

Born into Care: agreeing best practice principles when the State intervenes at birth

August 2021 Update

Draft best practice principles and overview of their application through the system

The Born into Care series



All these reports are freely available from our [publications page](#) or the [NFJO website](#)

The Born into Care series – rationale

- Decisions made for babies can cast a very long shadow over childhood
- We need to understand how the FJS intervenes in the lives of infants and to what effect
- Long-standing mismatch between the emphasis within policy on the developmental salience of infancy – and what we know about infants within FJS and related services
- Distinctiveness of pre-birth practice and care proceedings at birth

What is distinctive about care proceedings at birth?

- Assessment & support pre-proceedings may be quite limited/certainly time bounded by pregnancy
- Mother's physical and emotional vulnerability in immediate post-natal period
- Very limited time to instruct a solicitor in new-born baby cases – or for Cafcass to review the case
- Reunification – odds are stacked against – not least that contact likely to be very restricted

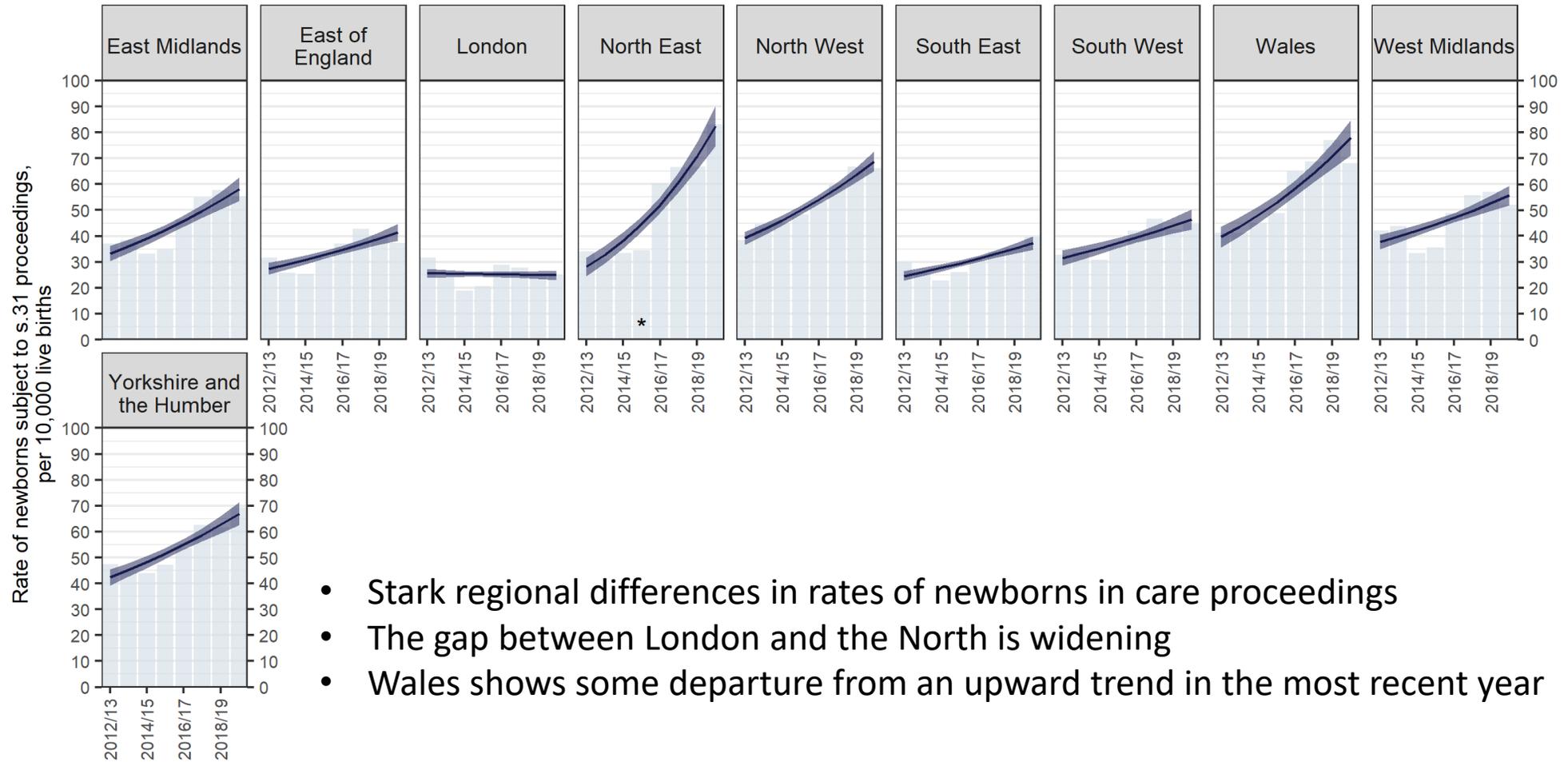
Urgent hearings

- Short-notice hearings for newborns have increased in England and Wales
- In by far the majority of newborn cases, there are **1 or 2 days notice** between the issue of application and the first hearing
- Higher rates of urgent hearings in the North of England and Wales, when compared to the South of England



No-notice hearings

- **1 in every 6 newborn** newborn cases records a no-notice hearing
- In the North East - the rate of no-notice hearings has doubled and now stands at **40% of all newborn cases**



- Stark regional differences in rates of newborns in care proceedings
- The gap between London and the North is widening
- Wales shows some departure from an upward trend in the most recent year

Observed Rate
 Model estimated rate and 95% confidence interval

* Augmented in this visualisation to prevent small number disclosure in subsequent analyses

Why do we need best practice principles?

- **Born into Care Series** – increasing numbers of new-born babies in care proceedings & considerable regional variation (England and Wales)
- **Protocol review** - considerable variation in local area guidance
- **National guidance** – insufficient

- Agreeing best practice is a vital step in **raising the profile of practice in the pre-birth period and early infancy** – including care proceedings at birth
- Brings practice more closely in line with **the emphasis within policy on the developmental salience of infancy** and early intervention

The protocol review

- National, regional and local guidance documents are not consistent
e.g. timeframes for CSC intervention – hugely varied
- Local guidance – response to serious case reviews - identifying risks of harm; concealment
- Most guidance is focused on the period before the birth or keeping baby safe in hospital setting – **aftercare following separation is missing**, despite what we know about parental crisis at this point

What is the scope of the best practice principles?

Agreeing over-arching best practice principles will help to:

- Shape revisions to guidance at national and local levels
- Further inform actions resulting from the PLWG – PLO & care proceedings at birth

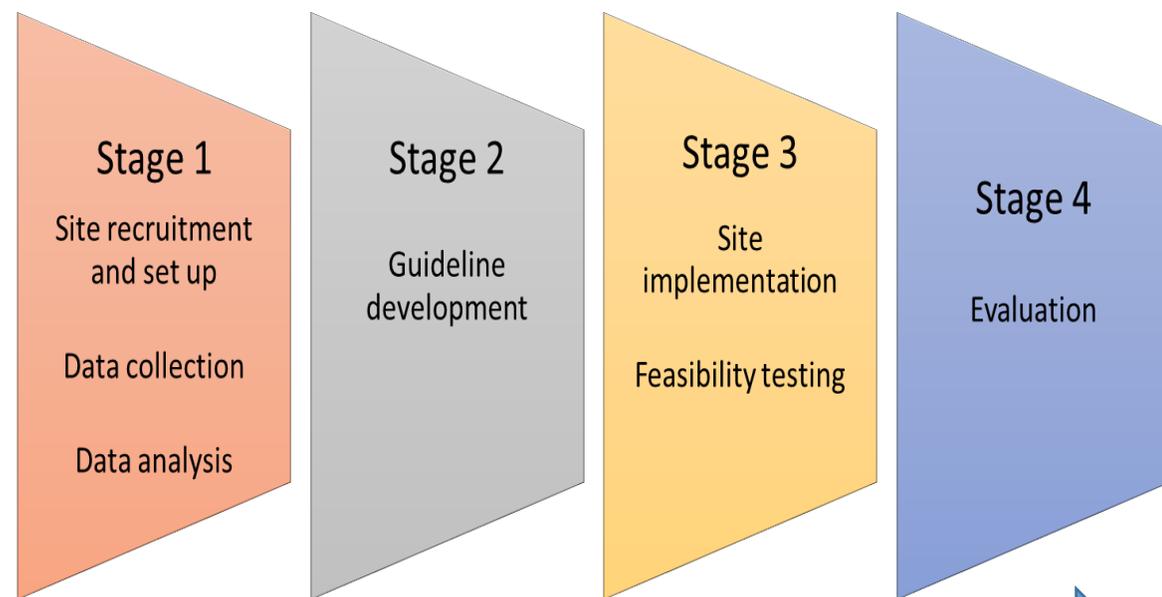
Pre-birth: assessment, help, advocacy and planning

In the hospital: care, attending court & the discharge meeting

Post discharge support: support following separation or placement & first contact

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Intensive deep dive into 8 areas with high incidence rates across England and Wales



August 2022

	Stakeholder groups	No. Focus Groups/Interviews	Total no. participants across 8 sites
Focus Groups	Social workers	16	105
	Foster Carers	9	46
	Midwives	18	78
	Cafcass	4	22
Individual interviews	Principal lawyers (LA)	8	9
	Parents	44	44
Total Number of Participants			304

What have we learnt from intensive work with stakeholders?

- Consistent messages from professionals and parents about **what best practice should look like**
- Consistent messages from parents about their experience of the system
- Consistent messages from professionals about **system-level barriers** – often standing in way of best practice which are felt unevenly [by region; team; family]
- Surfaced **issues of contention**
- Identified examples of **positive parent experiences, professional innovation** but also **parents' own strategies** of renewal and recovery

What have we learnt from intensive work with stakeholders?

- Agreement that barriers to good practice mean that **opportunities to prevent care proceedings are missed**
- Considerable disquiet about how **care proceedings at birth** are currently conducted
- Where children and parents are poorly served – **the costs are felt further down the line**

Who are the parents?

Biographies of loss, trauma and disadvantage

- Care experienced or insecure care arrangements in own childhood
- Poverty and deprivation
- Young parents (high level teen pregnancy)
- Loss key feature in lives, including previous removals
- High levels of mental health issues (depression and anxiety)
- Low self esteem and a lack of sense of agency over own lives
- Cognitive functioning (learning difficulties/ impact of trauma?)



Parents experience services through these difficult biographies

What can we learn from parent's own stories of change

Some parents describe change *in spite* of the system

- Build on the messages from positive stories and work with parents own identified strategies for change
- Create conditions to optimise possibilities for change

Some parents describe change *with support* of system

- With help of an 'exceptional' practitioner **in the mainstream system**
- With help of **specialist pathways and service provision**

We need a system and practice that works with – rather than against – parents' own motivation and strategies for change

Overarching best practice principles

1. A specialist focus on the vulnerable unborn child and parents
2. Timeliness and planning
3. Process and service alignment
4. Continuity of care and recognition of longer-term support needs
5. Family inclusive practice
6. Partnership and collaborative working
7. Change oriented practice
8. Adequacy, availability and fit of resources
9. Sensitivity and respect
10. Transparency and choice

Best practice principles: pre-birth period

- **Referral and help at earliest possible point of gestation**
- **Continuity of relationship between midwife social worker and family**
- **Parents and professionals co-defining need, help and goals**
- **Robust & fuller legal advice with continuity beyond pre-proceedings**
- **Professionals concerns and plans are shared at every step of the way & parents understanding is checked**
- **Timely and detailed sharing of LA plans regarding care plan for the baby after birth**
- **Birth plans make clear the LA plan but discuss detail and offer maximum choice and control**

Best practice principles: maternity setting

- **Continuity of professional from community to hospital setting (midwife, social worker)**
- **Ensuring parents adequately supported through labour and delivery (birth companion)**
- **Privacy consideration and choice**
- **Mothers and fathers understand and are kept fully informed of the post-delivery plan and possibilities and implications of any changes**
- **Careful consideration of role of family network and specifically that of the father**
- **Proportionate supervision on ward and shared understanding of purpose and roles**
- **Trauma-informed care of women in the ward**
- **Where there are issues of substance misuse, specialist knowledge is accessed and shared with all parties**
- **Mothers and fathers given maximum opportunities to parent their baby with possibility of discharge home/reunification held in mind (e.g. breast feeding)**

Best practice principles: first hearing

- **Continuity and quality of legal support to enable fair participation**
- **Planned and proportionate approach to timing of first hearing (notice), taking account of mothers' capacity**
- **Inclusion of fathers and wider kin in legal process and decision making**
- **Privacy and space provided for parents' meetings with professionals (e.g. social worker and legal advisor)**
- **Mothers who have recently given birth receive support for attending court including transport *or* robust and inclusive arrangements for a remote hearing**
- **Professionals in court setting respectful and sensitive to parents' stress and anxiety compounded by proceedings at birth**

Best practice principles: separation

- **Parents feel that they have had adequate time to say goodbye**
- **Particular attention given to detail, offering parents as much choice as possible**
- **Opportunities created to support and respect parental identity (e.g. through choosing routines, use of pacifier, milk)**
- **Support given to keeping connections with the baby through use of 'Hope Boxes' for example**
- **Parents have clear information about placement prior to discharge (whether separation or co-placement with baby)**
- **Before separation the parents are clear about contact arrangements and know when they will see their baby again**
- **Parents' support needs at point of separation are properly considered**

Best Practice Principles: post discharge support

- **Immediate basic needs parents is checked on discharge heating/food/transport home/emotional /crisis support/**
- **Assertive outreach post-natal midwifery support (continuity of relationship)**
- **Active promotion of role of foster carer in supporting parent and maintaining parental identity**
- **Clear co-produced plan of ongoing service engagement with parents (inc. reproductive health)**
- **Access to independent advocacy or the family lawyer playing a proactive role in supporting mothers and fathers engagement in proceedings**
- **Clear plan of timing and purpose of family time (focussed on building and promoting attachment)**

Best Practice Principles: professional support

- **Plans regarding the birth and post-natal support are shared in good time with labour/post-natal ward midwives as well as parents**
- **Professionals are fully aware of reasons for decisions and give consistent messages to parents regarding the plan**
- **Agreement reached regarding management of potential risk posed by parents and family members on ward**
- **Acknowledgement and resolution of different expectations between NHS, courts and CSC concerning timeframes for action**
- **Emotional and psychological burden of the work sufficiently recognised**