EVIDENCE CENTRE
TE POKAPŪ TAUNAKITANGA

SUBSEQUENT CHILDREN

Evidence brief

September 2020

ALLEN+CLARKE

ORANGA TAMARIKI
Ministry for Children

EVIDENCE CENTRE
TE POKAPŪ TAUNAKITANGA

Aurora Centre, 56 The Terrace, Wellington

The Oranga Tamariki Evidence Centre works to build the evidence base that helps us better understand wellbeing and what works to improve outcomes for New Zealand's children, young people and their whānau.

Email: research@ot.govt.nz

Authors: Anna Scanlen, Alice Palmer (*Allen + Clarke*)

Published: September 2020

ISBN: 978-0-9951119-6-7

If you need this material in a different version, please email us at research@ot.govt.nz and we will provide it for you.

Citation guidance:

This report can be referenced as Allen + Clarke. (2020). *Subsequent children evidence brief*. Wellington, New Zealand: Oranga Tamariki—Ministry for Children.

Acknowledgements:

Jonathan Sampson, Joanna Young, Davina Jones (Oranga Tamariki)

Marnie Carter, Carolyn Hooper, Natalie Piesse, Stephanie James (*Allen + Clarke* peer review and quality assurance)

ORANGA TAMARIKI
Ministry for Children

CONTENTS

EXECUTIVE SUMMARY

A subsequent child is defined as any child in the care of a parent or caregiver who has had a previous child they were caring for permanently removed from their care, or been convicted of the murder, manslaughter or infanticide of a child or young person in their care or custody.

This evidence brief explores: the needs of subsequent children and their families; approaches to address their needs and their effectiveness; and approaches that achieve the best outcomes for subsequent children and their families, particularly for whānau Māori.

Previous literature reviews on this topic were published in 2012 by the Families Commission. This evidence brief provides up-to-date evidence. Findings will assist Oranga Tamariki to consider how best to support subsequent children and their families and whānau.

Introduction

The purpose of this evidence brief is to provide up-to-date literature from New Zealand, and internationally, on the needs of, and interventions and approaches that work well for subsequent children and their parents, families and whānau.

Methodology

A search for peer-reviewed literature was conducted using a range of academic databases. These included narrative reviews, systematic reviews, evaluations and primary research or individual studies. There was limited research available that specifically focused on subsequent children and their families or whānau internationally, and the New Zealand context. Therefore, the literature search parameters were expanded to gather recent literature on families with complex needs where child maltreatment and/or filicide had occurred. Grey literature relevant to interventions with children and families in the New Zealand context was also sourced from the Ministry of Social Development website.

In total, 50 sources were included in this evidence brief. A table with each literature source analysed according to the inclusion criteria is included in Appendix 1. The literature reviewed for this evidence brief was contextualised with the findings from the Families Commission literature reviews relating to subsequent children published in 2012. In general, more recent literature supports the original findings, but new and emerging literature on parents and their children in recurrent care proceedings, including interventions, offers strength to the findings and some new insights.

Needs of subsequent children, their families and whānau

There was no literature that focused specifically on subsequent children. However, some literature discusses parents involved in recurrent care proceedings, and offers insights into the needs of these children and their families. Recurrent proceedings can occur because a subsequent child is born to families who have previously had a child removed. There was little evidence to suggest that the needs of parents and children involved in repeat care proceedings are different to those of other families involved with care and protection agencies.

Children involved in recurrent care proceedings are likely to be less than 12 months old, and experience high levels of neglect and emotional abuse. There was no literature specifically related to

recurrent care proceedings for Māori (who are involved in care and protection services at three times the rate of European children). However, Indigenous children in Australia had a higher likelihood of recurrent child maltreatment notifications. UK research found that children born into a recurrent cycle of care and protection have poorer health outcomes compared to infants in the general population.

Mothers involved in recurrent care proceedings are more likely to be teenagers, have four or more children, and have a history of childhood adversity including maltreatment and neglect, and time spent in care. They were also less likely to engage with services, and experienced substance abuse issues and mental health issues. Families that experienced recurrent care proceedings experienced them often. This suggests that care and protection issues are not resolved within families as more children are born. This means that subsequent children can have high exposure to the care and protection system and suggests that supportive interventions are required to prevent repeated notifications and proceedings with child protection services.

Subsequent pregnancies are common for women involved in repeat care proceedings – this may be due to grief and loss or poor mental health following a child being removed and wanting another child to address this. However, subsequent pregnancies can be a catalyst for mothers to make changes and address some of the challenges they face. For example, they may gain a stronger sense of personal agency and maturity, improve their self-care, and engage in less risk-taking behaviour. Consideration of this is required when designing interventions for mothers who repeatedly have children removed from their care.

Mothers and children involved in recurrent care proceedings need significant individual and family support services and support with a range of factors such as parenting approaches, substance abuse, mental health and family violence. There is less research that looks at the needs of fathers involved in recurrent care proceedings, but they are also in need of support and services alongside mothers and children.

While no literature was sourced that related to subsequent children of parents who had committed murder or manslaughter of a child in their care, research on profiles of parents who commit filicide discuss risk factors that may be present prior to filicides occurring. These included suicidal ideation, domestic violence, mental illness, isolation, and lack of support or resources – which can mirror the experiences of mothers involved in recurrent care proceedings.

There was no research that discusses the specific needs of Māori subsequent children and their whānau. However, studies relating to Māori involvement in care and protection and Indigenous children subject to recurrent care and protection notifications highlight that connection to culture, cultural identity, the ability to maintain healthy lifestyles and to participate in society economically and socially are needed.

Provisions in other jurisdictions targeting subsequent children

Relevant legislation in other jurisdictions was examined for provisions relating to subsequent children in relation to the Oranga Tamariki Act 1989. Because the majority of existing research is based in the UK, relevant legislation was examined for Scotland, Ireland, England and Wales. Legislation was also reviewed for the seven states and territories of Australia because of the close geographical proximity and Indigenous populations of New Zealand and Australia. The state of NSW was the only other jurisdiction found to have provisions relating to subsequent children. These provisions had some similarities to the New Zealand provisions.

Approaches to address the needs of subsequent children and their families and whānau

A number of sources and studies of New Zealand-based interventions that may reduce child maltreatment were reviewed for this evidence brief. Only one collaboratively designed participatory project using a group therapeutic approach – the *Subsequent Parents Trial* – related specifically to subsequent children and their families and whānau. While retention of participants and engagement was low, the results for families and whānau that engaged were promising, with parents re-engaging positively with their children, having better support, and more personal agency. Other interventions in New Zealand such as *Family Start*, *Early Start* (home visiting programmes), *Incredible Years* (parenting programme) and *Teen Parent Units* (educational intervention) provided some evidence of effectiveness – including for reducing child maltreatment, better parenting practices and improving health outcomes. There was very little evidence from research into these interventions that related specifically to subsequent children.

Internationally, and particularly in the UK, a number of interventions were highlighted across studies that related to subsequent children and their families, namely, mothers involved in recurrent care proceedings in England. These mostly related to reproductive healthcare and support for mothers that had previously been involved in care and protection proceedings, including mothers who had had children removed from their care – and had mixed evidence on their effectiveness. One study, an evaluation of the *Pause* initiative, a supportive, multi-modal wrap around 18-month intervention involving reproductive healthcare for mothers who had children removed from their care, was shown to delay subsequent pregnancies in this group. Family Group Conferencing (FGCs) were not found to be associated with preventing repeat referrals to child protection services. Caution needs to be taken when interpreting findings from some of the studies, which were in pilot form or had smaller sample sizes. A major barrier for women accessing prenatal care or domestic violence service providers was fear that their children could be removed from their care if they sought services and support.

The international literature on interventions for children, parents and families to address child maltreatment is vast. Evidence-based approaches noted in this evidence brief included home-based visiting programmes, parenting programmes, group therapy programmes, trauma-informed organisation-wide approaches and therapies, and interventions for children and young people with emotional and behavioural issues.

Approaches that achieve the best outcomes for subsequent children, their families and whānau

Because there are significant gaps in the literature for subsequent children and their families, it is difficult to determine what approaches will achieve the best outcomes, but there are some promising approaches, noted above. Much of the literature around families in recurrent care proceedings, and families with complex needs where child maltreatment occurs pointed toward the need for a range of approaches for working with parents and families. For whānau Māori, recent literature discusses respectful approaches to communication and engagement from government workers and involvement in decision-making, as important. Whānau Māori also said that government workers needed to provide understandable and consistent information, minimise process delays, and hold themselves and others accountable for failings. Indigenous leadership and participatory approaches to solutions were also highlighted as important.

Throughout the literature, it was noted that cross-sector collaboration is required to ensure that families with risk factors for child maltreatment are supported and have their needs met, whole-of-family approaches are required to support mothers, fathers and children, and multi-level approaches are required to ensure that the various needs of subsequent children, parents, their families and

whānau are met. System-based public health and preventative approaches, such as the *Essentials for Childhood Framework* (CDC, USA), *Triple P* (Australia) and *the Multi-disciplinary Approach to Prevention Services* (Texas, USA) may provide options for how the needs of subsequent children and their families and whānau can be met.

INTRODUCTION

A subsequent child is defined as any child in the care of a parent or caregiver who has had a previous child they were caring for permanently removed from their care, or been convicted of the murder, manslaughter or infanticide of a child or young person in their care or custody.

The Families Commission published two documents in 2012 related to the needs and circumstances of subsequent children – an international literature review, and a review of selected literature focussing on the needs of whānau Māori.

This evidence brief provides up-to-date evidence for Oranga Tamariki. Findings will assist Oranga Tamariki to consider how best to support subsequent children and their families and whānau.

The Oranga Tamariki Act 1989 contains provisions (sections 18A to 18D) relating to **subsequent children** (the provisions) that were introduced on 30 June 2016. A subsequent child is defined in the Oranga Tamariki Act 1989 as any child in the care of a parent or caregiver who has:

- had a previous child they were caring for removed permanently from their care[1], or
- been convicted under the Crimes Act 1961 of the murder, manslaughter, or infanticide of a child or young person that was in their care or custody.

The provisions in the Act set out a legal pathway for subsequent children that is different from Oranga Tamariki's usual process, because it requires Family Court oversight of all subsequent children cases, even where a social work assessment concludes that there are no concerns.

Oranga Tamariki is interested in understanding the needs and circumstances of tamariki and their whānau who fall under the provisions, and if these needs differ from other children and whānau that Oranga Tamariki work with.

In 2012, the Families Commission published an international literature review on this topic (Hendricks & Stevens, 2012), and a review of selected literature related to whānau Māori (Cram, 2012). The purpose of this evidence brief is to provide up-to-date evidence from New Zealand and international literature on the needs and circumstances of subsequent children and their whānau, drawing from international and New Zealand literature published since 2011.

It includes information around programmes and approaches that work best for subsequent children and their whānau (in New Zealand and internationally), whether the needs of subsequent children differ from other children, and what approaches have been taken to address these needs in other jurisdictions.

Findings from this evidence brief will be a key source of information for Oranga Tamariki's work on the provisions, providing up-to-date evidence about the needs and circumstances of subsequent children and their whānau.

[1] Permanence means that there is no intention for the child to return to their parent's care. There are numerous legal pathways that achieve permanence for a child.

METHODOLOGY

This evidence brief explores: the needs of subsequent children and their families; approaches to address their needs and their effectiveness; and approaches that achieve the best outcomes for subsequent children and their families, particularly for whānau Māori.

Research that specifically focused on subsequent children and their families or whānau was limited, so literature on families with complex needs with experiences of child maltreatment or filicide was included in this evidence brief.

Very little literature was found that related specifically to Māori subsequent children and their whānau.

Selection criteria was used to determine the most relevant sources to include in this evidence brief. A total of 50 sources are included, comprised of peer-reviewed and grey literature.

This section provides an overview of the methodology for this evidence brief. Key research questions highlight the focus and structure of the brief, and the rest of the section describes the literature search approach including for grey literature, the approach to selection of literature for inclusion, any limitations of the approach, and gaps in the literature.

Focus of the evidence brief

This evidence brief is focused on the research questions outlined below:

1. What are the needs of subsequent children and how do they differ from other children and young people Oranga Tamariki work with?
    a. Is there any research the specifies the needs of Māori subsequent children and whānau?
2. What approaches have been taken, either through legislation, services or programmes, to address the needs of subsequent children and their families in New Zealand and other child protection jurisdictions?
    a. How effective are these approaches?
    b. What are the differences between New Zealand and other jurisdictions in relation to provisions targeting subsequent children? (And is New Zealand unique in having the specific provisions?)
3. What are the approaches that achieve the best outcomes for subsequent children and their families?
    a. What are the approaches that achieve the best outcomes for subsequent children and parents of whānau Māori?

Literature search

The following databases were searched between 18 and 24 October 2019:

- Cochrane Library

- CINAHL
- ProQuest
- PsycINFO
- PubMed
- ScienceDirect
- Scopus
- Web of science.

To conduct the search, we used combinations of key word terms. All search terms used in the scan are provided in Table 1.

Searches were conducted using all possible combinations from each of the four columns, where relevant (i.e., separate searches were undertaken using keywords for subsequent children of parents with children permanently removed, and subsequent children of parents who were convicted of murder, manslaughter or infanticide of a child or young person in their care or custody).

A major challenge of the literature search was the lack of literature available on children whose parents who have had a child removed from their care previously or parents who have been convicted of murder or manslaughter of a child in their care. Due to the lack of literature available specifically on subsequent children and their families or whānau, the scope of the search was broadened to include families with complex needs, studies of high-needs children, and recurrent child maltreatment.

Table 1: Search terms

Search term 1	Search term 2	Search term 3	Search term 4
pregnan* or unborn	sibling* or kinship	mother*	high needs
newborn*	older child*	paren*	complex*
baby or babies or infant	young person	famil*	effective*
young child*	foster	guardian*	interven*
subsequent or new or additional or step*	custod* or noncustodial or noncustody	disab*	approach*
hapū or hapu	state care	Māori or Maori	program*

Search term 1	Search term 2	Search term 3	Search term 4
pēpē or pepe	remove* or take*	Pacific	service*
	out-of-home	indigen*	outcome*
	away from home	whānau or whanau	review
	proceeding*	complex famil*	prevent*
	care leaver	recurren*	neglect
	care protect*	New Zealand	
	child protect*		
	child welfare		
	child maltreatment		
	whāngai or whangai		
	infanticide		
	murder		
	manslaughter		
	filicide		
	shaken baby		
	convict*		

A total of 1319 sources were returned from the database searches. Duplicates were removed and titles and abstracts were reviewed for relevance. A total of 63 full-text articles were obtained for potential inclusion. Only three were from New Zealand and related to Māori whānau.

Grey literature

Due to the lack of literature available in the New Zealand context, grey literature was also included in this evidence brief. Oranga Tamariki provided documents relevant to the New Zealand context to *Allen + Clarke*, and additional searches for documents were carried out on the Ministry of Social Development and Ministry of Health websites for documents and evaluations of specific interventions with children, families and whānau in New Zealand (i.e., Family Start, Incredible Years). A total of 18 grey literature sources were obtained for potential inclusion.

Selection and review of returned material

The list of full-text articles and documents with recommendations for inclusion and exclusion were provided to Oranga Tamariki for their review and input. From this, 40 sources were identified for inclusion, with additional sources utilised to contextualise findings. In the final selection of literature, priority was given to:

- sources of information produced by recognised and reputable organisations
- relevance to primary research areas
- relevance to Māori (e.g., Indigenous populations)
- English language publications
- more recent literature i.e., 2011 onwards
- material that exhibits methodological rigour (e.g., systematic reviews, meta-analyses, representative samples)
- literature likely to be applicable in the New Zealand context.

Full text articles and documents were also assessed to identify any further key documents referenced in the bibliographies of included texts.

A total of 50 sources are included in this evidence brief.

Limitations and gaps

It is important to note when considering the information provided in this evidence brief, that a systematic review of the literature was not conducted. Although the search of the literature was relatively detailed and extensive, it is likely that some research or reports that address the key research areas were not identified in the search (and therefore are not included in this report).

Furthermore, the quality of each study or report was not formally assessed in this evidence brief – however we do provide a table with an appraisal of each literature source in this evidence brief in relation to the inclusion criteria in Appendix 1. As a result, this report includes information from reviews that provided useful information but lacked some important components such as clear eligibility criteria, search strategies, study selection processes, and assessment of methodology and bias in individual studies. We have also included information sourced from individual studies, which may be more subject to bias than research that collates findings across several studies and analyses the results as a whole. While we have attempted to address these limitations by clearly indicating the source of information presented in this evidence brief, it is important that the

information presented from non-systematic reviews or individual studies are interpreted with caution.

Literature on subsequent children, where available, tended to only relate to children of parents (mothers) who had a child removed from their care, not parents who had been convicted of murder or manslaughter of a child in their care. Some literature on the characteristics of parents who commit filicide, while broad, was obtained to attempt to address this evidence gap.

As noted above, (section 2.3) there was a lack of literature available that specifically related to subsequent children, in New Zealand and internationally. To gather information that related more closely with the New Zealand context, documents were sourced on interventions for high needs children and their families and whānau to attempt to address this evidence gap. Little relevant literature was sourced that specifically related to Māori populations. No literature was sourced that related specifically to Pacific populations.

A final limitation of this evidence brief is that much of the peer-reviewed academic literature included has been sourced from outside of New Zealand – particularly on effective interventions, risks and protective factors – primarily originating from the United Kingdom (UK), Australia, and the United States of America (USA). Although some interventions in these jurisdictions are broadly similar to New Zealand's, caution is needed when generalising the findings to the unique cultural and environmental context of New Zealand. Further robust evaluations of interventions concerning subsequent children in New Zealand is required to assess their effectiveness.

FINDINGS FROM THE LITERATURE

The following sections provide a summary of available evidence about the needs and circumstances of subsequent children and their whānau, and how the needs of subsequent children differ from other children that care and protection agencies work with. It also identifies what approaches have been taken to address the needs of subsequent children and their whānau in other jurisdictions, and information around programmes and approaches that work best for this group (in New Zealand and internationally).

Where there is a lack of literature on subsequent children, additional related literature has been sourced to address these gaps. A similar approach was taken in previous Families Commission literature reviews (Cram, 2012; Hendricks & Stevens, 2012). Findings from the current evidence brief are also contextualised in relation to these literature reviews.

1. NEEDS OF SUBSEQUENT CHILDREN, THEIR FAMILIES AND WHĀNAU

There is little evidence to suggest that the needs of subsequent children differ from the needs of other children that care and protection agencies work with.

Literature suggests that the needs of subsequent children may be significant, and they could be more vulnerable due to their age and developmental stage and the circumstances of their parents, such as involvement in recurrent care and protection proceedings, histories of adversity and trauma, and limited resources.

Children of mothers with children removed from their care tend to be very young (e.g., 12 months and under), and are likely to experience neglect and, emotional abuse. Physical and sexual abuse, and poor health outcomes are also experienced by subsequent children. There was no literature that specified the needs of Māori subsequent children.

Mothers often face a number of complex challenges; they tend to be young and have experiences of domestic abuse, substance abuse, mental health issues, and childhood adversity. They experience grief following a child being removed from their care, which may compound the challenges that led to the child being removed in the first place. Subsequent pregnancy, that is, pregnancy following the removal of a child, can be common.

The Families Commission international review of literature on the topic of subsequent children identified only one source that discussed this particular group, *Protective issues for newborn siblings of children previously taken into care* (Department of Human Services, 2001; in Hendricks & Stevens, 2012). Therefore, that review focused on characteristics of families, particularly families with complex needs, where children may be at risk. The most predominant characteristics identified for families with care and protection issues included neglect, previous child removal, parental mental health, parental intellectual disability, substance abuse, family violence, and particular child characteristics, such as prematurity (Hendricks & Stevens, 2012).

With regards to more up-to-date literature, there was little literature that focused on the needs of subsequent children, and none specifically in the New Zealand context. Much of the literature that related to subsequent children focused on the needs of parents and potential parents (particularly mothers) who are involved in recurrent care and protection proceedings, and is based in the United

Kingdom. No literature focused on the needs of subsequent children of parents who had been convicted of the murder or manslaughter of a previous child. However, this review explores some recent literature on the characteristics and needs of parents who committed filicide.

This section discusses the characteristics and needs of subsequent children (where possible) and children involved in care and protection, and the characteristics and needs of their families and whānau. Needs of children in care and protection from whānau Māori are also explored, contextualised with Cram's 2012 review of selected literature.

1.1. Characteristics and needs of subsequent children, and children in care and protection systems

There was little literature to suggest that the needs of subsequent children are very different to the needs of other children under the care and protection of Oranga Tamariki (i.e., there were no comparative studies to show this). However, the literature does suggest that needs may be significant, and that subsequent children may be more vulnerable due to their age, developmental stage and the circumstances of their parents, such as involvement in recurrent care and protection proceedings, histories of adversity and trauma, and limited resources.

Children involved in recurrent care proceedings are likely to be less than 12 months old, and experience high levels of neglect and emotional abuse

In a mixed-methods study on vulnerable birth mothers and recurrent care proceedings, in England from 2007 to 2016, Broadhurst et al. (2017) found that 85% of recurrent care proceedings involved the same child. Of those:

- 73% of children in recurrent care proceedings were aged 12 months or less
- 60% of children were aged four weeks or less
- 60% of all repeat care proceedings were issued within short succession of the earlier proceedings.

Similarly, and closer to New Zealand, research using administrative data from the child protection authority in Queensland, Australia found that younger children (ages 0-5) were more likely than older children (ages 6-17) to be subject to recurrent child maltreatment notifications (Jenkins, Tilbury, Hayes, & Mazerolle, 2018). Other recent research in Florida, United States that classified families with complex needs (i.e., that families with subsequent children are argued to be a subset of – noted in Hendricks & Stevens, 2012), found that children in out-of-home care from *families with complex needs* were a younger group than the other two classifications[2] (Yampolskaya, Sharrock, Armstrong, Strozier, & Swanke, 2014). Children involved in recurrent care proceedings tend to be very young and have a significant amount of exposure to the child protection system. The age of the children involved in recurrent care proceedings suggests that many would be subsequent children, that is, born after a previous child was removed from the care of the mother (Broadhurst, Alrouh, et al., 2015).

Indigenous Australian children were significantly more likely to be subject to recurrent child maltreatment notifications than non-Indigenous children (Jenkins et al., 2018).

[2] (1) Children with complex needs, (2) Older abused children.

For children of mothers in recurrent care proceedings, neglect and emotional abuse were the largest areas of concern (90% and 70%, respectively). Physical abuse (40%) and sexual abuse (15%) were also present (Broadhurst et al., 2017). Factors associated with the recurrence of child protection notifications to the formal child protection system in Queensland suggest similar levels of physical abuse (44.3%) and sexual abuse (13.9%) in initial reports of child maltreatment (Jenkins et al., 2018). However , rates of emotional abuse (47.1%) and neglect (40.4%) were lower than in Broadhurst et al.'s (2017) research, but children who experienced neglect were most likely to have recurrent child protection notifications (Jenkins et al., 2018).

Children whose initial reports of maltreatment were substantiated, and who were identified as needing protection, were more likely to experience recurrence compared to those whose reports were not substantiated; or were substantiated but not considered in need of protection. Factors associated with recurrent child protection notifications in Queensland were reportedly similar to those recorded in other jurisdictions, such as the United States (Jenkins et al., 2018).

Importantly, current tools for predicting risk of recurrence are not able to differentiate between likely repeat *reports* of child maltreatment and likely *harm* to children – so the use of recurrence as an indicator may not be useful when assessing *real* risk to child safety (Jenkins et al., 2018).

Subsequent children may have poorer health and social outcomes

Children born into families who face repeated care proceedings (i.e., subsequent children) were found to experience poorer health outcomes compared to infants in the general population (Broadhurst et al., 2017).

Similarly, and related to the New Zealand context, Fernandez & Atwool (2013), highlight that children in out-of-home care in Australia and New Zealand experience poor outcomes regarding education and mental health; difficulties achieving placement stability; and a lack of ongoing support for young people who face challenges leaving care.

An article providing commentary from researchers based in Australia and the United States discussed how people who have more adverse childhood experiences (such as child maltreatment and exposure to intimate partner violence) are more vulnerable to early onset-disease and can die up to two decades earlier than others with less childhood adversity (Herrenkohl, Higgins, Merrick, & Leeb, 2015). Adults who had adverse childhood experiences also reported experiencing poverty and parental unemployment, parenting stress, social isolation, and exposure to drug and alcohol abuse and community violence, as children (Herrenkohl et al., 2015).

1.2. Characteristics and needs of families of subsequent children and children in care and protection

Mothers involved in recurrent care proceedings are more likely to be teenagers, have four or more children, and have a history of childhood adversity

Broadhurst et al. (2015) found that mothers between age 16 to 19 are more likely to reappear in care proceedings in the family justice system. Compared to the general population, mothers who appeared in recurrent care proceedings were more likely to have had their first child before the age of 20 and were more likely to have four or more children (Broadhurst et al., 2017).

Women with lived experiences of child removal often experienced childhood adversity themselves, including maltreatment and neglect, or other experiences of abuse; relationship instability; and

experiences of State care (Broadhurst et al., 2017). They are also less likely to engage with services, and experienced domestic abuse, substance misuse or abuse, and mental health issues (Broadhurst et al., 2017). Similarly, children in out-of-home care from families with complex needs in Florida had high proportions of parents with substance abuse problems, and history of domestic violence (Yampolskaya et al., 2014).

Due to the high proportion of young women in recurrent care proceedings, further investigation around the impact of child removal on young women's development, particularly those considered legal minors (15 years or younger) was recommended (Broadhurst et al., 2015). Yampolskaya et al. (2014) suggest that integrated approaches to substance abuse and domestic violence treatment could assist in dealing with these co-occurring issues.

Recurrent care proceedings recurred often, with children having high exposure to the care and protection system

Research in England showed that 36% of first repeat care proceedings overlapped with the initiation of a new set of care proceedings (Broadhurst et al., 2017). Further, one in every four women who appear in the English Family Court is likely to reappear in care proceedings within seven years (Broadhurst, Alrouh, et al., 2015; Broadhurst et al., 2017), with a first repeat appearance most likely within three years.

Broadhurst et al.'s (2017) findings indicate that a large percentage of women reappear in care proceedings due to issues that are repeated rather than being addressed and resolved. There appears to be an interval (i.e., median of 17 months) for an opportunity for women to be better served to assist with addressing and resolving issues before another entrance to the care and protection system.

Bedston et al., (2019) examined the role and prevalence of fathers and mothers, differences by gender, and differences in the parental relationship within recurrent care proceedings in the English family justice system. For both fathers and mothers, parents in recurrent care proceedings who had children returned to their home were more likely to reappear before the Court with the same partner or children. Furthermore, fathers and mothers were more likely to reappear in Court with the same partner or children if they were older when they entered proceedings (Bedston et al., 2019). This suggests that older parents in recurrent care proceedings are more likely to stay together as partners, and that there are persisting factors within these families that contribute to recurrent care proceedings. This may also suggest that younger parents involved in recurrent care proceedings have less stable partnerships.

Subsequent pregnancies are common for women involved in repeat care proceedings – this may be due to grief and loss or poor mental health following a child being removed, and wanting to have another child to address this

Broadhurst et al. (2017) found that 80% of mothers that reappear for care proceedings in England, have at least one new (i.e., subsequent) child. Analysing data around successive pregnancies for women involved in repeat care proceedings, Broadhurst et al. (2015) found a pattern of rapid repeat pregnancies at the first repeat appearance, with intervals between pregnancies shortening at the second repeat appearance. That is, a subsequent or newly born child was featured in the first repeat appearance before the Court within an average of 21 months, whereas this duration between pregnancies shortened to an average of 13 months for a *further* subsequent child featuring in second repeat appearances (Broadhurst, Alrouh, et al., 2015). Furthermore, in another English study on recurrent care proceedings, family characteristics and parental roles, mothers who experienced

child removal as an outcome of their first care proceedings were more likely to return as lone mothers with new (i.e., subsequent) children, compared to mothers whose children returned home as an outcome of their first care proceedings (Bedston et al., 2019).

Broadhurst et al. (2017) found that mothers who had a child removed could go on to have further children as a result of the grief and loss of child removal. This grief and loss may also compound the issues that led to child removal in the first place. Broadhurst, Shaw, et al., (2015) liken the loss that mothers can experience upon removal of their child to that of a mother experiencing miscarriage or still birth. They highlight how the idea of having another child as a means of addressing loss could also be relevant to this population group who experience child removal. The removal of a subsequent child, particularly close to their birth, is a different experience for mothers to the removal of an older child, because of the physical and emotional vulnerability of women at the time of birth (Broadhurst et al., 2017).

Furthermore, taking a pre-emptive approach to the removal of a subsequent child contributed to birth mothers' feeling a sense of injustice around the lack of opportunity for them to demonstrate adequate care for their children, with often long-lasting impacts on the mother's mental health (Broadhurst et al., 2017).

While not specifically related to subsequent children, mothers in Manitoba, Canada who experienced the removal of their first child had higher rates of mental illness (including schizophrenia, depression, anxiety, and suicide attempts) *before* the birth of their firstborn compared to mothers who did not have their child removed. Mothers who were involved with Child Protection Services (CPS) also had higher rates of mental illness than those who were not involved with CPS (Wall-Wieler et al., 2018). Further, mothers *who had their firstborn removed*, were more likely to have a diagnosis of depression or anxiety during the year after the child was removed compared to mothers who did not have their child removed, or mothers with no involvement with CPS (Wall-Wieler et al., 2018).

Interventions for mothers who have had children removed must account for the magnitude of loss and grief associated with child removal, and promote recovery in these areas (Broadhurst et al., 2017; Broadhurst, Shaw, et al., 2015). Targeted advice and advocacy to better support informed choice around contraception and pregnancy preparedness is recommended, and given that almost half of the sample of women had been in care themselves, particular focus could be on those within the care system (Broadhurst et al., 2017). Greater provision of supports to pregnant women with mental health challenges to support a more successful transition into motherhood, are also recommended (Wall-Wieler et al., 2018).

Subsequent pregnancies can provide an opportunity for mothers to improve their lives

Broadhurst et al., (2017) found that a subsequent pregnancy could be a catalyst for positive change for birth mothers subject to recurrent care proceedings. They recommend pre-birth assessments and preventative intervention occur earlier in the pregnancy to capitalise on the opportunity where mothers were found to be open to receiving help to care for their new child.

Other factors that prompted positive change included learning from their experiences and developing a stronger sense of personal agency; maturing with age, which brought greater personal insight, less risk-taking behaviour and improved self-care; greater access to psychological therapies; and women's sense of commitment to children in care or adoption. Broadhurst et al. (2017) suggest paying close attention to these factors when developing preventative services for this population.

Mothers involved in recurrent care proceedings need significant individual and family support services for a range of factors

The literature shows that mothers who appeared in recurrent care proceedings face a number of complex challenges – including support with their mental health, healthy relationships, and overcoming trauma – from childhood and/or associated with their children being removed (Broadhurst et al., 2017; McCracken et al., 2017).

The majority (67.9%) of women who participated in the Pause programme[3] in the UK reported a mental health diagnosis – most commonly depression. Women also reported low levels of self-esteem, high levels of grief, and mid-low levels of resilience. These issues were often exacerbated by emotional/psychological trauma from experiencing the loss of their child/ren (McCracken et al., 2017).

McCracken et al. also found high levels of domestic violence and abuse (83.7%). Women who participated in the Pause evaluation frequently reported a complete absence of supportive relationships, coupled with the presence of abusive relationships. Many women related or mirrored current situations to the abuse and neglect they experienced in their own childhoods.

The Pause evaluation also found women with repeat removals of children in their care engaged in high risk drinking (27.5%) and class A drug use (26.4%) The authors note that women often relied on these behaviours as a (often long-standing) coping mechanism for the grief associated with loss or the challenges of daily life (McCracken et al., 2017).

Services available to these women after the removal of their children were wholly inadequate to meet their often complex and mutually reinforcing needs. Therefore, complex problems remained unaddressed, and were exacerbated by grief and loss at the removal of their children (McCracken et al., 2017). Mothers involved in recurrent care and protection proceedings with a number of complex challenges highlight that more appropriate support services that are tailored to their needs are required. These include support to deal with grief and loss, mental health support, support with substance misuse, and support around safety in relation to family/domestic violence. Women may also need greater support to access and engage with services.

Fathers involved in recurrent care proceedings are also in need of support and services – whole-of-family approaches are required to support mothers, fathers and children

Bedston et al. (2019) note that in existing literature, fathers are the 'invisible' population in recurrent care proceedings. However, their findings, that fathers account for nearly half of parents who reappear with the same family members in care proceedings, suggest that fathers are in fact 'visible' and need greater policy provisions and interventions that respond to their needs. Bedston et al., (2019) also suggests that addressing the cycle of recurrence requires a whole-of-family approach rather than targeting parents individually. Overall, the authors' findings support the need for whole-family, couple-focused, father-inclusive interventions in addition to the many already existing interventions aimed towards birth mothers in child welfare settings.

[3] A voluntary programme for women who have experienced, or are at risk of, repeat removals of children from their care.

Parental criminal justice system involvement is associated with child maltreatment victimisation

While not specifically related to subsequent children, a systematic review of United States based studies (Austin, 2016) looked at the association between prior parental criminal justice involvement and child maltreatment victimisation. Ten studies were identified that showed an association of these two factors. However, none of the studies provided sufficient evidence to determine whether parental criminal justice involvement is an independent risk factor for child maltreatment, or of the specific mechanisms through which this association occurs.

Austin (2016) recommended use of multivariate analysis methods to account for variations in the type and timing of parental criminal justice involvement, and child maltreatment, to determine if targeted child maltreatment prevention strategies are warranted around the time of parental criminal justice involvement. They also highlighted the need to develop strategies to address adverse familial contexts commonly reported in the literature among parents and children where parents had prior criminal justice involvement – such as parental substance abuse, mental illness, domestic and other violence, extreme poverty, difficulty meeting basic needs, and community adversity (Austin, 2016).

1.3. Characteristics and needs of parents that committed filicide

No literature was found that explored the needs of subsequent children in families where the parent or caregiver had committed filicide, or the murder or manslaughter of a child in their care. However, some sources were identified that discussed needs and risk factors based on reviews of child death data and cases, and interviews with children who had experienced a filicide attempt. These sources help to understand the challenging circumstances surrounding child deaths and strategies to prevent future occurrences.

Significant risk factors for child maltreatment-related death include domestic violence, mental illness and substance abuse

A Victoria, Australian-based mixed-methods study explored the impact of three risk factors (domestic violence, mental illness, substance abuse) on child deaths, and ways in which child protection services respond to risk factors (Frederico, Jackson & Dwyer, 2014). Data derived from 16 child death reviews showed coexisting risk factors of domestic violence, mental illness, and substance abuse in each family. The coexistence of these risk factors had significant impacts on both children and parents, yet services rarely addressed how the presence of multiple risk factors interacted and impacted other areas of functioning.

In the same study, a survey was also conducted with practitioners across the child protection, domestic violence, mental health, and substance abuse sectors. 71% of survey respondents (*N*=172) considered the current approach of separate services responding to individual risk factors as ineffective, instead favouring increased communication, collaboration and effective linkages between services. Data from focus groups with practitioners and policymakers echoed these findings. Cross-sector collaboration and knowledge sharing to address the needs of families with coexisting risk factors is important (Frederico, Jackson & Dwyer, 2014; McCarroll et al., 2017).

A literature review conducted in the United States (McCarroll et al., 2017) explored literature relating to the type and circumstances of maltreatment-related child death, and potential risk and protective factors. Risk factors to child death by maltreatment included: a lack of prenatal care; young maternal age; limited parenting skills; substance abuse; parental developmental disabilities; and being an additional/subsequent child born to a teenage mother. Potential protective factors included stable

family relationships; nurturing parenting skills; parental employment; adequate housing; and access to health care and social services (McCarroll et al., 2017).

Profiles of parents who commit filicide highlights several issues as risk factors, including suicidal ideation, domestic violence, mental illness, isolation, and lack of support/resources

A binational, register-based study in Austria and Finland using Latent class analysis (LCA) on filicide cases from 1995 to 2005 (124 offenders, 152 victims) identified five profiles of people who commit filicide (Putkonen et al., 2016). Gender, age of victim and offender, circumstances before and during the offence, the offender's socioeconomic and criminal background, and experience of childhood conduct disorder were differentiation factors. The profiles were: homicidal-suicidal fathers (14%), violent impulsive parents (11%), single sober parents (28%), prosocial, psychotic parents (24%), and infanticidal mothers (23%). Figure 1 shows how these profiles differ.

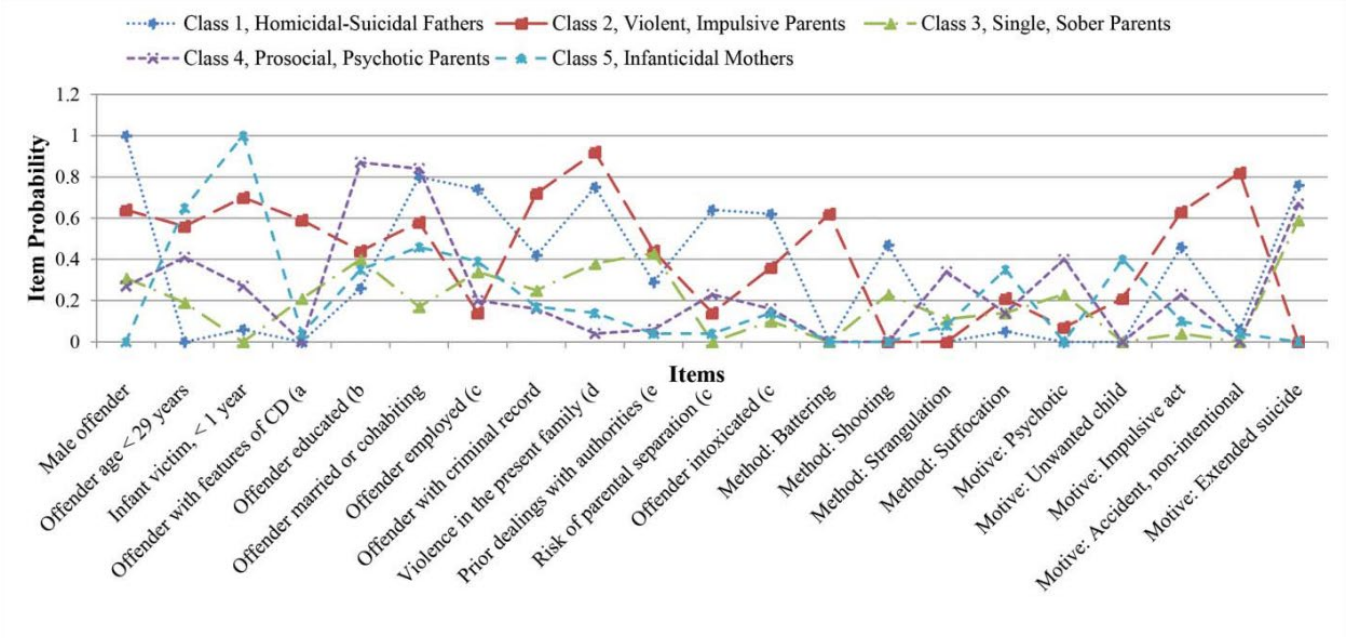

Figure 1. Profiles of people who commit filicide (Putkonen et al., 2016)

This study, while comprehensive, highlights caution in interpretation of studies around filicide, as social and cultural contexts and definitions of key words (e.g., of neonaticide, infanticide, parent) can vary. In general, Putkonen et al. (2016) discussed the importance of the societal environment, noting that as economic issues, marginalisation and general hardship for families and children increases, there is a higher risk of violence towards children.

Discussion of the literature identified possible ways to prevent filicide, for the five profiles of parents noted above.

For 'homicidal-suicidal fathers', more restrictive gun ownership; low-threshold, easily accessible (possibly men-only) services for assistance with substance abuse, depression, marital conflict, and handling potential loss; and employer support for fathers are noted as possible preventative measures. Suicidal ideation should be investigated, and suicidal threats taken seriously (Putkonen et al., 2016).

For 'violent impulsive parents', measures to decrease homicidal violence in general (e.g., addressing societal problems such as marginalisation and unemployment), and learning coping strategies (to reduce impulsive and violent behaviour) may help to decrease filicides among this group. Brookman

and Maguire's (2004, in Putkonen et al., 2016) preventative strategies were also recommended for this group:

- educational programmes to prepare parents for the stresses of childcare, for example, emphasising the particular fragility of young babies if shaken.
- expansion of home visit programmes and midwife and health visitor support, both before and after childbirth.
- counselling and respite services for those families identified as experiencing undue stresses, and where the parent may be regarded as potentially 'at risk' of harming themselves or their child.
- multiagency cooperation and responses once a 'high-risk' family has been identified, to prevent further abuse or neglect.
- more attention to the creation of a social climate which is protective of infants and children (Putkonen et al., 2016).

For 'single sober parents', it was seen that better prevention of filicide should be achievable as this group was not impulsive, and was more likely to be in contact with authorities. Awareness of depressive symptoms and assessments of depression should be more accurate and treated appropriately. Child victims are older and should therefore be more visible (i.e., through schools), so teachers and people in contact with school/pre-school children should be more knowledgeable about danger signs. Societal changes that support single parents, including financial aid and other practical assistance may also be effective prevention strategies (Putkonen et al., 2016).

Cases of filicide for 'prosocial, psychotic parents', tend to come up as the most surprising for communities – so preventative interventions may need to be more subtle, such as generally more tolerant attitudes toward personal situations, more widespread awareness of depressive symptoms, more widespread attitudes toward helping people who are fatigued, and reducing societal stigma around mental illness. Systematic parental training in coping, and post-natal home visits to check on mothers' health were also suggested to prevent risk factors for filicide later in a child's life (Putkonen et al., 2016).

It was seen as most difficult to prevent filicide for 'infanticidal mothers' – who are most likely to avoid authorities or support services (including prenatal) and may even deny or conceal their pregnancy. It was suggested by Putkonen et al. (2016) that general approaches such as readily available birth control and access to abortion, as well as providing support to assist single parents, could be helpful for those at risk.

In a study that analysed investigative interview data from seven children age six to 12 who had survived a filicide attempt in Israel, all of the children had been repeatedly victimised, and had been repeatedly threatened with death over time (Katz, 2013). Some of the narratives highlighted missed opportunities where child maltreatment could have been detected by different parties, such as examples where a child was absent from school for three weeks due to an injury, or a child visiting a doctor to attend to a previous injury sustained through abuse (Katz, 2013) – before the filicide attempt was made.

1.4. Needs of Māori subsequent children and whānau

In New Zealand, there is an over-representation of Māori children in child protection and care populations (Del Valle & Bravo, 2013; Fernandez & Atwool, 2013; Rouland, Vaithianathan, Wilson, & Putnam-Hornstein, 2019). In their study on ethnic disparities in childhood abuse and neglect among New Zealand children, Rouland et al. (2019) found that Māori children had a much higher likelihood of being reported to child protection services, being substantiated as victims, and experiencing an out-of-home placement than other children. Māori involvement with child protection services was more than twice that of Pacific Island children, and three times that of European children (Rouland et al., 2019).

A previous review of selected literature specifically relating to whānau Māori (Cram, 2012) was also undertaken in tandem with the international literature review for the Families Commission (Hendricks & Stevens, 2012). It is important to mention here that there was also a lack of literature identified specifically relating to subsequent children. Cram's review conceptualised the conditions that challenge the ability of whānau to fulfil their child rearing roles and responsibilities through the lens of a Māori wellness model, Mason Durie's *Te Pae Mahutonga* (Durie, 1999a; in Cram, 2012). Mauri Ora, Toi ora and Te Ōranga were examined by Cram as determinants of whānau wellness and are summarised below.

- Mauri Ora, access to the world of Māori, or cultural identity, has been denied for Māori through, for example, New Zealand welfare policy (contravening Article II of Te Tiriti, and the United Nations Declaration on the Rights of Indigenous Peoples), which is a core cause of the over-representation of whānau within the social welfare system (Cram, 2012).
- The ability to maintain Toi ora, or healthy lifestyles, is challenging for whānau with complex issues, including: parental problems such as mental health, substance abuse and intimate partner violence, challenging child characteristics such as disability; lacking education, financial and social resources, and previous experiences of abuse and neglect (Cram, 2012).
- Te Oranga, or participation in society, is compromised for whānau Māori, who are more disadvantaged on a range of economic indicators and experience poorer access to, and outcomes from health, education and social services compared to non-Māori (Cram, 2012).

Ongoing support for whānau who have a child removed was also highlighted as important to address issues that lead to removal, as well as coping with grief associated with their removal (Cram, 2012).

Recent literature that relates, but is not specific, to the needs of subsequent children in whānau Māori include a New Zealand-based qualitative study (Boulton, Potaka-Osborne, Cvitanovic, & Williams-Blyth, 2018) which looked into the lived experiences of Māori parents and grandparents who faced State intervention regarding the care of their children or grandchildren. In-depth, semi-structured interviews were conducted with nine parents and one grandparent of children who were currently, or had previously been, in State care. Thematic analysis was undertaken using a *mahi a roopu* process, whereby the entire research team participated in the thematic analysis, to ensure authenticity and reliability of the qualitative analysis for Māori.

Results were grouped based on what was found to be working well, and what was not working well for whānau. The authors found that key barriers to positive experiences of State intervention/system included:

- cultural alienation and a lack of respect for whānau
- a lack of understanding around operational aspects of State intervention
    - this was exacerbated by unclear communication from State agents
- a lack of accommodation for daily life demands, including inflexibility around Court processes and other appointments, and facing unexpected expenses
- staff turnover of government workers, which means lack of continuity of care and recognition of any progress that had been made.

In terms of what worked well, Boulton et.al. (2018) found that the process of State intervention worked better for whānau when those involved with whānau:

- communicated effectively
- provided understandable and consistent information
- ensured that whānau were treated with respect and involved in decision making
- held themselves and others accountable for any failings
- minimised process delays.

Connection to culture is important for Indigenous children in out-of-home care

Research on conceptualising cultural connection for Indigenous Australian children in out-of-home care highlights concern that the over-representation of Indigenous Australian children is creating a second Stolen Generation (Krakouer, Wise, & Connolly, 2018). The authors note that placement in out-of-home care is well intended, designed to protect children's long-term safety and wellbeing, but it threatens cultural connection – fundamental to Indigenous identity and wellbeing. They also say that too many Indigenous children are dependent on non-Indigenous workers and carers who lack cultural proficiency needed to provide for children's cultural needs.

Krakouer et al. (2018) argue that family connection fosters and strengthens cultural connection, and needs to be recognised as a critical component of cultural connection – equally as important as placement stability (Krakouer et al., 2018). Furthermore, in their international comparative analysis on trends and challenges in out-of-home child care, Del Valle and Bravo (2013) say the over-representation of Indigenous children in care and protection means there needs to be greater consideration of the relationship between welfare, and of access to services and equal opportunity in society in general:

> *One cannot separate general levels of well-being and… social inclusion in society from what happens in child care to the children from those families* (p. 253).

Del Valle and Bravo (2013) say that more participative strategies are needed to address over-representation. They suggest that community intervention models where Indigenous groups lead and propose alternatives for their specific situations, which respect their cultural characteristics and the need that children not be placed with families whose cultures might clash with their values and

experiences. They also highlighted that there is some evidence of cooperation between the government and Māori in New Zealand (Del Valle & Bravo, 2013).

1.5. Barriers to accessing interventions for women who have experienced the removal of a child

Parents who have experienced loss of custody of a child appear to be less likely to access interventions (e.g., domestic violence services, antenatal care) to support themselves and their children, for fear of losing custody of new children (Everitt, Homer & Fenwick, 2017; Fitz-Gibbon, Maher, McCulloch, & Segrave, 2019; Wall-Wieler et al., 2019). This may put those pregnant with subsequent infants (and the infant) at additional risk, as a child may already have been removed from the parent's care and there is a perceived high likelihood of it happening again. This suggests the need for different pathways into services and support for these parents, and for different approaches to engaging parents of subsequent infants and children.

Women who have had a child removed are less likely to engage in pre-natal care for subsequent children

A recent population-based study in Manitoba, Canada (Wall-Wieler et al., 2019) examined differences in the pre-natal care received by women with a history of having a child removed from their care, compared to those without this history. Administrative-level data was collected for 52,438 women with at least two children born in Manitoba between April 1998 and March 2015.

Level of pre-natal care was measured using five categories of the Revised Graduated Prenatal Care Utilisation Index: Intensive, adequate, intermediate, inadequate, and no care. 1,284 (2.4%) women had their first child removed/placed in out-of-home care before conception of their second child. These women were more likely to receive inadequate or no prenatal care during their second (i.e., subsequent) pregnancy compared to women whose previous child was not placed in out-of-home care. These women were also more likely to have received inadequate care during their first pregnancy. The authors noted findings from other literature around fear of child protection services as a barrier for at-risk pregnant women. This could affect engagement with pre-natal care for those who have had a previous child removed. Birth alert practices might need to be re-evaluated, and harm reduction approaches/strategies be considered to support this group to engage with pre-natal care (Wall-Wieler et al., 2019).

Midwives working with vulnerable pregnant women at risk of having children removed acknowledge challenges associated with dual responsibility to unborn children and pregnant women

A New South Wales, Australia-based qualitative study by Everitt, Homer and Fenwick (2017) investigated midwives' experiences of working with vulnerable pregnant women at risk of the removal of their child at birth. Semi-structured interviews were conducted with ten midwives who had a combined experience of 91 occurrences of these types of events. Thematic analyses showed that midwives expressed the professional dilemma of being responsible to both the pregnant woman's wellbeing, and the unborn child's wellbeing and safety. This is because midwives are an important bridge between the gap of services involved during the mother's pregnancy and child protection services once the baby is born, as a key aspect of midwives' practice is being woman-centred and working in close partnership with the woman. Everitt et al. (2017) suggest that multidisciplinary approaches and pathways are most likely to achieve better outcomes for pregnant women and their unborn children at risk of removal at birth.

1. Summary

- Children subject to recurrent care proceedings are more likely to be younger (less than 12 months old), experience high levels of neglect and emotional abuse, and experience poorer health and social outcomes.
- There was a lack of literature specifically related to Māori subsequent children or Māori children within recurrent care proceedings. However, Indigenous children in Australia were more likely to experience recurrent child maltreatment notifications.
- Connection to culture is important to both Māori and other Indigenous populations involved with care and protection systems.
- Mothers who experienced child removal are likely to be younger in age (16-19 years), experience domestic abuse, substance misuse, mental health issues, and have a history of childhood adversity. Subsequent pregnancies are common for these women. The experience of grief and loss from child removal and wanting to have another child as a result, can contribute to these pregnancies.
- The proportion of families who return to Court for recurrent care proceedings suggests the presence of unaddressed, unresolved issues. Children born into these families also experience high rates of exposure to the care and protection system.
- Mothers of children involved in care proceedings often face a number of complex challenges and require significant individual and family support services to address a range of factors.
- Mothers who are pregnant with subsequent children tend to be less likely to engage in services or interventions for fear of the infant being removed. This suggests a need for alternative service pathways for this population. The limited research around fathers' involvement in care proceedings also suggest their need for adequate services.
- While there was limited research on subsequent children of parents who had committed filicide, high levels of domestic violence, substance abuse/misuse, and mental illness were often present and considered key risk factors for child maltreatment related death.

2. APPROACHES TO ADDRESS THE NEEDS OF SUBSEQUENT CHILDREN, THEIR FAMILIES AND WHĀNAU, AND EFFECTIVENESS

There is little literature on approaches such as legislation, programmes or other interventions to address the needs of subsequent children, their families and whānau. NSW, Australia was the only other jurisdiction found to have legislative provisions relating to subsequent children.

The international literature on approaches for mothers involved in repeated care proceedings called for better access to reproductive healthcare, and following proceedings, support for mothers to help them be in the best position to care for possible future children. For example, by improving women's housing situations and safety from domestic violence and reducing substance use.

NZ-based interventions for subsequent children and their families are emerging (the *Subsequent Parents Trial*) and having promising results, but highlight the challenges with engaging parents of subsequent children.

There is a substantial amount of evidence-based interventions for children and families with experience of child maltreatment. This includes home visiting programmes, parenting programmes, group-based therapy, trauma-informed approaches and therapies. NZ-based interventions that can reduce the risk of child maltreatment include *Family Start*, *Early Start*, and the *Incredible Years Parenting* programme.

Hendricks and Stevens' (2012) review of international literature for the Families Commission relating to subsequent children found little that related specifically to subsequent children and their families. However, approaches related to preventing or addressing child maltreatment were on a continuum ranging from primary prevention, early intervention, and family support; to approaches that were investigative or legalistic, and focused directly on care and protection of children. Approaches identified included intensive family preservation services; multi-component programmes; home visitation services; parent education programmes; therapeutic programmes; strategies during pregnancy; interventions after a child has been removed (including family reunification programmes); and programmes targeting parents with particular characteristics (e.g., intellectual disabilities, and substance abuse issues). Evidence on their effectiveness is mixed. Several were effective at reducing child abuse, enhancing parent education, and improving parent–child relationships, but were less effective at addressing adults' needs or the family's broader social needs in the longer term. Chronic neglect was identified as a significant issue, but there were no approaches that were proven to address neglect in the long term – family reunification programmes do not appear effective with families where child/ren are neglected (Hendricks & Stevens, 2012).

Cram's 2012 literature review relating to subsequent children in whānau Māori discussed initiatives that support and strengthen whānau as an expression of Te Mana Whakahaere, or service provision. Potentially helpful approaches to address the needs of whānau Māori in New Zealand included adapting international models for Māori; incorporating Māori concepts and values into domestic violence programmes and addictions services; and community development approaches to preventing child maltreatment (Cram, 2012). The following approaches that appeared to work well or were seen as particularly important were identified.

- Parenting programmes adapted for Māori. Evaluations of these programmes – In the Child, Youth and Family 2005 review of targeted programmes (as cited in Cram, 2012) – have

mostly focused on their cultural acceptability and were found to build parent's esteem and confidence. Cram (2012) states that while small sample sizes limit the generalisability of these findings, it reflects the need for programmes to be developed by local communities to reflect their aspirations and needs.

- Māori-initiated programmes that teach Māori parenting practices were found to have a positive impact on parenting skills and confidence (Cram, 2012).

Recent studies and legislation analysed for this evidence brief highlighted a few approaches and prevention strategies designed to address the needs of subsequent children and their families and whānau. Effectiveness was mixed, as was the strength of the evidence (i.e., some studies had low sample sizes and were only qualitative method focused).

Similar to the approach taken by Hendricks and Stevens (2012), due to the lack of literature that focused on interventions specifically for subsequent children, other, more recent literature outlines approaches to prevent and address child maltreatment. Included in this report are navigation approaches, home-visiting programmes, parenting programmes, group based therapeutic approaches, trauma-informed approaches, and behavioural interventions for children and young people with emotional and behavioural issues.

2.1. Analysis of legislation relating to care and protection of subsequent children

Given that the majority of existing research around our target population group has been based in the UK, and the close geographical proximity and Indigenous populations of New Zealand and Australia, child protection legislation for these areas was examined for provisions relating to subsequent children in relation to the Oranga Tamariki Act 1989.

Legislation was examined for Scotland, Ireland, England, Wales, and the seven states and territories of Australia: Australian Capital Territory (ACT), New South Wales (NSW), Northern Territory (NT), Queensland (QLD), South Australia (SA), Victoria (VIC), and Western Australia (WA).

A NSW legislative approach that references subsequent children and their families may not be effective at addressing their needs

The state of NSW was the only other jurisdiction found to have provisions relating to subsequent children. These provisions were inserted as section 106A of the Children and Young Persons (Care and Protection) Act 1998 by way of amendment in 2006.

Section 106A allows the Department of Family and Community Services to make a care application to NSW Family Court for a subsequent child. It establishes that if a child has previously been removed from parental care and not restored to the parents, then that is prima facie evidence that any subsequent child born to these parents is in need of care and protection and can be subject to removal. The Department does not have to provide new evidence to confirm the need for care and protection, and the parents must then rebut this evidence if they are to recover or retain custody of the subsequent child (Ainsworth & Hansen, 2017).

Ainsworth and Hansen (2017) sought to investigate whether Section 106A is detrimental to parents of subsequent children in the Children's Court. The authors examined data from 136 cases for care applications of subsequent children in Sydney metropolitan Children's Courts around the use of Section 106A. While data for ethnicity and parental factors such as mental illness, substance abuse, domestic violence and criminal history were examined, these factors did not produce significant

associations. The presence of Section 106A in Court documents was found to be associated with the reduced likelihood of children being restored to their family.

Ainsworth and Hansen (2017) also found that data regarding parental life circumstances such as occupation, type of housing, and source of income were not recorded in the examined case files, and thus were not taken into consideration during these Children's Court care proceedings for subsequent children. They recommended that the impact of social factors should be included by necessity when assessing parents' ability to safely care for a child (Ainsworth & Hansen, 2017).

2.2. Interventions for parents involved in recurrent care proceedings and families with subsequent children

Broadhurst & Mason (2013) consider birth mothers stuck in a negative cycle of successive, permanent removal of their children to be a largely neglected population. Raising the profile of these mothers was considered a key step to addressing the cycle of recurrent care proceedings. Much of the literature around interventions for subsequent children and their families is around recurrent care proceedings in the UK, and is discussed below.

Reproductive healthcare and support for mothers, post care proceedings, can delay subsequent pregnancies and improve women's housing situations, safety from domestic violence, and reduce substance use

Broadhurst and Shaw, et al. (2015) discuss the role that reproductive health care might play in helping birth mothers escape the cycle of quick successive pregnancies and subsequent legal intervention. As was discussed in section 3.1.2, a mother who has their first child removed can face a number of difficulties that can contribute to an increased risk of an unplanned pregnancy. Broadhurst and Shaw et al. (2015) argue that enhancing access to reproductive healthcare must be part of a holistic intervention (i.e., combined with additional support services) after children are removed, as greater access to contraception alone likely will not sufficiently help mothers recover from the cycle of recurrent care proceedings. Furthermore, post-proceedings interventions using a multi-agency approach with mothers identified through specialist assessments during care proceedings, is seen as a necessary addition to address the cycle of repeat pregnancies and removal of children (Broadhurst & Mason, 2013). Examples of intensive rehabilitative support for birth mothers following the removal of their child in England include Salford City Council's *Strengthening Families*; Suffolk County Council's *Positive Choices*; and Tri Borough's *Support for Change* initiatives. These initiatives share a common aspect of an individual key worker who works closely with the mothers to tailor rehabilitation/intervention based on the mother's history and needs. A few examples of UK interventions highlighted in the literature are outlined below.

The *Positive Choices* project piloted – with a small sample size (*N*=7) – in Suffolk seeks to support women's reproductive choices and facilitate access to long acting reversible contraceptives for those who have previously had children removed (Broadhurst & Mason, 2013). Positive Choices focuses on delaying further pregnancies until after the mother has addressed other underlying issues such as substance abuse or intimate partner violence. The project also includes an outreach element to connect these mothers back into therapeutic help. As a result of the pilot two mothers made informed choices to request sterilisation, and two successfully engaged with therapeutic help to a point where they were considered ready for motherhood. Positive Choices is noted in subsequent studies as lacking evidence or critical success factors (Broadhurst, Shaw, et al., 2015).

A later study (Cox et al., 2017) evaluated *Positive Choices* and another intervention, *M Power*, both established to address the unmet needs of birth mothers who experience the removal of a child. Both of these initiatives were described as offering intensive support to women who have had a child removed from their care, using a strengths-based, pragmatic, client-led approach involving one-on-one support, self-care and trust building. This approach enables flexible and individually tailored support. All women in these services are also encouraged to access long acting reversible contraception (LARC).

Cox et al. (2017) found that both services significantly contributed to the reduction of recurrent care proceedings. None of the relevant women from the sample (*N*=65) in these services experienced unplanned pregnancies during the evaluation period. Conclusions could not be made about whether encouraging access to LARCs or improvements to relationships and personal functioning provided more impact on this. However, qualitative analysis highlighted that building a trusting, reliable, consistent relationship with practitioners in the service built upon respect, choice, empathy and friendship, were highly valued by participants and important in developing participants' personal empowerment. Both services had positive impacts on participants at the psychosocial level (Cox et al., 2017).

In 2015-2016, McCracken et al. (2017) conducted an evaluation of the UK-based programme, *Pause*, a voluntary programme for women who have experienced, or are at risk of, repeat removals of children from their care. Pause works with women over an 18-month period with individually tailored intensive support to address a range of emotional, psychological, practical, and behavioural needs to improve their wellbeing, resilience and stability. Before beginning the programme, women agree to use a long acting reversible form of contraception for the duration of the programme. Pause also works in collaboration with relevant agencies at the strategic and operational level to facilitate wider service response to women who participate.

An evaluation assessed the impact of programme delivery, and examined the processes through which impact was achieved, for 95 women who had two or more children removed, and 30 women who had one child removed (*N*=125). It was found that Pause had a significant impact on the reduction of pregnancies for women in the programme in both models. It was estimated that up to 57 pregnancies were delayed or prevented (McCracken et al., 2017). To contextualise these results, Broadhurst et al. (2017) states:

> *Whilst birth spacing is likely to be helpful to women's recovery following child removal, we need to understand and connect with women's own rationales regarding contraception and pregnancy and the meaning this holds for them… sensitive case work is required in order to provide opportunities for women to examine and manage the loss of previous children and to renegotiate their identity as a mother in the face of compulsory child removal. Work is required to build personal agency and self-care, as well as to consider future family planning* (p. 87).

Post-intervention results found that a significant proportion of women had reduced substance use to lower risk levels, had moved into more secure housing, and were able to safeguard themselves from domestic violence and abuse. Analysis of interviews with women also found improvements to self-esteem, healthier coping mechanisms, with women taking steps towards new goals. Mechanisms of change, and factors that aided in the effectiveness of the Pause programme included:

- the intensive, individually tailored aspect of support that addressed women's emotional, psychological, practical and behavioural needs

- directly advocating for women in partner agencies (i.e. discouraging professionals from de-prioritising or closing women's cases, and encouraging patient, persistent efforts to engage clients)
- agencies collaborating at the strategic level (i.e., boards collaborating to improve service accessibility)
- the time during use of contraception that provided women with the space to focus on accessing services and addressing their needs
- highly-skilled, resilient practitioners working intensively with low caseloads (up to eight women), who are provided ongoing training and development opportunities, and a stable, fully staffed team that demonstrate collective responsibility (McCracken et al., 2017).

The Notification of Pregnancy pilot initiative (UK) was seen to support mothers with a previous child removed to engage with support during a subsequent pregnancy and following birth

In the UK, statutory pre-birth assessments triggered on the basis of a previous child being removed, are typically conducted late in pregnancy, at 26-30 weeks (Broadhurst & Mason, 2013). Thus, the opportunity to address foetal health and maternal rehabilitation early in pregnancy is missed. The *Notification of Pregnancy* initiative piloted by Lancashire County Council involves midwives notifying children's centres of a woman's pregnancy at the initial booking appointment. This enables needs identification and provision of support services from an early stage of the pregnancy. The initiative highlighted that when mothers accessed supports during the antenatal period they continued to access support following the birth of their child (Broadhurst & Mason, 2013).

Early findings from the Subsequent Parents Trial (NZ) are promising, suggesting that parents are re-engaging positively with children, have better support, and more personal agency

A collaborative design project between Oranga Tamariki and two NGO providers explored more effective ways of working with parents who have one or more children in care (with six Māori and Pasifika families). One provider's approach (the second provider was developing at the time of the report) was based on a modified *Hoki te Rito* group therapy programme (based on Mellow Parenting), where facilitators adjust the focus, content and/or process to respond appropriately to the energy, issues and concerns that participants bring. The environments of both NGO providers were described as enabling comprehensive support, improved psychosocial functioning, and places for personal growth and development, not repair. The importance of culture and culturally appropriate ways of working were also noted, with both NGO providers working in ways that are effective for Māori whānau (Stone, 2018). The project underscored successful use of approaches similar to the literature:

- gaining insights from parents from the start
- comprehensive assessment
- continual efforts to sustain change – a range of service lengths and intensities
- successful engagement (critical questioning balanced with empathy)
- multi-agency, multi-disciplinary assessment and intervention

- complementary, rather than single-focus interventions
- inclusion of fathers/male partners
- innovate around client needs by accessing their voice (Stone, 2018).

Initial results from one provider site suggest that the most important changes involved parents re-engaging in a positive way with children, improvement in levels of support, and increased personal agency and resilience. The co-design process enabled some parents to participate in a therapeutic experience where they felt heard, understood and possibly influential. Furthermore, the focus on self-development while also building 'protective factors' known to prevent child maltreatment was appealing to parents who are not usually engaged with services. However, participation was low and retention of participants challenging; and participants faced significant adversity and complex challenges, and needed a lot of support and understanding (Stone, 2018).

Implementation of the trial has been a developmental, learn 'as we go' process, with a flexible funding model. However, it has been challenging for Oranga Tamariki social workers to participate in joined-up practice with the NGO provider due to the forensic focus of their work (i.e., where there are allegations of abuse that may constitute a criminal offence and therefore require investigation), and resourcing/staff pressures (Stone, 2018).

Teen Parent Units (NZ) may have positive impacts on teenage mothers' school enrolment rates and school qualifications

In the international literature, mothers in recurrent care proceedings tend to be younger, and can have subsequent children (Broadhurst et al., 2017). While there is no specific evidence to suggest this, it could be inferred that educational interventions are a possibility to explore, to enhance the wellbeing and educational outcomes of teenage mothers who subsequently become pregnant or have a child after a previous child's removal from their care.

Teen Parent Units (TPUs) are an approach designed to improve access to schooling and to promote positive educational outcomes for teenagers who are parents or pregnant. TPU students receive the standard school curriculum, as well as receiving wrap-around support, early childhood education for their children (often on-site), and links with health and social services. The Education Review Office has reported on TPUs multiple times, looking at performance, process and governance issues, attendance, retention, and documenting practices expected to improve educational, social and health outcomes of students and children – most TPUs are assessed as working well, but some are not. A recent study used linked research data from other education and social services, applying a quasi-experimental impact evaluation approach to estimate the difference that TPUs make. The results suggested that access to a TPU in a local area had positive impacts on teenage mothers' school enrolment rates and school qualifications. (Ministry of Social Development, 2017).

Family Group Conferences (US) were not found to be associated with preventing repeat referrals to child protection services – but some families have higher odds of a re-referral

One recent US-based study looked at Family Group Conferences (FGC), an intervention that originated in New Zealand. This randomised control trial study of 542 families (270 treatment, 272 control) examining the effectiveness of FGCs in preventing repeat referrals to child protective services and out-of-home placements found no significant associations between FGC and re-referrals, substantiated re-referrals, or out-of-home placements for the control and treatment groups (Hollinshead et al., 2017). However, the study found that families with more children had higher odds of a re-referral and a substantiated re-referral; families with more than one parent had higher odds of

re-referral; and families where a substance abuse services referral was noted had higher odds of out-of-home placement.

It was also found that African American mothers referred to an FGC were more likely to be re-referred compared to other families. The researchers investigated this finding, suggesting greater surveillance, or bias, that impacts African American families – previous research has shown that decision making in casework can demonstrate bias and disparate rates of re-referral by race/ethnicity (Hollinshead et al., 2017).

2.3. Navigation to services and support for families where child maltreatment occurs

Stahlschmidt et al. (2018) conducted a mixed-methods formative and developmental evaluation of the *Early Childhood Connections* (ECC) programme based in the United States from pilot to implementation stages. ECC is a service designed to connect families who are involved in child welfare into an evidence-supported home visitation programme (*Parents as Teachers*). Results showed that the majority of families involved with child welfare were receptive to participating in services or home visitation programmes – 88% of 73 families engaged with the programme. However, the implementation of the ECC programme was hampered due to structural and policy changes of both home visiting agencies and child welfare agencies – that is, the original platforms that were designed to execute ECC did not continue to provide services in the same way (Stahlschmidt et al., 2018).

2.4. Home-based visiting programmes

There is a significant body of literature on the effectiveness of home-based visiting programmes. New Zealand-based programmes (Family Start, Early Start) are firstly explored in depth here, with recent international examples also discussed.

Family Start had a number of positive impacts and was found to reduce post neonatal mortality – for Māori, non-Māori, and Pacific children

Family Start, developed in the 1990s, is a voluntary, intensive home visiting programme, and available to high-risk pregnant mothers and families with pre-school children (Ministry of Social Development, 2016). It operates in selected regions in New Zealand – in 2016 nearly half of district and city council areas[4] – and is delivered by local providers of health and social services. Studies and reviews of Family Start over time have demonstrated that it is a valued programme, and in 2016 a quasi-experimental impact study was used to investigate whether it was effective in achieving its intended outcomes[5]. The study found that the programme implemented in new areas between 2005 and 2007 was associated with some small, but statistically significant positive impacts for children who participated in Family Start overall, and for Māori and Pacific children who participated. The most important finding was evidence that Family Start reduced post neonatal mortality, which could be due to improvements in children's environment and care (Ministry of Social Development, 2016).

Notably, the quasi-experimental study attempted to ascertain whether linked administrative data could show whether abuse and neglect is reduced as a result of Family Start. This was challenging

[4] Family Start has subsequently been extended to cover all of New Zealand.

[5] A process and quasi-experimental evaluation of the Family Start Programme is currently in progress (2018-2020).

because it was assumed that presence of a Family Start worker could result in higher rates of referral to Child Youth and Family (CYF, now Oranga Tamariki) and higher rates of presentation at hospital, which could offset the effects of any real decrease in harm. Consistent with this, no changes or increases in these measures were observed. Children who received Family Start were more likely to come to the early attention of CYF compared to the matched control group – but this may be because the matched control group had older children that had previously come to the attention of CYF. Some children had entered Family Start as a result of earlier CYF involvement (resulting in "reverse causality") thus potentially inflating the estimated effects of Family Start (Ministry of Social Development, 2016). Unfortunately, the study was unable to ascertain if Family Start children were more likely to have contact with CYF in the longer term – or whether the programme simply brought forward contact that would have occurred in any case. Further, the study could not say whether more early contact was preventive in that concerning behaviours and circumstances were identified and addressed early (Ministry of Social Development, 2016).

Children in families receiving Early Start had better outcomes, including lower rates of severe physical assault by parents (3-year follow-up) and lower rates of parental reported child abuse (6- and 9-year follow-up) – similar for Māori and non-Māori families

Early Start is a home visiting service that targets the most disadvantaged 15% of the population. The service focusses on encouraging improvement in child health, maternal wellbeing, parenting skills, family economic literacy and crisis management. A randomised control trial was conducted whereby 220 families receiving Early Start were compared with a control group of 223 families not receiving the service. Measures of child related outcomes were assessed up to 36 months post enrolment in the service. Children in families receiving Early Start had better health outcomes, and higher rates of contact with community services, more positive and non-punitive parenting, higher overall parenting scores, lower rates of severe physical assault by parents and lower rates of child behaviour problems (Fergusson, Boden, & Horwood, 2012).

However, no benefits from Early Start were found in relation to maternal health and wellbeing, maternal substance use, family stability, family relationships and family violence, family economic and material wellbeing, and family stress and adversity (Fergusson et al., 2012). Families and children in Early Start were also assessed at ages five, six and nine years. Up to the nine-year follow-up, children of families enrolled in Early Start had better health outcomes and lower rates of parental reported physical child abuse, lower rates of parental reported punitive parenting, higher rates of parental reported competent parenting, and fewer parental reported childhood problem behaviours. The outcomes of Early Start were similar for Māori and non-Māori families enrolled in the programme (Fergusson et al., 2012).

International examples of home-based programmes

US-based authors Berger and Font's review of family-centred programmes and policies (2015) highlighted that home visiting programmes can be a promising approach to improving parental behaviours, provided that they stay true to the original, tested programme design. Overall, the systematic review showed strong evidence for improved parenting behaviours, but less evidence to suggest that home visiting programmes reduce or prevent child maltreatment. The *Nurse Family Partnership (NFP)*, was discussed as a rigorously evaluated programme, with results from multiple studies in different areas with diverse populations suggesting that it substantially improves maternal parenting behaviours, reduces child maltreatment and child injuries, and improves children's social-emotional functioning (Berger & Font, 2015). Individual studies and evaluations of international home visiting programmes are discussed below.

A US-based study (Easterbrooks, Kotake, & Fauth, 2019) conducted a randomised control trial of the *Healthy Families Massachusetts (HFM)* home visiting programme for young parents (*N*=837 participants), exploring whether home visiting programmes can reduce the recurrence of child maltreatment. Of the participants that incurred at least one report of child maltreatment, fewer in the HFM programme group (49.1%) received two or more reports compared to the control group (60.4%). Easterbrooks et al. (2019) concluded that having at least one home visit was associated with a reduced risk of a second child maltreatment report.

SafeCare is an in-home service model for families involved in the child welfare system, primarily those with the presence of neglect or abuse. SafeCare addressed parenting, home safety, and child health issues. The model is associated with lower rates of recurrent child maltreatment, but does not address the child's emotional functioning (Runyon, Cruthirds, & Deblinger, 2017).

Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) is a home-based model that targets adolescents with severe emotional difficulties, health care issues and involvement in criminal behaviour through an individually tailored 'package' of evidence-based services. MST-CAN views the family – and ecological setting of the family – as key to behaviour change. Within a population of children aged 10-17 subject to physical child abuse, MST-CAN was found to be associated with a reduction in PTSD symptoms and internalising behaviours in the child, and a reduction in coercive parenting tactics (Runyon et al., 2017).

2.5. Parenting programmes

There is also a significant body of literature on the effectiveness of parenting programmes. A New Zealand-based programme (Incredible Years) is firstly explored in depth, with recent international examples to follow.

Incredible Years Parenting (NZ) contributed to significant improvement in children's behaviour, parenting practices, and improvement in parent relationships

An evaluation of the *Incredible Years Parenting* (IYP) programme (Sturrock, Gray, Fergusson, Horwood, & Smits, 2014) explored the profile of families referred to the programme; the fidelity, effectiveness and parent satisfaction of the programme; and the programme's responsiveness to Māori. Based on social learning theory, the IYP programme is a parent training programme for parents of children with behavioural problems. The main aim of IYP is to increase positive, nurturing parenting styles, and to promote children's social-emotional development. It consists of weekly 2-hour sessions delivered over 12-18 weeks by two trained leaders to a group of up to 16 participants. The evaluation consisted of a repeated measures design where home-based participant interviews occurred at baseline, mid-course, post-course, and at six-month follow up. A total of 166 parents participated across three sites, with two withdrawing before the third interview (*N*=164) and a further two withdrawing before the final interview (*N*=162).

The evaluation found significant improvement in all six measures of children's behaviour (conduct disorder, defiance, ADHD, self-control, anxiety/withdrawal, and social competence) after completion of IYP programme. The size of these effects also held in the mid-large range upon six-month follow up. Outcomes for Māori and non-Māori did not differ for all but one measure – the improvement in social competence was larger for non-Māori than it was for Māori (Sturrock et al., 2014).

Similarly, all eight measures of parenting practices (poor supervision, positive parenting, corporal punishment, parental involvement, inconsistent discipline, lax discipline, over-reactive discipline, and hostile discipline) showed improvement after completion of the IYP programme. These

improvements were also sustained at six-month follow up. Overall, a combined parenting measure showed no differences in outcomes between parents of Māori and non-Māori children (Sturrock et al., 2014).

Positive changes were found regarding verbal aggresion and physical assult, and reduced child-rearing disagreements between parents. Upon completion, no significant changes were found for a positive change in violence towards primary caregiver and partner, or vice versa. However, at the 6-month follow up, caregivers reported a reduction in partner violence towards them. No significant differences for change by ethnicity were found – both Māori and non-Māori reported improvement in relationships (Sturrock et al., 2014).

At the six-month follow up, parents reported improvements to symptoms of stress, anxiety, and depression. Overall parent ratings for IYP showed moderate to high satisfaction for both Māori and non-Māori (Sturrock et al., 2014).

Overall, the authors' findings suggest that IYP is likely to be effective in the New Zealand context provided it is well delivered, and a longer-term follow up would enable further conclusions around the lasting impact/effectiveness of the programme. There is also room for the IYP to further develop and improve programme delivery to maximise effectiveness for Māori (Sturrock et al., 2014).

International examples of parenting programmes

Incredible Years (see above) is a parenting programme that has been implemented internationally. A meta-analysis found it to be statistically effective for addressing disruptive child behaviour and encouraging pro-social behaviour (Bywater, 2017). Berger and Font (2015) said that Incredible Years showed promise around improvements to parent-child interactions and reduced maltreatment. When combining the Basic with the Advanced parent programme, delivered to high risk children aged from 8-13, findings showed improvements in parenting skills and reduced child behavioural problems. Further, Incredible Years has been found to be suitable for populations at risk of child maltreatment who may also be subject to domestic violence, substance use, mental illness, and family instability.

Bywater (2017), in The Wiley Handbook of What Works in Child Maltreatment, outlines other parenting programmes. Family-centred strategies include Multidimensional Treatment Foster Care, Functional Family Therapy, Families and Schools Together, described below.

Multidimensional Treatment Foster Care (MTFC) is an intensive programme developed in the US involving therapeutic work with the child, and parent training methods to support foster carers with children displaying behavioural problems, likely due to neglect and abuse. When used with young offenders, MTFC was associated with reduced rates of reconviction, fewer and less serious offences, and longer time intervals between committing offences. However, these effects did not last at one year follow up (Bywater, 2017), a finding echoing Berger and Font's 2015 review.

Functional Family Therapy (FFT), trialled in the US and UK, focuses on reducing defensive communication patterns, increasing supportive interactions, and promote positive parenting skills in families with at-risk children aged from 11 to 18. FFT typically involves 8-12 sessions over about four months. A US-based trial centred on juvenile offenders found FFT to be associated with reduced levels of crime, violence, antisocial behaviour, substance use problems, and likelihood of being placed in care.

Families and Schools Together (FAST) is a preventative programme developed in the UK that aims to connect families, schools, communities, and local services together within disadvantaged areas in

order to reduce the impact that challenges facing families have on wellbeing, including , education attainment, family violence, stress, delinquency, and substance use. Initial evidence points to improvements school performance, aggression, social skills and family functioning. However, further research needs to be conducted to establish effectiveness.

Bywater (2017) highlights that there is limited evidence for the effectiveness of parenting programmes for use in younger population groups and that these interventions will likely need to be multi-modal or multilevel in order to effectively address the many/interrelated risk factors often present in the lives of children at risk of maltreatment.

2.6. Group-based therapeutic approaches for families where child maltreatment occurs

Group-based therapeutic approaches can help children affected by physical abuse

US-based Runyon, Cruthirds, and Deblinger (2017), in The Wiley Handbook on What Works in Child Maltreatment, discuss a number of evidence-based group therapies used that are effective for reducing child physical abuse – Parent-Child Interaction Therapy, Alternative for Families – Cognitive Behavioural Therapy, and Combined Parent-Child Cognitive Behavioural Therapy.

Parent-Child Interaction Therapy (PCIT) is a form of psychotherapy based on social learning principles, involving intensive positive-interaction training, live coaching and includes both child and parent in each session looking to change dysfunctional relationships. PCIT is typically delivered in weekly one-hour sessions across 14 weeks – seven of which focus on child-directed interaction, and seven on parent-directed interaction. With population groups of parents who display abusive behaviour, PCIT was found to contribute to fewer incidents of physical child abuse, and improvements in child-parent relationships. The authors note evidence for PCIT as an effective parenting programme for high risk and abusive parents (Runyon et al., 2017).

Alternative for Families – Cognitive Behavioural Therapy (AF-CBT) involves child-directed, parent-directed, and family-directed components are used to address parenting style; parent-child interactions; and children's emotional distress, develop effective coping skills and process history of abuse in children, and increase positive parenting practices and reduce coercive parenting practices in parents. In the presence of physical child abuse, AF-CBT was associated with improvements in the child's functioning (including reduced anger and anxiety, and increased social competence) (Runyon et al., 2017).

Combined Parent-Child Cognitive Behavioural Therapy (CPC-CBT) – a model that includes the child(ren) and the at-risk parent in treatment, where the child participates alongside the parent in a small group format. CPC-CBT was associated with improvement to symptoms of PTSD and emotional functioning in both children and parents, improvements to positive parenting practices and reduced coercive parenting in parents. Evidence suggests CPC-CBT as a promising therapy that helps both child and parent address a number of issues that often occur in populations subjects to physical child abuse (Runyon et al., 2017).

2.7. Trauma-informed approaches

Organisation-wide approaches to reduce trauma for children in care, while common, have little evidence of effectiveness

A systematic review (Bailey et al., 2019) examined evidence for organisation-wide trauma-informed therapeutic models that have been developed as a means of responding to the complex issues of abuse and neglect experienced by children placed in out-of-home care. Organisation-wide approaches intend to include the entire organisation in reducing trauma for individuals receiving care, as well as for carers and other staff. The authors identified seven articles which covered three different US-based trauma-informed therapeutic models implemented at the organisational level.

The *Attachment Regulation and Competency* framework (ARC) – a framework for organisations that provide services to traumatised children (guidelines on a therapeutic culture within the organisation). The framework focuses on healthy child-caregiver attachments, children building capacity and skills to manage emotions, and increase self-understanding.

The *Children and Residential Experiences* programme (CARE) – a programme that aims to develop a therapeutic climate in the entire organisation centred on principles of being relationship-based, trauma-informed, family-oriented, developmentally focused, and ecologically oriented.

The *Sanctuary Model* – a model that aims to establish a therapeutic community for children to mitigate the effects of trauma.

While trauma-informed care models are commonly used within child protection settings, Bailey et al. (2019) found the empirical evidence base to be weak and at risk of bias. Five of the seven assessed articles lacked strength in their study design, which also limited the authors' conclusions around their effectiveness. Despite these limitations, the authors found that initial evidence supports trauma-informed care models as delivering positive outcomes for children in out-of-home care.

Trauma-focused therapies for children and non-offending caregivers can improve symptoms of Post-traumatic Stress Disorder (PTSD)

In The Wiley Handbook of What Works in Child Maltreatment, US-based Deblinger, Pollio, and Runyon (2017) describe effective therapies for children and non-offending caregivers in the aftermath of child sexual abuse or other traumas. Evidence-based trauma-focused interventions have been found to be effective in addressing the impact of trauma.

Child-Parent Psychotherapy (CPP) – for children 0-5 years who have experienced trauma. Based on attachment theory with an emphasis on the child-primary caregiver relationship, who participate together in therapy. Evidence shows an association with improvements to PTSD symptoms in both children and mothers, and improvements to behavioural difficulties in children.

Prolonged Exposure for Adolescents (PE-A) – a cognitive behavioural therapy, founded in emotional processing theory, addressing trauma. PE-A uses psychoeducation of trauma, imaginal and in vivo exposure, and relapse prevention. Findings from studies with adolescents show that PE-A was associated with improvements to PTSD symptoms and overall functioning.

Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) – integrates a range of principles and theories to provide psychoeducation, skills development, and opportunity for therapeutic processing of trauma. Many studies have been conducted around the effectiveness of this therapy (more than 50 studies including 20 RCTs). Evidence from samples of children exposed to intimate partner violence, and those placed in foster care with histories of trauma, showed an association with TF-CBT and reduced symptoms of PTSD.

2.8. Interventions for children and young people with emotional and behavioural issues

Three articles explored interventions specifically for children and young people in out-of-home care. The first, a UK-based case study of a teenage boy with a history of care and protection and complex issues, highlighted the importance of considering multiple factors (including psychosocial) of children placed in care that could be impacting on their wellbeing, not just their care and protection history, to ensure that they receive appropriate support to meet their needs (Pinto, 2019). A systematic review is discussed below.

Strengths-based, person-centred, intensive service provision approaches may assist children with emotional and behavioural issues in out-of-home care

In their systematic review, Ziviani, Feeney, Cuskelly, Meredith, and Hunt, (2012) sought to examine the effectiveness of the interventions for children and young people placed in out-of-home care who exhibit challenging behaviours related to their disabilities. However, the studies that were found related to children with emotional and behavioural issues. Four studies were identified where the intervention was aimed at both the child and the caregivers, and generally sought behavioural change by supporting the emotional and mental health needs of the child and increase caregivers' knowledge and capacity to deal with the child's behaviour. Children involved in the studies were aged two to 17.

- Two studies centred on the *Fostering Individualized Assistance Programme* (FIAP) intervention – a person-centred, family-focused, strengths-based approach providing intensive service provision.
- One study focused on the *Parent-child interaction therapy* (PCIT) intervention – a form of psychotherapy based on concepts from social learning theory (also discussed by Runyon et al., 2017).
- One study involved small-group training on managing challenging behaviour – a three-day training programme with a single follow up day approximately four weeks after intervention.

Overall results found evidence for improvements in the child's behaviour in the studies involving FIAP and PCIT, but not for the small-group training. Positive outcomes for the FIAP were limited to good outcomes for boys with delinquent or externalising behaviour. Findings from the PCIT study indicates a small association with improved psychological functioning for caregivers and children, and reduced abuse potential.

Klag et al. (2016) conducted a five-year retrospective study around the effectiveness of the *Evolve Interagency Service* (EIS) programme in Queensland, Australia. EIS is provided to children and young people in out-of-home care who present with complex and extreme behavioural and mental health difficulties. Involving partnerships between agencies concerning health, communities and child safety, and education, the EIS provides coordinated therapeutic care and behavioural support to these children and young people, with the intent to improve emotional wellbeing and capacity to participate in school and wider community. Care includes attachment and/or trauma-focused therapies, individual therapy, or family-based intervention.

On a sample of 664 children and young people, the authors employed a pre-post-treatment design using two clinician-rated measures: the Children's Global Assessment Scale (CGAS), which provides information around adjustment and functioning, and the Health of the Nations Outcome Scale for Children and Adolescents (HoNOSCA), used for assessing outcomes in mental health services.

Regarding age, 69.3% of the children within the programme were aged between 7 and 14. Almost all (93.9%) met diagnostic criteria for at least one major mental health disorder. Attachment disorder was the most common diagnosis (49.1%).

Statistically significant changes in pre- and post-treatment CGAS scores suggested that children in the EIS programme experienced generally improved levels of adjustment and functioning. Similarly, significant changes were found with HoNOSCA scores, where improvements were made in areas measuring self-care, school attendance, problems with scholastic and language skills, family and peer relationships, disruptive behaviour, overactivity, non-accidental self-injury, problems with emotions, and somatic symptoms, however:

- no significant changes were found for substance misuse, physical illness, or hallucinations and delusions
- a statistically significant proportion of children and young people moved from the clinical to non-clinical range in both CGAS and HoNOSCA measures.

Overall, the Klag et al. (2016) study provides evidence for the effectiveness of the EIS programme and collaborative, inter-agency approaches to addressing complex emotional and behaviour difficulties faced by children and young people in out-of-home care over the mid to long term.

2. Summary

- NSW, Australia was the only jurisdiction outside of New Zealand found to have a legislative approach to the care and protection of subsequent children. There was little research on whether this approach was effective at addressing needs.
- Culturally appropriate and tailored group therapy programmes, such as the *Subsequent Parents Trial* (NZ), show some promising initial results for those who engaged in the trials, including parents re-engaging positively with their children. However, Family Group Conferences (US-based study) were not associated with prevention of repeat referrals to child protection services.
- Interventions that involve intensive, individually-tailored support alongside access to reproductive healthcare for mothers following the removal of a child, such as the *Pause* programme (UK), can help delay pregnancies to provide mothers the space to make positive improvements, and improve factors such as housing situation, safety from domestic violence, and substance use.
- New Zealand-based home visiting programmes *Family Start* and *Early Start* have been shown to be effective in reducing indicators of child maltreatment, for Māori and non-Māori. International literature shows strong evidence for home visiting programmes as contributing to improvements in parenting strategies.
- The New Zealand-based parenting programme, *Incredible Years,* was found to contribute to improvement in children's behaviour, parenting practices, and parental relationships in families of children with behavioural problems. *Incredible Years* is an internationally implemented programme with positive results.
- Other evidence-based approaches included group-based therapy programmes, trauma-informed approaches and therapies, and interventions for children with behavioural and emotional issues.

3. APPROACHES FOR SUBSEQUENT CHILDREN, THEIR FAMILIES AND WHĀNAU THAT ACHIEVE THE BEST OUTCOMES

A lack of literature specific to subsequent children and their families or whānau makes it difficult to determine what approaches will achieve the best outcomes for this population.

However, recent literature echoes findings from Families Commission literature reviews, that multi-modal, multi-agency, individually-tailored, whole-of-family, culturally responsive interventions and those that emphasise continuity of care are important for subsequent children and their families and whānau.

Further, approaches that address the broader contextual, social and economic needs of subsequent children and their families and whānau were advocated for, in the literature.

> *The reduction of child maltreatment, including opportunities for maltreatment to occur within whānau who have already had a child removed, starts from a Māori model of whānau wellness and an acknowledgement of Māori aspirations* (Cram, 2012, p. 10).

Cram's (2012) literature review in relation to subsequent children in whānau Māori summarised her findings incorporating context, culture and historical variables into potential strategies for preventing child maltreatment in whānau Māori. This is presented in Appendix 2.

The 2012 Families Commission literature review findings that specifically related to children from families that had a child previously removed, suggested:

- successful interventions are likely to be similar to those that are effective with other families[6] involved in social services
- more intensive risk assessment and long-term case management is required
- interventions that address chronic neglect are required (Department of Human Services, 2001, in Hendricks & Stevens, 2012).

Additionally, Hendricks and Stevens' (2012) review of the literature highlighted areas of importance to inform optimal outcomes for subsequent children and their families.

- Becoming aware of subsequent children entering families where children have previously been removed is challenging
  - Long-term support for families who have had a child removed may be a solution.
- Some interventions helped reduce child abuse and improved parent-child relationships, but there is little evidence of effectiveness of interventions in addressing adult needs or broader social needs of families long-term
  - Interventions that address the broader contextual, social and economic needs of families are important to address issues that led to a child's removal and prevent risk to subsequent children.

[6] That had **not** had a child removed from their care.

While more recent research has been carried out specifically relating to subsequent children, their families and whānau, and interventions have been developed to address their needs, there is little evidence to suggest whether the outcomes reported are the 'best' outcomes – due to the small size of the literature.

One recent study was found that highlighted specific best practice approaches to working with whānau Māori in relation to care and protection issues (Boulton et al., 2018), see section 3.1.4. Given that the families involved with Oranga Tamariki's *Subsequent Parent's Trial* so far are Māori or Pacific, this intervention also provides useful direction for working with whānau Māori (Stone, 2018), see section 3.2.2.

Studies reported in this evidence brief on interventions for mothers who have had a previous child removed from their care are mostly based around reproductive healthcare and those women agreeing to using a LARC – see section 3.2.2. As noted by Broadhurst and Shaw, et al. (2015) these type of interventions raise questions that relate to ethics, healthcare and human rights: is targeted reproductive healthcare an ethically defensible approach to reducing repeat removals of children from parents repeatedly involved in the care and protection system? Broadhurst and Shaw et al. (2015) argue:

> *Providing enhanced access to contraception and pre-conception care is based on a positive understanding of women's rights and an acknowledgement of the multiple factors that are most likely to increase the chances of unplanned pregnancies for this group of women. Standing back for fear of excessive intrusion into women's intimate lives is an unethical position, because the evidence is that mothers may experience multiple losses of infants and children to the care system, where they are 'left alone'* (p. 94).

Further, and as noted earlier, an important implication is that continuity of care must be prioritised for families who have children removed (i.e., long term case management as noted by Hendricks & Stevens, 2012) which is lacking in New Zealand (Fernandez & Atwool, 2013), and that reproductive healthcare must be part of a holistic approach to intervention approaches and support for these women (Broadhurst, Shaw, et al., 2015).

3.1. Principles of effective practice for families with complex needs

The literature reviews for the Families Commission identified key principles of effective practice for families with complex needs. The review of international literature found the following principles of good practice:

- successful engagement and empathy balanced with critical questioning
- effective, comprehensive, multiagency assessment
- continual efforts to sustain change, and a range of intervention lengths and intensities (including intensive casework) tailored to the needs of individual families
- complementary interventions, rather than single-focus programmes
- inclusion of fathers and male partners in assessment and intervention
- culturally responsive support, mindful of families' strengths and capabilities
- effective targeting of programmes – when manualised or standardised, programme integrity is required to ensure they work as intended

- referral for specialist treatment (e.g., to mental health services), if indicated
- good supervision of staff (Hendricks & Stevens, 2012).

Key principles of approaches for whānau Māori included:

- by Māori for Māori approaches
- addressing barriers to engagement and participation
- including or being based within Indigenous cultural traditions, values and beliefs
- addressing colonisation and racism
- acceptance and being able to share with people in similar situations
- emphasising whakawhanaungatanga (relationship building)
- emphasising individual and collective healing, requiring time and long-term support (Cram, 2012).

3.2. Approaches that address broader contextual, social and economic needs of families

Hendricks and Stevens (2012) highlight that a systems perspective and an ecological framework of analysis should be used when considering needs and approaches to address needs of subsequent children and their families and whānau, including that:

- assessment approaches should consider individual child, adult, and family characteristics, as well as available support within communities and from government
- approaches and support can be provided from all levels in the system and raising awareness about signs that children may be at risk as well as who/how to communicate about concerns (e.g., as noted in Katz, 2013), could help to build a culture of collective responsibility.

More recent literature explores systemic and public policy approaches to address child maltreatment. Berger and Font (2015) advocate for large-scale, community-level, coordinated approaches that include a package of prevention, intervention and treatment. They explored how public policy might contribute to improved children's health and reduced maltreatment through economic support policies to families that provide financial resources, and through policies and programmes that influence parental behaviours and quality child care.

While there may be variability in implementation across states, the *US-based Earned Income Tax Credit (EITC)* antipoverty policy involving a refundable tax credit for low-income earners who work, has been linked with increased birth weight and greater cognitive achievement. Programmes that support fathers with education, job training and employment opportunities are linked with small improvements to child support contributions (payments). However, there was inconclusive evidence to suggest this translates to improved child health (Berger & Font, 2015).

Public health approaches may help to reduce child maltreatment

US and Australian-based academics Herrenkohl et al. (2015) called for the use of a public health framework – the *Essentials for Childhood* framework, developed by the Centers for Disease Control

and Prevention (CDC)[7] – in relation to preventing and addressing child maltreatment and intimate partner violence. The four goals of this framework are to:

1. Raise awareness and commitment of the general public to promote safe, stable, nurturing relationships and environments.
2. Use data to inform action – to understand the scope of problems by gathering data from families at a population level.
3. Create the context for healthy children and families through norms change and programmes – involving messaging about positive parenting strategies and healthy relationships, building capacity within communities for the adoption and implementation of evidence-based parenting programmes that nurture children.
4. Create the context for healthy children and families through policies that are consistent with a vision that supports the wellbeing of children and their parents or adult caregivers (Herrenkohl et al., 2015).

Social learning approaches such as *Triple P (Positive Parenting Program)* is a widely cited public health approach to the prevention of child maltreatment, developed in Queensland, Australia (Berger & Font, 2015; Sanders & Pickering, 2017) and is available in New Zealand[8]. It is a system of parenting support and intervention that aims to increase parents' confidence and skill in raising children, and in doing so enhance their developmental outcomes. It is built on the principle of proportionate universalism whereby:

> *It works as both an early intervention and prevention model to help create a society of healthy, happy, well-adjusted individuals with the skills and confidence they need to do well in life* (Sanders & Pickering, 2017, p. 166).

Triple P targets children at five different developmental stages: infants, toddlers, pre-schoolers, primary schoolers and teenagers. The reach of the intervention within each stage can vary from being very broad (i.e., targeting an entire population) to quite narrow (i.e., targeting only vulnerable high-risk children or parents). Triple P incorporates universal media messages for all parents (Level 1), low-intensity large group sessions (Level 2), topic-specific parent discussion groups (Level 3), group and individual programmes (Level 4), and more intense offerings for high-risk or vulnerable parents (Level 5). Reported outcomes include improved children's social, emotional and behavioural outcomes, parenting practices and parenting satisfaction and efficacy (Sanders & Pickering, 2017). Several studies have demonstrated effectiveness in reducing child maltreatment (Berger & Font, 2015; Sanders & Pickering, 2017).

Multi-disciplinary and systems approaches to reducing child abuse and neglect

Multi-disciplinary approaches show promise for reducing child maltreatment. A pilot programme based in Texas, USA called the *Multi-disciplinary Approach to Prevention Services* (MAPS), designed to reduce the potential for child abuse and neglect, was evaluated using a quantitative pre-test – post-test design (Hoefer & Bryant, 2017). MAPS is a state-funded intensive case management programme. Its primary purpose is eliminating the need for state child protection services

[7] Available at: https://www.cdc.gov/violenceprevention/pdf/essentials-for-childhood-framework508.pdf

[8] See https://www.triplep-parenting.net.nz/nz-uken/triple-p/ for more information.

involvement by engaging families via case management and resource coordination, to improve parenting skills, parent-child relations and other child protective factors.

Existing programme data relating to client outcomes, such as parenting skills, parenting satisfaction, and the use of non-family resources (external support and services such as, for example, counselling, parenting or anger management classes) to assist in improving skills, and satisfaction, was assessed. The data came from 64 families, with findings showing a statistically significant improvement in resource engagement by families, parenting behaviours and perceptions, and involvement with child protective services (Hoefer & Bryant, 2017). As sample sizes are small, further research is needed to assess effectiveness amongst a larger group.

Berger and Font (2015) discussed the *Durham Family Initiative (DFI).* This was a large-scale community-level prevention initiative that promoted social cohesion, better access to services and cooperation/coordination between agencies, outreach workers to engage community, innovative service models to help families meet children's needs. This has since been scaled back, but evidence suggested it contributed to reduced child maltreatment in the Durham area during the same time period.

Independent advocacy and support networks to hold systems accountable

Fernandez and Atwool's review of policy, practice, and research in relation to child protection and out-of-home care in Australia and New Zealand highlighted that Australia has specific independent networks (*CREATE Australia* and *Care Leavers Australia Network – CLAN*). CREATE Australia allows children in out-of-home care to voice their views to policy makers. CLAN's work has emphasised major issues experienced by care-leavers, and national concern has led to Royal Commissions of Inquiry (Fernandez & Atwool, 2013). The authors noted that similar processes were lacking in New Zealand at the time, with the exception of Care Café, a website set up by an NGO with initial support from Child Youth and Family. Efforts to expand this by developing a national network along the lines of CREATE Australia had been met with resistance[9] despite support from CREATE Australia (Fernandez & Atwool, 2013).

3. Summary

- Much of the literature suggests a need for multi-modal approaches when working with families with complex needs. Whole-of-family approaches, and cross-sector collaboration are also considered important to ensure that multiple, complex needs can be addressed. System-based public health preventative approaches are worth exploring further.
- Recent literature reports that better experiences are achieved for whānau Māori when state agents treat them with respect; engage in clear, consistent and understandable communication; involve whānau in decision making; minimise process delays; and hold themselves and others to account for any failings.
- Indigenous leadership and participatory approaches to solutions for subsequent children and their families and whānau were also highlighted as important.

[9] The article does not clarify the source of resistance.

CONCLUSIONS

Recent literature that relates to subsequent children and their families and whānau is focused on parents who have been involved in recurrent care and protection proceedings. Additional insights have been gathered from research on families with complex needs, including families where child maltreatment occurs.

Children of parents involved in care and protection proceedings are often very young and experience neglect, emotional abuse, and poor health. Mothers of these children are often very young and face complex health and social issues, and limited resources. Family environments often involve domestic violence, substance misuse, and mental illness.

Approaches that are suggested in the literature that would work best for subsequent children and their families and whānau include multi-modal, whole-of-family, culturally responsive approaches that include cross-sector collaboration and continuity of care. Indigenous leadership and participatory approaches to meeting the needs of subsequent children and their families and whānau are important.

Much of the recent literature that relates to subsequent children is framed around parents and their children involved in recurrent care proceedings. Children who are involved in recurrent care proceedings or notifications are more likely to be very young (i.e., aged 12 months or less). They experience high levels of neglect and emotional abuse and experience poor health outcomes. Māori children's involvement in child protection services in New Zealand is three times higher than that of European children, and Indigenous children in Australia have a higher likelihood of being involved in a recurrent child maltreatment notification than European children.

Families with subsequent children (and more generally, families with complex needs where child maltreatment occurs) are environments where parents can experience higher levels of domestic violence, substance misuse and abuse, and mental illness, than the general population. These three factors were important risk factors in literature that looked at cases of child maltreatment where child deaths occurred. Research with whānau Māori highlighted that their experiences in the care and protection system in New Zealand are poor, and that communication, being treated with respect, and involvement with decision-making were important for them in order to engage more effectively with the system. Whānau Māori also said that government agencies needed to provide understandable and consistent information, minimise process delays, and hold themselves and others accountable for failings. Indigenous leadership and participatory approaches to solutions were also seen as important.

Literature on interventions that relate to mothers involved in recurrent care proceedings offer some insight into what could work for parents of subsequent children and their families (e.g., Broadhurst, Alrouh, et al., 2015; Broadhurst & Mason, 2013; Cox et al., 2017). However, having had a child removed previously may be a barrier to engagement in services for subsequent children, including pre-natal care, or other interventions to support parents and families (e.g., Stone, 2018; Wall-Wieler et al., 2019). A supportive, individually tailored intervention involving contraception and sexual health education for mothers in recurrent care proceedings in the UK (Pause) was evaluated and found to delay pregnancies to provide mothers the space to make positive improvements (McCracken et al., 2017). However, ethical issues associated with interventions aiming to prevent pregnancies –

should these be seen as a possible approach in the New Zealand context – must be interrogated (e.g., Broadhurst, Shaw, et al., 2015).

Interventions in the New Zealand context specifically for subsequent children and their families and whānau were rare. One collaboratively designed intervention to support families and whānau with subsequent children is in its early pilot stage with two service providers. Early, promising results from one provider utilising a group therapy approach are evident for families and whānau participating, but there were low levels of engagement (Stone, 2018). Other New Zealand-based interventions – while not specifically related to subsequent children and their families and whānau – such as Family Start and Early Start home visiting programmes and Incredible Years parenting programme show promise and have demonstrated positive outcomes as interventions for families who are involved in the care and protection system. Studies from the international literature highlighted a number of interventions for families where there may be a risk of child maltreatment – home visiting programmes, parenting programmes, trauma-informed approaches – to name a few. Many of the examples included have strong evidence to support their efficacy.

Because there are significant gaps in the literature for subsequent children and their families, it is difficult to determine what approaches will achieve the best outcomes, but there are examples from New Zealand (Stone, 2018) and the UK (Broadhurst & Mason, 2013; Broadhurst et al., 2017; Broadhurst, Shaw, et al., 2015; McCracken et al., 2017) that are promising.

Much of the literature reviewed for this evidence brief pointed toward the need for multi-modal approaches for working with parents and families with subsequent children (and, in general, for families where child maltreatment occurs), to ensure that the varying needs of children, parents, and families and whānau are met. Connection to culture and family or whānau is important for Māori children and whānau Māori involved in the care and protection system. Holistic approaches emphasising collaboration between sectors to working with families where child maltreatment is an issue, is also recommended throughout the literature. Literature relating to child protection, recurrent exposure to child protection services and initiatives to address child maltreatment also discusses the need for systemic, preventative, public health approaches to prevent child maltreatment.

While international literature offers insights, there is a lack of research on the characteristics and needs of subsequent children, their parents and families in the New Zealand context, particularly for whānau Māori. Primary research is required to better understand the needs of this population group, and to ensure appropriate interventions are developed to address their needs.

REFERENCES

Ainsworth, F., & Hansen, P. (2017). A Study of the use of Section 106a of the Children and Young Persons (Care and Protection) Act 1998 in the New South\Wales Children's Court. *Children Australia*, *42*(3), 198–204. https://doi.org/10.1017/cha.2017.8

Austin, A. (2016). Is prior parental criminal justice involvement associated with child maltreatment? A systematic review. *Children and Youth Services Review*, *68*, 146–153. https://doi.org/10.1016/j.childyouth.2016.07.008

Bailey, C., Klas, A., Cox, R., Bergmeier, H., Avery, J., & Skouteris, H. (2019). Systematic review of organisation-wide, trauma-informed care models in out-of-home care (OoHC) settings. *Health and Social Care in the Community*, *27*(3), e10–e22. https://doi.org/10.1111/hsc.12621

Bedston, S., Philip, G., Youansamouth, L., Clifton, J., Broadhurst, K., Brandon, M., & Hu, Y. (2019). Linked lives: Gender, family relations and recurrent care proceedings in England. *Children and Youth Services Review*, *105*(June), 104392. https://doi.org/10.1016/j.childyouth.2019.104392

Berger, L. M., & Font, S. A. (2015). The role of the family and family-centered programs and policies. *Future of Children*, *25*(1), 155–176. https://doi.org/10.1353/foc.2015.0007

Boulton, A., Potaka-Osborne, G., Cvitanovic, L., & Williams-Blyth, T. (2018). E tipu E rea: the care and protection of indigenous (Māori) children. *New Zealand Law Journal*, *3*(February), 3–7.

Broadhurst, K., Alrouh, B., Yeend, E., Harwin, J., Shaw, M., Pilling, M., … 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*(8), 2241–2260. https://doi.org/10.1093/bjsw/bcv130

Broadhurst, K., & Mason, C. (2013). Maternal outcasts: Raising the profile of women who are vulnerable to successive, compulsory removals of their children - a plea for preventative action. *Journal of Social Welfare and Family Law*, *35*(3), 291–304. https://doi.org/10.1080/09649069.2013.805061

Broadhurst, K., Mason, M. C., Bedston, S., Alrouh, B., Morriss, L., McQuarrie, M. T., … Kershaw, M. S. (2017). Vulnerable birth mothers and recurrent care proceedings. *University of Lancaster*, 24. https://doi.org/10.1007/978-1-61779-845-0_11

Broadhurst, K., Shaw, M., Kershaw, S., Harwin, J., Alrouh, B., Mason, C., & Pilling, M. (2015). Vulnerable birth mothers and repeat losses of infants to public care: Is targeted reproductive health care ethically defensible? *Journal of Social Welfare and Family Law*, *37*(1), 84–98. https://doi.org/10.1080/09649069.2015.998007

Bywater, T. (2017). Effectiveness of cognitive and behavioural group-based parenting programmes to enhance child protective factors and reduce risk factors for maltreatment. In L. Dixon, D. F. Perkins, C. Hamilton-Giachritsis, & L. A. Craig (Eds.), *The Wiley Handbook of What Works in Child Maltreatment: An Evidence-Based Approach to Assessment and Intervention in Child Protection* (pp. 328–348). Chichester, West Sussex, UK: John Wiley & Sons Incorporated.

Cox, P., Barratt, C., Blumenfeld, F., Rahemtulla, Z., Taggart, D., & Turton, J. (2017). Reducing recurrent care proceedings: initial evidence from new interventions. *Journal of Social Welfare and Family Law*, *39*(3), 332–349. https://doi.org/10.1080/09649069.2017.1345083

Cram, F. (2012). *Safety of subsequent children: Māori children and whānau: A review of selected literature*.

Deblinger, E., Pollio, E., & Runyon, M. K. (2017). Effective therapies for children and non-offending caregivers in the aftermath of child sexual abuse or other traumas. In L. Dixon, D. F. Perkins, C. Hamilton-Giachritsis, & L. A. Craig (Eds.), *The Wiley Handbook of What Works in Child Maltreatment: An Evidence-Based Approach to Assessment and Intervention in Child Protection* (pp. 313–327). Chichester, West Sussex, UK: John Wiley & Sons Incorporated.

Del Valle, J. F., & Bravo, A. (2013). Current trends, figures and challenges in out of home child care: An international comparative analysis. *Psychosocial Intervention*, *22*(3), 251–257. https://doi.org/10.5093/in2013a28

Easterbrooks, M. A., Kotake, C., & Fauth, R. (2019). Recurrence of maltreatment after newborn home visiting: A randomized controlled trial. *American Journal of Public Health*, *109*(5), 729–735. https://doi.org/10.2105/AJPH.2019.304957

Everitt, L.; Homer, C., Fenwick, J. (2017). Working with vulnerable pregnant women who are at risk of having their babies removed by the Child Portection Agency in New South Wales, Australia. *Child Abuse Review*, *26*(July 2016), 351–363. https://doi.org/10.1002/car

Fergusson, D., Boden, J., & Horwood, J. (2012). Early Start Evaluation Report: Nine Year Follow Up. In *MSD Report*. Retrieved from https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/evaluation/early-start-evaluation-report-nine-year-follow-up.pdf

Fernandez, E., & Atwool, N. (2013). Child protection and out of home care: Policy, practice, and research connections Australia and New Zealand. *Psychosocial Intervention*, *22*(3), 175–184. https://doi.org/10.5093/in2013a21

Fitz-Gibbon, K., Maher, J. M., McCulloch, J., & Segrave, M. (2019). Understanding and responding to family violence risks to children: Evidence-based risk assessment for children and the importance of gender. *Australian and New Zealand Journal of Criminology*, *52*(1), 23–40. https://doi.org/10.1177/0004865818760378

Frederico, M.; Jackson, A.; Dwyer, J. . (2014). Child protection and cross-sector practice: An analysis of child death reviews to inform practice when multiple parental risk-factors are present. *Child Abuse Review*, *23*, 104–115. https://doi.org/10.1002/car

Hendricks, A. K., & Stevens, K. (2012). *Safety of subsequent children: International literature review*.

Herrenkohl, T. I., Higgins, D. J., Merrick, M. T., & Leeb, R. T. (2015). Positioning a public health framework at the intersection of child maltreatment and intimate partner violence: Primary prevention requires working outside existing systems. *Child Abuse and Neglect*, *48*, 22–28. https://doi.org/10.1016/j.chiabu.2015.04.013

Hoefer, R., & Bryant, D. (2017). A Quantitative Evaluation of the Multi-Disciplinary Approach to Prevention Services (MAPS) Program to Protect Children and Strengthen Families. *Journal of Social Service Research*, *43*(4), 459–469. https://doi.org/10.1080/01488376.2017.1295009

Hollinshead, D. M., Corwin, T. W., Maher, E. J., Merkel-Holguin, L., Allan, H., & Fluke, J. D. (2017). Effectiveness of family group conferencing in preventing repeat referrals to child protective services and out-of-home placements. *Child Abuse and Neglect*, *69*(April), 285–294. https://doi.org/10.1016/j.chiabu.2017.04.022

Jenkins, B. Q., Tilbury, C., Hayes, H., & Mazerolle, P. (2018). Factors associated with child protection recurrence in Australia. *Child Abuse and Neglect*, *81*(November 2017), 181–191. https://doi.org/10.1016/j.chiabu.2018.05.002

Katz, C. (2013). The narratives of abused children who have survived attempted filicide. *Child Abuse and Neglect*, *37*(10), 762–770. https://doi.org/10.1016/j.chiabu.2013.04.015

Klag, S., Fox, T., Martin, G., Eadie, K., Bergh, W., Keegan, F., … Raeburn, N. (2016). Evolve Therapeutic Services: A 5-year outcome study of children and young people in out-of-home care with complex and extreme behavioural and mental health problems. *Children and Youth Services Review*, *69*, 268–274. https://doi.org/10.1016/j.childyouth.2016.08.017

Krakouer, J., Wise, S., & Connolly, M. (2018). "We Live and Breathe Through Culture": Conceptualising Cultural Connection for Indigenous Australian Children in Out-of-home Care. *Australian Social Work*, *71*(3), 265–276. https://doi.org/10.1080/0312407X.2018.1454485

McCarroll, J. E., Fisher, J. E., Cozza, S. J., Robichaux, R. J., & Fullerton, C. S. (2017). Characteristics, Classification, and Prevention of Child Maltreatment Fatalities. *Military Medicine*, *182*(1), e1551–e1557. https://doi.org/10.7205/milmed-d-16-00039

McCracken, K., Fitzsimons, A., Priest, S., Bracewell, K., Tochia, K., Parry, W., & Stanley, N. (2017). *Evaluation of Pause Research Report*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625374/Evaluation_of_Pause.pdf

Ministry of Social Development. (2016). *Evidence Brief: Family Start Quasi-Experimental Impact Study*. Wellington, New Zealand.

Ministry of Social Development. (2017). *Evidence Brief: A study of the impact of Teen Parent Units on young mothers' educational outcomes*. Wellington.

Pinto, C. (2019). Looked after and adopted children: applying the latest science to complex biopsychosocial formulations. *Adoption & Fostering*, *43*(3), 294–309. https://doi.org/10.1177/0308575919856173

Putkonen, H., Amon, S., Weizmann-Henelius, G., Pankakoski, M., Eronen, M., Almiron, M. P., & Klier, C. M. (2016). Classifying filicide. *International Journal of Forensic Mental Health*, *15*(2), 198–210. https://doi.org/10.1080/14999013.2016.1152616

Rouland, B., Vaithianathan, R., Wilson, D., & Putnam-Hornstein, E. (2019). Ethnic Disparities in Childhood Prevalence of Maltreatment: Evidence From a New Zealand Birth Cohort. *American Journal of Public Health*, *109*(9), 1255–1257. https://doi.org/10.2105/ajph.2019.305163

Runyon, M. K., Cruthirds, S., & Deblinger, E. (2017). Evidence-based approaches to empower children and families at risk for child physical abuse to overcome abuse and violence. In L. Dixon, D. F. Perkins, C. Hamilton-Giachritsis, & L. A. Craig (Eds.), *The Wiley Handbook of What Works in Child Maltreatment: An Evidence-Based Approach to Assessment and Intervention in Child Protection* (pp. 297–312). Chichester, West Sussex, UK: John Wiley & Sons Incorporated.

Sanders, M. R., & Pickering, J. A. (2017). The prevention of child maltreatment: The case for a public health approach to behavioural parenting intervention. In L. Dixon, C. Hamilton-Giachritsis, & L. A. Craig (Eds.), *The Wiley handbook of what works in child maltreatment: An evidence-based approach to assessment and intervention in child protection* (pp. 163–175). Chichester, West Sussex, UK: John Wiley & Sons Incorporated.

Stahlschmidt, M. J., Jonson-Reid, M., Pons, L., Constantino, J., Kohl, P. L., Drake, B., & Auslander, W. (2018). Trying to bridge the worlds of home visitation and child welfare: Lessons learned from a formative evaluation. *Evaluation and Program Planning*, *66*(September 2017), 133–140. https://doi.org/10.1016/j.evalprogplan.2017.10.001

Stone, G. (2018). *Subsequent Parents Trial: Evaluation mid-point summary of findings and learnings*.

Sturrock, F., Gray, D., Fergusson, D., Horwood, J., & Smits, C. (2014). *Incredible Years Follow-up Study*. https://doi.org/10.5093/in2012a15

Wall-Wieler, E., Kenny, K., Lee, J., Thiessen, K., Morris, M., & Roos, L. L. (2019). Prenatal care among mothers involved with child protection services in Manitoba: A retrospective cohort study. *Cmaj*, *191*(8), E209–E215. https://doi.org/10.1503/cmaj.181002

Wall-Wieler, E., Roos, L. L., Brownell, M., Nickel, N. C., Chateau, D., & Nixon, K. (2018). Postpartum Depression and Anxiety Among Mothers Whose Child was Placed in Care of Child Protection Services at Birth: A Retrospective Cohort Study Using Linkable Administrative Data. *Maternal and Child Health Journal*, *22*(10), 1393–1399. https://doi.org/10.1007/s10995-018-2607-x

Yampolskaya, S., Sharrock, P., Armstrong, M. I., Strozier, A., & Swanke, J. (2014). Profile of children placed in out-of-home care: Association with permanency outcomes. *Children and Youth Services Review*, *36*, 195–200. https://doi.org/10.1016/j.childyouth.2013.11.018

Ziviani, J., Feeney, R., Cuskelly, M., Meredith, P., & Hunt, K. (2012). Effectiveness of support services for children and young people with challenging behaviours related to or secondary to disability, who are in out-of-home care: A systematic review. *Children and Youth Services Review*, *34*(4), 758–770. https://doi.org/10.1016/j.childyouth.2012.01.002

APPENDIX 1: APPRAISAL OF LITERATURE

Citation	Relevance to research areas	Type of study	Jurisdiction	Relevance to Māori or Indigenous populations
Ainsworth & Hansen (2017)	Impact of legislation for subsequent children	Individual study, analysis of *N*=2015 Court files	NSW, Australia	N/A
Austin (2016)	Parental justice involvement as a risk factor for child maltreatment	Systematic review, 10 US-based studies	USA	N/A
Bailey et al. (2019)	Organisation-wide trauma-informed care models in out-of-home care	Systematic review, seven US-based studies	USA	N/A
Bedston et al. (2019)	Recurrent care proceedings, subsequent pregnancies	Individual study, population-level administrative data (*N*=25,457)	England	N/A
Berger & Font (2015)	Family-centred programmes and policies	Literature review, commentary	USA authors	N/A
Boulton et al. (2018)	Whānau Māori experiences in the care and protection system	Individual study, literature review (18 documents), interviews (*N*=10)	NZ	Yes
Broadhurst & Mason (2013)	Policy/practice responses to mothers who experience successive child removal	Literature review, commentary	England	N/A

Citation	Relevance to research areas	Type of study	Jurisdiction	Relevance to Māori or Indigenous populations
Broadhurst & Alrouh, et al. (2015)	Profiling women with repeat involvement in care proceedings	Individual study, population profiling from national records from Children and Family Court Advisory and Support Service (*N*=43,541 birth mothers, 2007-2014)	England	N/A
Broadhurst & Shaw, et al. (2015)	Role of enhanced reproductive health care in helping mothers exit recurrent care proceedings	Literature review, reporting of data from larger study, commentary	England	N/A
Broadhurst et al. (2017)	Vulnerable birth mothers and recurrent care proceedings	Full report on study carried out from 2014-2017 (other papers published above)	England	N/A
Bywater (2017)	Interventions to enhance child protective factors and reduce risk factors	Book chapter – literature review, commentary	International (pub. England)	N/A
Cox et al. (2017)	Interventions to reduce recurrent care proceedings	Evaluation of two interventions. Baseline data from *N*= 82 clients; clinical data from *N*=12 clients (pre-intervention) *N*=5 (post-intervention follow-up); interviews with *N*=9 clients, *N*=5 practitioners	England	N/A
Craig et al. (2017)	Child maltreatment	Book chapter – literature review, commentary	International (pub. England)	N/A
Cram (2012)	Contextual – previous study. Child maltreatment in relation to whānau Māori	Literature review, commentary	NZ	Yes

Citation	Relevance to research areas	Type of study	Jurisdiction	Relevance to Māori or Indigenous populations
Deblinger et al. (2017)	Trauma informed therapies for children (including for sexual abuse)	Book chapter – literature review, commentary	International (pub. England)	N/A
Del Valle & Bravo (2013)	Trends in out-of-home child care	International comparative analysis	Spain authors	Yes
Easterbooks et al. (2019)	Newborn home visiting programme and recurrence of maltreatment	Randomised control trial (*N*=688)	Massachusetts, USA	N/A
Everitt et al. (2017)	Vulnerable women at risk of having their babies removed	Interviews with midwives (*N*=91)	NSW, Australia	N/A
Fergussen et al. (2012)	Intervention for children/parents, most disadvantaged 15% of population	Nine-year follow-up Evaluation of *Early Start*. Randomised trial, *N*=220 families in programme, *N*=200 as control	Christchurch, NZ	Yes
Fernandez & Atwool (2013)	Overview of child protection systems and policies, including permanency polices	Profiles selected research studies, focussing on care outcomes	NZ and Australia	Yes
Fitz-Gibbon et al. (2019)	Family violence service use in relation to involvement in care and protection services	Reflections following study (survey, focus groups, in-depth interviews) with *N*=1000+ members of Victoria's family violence system	Victoria, Australia	N/A
Frederico et al. (2014)	Deaths of children known to care and protection services	Analysis of *N*=16 child death reviews, where the child was known to protection services	Victoria, Australia	N/A

Citation	Relevance to research areas	Type of study	Jurisdiction	Relevance to Māori or Indigenous populations
Hendricks & Stevens (2012)	Contextual – previous study. Safety of subsequent children	International literature review	International – produced in NZ	Yes
Herrenkohl et al. (2015)	Child maltreatment prevention strategy	Advocating a public health framework for a comprehensive prevention strategy, based on CDC *Essentials for Childhood* framework	Australia and USA-based authors	N/A
Hoefer et al. (2017)	Reducing child abuse and neglect	Quantitative evaluation	Texas, USA	N/A
Hollinshead et al. (2018)	Preventing out-of-home placements through family group conferences	Analysis of 3-year RCT; *N*=542 families (including control of *N*=272 families)	Colorado, USA	N/A
Jenkins et al. (2018)	Examining recurrence of child protection notifications	Children tracked for 12 months via administrative data (*N*=9608 children first subject to a screened-in report in 2011–2012)	Queensland, Australia	Yes
Katz (2013)	Children's experiences of attempted filicide	Content analysis of investigative interviews with children (*N*=7) who survived a filicide attempt	Israel	N/A
Klag et al. (2016)	Children with complex and extreme behavioural and mental health problems who live in out-of-home care	Five-year outcomes study of Evolve Therapeutic Services. *N*=369 ETS clients aged 1 – 17 years where treatment had concluded. Analysis of data collected during treatment	Queensland, Australia	Yes
Krakouer et al. (2018)	Indigenous Australian children in OOHC	Literature review, commentary	Victoria, Australia	Yes

Citation	Relevance to research areas	Type of study	Jurisdiction	Relevance to Māori or Indigenous populations
McCarroll et al. (2017)	Public health approach to prevention of maltreatment fatalities	Review of literature re types of child maltreatment deaths	International, military	N/A
McCracken et al. (2017)	18-month intervention providing tailored, intensive support	18-month mixed-methods Programme evaluation – PAUSE. *N*=95 women across five Practices with two or more children removed from their care; and *N*=30 women with one child removed	UK	N/A
MSD (2016)	Family Start. Found to reduce post neonatal mortality	Evidence brief based on recent quasi-experimental evaluation	NZ	Yes
MSD (2017)	Teen Parent Units	Evidence brief, linked research data from across education and other social services	NZ	Yes
Pinto (2019)	Tailoring interventions for unique needs children in out-of-home care	Case study, *N*=1 15-year-old boy with cognitive and emotional difficulties	UK	N/A
Putkonen et al. (2016)	Classifying filicide	Register-based study of all cases of filicide in Austria and Finland from 1995-2005 (*N*=152: 86 Austria, 66 Finland)	Austria and Finland	N/A
Rouland et al. (2019)	Ethnic disparities in childhood prevalence of maltreatment	Study of 1998 NZ birth cohort of *N*=56,904 children using data from Integrated Data Infrastructure (IDI) – determined cumulative childhood prevalence of reports to child protective services (CPS), substantiated maltreatment, out-of-home	NZ	Yes

Citation	Relevance to research areas	Type of study	Jurisdiction	Relevance to Māori or Indigenous populations
		placements: birth to 18 years, by ethnic group		
Runyon et al. (2017)	Interventions that work to address child maltreatment	Book chapter – literature review, commentary	International (pub. England)	N/A
Sanders & Pickering (2017)	Public health approaches to preventing child maltreatment	Book chapter – literature review, commentary	International (pub. England)	N/A
Stahlschmidt et al. (2018)	Preventative possibilities of home visitation programmes that support parents	Mixed-methods, formative evaluation of programme. Focus groups with Case Workers (*N*=13) and Parent Educators (*N*=12). *N*=73 families participated	Mid-west USA	Yes
Stone (2018)	Triall of programme to support parents whose child(ren) has/have been removed	Mid-point evaluation of the Subsequent Parents Trial, a collaborative design project to explore effective way of working, *N*=6 involved at time of evaluation	New Zealand	Yes
Sturrock et al. (2014)	Incredible Years Parenting training – intervention for parents in NZ	Incredible Years pilot study: 2-year study, mixed methods, single case studies, 6-month follow-up. *N*=166 primary caregivers of children age 3-8 years	New Zealand	Yes
Wall-Wieler et al. (2019)	Prenatal care amongst mothers involved with child protection services	Linked administrative data, (*N*=52,607 women whose first two children were born in Manitoba between 1998 and 2015)	Manitoba, Canada	Yes

Citation	Relevance to research areas	Type of study	Jurisdiction	Relevance to Māori or Indigenous populations
Wall-Wieler et al. (2018)	Depression and anxiety amongst mothers involved with child protection services	Linked administrative data. Retrospective cohort (1995 – 2015) (*N*=776)	Manitoba, Canada	N/A
Yampolskaya et al. (2014)	Subgroups of children in out-of-home care – including children from families with complex needs	Florida's Statewide Automated Child Welfare Information System Administrative data (*N*=33,092 children removed from home for at least one day 2008-2009)	Florida, USA	N/A
Ziviani et al. (2012)	Interventions for children in care with emotional and behavioural difficulties	Systematic review (four studies met criteria, including two RCTs)	International	N/A

EVIDENCE CENTRE
TE POKAPŪ TAUNAKITANGA

ORANGA TAMARIKI
Ministry for Children