

## Highlight Report

# Women facing multiple disadvantage and child removal

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### 1. Executive Summary

This report is focused on vulnerable women in Sheffield who have had children removed from their care. Through a combination of data analysis, input directly from vulnerable women and mapping of current service provision this report evidences the support gap this cohort faces. It also outlines what the potential benefits of filling this support gap might be, both in terms of improvements to the cohorts lives and wellbeing but also to the wider Sheffield system.

Summary:

- Women's experiences of disadvantage means that gendered service design and delivery is necessary to address the barriers they face
- Women who've had children removed from their care have often already experienced trauma, abuse, and adverse childhood experiences (ACEs) and do not trust the system. Therefore, removal of children is a gateway to further disadvantage and further loss of trust in the system.
- A 2014 analysis of national data found that over half of women were under the age of 24 when their first child was removed and a quarter of women will return to family court for care proceedings for subsequent children within seven years
- Hope of reuniting or having contact with removed children is a powerful motivator for this cohort's survival and engagement in support
- Restrictive accommodation options for women, which are not suitable for children to visit and do not promote choice and personalisation results in poor housing outcomes, including 'hidden' rough sleeping and sofa surfing
- There is a support gap for this cohort, and they face two cliff edges in support in Sheffield prior to and post removal
- Providing assertive outreach, intensive and flexible support post child removal that builds on periods of stability, such as on release from prison, could create improved and sustainable outcomes for this cohort

## 2. Project Background

In December 2020 the Ministry for Housing, Communities and Local Government (MHCLG) announced a new national fund, Changing Futures, aimed at improving the lives of adults facing multiple disadvantages and the systems and services that support them.

Following a successful Expression of Interest in January 2021, Sheffield City Council (SCC) worked with key stakeholders across the statutory and voluntary sectors to develop a Changing Futures bid. On 16<sup>th</sup> July 2021 MHCLG confirmed our bid had been successful and offered a funding award of £3.267m across three years.

The Changing Futures programme has two broad aims. Firstly, to provide direct intensive and coordinated support to a cohort of highly vulnerable people to help them escape the difficult circumstances they find themselves in and move on positively with their lives. Secondly, to change the wider systems and services we have in the city to better help people sooner before their problems get worse and improve the way we support vulnerable people.

Across 2022 the programme undertook a series of coproduced system mapping exercises and quantitative and qualitative data collection and analysis projects. The learning from this work led to the development of 8 system change workstreams. In November 2022, this learning alongside the proposed system change workstreams were presented back to and signed off by a range of statutory and non-statutory partner agencies and people with lived experience. One of the workstreams is focused on *Improving Support for Women*. One of the activities in this workstream is to increase specialist provision for women who have had children removed from their care.

Reports by [National Commission on Domestic and Sexual Violence and Multiple Disadvantage](#), [Fulfilling Lives Camden and Islington's report on women's experiences of homelessness](#) and [CFE & NECG Evaluation of Fulfilling Lives](#) highlight the importance of focusing on women when exploring multiple disadvantage and emphasise that gendered service design and delivery is necessary to address the additional barriers women face when navigating the support system.

This research informed our cohort identification process and we focused on identifying and engaging women who were highlighted as being a 'hidden need' cohort. Through our system mapping, practice-based learning within the core team and discussions with women with lived

experience we developed a deeper understanding of the additional barriers women navigate to access services. Women told us that one of the barriers they faced was a lack of trust in the system, usually due to childhood experiences and past trauma, but for women who've had children removed, this was exacerbated and perpetuated by child removal.

### 3. Evidence of Need

The removal of children from their mothers often occurs along two distinct trajectories:

- Removal of children via decisions made in the Family Courts related to either: cases involving parental disputes over custody or local authority intervention relating to the Children Act (1989)
- Removal of children due to the mother entering the criminal justice system

[National data](#) from 2014 states that between 2007-2013, 7,143 mothers were involved in repeat care cases affecting 22,790 children, with an average of just over 3 children removed per mother. Over half of the mothers were under the age of 24 when their first child was removed and in 60% of repeat cases the children were removed at, or very close to birth, indicating that local authorities are issuing proceedings much earlier if the mother has previously been involved in care proceedings. Lancaster University's report [Vulnerable Birth Mothers and Recurrent Care Proceedings](#) found that a quarter of women who experience child removal through care proceedings will typically return to family court for another set of care proceedings within seven years.

Whilst work on the topic of multiple disadvantage, women and child removal is uncommon, the needs and subsequent gaps in support for vulnerable women with children removed has been acknowledged elsewhere in the country. [Fulfilling Lives Newcastle and Gateshead's report 'Still A Mam'](#) explores the complex trauma women supported by their programme experienced prior to child removal. This included experiences of care, domestic abuse, and adverse childhood experiences (ACEs) as well as the additional stigma and shame following child removal. Broadhurst et al's 2019 research ["Child removal as the gateway to further adversity: Birth mother accounts of the immediate and enduring collateral consequences of child removal"](#) focuses on the immediate and enduring consequences of child removal and the enormity of the recovery challenge for women who have a long-standing history of disadvantage. Child removal is described as a gateway to further adversity and a trigger for an escalation of problems

including homelessness and housing instability, interpersonal violence, criminal behaviour, and unplanned repeat pregnancies.

Following child removal, this vulnerable cohort of women have poor mental health outcomes, compounded by a loss of identity and hope for the future. Research on [Mortality Among Mothers Whose Children Were Taken Into Care by Child Protective Services](#) indicates that this cohort had significantly higher rates of suicide attempts and completions and nearly all the women who shared their stories with Fulfilling Lives Newcastle and Gateshead reported to have contemplated or attempted suicide. Women with lived experience and research from the International Journal on Drug Policy 2015 on [women's experiences post child removal](#) both emphasise the significant role hope of reuniting with removed children plays in survival and motivation to engage in support.

The House of Commons report [The right to family life: children whose mothers are in prison](#) estimates that 17,000 children are affected each year by maternal imprisonment, with 95% forced to leave the family home, compared to 5% when their father is convicted. There is no national data collection on the number of women in prison who are primary carers and/or have experienced child removal prior to, or because of, their sentence. A primary aim set out in [The Female Offender Strategy 2022-25](#) is for more women to be managed in the community, however temporary or supported housing options for women creates challenges to doing this successfully.

In South Yorkshire, women in HMP Newhall reported that re-establishing contact with removed children was a significant goal and if they were supported to do this on release they would be motivated to engage in support. They also reported that their homelessness and/or restrictive temporary accommodation offers on release created barriers to contact with children due to them being unsuitable for children to visit.

The scale of women's homelessness following prison release is difficult to track, however data from a Sheffield organisation that supports women who are managed by Probation Services, shows that 22% leave prison with accommodation related needs and 25-30% are of no fixed abode or living in temporary accommodation on release. The [Safe Homes for Women Leaving Prisons initiative briefing](#), written by St Martins in the Fields, the Prison Reform Trust, and London Prisons Mission, estimates that close to six out of ten women leave prison homeless.

Learning from women supported by Changing Futures and from the programmes Coproduction Associates (volunteers with lived experience) showed that women feel unsafe in both mixed gender and/or multiple occupancy accommodation because of previous, or potential future, abuse leading them to sofa surf or rough sleep. Concerns about placements into temporary accommodation were also compounded by the lack of wraparound support they would receive whilst living there.

The risk of child removal for women facing homelessness is high - in their 2014 report [Rebuilding Shattered Lives](#), St Mungo's highlights that almost half of their female clients are mothers, of which 79% have had their children taken into care or adopted.

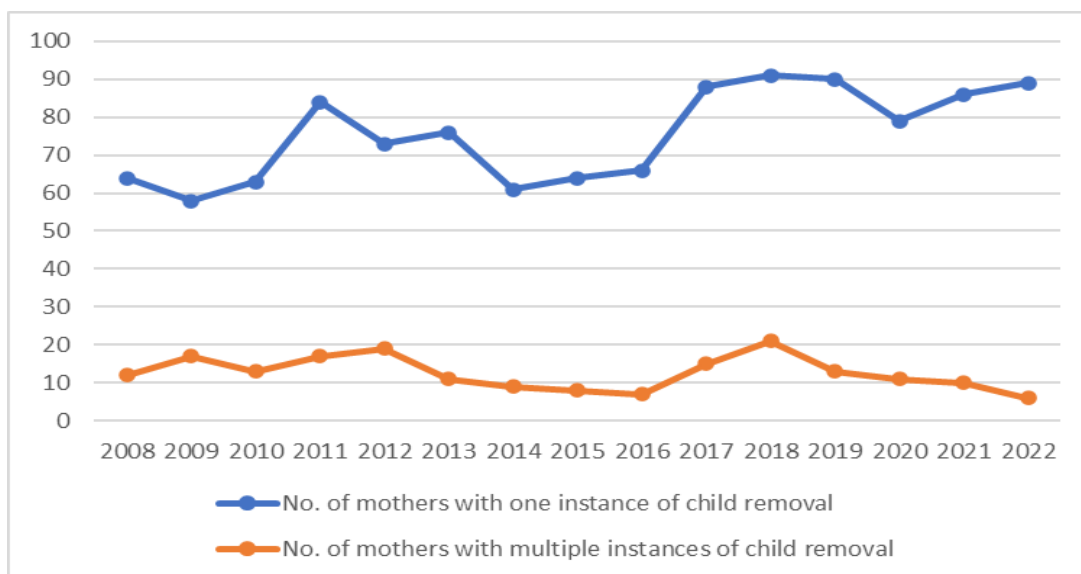
Sheffield Hallam University's 2018 report "[Forgotten mothers: The case for a policy focus on the experiences of motherhood and homelessness](#)" highlights how mothers facing homelessness and living apart from their children often become invisible to services. Where children were physically absent, the women interviewed for this study were not acknowledged as mothers within the terms of homelessness legislation and subsequently, many struggled to gain the housing needed to reunite their family or meet the expectations of Children's Social Care to have their children returned to them.

#### **4. Work to Date**

To understand the scale of need for this cohort, we took an evidence-based approach to establish:

- How many women have experienced at least one instance of child removal in Sheffield as recorded by Sheffield Children's Social Care
- How many women supported by the Changing Futures programme and specialist women's services have experienced at least one instance of child removal

Data from Children's Social Care shows between January 2008 and December 2022, 1132 mothers had one instance of child removal and of those, 189 (17%) had multiple instances of child removal. This does not evidence how many children were taken into care on each occasion but rather the number of subsequent *new* children that were taken into care on different dates. This approach avoids double counting the same children going into care on multiple occasions.

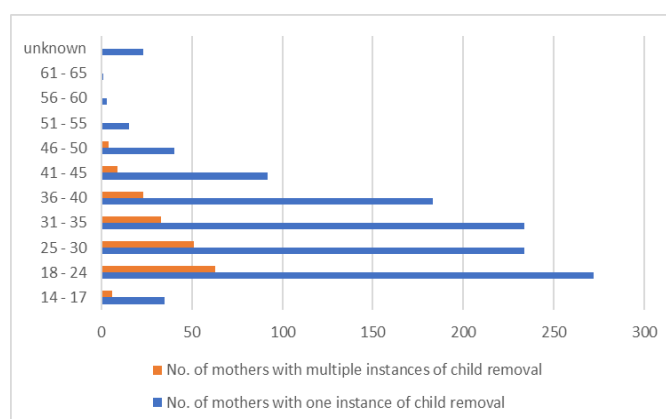


To be counted in the years data, a mother had their first instance of a child being taken into care in that year. This means 91 mothers had children taken into care for the first time in 2018. Of those 21 had at least one other child subsequently taken into care on any date afterwards.

The decline in multiple instances can be attributed to less time passed since the first instance of child removal. Based on this data it shows that on average, in Sheffield, 90 new mothers a year experience child removal.

This data was produced by using a code which took the Liquid Logic (Sheffield City Councils Children Social Care’s case management system) ID of a mother whose child had been taken into care and looking for the first date this happened, then looking for the first date each of her children had been taken into care and counting the number of dates. This data does not show women who live in Sheffield and had children removed through another local authority or the number of women who had children removed prior to 2008, therefore does not evidence a true scale of need in the city.

In line with national findings, the most prevalent age ranges of women experiencing child removal for the first time are, in order, 18-24, 25-30 and 31-35. Of the women who experienced their first instance of child removal between 18-24, 23% of those went on to experience further child removals.



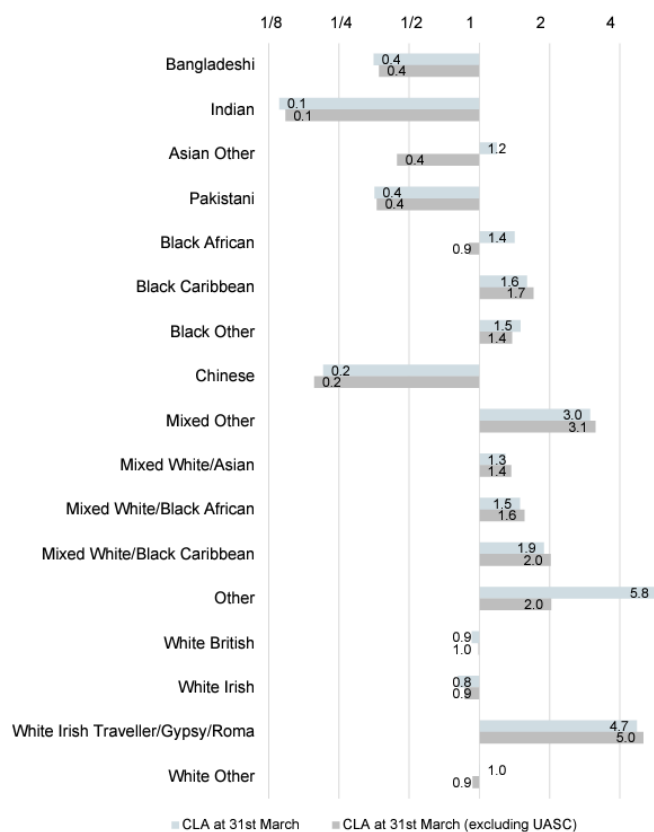
The Changing Futures programme team approached specialist women’s organisations in Sheffield and looked at the Sheffield Changing Futures programme’s cohort to better understand the prevalence of child removal and multiple disadvantage. Two thirds of the women supported by Changing Futures in Sheffield have experienced child removal on at least one occasion. All the women have substance misuse, domestic abuse, and mental health support needs and nearly all have had contact with the criminal justice system and experienced homelessness. Data from three specialist services, who support sex workers or women in the criminal justice system, shows that on average 60% and 90-95% respectively, have experienced child removal on at least one occasion.

The compounded trauma and link to their multiple needs is apparent, yet this cohort of women continue to appear across the Sheffield support system without one of their primary support needs and goals being met.

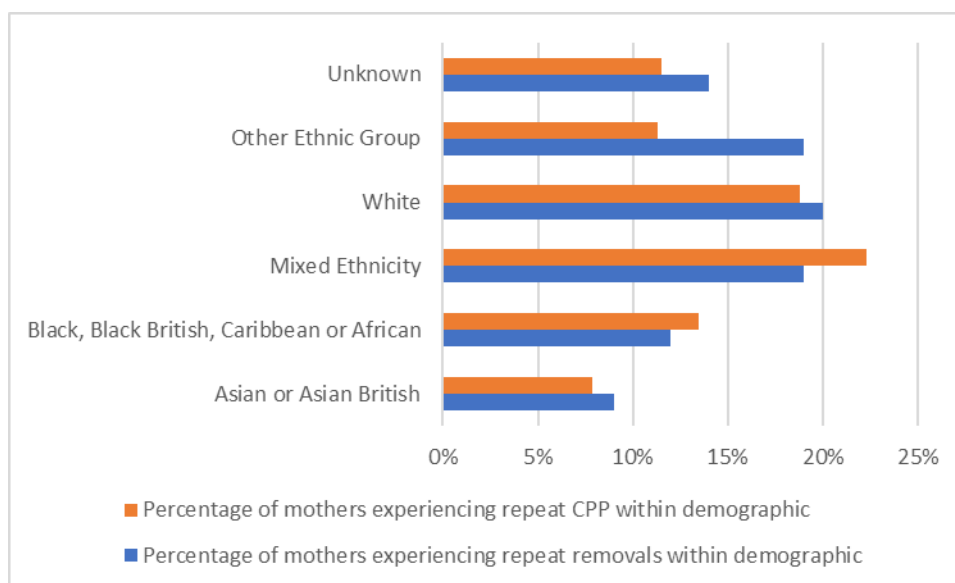
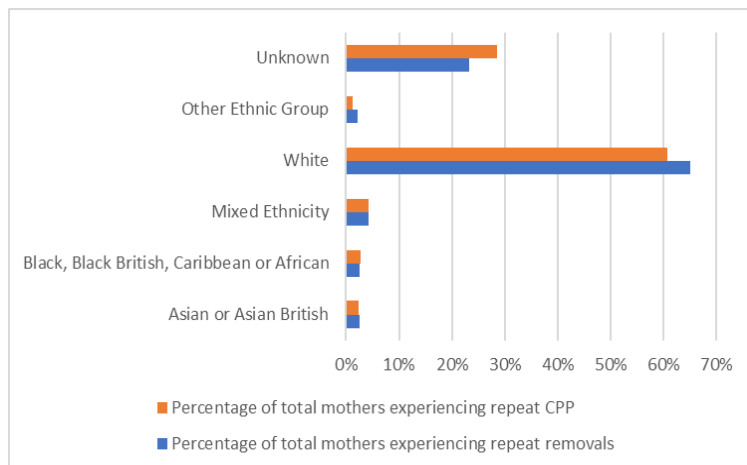
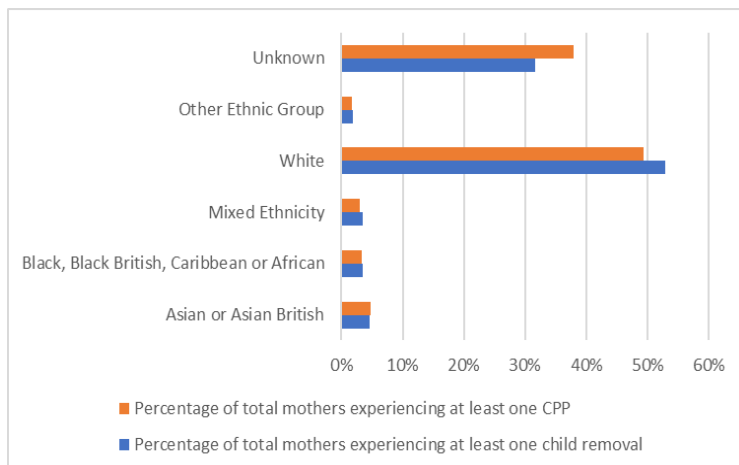
## 5. Intersectional identities and Child Removal

There is no national data on the ethnicities of mothers who’ve experienced child removal, however The Department for Education’s report on [Ethnicity and Children’s Social Care](#) provides data on the ethnicities of children looked after and notes some key points:

Figure 21. Ratio of the proportion of children looked after from each ethnic group in comparison to children aged 0-17 in the 2011 census



- Children from Black and Mixed ethnic groups tend to show overrepresentation in comparison to the general child population, with the exception of Black African children on protection plans
- Children from White Irish Traveller, Roma and Gypsy ethnic groups show the highest degree of overrepresentation (around 4 times the share of all 0-17 year olds)
- Children from Asian ethnic groups (apart from Any other Asian ethnic group) tend to be underrepresented amongst children in need, on protection plans and looked after compared to all children aged 0 – 17



A comparison of ethnicities of mothers in Sheffield who've experienced Child Protection Plans and child removal shows the following:

- The prevalence of one and multiple instances of Child Protection intervention and child removal is comparable across ethnic groups
- Mothers of Asian or Asian British ethnicity experience the lowest rate of multiple child removals
- There is a significantly higher prevalence of multiple child removals compared to Child Protection plans for mothers within Other Ethnic group<sup>1</sup>

<sup>1</sup> According to the Office for National Statistics, Other Ethnic group includes Kurdish (Arab), Sikh and Hispanic or Latin American. It is also recognised that individuals who describe their ethnicity as Sikh may have also chosen to describe their religion as Sikh, or may have identified through just one or the other, or neither



Webb et al's 2020 research [Cuts both ways: Ethnicity, poverty and the social gradient in child welfare interventions. Children and Youth Services Review](#) highlights how in areas with the highest rates of deprivation, White British children are subject to greater rates of social care intervention when compared to their non-White peers. The same research suggests that Black children in more affluent neighbourhoods are more likely to face intervention than their non-Black peers. Different contexts, therefore, appear to make Black children, and potentially by extension Black mothers, more or less 'visible'. The Family Rights Group 2018 [Care Crisis Review](#) found that children living in deprived areas are 11 times more likely to have a child protection plan than those living in the most affluent areas.

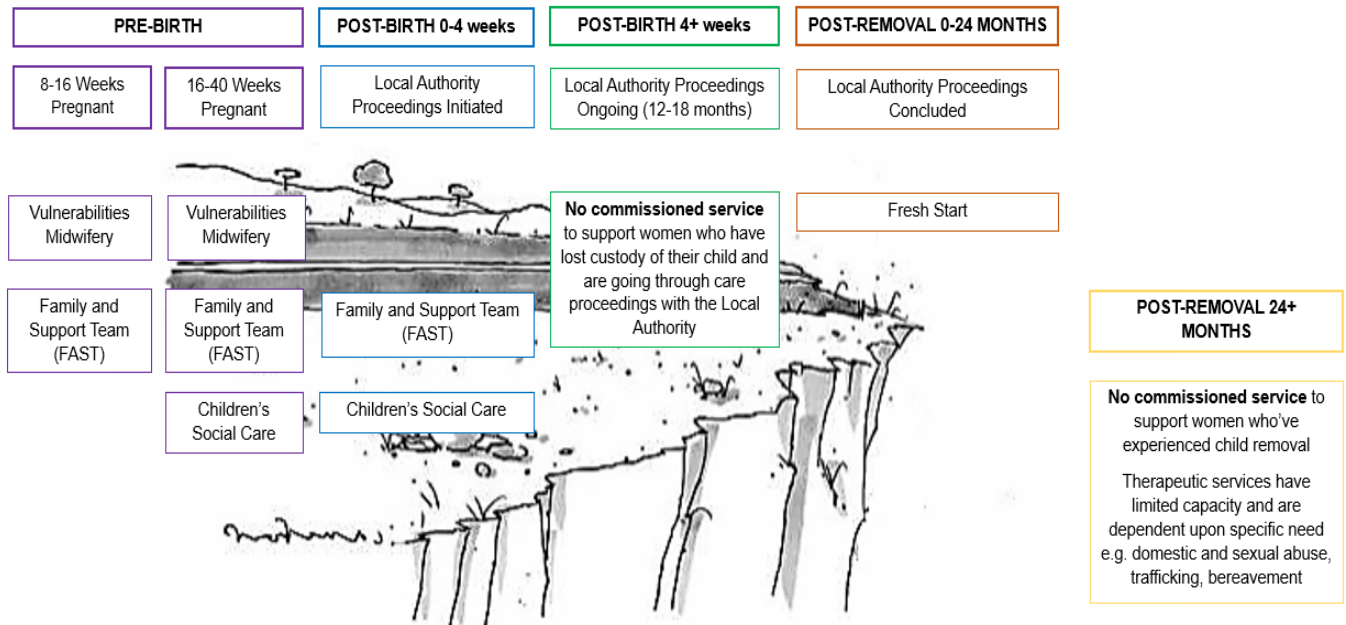
Therefore, any meaningful comparison that aims to establish whether certain populations of women in Sheffield are disproportionately experiencing child removal would need to explore the mother's ethnicity and socio-economic status, as women from lower socio-economic backgrounds are more likely to undergo child removal and there is a higher representation of ethnic minorities in lower socio-economic groups. If this data were available and mapped, the local links between ethnicity, socio-economic status and child removal may change.

Muslim Women In Prison's 2014 [Pilot Project Report](#) identified that prison experienced Muslim women face particular issues, such as rejection by family, breakdown of the family unit and cultural taboos which make acceptance within the family and the community difficult. As such, in some cases children may be relocated by the family to Pakistan or elsewhere and experience informal custody arrangements which would not appear in Local Authority case management systems. Understanding the prevalence of this in Muslim and other communities is difficult, as this data is not tracked in any particular part of the system.

[The Lammy Review](#) (2017), found that Black and minoritised women are more likely to enter the criminal justice system by virtue of racism, with Black women twice as likely as White women to receive a custodial sentence at Crown Court for drugs offences, and Asian and other minoritised women over 40% more likely to be convicted at Magistrates' Court. As such, mothers from minority communities are likely to be disproportionately affected by child removal as a result of a custodial sentence.

## 6. System Gap

To gain a better understanding of the system gap for this cohort, we mapped current service provision in Sheffield for mothers pre and post birth:



This mapping demonstrates:

- Intensive support is available to pregnant mothers to engage them in support and create a period of stability
- Women experience two support cliff edges – first at the point when their child is removed and second at the point when their child was removed over two years ago
- No service in the city is commissioned to support women to advocate for their rights during or after the Local Authority Care Proceedings process
- The number of mothers per year experiencing child removal vastly outweighs the capacity of Fresh Start who support 16-18 women a year

## 7. Challenges and Opportunities

### Challenges:

This cohort of women experience multiple barriers to accessing support which can be reinforced by support organisations. Women report having limited, if any, trust in the system which was complicit in the removal of their child. Subsequently, there are challenges that organisations need to address in order to provide effective support to this cohort.

Our learning reports on [Engaging Hard to Reach Individuals](#) and [Women and Multiple Disadvantage](#) evidence that co-location between services and assertive outreach in environments where women feel safe increases women's engagement with support. Women's trust in the service and workers is a deciding factor to engagement, therefore flexible service delivery and gender informed commissioning of support services is necessary to meet women's needs.

### Opportunities:

This cohorts' complex circumstances pre-birth and post-removal means it is key to identify opportunities to build on periods of stability. While pregnant, intensive support is provided by the Children's Social Worker and Family and Support Team (FAST) which supports a period of consistency and often stability. For some women, prison provides respite, safety and stability compared to their life in the community and there is an opportunity to build upon this and support women at the point of release. If re-establishing contact with removed children is a primary goal this could be harnessed to motivate this cohort of women to engage in support.

Within Changing Futures nearly all the women who've had a child removed have had repeated contacts with the criminal justice system, with opportunities missed to engage them in support earlier. Crest's report [Counting the Cost of Maternal Imprisonment](#), concludes that the journey of mothers who have experienced the removal of a child into the criminal justice system is not sufficiently recognised or understood, these mothers are not captured by current data collection systems and opportunities to divert mothers out of the criminal justice system are being missed, leaving many in a cycle of short sentences.

The Ministry of Justice's [Female Offender Strategy 2022-25](#) states that 73% of women released from a custodial sentence of less than 12 months re-offend within a year, compared to 63% of men. The Prison Reform's report [Broken Trust](#) found that since the government introduced

mandatory post-custody supervision, recall rates have significantly increased for women to 131%, compared to an increase of 22% for men. The Female Offender Strategy sets out the Government's commitment to see fewer women coming into the criminal justice system and reoffending, and The [House of Commons Justice Committee 2022 report on Women in Prison](#) found, in an internal review of recall case files, lack of safe accommodation and substance misuse were found to be driving the two most common reasons for recall to prison: failure to keep in touch and non-compliance. Support for this cohort that provides or supports them to stay in accommodation is, therefore, essential to achieve sustainable and positive outcomes as well as reduce the number of women recalled due to loss of accommodation.

The recommendation of this report is that a gender-informed service for this cohort would need to include the following:

- Dispersed accommodation that meets the needs of women to feel safe, with target hardening (e.g. doorbells with integrated CCTV) included
- Support workers have low caseloads in order to provide intensive support
- Floating support for women who have experienced child removal but their accommodation needs are being met
- Therapeutic support which is flexible in its approach and understands that the cohort will be 'in and out' of therapy while their support needs are being met
- 'Parenting' courses designed to help women make sense of the removal of their child(ren), understand how their removed children may behave (i.e. brain based parenting for traumatised children) if contact were re-established, be proactive in preventing further unplanned pregnancies and lay a foundation for any future planned pregnancies
- Children's Social Worker to support women to prepare for approaches to Family Court and provide case building advice

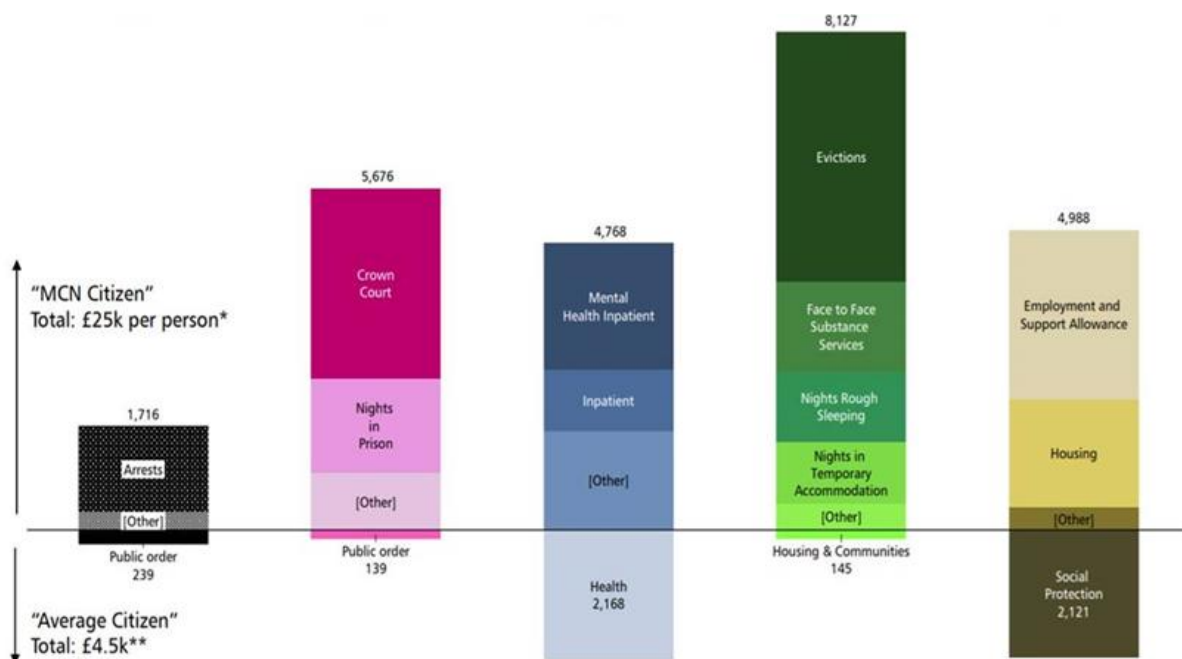
It is important to acknowledge that it will not be appropriate for all women who've had a child removed to re-establish contact with their removed children. Any contact must take into consideration risks to the child, their carers, and the well-being of the mother.

## 8. Outcomes and Impact

Understanding women’s needs and goals linked to child removal provides opportunities to engage women in support that is meaningful to them and maximises motherhood as a rehabilitation asset.

Investment in this cohort also has cost saving implications for the wider system they are present in. An [evaluation of Pause](#), a national charity supporting women who’ve experienced child removal, by the Department for Education found that in five areas where Pause had operated for three years the number of children entering care was reduced by an average of 14.4 per annum per local authority – equivalent to 215 children. The estimated benefit to cost ratios associated with these effects are £4.50 per £1 spent over 4 years and £7.61 per £1 spent over 18 years.

*Annual Spend per person, Citizen experiencing multiple disadvantage vs “Average Citizen” (£)  
Data source: Department of Levelling Up, Housing and Communities (DLUHC)*



In addition to the expected reduced costs to the Local Authority Children’s Services, national evidence shows that the average annual spends per individual experiencing multiple disadvantage is five times higher than the ‘average citizen’, therefore investment in this cohort creates long-term financial savings to local systems.

[Evaluations of Fulfilling Lives in Blackpool](#) evidenced that a flexible and intensive support model, like the Changing Futures model, is effective at reducing financial strain on reactive and crisis services, even after the programme has ended their support. Changing Futures value for money data from Sheffield has demonstrated a 58% reduction in the average cost per person to date<sup>2</sup>.

Women who've experienced child removal have often already experienced multiple disadvantage through childhood trauma and abuse and continue to experience it post removal. The Changing Futures approach to supporting this cohort of women have created the following outcomes to date:

- 88% are engaged with their Changing Futures support worker and staff from other services
- 85% have increased trust in services
- 65% have improved wellbeing and self-efficacy
- 46% have reduced their substance use
- 8% increase of women accessing mental health support
- 20% increase of women in stable accommodation

We would expect that additional resource and provision for this cohort that provides safe, stable accommodation upon release from prison and support to re-establish contact with removed children would achieve the following outcomes:

- More women successfully supported to reduce re-offending
- Reduction of recalls for female offenders and more women managed in the community
- More women supported to have contact reinstated with removed children
- Reduction in Children Looked After
- More women successfully supported to sustainably prevent or relieve homelessness
- More women supported to access therapeutic interventions for improved wellbeing and mental health
- More women supported to access support for domestic and sexual abuse
- More women supported to access support for substance misuse
- More women supported to access education, training, and employment
- Improved financial security

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<sup>2</sup> excluding health where costs increased as people started to address longstanding unmet health needs.

## 9. Summary

The evidence outlined in this report identifies a system gap for vulnerable women in Sheffield who have experienced child removal and provides evidence of effective ways of working which improves outcomes for this cohort.

The learning from this report can be summarised as follows:

- Women who've experienced child removal have a lack of trust in the system and the system must address this challenge and provide services that meet women's needs
- Women who've experienced child removal have poor outcomes, particularly relating to their mental health
- There is a lack of recognition and understanding of the impact of child removal and how it compounds previous, as well as creating a gateway to new, trauma
- One of this cohorts' primary needs remains unmet and as such, they continue to require support from different parts the system
- Locally, there is a high prevalence of child removal within women in the criminal justice system
- Current service provision does not meet the need in the city and women experience cliff edges of support
- There should be support offer which, where appropriate, utilises this cohorts' goals of re-establishing contact with removed children to engage them in support
- This report quantifies, for the first time, a scale of need in the city and evidences that earlier intervention for women between the ages of 18-35 should reduce the likelihood of repeated traumas linked to child removal
- Delivery models which provide intensive, flexible support achieve good outcomes for this cohort and are an effective response to their needs

The recommendations of this report are as follows:

- National data collection on women, particularly those in prison, who are primary carers and/or experienced child removal