



CASCADE

Children's Social Care
Research and Development Centre
Canolfan Ymchwil a Datblygu
Gofal Cymdeithasol Plant

Evaluation of Reflect in Gwent

Final Report

Dr. Louise Roberts

Dr. Nina Maxwell

Ms. Rebecca Messenger

Ms. Claire Palmer

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A note on language

In writing this report we faced a dilemma in our use of language. Reflect literature refers to ‘working with women and their partners’ (Barnardo’s 2017). Such language appears appropriate as the service is primarily focussed on women (Reflect will support partners, but will not work with men in isolation) and is intended to provide opportunity for individuals to focus on themselves; addressing personal needs and seeking to improve well-being.

Despite this, over the course of the research we were aware that the identity of ‘parent’, ‘mother’ and ‘father’ were extremely important to women and their partners. Such identities were very much part of the present rather than confined to the past. For example, Paul (pseudonym) (parent interview 1) stated:

“we can only contact the kids twice a year via letter and that we got to finish the letter with Debra and Paul), we can’t finish it with Mum or Dad. And I kicked off kind of about that because I was like well they’ve only got two biological parents, me and Debra. I said you can’t tell me I can’t say Dad to my kids you know and it’s just all wrong, this entire situation is wrong.”

In recognition of the parameters and objectives of Reflect, **and** the strength of feeling in respect of retaining a parenting identity, we use ‘women and their partners’ as well as ‘parents’ interchangeably.

1.0 Summary

Reflect

It is estimated that 1 in 4 women involved in care proceedings will become 'repeat clients' of the family court within 7 years (Broadhurst et al. 2017). Reflect is a service provided by Barnardo's that aims to provide practical and emotional support to women and their partners who have experienced the compulsory and permanent removal of a child from their care. Reflect can offer support for up to two years and is described as encouraging 'women and their partners to understand their past, their present and achieve their future goals' (Barnardo's 2017). The primary aim of the service is to prevent repeat pregnancy in the short-term, when there has been little time for positive change and successive child removal remains the most likely outcome.

Research Methods

A two-phase evaluation was undertaken with the aim of capturing longitudinal data. In the first phase of data collection, 30 case files were analysed, made up of 15 open and 15 closed cases. Qualitative interviews were undertaken with Reflect staff (n=4) and parents (12 women and 4 men). The Manchester Short Assessment of Quality of Life (MANSA), a standardised and validated measure that assesses objective and subjective quality of life, was completed by 16 parents.

In phase two, the 15 open case files were reanalysed. Follow-up interviews were conducted with 8 women and 2 men and a follow-up focus group was conducted with Reflect workers (n=4). Nine respondents participated in a survey of Gwent professionals and the MANSA was recompleted by 9 parents.

Findings and discussion

The findings of this evaluation are positive and suggest that not only is Reflect meeting a key gap in support provision for a highly vulnerable group, but that it is also having positive impact despite the high level, varied and multi-faceted needs of parents. Engaging parents in the service, as well as building and sustaining positive relationships is a challenging task and the sensitive, respectful and non-judgemental approach of Reflect workers is important. The ability of the service to provide practical as well as emotional support is highly valued. Depending upon the individual needs and circumstances of women and their partners, progress can involve subtle as well as significant change. There was evidence of positive service impact from each of the research methods; this included progress in respect of health, housing, finances, education, employment, relationships and subjective well-being.

Recommendations

In line with the early stage of development of Reflect, key questions remain about when support should be offered, for how long, for who and for what purpose. Over the course of the evaluation, the potential to expand the scope and delivery of Reflect was highlighted by multiple respondents. It would be important to consider whether further development or expansion is in accordance with the key aims and objectives of the service.

Further research is required to substantiate the findings with larger samples. In addition, we would advocate continued research to track the trajectories of parents beyond their engagement with Reflect and to assess the service's impact on the numbers of women subject to repeat care proceedings.

2.0 Introduction and Background to the Research

Vulnerable Birth Mothers and Recurrent Care Proceedings

The family justice system has been described as facing ‘a crisis of recurrence’ (Cox 2017: 332). It is estimated that 1 in 4 women involved in care proceedings will become ‘repeat clients’ of the family court within 7 years (Broadhurst et al. 2017; Broadhurst and Bedston, 2017). Recurrent proceedings most often involve a child born during or recently after, the previous proceedings. As such, the time between court proceedings is often short, commencing within one year of the previous proceedings (Broadhurst et al. 2017). This quick succession of pregnancy and court proceedings, gives mothers little time to make or evidence positive change (Broadhurst et al. 2015).

Women who experience recurrent care proceedings typically have troubled histories and complex needs (Broadhurst et al. 2017; Memarnia, 2015). Analysis of court records from a representative sample of 354 mothers who had had more than one child removed, found high levels of adverse childhood experiences (ACEs); with 56% having an ACE score of 4 or more. In addition, experiences of neglect and abuse were frequent features of childhood experiences; 66% of the women had experienced neglect, 67% emotional abuse 52% physical abuse and 53% sexual abuse, and 40% of the women had previously been in the care of the state (Broadhurst et al. 2017). This latter finding is echoed by a study in Wales, which found 27% of birth mothers and 19% of birth fathers with children being placed for adoption in Wales had experience of care (Roberts et al. 2017).

In the aftermath of having a child removed, on-going issues from the past remain, but these can be intensified and accompanied by additional problems (Neil 2006, Broadhurst and Mason 2017, Hinton, 2018). These include grief following the loss of a child, stigma and shame associated with compulsory removal and reductions in welfare entitlements associated with

increased material hardship (Neil 2006, Broadhurst and Mason 2017, Morriss 2018, Hinton 2018, Fidler 2018).

The case for support

The phenomenon of repeated state intervention for a proportion of highly vulnerable women is an unfortunate practice reality long recognised by many across the sector. For example, Blazey and Persson (2010: 3) commented:

As senior social workers ... we have been struck by the fact that the same families become the subjects of safeguarding concerns time and again, often with similar outcomes for subsequent children, in terms of them being removed into substitute care via care proceedings.

Yet until recently, women who had experienced the permanent and compulsory removal of a child from their care were offered ‘little or no routine follow-up’ (Cox 2012: 543; Sellick 2007; Morriss 2018). Arguably these women face a ‘double whammy’ (Featherstone et al. 2016: 7) whereby state intervention is experienced as punitive as well as neglectful in its unwillingness to address on-going and often complex needs.

The high rates of return within the family justice system confirm that “child removal can no longer be seen as the end of the problem” (Broadhurst and Mason 2017: 45) and have prompted widespread concern about supportive obligations to this highly vulnerable group. There is a compelling moral case to provide continuing support and seek to avoid distressing and destructive cycles of repeat pregnancies and successive care proceedings. Effective supportive interventions have the potential to ease the unprecedented pressure on the family justice system in England and Wales (Care Crisis Review 2018) and positively contribute to policy initiatives designed to reduce the numbers of children entering the care system and the associated financial burden on local authorities (Drakeford 2012a, 2012b). In recent years there have been

a number of service developments that have sought to address this deficit (Action for Children 2014; Cox 2017; McCracken et al. 2017; Lewis-Brooke 2017). Common to these initiatives is an attempt to engage and build positive working relationships with women. Support is typically flexible and tailored to the individual needs and circumstances of the women, encompassing practical and emotional support as well as help to (re)engage with external agencies and community resources. However, variations in such initiatives are observed in their cost of delivery, referral criteria, delivery and approach. While the evidence base is in its infancy in respect of support initiatives, there are some promising findings in respect of financial savings, individual outcomes and user experience (Action for Children 2014; Cox 2017; McCracken et al. 2017; Lewis-Brooke et al. 2017; Hinton 2018).

Reflect

Reflect is a service that aims to provide practical and emotional support to women and their partners who have experienced the compulsory and permanent removal of a child from their care. The service was developed in partnership between Newport City Council, Barnardo's and Aneurin Bevan Health Board, in response to an internal audit (2011-2016) that showed between twelve and eighteen infants were being removed annually in Newport from mothers who had already experienced the permanent removal of a child (Jenkins 2017).

Initially available in Newport, Reflect was quickly expanded across Gwent. The primary aim of the intervention is to prevent repeat pregnancy in the short-term, when there has been little time for positive change and successive child removal remains the most likely outcome. The service is described as encouraging '*women and their partners to understand their past, their present and achieve their future goals*', underpinned by values of empowerment, respect and

equality (Barnardo's 2017). Reflect is currently delivered on a one to one basis and encourages, but does not require, women to be in receipt of long acting reversible contraception (LARC).

3.0 Research Approach

Research Questions

The research aimed to answer the following questions:

- a. Is there evidence that engagement in Reflect reduces the likelihood of repeat pregnancy in the short-term?
- b. What are the hopes and expectations of women and their partners when they engage with the service?
- c. How is the service experienced by women and their partners? How do they perceive its impact?
- d. Is there evidence that engagement in Reflect improves individual well-being and encourages positive change for users of the service?
- e. How do Reflect professionals understand the service and how do they perceive its impact?

Methods

Reflect offers support to women and their partners for a period of up to two years. In recognition of this, a two-phase approach to the evaluation was adopted with the aim of capturing longitudinal data.

In order to answer the research questions, a mixed method design was employed to allow for “breadth, depth of understanding and corroboration” of data (Johnson et al. 2007: 113).

- *Case file analysis*

Case file analysis was conducted in December 2017 and July 2019.

In phase one, 30 case files were analysed and a template (Appendix B) was used to record a range of data in respect of the referral process, identified needs and initial plans for support. Fifteen of the cases were 'open' and women had on-going relationships with Reflect workers. Fifteen case files were reported as 'closed' and there was no active relationship with the service.

In phase two, the 15 'open' files were re-examined using a template (Appendix C) to update information in respect of engagement and support received, as well as updated information regarding progress and on-going support plans.

- *Qualitative interviews*

In phase one, qualitative interviews were undertaken with 12 women and 4 men. Initial interviews were conducted as close as possible to the onset of parents' engagement with Reflect and took place between October 2016 and November 2017. The interview guide (Appendix D) was designed to explore initial thoughts and understandings of the service, early reflections on relationship development and future hopes / goals. Participants were not specifically asked about events preceding the removal of children, but some did volunteer this information. In recognition of the developing nature of the service, women and their partners were also invited to discuss various aspects of the service in the hope of informing on-going service development.

An additional 10 interviews were scheduled but were cancelled by parents as a result of the complex needs and on-going difficulties. Previous research findings have shown that women who have their children removed can be reluctant to participate in research interviews (Smeeton and Boxall, 2011).

Women and their partners were offered the opportunity to participate in a follow-up interview in July 2018. From the initial sample, one relationship had ended and the ex-partner (male)

was no longer in a relationship with a participant and no longer in contact with Reflect. Two women chose not to participate in a further interview. Attempts to contact 2 women and 1 man were unsuccessful. Eight women and 2 men agreed to participate in a follow up interview which were designed to explore parents' experiences of the service, including their reflections on progress and change (Appendix E). In addition, opportunities to review and comment on their initial interview and the phase one report were offered.

Qualitative interviews were undertaken with the Reflect Manager and Workers (n=4) in February 2018. The interview guide (Appendix F) was designed to explore their understandings of the service, their experiences of supporting women and their partners and working with other agencies, as well as thoughts regarding on-going service development. A follow-up focus group with Reflect staff members (n=4) was conducted in August 2018, which was designed to further explore experiences of supporting parents as well as indicators of progress and change (see Appendix G).

- *Quality of Life measure: The Manchester Short Assessment of Quality of Life (MANSA)*

The Manchester Short Assessment of Quality of Life (MANSA, Priebe et al 1999) (Appendix H) is a standardised and validated measure that assesses objective and subjective quality of life in 8 life domains (work and education, finances, health, family and social life, leisure, accommodation) and life in general. It is scored using the seven-point delighted – terrible scale (Andrews & Withey, 1976). The mean ratings from the different domains form an overall quality of life score. The MANSA also includes open-ended items for each scale regarding willingness to change as well as the barriers and facilitators available to make this change.

The MANSA was completed close to the onset of engagement with Reflect (between October 2016 and November 2017) and again in July 2018. Sixteen participants completed the MANSA

measure in phase one and 9 also completed the measure during the second phase of data collection.

- *Survey of Gwent professionals*

In addition to the two-phase methods above, a short online survey was designed for professionals across Gwent (Appendix I). The survey was designed to explore understandings of Reflect and provide professionals with opportunity to contribute their views about the service. The survey was distributed via Reflect management who forwarded the link to their database contacts. In addition, the research team emailed each of the Heads of Children's Services across Gwent to request distribution across their social care teams.

The survey was available for four weeks between June and July 2018. During this time, two reminder emails were sent to encourage participation. Nine professionals submitted responses.

Ethics

Ethical approval for the research was gained from the Social Science Research Ethics Committee at Cardiff University.

In order to protect the privacy of potential participants, Reflect workers initially discussed the research with women and their partners. All were provided with written information and informed that participation was voluntary and had no bearing on their receipt of support. Written consent was secured from women and their partners who wished to participate.

In order to encourage participation, potential participants were provided choice in participating in some or all aspects of the research. For example, a parent could decline to take part in an interview but could agree for a researcher to look at their case file and / or consent to completing the MANSA.

Strengths and Limitations

This research was conducted at a time when Reflect was developing and was ongoing in the midst of the service's expansion from Newport to Gwent wide. It is recognised that conducting the evaluation through this period, as opposed to a time when Reflect was more established and refined, may have influenced the results.

The design of the evaluation recognised the vulnerabilities of women and their partners and prioritised an ethical approach that afforded maximum choice over participation. The overall sample size was low and as such caution should be given in generalising these results.

The high level of mistrust and vulnerability amongst parents, together with the high-level ongoing needs and difficulties, rendered some unable to participate. In adopting a flexible approach as a means of maximising parents' willingness and ability to participate led to inconsistencies across sample sizes for the measures employed.

The two-phase, multi-method design is a key strength of the study and enabled contrast, comparison and corroboration of findings. However, the vulnerabilities of parents at the onset of the service meant that it was sometimes inappropriate or unfeasible to gain consent or participate in the research. This was particularly problematic in regards to completion of the MANSAs. It was suspected that by the time the first assessment was undertaken, parents had already started to forge relationships with workers. As such, it is possible the initial MANSA findings underestimate the extent to which parents were unhappy or dissatisfied with their circumstances.

Finally, it is recognised that parents may have been more likely to participate because of their positive experiences of the service. It is accepted that recruitment of those who had disengaged prematurely from the service or had intermittent contact with workers would have produced

valuable (and possibly contrasting) insights. We hoped to mitigate against this potential bias through case file analysis but acknowledge the potential for overly positive findings.

4.0 Findings from Case File Analysis

Phase one:

The case file analysis revealed variability in the range of information recorded. Differing amounts of information were provided at the point of referral and the extent to which women were prepared to share information within the initial stages of engagement varied. The responsive and adaptive nature of the service sometimes negated the collection of certain information whilst the woman's initial needs are addressed.

Of the 30 case files, 15 were currently open cases and 15 had been closed. Of the 15 closed cases, 9 women did not engage with the service. In 4 of the cases women engaged for a period; 2 withdrew, one moved out of the area and one was a planned closure. One woman was (unknowingly) pregnant at the onset of support and as such, the service was not appropriate. One woman had positively engaged with the service but unfortunately passed away. There were no significant differences between the method of referral, reason for referral, age, care history or number of children between the open and closed cases. The only significant difference was found for contraceptive status (Fisher's exact test, $p < 0.005$), where clients who engaged with Reflect were more likely to be using some form of contraception.

Demographics

Data were extracted from the case files for 15 women who were actively engaging with Reflect during the first evaluation period [January 2017 to January 2018]. The women were aged between 17 and 39 with a mean age of 28 years. All 15 women were described as white British. Four of the women were care experienced and a further two had been on child protection plans themselves but had not been in care.

The 15 women had a total of 38 children where 25 had been subject to care proceedings (66%), 7 were placed in local authority care (18%), and 6 (16%) children were not subject to any orders but of these, 4 (11%) children were living with their father and two (5%) were living with grandparents. The majority of women (n=13, 87%) had some form of contact with at least some of their children, with only two women having no contact at all. Further analysis revealed a complex picture where women had multiple contact arrangements across all their children. For example, younger children may have been adopted with either no contact or contact via letterbox, whilst older children may have had care orders, with either supervised or unsupervised contact. When the data were analysed for all the children, most (n=26, 68%) had some form of contact with their mothers, whether unsupervised contact (n=15, 39%), supervised (n=7, 18%) or via letterbox (n=4, 11%).

Table 1: Contact with children

Type of contact	N	%
Contact	15	39
Supervised contact	7	18
Letterbox	4	11
No contact	12	32
Total	38	100

Referral details

Most women had been referred to Reflect by their social worker (Table 2). All of the women had been referred to Reflect for emotional support. Of these, direct reference was made to ‘struggling to come to terms with the loss of their children’ for 6 women (40%). This was associated with depression and anxiety (see later section), which was heightened around

impending adoptions and key dates such as the child’s birthday or Mother’s Day. In addition, women were also referred to Reflect for practical support (n=8, 53%), including debt management and housing difficulties, contraceptive advice (n=6, 16%), and personal development (n=1, 3%).

Table 2: Method of referral to Reflect

Method of referral	N	%
Adoption service	2	13
Social worker	9	60
GP: Social prescribing service	2	13
Sexual health service	2	13
Total	15	99

Percentages may not equal 100 due to rounding

Support plans

Support plans revealed a range of objectives for each woman, based upon emotional and practical support needs. Specifically, objectives focussed upon providing women support with understanding the reasons the child was removed, coming to terms with the loss and establishing positive contact with their children. Some case files included goals such as improving confidence by accessing community courses. Examples of practical support included accessing contraception, debt management, housing and accessing referrals to other services such as alcohol support or counselling.

Characteristics

- *Contraception*

Nine (60%) women were in receipt of contraception at the onset of their involvement with Reflect and a further 6 (40%) were supported to access this as a priority during the early stages of engagement. The majority of women were using a long-term reversible form of contraception (Table 3: injection = 5, 33%, intrauterine device = 2, 13%, contraceptive implant = 6, 40%). The remaining two women were using the contraceptive pill.

Table 3: Contraception

Contraception	N	%
Injection	5	33
Intrauterine device (coil)	2	13
Contraceptive implant	6	40
Contraceptive pill	2	13
Total	15	99

Percentages may not equal 100 due to rounding

- *Physical health problems*

Six (40%) women were identified as having physical health problems including a range of gynaecological problems as well as diabetes, migraines and other medical problems.

- *Mental health problems*

The case file analysis found that all 15 women were suffering with mental health problems. Nearly all of the women had depression (n=13, 87%) and a third of the sample had anxiety (n=5, 33%). Two women (13%) were reported as having feelings of suicide and had incidents of self-harm. Depression was associated with difficulties in accessing support and engaging within the community.

Half of the women were currently taking medication for their mental health problems. Two had been referred for counselling.

- *Substance misuse*

Six women reported substance misuse to cope with the removal or adoption of their children (40%), with only four women (27%) recorded as having no current or previous substance misuse. Whilst engaging with Reflect, 6 women were reported as having current issues with substance misuse. Of these, all were using alcohol, two were also using Class B drugs and one was using alcohol as well as Class A and B drugs.

- *Risk of violence*

Of the 15 women, 5 (33%) were reported as having experienced domestic violence previously with one currently a victim of domestic violence and one woman who was described as passive to partner's violence towards the child. Three women (20%) were reported as being a potential risk, with two having previously displayed aggressive behaviour and one who had exhibited threatening behaviour towards professionals.

- *Sexual exploitation*

Six women (40%) were deemed at risk of sexual exploitation.

- *Offending behaviour*

The analysis revealed that 3 (20%) women were currently on probation and one woman had been cautioned by police.

Risk / Protective factors

- *Relationships*

Of the 13 women where data was available, 6 (40%) remained in a relationship with the father, 4 (27%) women were in relationships with new partners and 3 (20%) were not in a relationship.

In regard to family relationships, 6 (40%) women reported having some family support although half reported difficulties due to living some distance away. A further 3 (20%) women were described as having limited relationships with family whilst 4 (27%) received no family support. Further, very few of the women were recorded as having supportive friendships (n=4, 27%).

- *Education, employment and training*

In regard to education, employment and training, details were available for 14 women, with 2 women (13%) working part-time, two attending college (13%), and one was volunteering in the local community. Most women were not in any form of education, employment or training (n=9, 60%) although 3 (20%) were interested in either attending college or volunteering in the community. Two women (13%) did not feel well enough to seek employment.

- *Debt / finance*

Most women (n=11, 73%) were experiencing debt problems. Of these, 3 (20%) were recorded as having 'significant' debt such that they were accessing food banks or had bailiffs regularly visiting their property. The main difficulty was rent arrears (n=5, 33%). Equal numbers (n=3, 20%) had problems with benefit sanctions, finance or loans, or problems accessing sickness benefits. In regard to benefit sanctions, this was most likely associated with failure to notify that the child was no longer living with them.

- *Housing*

In regard to housing, 12 (80%) of the 15 appeared to have tenancy agreements, yet only 2 (13%) were reported as being happy with their housing arrangements. Some women were reported as being unhappy remaining in the home without their child (n=2, 13%) whilst for

others the child's removal meant they needed to move to a smaller property to avoid welfare penalties (n=2, 13%). This suggests a complex picture where some women find it difficult remaining in the same home without their child whilst for others, the removal of a child is accompanied with financial pressure to move.

Of the remainder, 3 (20%) women were reported as having poor home conditions. The case files revealed that 3 (20%) women were waiting to be moved. Of these, two did not feel safe in their accommodation and one was reported as not liking the area they were in. Two (13%) women were at risk of losing their accommodation; one through debt arrears on their tenancy whilst the other was being forced to leave a hostel. Finally, two (13%) women indicated that they wanted their own properties.

Phase two:

At the time of the phase two analysis, 2 women (13%) had ended their involvement with Reflect and 13 (87%) remained open to the service. Of the 13 open cases, 9 (69%) women were regularly engaging with the service, 2 (15%) were sporadically engaging, and 2 (15%) were reducing their engagement as part of a planned service ending. The length of engagement for open cases ranged from 7 to 19 months.

For the two closed cases, engagement with the service lasted 7 and 8 months. In both cases, service conclusion was unplanned as women disengaged with the service.

Support provided

Table 4 details the number of communications, face-to-face meetings and contact hours within the case files.

Table 4: Communication and contact

Case file	No. of communications (including phone calls, texts and face to face meetings)	Number of face to face meetings	Length of meetings (hours)
1	35	29	52
2	50	13	20
3	105	36	58
4	85	27	17
5	65	33	14
6	55	32	60
7	30	8	12
8	65	35	54
9	37	17	24
10	25	8	12
11	58	28	32
12	42	23	15
13	200	119	66
14	80	25	40
15	95	46	25

An additional 20 face-to-face meetings were scheduled but recorded as cancelled.

The analysis shows an average of 68 communications, 32 visits and 33 hours of meetings per parent. This demonstrates the resource intensive nature of Reflect, as well as the individual

nature of support provided. For some, telephone contact was preferred, while others required intensive face-to-face support.

Support plans

Support plans had been agreed with 11 (73%) women. For the remaining 4 (27%), sporadic engagement, as well as on-going high level needs had hindered the ability to identify and agree a formal program of support. Collectively, case files indicated continued support needs, as well as change and progress in the following areas:

- *Physical health*

Lifestyle improvements were noted for 4 (27%) women; these included reduction or cessation of smoking and alcohol use, as well as efforts to improve diet and exercise. Improved management of health was indicated for a further 4 women through [re]engaging with medical specialists and managing medication.

- *Pregnancy*

Out of 15 case files, one woman was recorded as pregnant in the phase two analysis. Here, work was undertaken by the Reflect worker to support the transition into a more appropriate service.

- *Mental health and well-being*

Two (13%) women had reduced or ended treatment for mental ill health and an additional 3 (20%) women had been supported to access further medical help.

Eleven parents (73%) were recorded as having engaged in emotional / therapeutic support. Of these, 3 women undertook specific Dialectical Behavioural Therapy (DBT) work with their

Reflect worker. Specialist counselling was engaged by 2 parents, both of whom completed an 8-week programme. In addition, parents were recorded as having written letters for children, created life story books, and as having compiled timelines and genograms to aid discussion of the past and techniques for emotional regulation.

Seven (47%) women were noted to have made positive progress with wellbeing. This included worker recordings of improved mood, reduced self-harm incidents and participation in hobbies and activities.

On-going concerns were identified for 3 (20%) women; for one this was connected to the imminent placement of her children with adoptive parents, another was connected to alcohol dependency and a further woman had attempted suicide.

- *Offending behaviour*

Engagement with probation was ongoing for three women. No further convictions, charges or convictions were recorded.

- *Relationships*

- *Intimate relationships*

Eight (53%) women were in a relationship at the time of the follow-up data collection, 5 (33%) were single and 2 (13%) were in unstable, on/off relationships. Concerns were recorded in respect of 4 relationships and partners were noted to be unsupportive, had concerning criminal histories, and / or exhibited controlling behaviours.

Case files indicated relationship change both in improving communication in intimate relationships (n=2) (13%) as well as supporting women to end unhappy relationships (n=3) (20%).

- *Family relationships*

Improvements in family relationships were noted in 3 instances (20%). For example, family members had started to provide some practical support for one parent. For another, contact with children had resumed. One woman undertook the Dialectal Behavioural Therapy (DBT) DEARMAN intervention (Linehan 1993, 2015) with her Reflect worker. The intervention is designed to improve interpersonal effectiveness skills and improvements in family relationships were noted subsequent to this.

During the course of the service, one woman experienced the bereavement of a close relative and the deterioration of her relationship with her child's paternal grandparent.

- *Social relationships*

Two (13%) women were recorded as having improved social networks. Improved confidence had enabled these parents to increase their participation in community activities and make new friends.

- *Education, employment and training*

Five (33%) women were in education, paid or voluntary employment and a further 5 (33%) had taken positive steps towards this outcome either through exploring college or employment options, preparing CVs, applying for work and / or engaging with job centre and careers advice. Two (13%) women had successfully applied for Employment and Support Allowance and were not currently well enough to work.

Both men had attempted to engage in employment opportunities. Some setbacks had been experienced in respect of on-going learning difficulties and completion of training assessments.

- *Debt /finance*

Of the eleven women experiencing debt problems/difficulties with budgeting during phase one, 3 were continuing to experience problems. Of the remainder, 7 (47%) were supported to set up repayment plans and were no longer accumulating debt. Three women (20%) had been supported through benefit tribunals and two decisions were successfully challenged.

- *Housing*

Housing was an ongoing support need for 9 (60%) women. Progress was recorded for 5 (33%) women; one woman had been rehoused, another was moving imminently into a new property, one was actively bidding and two were no longer at risk of eviction after setting up repayment plans.

One woman had experienced eviction due to housing arrears and fines, and another was continuing to accrue debt with housing. Three (20%) women did not have their own home and a further 2 (13%) wanted to move out of the local area.

Improvements in home conditions were noted for two women.

5.0 Findings from the Manchester Short Assessment of Quality of Life (MANSA)

Sixteen participants completed the MANSA measure before the intervention. Of these, 5 were men and 11 were women. Of the 16, 9 also completed the measure during the second phase of data collection. Of these, 2 were male and 7 were female. The majority of respondents reported their ethnicity as white.

Subjective well-being

Prior to participating in Reflect, subjective well-being scores were low for 8 of the 10 life domains (Finance, Health, Work, Family, Mental health, Accommodation, Social Life and Leisure, Table 1). At the outset, respondents reported lowest satisfaction with their financial situation with 87.5% indicating that there had been times over the last year when they had wanted to improve their financial situation. At follow-up, greater satisfaction was reported for 7 of the 8 life domains. Across the domains, greater dissatisfaction was reported in regards leisure activities.

Table 5: Subjective well-being ratings

Life Domains	Before (n= 16)	% wanting improvement (n= 16)	After (n = 9)	% wanting improvement (n = 9)
Finance	3.25	87.5	4.78	100
Health	4.00	62.5	4.89	88.9
Work	4.00	92.9	4.5	88.9
Family	4.06	68.8	4.56	44.4
Accommodation	4.25	93.8	4.67	66.7
Social life	4.56	56.3	4.78	44.4
Leisure	4.63	75.0	3.78	33.3
Personal safety	5.00	50	5.33	33.3
Living situation	6.08	50	6.5	44.4
General quality of life	4.12		4.83	

Findings revealed an overall improvement in self-reported general quality of life at follow-up.

Preventative and facilitating factors

The MANSA contained items where respondents were able to comment further on each of the life domains identifying barriers and facilitators for improving each domain. With such a small sample generally and in particular at follow-up, caution is needed as to over-generalising these findings. These data are reported for indicative purposes to provide some insight into the types of comments respondents made.

- *Accommodation/living situation*

Prior to taking part in Reflect, the majority of respondents reported wanting to improve their accommodation. Barriers identified included money, lack of knowledge regarding the accommodation transfer process and ‘other people’. One respondent reported that the presence

of their son's bedroom in their current home was preventing them from improving their accommodation, as they were unwilling to move. When asked what would facilitate improvements, respondents reported having more money, help, and support.

At follow-up, respondents reported practical barriers such as availability of properties and the housing waiting list. Hence, respondents felt that waiting for suitable accommodation to become available and going to view properties would facilitate improvements to their situation.

- *Work*

Following accommodation, work was the next highest domain respondents reported wanting to improve. At phase one, results revealed that only one respondent was in paid employment, 7 were unemployed but were actively seeking employment, and one was in training or education. Prior to Reflect, respondents identified mental health difficulties and loss of their child(ren) as barriers to gaining employment as well as a lack of qualifications. Perceived facilitators were divided between those who wanted support 'to help me focus' and those who wanted to improve their skills through academic and vocational courses.

Mental health problems also emerged as the main barrier at follow-up. There was, however, some indication that respondents had started to address these issues. Hence, respondents identified the need to continue accessing support, maintaining the management of their mental health and trying to stay positive. The need to access or continue accessing volunteering opportunities were emphasised. Maintaining motivation and having the opportunity to prove themselves were also reported.

- *Finance*

The need to manage debts and budget appropriately were given as ways to improve their financial situation. In addition, respondents referred to gaining employment or attending

college as means to acquire more money. At follow-up, some respondents commented that they would need to improve their confidence and to get a 'positive head to get into employment'. Whilst some noted the need to engage with the job centre, others appeared more helpless, commenting on rising prices and the feeling that little could be done to improve their current financial situation.

- *Leisure*

When asked about accessing leisure activities during phase one, mental health problems emerged as the main deterrent. Respondents reported anxiety, depression, concerns about lack of trust and the controlling behaviour of others as barriers. Negative previous experiences served to lower confidence. One respondent reported concerns about being judged negatively for what had happened with their children. Respondents felt that counselling support and help with their confidence would facilitate access to leisure activities. In addition, the need to ignore negative remarks were reported.

At follow-up mental health continued to be a barrier. In other instances, respondents were motivated to improve their situation and engage in social activities but insufficient finances were restricting opportunities.

- *Family*

At the onset of engagement with Reflect, difficult relationships with parents, as well as proximity to family members emerged as barriers to improving family life. Several respondents noted that limited or lack of contact with children was preventing them from improving their family life. Generally, respondents felt that they had tried to make family relationships work but that this had been unsuccessful. At follow-up only three respondents provided further information. Of these, two reported that nothing could be done to improve family relationships

and one stated that the ability to have more quality time was necessary. It was unclear whether this comment referred to their children or parents.

- *Social life*

During phase one, confidence emerged as the main barrier to improving social life. Particularly, respondents identified issues around trust, for example one respondent stated, ‘people might hurt me, like stab me in the back’. There was also an indication that respondents had experienced controlling relationships in the past and were attempting to avoid the risk of this occurring again. The need to build confidence was reported as the main facilitator to improving social life. Similar findings were reported at follow-up although there was some indication of positive measures being taken, such as accessing local courses.

- *Personal safety*

Generally, concerns surrounding personal safety were due to the neighbourhoods where respondents resided. For example, ‘neighbours breaking in, junkies, perverts, drug dealers – it’s not a family area’. One comment alluded to remaining in a violent relationship due to fears about living on their own whilst another made reference to their own mental health affecting their safety. At follow-up respondents were divided between those that felt that little could be done to improve their personal safety and those who expressed a desire to find people to help them.

6.0 Findings from the Professional Survey

Nine professionals completed the online survey and were employed in both statutory and non-statutory roles. These included social workers and managers, a personal advisor, advocate, project worker and a general practitioner. The participation rate was disappointing and it is unclear whether this was a result of poor distribution, problems with accessibility and / or professionals' inclination or capacity to complete the survey. All participating professionals bar one had made a referral to the Reflect service and the potential bias in the results is acknowledged. Nevertheless, the responses submitted provided helpful insights from a broader professional perspective.

Due to the relative infancy of Reflect, professionals were asked to describe their understanding of the service. All identified the service as primarily aiming to prevent unplanned repeat pregnancies and successive removals. In addition, the majority of professionals (n=6) also highlighted the practical and emotional support that could be offered through Reflect. This included support with housing, debt, isolation as well as help to understand and process the loss of children.

The survey asked if Reflect was needed and all responded positively. When asked to explain their answers, respondents referred to their professional experience and highlighted the risk of repeat pregnancy and successive removals. In addition, professionals also recognised the on-going needs of women following the permanent removal of a child and the corresponding lack of continuing support. Two respondents referred to pre and post adoption support from the South East Wales Adoption Service. Acceptance of this support was noted to be limited and the service is not available to parents whose children are permanently removed but who are not placed for adoption. For example, two professionals made the following comments:

There is no other dedicated/ specialist support for women who have lost children.

The support provided by Reflect is invaluable to birth mothers who have lost their child to adoption. The pain does not end at the point that their child is placed and settled, there is a need for on-going support for birth mothers. It is difficult for us as a statutory service to be available to support them as much as they need, and in other areas of their lives. Whereas the Reflect project has been able to provide this support. The feedback I have received from parents who are working with the service has been positive.

Professionals were asked what factors they believed influenced the likelihood of parents engaging with support. A third of respondents stated the independent nature of support was important. The approach and delivery of support was highlighted in 5 responses, particularly in regards to *“feeling understood and listened to”* as well as having someone *“stick with them”* through challenging times. Related to this, all professionals were supportive of Reflect’s policy to encourage but not require women to accept a form of LARC. Such requirements were deemed to *“impede on the person's free choice”* or *“be at odds with respect for an individual's autonomy”*, whilst the non-compulsory policy was considered *“more ethical/moral”*.

Finally, professionals were given the opportunity to make any further comments or suggestions about the continued development of Reflect. Five respondents made suggestions including, broader scope to work with fathers independently, increased resources to avoid waiting lists, increased visibility of the service and links with key agencies as well as tailoring the service specifically for certain groups such as those with learning disabilities. More generally, comments about the service included:

I have seen parents changing their lives significantly through this support and having a more positive outlook on life and being empowered to make better choices for their future.

It's a fast developing service that is meeting the needs of many parents and I hope it will grow and we will be able to measure the difference it has made for the individuals lives.

7.0 Findings from Interviews with Parents and Reflect Workers

This section presents the key themes emergent from interviews with parents and Reflect workers. In order to protect the anonymity of parents, pseudonyms are used throughout.

Phase one:

Initial engagement and understandings of support

In several of the interviews, parents discussed being initially wary of engaging with the service. For example, Debra (parent) detailed a long history of professional involvement and stated she was fed up of always being: “*passed on to [different] people. I’ve had it all my life, why do I need any more?*” This supports previous research findings that have shown women who have their children removed can be reluctant to access support services (Neil et al, 2010).

Bethan (parent) thought the service sounded:

too good to actually be true ... I thought well if social services can’t be arsed to do it [offer support post-removal], well then nobody really is going to take notice.

Issues of mistrust or suspicion of professional motives were also barriers to initial engagement.

This was often discussed in relation to social workers; Lara (parent) stated:

I just didn’t know how they worked like I thought they were social workers at first ... I just thought it was going to be terrible.

Reflect workers stated that it was not uncommon for parents to believe that social workers were financially incentivised to remove children. Yet parents also spoke generally about finding it difficult to trust others because of their past experiences:

I don't trust anyone, at all, not really ... I have trusted people in the past and they've turned out not to be the person I thought they'd be.
(Gina)

- *Assertive engagement*

In order to counteract such suspicion and initial reluctance, Reflect workers described an 'assertive' approach to engaging with women and their partners. Such an approach involved being pro-active, persistent and sometimes unconventional during initial attempts to make contact.

We just keep knocking the door until you know they tell us a definite 'no, I don't want it' ... you know once that's happened obviously we don't keep hounding them but up to that point, if there's any glimmer of hope where they might be you know wanting to come involved, we just keep going back until they're ready. (Reflect Worker 3)

So that is going down town, finding out where they go, going to the methadone clinic, dropping of letters where I know [she] would be going ... where she meets somebody ... It's literally chasing them but not in a stalking fashion but really sort of saying let's do this. (Reflect Worker 1)

This process was often time-consuming with no guarantees of success. For example, Reflect Worker 2 stated:

...it can take a good couple of weeks just to get through the front door the first time. We do give it three months, so if we have no engagement at all within the three months then we will look at, okay, maybe this isn't the right time for them.

- *Motivations to engage*

Despite some initial reservations, the availability of Reflect was a rare source of support at a time of a significant need. As detailed in the case file analysis (section 4.0), participants had a range of complex needs and multifaceted difficulties at the onset of support. Parents were often struggling with housing issues and debt, mental ill health, substance misuse and domestic violence. Some had learning difficulties and many had experienced adversity in their own childhoods that continued to cause them difficulties in adulthood. Prior to Reflect, participants were often socially isolated and typically had limited options with regard to accessing support. For example, Laurie (parent) stated she had no professional support since her children had been removed and the “*social worker only called when she needed something*”. Similarly, Hayley (parent) stated that the lack of help meant she turned to alcohol and drugs for comfort:

I just had to have something because I haven't had no one all through the six months that he was in care and I was supposed to be proving myself. I had no support. I had no input from no one. All I had was drugs and drink because my own family turned on me as well ...
Instead of supporting me they left me. I had no one.

The potential for parents to experience a deterioration in their close relationships and an increase in risk taking behaviours, following the removal of a child, has previously been identified by Broadhurst et al. (2017). Likewise, experiences of being stigmatised and shamed were discernible in other interviews:

I was a well-liked person in the family until (the children) was removed. (Karen)

We've been accused of messing with the kids, beating the kids ... the people that we thought was our friends, they've turned on us and even family so we are kind of on our own really. (Bethan)

The general absence of social and professional support available did motivate some parents to engage with Reflect. For example, Karen (parent) stated:

[social worker] said that it would be a counselling service that would I be interested in and I said yeah. ... I just knew I needed something because my mental health is not good.

However, in some instances, the type of support that parents were expecting from the service was at odds with the service model:

I think sometimes there's quite miscommunication about us supporting them through appealing for adoptions and stuff like that. (Reflect Worker 2)

... they might think that there is an element of parenting [training]... they might still think that this is, if they do this they're in with a chance of getting them back ... (Reflect Worker 3)

Recalling how the service was first described to her, Rachel (parent) stated:

[The social worker] said there's a place called Reflect and they could help me for the future, so I don't have to go through court cases and stuff again... This service could help you with programmes and parenting and stuff, assessments, capability for the future and all. And she said therefore if I do this, if I do this, in the future I might not have any problems. So I said ok I'll do it.

The extent to which parents such as Rachel were misinformed or misunderstood the nature of support available from Reflect is unclear. The potential for a ‘degree of dissonance’ between parents’ and professionals’ understandings of support initiatives designed to support women and avoid repeat unplanned, was also observed by McCracken et al. (2017:27). The Reflect service model (Appendix A) is not designed to support parents who wish to pursue the return of a child/ren to their care. Neither is it designed to explicitly teach or prepare individuals for future parenting. Nevertheless, participants were often motivated to engage in support for reasons connected to being a parent. In some instances, participants hoped to have their children returned to their care, while others were motivated to improve their circumstances in the event their child contacted them in the future.

I am hoping that if I do want to start a family in future, I’ll be able to go in with a clear head ... This is the whole reason why I wanted to work with Reflect is to help for the future with a family ... because I have always wanted a kid, but obviously its fell through. (Rachel)

I am happy to engage with [Reflect] because that if I do end up having kids in the future at least I’ve sorted out the problems. (Andrea)

This fits with the notion of ‘haunted futures’ (Morriss 2018) whereby women’s lives continue to focus on a perceived future in which they will be reunited with their child. Such motivations were not necessarily in contradiction with the aims and objectives of Reflect, as workers recognised that in the longer-term there may be potential for parents to have more positive experiences of parenthood. In this way, Reflect workers needed to strike a delicate balance between “clear that we’re not there to help them get their children back” (Reflect Worker 1) whilst at the same time respecting and acknowledging women and their partners’ continuing (albeit renegotiated) identities as parents. This is reflected in the following comments from parents:

[Reflect should] help mums feel like they are still mums, no matter what, because at the moment I don't feel like one. (Hayley, parent)

My ultimate goal is to get my girls back, but I know that's what [Reflect worker] is not about ... she's not there to help me get them back, she's there just to support me, you know because of the loss of losing the [children]. [It] would be good if she could get involved as well in that respect. (Fiona, parent)

Responses to need and experiences of support

Women and their partners were overwhelmingly positive about the service during initial interviews. As highlighted in previous evaluations by Cox et al. (2017), participants appreciated the responsive, reliable and consistent support that was available from workers:

I am actually happy, like if I ring (worker) ... she gets back to me straightaway and tries to get the most available appointment that she's got to come out and see me so I am happy with that (Angela).

Such experiences often stood in contrast to discussions of previous attempts to contact and secure support from professionals.

- *Emotional support*

Being able to talk to someone about difficulties and emotions, to be actively supported and encouraged, rather than judged and criticised, had provided a sense of comfort and hope:

I don't know what I'd do without the support really because I haven't got anyone else ... a lot of my issues have been taken off my shoulders since being involved with Reflect. (Gina)

I thought it would be different to what it is, I thought it would be more giving you shit about what you've done and what you shouldn't have done and that it's your fault and now you've got to deal with it ... but it's not, it's more like, stop feeling like you're a bad one, it's not all you, you're not very well ... you've had your difficulties and they help you understand them difficulties and move forward. (Hayley)

She [Reflect worker] is outside of the circle [people connected to past events]... if I wanted to talk about certain things so it's like another perspective on what's been going on. (Karen)

As outlined in the examples above, having someone to listen without condemnation and judgement was highly valued by parents. Similarly, providing emotional support by 'just being there' was perceived by workers as an important component of the service:

Being someone to talk to ... having their voice heard really, because a lot of people just ... especially because of their experience of social services, feel like people don't listen to them ... I think that's why they get so angry a lot of the time, because they don't have that person just to offload to, because they don't have very good support ... A lot of them don't have a support network around them, and they just need that one person ... to speak to. (Reflect Worker 2)

Parents in this study often struggled to adapt to life without their parenting role and identity. As highlighted by Harris (2011) there is no socially accepted role for parents whose children have been adopted. This is likely to be further complicated for parents who have not chosen to relinquish the care of their children. One participant discussed having lost their purpose

while another commented that she had found it difficult adjusting to the quiet in the house since her children had gone. Similarly, Bethan (parent) stated:

I know it sounds stupid, but it's the routine and everything else ... like we just sit here watching telly ... we'll clean up, but then it's not much to clean up because it's only us and it is quiet, we have got a sad life, haven't we? But I guess ... I never realised ... how much we actually did for our kids and how much things that would annoy you like the kids waking up in the middle of the night, I didn't know how much you actually miss that when you don't get it.

Workers described a range of approaches with women and their partners to cope day-to-day and to support them moving forward.

I do lots of mindfulness and I do lots of unhelpful thoughts so I suppose mini CBT. I'm not a qualified counsellor or therapist ... but it's about using those therapeutic methods or tools to try and help them make sense of their experience and unpick some of the things that they're feeling. We are not a "therapeutic" service, we've got therapeutic elements but we are not therapists. (Reflect Worker 1)

Participants discussed activities they had done to acknowledge their feelings and support them in their grief, such as making memory boxes about their children. One parent stated the importance of "moving forward and not forgetting" (Fiona) while another described being supported to cope with particularly difficult times and dates.

She has told me strategies of how to cope ... it was our son's birthday and he's not with us, she told me to write down all of the stuff that I wanted that was precious to me, so the people I could speak to, the

places I could go to, my favourite possessions and hobbies. So, I done that Wednesday and I phoned the very first person that was on top of my list to see how her little girl was. (Karen)

Such an approach fits with the notion of complex grief (Taggart 2017) which recognises the need for parents to grieve their loss despite there being no death, and acknowledges that feelings are likely to be enduring and heightened at key times such as birthdays and annual holidays (see also Morriss 2018).

- *Practical support*

In addition to emotional support, the provision of practical help was also highly valued by parents. Debra (parent) discussed how she had been supported to buy a winter coat, open a bank account and was in the process of addressing issues of damp and condensation in her flat. Similarly, Alison (parent) stated:

Since we've had [Reflect worker] she's been a massive help to us, she really has. Yeah she's trying to help us find work and help us, like, budget more and better

The provision of practical support was also recognised as important by workers. In some instances, the provision of such support provided a 'way in' for workers, enabling relationships to be established without immediately requiring parents to talk about past experiences. Likewise, practical support also provided the necessary foundation to support women emotionally:

Because a woman couldn't care less whether you're doing a timeline or a reflective letter [when] she really just wants to make sure that she can pay her gas and her electric and she's got food. (Reflect Worker 1)

Reflect workers described the range of practical support provided:

Housing is a big one. So, they're in a three-bedroomed house and they don't want to leave the house because they are convinced their children are coming back ... it's about trying to get them to think about possibly moving because they're accruing ... bedroom tax, they're accruing debt. It's accessing other services like substance misuse services, physical health, GP appointments, mental health appointments, going out and getting their shopping, budgeting, making sure they've got enough electric and gas ... so really ... independent living skills. (Reflect Worker 1)

One of my women I work with ... she was just really, really, really depressed ... She'd had her children removed for over a year, she had not contacted the benefits people because she didn't want to tell them why her kids were taken off her, and to face the financial penalties of not telling them ... (Reflect Worker 2)

Money is a big thing ... if they're deemed fit to work they're expected to look for work and to work and there's nothing really that prevents them doing it ... you know obviously from the Job Centre point of view ... they're not caring for anyone, there's no reason why they can't work ... so yeah lots of sanctions and things like that then. (Reflect Worker 3)

Such comments resonate with Broadhurst and Mason's (2017) notion of collateral consequences. In a societal context that has little sympathy for parents whose children have been removed (Lupton 2000), the emotional vulnerability of parents is not readily acknowledged. Despite going "*down the mental health route quite a lot to try and get them a bit of time*" (Reflect Worker 3), those struggling to cope with grief and unable to accept that their child will not return, can inadvertently find themselves in [further] financial difficulty.

As well as help with housing and finances, several parents also valued being supported in meetings and appointments:

I sometimes have a nightmare with listening and understanding what people say, [Reflect Worker] has been there, she's been sat there and she's took in what they've said, like when we went to the doctors, I was there listening and she was listening and asking them questions for me because I don't know what to say. And then when we left the doctors, she said, 'is there anything you didn't understand?' and I told her there was quite a bit and then she explained it all to me and I understood it.
(Rachel, parent interview 10)

Previous research has noted the potential for diminished psychological functioning following the removal of a child (Logan, 1996; Neil et al. 2010; Broadhurst and Mason, 2013). In addition, feeling supported in meetings and appointments is noteworthy in a context where participants frequently described feeling confused, powerless and unfairly treated. Previous research findings have highlighted that parents involved in care proceedings struggle to understand the court process, which could be, in part, due to the stress and anxiety caused by the situation (Hunt 2010). For example, (Scott, parent) stated:

They basically ripped the hell out of me in court. I must have felt like ... a small jelly bean, literally the way they made me feel.

Related to this, workers discussed supporting parents to understand professional jargon; some did not understand the meaning of 'neglect' and 'failure to protect', despite these being reasons for the removal of their child. The combination of practical and emotional support from Reflect enabled some parents to voice their questions and concerns:

I think the main thing for us that we wanted out of this is answers ... so fingers crossed we'll get out of this experience answers to things that

we didn't know because it was just we was cut off straight away weren't we with social services ... we couldn't ask them questions because we didn't feel that we could. (Bethan, parent)

The potential for broader service availability

In line with their positive experiences of Reflect, it is important to note that some participants highlighted its broader preventative potential and advocated expanded service availability. For example, Rachel (parent) stated the availability of a service such as Reflect, offering flexible and tailored support, could be used to support families and prevent children being removed. For others, it was suggested that Reflect should be available during care proceedings as this was a key time when parents needed support:

Some people ... the minute their kids are taken off them they get traumatised straight away through the court process ... Reflect might be even able to help out as well through deal with how the person is feeling whilst their going through the courts as well ... I mean going through court, we had no (emotional) support whatsoever ...there was none. (Scott, parent)

Even through the fostering, they (parents) should have support when they got that chance, them couple of months turn their lives around and prove they need support, we need support then, not after, because it's no good after because you've already messed up ... you need someone there straight away in there to help you get through and be there to be like 'come on now, you can do it', instead of people putting you down ... and hopefully it's a better outcome then because you've had someone supporting you through it. (Hayley, parent)

For professionals, the eligibility criteria for Reflect was a recurrent theme. Generally, the service was available for those who:

... have had one or more children removed permanently ... so that's an SGO [Special Guardianship Order] or adoption. They can't have children living at home, they can't be pregnant, and (they have to be) over sixteen. (Reflect Worker 3)

Such constraints were sometimes frustrating for workers. For example, Reflect's policy not to require women to be in receipt of long-acting reversible contraception (LARC) (further discussed below) meant that incidences of unplanned pregnancies had occurred and remained a possibility going forward. Such incidences necessitated the withdrawal of support but often with limited opportunity for referral for further preventative intervention:

...if they get pregnant you know and we're saying no we can't work with you anymore, yet there's that potential, at least six months where you could do some really good work around you know parenting alongside the therapeutic stuff for the loss ... where potentially they could be in a better position and I think ... that's a bit of a wasted opportunity because Social Services won't pick it up until they're you know twenty, twenty four weeks pregnant ... so nobody's doing anything in the middle ... you can't go to a parenting group because you haven't got any children and Social Services won't pick it up and do the pre-birth work until it's too late really ... it's not fair then because you haven't had the opportunity to show that you can or you can't. (Reflect Worker 2)

In addition, notions of permanence in children's social care extend beyond Special Guardianship and Adoption Orders and can include kinship and long-term foster care

placements (The Care Inquiry 2013). Viewed in this way, it sometimes appeared unclear why the service should not be available to a broader range of parents:

At times it almost feels like the boundaries are there, just to keep, just to keep track of the numbers ... Because I think there's so many people that could warrant a very similar service ... but the difficulty with that is it just opens it up so we'd just be inundated ... If we could ... if we had the resources ... you could do it ... you'd probably need to do some tweaks potentially ... because of where they might be in terms of how they're, how they're coping or managing with that situation, but for all intents and purposes, it could be very similar. (Reflect Manager)

Likewise, a minority of participants felt that the service might not be long enough to offer support to individuals dealing with particularly complex needs and circumstances. Similar concerns have prompted a revision of fixed timeframes elsewhere (Lewis-Brooke et al. 2017).

Future Goals and Indicators of Progress

As part of their engagement with Reflect, parents are encouraged to identify future goals. The goal setting process is intended to encourage ownership and promote a sense of control over parents' future lives. It was described as:

...completely service user led ... we've got no agenda... you know there doesn't have to be a definite path or anything... it's completely what they want to achieve. (Reflect Worker 3)

The possible exception to Reflect Worker 3's comments in respect of having an agenda, would be the efforts to ensure women are in receipt of contraception. Importantly, Reflect's policy to encourage, but not require women to use LARC was welcomed by the vast majority of Reflect workers and parents:

I don't think that's right at all, I don't. Because at the end of the day, it's your own individual choice if you want to be contraception or not and just because you're not on contraception – what? That means you can't have the support? That's wrong. (Angela, parent)

Morally you know it has to be a choice because not only would you just start off on the wrong foot if you were enforcing something ... the whole point of Reflect and the work that we want to do is to give them, to let them know that they've got control over their lives ... they've never had control over anything necessarily, you know we can't then start off by saying actually if you want to work with us you've got to do this ... You can encourage it, yes, and we do, and we have all those conversations and then it's an informed choice. (Reflect Worker 3)

In accordance with the range of practical and emotional support outlined above, goals included finding suitable housing, securing voluntary or paid employment, engaging with mental health services, building confidence, establishing a debt management plan, managing emotions around the loss of the child/ren and engaging in activities designed to improve general well-being. As noted by Welch et al. (2015) the process of supporting women to a position where they were able to think about future goals required patience and skill. Reflect workers recognised that for some parents, particularly those in the initial phases of support, focusing too intently on goals could be insensitive and unhelpful:

I don't focus much on the goals if I'm completely honest ... because I think a lot of mine are just not in the place to be setting goals. (Reflect Worker 2)

In this way, it is important to note that parents' ability and engagement with the idea of setting and working towards goals varied. Whilst some parents were able to articulate clear aspirations for the future, others could think only about getting through each day:

We have (talked about goals), yeah. But since having the news about [child] getting adopted two weeks ago it kind of like set myself back from even thinking about them goals ... I'm just taking every day as it comes at the moment. (Angela, parent)

Such comments meant that hopes in respect of progress were individual to parents and needed to recognise small as well as larger indicators of changes. Reflect workers accepted that progress sometimes involved taking:

two steps forward one step back ... you think this is happening and then another crisis happens. (Reflect Worker 1)

Phase 2:

Reflections on engagement with Reflect

During the follow-up interviews, parents again highlighted a range of support they had received as part of their engagement with Reflect. All parents reflected on the emotional and therapeutic support they had received in terms of managing feelings, and coping with grief and loss. In some instances, this had been undertaken with Reflect workers and in others, parents had engaged in specialist counselling facilitated through the service.

I've just started art therapy counselling. (Gina, parent)

Counselling, handling depression, anxiety, mindfulness ... (Scott, parent)

Yeah we've done mindfulness, we've done stress [management], we've done strengths we've done weaknesses. (Alison, parent)

She's helped me budget ... she's helping me on the neglect side of things [understanding what this means]... she helped me write letters for, the children ... she has helped us through birthdays, Christmases, she's done me a survival guide [to cope with domestic violence as well managing very low mood]. (Karen, parent)

We've done lots of things around my self-esteem and my wellbeing ... helping me with pros and cons regarding my situation [on-going issues connected to contact]. (Fiona, parent)

In addition, parents also reflected on being practically supported to access medical and dental services (including contraceptive advice), help related to housing, finances or debt, as well as support [re]integrating into the community. For example, several respondents reflected on a walk organised by Reflect staff to the Sugar Loaf mountain. The walk gave women and their

partners the opportunity to meet with other parents and be involved in a challenging but rewarding experience:

I walked up the Sugar Loaf ... it was good, got some really good pictures on my phone ... yeah it's nearly two thousand feet to the peak.
(Gina, parent)

We all went up like as a group basically, it was a massive achievement you know ... we did have a few of them turn around and say right you know we can't do it, we can't do it, and we weren't like trying to push them into saying you can push and you can do it, it was more try and see if you can go a little bit further and like we was trying to give a positive attitude or positive vibe. In the end we all, there was about twenty of us in total in the group, well everyone got to the top and we had a group photo. (Alison, parent)

In contrast to being the recipient of support, for Alison the activity enabled opportunities to offer support and encouragement to others. Similarly, for others, overcoming the physical challenge conveyed important messages to take forward in the future:

I wanted to stop ... [but] I actually done it for myself, instead of relying on other people to do it. (Karen, parent)

It helped me push further, like to realise that I need to push myself a lot more. (Bethan, parent)

Indicators of change and progress

- *Expectations of change*

Reflect workers remained circumspect when discussing change and progress for women and their partners engaged with the service. They stressed that progress needed to be considered on an individual basis and in the context of parents' historical and on-going difficulties. For example, some of the parents had long-standing histories of abuse and trauma and as such, had intensive support needs and entrenched difficulties. In this way, some parents struggled "*to imagine what was possible*" (Reflect Worker 3) in terms of future goals and aspirations. Similarly, as identified in the initial interviews, forging relationships with women and gaining their trust was difficult. Securing the engagement of women was seen as crucial in ensuring the necessary foundations for change and enabling women to set meaningful goals and targets. Yet in the follow-up interviews, this process was described for some women as an on-going challenge, as opposed to an initial hurdle to overcome. Some parents would only engage with the service sporadically while others remained suspicious about workers' connections to Children's Services:

They [parents] find it difficult [to believe] we are nothing to do with social services ... I've got one lady who is so paranoid that I go back to the social worker and report on every session. (Reflect Worker 3)

As well as recognising the impact of historical events, interviews with parents and Reflect workers revealed a host of on-going difficulties and challenges, all of which had the potential to impact on parents' ability to focus on themselves and concentrate on personal goals. Difficulties reported by women and their partners over the course of the follow-up interviews included on-going family disputes, domestic violence, bereavements and court cases. Moreover, some parents remained committed to challenging family court orders and were therefore unable to consider a future without their children. For example, Gina stated:

I just want my [children] back, that's all I want, they're on my mind
24/7 to be honest.

Similarly, other parents continued to face distressing uncertainties with regards to permanency and contact with their children. This included reductions in contact and the 'limbo' period when waiting for adoptive placements to be identified. Reflect workers made reference to the hope parents sometimes attached to the opportunity to contest the adoption order three months after placement:

that's another glimmer of hope then that they'll get their kids back
because they can appeal that order (Reflect Worker 2).

Finally, Reflect workers highlighted the potential for negative service outcomes. As Reflect does not require women to be in receipt of contraception in order to access support, the potential for repeat pregnancies remained possible. While Reflect workers stated that women were generally open to discussions regarding contraception, on occasions this was refused. For example, despite efforts to consider the realities of a further pregnancy in the short-term, Reflect Worker 2 discussed supporting a woman who: "*the only thing she wanted was to have another baby*". Whilst acknowledging that incidences of repeat pregnancy would be "*a black mark against the service*" support continued to be provided.

- *Small and significant change*

In recognition of previous and on-going challenges faced by women and their partners referred to Reflect, discussions of progress included reference to both small and significant changes. While for some, engagement with Reflect had been transformative with clear and demonstrable evidence of change, for others progress was less obvious and more problematic to capture.

It's important to recognise that over the two years you might not see a big change ... they might not have done anything to reach their goals but it's the subtle things like confidence, making phone calls they wouldn't have done before, just feeling better about themselves. (Reflect Worker 3)

Sometimes it's not what they're doing, it's what they're not doing, so they're not self-harming, you're not having suicide attempts, crisis phone calls, you're not seeing all that distress...they're not in this emotional turmoil, they haven't had the police round, haven't had an incident that's caused more distress, haven't been in hospital... (Reflect Worker 4)

All parents interviewed reflected positively on the impact of Reflect and felt that it had been beneficial to them. Several parents intimated that they had gained more understanding in regards to their situation and / or had achieved some sense of acceptance. For example, Lara stated she had valued 'talking about everything and [gaining] a better understanding', while Karen stated the service had helped her in terms of 'dealing with the past ... and slowly come to terms that they're [the children] not with us'. Similarly, Bethan stated:

Now I can actually show pictures of my kids and staff... and like I consider the fact they're not even gone, they're just in a different family, you know?

Laurie (parent) described having undertaken a series of activities with her Reflect worker that she felt had helped her manage and express her feelings. This included using scales to rate the intensity her emotions, exploring helpful and unhelpful thoughts and being introduced to "*new*

feeling words” which aided in both understanding and communicating her emotions. For Laurie, this work had improved her mental well-being and boosted self-esteem and confidence.

Improvements in confidence was a recurrent theme in the interviews. As stated by Reflect Worker 3:

One of the first things you see is confidence improving, even if that it just having conversations with you, sitting upright a bit more, engaging a bit more, they start suggesting what they want to do...

Similar comments were made by other Reflect workers who stated improved confidence could often be observed by women holding eye contact, smiling, taking more time with their appearance through make-up, hair and clothes. Such changes were also evident during interviews with parents:

I don't seem to feel as down as I did before. I'm a bit more positive with things. I am a little bit more motivated. I'm getting there, just not there, if you know what I mean? ... I'm getting up more now instead of staying in bed, I'm actually getting up and getting dressed. (Angela, parent)

I've come out of my shell a bit now... before I never used to speak to people and now I can speak to them and I wouldn't feel uncomfortable, whereas I did back then and now I don't. (Lara, parent)

It has helped me if I'm honest, I didn't think I could, well I've started to smile again, that sort of thing ... when I lost my kids I never thought I'd smile again'. (Gina, parent)

Improvements in confidence were also boosted through positive health and lifestyle changes. For example, Karen (parent) stated: *“I used to drink.. but I’ve stopped that altogether now, I don’t touch it at all”*.

Others had made efforts to eat healthily and exercise, with Reflect workers supporting parents to attend leisure centres or undertake fitness regimes at home. However, the cost associated with maintaining some of these activities was unsustainable. For example, one woman had started attending a slimming club but had stopped because of the cost, while another stated: *“I did start doing kickboxing, but it got too much it was forty pound a month...”* Overall, progress was noted in regards to parents being more willing and able to go out into the community. For some, feelings of shame and stigma had led to isolation and a reluctance to ‘face people’. Parents described workers encouraging them to go for walks in the community, to use public transport, visit local cafes and engage with local activities and services. For example, Bethan stated:

They helped me make new friends. They’ve helped me like with going out because I never really went out, now I go out almost every single day.

Similarly, parents were encouraged to consider education and employment opportunities.

I’ve got two options really. I can either become a carer, cos I’ve got some sort of um work experience in that .. or I want to become a support worker. .. like similar to [a Reflect worker] cos I’ve got life experience so it would be good to be able to support other people that have been through a similar situation. (Angela)

Likewise, Reflect Worker 4 stated she had recently visited a woman who had proudly told her that she had attended a college day on her own:

Before she wouldn't go out, wouldn't leave the house, wouldn't go anywhere if it wasn't in a car, was very dependent on her partner so it's a massive shift.

Similarly, transformational change was also described by Reflect Worker 3:

I've got one lady who wouldn't get out of bed when I first met her. She's since had a job, gets the bus on her own, goes into town, she's starting to volunteer. She's just a completely different person. ... she says ... she just needed someone to come in and listen to her, not judge her, believe in her and just be with her while she made the changes.

8.0 Discussion

The development of Reflect by Newport Children's Services, Aneurin Bevan Health Board and Barnardo's was driven by a need to 'do something' (Lewis-Brooke et al. 2017: 6) to address a clear gap in service provision for parents following the removal of a child. Initially intended to be a pilot provision in Newport, its availability was quickly extended across Gwent and in May 2017, the Welsh Government committed funding for the development of comparable initiatives across Wales (Welsh Government 2017). Such developments in Wales are reflective of broader trends elsewhere whereby efforts to address the issue of repeat pregnancy and recurrent care proceedings has shifted from being a 'national problem with no name' (Cox, 2012) 'to an emergent policy priority attracting national debate' (Cox 2017).

Despite this positive action, the delivery of services such as Reflect pose significant challenges. These include efforts to engage and build relationships with highly vulnerable parents, seeking to work with individuals with wide ranging historical and ongoing needs, who vary in terms of readiness and ability to make positive change. This final section summarises the key findings of the research and highlights areas of contrast and corroboration across the different evaluation methods.

Key findings

- *Reflect meets an important gap in support provision*

The characteristics and circumstances of women and their partners captured within this sample correspond with those in other studies (see Broadhurst and Mason 2017, Cox 2012, Cox 2017 Broadhurst and Mason 2014; McCracken et al. 2017; Lewis-Brooke et al. 2017). For women supported by Reflect, the compulsory removal of a child was often the culmination of long-standing problems and extended periods of professional involvement. The trauma associated with statutory intervention and care proceedings was significant and had the potential to both

create and exacerbate existing difficulties. The loss of children was often accompanied by a loss of support; the stigma and shame associated with the compulsory removal of a child was often pervasive and negatively impacted on personal relationships. Combined with the withdrawal of professionals whose support remit was typically focussed on the child, isolated and highly vulnerable parents previously had few supportive options prior to the onset of Reflect. Findings from the case file analysis suggest that Reflect workers are effective in encouraging women to access contraception and the importance of long-term, flexible and tailored support through Reflect was recognised by participants of the professional survey, as well as in interviews with workers and parents.

- *Engagement is both challenging and time-consuming*

For women and their partners who had experienced the permanent and compulsory removal of a child, previous encounters with professionals had often engendered animosity and mistrust. Reflect workers' persistence and willingness to go beyond an introductory phone call or home visit was vital in securing initial engagement. Related to this, our findings suggest that Reflect's separation from statutory Children's Services was important in engaging parents, as evidence from the professional survey as well as interviews with parents and Reflect workers indicated some hostility towards social workers. In addition, case file analysis and interviews revealed workers needed to be flexible and adaptive in their approaches with parents; offering both intensive and remote support as required.

- *Sensitive and respectful support is key*

At the onset of support, parents were typically experiencing feelings of grief and loss. Hopes for the future were often fixed on challenging perceived injustice, being reunited with children and / or ensuring positive future parenthood. Engaging with parents within the boundaries of the service (i.e. providing individual support as opposed to parent training or support to

challenge previous care proceedings decisions) required a sensitive and respectful approach from workers. This included encouraging women to access contraceptive advice, supporting them to understand and / or find some acceptance in regards to the loss of their children, as well as begin to consider hopes and aspirations for the future. Findings from the professional survey and interviews with workers and parents recognised the importance of encouraging as opposed to requiring women to be in receipt of LARC. This policy was thought to provide an important foundation from which to establish positive working relationships.

Parents often characterised their relationships with workers as different to their previous experiences with professionals. Parents typically reported Reflect workers to be caring, non-judgemental, responsive and ‘on their side’. The supportive, empathic approach to women and their partners appeared key to forging ‘relationships that work’ (Cox et al. 2017: 1, Welch et al. 2015) and crucial to sustaining engagement with the service. Moreover, during follow up interviews with parents, several highlighted the opportunities they had been offered to be involved with Reflect activities. This included being part of interview panels, taking part in discussions, presentations or media interviews. This appeared to convey to parents that their opinions and perspectives were valued, and they were making a positive contribution. As such, the ways in which support is offered is important, as well as the type of help that is available.

- *Both practical and emotional support is valued*

The importance of emotional support was repeatedly highlighted during the evaluation. This frequently formed part of referrals to the service and was discussed in interviews with workers and parents. Providing a space to listen rather than judge, to be offered compassion rather than criticism, appeared invaluable for providing women and their partners with an outlet for their feelings. In addition, the availability of practical support was also highly valued. Reflect workers supported parents to access a range of specialist statutory and third sector services

including sexual health advice, counselling and mental health support. Evidence from case file analysis, as well as interviews with parents and professionals highlighted the importance of practical support in addressing immediate and often escalating needs such as debt and housing issues. Moreover, Reflect workers also encouraged parents to address health needs, to make positive changes to diet and exercise, to consider work related opportunities, as well as hobbies and interests. Such findings were also reflected in the MANSA which showed improvements in subjective well-being across 7 of the 8 domains. Whilst increased dissatisfaction was found in respect of leisure, this is at least partially explained by parents' frustration at wanting, but being unable to afford, the cost of new activities.

- *Progress and change should be considered on an individual basis*

A number of factors were highlighted as influential over the extent to which parents were willing and able to make positive changes. This included the extent of troubled or abusive childhoods, the presence of on-going difficulties such as domestic violence, mental health difficulties and / or addiction, as well as arrangements for children. In some instances, children had been placed with adoptive parents, in others children were awaiting placement and others were permanently placed with family members. As such, parents' contact with children and the extent to which the arrangements were perceived as final varied. Reflect workers emphasised the importance of such factors on parents' ability and readiness to consider goals and aspirations. In this way, expectations of impact and outcomes should incorporate subtle as well as significant changes. Moreover, Reflect's policy to encourage but not require women to accept a form of LARC requires acceptance of the potential for negative outcomes. Over the course of this evaluation, one unplanned pregnancy was captured, despite the provision of sexual health advice and support.

Despite these caveats, findings from the case file analysis, MANSAs, interviews and focus group identified progress in regards to health, housing, finances, education, employment and relationships. Improvements in confidence and self-esteem were recurrent themes within interviews. In some instances, such improvements were noted in parents taking more time over appearance or being better able to communicate, while for others, such improvements prompted transformational change and enabled parents to address addictions and / or pursue employment and education aspirations.

Recommendations

In line with the early stage of development of Reflect, key questions remain about when support should be offered, for how long, for who and for what purpose. For example, the current two-year limit on service engagement may need require revision in light of the findings suggesting that some parents have long histories of difficulties and for whom, progress can be slow and subtle. In addition, the potential for Reflect to be expanded and more widely available was raised during the evaluation. The ingredients of the service in providing tailored, flexible, responsive support, and being someone who ‘is on parents’ side’ has broad application. Over the course of the research, discussions about the potential of the service included:

- Preventative support during pregnancy
- Preventative support prior to children being removed
- Support for parents during care proceedings
- Support for parents in efforts to appeal / challenge decisions
- Support for parents who have had a child removed but continue to care for an older child
- Support for parents with children in long-term kinship or foster placements
- Dedicated support for fathers and partners

- Targeted support for specific groups of parents (such as those with learning disabilities)

Notwithstanding the need or potential benefits of such support, the range of interventions suggested do not all align with the overarching principles and objectives of Reflect. In establishing the identity of Reflect, it would appear important to retain a focus on the core aims of the service in seeking to prevent repeat unplanned pregnancy, avoid recurrent care proceedings, and provide parents with the necessary support to address their individual needs and difficulties. In this way, the findings of the evaluation have highlighted additional gaps in service provision, but whether these would be best filled by Reflect remains open to debate.

Finally, the findings of this evaluation are positive and suggest that not only is Reflect meeting a key gap in support provision for a highly vulnerable group, but that it is also showing evidence of positive impact despite the high level, varied and multi-faceted needs of parents. Engaging parents in the service, as well as building and sustaining positive relationships is a challenging task and the sensitive, respectful and non-judgemental approach of Reflect workers is important. The ability of the service to provide practical as well as emotional support is highly valued. Depending upon the individual needs and circumstances of women and their partners, progress can involve subtle as well as significant change. There was evidence of positive service impact from each of the research methods; this included progress in respect of health, housing, finances, education, employment, relationships and subjective well-being. Further research is required to substantiate the findings with larger samples. In addition, we would advocate continued research to track the trajectories of parents beyond their engagement with Reflect and to assess the service's impact on the numbers of women subject to repeat care proceedings.

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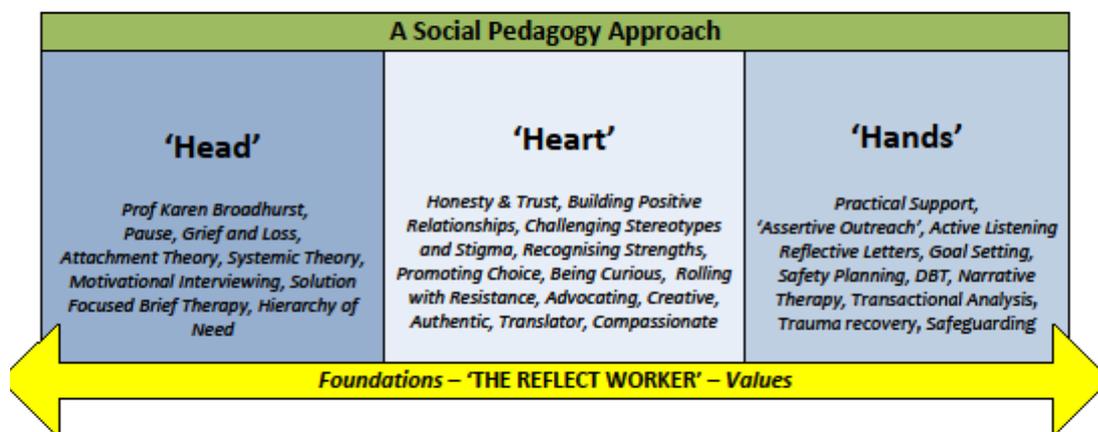
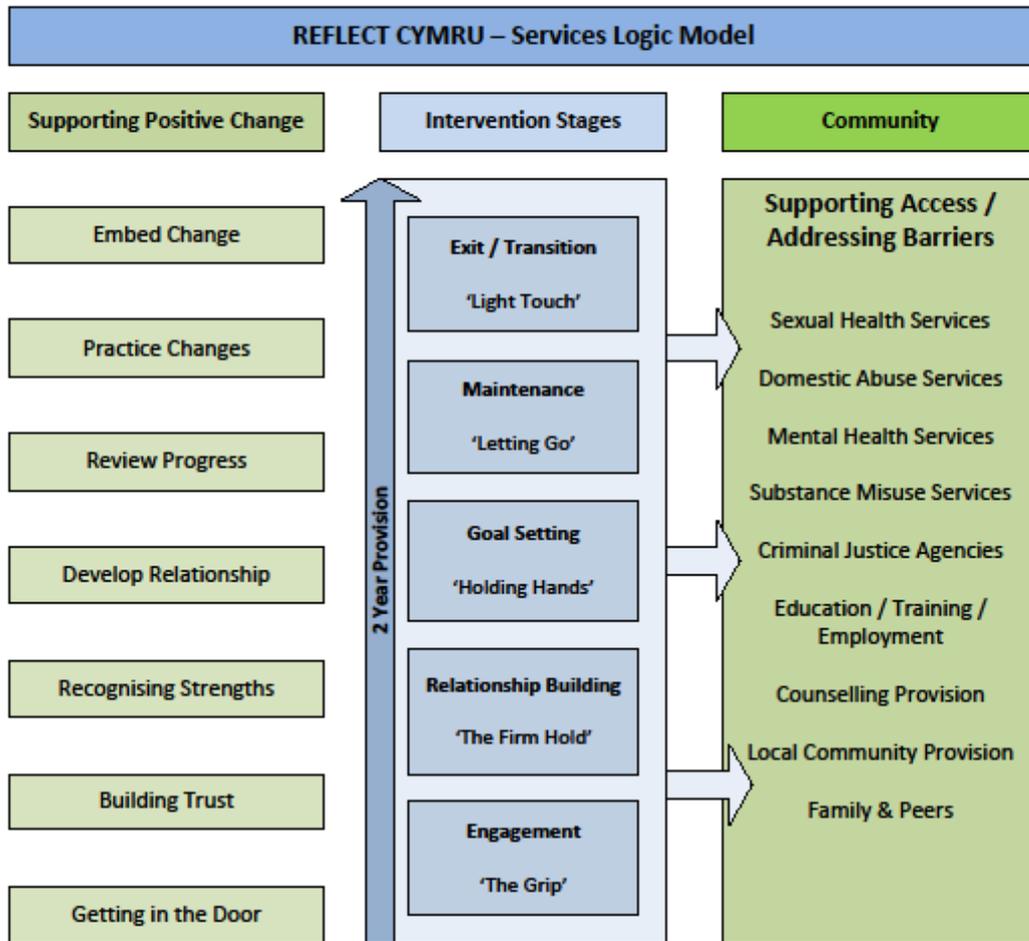
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Appendix A: REFLECT SERVICE MODEL



Appendix B: CASE FILE ANALYSIS TEMPLATE (PHASE 1)

ID (assign a code)	
Date of referral	
Method of referral E.g. Social worker, self-referral	
Reason for referral (circle or add category)	<p>Practical support</p> <p>Emotional support</p> <p>Child removed</p> <p>Mental health problems</p>
Further details about the referral	
Previous support	
What does the client want from the referral? E.g. improved family relationships etc.	
Reflect worker (initials only)	
Age	
Ethnic origin	

Occupation	
Care history	
Relationship status (is the father still involved?)	
No. of children	
Child 1 (gender, age, details including dates when removed, reasons removed, actions recommended)	
Child 2 (gender, age, details including dates when removed, reasons removed, actions recommended)	
Current legal status of children	
Contact with children	
Risk of violence (verbal, physical, domestic abuse)	
Mental health (medication, self-harm, suicide attempts)	

Risk within the home (drug paraphernalia, dogs, home conditions, weapons)	
Substance misuse (drug and alcohol use and behaviours)	

Background information at referral

Contraceptive status	
Relationships: partner	
Relationships: family	
Relationships: social	
Sexual abuse/ exploitation	
Physical health	
Medication (PH)	
Medication for MH	
History of offending	

Learning difficulty	
Debt / finances	
Housing	
Education / Training / Volunteering	
Therapeutic support	
Social activities and engagement	
Well-being	
Support plan goals	
Anything else worth noting	

Appendix C: CASE FILE ANALYSIS TEMPLATE (PHASE 2)

Number of Face to face meetings	
Number of communications via text message	
Length of meetings	
Number of meetings cancelled	
Update on progress for support plan goals	
Relationships: partner	
Relationships: family	
Relationships: social	
Sexual abuse/ exploitation	
Physical health	

Medication (PH)	
Medication for MH	
Offending	
Learning difficulty	
Debt / finances	
Housing	
Education / Training / Volunteering	
Therapeutic support	
Social activities and engagement	
Well-being	

Anything else worth noting	
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Appendix D: INTERVIEW GUIDE PARENTS (PHASE 1)

Some questions may duplicate what the Reflect worker has already asked – apologies!

Share as much as you want, stop if you want

Background and referral

How did you come to be involved in Reflect?

Who told you about Reflect?

How it was explained?

Initial thoughts on the service – happy to engage / reluctant?

What did you hope the service will be like?

What did you hope it wouldn't be like?

Working with Reflect

How many meetings have you had and what sorts of things have you discussed?

Have you talked about goals or what you are going to do together?

When I come back in 12 months time

If the service hasn't been so good, what things will still be in your life?

If the service has been good what will have changed in your life?

What do you hope for in the longer term, 5 / 10 years from now?

On-going development

Thinking of Reflect being available for other people in the area ...

- How long should support be available?
- What should the service aim to achieve?
- How often should support be available?
- When should support start?
- Contraception as requirement?

Appendix E: INTERVIEW GUIDE PARENTS (PHASE 2)

1. Can you tell me about your involvement with Reflect?
 - Frequency of contact
 - Activities
2. What goals have you been working on?
 - Progress / change?
3. Do you think the service has helped you?
 - What has changed?
 - What hasn't?
4. Have you worked on any of the following?
 - Issues to do with children
 - Relationships
 - Dealing with the past
 - Housing
 - Benefits / finances (including emergency food parcels)
 - Health
 - Contraception
 - Attending meetings
 - Social activities
 - Education / work / training
 - Access other agency support (support with drugs / alcohol, mental health support, women's aid)
 - Anything else?
5. What has been the best bit about working with Reflect?
6. What has been the hardest bit?
7. Would you recommend Reflect to someone else?
8. We wanted to give everyone an opportunity to look through their first interview. Is there anything that you would like to say about it? In particular look at what they hoped would be different in the future.
9. We want to share with you the key things that were written in the first report about Reflect. This is a chance for you to hear about the research so far and we would be really interested to hear what you think about them. (Go through the report headings

and give overview of findings – raise issue of service not being connected to social services – is that important or not)

10. To end we want to ask two of the same questions that were in the first interview:

- What do you hope your life will be like in 12 months from now?
- What do you hope for in the longer term, 5 / 10 years from now?

Appendix F: INTERVIEW GUIDE REFLECT WORKERS (PHASE 1)

Background and experience:

- Experience before Reflect
- Apply for the role

Understandings of the service:

- Explaining the service
- Relationship with referring agencies
- Limits of the service – what doesn't Reflect do?
- Delivery of support
- Initial responses and process of engagement
- Service length and phases of support
- Goal and outcomes

Impact and influence

- Perceptions of impact and positive change
- Examples where the service has not been able to help
- Factors influencing impact

On-going development

Are there any changes / developments to Reflect that you would like to see in the future?

We have asked previous participants to consider:

- How long should support be available?
- What should the service aim to achieve?
- How often should support be available?
- When should support start?
- Contraception as requirement?

Appendix G: FOCUS GROUP GUIDE REFLECT WORKERS (PHASE 2)

Provide opportunity to comment on previous report.

Explain that this follow-up session is particularly interested in the impact and influence of Reflect.

Delivery of support

- Can you talk through examples of goals and support plans for women and their partners ?

Progress and change:

- How do you monitor / measure progress?
- How easy is it to monitor / measure 'success'?
- Can you talk through examples of how the service has helped individuals / where it has made a difference?
- Can you talk through examples of where the service has not been able to help individuals?
- What factors influence whether the service will have a positive impact?

Service impact:

- How do you monitor / measure the impact of Reflect as a service?
- How easy is it to monitor / measure 'success' for Reflect?

Appendix H: Manchester Quality of Life Assessment (MANSA)

MANSA QUALITY OF LIFE ASSESSMENT – WREXHAM VERSION

The MANSA asks a number of questions about you quality of life. The style and content of these questions have been developed and agreed by service users. The form takes only a short time to complete (about 10 minutes), the questions are quite easy and there are no right or wrong answers. The information that you provide is confidential.

WHAT YOU DO.

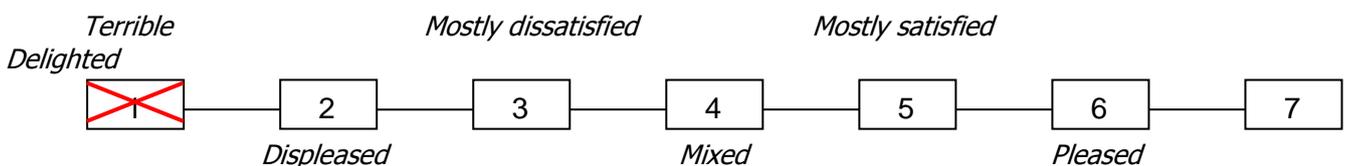
Please read and answer all of the questions.

Most questions apply to everybody and should be completed by everyone. Some questions have instructions that tell you whether or not the question applies to you, for example there are some different questions for people who are working compared to those who are not working.

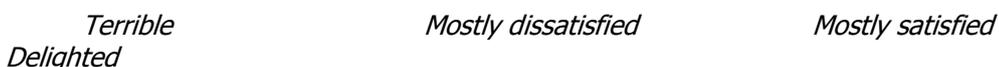
For most questions you just need to tick one box to answer the question. For some questions you may be able to tick more than one box, for example to show that you live with a parent and other family. Most questions have instructions that tell you whether you need to tick one box only or whether you can tick as many boxes as apply to you. Please follow these instructions carefully.

Some of the questions ask how you feel about certain aspects of your life and look like the examples below. Each number on the scale describes how you feel, ranging from 1 for terrible to 7 for delighted. Here are some examples of how this scale should be used.

If you think that a part of your life e.g. health is as bad as it could be you should tick/check box 1 like this:



If you think that your health couldn't be any better you should tick/check box 7 like this:





MANSA QUALITY OF LIFE ASSESSMENT

Date of completion

I.D. NUMBER

DEMOGRAPHIC DETAILS

DATE OF BIRTH (dd/mm/19yy)

GENDER

Male

Female

ETHNIC GROUP

White

Pakistani

Black Caribbean

Bangladeshi

Black African

Chinese

Black Other

Other

Indian

LIFE IN GENERAL

1. HOW DO YOU FEEL ABOUT YOUR LIFE AS A WHOLE, TODAY? (Please tick one box only)

Terrible *Mostly dissatisfied* *Mostly satisfied*

Delighted

1 — 2 — 3 — 4 — 5 — 6 — 7

Displeased *Mixed* *Pleased*

HEALTH

2. HOW DO YOU FEEL ABOUT YOUR HEALTH? (Please tick one box only)

Terrible *Mostly dissatisfied* *Mostly satisfied*

Delighted

1 — 2 — 3 — 4 — 5 — 6 — 7

Displeased *Mixed* *Pleased*

3. HOW DO YOU FEEL ABOUT YOUR PRESENT MENTAL HEALTH? (Please tick one box only)

Terrible *Mostly dissatisfied* *Mostly satisfied*

Delighted

1 — 2 — 3 — 4 — 5 — 6 — 7

Displeased *Mixed* *Pleased*

4. IN THE PAST YEAR, HAVE THERE BEEN TIMES WHEN YOU WANTED TO IMPROVE YOUR HEALTH? (Please tick one box only)
- Yes No
5. IN THE PAST YEAR, HAVE THE CHANCES FOR YOU TO IMPROVE YOUR HEALTH BEEN RESTRICTED IN ANY WAY?
(Please tick one box only)
- Yes No

If you answered YES to question 5, please go to question 5A and then 5B
If you answered NO to question 5, please go straight to question 6

5A. what sort of things have prevented you from improving your health?

5B. What steps could be taken to improve your health? Please give examples:

WORK AND EDUCATION

6. HOW MANY MONTHS HAVE YOU WORKED (PART-TIME OR FULL-TIME) IN THE PAST 2 YEARS?
Months

7. WHAT IS YOUR CURRENT EMPLOYMENT STATUS? (Please tick one box only)

- | | | | |
|--|--------------------------|--|--------------------------|
| In paid work | <input type="checkbox"/> | Looking after the home | <input type="checkbox"/> |
| In sheltered work | <input type="checkbox"/> | Unemployed and actively seeking employment | <input type="checkbox"/> |
| In training / education | <input type="checkbox"/> | Retired | <input type="checkbox"/> |
| Not working due to long-term illness or disability | <input type="checkbox"/> | Other | <input type="checkbox"/> |

8. **If working:**

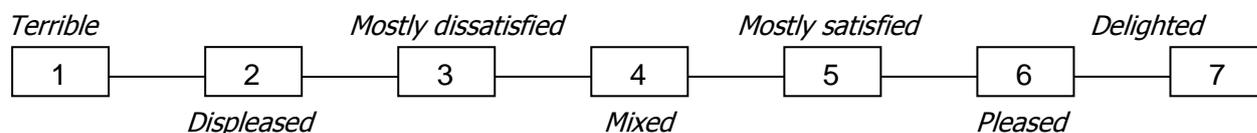
HAVE YOU WORKED CONTINUOUSLY OVER THE PAST 3 MONTHS? Yes No

9. **If working:**

ON AVERAGE, HOW MANY HOURS A WEEK DO YOU WORK? *Hours*

10a. **If working:**

HOW DO YOU FEEL ABOUT YOUR JOB? (Please tick one box only)



15. IN THE PAST YEAR, HAVE THERE BEEN TIMES WHEN YOU WANTED TO IMPROVE YOUR FINANCIAL SITUATION? (Please tick one box only)

Yes No

16. IN THE PAST YEAR, HAVE THE CHANCES FOR YOU TO IMPROVE YOUR FINANCIAL SITUATION BEEN RESTRICTED IN ANY WAY?
(Please tick one box only)

Yes No

If you answered YES to question 16, please go to question 16A and then 16B
If you answered NO to question 16, please go straight to question 17

16A. what sort of things have prevented you from improving your financial situation?

16B. What steps could be taken to improve your financial situation? Please give examples:

LEISURE

17. HOW MANY LEISURE ACTIVITIES DO YOU DO ON A WEEKLY BASIS (IF ANY)? (Please tick one box only)

None Two or three
One Four or more

18. HOW DO YOU FEEL ABOUT YOUR LEISURE ACTIVITIES? (Please tick one box only)

Terrible *Mostly dissatisfied* *Mostly satisfied*
Delighted

1 — 2 — 3 — 4 — 5 — 6 — 7

Displeased *Mixed* *Pleased*

19. IN THE PAST YEAR, HAVE THERE BEEN TIMES WHEN YOU WANTED TO IMPROVE YOUR LEISURE? (Please tick one box only)

Yes No

20. IN THE PAST YEAR, HAVE THE CHANCES FOR YOU TO IMPROVE YOUR LEISURE BEEN RESTRICTED IN ANY WAY?
(Please tick one box only)

Yes No

If you answered YES to question 20, please go to question 20A and then 20B
If you answered NO to question 20, please go straight to question 21

20A. what sort of things have prevented you from improving your leisure?

20B. What steps could be taken to improve your leisure? Please give examples:

SOCIAL

21. DO YOU HAVE ANYONE WHO YOU WOULD CALL A 'CLOSE FRIEND'? Yes No

22. IN THE PAST WEEK HAVE YOU HAD CONTACT WITH A FRIEND (EITHER FACE TO FACE OR BY TELEPHONE)? Yes No

23. HOW DO YOU FEEL ABOUT THE NUMBER OF FRIENDS YOU HAVE? (Please tick one box only)

Terrible *Mostly dissatisfied* *Mostly satisfied*
Delighted

1 — 2 — 3 — 4 — 5 — 6 — 7

Displeased *Mixed* *Pleased*

24. HOW DO YOU FEEL ABOUT THE RELATIONSHIPS YOU HAVE WITH YOUR FRIENDS? (Please tick one box only)

Terrible *Mostly dissatisfied* *Mostly satisfied*
Delighted

1 — 2 — 3 — 4 — 5 — 6 — 7

Displeased *Mixed* *Pleased*

25. IN THE PAST YEAR, HAVE THERE BEEN TIMES WHEN YOU WANTED TO IMPROVE YOUR SOCIAL LIFE? (Please tick one box only) Yes No

26. IN THE PAST YEAR, HAVE THE CHANCES FOR YOU TO IMPROVE YOUR SOCIAL LIFE BEEN RESTRICTED IN ANY WAY? (Please tick one box only) Yes No

If you answered YES to question 26, please go to question 26A and then 26B
If you answered NO to question 26, please go straight to question 27

26A. what sort of things have prevented you from improving your social life?

26B. What steps could be taken to improve your social life? Please give examples:

SAFETY

27. IN THE PAST YEAR, HAVE YOU BEEN A VICTIM OF VIOLENCE? Yes No
28. HOW DO YOU FEEL ABOUT YOUR PERSONAL SAFETY? (Please tick one box only)
- Terrible* *Mostly dissatisfied* *Mostly satisfied*
Delighted
- 1 2 3 4 5 6 7
Displeased *Mixed* *Pleased*
29. IN THE PAST YEAR, HAVE THERE BEEN TIMES WHEN YOU WANTED TO IMPROVE YOUR PERSONAL SAFETY?
(Please tick one box only)
- Yes No
30. IN THE PAST YEAR, HAVE THE CHANCES FOR YOU TO IMPROVE YOUR PERSONAL SAFETY BEEN RESTRICTED IN ANY WAY?
(Please tick one box only)
- Yes No

If you answered YES to question 30, please go to question 30A and then 30B
If you answered NO to question 30, please go straight to question 31

30A. what sort of things have prevented you from improving your personal safety?

30B. What steps could be taken to improve your personal safety? Please give examples:

LIVING SITUATION

31. IN WHICH TYPE OF ACCOMODATION DO YOU CURRENTLY LIVE? (Please tick one box only)
- | | | | |
|---------------------------------|--------------------------|-------------------|--------------------------|
| House or flat (owned) | <input type="checkbox"/> | Sheltered housing | <input type="checkbox"/> |
| House or flat (rented) | <input type="checkbox"/> | Residential home | <input type="checkbox"/> |
| Boarding out (inc B&B) | <input type="checkbox"/> | Nursing home | <input type="checkbox"/> |
| Mobile Home | <input type="checkbox"/> | Hospital ward | <input type="checkbox"/> |
| Hostel/ Supported or Group Home | <input type="checkbox"/> | Homeless | <input type="checkbox"/> |
32. HOW DO YOU FEEL ABOUT YOUR ACCOMMODATION? (Please tick one box only)
- Terrible* *Mostly dissatisfied* *Mostly satisfied*
Delighted
- 1 2 3 4 5 6 7
Displeased *Mixed* *Pleased*

33. IN THE PAST YEAR, HAVE YOU WANTED TO IMPROVE YOUR ACCOMODATION? (Please tick one box only)

Yes No

34. IN THE PAST YEAR, HAVE THE CHANCES FOR YOU TO IMPROVE YOUR ACCOMODATION BEEN RESTRICTED IN ANY WAY?
(Please tick one box only)

Yes No

35. WHO DO YOU LIVE WITH (IF ANYBODY) IN YOUR CURRENT HOME? (Please tick all boxes that apply)

Live alone	<input type="checkbox"/>	Children over 18	<input type="checkbox"/>
Spouse / partner family	<input type="checkbox"/>	Other	<input type="checkbox"/>
Parent(s)	<input type="checkbox"/>	Non-family	<input type="checkbox"/>
Children under 18	<input type="checkbox"/>		

36a.If living with other people:

HOW DO YOU FEEL ABOUT THE PEOPLE THAT YOU LIVE WITH? (Please tick one box only)

Terrible *Mostly dissatisfied* *Mostly satisfied*
Delighted

1 — 2 — 3 — 4 — 5 — 6 — 7

Displeased *Mixed* *Pleased*

36b.If living alone:

HOW DO YOU FEEL ABOUT LIVING ALONE? (Please tick one box only)

Terrible *Mostly dissatisfied* *Mostly satisfied*
Delighted

1 — 2 — 3 — 4 — 5 — 6 — 7

Displeased *Mixed* *Pleased*

37. IN THE PAST YEAR, HAVE YOU WANTED TO CHANGE YOUR LIVING ARRANGEMENTS? (Please tick one box only)

Yes No

38. IN THE PAST YEAR, HAVE THE CHANCES FOR YOU TO IMPROVE YOUR LIVING ARRANGEMENTS BEEN RESTRICTED IN ANY WAY? (Please tick one box only)

Yes No

If you answered YES to question 38, please go to question 38A and then 38B
If you answered NO to question 38, please go straight to question 39

38A. what sort of things have prevented you from improving your living arrangements?

38B. What steps could be taken to improve your living arrangements? Please give examples:

FAMILY

39. HOW OFTEN DO YOU HAVE CONTACT WITH A RELATIVE (NOT INCLUDING THOSE WHO LIVE WITH YOU) EITHER FACE TO FACE OR BY TELEPHONE? (Please tick one box only)

Not at all	<input type="checkbox"/>	At least 3 monthly	<input type="checkbox"/>
Daily	<input type="checkbox"/>	At least yearly	<input type="checkbox"/>
At least weekly	<input type="checkbox"/>	Less than yearly	<input type="checkbox"/>
At least monthly	<input type="checkbox"/>		

40. HOW DO YOU FEEL ABOUT YOUR RELATIONSHIP WITH YOUR FAMILY? (Please tick one box only)

Terrible *Mostly dissatisfied* *Mostly satisfied*
Delighted

<input type="checkbox"/> 1	—	<input type="checkbox"/> 2	—	<input type="checkbox"/> 3	—	<input type="checkbox"/> 4	—	<input type="checkbox"/> 5	—	<input type="checkbox"/> 6	—	<input type="checkbox"/> 7
		<i>Displeased</i>				<i>Mixed</i>				<i>Pleased</i>		

41. IN THE PAST YEAR, HAVE YOU WANTED TO IMPROVE YOUR FAMILY LIFE? (Please tick one box only)

Yes No

42. IN THE PAST YEAR, HAVE THE CHANCES FOR YOU TO IMPROVE YOUR FAMILY LIFE BEEN RESTRICTED IN ANY WAY? (Please tick one box only)

Yes No

If you answered YES to question 42, please go to question 42A and then 42B
If you answered NO to question 42, please go straight to question 43

42A. what sort of things have prevented you from improving your family life?

42B. What steps could be taken to improve your family life? Please give examples:

LIFE OVERALL

43. HOW DO YOU FEEL ABOUT YOUR LIFE AS A WHOLE? (Please tick one box only)

Terrible *Mostly dissatisfied* *Mostly satisfied*
Delighted

<input type="checkbox"/> 1	—	<input type="checkbox"/> 2	—	<input type="checkbox"/> 3	—	<input type="checkbox"/> 4	—	<input type="checkbox"/> 5	—	<input type="checkbox"/> 6	—	<input type="checkbox"/> 7
		<i>Displeased</i>				<i>Mixed</i>				<i>Pleased</i>		

Thank you for completing the **MANSA - WREXHAM**

Appendix I: SURVEY OF GWENT PROFESSIONALS

The Children's Social Care Research and Development Centre (CASCADE) is undertaking an evaluation of the Reflect service in Gwent. This survey is aimed at professionals and aims to explore knowledge and views of the service. The survey should take no longer than 10mins to complete and will not require you to disclose personal details about yourself or individuals you work with.

Please feel free to share this survey with colleagues across Gwent.

1. What is your job title?
2. Where do you work?
3. How long have you been in your current role?
4. Do you currently, or have you previously worked with women who have experienced repeat losses of children to the care system?
5. If so, in what capacity?
6. Have you heard of the Reflect service?
7. If yes, what is your understanding of the support women and their partners can receive from Reflect?

As you may be aware, the Reflect service in Gwent supports women and their partners who have experienced the compulsory and permanent removal of a child from their care. The primary aim of Reflect is to prevent repeat unplanned pregnancy in the short term, when there has been little time for positive change and successive child removal remains the most likely outcome. The service aims to encourage 'women and their partners to understand their past, their present and achieve their future goals' (Barnardo's, 2017).

8. Do you think this type of support is needed?

9. Please briefly explain your answer.
10. Are there any other services in Gwent which support women and their partners in this situation?
11. If yes please provide details
12. In your experience, what factors influence whether women and their partners are willing to access support following care proceedings?

Reflect's primary aim is to prevent repeat pregnancy in the short-term, when there has been little time for positive change and successive child removal remains the most likely outcome. Reflect encourages but does NOT require women to be in receipt of long-acting reversible contraception (LARC) in order to receive a service.

13. Do you agree with this policy?
14. Please briefly explain your answer
15. To date have you referred anyone to Reflect?
16. If yes, in what way/s did you hope the individual/s would be supported?
17. If yes, please provide an update (if you are aware) of engagement and progress with the service:
18. If no, what are your reasons for not referring to the service to date?
19. Do you have you any suggestions on how the Reflect service in Gwent could be further developed?
20. What do you think is the best way to advertise Reflect to (i) women and their partners (ii) professionals?
21. Is there anything else you would like to tell us in relation to Reflect?

