

Recurrent care proceedings: five key areas for reflection from the research (update)



Introduction

All professionals involved in the family justice system have long been aware that some parents will experience more than one set of care proceedings. Some parents return to court on many occasions and experience their children being removed into foster or kinship care or, more commonly, being adopted. This cycle of returning to court and having subsequent children removed is now commonly referred to as 'recurrent care proceedings'.

In this paper we highlight the evidence on the number of mothers and fathers who experience recurrent proceedings in England and Wales,

their circumstances and the impact of having children removed in this way. We also highlight messages from evaluations of specialist services working to support parents who have experienced – or who are at risk of experiencing – recurrent proceedings.

This Spotlight paper updates the 2021 edition, notably including findings from two recent studies that have linked Cafcass and Cafcass Cymru data with health data, enabling the researchers to identify the likelihood of a mother having another child following care proceedings. These studies have also added to our understanding of factors predicting the likelihood of recurrence.

‘A family justice system “that removes the fourth, fifth or sixth child from families without doing anything about the reasons for removal is a failing system” Nicholas Crichton, founder and champion of the Family Drug and Alcohol Court, cited by Fouzder in Law Society Gazette 2018.



1. Prevalence

In 2015, findings from Broadhurst et al.'s landmark study, using data collected by Cafcass, provided the first evidence about the prevalence of recurrent care proceedings for mothers in England.

Subsequent studies using Cafcass and Cafcass Cymru data provided evidence about the prevalence of recurrent care proceedings for mothers in Wales (Alrouh, Broadhurst and Cusworth 2020) and for fathers in England (Bedston et al. 2019; Philip et al. 2020). A further study looking at mothers in recurrent care proceedings in England and Wales (Alrouh et al. 2022) provided an update on prevalence and identified for the first time variations in numbers and prevalence rates across different regions.

These studies established that 1 in 5 mothers is at risk of reappearing in care proceedings with a new child within 10 years of an initial set of proceedings

(although the likelihood of a mother experiencing repeat proceedings is greatest within the first 3 years). They found that fathers were also likely to experience recurrent care proceedings, although at nearly half the rate of mothers, with around 1 in 8 in England at risk of appearing in subsequent care proceedings within 5 years.

Alrouh et al. (2022) noted that, as there had been a rise in the number of care proceedings, there had also been a rise in the number of mothers experiencing recurrent proceedings.

In a forthcoming study focusing on mothers in Wales, Alrouh et al. ask two questions: how many mothers in care proceedings have another child following care proceedings? And how many of the women who have a new child appear in a new set of care proceedings with the new child? Linking Cafcass Cymru data with health data, they found that around a third (35%) of mothers had a new baby within 5 years of their previous court proceedings and of these mothers, over half (51.7%)

appear in new care proceedings within 5 years. This study also found that mothers who first appeared in care proceedings after 2014 were more likely to return to court than mothers whose first set of proceedings was before 2014.

A further research study in England has also linked Cafcass and health data and followed up women for 8 years from their first set of care proceedings (Ireland et al. 2024). The sample and follow-up time for this study was slightly different to the forthcoming Alrouh et al. study in Wales. The researchers found that over half the mothers (53.9%) had a new baby following a first set of care proceedings – a higher number than in the Wales study – with 47.6% of these mothers coming back into care proceedings within 8 years. This study also identified that the risk of subsequent proceedings reduced as the time between the end of care proceedings and the new pregnancy increased.



Key data on prevalence

- 1 in 5 of all mothers in England and Wales who appear in care proceedings are at risk of returning to court with a new baby within 10 years.
- 1 in 8 fathers in England are at risk of returning to court within 5 years.
- 1 in 2 of those mothers in England and Wales who have a new baby following care proceedings are at risk of returning to court within 5 years (in Wales) and 8 years (in England).
- Mothers first appearing in care proceedings after 2014 are more likely to return to court than mothers whose first proceedings were before 2014.

Relevant to the issue of parents experiencing recurrent care proceedings are the findings from separate research looking at the rise in the number of newborn babies (under 2 weeks old) becoming the subject of care proceedings (Broadhurst et al. 2018; Alrouh et al. 2019). These studies have established that, on average, 47% (England) and 49% (Wales) of newborn babies subject to care proceedings were born to mothers who had previous children subject to proceedings in the 5 years prior to the study start.

Alrouh et al. (2022) note that, despite the growing evidence about recurrent care proceedings, data on the numbers and prevalence of recurrent cases is not collected nationally or locally. This makes it harder to ensure that sufficient resources and support are made available to address this issue.

Points for reflection

Do you know what the situation is in your area in relation to recurrent care proceedings?

If data is not currently available, have there been discussions with local authorities and Cafcass or Cafcass Cymru about analysing local data?

Is the issue of recurrent proceedings discussed at your local Family Justice Board?

Are there other multi-agency forums where it could be discussed?

2. Circumstances of parents

The qualitative evidence from the studies looking at recurrence (Broadhurst et al. 2017; Alrouh, Broadhurst and Cusworth 2020; Philip et al. 2021) indicates that mothers and fathers who experience recurrent care proceedings share many characteristics with each other and with other vulnerable parents who are involved in care proceedings – they have experienced significant and multiple adverse experiences in their own childhoods, and are likely themselves to have been in the care system as children. These adverse experiences include abuse and neglect, exposure to domestic abuse, loss, rejection, and instability in living arrangements, starting in childhood and continuing into adulthood.

Mothers and fathers who experience recurrent care proceedings are likely to have long-standing physical and mental health problems, and the issues that give rise to the concerns about harm to their children commonly include substance misuse, mental health problems and domestic abuse (Broadhurst et al. 2017; Philip et al. 2021). These studies also show high levels of problems with housing, and the study relating to fathers,

together with other recent research, highlights the significance of poverty and economic instability for mothers and fathers in care proceedings (Philip et al. 2021; Bywaters et al. 2016).

For mothers and fathers who are involved in recurrent care proceedings, the pattern of adverse experiences throughout childhood and into adulthood means that many of them are dealing with complex and unresolved trauma, which is then compounded by the trauma of having their children removed through care proceedings. The impact of such trauma and adversity often also leads to parents falling through the nets of support and being seen as ‘hard to reach’ or ‘difficult to engage’. For fathers there is the additional problem that they are more likely to be quickly identified as ‘risky’ rather than vulnerable. As a result, parents can miss out on family support services for themselves and their children, on treatment services for substance misuse, on mental health services, and on attention to physical health problems, including sexual health. There is growing realisation that the ‘failure to engage’ is more a question of services and professionals needing to do more to reach out and engage with people in trauma-informed ways (Mason, Taggart and Broadhurst 2020; Taggart, Mason and Webb 2020).

Points for reflection

What do you know about fathers and recurrent care proceedings locally?

Are family justice professionals in your area familiar with complex trauma and its impact?

Is ‘non-engagement’ by parents a factor presented in the evidence by professionals in care proceedings? Is this label ever challenged?

What evidence is there of professionals attempting to engage parents in ways that take account of their trauma histories?

Is attention paid to the impact of poverty on parents in the evidence of professionals in care proceedings?



3. Impact of removal

When a mother has had one child removed from her care and goes on to have another child removed, the second set of proceedings tends to start earlier (shortly after birth) and to conclude more quickly than the first set of proceedings (Broadhurst et al. 2017; Alrouh, Broadhurst and Cusworth 2020). Studies found that the gap between proceedings can often be very short, and it is not unusual for subsequent proceedings to be issued before the end of the first set (Broadhurst et al. 2017; Alrouh, Broadhurst and Cusworth 2020; Philip et al. 2021, Alrouh et al 2022). There is also evidence that the children who are the subject of recurrent care proceedings are more likely to be adopted than children in the initial set of proceedings, presumably linked to the fact that they are more likely to be babies and babies are more likely to be adopted than older children.

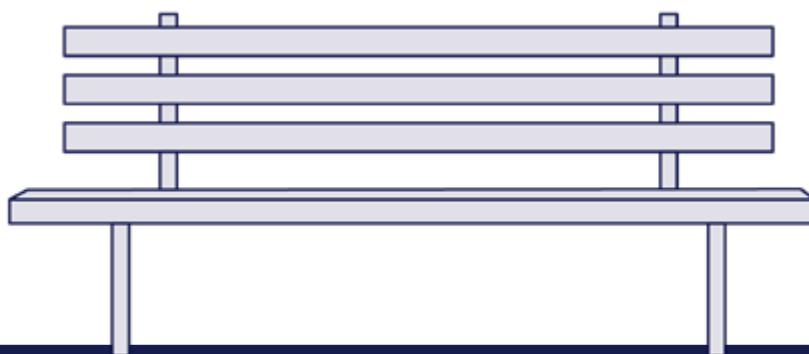
The evidence that subsequent proceedings are more likely to be concerned with babies, and that nearly half of applications concerning

newborn babies involve mothers who have had previous involvement in care proceedings, means that the mothers and fathers caught up in recurrent proceedings will be involved in pre-birth assessment processes. There is no national guidance on pre-birth assessments (Broadhurst et al. 2018) and a literature review linked to the *Born into Care* studies (Mason, Robertson and Broadhurst 2019) and other research (Lushey et al. 2017) have shown wide variation in practice by local authorities and health partners across England and Wales. These variations relate to the timing and duration of assessments and the extent to which assessments include specialist intervention and support, among other factors. There are also differences in whether the focus is on the parents' history rather than on changes already made by the parents, or on their potential to change (Ryan 2020). Concerns about pre-birth assessment practice have been raised in a number of judgments considering the removal of babies from their parents (Ryan and Cook 2019). As part of the *Born into Care* research, good

practice guidelines for health, social care and legal professionals have been developed and piloted in eight local authorities (Mason, Broadhurst, Ward and Barnett 2023).

Mothers and fathers who have had previous children removed are aware that any future pregnancy will be subject to child protection procedures and they are fearful of being judged negatively and lack trust in social workers. There is little evidence of this leading to a reluctance to disclose that they are pregnant (Griffiths et al. 2020), but there is evidence of mothers and/or couples proactively seeking children's social care involvement in order to maximise their opportunities to demonstrate change and improve their chances of keeping their unborn babies (Mason, Robertson and Broadhurst 2019; Philip et al. 2020; Griffiths et al. 2020).

The removal of a child through care proceedings is a traumatic event in itself, which often exacerbates parents' existing difficulties (Broadhurst and Mason 2019; Philip et al. 2020). Mothers and fathers experience grief,



guilt, shame, stigma and isolation following the removal of their child. Existing mental health problems can be exacerbated, along with problems with alcohol or drugs, and in addition parents are likely to experience the impact of a reduction in welfare benefits and on occasion may lose their housing as a result (Broadhurst and Mason 2019; Philip et al. 2021). The removal of their children does not mean that mothers and fathers cease to think of themselves as parents – their status of parenthood remains important to them, even though it is invisible to those around them. Many mothers and fathers look forward to a time when they may be reconnected with their children, and many want to become parents again in the future. The evidence suggests that recognition of this ongoing maternal and paternal identity is an important motivator for change (Broadhurst and Mason 2020; Morriss 2018; Philip et al. 2021).

Points for reflection

Do you know what the pre-birth assessment practice is locally?

Do you think pre-birth assessments take place over a sufficient period of time?

Is there a focus on intervention, rather than assessment?

How much are fathers included in pre-birth assessments?

How much does the past history of the parent affect the evidence provided and the outcome of the proceedings?

Expert assessments often recommend specific psychological or other support for parents. To what extent do mothers and fathers receive such support once proceedings are finished?

Are you aware of the Born into Care guidelines for good practice?



4. Services designed to respond to the issue of recurrent care proceedings

A deep concern about seeing the same parents in subsequent care proceedings, and removing further children from them because the factors leading to the need for a care order had not been tackled, inspired the late Nicholas Crichton to set up the first Family Drug and Alcohol Court (FDAC) in 2008. In 2012, the London FDAC specialist team brought together a group of academics and practitioners to discuss the issue of recurrent proceedings, share examples of good practice and highlight services being set up specifically to address the problem. A second meeting took place in 2014. At this time a number of other initiatives were being set up in Suffolk, Brighton, Reading, Salford, Nottingham and Hackney. Among these early initiatives, FDAC (<https://fdac.org.uk>) and Pause (<https://www.pause.org.uk>), which began with a pilot in Hackney in 2013, have the highest profile but many of the others are still in existence, and other services across England and Wales have been developed since (Mason and Wilkinson 2021).

Despite many similarities in the experiences of mothers and fathers involved in recurrent proceedings, they are not a homogenous

group. They experience different combinations of difficulties and different pathways through children's services and the family justice system. Appropriately, the services that have been set up to provide support to parents who have experienced recurrent care proceedings are working with parents at different points of their lives after their children have been removed from their care:

- some services work with parents pre-birth, supporting them through a pregnancy, helping them achieve the changes necessary to keep their future children safely in their care
- some work with parents who are going through care proceedings once again, supporting them during the process, and helping them achieve the necessary changes to their lives
- some work with parents who are not pregnant and no longer have their children in their care, to help them come to terms with their loss and rebuild their lives
- some focus on younger parents, particularly care leavers
- some focus on mothers only, some work with couples, but very few are specifically for fathers
- some support parents before, during, and after care proceedings.

In 2020 Research in Practice, working in partnership with Pause, Nuffield Family Justice Observatory, Lancaster University and the University of Essex (funded by Public Health England), set up an online community of practice for services working with parents who have experienced more than one set of care proceedings. The Supporting Parents Community of Practice website (<https://supportingparents.researchinpractice.org.uk/>) contains a wide range of research and practice information, including resources such as videos, podcasts, links to research and policy publications, and a registry and map of services. The findings of a service mapping exercise are set out in Mason and Wilkinson (2021). The online community of practice continues to meet on a regular basis.

Nevertheless, services are still relatively few in number, and the majority of them are small in scale. As such they are very vulnerable to budget cuts arising from continuing austerity. Alrouh et al. (2022) noted that the limited number of services available, and the limitations of their reach given their staffing numbers, is likely to mean that they are not reaching enough parents to reduce overall national statistics on recurrence. Positive findings from evaluations of services (Boddy et al. 2020; Cox et al. 2020, 2021; Roberts et al. 2018), suggest that there should be much greater focus on wider rollout of such services across England and Wales.

In the Alrouh et al. (forthcoming) study linking data in Wales, the researchers looked again at the factors that are associated with returning to court and have separated these into what is significant in predicting whether a mother will have a new child post-proceedings and what is significant in predicting whether a mother will return to court. This is important because they found that the factors that impact the probability of having another baby are different from the predictors of recurrence. So, for example, mothers with neurodevelopmental disorders (including learning disability) do not have increased likelihood of having a new baby following care proceedings, but if they do have a new baby, they

are considerably more likely than other mothers to return to court for further proceedings. In the same way, if a placement order is the final order in the first proceedings, this does not make it more likely that the mother will have another child but does substantially increase the probability of recurrent proceedings if the mother does have another child. The younger the mother at her first pregnancy, and the younger her children are at the time of the first proceedings, increases the likelihood of the mother having another baby but are not significant factors in predicting a return to court. These are findings that should help local areas target recurrence services more effectively.

Points for reflection

Do you know whether any recurrent care services exist in your area?

Do you know what the referral criteria for such services are?

Are there opportunities for the providers of the service and the parents who have benefited from the service to talk about the work to judges, magistrates, Cafcass, Cafcass Cymru, lawyers, and others involved in the family justice system?



5. Effective ways of working

Evaluations of services that work with parents who have experienced recurrent care proceedings in England and Wales are helpful in demonstrating approaches and ways of working that are effective in supporting and engaging parents (Harwin et al. 2016; Harwin, Ryan and Broadhurst 2018; Bellew and Peeran 2017; Cox et al. 2020, 2021; Roberts et al. 2018; Boddy et al. 2020). The key messages from these evaluations are supported by the findings from the qualitative elements of the studies into recurrent care proceedings (Broadhurst et al. 2017; Philip et al. 2020).

A resource pack containing research information, practice tips and case studies has been developed for areas wishing to set up services for parents who have experienced recurrent proceedings (Research in Practice 2019). Mason and Wilkinson's mapping of services provides helpful detail about effective ways of working (2021), and further resources are available from the Supporting Parents Community of Practice website (<https://supportingparents.researchinpractice.org.uk>).

These sources all indicate the importance of:

- a trauma-informed approach and trauma-informed practice
- relationships between parents and professionals (relationship- based practice)
- flexibility in terms of approaches and the availability of professionals
- assertive outreach
- intensity – particularly in services working with parents in the pre-birth period and during care proceedings
- cheerful perseverance in getting parents to engage, and in accepting they will make wrong choices from time to time
- empathy, honesty and hopefulness
- responses tailored to individual needs (person-centred and client-led)
- practical as well as emotional and therapeutic support
- services that can offer support over a long period of time.

All recurrent care services, at whatever point they are working with parents (pre-birth, in proceedings, post-proceedings), work with mothers, fathers and couples on healthy relationships and support parents to access sexual health services. They all increasingly work on parenting issues, particularly supporting parents in relation to contact with children that have been removed from them but also in preparing them for – and supporting them through – pre-birth assessments and providing support after their children are born. The findings about fathers and recurrent proceedings – in particular the high proportion of fathers who remain in couples that experience recurrent proceedings – indicate the importance of a focus on working with couples.

Findings from other research about the over-representation of black and mixed ethnicity children in care (Edney 2023) and the over-representation of mixed ethnicity newborn babies in care proceedings (Edney and Ryan 2025), together with the recent overview of serious case reviews highlighting the lack of attention to issues of racism, bias and inequality in safeguarding practice (Child Safeguarding Practice Review Panel



2025), emphasise the importance of ensuring that recurrent care services are available for, and adapted to, the needs of parents from Black, Asian and other minoritised ethnic communities. Such parents, in addition to the other challenges they may be facing in their lives, are also likely to have faced racism and other forms of discrimination from health, social care and justice systems.

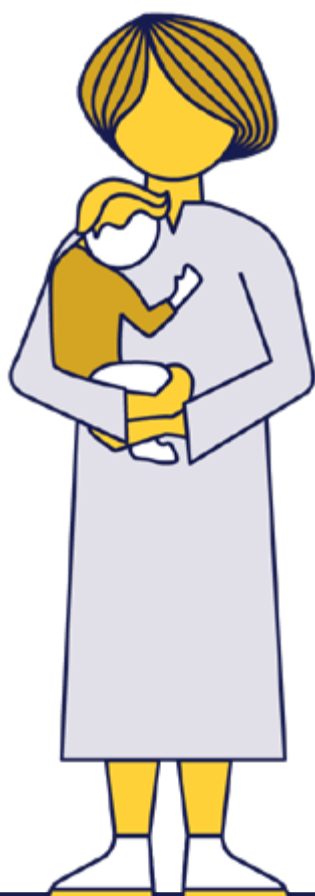
Points for reflection

How can family justice professionals support the development of local services for parents who have experienced recurrent proceedings?

Should problem-solving approaches like FDAC, where the court acts as an agent of change, be more widely available?

How can local services be supported to maintain or develop these ways of working?

If you have a recurrent care service locally, is it available and accessible for parents from minoritised communities in your area?



References

- Alrouh, B., Broadhurst, K., Cusworth, L., Griffiths, L., Johnson, R.D., Akbari, A. and Ford, D. (2019). *Born into care: Newborns and infants in care proceedings in Wales*. Nuffield Family Justice Observatory. www.nuffieldfjo.org.uk/resource/born-into-care-wales
- Alrouh, B., Broadhurst, K. and Cusworth, L. (2020). *Women in recurrent care proceedings in Wales: a first benchmarking report*. Nuffield Family Justice Observatory. www.nuffieldfjo.org.uk/resource/women-in-recurrent-care-proceedings-in-wales-a-first-benchmarking-report
- Alrouh, B., Abouelenin, M., Broadhurst, K., Cowley, L., Doeblér, S., Farr, I., Cusworth, L., North, L., Hargreaves, C., Akbari, A., Griffiths, L. and Ford, D. (2022). *Mothers in recurrent care proceedings: New evidence for England and Wales*. Nuffield Family Justice Observatory. <https://www.nuffieldfjo.org.uk/resource/mothers-in-recurrent-care-proceedings-new-evidence-for-england-and-wales>
- Alrouh, B., Bailey, G., Cusworth, L., Broadhurst, K. and Griffiths, L. (forthcoming). *Mothers in recurrent care proceedings in Wales: Predictors of return*.
- Bedston, S., Philip, G., Youansamouth, L., Clifton, J., Broadhurst, K., Brandon, M. and Hu, Y. (2019). Linked lives: Gender, family relations and recurrent care proceedings in England *Children and Youth Services Review*, vol. 105, <https://doi.org/10.1016/j.childev.2019.104392>
- Bellew, R. and Peeran, U. (2017). *After adoption's breaking the cycle programme: An evaluation of the two year pilot, September 2014 to August 2016*. Coram. <https://www.coram.org.uk/wp-content/uploads/2023/01/Breaking-the-Cycle-final-report-Aug-2017.pdf>
- Boddy, J., Bowyer, S., Godar, R., Hale, C., Kearney, J., Preston, O., Wheeler, B. and Wilkinson, J. (2020). *Evaluation of Pause*. Department for Education. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932816/Pause_-_Sussex.pdf
- Broadhurst, K., Alrouh, B., Yeend, E., Harwin, J., Shaw, M., Pilling, M., Mason, C. and Kershaw, S. (2015). Connecting events in time to identify a hidden population: Birth mothers and their children in recurrent care proceedings in England. *British Journal of Social Work*, 45, Issue 8, pp. 2241–2260. <https://doi.org/10.1093/bjsw/bcv130>
- Broadhurst, K., Mason, C., Bedston, S., Alrouh, B., Morriss, L., McQuarrie, T., Palmer, M., Shaw, M., Harwin, J. and Kershaw, S. (2017). *Vulnerable birth mothers and recurrent care proceedings. Final main report*. Centre for Child & Family Justice Research, Lancaster University. https://www.nuffieldfoundation.org/sites/default/files/files/rc-final-summary-report-v1_6.pdf
- Broadhurst, K. and Mason, C. (2020). Child removal as the gateway to further adversity: Birth mother accounts of the immediate and enduring collateral consequences of child removal. *Qualitative Social Work*, 19(1), pp. 15–37. <https://doi.org/10.1177/1473325019893412>
- Bywaters, P., Brady, G., Sparks, T. and Bos, E. (2016). Child welfare inequalities: New evidence, further questions. *Child & Family Social Work*, 21(3), pp. 369–380. <https://doi.org/10.1111/cfs.12154>
- Child Safeguarding Practice Review Panel. (2025). *"It's silent": Race, racism and safeguarding children*. Panel Briefing 4. https://assets.publishing.service.gov.uk/media/67cb0a9d5f993d41513a45c5b/Race_Racism_Safeguarding_March_2025.pdf
- Cox, P., McPherson, S., Mason, C., Ryan, M., and Baxter, V. (2020). *Reducing recurrent care proceedings: Building a local evidence base in England*. Societies, Vol 10, Issue 4, <https://doi.org/10.3390/soc10040088>
- Cox, P., McPherson, S. and Blumenfeld, F. (2021). Protecting children, empowering birth parents: New approaches in family justice. *Societies*, 11(2), 32. <https://www.mdpi.com/2075-4698/11/2/32>
- Edney, C. (2023). *How might our ethnicity affect our experience of the family justice system?* Nuffield Family Justice Observatory. <https://www.nuffieldfjo.org.uk/resource/how-might-our-ethnicity-affect-our-experience-of-the-family-justice-system>
- Edney, C. and Ryan, M. (2025). *Newborn babies in urgent care proceedings in England and Wales: An update*. Nuffield Family Justice Observatory. <https://www.nuffieldfjo.org.uk/resource/newborn-babies-in-urgent-care-proceedings-in-england-and-wales-an-update>
- Griffiths, L., Johnson, R.D., Broadhurst, K., Cusworth, L., Bedston, J., Jones, K., Akbari, A., Lee, A., Alrouh, B., Doeblér, S., John, A. and Ford, D. (2020). *Born into care: One thousand mothers in care proceedings in Wales. Maternal health, well-being, pregnancy and birth outcomes*. Nuffield Family Justice Observatory. <https://www.nuffieldfjo.org.uk/resource/1000-mothers-care-proceedings-wales>
- Harwin, J., Alrouh, B., Broadhurst, K., Ryan, M., McQuarrie, T., Golding, L., Broadhurst, K., Tunnard, J. and Swift, S. (2016). *After FDAC: outcomes five years later*. Final report. https://wp.lancs.ac.uk/cfj-fdac/files/2016/12/FDAC_FINAL_REPORT_2016.pdf
- Harwin, J., Ryan, M. and Broadhurst, K. (2018). How does FDAC succeed with parents with substance misuse problems? Exploring relational practices within the English Family Drug and Alcohol Court. *Child Abuse Review* Vol. 27: 266–279. <https://doi.org/10.1002/car.2521>
- Ireland, G., Wijlaars, L., Jay, M.A., Grant, C., Pearson, R., Downs, J. and Gilbert, R. (2024). *Social and health characteristics of mothers involved in family court care proceedings in England*. Institute of Child Health, Nuffield Foundation. https://www.nuffieldfoundation.org/wp-content/uploads/2019/11/Nuffield_Social_Health_Mothers-in-care-proceedings_final20240829.pdf
- Lushey, C., Barlow, J., Rayns, G. and Ward, H. (2017). Assessing parental capacity when there are concerns about an unborn child: Pre-birth assessment guidance and practice in England. *Child Abuse Review*. <https://doi.org/10.1002/car.2496>
- Mason, C., Robertson, L. and Broadhurst, K. (2019). *Pre-birth assessment and infant removal at birth: experiences and challenges. A literature review*. www.nuffieldfjo.org.uk/files/documents/Literature%20review_Born%20into%20Care_Dec%202019.pdf
- Mason, C., Taggart, D. and Broadhurst, K. (2020). Parental non-engagement within child protection services—how can understandings of complex trauma and epistemic trust help. *Societies*, Volume 10, Issue 4. <https://doi.org/10.3390/soc10040093>
- Mason, C. and Wilkinson, J. (2021). *Supporting parents who have experienced recurrent care proceedings: Where are we now?* Research in Practice. <https://supportingparents.researchinpractice.org.uk/children/publications/2021/june/services-for-parents-who-have-experienced-recurrent-care-proceedings-where-are-we-now/>
- Mason, C., Broadhurst, K., Ward, H., Barnett, A. and Holmes, L. (2022). *Born into Care: Developing best practice guidelines for when the state intervenes at birth*. Nuffield Family Justice Observatory. <https://www.nuffieldfjo.org.uk/resource/born-into-care-developing-best-practice-guidelines-for-when-the-state-intervenes-at-birth>

- Mason, C., Broadhurst, K., Ward, H. and Barnett, A. (2023). *Born into care: Best practice guidelines for when the state intervenes at birth*. Nuffield Family Justice Observatory. https://www.nuffieldfjo.org.uk/wp-content/uploads/2023/03/nfjo_newborn-babies_best_practice_guidelines_english_20230330-2.pdf
- Morriss, L. (2018). Haunted futures: the stigma of being a mother living apart from her child(ren) as a result of state-ordered court removal. *Sociological Review*, vol. 66, no. 4, pp. 816–831. <https://doi.org/10.1177/0038026118777448>
- Pattinson, B., Broadhurst, K., Alrouh, B., Cusworth, L., Doebler, S., Griffiths, L., Johnson, R., Akbari, A. and Ford, D. (2021). *Newborn babies in urgent care proceedings in England and Wales*. Nuffield Family Justice Observatory. <https://www.nuffieldfjo.org.uk/resource/newborn-babies-urgent-care-proceedings>
- Philip, G., Youansamouth, L., Bedston, S., Broadhurst, K., Hu, Y., Clifton, J. (2020). I had no hope, I had no help at all: Insights from a first study of fathers and recurrent care proceedings. *Societies*, 2020, 10, 89, <https://doi.org/10.3390/soc10040089>
- Philip, G., Bedston, S., Youansamouth, L., Clifton, J., Broadhurst, K., Brandon, M. and Hu, Y. (2021). 'Up against it'. *Understanding fathers' repeat appearance in local authority care proceedings*. Research briefing. Nuffield Foundation. www.nuffieldfoundation.org/project/birth-fathers-recurrent-appearance-in-care-proceedings
- Research in Practice. (2019). *Working with recurrent care experienced birth mothers: Online resources*. <https://www.researchinpractice.org.uk/children/content-pages/working-with-recurrent-care-experienced-birth-mothers-online-resources/>
- Roberts, L., Maxwell, N., Messenger, R. and Palmer, L. (2018). *Evaluation of Reflect in Gwent. Final report*. <http://orca.cf.ac.uk/123258/>
- Ryan, M. and Cook, R. (2019). *Born into care: case law review*. Nuffield Family Justice Observatory. www.nuffieldfjo.org.uk/resource/born-into-care-case-law-review
- Ryan, M. (2020). *Pre-birth assessment: Strategic briefing*. Research in Practice. <https://www.researchinpractice.org.uk/children/publications/2020/may/pre-birth-assessment-strategic-briefing-2020/>
- Taggart, D., Mason, C. and Webb, S. (2020). *Reconceptualising parental non-engagement in child protection: Frontline briefing*. Research in Practice. www.researchinpractice.org.uk/children/publications/2020/february/reconceptualising-parental-non-engagement-in-child-protection-frontline-briefing-2020/

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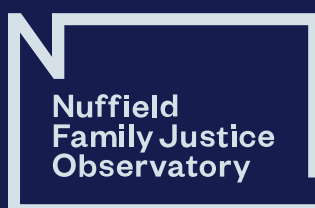
Nuffield FJO was established by the Nuffield Foundation, an independent charitable trust with a mission to advance social well-being. The

Foundation funds research that informs social policy, primarily in education, welfare and justice. It also funds student programmes for young people to develop skills and confidence in quantitative and scientific methods. The Nuffield Foundation is the founder and co-funder of the Ada Lovelace Institute and the Nuffield Council on Bioethics. Nuffield FJO funded the development of this briefing paper. Any views expressed are not necessarily those of Nuffield FJO or the Nuffield Foundation.

This paper was written by Charlotte Edney and Mary Ryan.

Recommended citation:

Edney, C. and Ryan, M. (2025). *Recurrent care proceedings: five key areas for reflection from the research (update)*. Spotlight series. Nuffield Family Justice Observatory. <https://www.nuffieldfjo.org.uk/resource/recurrent-care-proceedings-five-key-areas-for-reflection-from-the-research>



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