



Careless Care

Pregnancy and parenthood for girls and women who
have been in care

A DISCUSSION PAPER FROM THE CENTRE FOR WELFARE REFORM

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Foreword

To take a child into your care is a big responsibility; and currently the English government takes more children into its care every year. This action may be justified, but not only must the state act carefully when breaking up a family so it must also act responsibly in providing children with all the love and support they need as they grow into parents.

This short discussion paper from Clare and Stephanie suggests that the state, and we as those who empower it, are failing the children who enter care. Our failure creates problems that go round in circles, as young women, desperate for love and family, become young mothers.

To address this problem we must begin by understanding it. We can do this by gathering appropriate data, researching methods of good support and ensuring we address the needs of the children and young people we've taken into our care.

Families where children are abused are stigmatised for their failures. But what about the failures of the state? But what about our own failures as voters and as citizens? To fail to see what is going on is the biggest failure but it is an easy fault to rectify if the will is there.

Simon Duffy

Director of the Centre for Welfare Reform

I. Introduction

Through my work over the past 20 years I am aware that the outcomes for some children born to women or girls who have experienced childhood trauma and abuse can be very poor. The children of these women and girls are over represented among children in contact with the care system and as the subjects of serious case reviews.

This relatively small number of women and girls who were (or are still) in the care of the local authority may be the key to stopping intergenerational trauma and abuse.

Stephanie Jones carried out a review of research for me (she has a very specific set of skills!) as I wanted to be able to understand more and test my hypothesis about intergenerational damage.

What Stephanie found was:

- Research suggests that the prevalence of pregnancy and parenthood for girls and young women in and leaving local authority care is significantly higher than the comparative population. Triangulated data also indicates an intergenerational experience of local authority care or involvement. However, there is a lack of routinely collected, robust local and national data available on the issue.
- Information on parental background, including local authority care or involvement as children, is routinely collected by local authority child protection teams as part of child protection assessments or in preparation for care proceedings. This suggests that gathering further data on intergenerational experience of local authority care or involvement would be possible.
- There is no overarching government response to the issue of intergenerational cycles of care involvement. Local responses vary considerably with isolated pockets of innovative practice which are not thoughtfully connected. Their successes are rarely reported.

2. Children in care

The number of children in the care of local authorities in England has grown steadily. In 1994, approximately 49,000 children were looked after in England (MS2 Presswire, 1999), rising to 53,300 in 1998 (Department of Health, 1998). By 2014 the number of looked after children had risen to 68,840 (Department for Education, 2014a). Although the population of England also increased during this time, the growth in looked after children far outstripped more general population growth. Between 1998 and 2014 the proportion of looked after children increased from 47 to 60 per 10,000 under 18s in England. As the population of looked after children grows, so does the cost of accommodating and supporting them into adulthood (Harker and Heath, 2014).

National government does not publish longitudinal data on looked after children, making it difficult to track the prevalence of looked after children over anything more than the past few years. Nor does it store the data it holds in a single, accessible place. This may be due to the change in departmental responsibility for looked after children which appeared to move from the Department of Health to the Department for Education at some point after 1998.

3. Pregnancy and parenthood among looked after children and care leavers

Government data

Government statistics gathered from local authority returns on looked after children and care leavers focus on health, education and employment indicators, excluding pregnancy or parenthood (Department for Education, 2014b). It has also recently been noted that statutory data collected regarding care leavers is incomplete, with the whereabouts and circumstances of 17% of 19 to 21 year old care leavers not reported by local authorities (National Audit Office, 2015).

Academic research

The high rates of pregnancy experienced by girls and young women in and leaving care have long been acknowledged elsewhere. For example, one 1995 study found that almost half of young women leaving care became pregnant within 18 to 24 months of leaving care (Biehal et al, 1995). More recent research suggests that 35% of young women were pregnant or became mothers within a year of leaving care and 15% of young men were fathers or expecting a child (Dixon et al, 2006). There is also evidence to suggest that trends showing a national decline in teenage pregnancy rates do not appear to have been mirrored by those in care (Mezey et al, 2015). However, as there is no nationally collected data on this issue in England, sample sizes of these studies are not large.

A recent national audit in Wales did find that while 0.8% of non looked after girls aged 14 to 17 years old became pregnant over the course of the audit, some 5% of looked after girls in the same age group became pregnant. It is striking to note that for 17 year olds specifically, 1.4% of non looked after girls became pregnant. Among looked after girls of the same age this rate was 12%. The same study also showed that looked after girls were significantly more likely to carry any teenage pregnancy to term, rather than choosing termination. The study concludes that pregnancies amongst looked after children represent a considerable proportion of teenage pregnancies in Wales and the fact that these pregnancies are significantly more likely to be

progressed to birth have important implications for the services caring for this vulnerable group (Crane et al, 2014).

One seminal study from the UK may provide some explanation for the findings of the Welsh audit. Chase et al (2006) found that the majority young people in and leaving care they spoke to did not consider abortion when they learned of their pregnancy. Half reported a lack of support in making a decision about their pregnancy while most described feeling immense pressure from services to end the pregnancy.

A specialist nurse for looked after children reports:

“...if someone is suspected of being pregnant, fear sets in... real fear and the view that at all costs it is important that this person has the pregnancy terminated. My experience in the homes is that is what the staff want... even if they talk about choice.”

Chase et al (2006)

This contrasts sharply with the feelings of one young parent who said:

“The only friend I’ve got is my baby. And that’s why I said I would keep my pregnancy because I’ve got no family. And if I have my baby, that’s one close family that will never lose me.”

Chase et al (2006)

4. The intergenerational cycle of local authority care involvement

Government data

No national data is collected regarding the intergenerational cycle of local authority care involvement. However, information on parental background, including local authority care or involvement as children is routinely collected by local authority child protection teams as part of child protection assessments or in preparation for care proceedings. This suggests that gathering further data on intergenerational experience of local authority care or involvement would be possible.

Academic research

Research consistently shows the presence of an intergenerational cycle of care involvement for some families. For example, one study found that adults who were taken into care when they were children are 66 times more likely than their peers to have their own children taken in to care (Jackson and Smith, 2005). Another study which included 20 young care leaving mothers found that 2 of the children of these mothers had become looked after children within 10 to 18 months of leaving care (Dixon et al, 2006).

A study of 63 young parents in and leaving care also suggested an intergenerational cycle of care involvement. Of these young parents, 5 had had their children taken into local authority care, one was attending a child protection conference to retain custody of 2 children, and another had had her baby temporarily removed. A number of others had experience of their children being placed on child protection registers. Social workers in the study accepted that young people with experience of being in care were often 'under the microscope', even in comparison to other young parents (Chase et al, 2006).

Research from Botchway et al (2014) provides an insight into the birth and parenting experiences of women and girls who have been in care. Compared to mothers who had not been looked after, those who had been in care as a child were more likely to smoke during pregnancy and have a low birth weight baby. They were also more likely to have symptoms of depression and be single parents.

The research conclusions are clear:

“These women carry social disadvantage into motherhood, with the potential of continuing the cycle of deprivation. There is a case for increasing our attention on this group, which can be readily accessed by maternity and early years’ services.”

Botchway et al (2014)

Serious Case Reviews

Stephanie also carried out a review of the cases within the NSPCC National Case Review Repository.

The most recent data concerns serious case reviews published during 2015. This year, 33 serious case reviews have been published, 20 of which concern children under the age of 5. Of these 20, at least 4 have involved a parent who was previously looked after by the local authority (NSPCC, 2015; Scannell, 2015; Duncan and Miller, 2015; Griffin and Miller, 2015). In one of these cases both parents were previously looked after by the local authority. None of these parents were looked after by the care of the local authority during the review period.

Looking at the serious case reviews identified as concerning the children of parents who were previously in local authority care, a clear pattern emerges. As can be seen in the table below, 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%	

Table 1. Children subject to serious case reviews whose parents were previously in local authority care (2006-2015)

[It should be noted that the 2 children who were ‘5+’ at the time of review were 2 adolescents featured in a single serious case review. One serious case review was also omitted as the age of the child was not indicated. A general lack of detail regarding the background of parents was apparent in some serious case reviews.]

Discussions with a local authority social care manager confirm that information regarding any previous care of a parent by a local authority would be included in documentation prepared for legal care proceedings and assessments forming the basis of a child protection plan. However, as each local authority uses one of a number of different case recording databases, there is no single common place for this information to be stored. Nor is this data submitted to central government for monitoring.

5. Government response

In 2014 the Department for Education published *Children in Care: Research Priorities and Questions* in order to identify gaps in evidence around children in care and promote research to improve understanding. Within this document there is recognition of the cyclical nature of care, that is to say, looked after children later becoming the parents of looked after children. However it is acknowledged that the root causes of this are not clearly understood and research priorities are broad themes:

- improving placement stability and returns home from care to birth families
- improving foster care recruitment and the quality of foster care
- improving children’s residential care
- supporting looked after children in their education
- improving support for care leavers and strengthening corporate parenting and the “voice of the child”.

The pregnancy and young parenthood, which is disproportionately experienced by girls and young women in care, is not considered.

In 2015 the Department for Education and Department of Health jointly published statutory guidance on promoting the health and wellbeing of looked after children. While this publication acknowledges the pregnancy and young parenthood disproportionately experienced by girls and young women in and leaving care, it offers no specific, informed response. It suggests that girls and young women in and leaving care may need more support than the general population but goes on to refer readers to general documents regarding support for young parents. There is a single recommendation for local authorities to use local data on the percentage of young women in care who are pregnant to monitor the impact of their local teenage pregnancy strategy on this vulnerable group. However the specific needs of girls and women in and leaving care are not recognised nor explained.

Guidance from a previous government administration highlighted the approach of Bradford Metropolitan District Council. It provided structured training to residential and foster carers, as well as to social workers, to promote an understanding of the sexual health needs of children in care, and to build the confidence of carers to talk about sexual health issues with young people. In addition, there employed a dedicated leaving care nurse who worked with young people aged 16 to 17 who were moving on to independent living, giving sexual health advice and facilitating a parenting group. That document states that between 1998 and 2004, Bradford’s teenage

pregnancy rates fell by 22.9%. However, it does not specify whether this rate refers to all teenagers or only those who were in care (Department for Education and Skills, 2006).

Local responses

A number of examples of good practice in reducing teenage pregnancy among looked after girls and those leaving care have been highlighted by the *Teenage Pregnancy Knowledge Exchange* at the University of Bedfordshire (Hadley, 2014). The London Borough of Hillingdon commissioned a specialist looked after children nurse and sexual health outreach nurses to ensure sexual health was embedded in the care of looked after children. In Stockport, a weekly support group provided a safe place for young women and leaving care to discuss sexuality and relationships with trusted peers and support workers. A similar group for care leavers who were parents was also developed in recognition of a reluctance to use mother and baby groups or children's centres. Bristol City Council provided policy guidance, including ensuring foster carers were trained and supported to discuss sexuality and relationships and that sexual health trained looked after children nurses were easily available to looked after children and foster carers. However, it is important to note that the impact of these various practices has not been reported.

The *Teenage Pregnancy Knowledge Exchange* also offer general guidance on successful targeted support for looked after girls and those leaving care, suggesting that it must:

- ensure trust in the service and practitioner
- offer confidentiality, with the same rights and safeguarding protection for all young people
- provide proactive conversations about relationships and sexual health
- give tailored support without judgement or stigma
- be inclusive of gender and sexuality
- focus on promotion of positive choices
- have senior strategic backing for frontline practitioners

Academic research

A review of the published academic research provides a little more insight into the success of any support available to girls in the care of the local authority. This is despite limited focus on the issue, particularly in recent years.

Knight et al (2006) suggest the need to provide foster carers with support, training and guidance concerning sex, relationships and pregnancy termination information for young people. More recently, Mezey et al (2015) recognised that interventions designed to reduce teenage pregnancy in the general population were generally ineffective in meeting the needs of girls in care and care leavers. They instead suggest a peer mentoring approach in which a young woman with positive post-care life experiences supports a looked after girl at risk of becoming pregnant. However, they acknowledge that there are no programmes in the UK that currently use peer mentors to address pregnancy among girls who are looked after by the local authority. Critically, they note that no experimental evaluations of teenage pregnancy interventions in the UK or internationally have looked at subgroup effects on looked after children.

A study of 106 care leavers by Dixon (2008) reports that 85% of the pregnant and young pregnant care leavers felt they had received enough information regarding 'safe sex'. The suggestion is that it is the manner in which sexual health guidance is delivered which may not be entirely effective.

Dixon et al also suggest that:

“factors that lead young people towards parenthood appear to be deep seated and to require more comprehensive strategies to provide young people with a stable home base, positive educational experiences, greater self efficacy and self esteem and a more positive investment in their future”

Dixon et al (2006)

In terms of support during early parenthood, leaving care support workers, families and friends were identified as key networks, although the latter was also the cause of child protection concern in at least one case. Care leavers who have become parents are likely to report stronger relationships with their birth families (particularly mothers) compared to other care leavers. The study also found that within its sample of 7 local authorities, only one provided a support group for young parent care leavers. The same study also highlights an anomaly in terms of social work support; despite the added responsibilities of parenthood, there was no evidence that young parents received more intense or regular social work contact when leaving care than

was the case for other young people. In cases where leaving care workers failed to provide active support (with antenatal and postnatal appointments, parenting skills, making links with playgroups and nurseries, helping to arrange finance and childminders to permit young people to return to education and liaison with families and other service providers involved in young people's lives) and no alternative network of support was available, parenthood was found to be a particular strain (Dixon et al, 2006).

Research from the USA suggests that allowing young people to remain in foster care beyond age 18 may be one way to reduce teenage pregnancy among looked after girls although they accept that more research is required around this potential protective effect (Dworsky and Courtney, 2010).

Unfortunately, there appears to be little research purposely looking at the practices to support care leavers in becoming effective parents once they are already pregnant. Knight et al (2006a) highlight the value of mother and child foster placements although express concern that these limited places are normally only offered to parents under 16 years old. They also comment on a lack of clarity in terms of the responsibilities and roles of foster carers in relation to both the mother and baby and in relation to other services, especially social workers. In fact, there are no national guidelines to support foster carers who specialise in supporting young mothers and their children.

Chase et al (2006) provide the most detail on the issue of support for young people in care and leavers who become parents. Their research shines a light on the current experiences of these young people and as such tends to highlight what doesn't work to support them rather than what does. For example, many young parents reported postnatal depression in early parenthood but did not seek assistance for fear of their children being taken away, or felt their concerns were dismissed if they did ask for help.

Unsuitable, temporary accommodation was an issue as was the general inflexibility of support services. The role of social services was seen to be one of scrutiny, assessment and power to remove a child, rather than support and advocacy.

One young woman said:

“Social services were not in my life when I was pregnant but the moment he was born, they were in on me, there in my face in five minutes, making it very stressful.”

Chase et al (2006)

Others reported feeling let down by family support workers they thought of as trusted friends who provided information seemingly against them at case conferences. However, the experience of young parents whose contact was with well established leaving care services was much more positive. These relationships were seen as positive and holistic in nature. In a separate report on the same research, Knight et al (2006b) emphasise the emotional consequences of being looked after and how this influences decisions around pregnancy and parenthood. Their research characterised young people as highly emotionally vulnerable, with feelings of rejection (by both birth families and the care system), loneliness, stigma, insecurity, social exclusion and marginalisation. Their supposition was that young people in and leaving care lack emotional support from when they first enter the care system. They suggest counselling, therapy, advocacy, befriending and mentoring. They found that although statutory provision for this support through personal advisers and leaving care workers was supposedly available, very few young people reported having access to it.

There is also a body of research surrounding the risk factors associated with intergenerational experiences of abuse, although this does not look specifically at experiences of those who have been looked after children. Dixon et al (2008) for example, state that a greater understanding of the relative contribution that the intergenerational cycle plays in assessing risk of abusive parenting is essential for health and social services professionals. Their research identified financial solvency and social support as protective factors for intergenerational transmission of abuse within the first year of a child's life.

6. What next?

I and a small team of like-minded women are focusing on this relatively small cohort of girls and young women. What can we learn about good practice? What makes a positive or a negative difference to the women? How do they access support and other services?

We want to understand more about the long term impact of childhood trauma, loss and abuse on women's parenting and work with women and girls to develop long term solutions which aim to stop several generations of the same family becoming damaged (or worse).

If there is such a thing as intergenerational abuse then there is also such a thing as intergenerational service or system failure. If we are seeing over a dozen children from 3 generations of one family become the subjects of child protection plans or become looked after over a 20 year period then what questions do we need to ask of the health and social care system?

How many different practitioners from how many different agencies will have worked with that one family over that 20 year period? 50? 100? And what difference has that effort and commitment made? If we keep on doing the same thing we will get the same results; and dressing our interventions up in the 'new clothes' of *Family Intervention Programmes*, *Think Family* initiatives or *Early Help Services* doesn't seem to be making things much better for some children of looked after children.

I haven't got the answers to what would make a difference but I do know that we have to learn from the children, young people and adult women who have experienced childhood trauma, loss and abuse and be brave enough to acknowledge that however well-intentioned, our interventions have not always worked and in some cases have done actual harm.

We know enough about the impact of childhood trauma and abuse (including neglect) on mental health and know a little less about the impact on developmental stages through to adulthood.

What we know even less about however is the impact upon parenting; motherhood in particular, and what strategies work and don't work for women and girls. It's time to listen and it's time to learn.

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Clare Hyde is the Founder and Director of *The Foundation for Families*, a not for profit community interest company established in 2010. She was the Chief Executive of Calderdale *WomenCentre* for 14 years (between 1994 and 2009) and developed nationally acclaimed, high quality services and support for at risk women and families. In 2005 she was awarded the MBE for her contribution to women and children's health and social care.

Clare contributed to Baroness Corston's review of women with vulnerabilities in the criminal justice system. She is the Independent Chair and Lead Reviewer of several *Serious Case Reviews* and designed and facilitated a multi-agency review of child sexual exploitation in Rochdale in 2012. She is also the lead reviewer for several *Domestic Homicide Reviews*.

Clare is currently working with *Lankelly Chase* and other partners in Cumbria and is delivering an independently funded human rights project which aims to improve outcomes for women, children and families.

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Stephanie Jones is a social care professional with more than 10 years experience working for some of the most vulnerable and disadvantaged in society. In frontline social care, research and performance, Stephanie has maintained a clear view on the value of social justice. Her work with voluntary sector organisations (including *Women in Prison*), local authorities and universities has allowed Stephanie to work with and on behalf of older people, children and families, and people affected by homelessness, drug misuse and criminal convictions. Stephanie's most extensive experience is in performance management and research in local authority *Sure Start* Children's Centre programmes.

Stephanie has a drive and tenacity that has led her to research the under-represented, launch and develop genuinely innovative services, and share that thinking with others in publications and in person.



You may also be interested in:

Women at the Centre

In this report the authors explore the astonishingly positive work of *WomenCentre* in tackling crime, domestic violence, mental illness and well-being for women and their families, and the many difficulties faced by innovative organisations in the welfare system.

The report is available to read at:

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