

Consultation

Breaking the cycle: Intergenerational care involvement

NYAS and Birth Companions are working with the All-Party Parliamentary Group for Care-Experienced Children and Young People to lead a national inquiry into the intergenerational cycle of care involvement in England.

NYAS and Birth Companions' services show that many care-experienced young women and girls face social care assessments – and often infant removal – when they become parents themselves.

Recent research from King's College London found that women who had been in care as children were 17x more likely to have contact with children's social care during pregnancy than women without this history.

Through this inquiry, we are working to:

- Review existing evidence and good practice
- Hear from those with lived experience of intergenerational cycles of care involvement
- Gather evidence from professionals and policymakers
- Publish policy recommendations to help break this cycle
- Drive cross-governmental action on prevention and support

We want to hear from people with lived, learned and professional experience of intergenerational cycles of care involvement, about what's working, what's not working, and where we should be focussing our efforts for meaningful change in order to break the intergenerational cycle of care involvement, and ensure that all care-experienced girls and young women are appropriately supported to give their babies the very best start in life.

We have two online forms available – please complete the one most relevant to you:

- Call for Evidence: Professionals and organisations
- Call for Evidence: Young women with lived experience

Later this year we'll be hosting oral evidence sessions, in parliament and online, to explore key themes of the inquiry in more depth with invited experts with lived, learned and professional experience. If you would be interested in taking part in one of these sessions, there will be a chance to let us know at the end of each form.

Your views

9 In no more than 250 words, please tell us if you personally recognise the issue with the intergenerational cycle of care involvement for women and girls? If you do, what do you see as the reasons behind this cycle?



Please note, you will have the opportunity to share more detailed evidence and documents in the next section.

9.1 Our response is informed by the experience of our Health Consultant, who worked in the NHS for 25 years as a nurse, midwife, health visitor and specialist public health practitioner, including 14 years as a designated nurse for looked-after children.

9.2 We recognise that the reasons for intergenerational care involvement are complex. Deprivation, family circumstances, role-modelling and unequal access to opportunities and support may contribute. The intergenerational impact of deprivation and previous state intervention is also important. Care-experienced mothers may face compounded difficulties arising from their own experiences and circumstances. However, professional and systemic responses to care experience can themselves perpetuate the cycle.

9.3 Children who have been in care or involved with children's social care often have extensively documented histories. When they later become parents, this can result in heightened scrutiny. We are aware from anecdotal evidence that two women presenting in otherwise similar circumstances may receive different levels of scrutiny or intervention because one has a history of care involvement. This can include escalation to pre-birth child protection processes before current risks and support needs have been fully assessed.

9.4 Assessments should have a clear purpose, identify strengths and support needs as well as risk, and avoid assumptions based on care history. Practitioners also need confidence to avoid misinterpreting behaviour or using attachment language beyond what the evidence supports. Recording or flagging care experience may be intended to facilitate trauma-informed support, but may instead be interpreted as an indicator of risk, influencing how information is recorded, shared and understood across agencies.

10 In no more than 250 words, please tell us what you see as the key changes needed to break the intergenerational cycle of care involvement for women and girls? Please note, you will have the opportunity to upload more detailed evidence and documents in the next section.

10.1 Key changes are needed in professional decision-making, recording, information-sharing and support.



10.2 Care experience should not, in itself, be treated as an indicator of parenting risk. Where significant intervention is being considered, particularly pre-birth child protection processes and assessments, there should be oversight and independent input to challenge assumptions arising from a parent's social care history and support proportionate decision-making, including through specialist advocacy or independent advice.

10.3 Recording care experience may enable trauma-informed support, but flagging it without considering its relevance to current needs or risks can perpetuate stigma and influence decision-making. Professionals need training, supervision and confidence to distinguish relevant current information from historical information that does not indicate present risk. Deficit-based narratives can follow parents across services and shape later perceptions.

10.4 There should be a positive offer of practical, relational and therapeutic support. Care-experienced parents may have more limited informal or family networks because of moves, disrupted relationships or family separation. Equally, circumstances and relationships may have changed; assessments should not assume that historical records reflect current networks. Family Help and family group decision-making should be used early to identify strengths, relationships and practical support, recognising parents' histories without allowing them to predetermine parenting capacity.

10.5 Multi-agency leadership is needed to challenge practices that may reproduce intergenerational care involvement. Alongside specialist support and independent advocacy, consideration should be given to protections afforded by recognising care experience as a protected characteristic, and further protections provided by local authorities already recognising it at council level, pending legislative reform.

Further evidence

In addition to the views you shared in the previous section, we want to gather evidence about what is working, what is not working, and where we should be focussing our efforts for meaningful change, in order to break the intergenerational cycle of care involvement, and ensure all care-experienced girls and women are supported to give their babies the very best start in life.

In this section, we'd like you to share details of any articles, research reports, data sets, evaluations, case studies or good practice examples that relate to the intergenerational cycle of care for women and girls.

11 Please use this section to share any references and links to publicly available evidence that you would like us to consider as part of this inquiry.



- *Social and health characteristics of mothers involved in family court care proceedings in England* ([Nuffield Foundation, 2024](#))
- [Pause, creating space for change](#)