

# Newborn babies & care proceedings

A bulletin for professionals involved in safeguarding babies at or close to birth

Guidelines to help improve practice when the state intervenes to safeguard an unborn or newborn baby finalised and published

In previous issues of *Newborn babies and care proceedings*, we have frequently referred to a draft set of guidelines that have been developed to help improve practice when the state takes action to safeguard a baby at birth.

Developed as part of <u>Nuffield Family Justice Observatory</u>'s Born into Care research series, in collaboration with the <u>Centre for Child & Family Justice Research</u> at Lancaster University and the <u>Rees Centre</u> at the University of Oxford, the guidelines were recently revised, finalised and <u>published</u>.

They aim to help professionals working in this complex and challenging area – to better support the parents involved, who are likely to be experiencing extreme anxiety and trauma, and to be more equipped to deal with emotionally and ethically difficult circumstances. They provide a foundation from which local areas can develop improvements in practice, and encourage consistency in processes and procedures.

### The underpinning research

The guidelines are based on the findings of a collaborative, qualitative <u>research</u> <u>study</u> that explored parents' and professionals' perspectives on compulsory state intervention at birth. It included focus groups and interviews with parents who had been separated from their babies at birth, midwives, social workers, Cafcass workers, foster carers and heads of local authority legal services.

While the research found consensus among frontline practitioners and parents about best practice approaches, it also uncovered numerous challenges – from discontinuities, delays and resource constraints to shortfalls in family-inclusive practice, insufficient professional specialism and challenges to inter-agency collaboration.

It also identified a need for improved guidance for health and social work

professionals involved in the very difficult task of assessing the risk of significant harm and, where necessary, removing babies from their parents' care within hours or days of birth. Prior to the publication of the guidelines, there was no detailed national guidance available for practitioners (and local level guidance is often inconsistent, or insufficient). While there are many examples of innovation and best practice in this area of work – some of which have been highlighted in previous editions of this bulletin – detailed guidance, developed through consensus with professionals and family members, was required.

Eight local authorities and seven corresponding NHS trusts in England and Wales took part in the research, and subsequently introduced the draft guidelines over a period of six months. This activity has informed the final version of the guidelines.

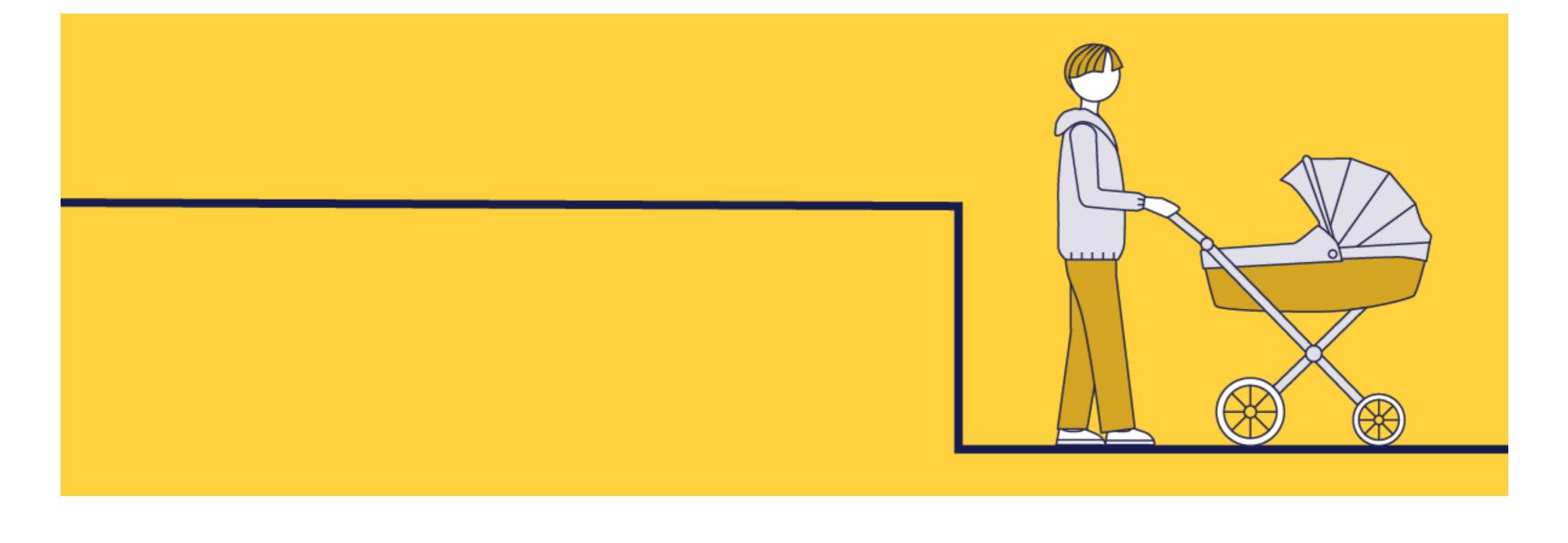
# **Overarching principles**

During the research and introduction of the draft guidelines, several overarching principles were identified and formulated. Professionals and family members agreed these principles are vital to reduce the distress that all parties experience when safeguarding action is taken at birth. The principles include:

- A specialist focus on the vulnerable unborn child and parents
- A specialist understanding of the impact of trauma
- Timeliness and planning
- Alignment of processes and services
- Continuity of care
- Father-, co-parent- and wider family-and-friend-inclusive practice
- Partnership and collaborative working
- Support that is tailored to the identified needs of parents and is responsive to professionals' concerns
- Resources that are adequate, available and fit for the needs identified
- Sensitivity and respect
- Transparency and choice
- Structural competence (awareness of the social, political, economic and environmental factors that shape individual and family health, well-being and life chances)

The guidelines set out a series of statements that provide practical examples of how the principles translate into best practice and how challenges can be overcome at both a strategic and frontline practice level.

As practice and innovation vary across England and Wales, and as parents' needs differ, the statements are generic. The intention is for local authorities, health trusts and other partner organisations to adapt the statements to their own local contexts, and use them as a basis for developing local area action plans and guidelines, alongside national guidance such as Working Together to Safeguard Children (England) and Working Together to Safeguard People (Wales).



The guidelines are designed to inform best practice during three different stages: pre-birth (conception to labour); within maternity settings and the first court hearing; and when parents leave hospital and return home without their baby.

The aim of dividing the guidelines into three components of practice is to maximise the support offered to parents, to help them prevent care proceedings or removal of their baby by voluntary agreement. This aspiration is consistent with the Children Act, which emphasises supporting the upbringing of children by their birth families.

#### In the pre-birth period, the guidelines encourage:

- A specialist focus on work with parents and their unborn babies, through establishing a team or appointing practitioners that have received additional training.
- Early joined-up assessment and help in pregnancy from health and children's services, to capitalise on the important window of opportunity provided by the pre-birth period, where parents can be supported and motivated to address the problems and issues they face, and make the changes needed to avoid care proceedings.
- Timely engagement of the wider family network, with health and social care professionals working together with parents and their network.

#### In maternity settings, the focus is on:

- Sensitive practice improving privacy, care and support and reducing distress when a mother is facing the prospect of care proceedings and potentially being separated from her baby.
- Providing practical and emotional support to enable meaningful engagement in care proceedings, given the vulnerability of parents, and particularly the mother in the immediate postpartum period.

# When it is time for parents to return home, the guidelines encourage professionals to:

- Hold parents in mind when they leave hospital without their baby, to return to a home that will most likely have been prepared for their baby.
- Proactively support and preserve the connection between parents and their newborn baby in care. If parents are supported at this point, it is far more likely they will engage with services and the prospect of potential reunification in the future. The guidelines have been developed from the standpoint that separating parents and their baby at birth should be an interim measure, with family reunification remaining an option where appropriate, and all avenues for maintaining family relationships being explored.

## Improving practice: lessons from local authorities and health trusts embedding the guidelines

Almost all the local authorities have brought the **timescales for referrals** to children's social care forward to provide parents with a much better chance to overcome their difficulties and offer a safe and nurturing family home.

Some organisations have introduced **specialist pre-birth teams**, **or dedicated members of staff, that are focused on the unborn baby**. Practitioners have quickly developed specialist knowledge of the issues parents face and their time is

spent focusing on pregnant mothers and meeting their needs.

In addition, some local authorities have introduced **pre-birth family group conferences at an earlier point**, within the first trimester, to determine how family members might be able to support parents throughout the pregnancy and help them make the necessary changes to prove their ability to safely care for their child.

Some local authorities have worked with their midwifery partners to **develop new birth arrangements**, which include providing more transparency, choice and control to parents when the plan is for separation. They also include consideration of the parents' needs after separation.

There have been challenges, and the rate of implementation and change has differed across partner sites. Challenges have included difficulties in managing and implementing change, as well as resource limitations. However, in local authorities and health trusts where there is real commitment at all levels of the organisation, it has been possible to overcome them and begin to embed change – potentially making a significant difference to vulnerable parents and their babies.

#### **Additional resources**

The guidelines will be supported by a series of resources to assist professionals involved in safeguarding babies at or close to birth, which will be available from a <u>resources</u> section on Nuffield Family Justice Observatory's website over the coming weeks. They will include a set of short films that illustrate the practice changes made by the local authorities and health trusts involved in the research.

The following are already available:

- An introduction to the best practice guidelines from Professor Karen Broadhurst FAcSS, Centre for Child & Family Justice Research, Lancaster University.
- Learning from the research sites: specialist focus some of the partner organisations share their perspectives on the need for specialism and some of the changes they have made in their areas.
- Learning from the research sites: early help and support some of the partner agencies talk about the changes they have made to ensure that referral, assessment, and most importantly help and support, are offered to parents at an earlier point in pregnancy.

Newborn babies and care proceedings aims to support professionals who have the difficult and complex task of assessing whether a newborn baby will be at risk of significant harm if they remain in the care of their parent/s. Each edition will provide links to a range of resources to help professionals better face this challenging area of work and improve practice and support for families.

