active, persistent and sometimes unconventional during initial attempts to make contact.

**43** Shear M 2015 [https://www.nejm.org/toc/nejm/372/2?query=article\\_issue\\_link](https://www.nejm.org/toc/nejm/372/2?query=article_issue_link)

This article is only accessible with a subscription to the Journal. It describes the concept of complicated grief. This is a concept referred to by Danny Taggart and Claire Mason in their contributions to the RIP recurrent care resource.

### **Intensive support – evidence of effective and promising approaches, including length of intervention – applies to all pathways**

Messages set out above about ways of working are equally relevant to effective and promising approaches to intensive support. There are clear messages about the importance of intensive support. Different projects work with families for different periods of time. There is recognition that some families need long term support and that developing a trusting relationship takes time. Qualities that are effective in getting and keeping parents involved include persistence, empathy, honesty, transparency, reliability. A relationship-based approach is likely to be more effective. Working with the whole family, including the wider family and friendship network is also important. Support to parents including support from multi-disciplinary teams or professionals able to provide specialist support to address parental problems. Also effective are approaches incorporating motivational interviewing techniques and trauma informed practice.

#### **References**

**3** Bellew & Peeran 2017 <https://www.coram.org.uk/sites/default/files/Breaking%20the%20Cycle%20final%20report%20%28Aug%202017%29.pdf>

Mixture of one to one and group work, flexible and tailored to individual needs. Programme consists of six 1 to 1 sessions, six group work sessions, and optional six week parenting course at the end, with a monthly support group drop-in. Mothers also each had a folder in which they collected work they had completed and their recorded their experiences and reflections, which they found helpful. The service is trauma informed, reflective and therapeutic. It is run by two social workers.

**10** Cox et al 2017 <https://www.tandfonline.com/doi/abs/10.1080/09649069.2017.1345083?src=recsys&journalCode=rjsf20>  
Evaluation of Positive Choices and MPower highlights that while reducing recurrent proceedings was a key outcome for the services they were also focused on supporting women to develop coping skills, supporting them to access support for mental health problems, helping them around issues of relationships and attachment.

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Evaluation noted the importance of a flexible approach, assertive outreach work, the development of a trusting relationship, and the help and advocacy provided to women in relation to accessing other services.

**13** Family Rights Group 2018 [www.frg.org.uk/images/Care\\_Crisis/CCR-FINAL.pdf](http://www.frg.org.uk/images/Care_Crisis/CCR-FINAL.pdf)

The Options for Change report sets out the evidence base for effective work with families: relationship-based, whole family approach, addressing the needs of adults as well as children, using a multi-disciplinary approach.

**15** Grant et al 2011 <https://www.sciencedirect.com/science/article/pii/S0190740911002398>

Study from the USA on substance misusing mothers. Took a large sample of women and tracked outcomes. Women who received support and services which helped them address their substance misuse and other psychosocial issues were more likely to be able to retain or recover care of their children.

**19** Harwin et al 2014 [http://wp.lanacs.ac.uk/cfj-fdac/files/2016/11/FDAC\\_FinalReport\\_2014.pdf](http://wp.lanacs.ac.uk/cfj-fdac/files/2016/11/FDAC_FinalReport_2014.pdf)

Evaluation of FDAC found that parents accessed more support and treatment services than parents going through standard proceedings and that they stayed engaged with services for longer. This was attributed to the role of the specialist multi-disciplinary team in brokering and co-ordinating a wide range of services for parents and in supporting parents to access those services.

**20** Harwin et al 2018<sup>a</sup> <https://onlinelibrary.wiley.com/doi/10.1002/car.2521>

This article and the book chapter below use interviews with parents to identify key features that may explain FDAC's success, which are around the importance of the relationship with the keyworker and with the Judge, the importance of honesty, reliability, consistency from workers towards families.

**21** Harwin et al 2018b (no link, book chapter) As above

**24** Learning and Work Institute 2016 <https://www.rbkc.gov.uk/sites/default/files/atoms/files/Action%20for%20Change%20Final%20Evaluation%20Report.pdf>

Flexibility in ways of working, persistence, working holistically and responding to all the parent's problems, not just focusing on one issue and referring them for others were all identified as important elements of the service.

**30** McCracken et al 2017 [https://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.87-Evaluation\\_of\\_Pause](https://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.87-Evaluation_of_Pause).

Evaluation describes the importance of a small caseload for PAUSE staff (6-8 women), tailor made interventions for each person and a

flexible approach. Initial engagement was helped by staff showing tenacity in their commitment to the women, being emotionally available, having belief in, and empathy for, their clients, and being consistent in honouring their commitments. PAUSE intervention lasts for 18 months. In addition to individual support from staff for women, they advocate and negotiate with relevant services and support women to access the services they need.

**32** McNeish et al 2017 <https://innovationcsc.co.uk/wp-content/uploads/2017/10/Thematic-Report-2017-Social-Work.pdf>

Thematic report on the evaluation of the first wave of Innovation Projects is a helpful resource around effective social work practice – whole family, direct work, relationship based.

**35** Research in Practice 2019 [www.rip.org.uk/recurrent-care](http://www.rip.org.uk/recurrent-care)  
Details of important features of recurrent care services – intensive, flexible, persistence, empathetic, therapeutic and practical.

**39** Roberts et al 2018 <https://sites.cardiff.ac.uk/cascade/our-projects/reflect/> As above

**40** Sebba et al 2017 [https://innovationcsc.co.uk/wp-content/uploads/2017/11/CSCIP\\_Final\\_evaluation\\_report.pdf](https://innovationcsc.co.uk/wp-content/uploads/2017/11/CSCIP_Final_evaluation_report.pdf) As above

**45** Ruch et al 2018 (no link, edited book, Jessica Kingsley) Helpful resource on relationship-based practice

**48** Hetttema et al 2005 <https://www.ncbi.nlm.nih.gov/pubmed/17716083>

Meta-analysis of the effectiveness of Motivational Interviewing

## Complicated grief

Papers which discuss the factors which complicate grief and grieving, including the loss of a child.

### References

**29** Marsh et al 2019 Women and Birth, 32(1), E1-E11 (no link)

**35** Research in Practice 2019 [www.rip.org.uk/recurrent-care](http://www.rip.org.uk/recurrent-care)

**43** Shear M 2015 [https://www.nejm.org/toc/nejm/372/2?query=article\\_issue\\_link](https://www.nejm.org/toc/nejm/372/2?query=article_issue_link)

## Perinatal and beyond

Research and policy documents which provide evidence of the importance of the perinatal period for healthy child development and for harnessing parental desire and capacity to change. Evidence of the importance of supporting and encouraging the development of a relationship between parents and their baby during pregnancy and

beyond. Evidence of patchy pre-birth assessment and intervention practice. Evidence of effective approaches in supporting capacity to change in vulnerable parents.

### References

**1** Barlow J et al 2014 (no link but see Harnett et al 2018 below, covers similar approach)

A description of a pre-birth assessment process that starts early, is dynamic (testing capacity to change with interventions throughout), which makes use of professional judgement supported by use of standardised tools and measures.

**2** Bedson S et al 2019 <https://doi.org/10.1016/j.childyouth.2019.104392>

An early report from research looking at fathers in recurrent proceedings establishes that fathers are facing these experiences, often alongside the same partner, suggests the importance of services in this area working with both mothers and fathers.

**9** Coster et al 2015 <https://www.activematters.org/wp-content/uploads/pdfs/baby-steps-evaluation-pre-post-measures-study.pdf>

This is an evaluation of an education programme for vulnerable parents called Baby Steps, developed by the NSPCC, which showed promising results. It was developed to support vulnerable mothers and fathers with a particular emphasis on the relationship between parents and the development of positive parent-infant relationships. It also seeks to strengthen parents' support networks. The programme is jointly delivered by a health practitioner (a midwife or health visitor) and a children's services practitioner (family support worker or social worker). It is a mixture of one to one and group work, beginning before the birth (6 group work sessions) and continuing for a short period of time afterwards (3 group sessions).

**12** Early Intervention Foundation <https://guidebook.eif.org.uk/programme/family-nurse-partnership#key-programme-characteristics>

This website is a useful resource for information about interventions which have been established to be effective in the perinatal and early years period. This link is to the details of the Family Nurse Partnership programme supporting vulnerable young first time mothers through pregnancy and up to when the child reaches two years.

**14** Fonagy et al 1991 <https://onlinelibrary.wiley.com/doi/abs/10.1002/1097-0355%28199123%2912%3A3%3C201%3A%3AAID-IMHJ2280120307%3E3.0.CO%3B2-7>

An article reporting on a way of testing reflective functioning in parents and why this is important in terms of parent-infant relationships

**17** Harnett et al 2018 <https://onlinelibrary.wiley.com/doi/10.1002/car.2491>

This article describes positive findings from an evaluation of a pre-birth assessment and support programme, focused on vulnerable

parents, which begins in mid-pregnancy and continues for 12 months after the birth. The emphasis is on a relationship-based approach, a dynamic assessment including interventions, a focus on parent-infant relationships as well as practical parenting capacity.

**16** Grayton et al 2017 <https://learning.nspcc.org.uk/research-resources/2017/minding-the-baby-qualitative-findings-implementation/>

Minding the Baby is a mentalisation-based preventative parenting programme. Developed in the US, and trialled in England by the NSPCC it promotes secure parent-child attachment relationships. It is targeted at disadvantaged families where the mother is under 25 and has additional and complex needs. It is an inter-disciplinary programme which involves visits from a health and social work practitioner. It starts in the third trimester of pregnancy and lasts until the child is two-years-old. Early evaluation indicated it was effective in promoting good parent-child relationships. It is intensive, relationship-based, non-judgemental, flexible to the parents' needs, and the parents felt that they could trust the practitioners. A report on an RCT of the programme is awaited.

**22** House of Commons 2019 <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/1496/1496.pdf>

Report setting out current evidence around the importance of the first 1000 days of a child's life and the current activity in line with national strategies relevant to this.

**23** Lamb E 2002 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1595109/>

This article considers the impact of loss of a child through miscarriage or stillbirth or neonatal death, but it has important messages for understanding how removal of previous children, particularly if they have been removed at or shortly after birth will affect the parents, and in particular will have an emotional and psychological impact on them if and when they become pregnant again - anxiety, a resurgence of grief, overprotective to subsequent children, or difficulty in bonding.

**28** Mason et al 2019 [https://www.nuffieldfjo.org.uk/files/documents/Literature%20review\\_Born%20into%20Care\\_Dec%202019.pdf](https://www.nuffieldfjo.org.uk/files/documents/Literature%20review_Born%20into%20Care_Dec%202019.pdf)

A rapid evidence review to identify key messages from research on the views and experiences of women and professionals in relation to pre-birth assessment and removal at birth. Women who had had previous children removed felt stigmatised and fearful of being judged negatively and lacked trust in social workers. Engagement was more likely when a strong relationship with professionals existed underpinned by a non-judgmental and respectful attitude and an empathetic and supportive approach.

**31** McElhinney et al 2019 This is a systematic narrative review of child protection decision making among health and social care

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professionals in relation to an unborn baby. The review identifies evidence about the importance of both and health and social care professionals adopting a respectful, empathetic, non-judgemental approach to pregnant women where there are child protection concerns to assist engaging the women in the assessment process.

**36** Research in Practice 2020a forthcoming

Strategic Briefing on pre-birth assessment drawing on messages from research and practice in relation to pre-birth assessments. It suggests such assessments should start as early as possible, involve evidence-informed, supportive and intensive interventions as part of a dynamic assessment of capacity to change, use trauma informed and relationship-based practice, focus on parental capacity to change as well as on potential parenting capacity, pay attention to ways of supporting the development of a positive relationship between the parents and their unborn baby and lead to a clear plan that has been shared with parents before the birth.

**41** Slade A 2007 <https://www.tandfonline.com/doi/abs/10.1080/07351690701310698>

Describes two approaches to supporting reflective functioning in parents. Arietta Slade's work in relation to tools to measure reflective functioning and approaches to use are described in Research in Practice 2020a forthcoming, and contain a link to a webinar held by Arietta Slade for Research in Practice.

**42** Slade A 2008 (no link, chapter in book) Also around reflective functioning.

**44** Ward et al 2012 <http://www.oxes.org.uk/wordpress/wp-content/uploads/2013/10/Ward-powerpoint.pdf>

Link is to slides which contain main messages from the research of Ward et al into issues in relation to safeguarding babies and young children from abuse and neglect.

### Child development/school readiness

A useful resource for effective early years interventions is the Early Intervention Foundation. Also relevant is the longitudinal study carried out by the Institute for Education on effective pre-school, primary and secondary education. Particularly important is the encouragement of the development of speech, language and communication and support to parents so they can support their children's development in this area

#### References

**12** Early Intervention Foundation 2018 <https://guidebook.eif.org.uk/programme/family-nurse-partnership#key-programme-characteristics>

**46** Sylva K et al 2004 <https://dera.ioe.ac.uk/18189/2/SSU-SF-2004-01.pdf>

The major longitudinal study demonstrating the importance of good quality early childcare provision for longer term positive outcomes in relation to cognitive and social development and academic achievement.

**47** Taggart et al 2015 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/455670/RB455\\_Effective\\_pre-school\\_primary\\_and\\_secondary\\_education\\_project.pdf.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/455670/RB455_Effective_pre-school_primary_and_secondary_education_project.pdf.pdf) Another report from this key longitudinal study.

### Post removal adult only

Evidence of approaches in interventions which only work with women and men who have lost children through care proceedings and are not pregnant.

#### References

**3** Bellew & Peeran 2017 <https://www.coram.org.uk/sites/default/files/Breaking%20the%20Cycle%20final%20report%20%28Aug%202017%29.pdf>

**10** Cox et al 2017 <https://www.tandfonline.com/doi/abs/10.1080/09649069.2017.1345083?src=recsys&journalCode=rjsf20>

**30** McKracken et al 2017 [https://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.87-Evaluation\\_of\\_Pause](https://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.87-Evaluation_of_Pause).

**39** Roberts et al 2018 <https://sites.cardiff.ac.uk/cascade/our-projects/reflect/>

### Workforce - skills and experience needed

Resources with information about experience and skills needed for a workforce working in this area. This is less about the type of professional qualification and more about what staff do and how they do it. The research does suggest that there are high levels of mistrust about children's social care and social workers among parents who have lost children through the care system, but there is also evidence that this mistrust can be overcome. There are strong messages that the skills and attitude needed for engaging parents and keeping them engaged are persistence, empathy, honesty, reliability and experience and skill in working with parents. The development of a trusting relationship is very important.

#### References

**35** Research in Practice 2019 [www.rip.org.uk/recurrent-care](http://www.rip.org.uk/recurrent-care)

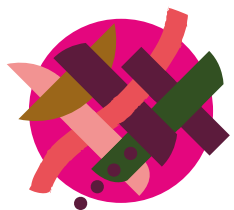
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