Development of a *Looking Forward* Service

Third Annual Report 2016-2017

"It is impossible to describe and capture the extent of the emotional devastation that is involved in temporarily losing custody and then permanent removal and loss of custody of your children.

The pain of the process of initial loss, and then watching other women provide mothering for your children, of being judged by all those around you, and finally, of knowing that your life will be devoid of the presence of your children forever"

(Carolan et al, 2010:183)

Introduction & executive summary

Brighton and Hove City Council (BHCC) Children and Families Directorate have run a project in conjunction with Brighton Oasis Project, for three years, delivered and managed alongside the Early Parenting Assessment Programme (EPAP).

This final project report incorporates our learning, which has taken place alongside our inclusion in national policy drivers, *(Broadhurst et al, Pause evaluation & Research in Practice Change Project*), local & regional initiatives (Fulfilling Lives, OASIS) and from being alongside both women and men who have lost the permanent care of their children. This Report is structured:

- **Project background**
- **Who we work with & analysis of service delivery**
- **A National picture**
- **Relationships with other agencies**
- **Learning difficulties and disabilities**
- **Positive child contact**
- **Pre-birth assessments**
- **Main recommendations for developing the B&H Service**
- **Male & Female case studies**

The Report is intended to formally end the Project. It focuses on setting out *practice concepts- 'the service model'* that we have developed through our learning around 303 Brighton & Hove women who have had a child/children removed during the course of the project. Appended therefore to this final project report is:

A *Looking Forward* Service for Brighton & Hove
Draft programme guide for professionals - November 2017

Our overall message is that all must recognise and accept that parents who have lost children to the care system have often themselves experienced a history of disadvantage, which compounds the complex separation trauma they suffer when their children are removed from their care. If we are able to empathise with them and try to understand that, we can recognize that consequentially, they experience social stigmas; their relationships with family members as well as their children are severely restricted, they have reduced welfare entitlements and significant employment restrictions due to the legal processes they have been involved with.

We do not see them as a cohort. We do not refer to them as clients who have "suffered repeat removals." By enabling and supporting these *parents*, we aim to help them create a turning point in their lives to become healthier, live safer lives and have no further children removed from their care. To achieve this we need to actively encourage our professional colleagues to recognize the complex challenges faced by service users and reflect on the services we all offer.

There are significant financial costs involved in providing services to families where safeguarding issues arise. *Looking Forward*, as a 'value for money' initiative has worked on an approximate cost of £50,000 per child who becomes subject to care proceedings. By extending the financial savings across other services, additional savings are potentially available beyond the Children & Families and Learning Directorate and therefore connections with other agencies are an imperative.

Cas Short November 2017

1. Project background

1.1 *Looking Forward* was launched in 2014, further to a short-life working group, who met to discuss an emerging understanding about the over representation of women within the family courts, who had experienced more than one set of proceedings, which resulted in the permanent removal of their children.

1.2 Initially *Looking Forward* was conceived as a *value for money* project, with an outline brief to prevent the repeat removal of children from families. The initial business case, whilst well intended was flawed in a number of ways, which have been reported on in the two previous annual reports. A brief summary here would highlight the issues experienced by our team of cold-calling women post final hearing to offer a service, usually too late; engagement in the service has required gradual, subtle and respectful terms, so that women can enter and leave the service retaining some control. It was therefore impossible to deliver the project under its initial terms, as the 'work' was impossible to define until we had established a relationship. We were initially hesitant about the ethics of assertive outreach support to facilitate the uptake of contraception- the Looking Forward Service has now created a fast tracked pathway for our women to receive contraceptive services from the Brighton and Hove Integrated Contraceptive Advice and Sexual health (CASH) services, and we believe this is an effective intervention to enable the 'turning point' to begin.

1.3 The Service is now established within Brighton and Hove and operates most effectively on a referral basis rather than the data notification terms that we began with. We are a local preventative service, for Brighton and Hove residents, who have had a child permanently removed from their care.

1.4 We aim to prevent a further child being removed into foster care and becoming subject to care proceedings by prioritizing access to sexual health and contraceptive services (CASH) and supporting women (and men) to reflect on what has happened, and to create a "turning point" in their lives, which we can support them with identifying and achieving.

2. Who we work with

2.1 We work with any resident of Brighton and Hove who has had one or more children removed permanently and is thought to be at risk of repeat /further removals of children. We do not work with parents who are currently pregnant or in proceedings but we may have an introductory appointment with a parent at this stage, with a view to working with them in the future.

"….66% of recurrent mothers had experienced neglect in their childhood, 67% emotional abuse, 52% physical abuse, and 53% sexual abuse. The level of sexual abuse is high and particularly concerning given that sexual abuse has been described as a unique victimization experience, with particular developmental consequences" (Broadhurst and Masson, Nuffield Research 2017)

2.2 We work with both men and women who are referred to the Service by either the child's social worker or by another agency with whom we have established a relationship. We have built particularly strong links with Brighton and Hove Housing Department and Brighton Housing Trust, the Community Safety Team and the Violence Against Women and Girls partnership, Multi Agency Risk Assessment Conference (MARAC), with colleagues in the mental health services and we remain partnered with Oasis who second a worker to our team, and so we have specialist links with Pavilions & drug treatment services in the City.

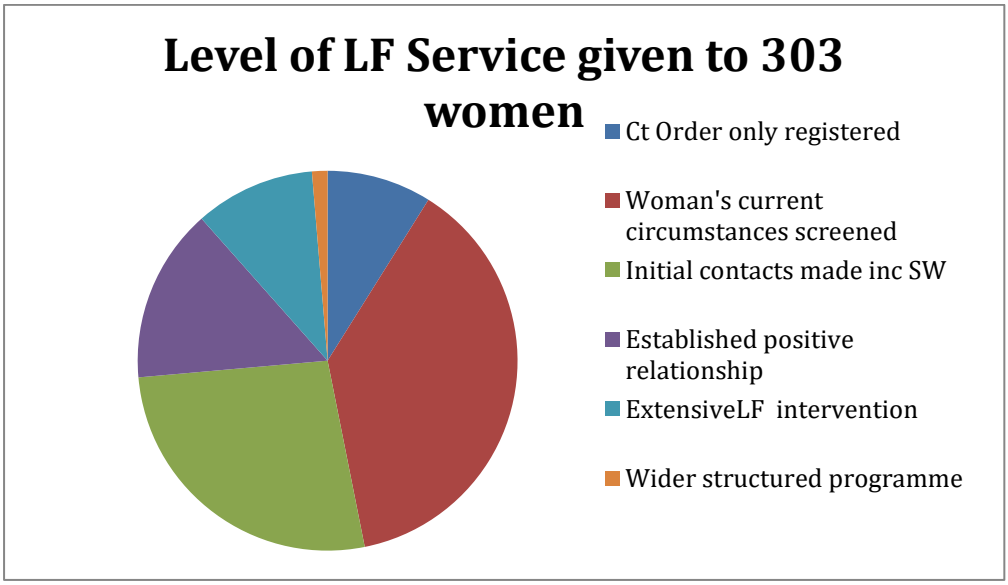
2.3 Relationships are fundamental to our work, and they matter to our birth families who usually have multiple and complex challenges. Looking Forward practitioners carefully build a relationship to help bridge the communication gap between each individual and the external agencies that provide the services which are needed.

2.4 Advocacy is crucial to enable the provision of services, in the timescales, which will support durable recovery from the challenges, which typify the lives of our parents. We then work with our colleagues across the city to raise awareness of the particular difficulties of our client group and to offering a 'bridging ' service, for example if a mainstream service reports non engagement, we are in a position to outreach and support service users to overcome barriers in order to sustain engagement or to re-engage.

2.5 Our service users are able to move in and out of receiving help and support, but at any one time we may have between 20 and 25 women and men with whom we are in regular contact. For some this may be more than once a week and for others it may be less frequent. We have developed an open door system, so that people can dip in and out of the service. Services for our clients need to recognize the difficulties they experience accessing help in a planned way.

2.6 **During the life time of the project, we have identified a total 303 Brighton & Hove women** whose children have become subject to a (April 2014 or later) Court order permanently removing them from their parents' care. **21% of these were themselves 'looked after'.**

2.7 For ongoing management of service-delivery priorities, we have *broadly* categorised our level of service offered *at any point in time* as follows:



Breakdown:

Level 0 (27 women) – The B&H Court Order is registered *with the Looking Forward Service but no action yet taken. This may be due to no practitioner available, and/ or awaiting Level 1 screening.*

Level 1 (115 women) – the circumstances of the woman are screened *by the team but NFA is taken for a number of reasons including her age/ no baby for several years/ living out of the B&H area/ not suitable/ child relinquished etc.*

Level 2 (81 women)-initial enquiries are attempted with various agencies *and the woman aimed at increasing knowledge of the woman's individual circumstances and the imminence/risk or otherwise of further pregnancy.*

Level 3 (45 women) relationship is established and/ *or evident with CASH and other support services including PAVILLIONS/OASIS, Rise, CDLT. This includes relationships with the EPAP team.*

> ***Contraception:*** *we have directly supported at least 20 individuals to receive effective contraception, and information on contraception in use is now routinely sought and recorded for individuals.*

Level 4 (31 women) extensive Looking Forward support *is given to access support and to meet wide ranging needs for housing, debt management, education/employment, CASH, mental health, resilience & self-efficacy. (Refer to self-assessment outcome wheel).*

Level 5 (4 women) Structured therapeutic programme a regular series of therapeutic appointments with counsellors & support services

Analysis of the work in 2017

2.8 Mindful that we had only one case worker in post from November 2016-June 2017 when a second, full time practitioner joined the service, we have offered our service to 45 men and women this year. This offer ranges from levels 2-5 in the categories described above.

2.9 There were 22 clients, about whom we received notifications and referrals that we followed up with at least two attempts, offering support, information and the opportunity to receive help. These clients did not want a service, actively declining or not responding and they will remain on review depending on their circumstances. We would for example, attempt to engage and follow up a young care leaver.

2.10 There were 9 clients engaged in a level 3 service, actively receiving contraceptive interventions, being assisted to attend appointments, meeting on a regular basis for a period of time and then stepping down as circumstances change. An example of this work might include active and assertive outreach to attend substance misuse services.

2.11 A level 4 service was received by 13 clients, including both men and women, with the appointments becoming more regular and the support being at times intensive. An example of this work is given in the case study about Charlie at the end of this report with whom we worked during 2017. This group of Looking Forward clients is marked by periods of greater stability in their lives and usually securely housed at this point.

2.12 Finally, 10 clients have received a longer term service at the highest end of the scale, meeting weekly at times to look "therapeutically" at their lives. An example of this work might include narrative life story work, helping women construct time lines of their traumatic lives and understand the impact of their own lives on their children. It may include work from a therapeutic perspective, including CBT to create the potential for changes in behavior and making positive life choices, for example attending mental health appointments.

2.13 **There have been no known pregnancies, removals and care proceedings for <u>any</u> *Looking Forward* client who has engaged at levels 3-5 since 2014.**

2.14 The current allocation for Looking Forward practitioners is 18 clients, two of whom are men. Their ages range from 22-39. Five of them have been working with us for more than a year, eleven of those are new clients in 2017 and two are in the process of contracting and engaging with us. Seven have a learning disability. The group has multiple adverse experiences of traumatic life events and their adult lives are affected by mental health difficulties, domestically violent relationships and substance misuse. Three are Brighton and Hove care leavers and three others had extensive social work involvement with their families. One woman has become pregnant during the early stages of contracting to work with us and is now disengaging.

2.15 By virtue of the Service being co-located with the Early Parenting Assessment Programme (EPAP) we have been able to work with 10 families during 2017, all of whom have had previous children removed from their care in Brighton and Hove since 2014 including those with full adoption orders as well as placement orders and care orders. None were pregnant during proceedings for

their other children. Eight families are currently at home with their babies, one is pre-birth and one has lost a second child permanently from their care. This is a significant finding to reflect on, when considering effective interventions for families who have previously had their children removed from their care.

Capacity to meet demand

2.16 As can be seen from the breakdown (in paragraph 2.7) of team activity achieved for supporting/prioritising 303 potentially eligible women, the team typically achieve '*some'* level of contact/ engagement with just over 50% (as represented by the total figures for service levels 2 to 5 above).

2.17. Importantly, the team *not achieving engagement* with the remaining 50% is for a host of reasons including:

- Judgement that a woman is *unlikely* to become pregnant
- Not ready/not suitable at this point in time
- Evasive/homeless/ out of the area
- Waiting time for LF practitioner availability.

In a cohort of 303, 6 (2%) women had died. 5 of them under age 40.

Numbers of referrals

2.18 As has been reported in previous Annual reports, the observed level of engagement from these highly vulnerable women is greatly increased with early discussion referrals from social workers/ and other support agencies about the Looking Forward offer.

Over one fifth (20%) of the 303 women identified have now been formally referred to the Looking Forward Service.

Numbers of professional referrals have grown as the profile of the Service with all agencies has increased.

3. National findings and research-informed practice

3.1 The Looking Forward staff team has kept up to date with nationwide initiatives which have been emerging. These include the Pause project, which has received additional funding from the DOE Innovation Fund, the Nuffield Foundation research as well as more informal debates such as those on Twitter where a range of academics, service users and practitioners discuss their experiences.

3.2 The Service has sought to nurture and develop a learning culture, and we have attended conferences, seek evaluations from our families, as well as meet with colleagues and agencies via a Steering group on a regular basis.

3.3 We have contributed to the Pause evaluation and presented our work at regional conference https://www.biglotteryfund.org.uk/prog_complex_needs). As a result, we have developed our Service, mindful of the learning taking place, and our own findings appear to be in step with the key messages from the Centre for Child and Family Justice research, which was published in October 2017. http://wp.lancs.ac.uk/recurrent-care/publications/

3.4 Recognisable themes and findings include our awareness that the mothers involved in recurrent proceedings have experienced "significant and multiple adverse experiences in their own childhoods, particularly from their own mothers," care leavers are 40% of the national sample and they are over represented in the Brighton and Hove data set, the mothers cite their pregnancies as unplanned and they require additional support to "enhance women's capacity to make better use of contraceptive services."

3.5 It is our experience that this group of parents is not necessarily easy to define and differentiation of their experiences and subsequent needs is important to recognize, although sadly, they do share a complex grief response and mental distress which is experienced as enduring and difficult to resolve." (Broadhurst and Masson 2017)

3.6 We have been invited to join a *Change Project*, established via the Research in Practice group (www.rip.org.uk). Beginning in November 2017 and running through until summer 2018, the workshops aim to extract the most relevant findings from the Lancaster research and the Essex University evaluation of Suffolk, Merseyside and Southend's programmes. The intention is to "inform the development of new provision for women who have experienced more than one set of care proceedings."

3.7 We have made adjustments to the Service in light of these findings, for example we are seeking to identify our own care leavers who are pregnant and prioritise their attendance at the Early Parenting Assessment Programme (EPAP) pre-birth group and post-natal Day Programme, to increase their protective parenting capacity and if they are unable to keep the permanent care of their baby we try to sustain a relationship with them to delay a further pregnancy, support them with the purpose of preventing a repeat removal.

3.8 Another example of our work reflecting the emerging national picture is the pre-emptive understanding we can offer to the women regarding legal impact of care proceedings, which result in permanent separation. We have recently been in discussions with the Brighton and Hove Lead Adult Designated Officer (LADO) about our service users' rights to work with vulnerable children and adults. The enhanced DBS procedures effectively prevent adults from care work which some of our women have sought; we can now clarify their entitlements and assertively direct them to acceptable employment options, minimizing the shame and stigma they are likely to experience otherwise.

3.9 Further strategic recommendations are made in the final section of this report.

4. Building relationships with other agencies

4.1 We have noted in the first two annual reports and within this report, the growing relationships we have made with local colleagues and agencies. It will be no surprise to learn that we have met resourceful, empathic and competent colleagues across both the City and the region, who are able to offer an effective service to our clients. We are however aware of examples where services are not effective and accessible for Looking Forward clients.

4.2 Good practice involves good communication combined with clear understanding, and we have examples from work with sexual health colleagues and housing officers where our involvement triggers a clear, speedier pathway for a client to access a service. This has an impact- the client does not need to keep explaining to unknown professionals what has happened, which does not necessarily lessen trauma, but hopefully encourages a sense of being treated respectfully.

4.3 It is relevant to reflect on the barriers to good practice and to consider the systemic changes and opportunities that we are aware of which could lead to the development of local policies. We have encountered agencies, whose services are inaccessible for our clients, for example the waiting lists are too long, the thresholds are too high, but there is also insensitivity to the accumulative, consequential impact of losing the care of children. Services are not currently designed with this constellation of experience in mind.

4.4 There is therefore an opportunity before us to consider preventative interventions as well. An example of this is seen when we consider the housing situations that we have become aware of- significant rent arrears, closure orders through drug related “cuckoo” set–ups, street homelessness, under occupation, bedroom tax, housing benefit changes once children are removed, non- occupancy during domestic violence episodes. Homelessness however, and its personal impact post permanent separation from the children is a highly predictable event.

4.5 We have worked closely with the Housing Department on individual cases and we now recognize that earlier, more strategically driven interventions such as those being piloted by the Trailblazer initiative, would be effective in preventing homelessness and potentially offer other savings including the return of un-used, precious housing stock.

https://www.brighton-hove.gov.uk/content/press-release/bid-success-boost-homeless-prevention-and-rough-sleeping-work

4.6 The Looking Forward Service often receives referrals from social workers when they are approaching final proceedings in court. There has been growing interest from the judiciary, parents’ advocates, Guardians and indeed parents themselves when they are aware of Children’s services care plans for their children. We are often asked if we can provide or enable access to the therapeutic interventions, which have been recommended by expert assessors within the care proceedings process. It is our experience that women in particular are highly motivated at this time to access the help which they now recognise they need to accept. Timely referral and assertive introductions to our service would be effective.

4.7 The Looking Forward team has taken an active position in discussing referrals with external agencies to clarify, and bridge the expectations of all parties, and to highlight the complexity of engaging a parent in therapeutic work. The emotional and psychological difficulties which parents face, post separation, are complex and enduring. Our model of intervention has evolved to recognise the “starting point” for our clients when they are first referred to our Service, which supports them to become “treatment ready,” to accept support, to build trust and capacity to engage with a professional team. It is vitally important to share this understanding with other agencies, including the judiciary, so that false hope and expectations are not fostered about the pathway involved.

4.8 Meeting the needs of both men and women, whose children have been removed from their care could be identified as an accountable priority by public services across the City, for example health, housing, probation, community safety, children and adults social care including safeguarding.

4.9 There are opportunities to recognize the unique profile of these parents, their enduring and complex grief, the impact of their trauma on their ability to function within the environment in which they live. By considering the potential for a further child to be born to the parent, without considering their capacity to parent them we are failing to prevent further harm occurring including the mental health of infants.

4.10 Already well documented, there are significant financial costs involved in providing services to children and adults and families where safeguarding issues arise. In 2016, Looking Forward, as a value for money project, was working on an approximate calculation of £50,000 per child who became subject to care proceedings, whilst living in foster care and a saving of £150,000 per annum was the identified target. By extending the financial savings argument across other services, additional savings are potentially available beyond simply the Children, Families and Learning Directorate and therefore building connections and links with other agencies has a compelling argument. Below is an example of the potential benefits to maternity services.

4.11 The Nuffield Foundation research found “of the infants of recurrent mothers, 15% were born pre-term. In comparison, in 2015 in England and Wales, 8% of live births were considered pre-term. (ONS 2016) Additionally, 16% of the infants were admitted to SCBU at birth and 18% had been affected by mother’s substance misuse. (Broadhurst and Masson, 2017 Executive summary p.16) By improving awareness in the mainstream services, it could lead to the provision of both preventative and reparative services for the adults as well as lead to financial savings. Further strategic recommendations are made in Section 8 of this report.

5. Learning difficulties and disabilities

5.1 The ethical arguments for the provision of a preventative and therapeutic services are perhaps strongest when considering the needs of those clients with learning difficulties. Learning difficulties are commonly assessed and identified within care proceedings, but adults do not always meet the threshold for services, or in common with other adults, whose children have been removed, feel that the existing mainstream services meet their specific needs.

5.2 At Looking Forward we are working with adults with learning difficulties, offering a bridging relationship for them, which is intended to offer some continuity and support. The work has included direct interventions to help understand, explain, navigate and negotiate the family justice system. It is our lived experience that both mothers and fathers appear to be deeply confused and conflicted about the safeguarding process for their children. Further advocacy, which bridges the statutory safeguarding responsibilities for children, and the rights and responsibilities of adults with learning difficulties, is needed.

5.3 The Looking Forward Team has supported both men and women with learning difficulties to acquire specialist housing provision. Drawing on the assessments from proceedings, additional advocacy has been possible, and we have accompanied clients to assessment appointments which have resulted in specialist services being allocated. The assertive outreach model is especially effective in circumstances like this, where several appointments are given to prepare for meetings, arrangements are made to sustain motivation, make practical plans as well as follow up time to ensure engagement is sustained.

5.4 We have been able to support several families to re-engage with indirect contact with adopted children, to meet adopters face to face as well as write letters and make a productive relationship with the letter - box co-coordinators in both this and other authorities. These are not single appointments and can involve assertive outreach, occasionally joint appointments with colleagues in our team as well as other services but engagement is hugely rewarding and consequential, especially when we bear in mind the children.

5.5 There is work in progress to design and negotiate a joint protocol between children and adults social work teams. This protocol needs to be extended to consider the service provision for families post separation.

6. Positive child contact

6.1 The Looking Forward Service works with a broad range of parents and our preventative role and therapeutic work sharply intersect in regard to contact.

6.2 We have been able to provide a service to some of our mothers whose children are in long term foster care. We have given them therapeutic support to reflect on the experience, meaning and purpose of contact for each party. We have accompanied mothers to contact, enabled them to make the session more child-centered and manage their own emotions during this time. For some mothers this has led to a re-investment by the child's social worker in supporting direct contact. We have acted as advocates for some mothers with the kinship carers where family relationships have been too complex to manage. We have assisted mothers to write to their children who have been placed for adoption.

6.3 Arguably, supporting families to have meaningful contact with their children is worthwhile from everyone's perspective. For the parents however, it may also serve to encourage reflection that can be built upon- that they do have a role, they do have worth and this may enable them to endure the grief of separation.

6.4 This opportunity is lost for some parents; The most recent Nuffield Research (Broadhurst and Masson 2017) has identified the following statistic- 60% of repeat proceedings nationally are concerning one child aged less than 4 weeks. Women are becoming caught up in an ever decreasing circle since the 2014 legislative changes have sped up care proceedings, at a time when nationally there is an increase in the number of sets of proceedings. The impact then, for those women who become pregnant either during care proceedings for their existing children, or very shortly afterwards, is that their babies are likely to be placed for adoption and likely to be placed separately from their siblings. (ibid page 15) so paradoxically, the therapeutic impact of meaningful contact is less likely to be available to families caught up in episodes of repeat care proceedings.

6.5 The Looking Forward Team has been able to work with some families during this distressing period of their lives and support them with final visits. Families have reported feeling understood, cared for and the ongoing relationship is containing.

Pre-birth assessments

7.1 We have reflected on our work with families post separation to inform our approach to statutory pre-birth assessment work.

7.2 There is an inescapable tension for women and men, whose children have been removed via public care proceedings and the family justice system. The legal records are statutory documents and available records which are relevant to future assessments. Recommendations within proceedings often set out what difficulties parents face in order to argue that the threshold for significant harm risks can be met, against the timescales for the child. However adults can be left with an assessment, which makes a diagnosis, requiring treatment, interventions and progress to be made before capacity to parent is deemed to be present.

7.3 A repeat pregnancy for our men and women who have engaged and who are working with us is unusual. Ironically, it is those parents who became pregnant during proceedings or who refused our service who find themselves in a compromised position. We know these pregnancies are rarely consciously planned and most clients are very motivated to “prove things are different.” Early pre-birth assessment, arguably within PLO (legal) proceedings is ethically appropriate so that families have clear plans to enable them to make decisions about proceeding with a pregnancy, kinship opportunities, accepting therapeutic help.

7.4 **We recommend** a specific policy be written for social workers to guide their assessments, which takes account of the issues raised in this report. This should make a clear, early plan for all parties to action,

which sets out responsibilities and accountabilities across services, and uses the window of opportunity created by a pregnancy to facilitate and enable change.

8. Main recommendations

8.1 A proposed strategic action plan is provided for consideration.

	Looking Forward service development 10 point action plan	Lead
1.	A "**good practice"** statement is adopted across BHCC which recognizes the uniquely devastating experience of having children permanently removed from a parent's care. Agencies who are able to understand the complex and enduring needs of these adults will ensure their services arrangements reflect the traumatic grief, which is felt.	
2.	**Contraceptive services:** advice & information should be routinely offered to all families in contact with Children, Families and Learning Directorate at an earlier point in the safeguarding process, openly acknowledging the devastating impact of pregnancies within proceedings.	
3.	**Courts** should be automatically asked for leave to disclose any recommendations from proceedings regarding the parents' therapeutic "recovery" needs. CAFCASS can be asked to provide regional and local data about families who have been subject to more than one set of care proceedings.	
4.	**Referrals to Looking Forward:** Social workers should discuss a referral to Looking Forward with their families towards the end of care proceedings and then make a referral using the internal system. The notification system should not be understood as an automatic referral.	
5.	**Partner agencies:** further discussions to be held with the CCG health partners about opportunities to work more closely	
6.	**Learning disability**: In conjunction with Adult Services and Learning Disability Services, a protocol for work with families post separation, be drawn up.	

7.	**The employment rights of adults**, post care proceedings are subject to Lead Adult Designated Officer assessment. The impact of employment restrictions for adults, who are already subject to welfare restrictions, should be better understood within Brighton and Hove	
8.	**A new protocol to be drawn up for pre-birth assessment work** with families who have had a previous child removed. The assessment process must begin at the earliest possible stage, consideration of PLO procedures for these families is vital and specialist assessment is required to look at reflective functioning and mental health well-being	
9.	**Care leavers:** Children, Families and Learning Directorate, specifically those partners who work with care leavers, to adopt the key messages from the Nuffield/Lancaster research. In particular, those messages regarding the over representation of care leavers who enter the care system over the age of ten, and experience multiple placement moves, in the population of families who have children removed from their care. Promotion of good practice with Looked after children recognizes the powerful desire for some young people to (re) create a family of their own which needs to be actively recognized and opportunities identified to discuss with them the benefits and disadvantages of early parenthood. This work should include male care leavers, a significant minority of whom has fathered several children by different mothers before they reach maturity.	
10.	**Management information**: BHCC to begin more systematic collection of the data on families whose children are removed from their care, understanding the detailed profile of families, so that service design and resource planning can increasingly be better targeted towards preventing removals and the welfare of parents.	

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Looking Forward Team Manager
November 2017

Looking Forward: Female case study

Josie is a 25 year old woman. Her daughters aged 2 and 6 years were adopted due to their mother's mental health difficulties. Josie had asked the social worker when she will be allowed to keep another baby stating she wished to have a baby remain in her care. Josie did not understand why her children were not able to return to her care. She viewed her mental health as being fine now and did not see how fluctuating mental health impacted the children Josie's only support came from her mother who has mental health problems (agoraphobic)& physical difficulties.

Presenting issues

- Isolated.
- Insecurely housed, *sofa surfing* at mums or boyfriends
- Difficulty maintaining relationships in all areas of her life.
- Diagnosis/traits of Emotionally Unstable Personality Disorder
- History of overdoses
- Diagnosis of moderate depressive disorder defined by the following;

  Episodes of low mood associated with other symptoms such as poor motivation, erratic sleep and appetite, poor concentration and tearfulness.

- Victim of rape & suffered from anxiety and panic attacks since the incident.
- These symptoms are exacerbated during episodes of depression.
- Family history of poor mental health
- Feels overwhelmed by feelings of guilt.
- Recommendation from psychiatric report (extract):

  Appeared to have limited ways of coping with her difficulties and tends to resort to maladaptive ways of dealing with her problems. She would therefore benefit from interventions to address her dysfunctional behaviours and relearn more functional behaviours and adaptive coping strategies to deal with stressors.

Initial engagement – outreach

- Initially Josie wanted help to get her children back, LF practitioner gave Josie the opportunity to talk about her understanding of why her children were removed at the time, she felt she had been victimised and that the children should be with her. The LF practitioner was required to be clear in giving the message that the service would not be able to reverse the decision made by local authority but could support her to find ways to manage and cope with her mental health difficulties, accessing services that would help her recovery and support her through having her children removed from her care.

Situation at time of first contact

- Recently had 'goodbye for now' contact with her daughters.
- Had recently started a new relationship and had become to rely heavily on this relationship for her emotional needs and sense of security.

- Had recently started a job in a call centre but felt she was being bullied by staff and unsupported by manager.

Pattern of engagement , circumstances & interventions offered

- Cancelled many appointments in the first six months and phone contact was sporadic, lots of lost and broken phones.
- Josie was offered support to meet the adoptive parents, this was declined and Josie went on her own and then afterwards in a state of distress , impulsively waited outside the children's school and approached them in the street which lead to the foster carer having to call the police.
- LF practitioner addressed this with her using a Cognitive Behavioural approach and Josie contracted with her worker that in future she would consider making use of support offered to her in order to reduce the impulsive responses to situations/feelings which then lead to greater distress/ risks for herself and others.
- Relationship with partner broke down due to her unstable mental health.
- Liaised regularly with mental health CC and supported Josie to attend M/H review, this took several attempts as Josie saw her mental health worker as unhelpful and unsupportive.
- LF Practitioner works with Josie using a cognitive and dialectic approach to help her to explore and understand her perception of her mental health worker and her thinking process around this.
- LF practitioner actively worked to reduce chance of Josie being discharged from mental health service through nonattendance, this involved developing working relationship with the team, keeping them informed of any risks and progress that Josie was making. This was crucial not only because she needed to be open and engaging with M/H in order to be able to access treatment programme for personality disorder (STEPPS) in the future , but also in order to increase chances of her gaining secure accommodation.

Outcomes

- **Contraception:** LF practitioner referred Josie to Foundations' outreach contraception nurse whilst she was in emergency housing in East Sussex; she took up full screening and contraceptive implant.

- **Improved engagement:** Josie was supported to attend several reviews with her mental health service co coordinator, which meant she was not discharged and was able to work towards access a group treatment programme, which in time leads to the STEPPS programme – this is client's long term goal.
- Attended around 20 one-to-one sessions with Looking Forward practitioner over the past 12 months. Took part in Looking Forward weekly group attending 7 of 10 sessions. Stated she decided she liked groups.

- Attended 'understanding Personality Disorder group at Recovery College.

- **Securely housed:** Following a period of time in emergency housing in a hotel in Eastbourne when she travelled two hours on the bus to attend weekly looking forward appointment s, Josie has been housed in a flat in Brighton this is the first time she has had her own place since the children

were removed. This allows her to be less dependent on her mother and sister with whom she has turbulent relationships.

- **Improved mental health/understanding of own mental health difficulties**.

Looking Forward: Male case study

Charlie is a 25 year old male who has a son with his former partner. The baby was placed for adoption as assessments showed that neither parent was able to parent to a good enough level. Mother had a diagnosis of Asperger's and although Charlie seemed to have signs of Autism there was no formal diagnosis.

Charlie was living rough in a tent, the rough sleepers team were aware of him, but he did not engage with them. The baby's mother had returned home to live with her own mother. Parenting assessments were completed within care proceedings, although Charlie did not play such an active role as the baby's mother who was in a mother and baby foster placement for some months.

What was done initially

- A *Looking Forward* practitioner first met Charlie in May 2017 and he introduced himself and talked about his situation. Charlie was cross with Social services as he reported that he wasn't given a chance to prove he could parent his son. He felt this was very unfair.
- He also wanted support with housing and in getting a diagnosis for Autism. His brother is autistic and Charlie recognised traits in himself, including aggressive outbursts.

Next steps: case-management & co-ordination

- The Looking Forward practitioner made contact with a local agency, Youth Advocacy Centre who were already involved with Charlie, advising about his housing. They informed us that Charlie was on the waiting list for supported youth accommodation. Two allocations were offered but not accepted by Charlie, who stated that he didn't feel comfortable in hostels, which he felt are too difficult for him to manage. The Youth Advocacy Service asked the Looking Forward practitioner to support Charlie with an assessment for Autistic Spectrum Condition.

- Charlie was offered and attended weekly appointments over an eight week period to complete the pre assessment forms then accompanied to attend a three hour assessment. He was given a diagnosis of Autism level 1 with traits of level 2.

- During these appointments Charlie was given the time and space to talk about his son, and the reasons he had been placed for adoption.

- Looking Forward liaised with a local homelessness charity, who had been trying to find Charlie, and advised them of his assessment and updated his referral to supported housing with the new information of his diagnosis and

advising that hostel life would be very difficult for Charlie to sustain. A referral was made to adult social care for funding to place Charlie in suitable accommodation. He now has a social worker helping him with this.

Outcomes

- We continued to meet with Charlie on a regular basis, offering an opportunity to him to talk about his son, healthy adult relationships and contraception. This well-being support included attending court regarding his son's adoption. Charlie continued to feel that the assessment process had been unfair, but he began to understand and accept that it would not now be right for his son to be removed from the adoptive parents. Charlie has reached a place of more acceptance about the adoption and is looking forward to annual letterbox contact. Charlie has recently shared with us that he is now able to tell other people about being a father and having a child who has been adopted without feelings of guilt.

- In the past Charlie has been unsuccessful at holding down a job, we discussed volunteering and training. We looked at the *Prince's Trust* and Charlie took himself along the road and made an appointment. He is now in the process of completing their 16 week course:

- *"I`m enjoying being part of a group of people who just accept me"*

- Charlie is due to start a two week work experience placement at a local tourist attraction. Charlie has returned to stay with his mother, in a bedsit attached to her property. Emotional support has been ongoing, including discussions about future children. He is aware that social services may be involved, depending on his and his partner's situation. Charlie's position now is that if he is going to become a father in the future he will be proactive in asking again for parenting advise/courses prior to the child being born.

Case closure

- *Looking Forward* will close Charlie's case after nine months of involvement. The process has already begun as we now meet with him less often, and speak less often with him on the phone. However, future support will be available to him with letterbox contact and helping him write his response. He knows The *Looking Forward* 'door will always be open' to him.

Appendix 1

The removal of child at least in the short-term results in an increase in women's emotional difficulties and therefore heightens vulnerability to a further unplanned pregnancy.
Karen Broadhurst (2017)

A *Looking Forward* Service for Brighton & Hove

Programme guide for professionals

November 2017

The Looking Forward Model of Intervention

There are five stages to our work:

i) introductions and contracting;
ii) assessment and stabilization;
iii) an integrated and relational approach;
iv) therapeutic approaches and structured interventions;
v) Ending and follow up.

I) Introductions and contracting

Upon referral, we discuss the background with the referrer and arrange to meet up with either the mother or father for a formal introduction. We have found a direct face to face meeting, which includes the worker who has a pre-existing relationship, is helpful. Under-pinned by relationship based practice, we can explain what service we would like to provide and the potential service user can then reflect on whether they would like to work with us.

Contracting with the client is important for our work as it invites the client, to take some responsibility for his or her own progress and develop personal 'agency' this means that the service user takes responsibility for their actions but in a context which is non-blaming, non-judgmental, and compassionate towards the difficulties they have in doing this. There are different levels of 'contracting' depending on where an individual client is on their journey and on what they are wanting from a Looking Forward Service. The minimum contracting would be around confidentiality, and permission to contact other professionals or 'next of kin'. In certain situations, For example: if a client cannot be contacted or disengages very suddenly, such that we are concerned for their immediate wellbeing and safety. The Contract with Looking Forward will be revisited and adapted throughout as a client *moves* from one stage to another.

ii) Assessment and stabilization

The initial period of assessment and stabilisation can involve meeting up with the client sometimes several times in a week, carrying out home visits, accompanying the client to appointments based on priorities identified by client and discussed and reflected on together with the Looking Forward practitioner. During this time we are gathering information and screening for: Sexual health/contraception needs, substance misuse and alcohol problems, learning needs and communication skills, underlying mental health issues- e.g. eating disorders, anxiety, depression, risk of suicide, support systems and resilience.

We typically allow around six to eight weeks for this process, which also aims to identify the key risks, and vulnerabilities and begin developing a personalised plan.
In this stage we aim to encourage joint working and good communication with other professional's across the city in order to achieve best outcomes for service users and avoid duplication of work undertaken. It is our experience that due to the complex nature of our service users, good collaborative work across services makes best use of resources available.
Professionals we collaborate with include: Sexual health nurses, Keyworkers in hostels/supported housing, Care co coordinators in mental health and

Substance Misuse services, Offender managers, Young people services, Rough sleeper services, Housing services staff, General health services, GPs, dentists.

Ideally, service users opt-in to the Looking Forward team. Our work is not always planned in this way and we have some clients whom we have met during a crisis period in their lives, into which we have intervened, offering assertive outreach work, for example with a domestic abuse situation, and/or when homelessness arises.

Contraception

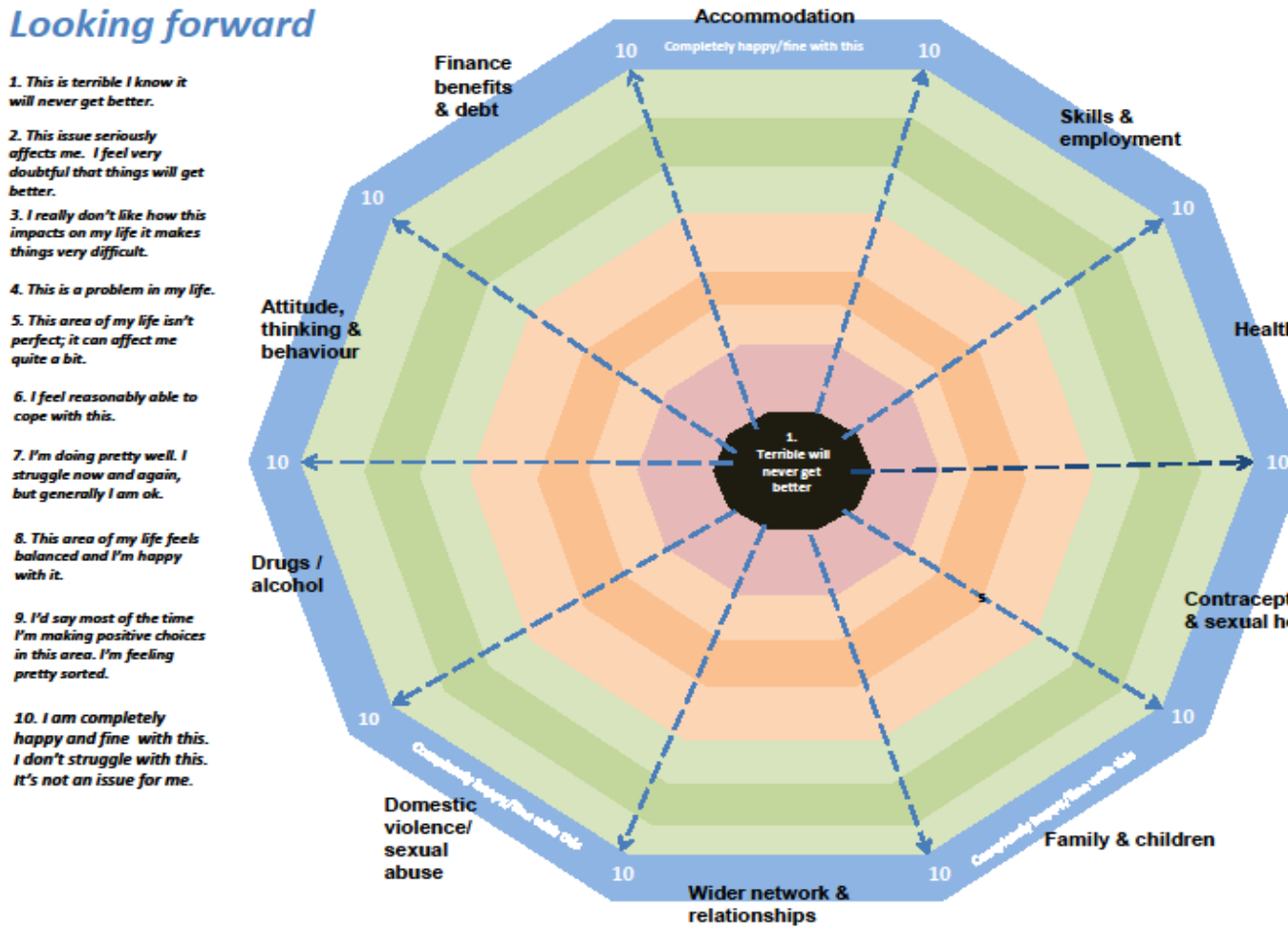
We encourage and invite all our women to consider long acting reversible contraception (LARC) but it is not mandatory in order to receive a service. However, we recognize, for those parents who have had a child permanently removed from their care, especially those who have had very young children removed, including at birth, they face the additional burden of the current legislative developments which have led to swift permanent arrangements being made for their babies, by courts who are mandated to work towards prescribed shorter timeframes. Another pregnancy, and another birth close to the 'indelible legal record that is highly consequential' *(Broadhurst and Masson 2017)* mean that a repeat removal becomes almost inevitable. Contraception, offered in this context becomes a significant therapeutic opportunity, albeit one which is offered to a woman who is suffering complex, unresolved grief.

Our experience has shown us that for a client to get the most from the service when they have made this commitment to taking on contraception and are not distracted by the potential emotional rollercoaster of another pregnancy when they are not ready and at risk of recurrent care proceedings.

We have worked extensively with the Contraception and Sexual Health services (CASH) across the City in order to develop good working relationships and to highlight the particular barriers our service users experience - as a result we are now able to offer fast track, sensitive access these services. Links have been made with services in East Sussex to enable CASH services to be provided to those temporarily housed outside B&H.

Some service users may require on-going support to sustain engagement with another service such as: Substance misuse services, Domestic Abuse service, The Wellbeing service, Housing Services, Mental health-Assessment and Treatment Service and Social services.

We have found that this will usually involve some continued level of involvement from the *Looking Forward* practitioner to enable client to remain engaged. Sometimes a monthly check in and continued liaison with other professionals.



OUTCOME WHEEL adapted from the OUTCOME STAR MODEL

If a client begins to disengage or engagement has been sporadic during this period practitioner may use an assertive outreach model to try to re-engage the client.

* Assertive outreach- going to clients address, (where possible with another professional)

There will be goal setting along the way using SMART goal model

iii) An Integrated and relational approach

All *Looking Forward* practitioners are trained to use a variety of therapeutic 'models of change' when engaging and working with a service-user, but central to the work is the importance of building a relationship. The individual approach or intervention used will be developed and adapted as the client moves along a personal journey supported by the Looking Forward team who in turn work alongside services across the city, attending multi agency meetings as part of the work.

The Service is 'trauma informed 'which means practitioners acknowledge that nearly all our service users come to us having experienced some adverse childhood experience. This can be from neglect and abuse in childhood, sometimes from specific traumatic events such as witnessing and being involved in domestic abuse and violence and/or sexual violence, *in addition* to the trauma of having had a child or children permanently removed from their care.
With this in mind our approach will consider that a client will first and foremost need to feel safe in order to have the best chance to engage, and that they may struggle to trust and to take in verbal information. Clients often may need to work visually to help their personal understanding and to process their own thoughts and feelings.

> Trauma-informed care is based on the understanding that many clients have suffered traumatic experiences, and the provider is responsible for being sensitive to this fact, regardless of whether a person is being treated specifically for the trauma *(Huckshorn & Lebel, 2013).*

We work using cognitive behavioural techniques, to enable clients to have a deeper understanding of the connection between their thoughts, feelings and behaviours and develop skills and strategies to interrupt the cycle of unhealthy relating to self and others. This approach is underpinned by a client-centred focus. - That is that the client understanding of what has happened and what is most important to them is heard and acknowledged and individual clients will always be central to the decision-making in choices for practical actions and goal setting. Solution focused and motivational skills are used in order to help clients to draw upon their strengths and visualise and create a positive future.

iv) Structured interventions

Following the period of stabilisation, and assessment; if client has not moved on or is on a waiting list for a specialist service such as the Lighthouse; STEPPS, RISE, or counselling with the Wellbeing clinic, then in the meantime they may be considered for a structured programme with the Looking Forward Service.

This typically involves meeting usually on a weekly or fortnightly basis (not usually more than once a week), where possible at a mutually agreed time and place (not the clients home) which will be the same each time. This gives the client a chance to 'practice' a more contained and structured form of engagement. The benefits to this approach include giving the client the best chance to engage in other forms of treatment in the future.

Skills required and developed in this stage may include: Money management: having credit on the phone, having money for fares, budgeting for food. Communication: remaining in contact - having a phone, letting LF practitioners know if unable /unwilling to attend a session, answering the phone when a practitioner calls rather than 'avoiding' and finally, personal organisation skills: thinking ahead to pre-empt barriers to attending, including getting an early night, setting an alarm, taking medication properly and reducing alcohol/drug use.

As in the initial stabilisation stage the Outcome wheel is used as a baseline assessment. The original starting point for the client's journey will have been mapped and recorded so clients themselves see very visually the progress that they have made, and the areas in their lives that were or still remain very difficult for them.

It may be negotiated that the client wishes to add their own domain to the Outcome star in place of one that doesn't feel relevant or has been resolved to the client's satisfaction. One domain per session will usually only be focused on at a time, and SMART goal setting will be an important part of the process. When a goal has not been achieved the barriers will be explored and this may allow underlying issues to emerge and the session may be used to explore this a little more deeply.

Understanding Personality Disorder

While the prevalence of personality disorder (PD) in the population is notoriously hard to assess, it is thought to be between 2% and 10%. Child and family social workers report that around 40% of their caseload involves a parent with PD. Meanwhile some estimates suggest that a much higher proportion of children in care proceedings have a parent with PD.
(Minna Daum 11.7.09)

We have found that a significant proportion of our service users have been given a diagnosis of personality disorder or it is written in their Child Protection court reports that they have 'traits' associated with Personality Disorder' but what this means and how this will impact on the client has not been explained or if it was, the client was unable to take in the information at the time. One of the difficulties with the term' personality disorder' is that it may give a mistaken impression that we now have an explanation for the person's problems – for example, the reason they struggle to maintain their tenancy is because they have a personality disorder. In fact, this explains very little because it tells us almost nothing about the nature of the person's particular difficulties.

Our aim is to use a psycho educational approach working in collaboration with the client so that we have an understanding of the person's history, what it means to have a Personality Disorder diagnosis how this may impact on their life, and to teach new skills to manage their condition.
This approach to working with clients is informed by the '5P model ' which offers a way to create a thumbnail sketch of an individual's difficulties by considering the following factors in a client's life, it is important that this is worked on collaboratively with the client:

- **Problem factors**-Housing, health, substance misuse, domestic violence. Important to develop a shared view of what the problems are and which is priority to the client.

- **Predisposing factors**-Childhood experiences, trauma neglect abuse. Identify patterns which connect child development with adult personality- although sometimes a painful process, this helps also develop a client's understanding of the reasons they were assessed as unable to parent their own children safely.

- **Precipitating factors** –factors currently in person's life that trigger problems either in the mind or externally such as recent loss of a relationship or substance misuse. Identifying these in partnership with client can be very helpful as it gives you something concrete to help change.

- **Perpetuating factors**- identify what is maintaining the problem? I.e. lack of support, only asking for help in a crisis.

  Protective factors-resilience, capacity to cope with adversity. There may be resources that are not obvious to others. Developing a crisis plan that identifying potential triggers that could lead to a crisis, includes specific self-management strategies and includes information about services (including out of hours) for when self-management is not enough.

Dialectical Behaviour Therapy-approaches

Current research has evidenced that DBT approaches can be successfully used with many service users identified as having multiple and complex challenges to managing their lives, not just those with a diagnosis of Personality Disorder.
We are able to offer face to face and telephone coaching sessions using DBT interventions, encouraging awareness of trigger situations and challenging unhelpful thinking styles such as 'all or nothing thinking', 'mind reading' and 'filtering' We address impulsive behaviours and over investment in individuals (including professionals.) This may involve drawing up and revisiting a crisis plan for times when emotions feel overwhelming and threaten to de-stabilise the client.

Specifically we draw upon the Commitment (pre- therapy stage) focusing on developing a client's commitment to the process, and building their motivation and ability to engage in therapeutic work. Part of the DBT approach involves teaching skills which clients can then take away and practice and eventually integrate into their everyday life.

Emotional regulation: goals of emotional regulation:

1. Understand and name your own emotions
2. Decrease frequency of unwanted emotions
3. Decrease emotional vulnerability.
4. Decrease emotional suffering.
5. Reduce suffering when painful emotions are experienced
6. Manage extreme emotions so things don't become worse.

Protective Behaviours

Emotional Literacy: identifying and recognising emotions, recognising body's early warning signs, finding and using strategies as soon as early warning signs appear, before becoming overwhelmed, reducing anxiety before it escalates.
Recognising triggers: avoiding / preparing for known triggers and stressful situations and strategies for self- soothing.

Safe Relationships: Different types of relationships, recognising what behaviours tell us a relationship is positive/negative? How healthy is my relationship? The cycle of abuse, boundaries, Evaluating my relationship, Balancing, you , me and us.

Mindfulness: Supports emotional regulation by teaching 'here and now' awareness, slowing down the heart rate

Positive Child Contact

From time to time our service users ask for help with contact issues, this can include how to make the most of contact sessions, or what to write in a letter to adoptive parents. Some are planning to have more children in the future and are seeking to be in the best place to be able to parent their child.

In cases where there is face-to-face contact clients experience anxiety about what to say or do especially when there are long gaps between contact and the child/ren are very young. Our aim is for child contact to be as meaningful as possible for the child.
Because we are situated within EPAP we have access to highly experienced parenting practitioners who can advise us on our delivery of this part of the service to enable us to offer bespoke parenting sessions to our clients.

Some of the related subjects covered include:

- Contact and children's emotional needs
- What does it mean to be a good enough parent?
- The emotional bank account
- Why boundaries are important
- Attachment/child development
- Positive re parenting i.e. self-care/awareness and making positive decisions for self and how this benefits your child
- Clients' own experience of parenting and being parented.

Looking Forward offers the opportunity for parents to reflect on and link their own childhood experiences to the difficulties they experienced in their own parenting

The Looking Forward Group - 8 weeks

This is a closed group with eight weekly sessions, group members will be carefully chosen and there is an expectation that individuals will have engaged on a one to one basis for a period of time and demonstrated some commitment to working with Looking Forward, including addressing their contraception needs.

Each Session is 1.5 hours and begins with a 'check in' – break- and then will cover a psycho educational topic, such as:

1. SMART goal setting.

2. Introduction to Cognitive Behavioural Therapy (CBT) - the link between thoughts, feelings and behaviours.

3. Food and mood.

4. Protective Behaviors

5. Visit to the Bridge Learning Centre

6. Healthy/unhealthy relationships.

7. Five ways to mental wellness.

8. Celebration.

A significant benefit of our group treatment lies in the opportunity to be in a space with others who no longer have their children in their care,

"I just realised I've never spoken it out loud in front of others before"

Group member

Being able to offer and receive support from peers can promote acceptance and empathy for self and others. It is also an opportunity to address isolation

so often an issue for our client group and experience a sense of community responsibility, listening to others and respecting difference. Also bringing awareness to how we impact on each other for example, if arriving late or being absent from the group.

It is also an opportunity to think about personal boundaries, identifying ways of relating which may be unhelpful, 'testing out' new strategies in relating, such as being more assertive and asking for what is needed. Hopefully and most importantly it is an opportunity for self-discovery and development of identity.

Following completion of the group programme providing there has been a minimum of 75% attendance, group members receive a certificate.

v) Graduated ending and follow-up

When there is a planned exit from the Looking Forward service, the practitioner and client will work together towards an ending, taking into consideration how important and difficult endings can be. Part of the role of the LF practitioner at this point is also to plan for and implement a robust ongoing plan for support and agree a follow up session/ phone call.

Where there has been unplanned exit, the practitioner allocated will attempt to contact the client in a variety of ways, phone call, texts, a letter and enquiries to other services. The case will be discussed with the team and a decision will be made as to the appropriate action, this could be escalating to a safeguarding alert or closing of the case.
However where possible the message will be conveyed to the client that they could re-engage in the future when ready.

Kate Phillips
Looking Forward Service Practitioner
November 2017