

Intergenerational Cycles of Significant Adversity

Evidence Summary

The Evidence Summaries have not been conducted or written as rapid reviews, systematic reviews or comprehensive literature reviews. Instead they were designed and written as brief notes intended to give the Independent Review of Children's Social Care a quick overview of some of the evidence on a particular topic or question. They are only being published for transparency and given their limited scope, are not intended as a resource for wider purpose.

What do we know about parents' experiences, and inter-generational experiences of CSC?

- What data exists on the parents of children who interact with CSC?
- What services do they also interact with?
- What is the likelihood that they have also experienced CSC as a child?

Introduction

This note produced by WWCSA for the Care Review Team will focus on Intergenerational Cycles of Significant Adversity. For our purposes this paper will be split into two broad sections, the first focussing on intergenerational cycles of disadvantage or adversity more generally; and the second on intergenerational cycles of CSC. The data presented largely suggests that if your parents grow up in adversity or disadvantage you are more likely to have similar experiences of adversity than if your parents do not experience a more challenging start in life.

When discussing 'intergenerational cycles' this principally relates to the passing on of a trait, experience or risk factor from parent to child. This can be factors as varied as malnutrition to poverty, abuse or violence.

WWCSA have also produced an evidence summary on the long term impacts of adversity and care experience, including a discussion on ACEs, and the overlaps on these two topics are worthy of note. Particularly with regards to education, socioeconomic factors, involvement in the criminal justice system and mental health, among others.

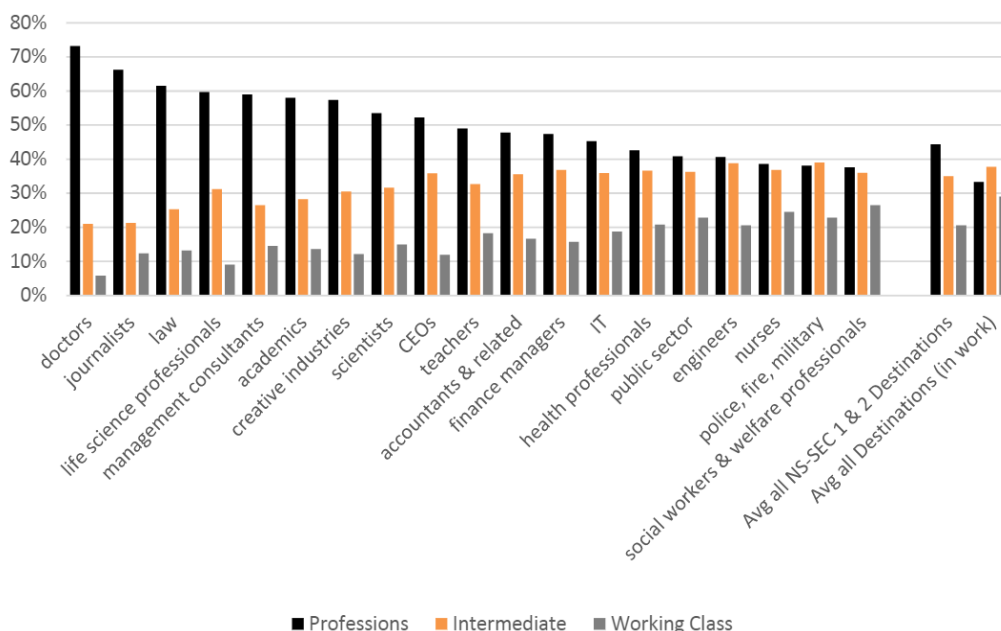
Intergenerational cycles of disadvantage

Where there is evidence to suggest intergenerational cycles of disadvantage, we should reflect on how they could intersect with intergenerational cycles of CSC. One way that intergenerational cycles of disadvantage are continued is through the workplace, for example those from working-class backgrounds earn on average £6,800 less than colleagues from professional and managerial backgrounds and people who grew up in "workless households" are 15-18 percentage points more likely to be workless themselves as adults.¹ These findings are emphasised by data on occupation; For those from working-class backgrounds, the odds of

¹ Friedman, S., Laurison, D. and Macmillan, L. (2017). *Social Mobility, the Class Pay Gap and Intergenerational Worklessness: New Insights from The Labour Force Survey*.



following in their parents' occupational footsteps are 2.3 times higher than the odds of those from more advantaged backgrounds moving into working-class jobs, as demonstrated by the graph below. Indeed Friedman et al. (2017) found that 45% of earnings inequalities are passed across generations.



Access to Selected Professions (by parental NS-SEC class)

When comparing the levels of social mobility, the US and the UK have high levels of income persistence (low mobility) across generations while Sweden is more moderate. Levels of educational inequality are surprisingly similar in all three countries with the majority of the difference between the US/UK and Sweden working through unequal returns to education and, more strikingly, inequality of opportunities for people with similar educational qualifications.² There are also links between women's education and their fertility decisions, generally where there is a low level of education and schooling women tend to have children at a younger age; the more education a woman has the more ability she has to make reproductive choices and with this comes better access to the labour market.³ To follow this through, research shows that two thirds of social immobility is driven through education.⁴ Arguably therefore, to reduce inequalities and the intergenerational transmission of disadvantage, there should be better access to quality education.

Further to this, there is evidence to suggest that location plays a role in the disadvantage experienced. As evidenced by the American 'Moving To Opportunity' project which found that moving to a neighbourhood that is just a few miles away can change children's average earnings

² Gregg, P., Jonsson, J.O., Macmillan, L. and Mood, C. (2013). *Understanding income mobility: the role of education for intergenerational income persistence in the US, UK and Sweden*. [online] ideas.repec.org. Available at: <https://ideas.repec.org/p/qss/dqsswp/1312.html#author-abstract> [Accessed 5 May 2021].

³ Martin, T. (1995). Women's Education and Fertility: Results from 26 Demographic and Health Surveys. *Studies in Family Planning*, 26(4), 187-202. doi:10.2307/2137845

⁴ Sanders, M. and Hume, S. (2019). *Social butterflies: reclaiming the positive power of social networks*. London: Michael O'mara Books Limited.



by several thousand dollars a year and have significant effects on a spectrum of other outcomes ranging from incarceration to teenage birth rates.⁵ Research done by the Nuffield Family Justice Observatory found considerable regional differences in the proportion of children being removed at birth. In several local authorities in England around one child in 100 was BIC (in the most extreme case it was 1 in 55), while in others the rate was less than 1 in 1000 live births. Additionally, when considering demand for CSC, it is argued that demand for services was highly correlated with average levels of deprivation, this meant that affluent local authorities were more likely to use statutory interventions (including CP plans) to deal with referrals, and to spend more money on the children they worked with.⁶ Children born into high deprivation local authorities had a greater chance of entering care in their first week than children born in less deprived authorities and on average each step down makes a difference.⁷

Intergenerational cycles of CSC

Repeat Removals

Research suggests that children whose parents were in care are more likely to be in care themselves.^{8,9}

One element to consider in intergenerational cycles of CSC is “repeated removals”. This refers to when a parent has had more than one child removed from their care. For example, 40% of recurrent mothers (mothers who have had more than one child removed) had experienced period(s) of formal out-of-home care. In addition a further 14% were in informal out of home care arrangements as reported at the time of removal.¹⁰ This is potentially suggestive of a link between care experience and repeated removals. Mothers who are involved in recurrent removals are more likely to have their children at a younger age, with 64% having their first child before the age of 20¹¹. They are also more likely to have four or more children (42%) compared to the general population, where two-child families are the most common. This can contribute to disadvantage experienced, as evidence shows that with each birth there is a reduction in paid work of

⁵ Chetty, R., Friedman, J., Hendren, N., Jones, M., Porter, S., Abowd, J., Bergman, P., Deming, D., Glaeser, E., Grusky, D., Katz, L., Moretti, E., Sampson, R., Dockes, C., Droste, M., Goldman, B., Hoyle, J., Gonzalez Rodriguez, F., Gracie, J. and Jacob, M. (2018). *Nber Working Paper Series The Opportunity Atlas: Mapping The Childhood Roots Of Social Mobility*. [online] . Available at: https://www.nber.org/system/files/working_papers/w25147/w25147.pdf.

⁶ Hood, R., Goldacre, A., Gorin, S., Bywaters, P. and Webb, C. (2020). *Identifying and understanding the link between system conditions and welfare inequalities in children's social care services*.

⁷ Bilson, A. and Bywaters, P. (2020.) Born into care: Evidence of a failed state. *Children and Youth Services Review*, 116, p.105164.

⁸ Jackson, S. and Simon, A. (2005). *The Costs and Benefits of Educating Children in Care*; In Chase E, Simon A & Jackson S (Eds) 'In Care and After: A Positive Perspective' (pp.44–62) London: Routledge

⁹ Hyde, C. and Jones, S. (2018). *Careless Care Pregnancy and parenthood for girls and women who have been in care A Discussion Paper From The Centre For Welfare Reform*. [online] . Available at: <https://www.centreforwelfarereform.org/uploads/attachment/621/careless-care.pdf>.

¹⁰ Broadhurst, K., Mason, C., Bedston, S., Alrouh, B., Morriss, L., Mcquarrie, T., Palmer, M., Shaw, M., Harwin, J. and Kershaw, S. (2017). *Vulnerable Birth Mothers and Recurrent Care Proceedings Final Main Report*. [online] . Available at: http://wp.lancs.ac.uk/recurrent-care/files/2017/10/mrc_final_main_report_v1.0.pdf [Accessed 5 May 2021].

¹¹ Broadhurst, K., Mason, C., Bedston, S., Alrouh, B., Morriss, L., Mcquarrie, T., Palmer, M., Shaw, M., Harwin, J. and Kershaw, S. (2017). *Vulnerable Birth Mothers and Recurrent Care Proceedings Final Main Report*. [online] . Available at: http://wp.lancs.ac.uk/recurrent-care/files/2017/10/mrc_final_main_report_v1.0.pdf [Accessed 5 May 2021].



approximately four years.¹² In addition, as already highlighted, better access to education, leads to women having children later and improves access to the labour market.

Looking at recurrent care proceedings Harwin et al (2018) found that mothers experiencing repeated removals make up a substantial proportion of 'care cases' in all six regional court circuits in England, on average they make up approximately 20%. To note, not all of these women were care experienced themselves.¹³

There is some suggestion that placement type for the parent could be a factor in the likelihood of repeat removals. 39% of mothers experiencing repeat removal had residential care recorded as their placement type; with 12% in secure accommodation.¹⁴ Children placed in residential care tend to have significantly more complex needs, for example, 72% of children in residential settings have a diagnosable mental health condition, and 38% have special educational needs (Children's Society, November 2015).

Broadhurst et al. (2017) also examined the "ACEs (Adverse Childhood Experiences) score" of the mothers in their sample and found that there is a positive association between being looked after and a mother's ACE score, 56% of recurrent mothers experiencing four or more different types of adverse experience in childhood.¹⁵ Indeed, of mothers experiencing repeat removals - 66% experienced neglect, 67% experienced emotional abuse, 52% experienced physical abuse, 53% experienced sexual abuse and 20% experienced further maltreatment in care. When compared to national prevalence these statistics are high. As we know experiencing adversity in childhood, particularly abuse, is a significant risk factor not just for care experience but also for other negative long term impacts on mental and physical health as well as things like employment and offending.¹⁶¹⁷¹⁸¹⁹

The mothers in this research (Broadhurst et al. 2017) unsurprisingly had a range of issues as reported by the local authority. The most common concern was service non-engagement (72% at recurrent mothers' index proceedings), second most common was being a victim of domestic abuse (65%), engaging in substance misuse (56%), and experiencing mental health issues (51%). These factors are echoed in the research into long term impacts of ACEs, with respect to their

¹² Bloom, D.E., Canning, D., Fink, G. and Finlay, J.E. (2009). Fertility, female labor force participation, and the demographic dividend. *Journal of Economic Growth*, 14(2), pp.79–101.

¹³ Harwin, J., Alrouh, B., Bedston, S., Broadhurst, K. and St (2010). *Care Demand and Regional Variability in*. [online] . Available at: http://wp.lancs.ac.uk/cfj/files/2018/03/Care-Demand-Regional-Variability-Report_2018.02.21_V1.2.pdf [Accessed 5 May 2021].

¹⁴ Broadhurst, K., Mason, C., Bedston, S., Alrouh, B., Morriss, L., Mcquarrie, T., Palmer, M., Shaw, M., Harwin, J. and Kershaw, S. (2017). *Vulnerable Birth Mothers and Recurrent Care Proceedings Final Main Report*. [online] . Available at: http://wp.lancs.ac.uk/recurrent-care/files/2017/10/mrc_final_main_report_v1.0.pdf [Accessed 5 May 2021].

¹⁵ For more on ACEs and long-term impacts see WWCS note on the topic.

¹⁶ Gilbert, R., Widom, C.S., Browne, K., Fergusson, D., Webb, E. and Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet*, 373(9657), pp.68–81.

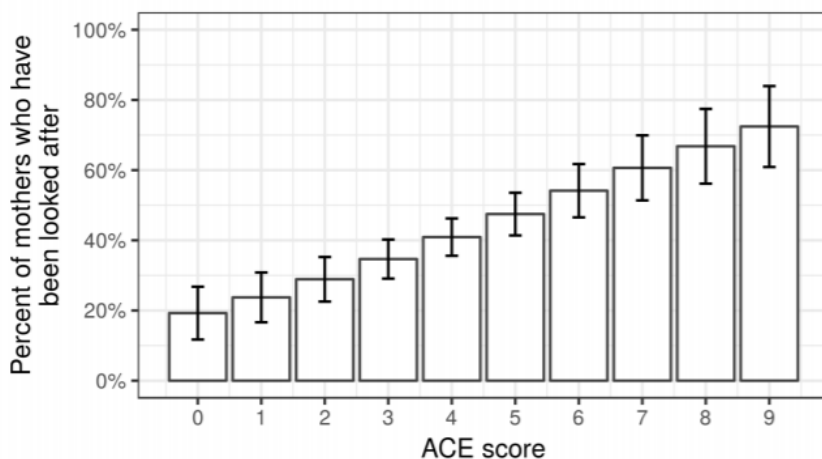
¹⁷ Kazemian, L., Spatz Widom, C. and Farrington, D.P. (2011). A Prospective Examination Of The Relationship Between Childhood Neglect And Juvenile Delinquency In The Cambridge Study In Delinquent Development. *International Journal of Child, Youth and Family Studies*, 2(1/2), p.65.

¹⁸ Pinto Pereira, S.M., Li, L. and Power, C. (2016). Child Maltreatment and Adult Living Standards at 50 Years. *Pediatrics*, 139(1), p.e20161595.

¹⁹ Thomas, C., Hyppönen, E. and Power, C., (2008). Obesity and type 2 diabetes risk in midadult life: the role of childhood adversity. *Pediatrics*, 121(5), pp.e1240-e1249.



impact both on the mothers and then their consequential impact on the next generation.



20

A review of the cases within the NSPCC National Case Review Repository revealed that, of all the 20 serious case reviews in 2015 which concerned children under the age of 5, at least four of these involved a parent who was previously looked after by the local authority. Though this is a small sample, it is the population data for the year 2015, however it is not possible to tell if the year was representative.

Further examination of SCRs where they concern children with parents who have been in care suggests that there could be a pattern regarding the young age of children when the incidents occur. The table below shows children were overwhelmingly young at the time of review.

Ages of Children	0-1	2-4	5+	Total
Number	12	10	2	24
Percentage	50%	42%	8%	

Children subject to serious case reviews whose parents were previously in authority care (2006-2015)²¹

Likelihood of early pregnancy

The national decline in teenage or early pregnancy does not seem to be reflected in the rates of pregnancy of those who are in or have been in care.²² For example, 35% of young women were pregnant or became mothers within a year of leaving care and 15% of young men were fathers or

²⁰ Broadhurst, K., Mason, C., Bedston, S., Alrouh, B., Morriss, L., Mcquarrie, T., Palmer, M., Shaw, M., Harwin, J. and Kershaw, S. (2017). *Vulnerable Birth Mothers and Recurrent Care Proceedings Final Main Report*. [online] . Available at: http://wp.lancs.ac.uk/recurrent-care/files/2017/10/mrc_final_main_report_v1.0.pdf [Accessed 5 May 2021].

²¹ Hyde & Jones. 2018. *Careless Care: Pregnancy and parenthood for girls and women who have been in care*. The Foundation for Families

²² Mezey, G., Robinson, F., Gillard, S., Mantovani, N., Meyer, D., White, S., and Bonne, I C. (2015). Tackling the Problem of Teenage Pregnancy in Looked-After Children: A Peer Mentoring Approach. *Child and Family Social Work* doi:10.1111/cfs.12225.



expecting a child.²³ For reference this comes from a study of 106 young people leaving care from seven different LAs, a relatively small sample and now slightly dated. The 1958 Birth Cohort study found that at 33 years, young people who spent time in care were 2.5 times more likely to be teenage mothers or fathers under 22 years, than their peers (Hobcraft, 1998).²⁴ This suggests that the rates of early pregnancy among care leavers has not changed much over time. There is a lack of robust research in this area. Potentially this follows with research that shows LAC are more likely to have experienced more of the identified risk factors for teenage pregnancy than non-looked-after-CYP. Those risk factors include, high levels of social deprivation; unstable family backgrounds and frequent placement moves which undermine their emotional and physical security and are associated with unplanned pregnancies and early motherhood. Research in Canada had similar findings, teen and young adult mothers were more likely than those aged 22 or older to have childhood histories of out-of-home care (31% and 23% vs. 10%).²⁵ Additionally, young people with care experience are well documented to have lower levels of educational attainment and are about twice as likely to be not in employment, education or training at the age of 19.²⁶

In their review of research Mezey et al. (2015) found, that the children of teenage parents are more likely to become teenage parents themselves, and between 20% and 50% of 16–19 year olds with a background of care become parents compared with a rate of around 5% in the general population.²⁷ Research such as that done by Haydon (2003) and Knight et al. (2006) emphasise a suggestion that due to their experiences in care and the emotional impact of being looked after, becoming pregnant can be seen as a positive thing by some young people in care.

The likelihood of early or teenage pregnancy in women with care experience, could arguably tie in with the research that shows care experienced parents are more likely to have children who go on to have involvement in CSC.

Conclusion & Recommendations

Of particular note with this evidence is that the risk factors for adversity or disadvantage and risk factors for coming into contact with CSC are very similar. The themes identified with regards to intergenerational cycles of disadvantage and of care, all have overlaps and interlinking risk factors underlying the potential pervasiveness of the problem of intergenerational cycles of care.

²³ Dixon, J., Wade, J., Byford, S., Weatherly, H. & Lee, J. (2006). *Young People Leaving Care: A Study of Costs and Outcomes: Final Report to the Department for Education & Skills*. Social Work Research and Development Unit, University of York, York.

²⁴ Hobcraft, J. (1998). *Intergenerational and Life Course Transmission of Social Exclusion: Influences of Childhood Poverty, Family Disruption and Contact with the Police*. CASE PAPER 15. London. London School of Economics.

²⁵ Hovdestad, W., Shields, M., Williams, G. and Tonmyr, L. (2015). Vulnerability within families headed by teen and young adult mothers investigated by child welfare services in Canada. *Health promotion and chronic disease prevention in Canada : research, policy and practice*, [online] 35(8-9), pp.143–50. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4911135/> [Accessed 7 May 2021].

²⁶ Mezey, G., Robinson, F., Gillard, S., Mantovani, N., Meyer, D., White, S., and Bonne, I C. (2015). Tackling the Problem of Teenage Pregnancy in Looked-After Children: A Peer Mentoring Approach. *Child and Family Social Work* doi:10.1111/cfs.12225.

²⁷ Mezey, G., Robinson, F., Gillard, S., Mantovani, N., Meyer, D., White, S., and Bonne, I C. (2015). Tackling the Problem of Teenage Pregnancy in Looked-After Children: A Peer Mentoring Approach. *Child and Family Social Work* doi:10.1111/cfs.12225.



In closing, research suggests that if your parent(s) has been in care you are more likely to be in care yourself and are more likely to experience childhood adversity that often leads to poorer long term outcomes.