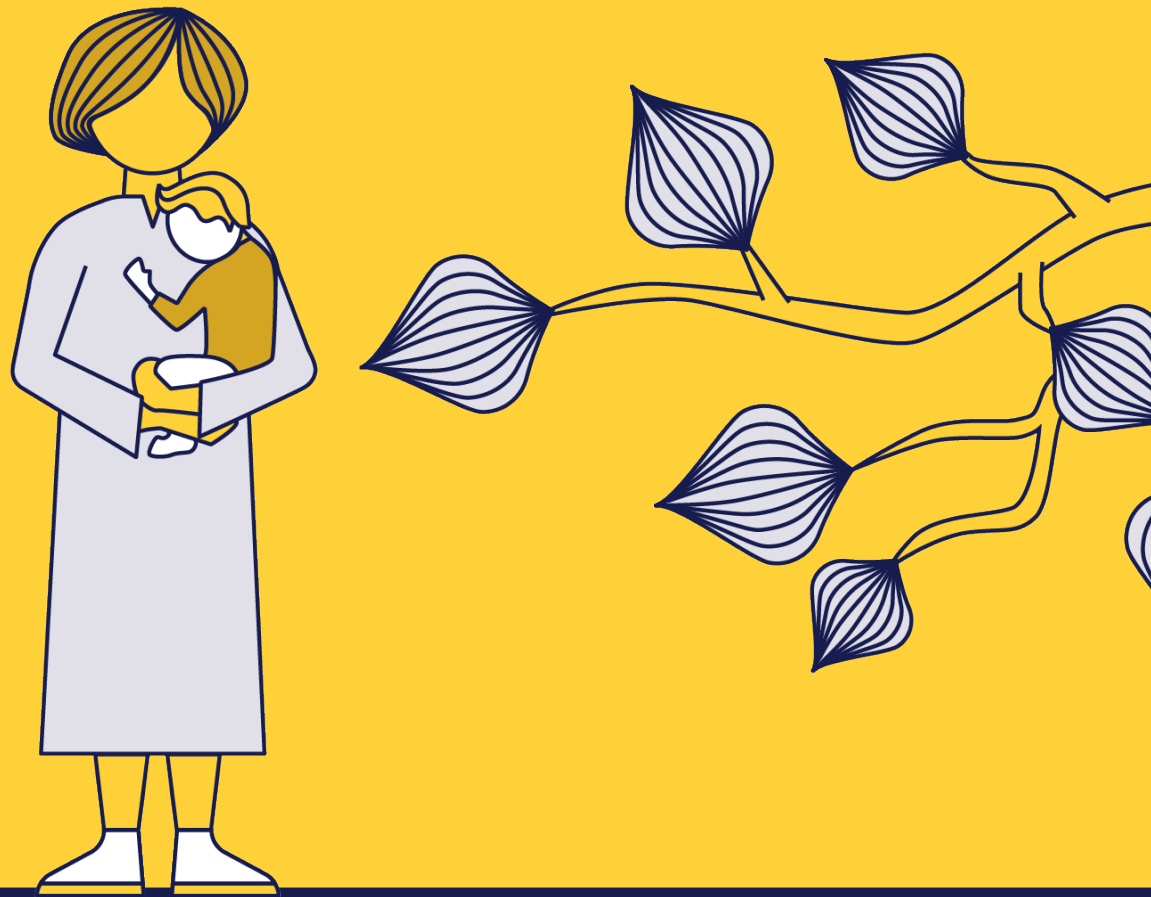


Newborn babies | March 2023

# Born into Care: Best practice guidelines for when the state intervenes at birth.



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Report

**These guidelines aim to inform multi-agency practice when the state takes safeguarding action pre-birth, at birth and in the immediate follow-up period, after discharge from hospital.**

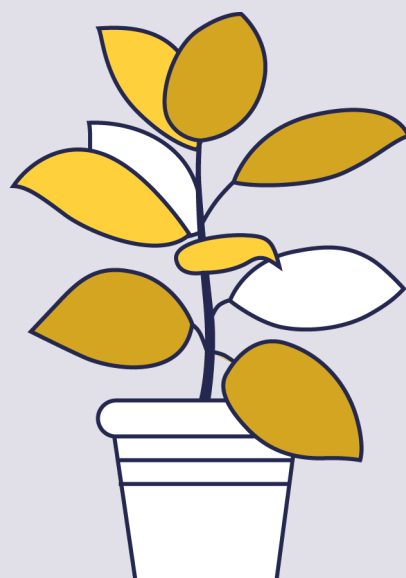
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## Disclaimer

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# Introduction

These guidelines aim to inform multi-agency practice when the state takes safeguarding action at birth. The guidelines and underpinning research report are published as part of the *Born into Care* series, which aims to generate new knowledge and practice frameworks to aid professionals who are working with the very youngest children in the family justice system.<sup>1,2</sup>

As both practice and innovation vary across England and Wales, and as parents' needs will differ, these guidelines set out a series of generic statements that local authorities, health trusts and other organisations can adapt to their local contexts in conversations with families and practitioners.<sup>3</sup> The guidelines do not aim to prescribe practice; they are intended to be used as a basis for developing local area action plans and locality-specific guidelines, within the context of national guidance such as Working Together to Safeguard Children (England) and Working Together to Safeguard People (Wales).<sup>4</sup>

- 1 Mason, C., Broadhurst, K., Ward, H., Barnett, A. and Holmes, L. (2022a). *Born into Care: Developing best practice guidelines for when the state intervenes at birth*. Nuffield Family Justice Observatory. <https://www.nuffieldfjo.org.uk/resource/born-into-care-developing-best-practice-guidelines-for-when-the-state-intervenes-at-birth>.
- 2 Other reports in this series include:  
 Broadhurst, K., Alrouh, B., Mason, C., Ward, H., Holmes, L., Ryan, M. and Bowyer, S. (2018). *Born into care: Newborns in care proceedings in England*. <https://www.nuffieldfjo.org.uk/resource/born-into-care-newborns-in-care-proceedings-in-england-final-report-october-2018>;  
 Mason, C., Robertson, L. and Broadhurst, K. and (2019). *Pre-birth assessment and infant removal at birth: experiences and challenges*. <https://www.nuffieldfjo.org.uk/resource/pre-birth-assessment-and-infant-removal-at-birth-experiences-and-challenges>;  
 Ott, E. and McGrath-Lone, L. (2022). *Perinatal loss: key messages for infant removal at birth: An evidence review*. Rees Centre, University of Oxford. [https://www.education.ox.ac.uk/wp-content/uploads/2019/10/Perinatal\\_loss\\_key\\_messages\\_2022.pdf](https://www.education.ox.ac.uk/wp-content/uploads/2019/10/Perinatal_loss_key_messages_2022.pdf);  
 Ward, H., Broadhurst K., Mason, C. and Ott, E. (2022). *Born into Care: Towards inclusive guidelines when the state intervenes at birth: Review of current guidance documents*. Rees Centre, University of Oxford. [https://www.education.ox.ac.uk/wp-content/uploads/2019/10/Born\\_into\\_Care\\_Prebirth\\_Guidance\\_Report\\_2022.pdf](https://www.education.ox.ac.uk/wp-content/uploads/2019/10/Born_into_Care_Prebirth_Guidance_Report_2022.pdf); Griffiths, L.J., Johnson, R.D., Broadhurst, K. and John, A. (2021). *Born into care: One thousand mothers in care proceedings in Wales. A focus on maternal mental health*. <https://www.nuffieldfjo.org.uk/resource/born-into-care-maternal-mental-health>
- 3 See, for example, the forthcoming Birth Companions Birth Charter for Women with Involvement from Children's Social Care, which builds on these guidelines.
- 4 Department for Education. (2018). *Working together to safeguard children*. HM Government. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/942454/Working\\_together\\_to\\_safeguard\\_children\\_inter\\_agency\\_guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf);  
 Welsh Government. (2015). *Working together to safeguard people. Volume 5 - Handling individual cases to protect children at risk*. <https://gov.wales/sites/default/files/publications/2019-05/working-together-to-safeguard-people-volume-5-handling-individual-cases-to-protect-children-at-risk.pdf>

This final version of the guidelines replaces the draft version published in February 2022.<sup>5</sup> The draft version was amended in light of observations drawn following a period of further consultation and introducing the guidelines into the participating local authority and health sites.

While the guidelines aim to be broadly applicable across different social groups, given firm evidence that the majority of mothers, fathers, co-parents and wider family networks who experience separation from a baby at birth face intersecting disadvantage, we strongly emphasise the importance of structural competency among practitioners. By 'structural competency', we refer to the social, political, economic and environmental factors that shape individual and family health, well-being and life chances. For example, persistent inequalities in respect of race, disability, sexual orientation and gender identity limit access to resources and, moreover, cause harm. Effective practice not only recognises intersecting disadvantage, but also effectively challenges organisational processes and structures that reinforce it.

## The underpinning research

The guideline statements in this document are based on the findings from the first multi-site, systematic qualitative study of professional and parental perspectives on state intervention at birth.<sup>6</sup> Professionals from eight local authorities and seven corresponding health trusts, as well as parents and foster carers, participated in the empirical study. Interviews and focus groups conducted within these partner sites identified considerable consensus among frontline practitioners and parents about what constitutes best practice when local authorities issue care proceedings at birth. The guidelines in this document should be read in conjunction with the report from the underpinning study.

The production of these guidelines has also greatly benefited from the expertise of a group of mothers with lived experience. Our lived experience and professional advisory groups have supported us throughout the research, and this final version owes a debt of gratitude to the wisdom of these groups.

5 Mason, C., Broadhurst, K., Ward, H., Barnett, A. and Holmes, L. (2022b). *Born into Care: Draft best practice guidelines for when the state intervenes at birth. Draft version for feasibility testing.* <https://www.nuffieldfjo.org.uk/resource/born-into-care-best-practice-guidelines-when-the-state-intervenes-at-birth-feasibility-testing>

6 Mason et al. (2022a).

## Overarching principles

Thematic analysis of the data from the underpinning multi-site study and subsequent consultation resulted in the identification and formulation of the following overarching principles, which should underpin best practice when the state intervenes at birth:

- a specialist focus on the vulnerable unborn child and parents
- a specialist understanding of the impact of trauma
- timeliness and planning
- process and service alignment
- continuity of care
- father and co-parent inclusive practice, which includes safety planning for adults and children in the family
- wider family and friend inclusive practice
- partnership and collaborative working
- support tailored to the identified needs of parents and responsive to identified professional concerns
- adequacy, availability and fit of resources
- sensitivity and respect
- transparency and choice
- structural competence (see above).

The guideline statements provide practical examples of how these principles translate into best practice and how challenges can be overcome at both a strategic and frontline practice level. They aim to inform best practice during pregnancy, in maternity settings, and when parents leave hospital and return home. In setting out the guidelines, we also consider the structures and processes at an organisational level that support best practice, and the actions practitioners can take to deliver it.

## Supporting practice insights and tools

These guidelines are supported by a series of resources, which can be found at: <https://www.nuffieldfjo.org.uk/resource/born-into-care-best-practice-guidelines-and-other-resources>.

Included in these resources is a set of short films that illustrate the practice changes made by our partner local authorities and health trusts during the project, some of which also result from the broader Born into Care series of research.<sup>7</sup>

## Structure of the guidelines

This guidelines document is divided into the following three stages:

- pre-birth practice (from conception to labour)
- practice within the maternity setting and first court hearing (birth and care proceedings)
- leaving hospital and returning home (post-discharge support and family time).

In each of these three sections, the guidelines set out:

- statements concerning the optimal organisational structures or processes for supporting best practice
- statements concerning what individual practitioners can do to support best practice.

7 The films include examples of practice changes in our sites as well as information about other programmes or practice solutions that were shared with us during the course of this research. A full review and an exhaustive list were beyond the scope of this study.

## Notes on terminology

### Parents

We refer to ‘parents’ when we describe a baby’s mother, father, or co-parent. We appreciate that not all readers will agree with this decision – but, on balance, we consider it to be the most accessible and inclusive descriptor for the purpose of these guidelines. We recognise that fathers can feel insufficiently included by children’s social workers and midwives, and that discrimination and exclusion are also faced by same-sex parents. We also wish to acknowledge that many mothers involved with children’s services and the family courts are lone mothers, or may have a partner other than the biological father.

We diverge from the generic term ‘parent’ when discussing some aspects of practice relating to the maternity setting because of the very particular issues relating to the birthing experience and the in-patient setting.

### Family and friend network

The research has evidenced the support offered by parents’ own informal networks. However, we recognise that these informal networks may be constituted and described in many different ways. In an attempt to be as inclusive as possible, we use the terminology of ‘family and friend network’ to capture the range of informal relationships that provide support to parents.

### Family group conferences

The importance of family-inclusive practice, and the role that family-led decision-making processes may play in achieving this, is incorporated throughout the guidelines. While we are aware that local authorities may take different approaches to involving the family and friend network in decision making, we refer to ‘family group conferences’ throughout these guidelines in recognition of the standards associated with this model.<sup>8</sup>

8 See: <https://frg.org.uk/family-group-conferences/fgc-accreditation/>



## Plans

Our analysis of local guidance, and our work with partner local authority and health sites, has uncovered significant differences in the processes and terminology used to describe the various plans formulated to support children and families while they have children's social care involvement. For the purposes of these guidelines, we have used the generic term 'the plan' to refer to the various plans that may be used during pregnancy or after discharge from hospital. This includes: child in need plans; care and support plans (Wales); child protection plans, plans produced during pre-proceedings (public law outline (PLO) plans); family plans (developed following a family group conference); and, where care proceedings are initiated, interim care plans.

## Birth and separation arrangements

We have used the term 'birth arrangements' to refer to the local authority's detailed safeguarding arrangements for labour, supervision and care of the baby on the postnatal ward. In many local authorities, this is referred to as 'the birth plan' but, for the purposes of these guidelines, it is important to distinguish between this and the maternity-led 'birth plan' that details the woman's labour choices.

In addition, we use 'separation arrangements' to refer to the support organised for parents if the baby is being separated at or close to birth, and placed with alternative carers. During our pilot work, some areas incorporated the 'separation arrangements' into the 'birth arrangements'.

# Pre-birth practice (conception to labour)

The following statements should guide practice with parents and their unborn baby throughout the pre-birth period.

- When there are safeguarding concerns, parents and their unborn baby are referred to the local authority quickly, and professional engagement starts early in pregnancy to include a timely offer of specialist support (first trimester).
- Case allocation maximises continuity of professional involvement throughout the pre-birth period and beyond.
- Parents and professionals co-define needs and goals, and work collaboratively to identify and build on strengths throughout the pregnancy.
- Professionals work proactively with parents and the family and friend network to provide support matched to identified needs and concerns that may place the baby at risk of significant harm during pregnancy and after birth.
- Processes are initiated in a timely manner to facilitate careful and planned decision making.
- Professionals' concerns and plans are shared with parents at every step of the way, including any plan to initiate care proceedings at birth; the understanding of parents is continually checked.
- Professionals support parents to access robust, comprehensive and expert legal advice.
- The birth arrangements and plan for the baby after birth are shared at a timely point. The birth arrangements contain sufficient detail of the management of risk. Choice and control are offered to parents wherever possible.

## Organisational structures and processes that support best practice throughout the pre-birth period

**When there are safeguarding concerns, parents and their unborn baby are referred to the local authority quickly, and professional engagement starts early in pregnancy to include a timely offer of specialist support (first trimester).**

- Local authority processes are in place to accept referrals as early as possible during the pregnancy.
- The local authority appoints named practitioners or establishes a team that has received additional training to provide a specialist focus on work with parents and their unborn babies.
- Training includes: assessing the healthy development and any risks of significant harm to the unborn baby, promoting parental bonding and mentalisation with the unborn baby, and understanding and working with trauma.
- Local authorities have a pre-birth assessment and practice model that prioritises an early offer of help and support alongside ongoing assessment.
- Community midwives receive adequate training and support to ensure they are sufficiently confident and skilled to open up conversations with the parents (if present) at the booking appointment to identify any potential safeguarding concerns.



- Interagency protocols ensure that processes reflect the importance of early referral and response to enable targeted help and support, and to minimise the possibility of drift and delay.
- Processes and timescales maximise the opportunities for parents to receive specialist support and sufficient time to develop necessary skills and/or demonstrate change.

### **Case allocation maximises continuity of professional involvement throughout the pre-birth period and beyond.**

- Specialist case-holding midwives work with parents (and co-parents) at risk of separation at birth through the antenatal and postnatal period.
- The local authority adopts a practice model that minimises changes of case-holding social worker from referral to the final hearing.

### **Professionals work proactively with parents and family and friend networks to provide support matched to identified needs and concerns that may place the baby at risk of significant harm during pregnancy and after birth.**

- Priority pathways are developed with partner agencies – or staff are trained to provide specialist help and support in-house – to ensure parents can receive timely support. This may include support for parents with learning difficulties and help with mental health problems, domestic abuse, substance misuse, debt and housing.
- The commissioning of services and local area protocols focuses on creating joined-up solutions, including specialist services that are co-located where possible.

### **Processes are initiated in a timely manner to facilitate careful and planned decision making.**

- The timing of child protection and public law outline processes allows adequate space for parents to prepare emotionally and practically for a possible separation following the birth and to consider alternative carers for their baby within their family and friend networks.

- Interagency protocols are embedded that reflect the importance of timely decision making and sharing of birth arrangements and the plan for the baby after birth with parents by week 30 of pregnancy.
- If a placement with alternative caregivers is likely to be part of the plan for the baby after discharge from the hospital, then an early alert is placed with the fostering or connected carer teams so identification and assessments of alternative carers can be made prior to birth.

### **Professionals support parents to access robust, comprehensive and expert legal advice.**

- Careful consideration is given to escalation from child protection to the public law outline process before the baby's birth to ensure parents are given sufficient time in pre-proceedings to seek and receive legal advice. This may be particularly important for parents with learning difficulties who may need longer to process complex information.

## **What can practitioners do to support best practice throughout the pre-birth period?**

In the pre-birth period, practitioners can support best practice through the following actions.

### **When there are safeguarding concerns, parents and unborn babies are referred to the local authority quickly, and professional engagement starts early in pregnancy to include a timely offer of specialist support (first trimester).**

- An initial meeting between the social worker and parents takes place as soon as possible following the referral to the local authority, and within the first trimester of pregnancy. This provides adequate time to undertake a full assessment of parents' support needs, risk of significant harm to the baby, family strengths and resilience. This allows parents maximum opportunities, with specialist support, to address any concerns and to understand and learn new skills before key decisions have to be made about the baby's future.

- Time is given in the first meeting with the social worker to identify parents' specific learning and communication needs or preferences, and an agreed way of communicating is established. This includes consideration of specific language needs and the use of an interpreter where parents express a wish to communicate in their first language, regardless of the professional's perception of their English language skills. The information regarding parents' communication needs is shared with all professionals involved in subsequently supporting the family. If a cognitive or speech and language assessment is likely to be required, this is organised at the earliest possible point.
- Where a parent has been known to the local authority – either in relation to previous children or in their own childhood – particular consideration and sensitivity is shown when considering historical family information. Parents are included in discussions about the relevance of historical information in relation to their parenting. Concerns are openly discussed, and the relevance of past events is made transparent. Support is offered to overcome any identified difficulties.
- Parents' confidence is discussed in relation to navigating the system and, if required, an independent advocate or 'navigator' is identified to support one or both of them throughout the process. This is particularly important for any parent who has a learning difficulty, where there are language barriers, or where parents are unfamiliar with the UK systems.
- If a parent has had previous children removed from their care through the family justice system, particular consideration is given to the impact of this experience and targeted support offered.<sup>9</sup>

### **Parents and professionals co-define needs and goals, and work collaboratively to identify and build on strengths throughout the pregnancy.**

- Following referral, the allocated social worker works with parents to co-define immediate pressing needs, concerns and goals. This includes the priority concerns of parents, as well as those of professionals regarding the health, well-being and safety of the unborn baby.

<sup>9</sup> See: Broadhurst, K. and Mason, C. (2017). Birth parents and the collateral consequences of court-ordered child removal: Towards a comprehensive framework. *International Journal of Law, Policy and the Family*, Volume 31, Issue 1, pp. 41–59. <https://doi.org/10.1093/lawfam/ebw013>

- Family strengths and resilience – and key people within parents’ networks who can offer support – are identified at an early point.
- Parents are provided with opportunities to have discussions with professionals without the presence of their partner, particularly where any concern about domestic abuse has been identified.
- Where specialist support is required for parents, appropriate services are identified at an early point and relevant referrals are made.

**Professionals work proactively with parents and family and friend networks to provide support matched to identified needs and concerns that may place the baby at risk of significant harm during pregnancy and after birth.**

- Following an immediate needs assessment, parents are offered a family group conference.
- If a parent declines the offer of a family group conference initially, discussions continue and the offer is revisited at a future point.
- Any offer of professional support takes account of each parent’s history of trauma and the impact this may have on their willingness or ability to engage with the support offered. Possible ways to overcome these potential barriers are explored and included in the plan.
- The plan includes ways in which the family, friend and professional networks can help and support the parents with identified needs and concerns, and come up with feasible solutions.<sup>10</sup>
- A ‘system map’ containing the names and roles of all professionals involved in the process is produced with parents so they have a clear understanding of who they will be working with, for what purpose, and for how long. The format of this map reflects parents’ identified communication and language preferences and learning needs, and is reviewed and updated at regular intervals.

10 In some local authorities a child protection or child in need plan may exist alongside a family-led plan.

- Where a number of different professionals or services are working with the family, the social worker, or another named keyworker, co-ordinates the support, checks parents' understanding, and keeps them up to date.
- A review family group conference is offered to the parents in the second and third trimesters of pregnancy to consider progress and any remaining concerns that could impact the health and well-being of the unborn baby.
- If the plan for the baby following discharge from hospital is likely to include placement with alternative care givers, then at the review family group conference, the family and friend network is asked to consider possible alternative caregivers for the baby. Assessment of any potential carers begins at the earliest possible point to give the best chance for the baby to remain safely within their own family network.
- The dual role members of the family and friend network may play in offering support to parents to give them the best opportunity to keep their baby in their care, while also being assessed as alternative carers to the baby, is carefully considered. Support is offered to help parents and the family and friend network navigate this difficult terrain and ensure relationships are preserved.
- If a change of allocated social worker, midwife or other key professional is unavoidable, attention is given to the introduction of the new worker and the implications for parents. A joint visit is made to the parents to introduce the new worker and time given to say goodbye to the previous one. The handover of information is discussed with parents.

**Professionals' concerns and plans are shared with parents at every step of the way, including any plan to initiate care proceedings at birth; parents' understanding is continually checked.**

- Professionals and family and friend networks work together to ensure consistent and clear messages are given to parents regarding the local authority's decisions concerning the plan for the baby after the birth. Any changes or updates are shared at the earliest possible point, and an explanation given as to the reasons for any change. Parents' understanding of the updates or changes are checked, particularly if the news is difficult for them. If any professional or member of the family network is concerned about parents' understanding of the process or the information shared, this is fed back to the identified key worker and case-holding social worker, and action is taken.



- Where parents have granted permission, the social worker ensures the family and friend network is kept up to date of any changes or updates to the plan for the baby and the possible implications.

**The birth arrangements and plan for the baby after birth are shared at a timely point. The birth arrangements contain sufficient detail of the management of risk. Choice and control are offered to parents wherever possible.**

- Parents are involved in producing the birth arrangements and their communication, language and learning needs are carefully considered.
- The birth arrangements and the plan for the baby after birth are shared with the parents and core group of professionals by week 30 of the pregnancy.<sup>11</sup>
- Details of the birth arrangements include: the mother's choice of birthing partner; strategies for managing risk if there are concerns about the presence of any other family members or friends on the ward; arrangements for supervision of mother and baby if required; and the mother's preference with regards to having a single side room or a bed in a shared bay.
- The birth arrangements are discussed and parents are offered an opportunity for these arrangements to be reviewed within a review family group conference prior to the baby's birth.
- If the local authority intends to issue care proceedings following birth, an estimated timeline is produced with parents explaining when and where key actions are likely to take place.
- If placement with alternative care givers is part of the proposed plan for the baby following hospital discharge, parents are offered an opportunity to consider the detail of the separation arrangements and their own support needs post discharge.<sup>12</sup>

11 Examples of inclusive birth arrangements are available as part of the online resources available at: <https://www.nuffieldfjo.org.uk/resource/born-into-care-best-practice-guidelines-and-other-resources>

12 Further resources to support professionals to discuss separation arrangements are available at: <https://www.nuffieldfjo.org.uk/resource/born-into-care-best-practice-guidelines-and-other-resources>

- If a kinship placement for the baby is unlikely, an alert is made to the fostering team for the identification of foster carers in the pre-birth period. Where a foster care placement is being proposed, parents are offered the opportunity to meet the proposed foster carers during the pregnancy.
- If a parent and baby foster placement is being considered, parents are offered the chance to meet the foster carers before it begins. The possibility of visiting the placement or moving to the placement in the third trimester of pregnancy is also explored. Parents' concerns and worries about going to a placement are openly discussed and addressed wherever possible.



# Practice within the maternity setting and at first court hearing

The following statements should guide practice with parents and babies in the maternity setting.

## Care for mother and baby

- Parents experience continuity of professional involvement from community to maternity setting (midwife, social worker).
- Women receive trauma-informed care during labour, birth and on the postnatal ward.
- Parents' privacy and confidentiality are respected.
- Parents and midwives understand – and are kept fully informed of – the plan (or changes to the plan) regarding care proceedings, the baby's placement, and details of any court hearing.
- Careful consideration is given to the inclusion of the father or co-parent in the care of the baby while in hospital.
- Careful consideration is given to the role of the family and friend network in providing support to the parents while in hospital.
- Proportionate supervision of the mother and baby is provided on the ward and there is a shared understanding of professional roles and responsibilities.

- Parents are given maximum opportunities to parent their baby, wherever safe and in the baby's best interests, holding in mind the possibility of discharge home or reunification.

### **The first hearing**

- There is continuity and sufficiency of independent legal support, including advice and representation to enable parents to participate fairly.
- There is a planned and proportionate approach to the timing of the first hearing (notice), taking account of parents' ability to participate.
- An inclusive approach is taken to family and friends regarding legal proceedings and decision making.
- Mothers receive support to attend court, including transport, and are offered the alternative of inclusive arrangements for a private and supported remote hearing.
- Professionals in the courts are respectful and sensitive to the stress and anxiety of parents, compounded by proceedings at birth.

### **Preparing for separation or a baby's placement**

- Parents are offered adequate time to prepare for separation. Attention is paid to their wishes regarding the detail of separation, and they are offered choice wherever possible.
- Opportunities are created for parents to express their wishes and preferences with regards to care for their baby, and for them to create memories of their first hours and days with the baby to support ongoing connections.
- Parents are given clear information about their baby's placement and family time (contact) arrangements prior to discharge.



## Organisational structures and processes that support best practice within the maternity setting and at first court hearing

### Parents experience continuity of professional involvement from community to maternity setting (midwife, social worker).

- Midwifery services have a specialist pathway for women at risk of separation at birth. This includes continuity of a specialist or appropriately trained midwife from antenatal care to postnatal ward, and community postnatal care.
- The local authority minimises the number of times that responsibility for the baby and parents is passed from one team to another, and aims for continuity of social worker from pre-birth until final hearing.

## Women receive trauma-informed care during labour, birth and on the postnatal ward.

- Trauma-informed community birth support services are commissioned for women who are isolated, or unable to identify a birth companion, to ensure all women are supported in labour.
- Midwives receive specialist training regarding trauma-informed care, shame and stigma, to help them consider the needs of women in this situation.<sup>13</sup>
- The birth arrangements include enough detail to ensure that parents are not expected to repeatedly share information regarding their circumstances and that concerns regarding immediate risks to the baby are clear.
- Information on the birth arrangements is clear and concise, enabling midwives to digest the information quickly and efficiently. Information includes whether parents have any additional learning needs and/or language and communication preferences.
- Midwifery case-loading models reflect the specialist nature of support for women in this situation within the postnatal setting.
- The support needs for staff to deliver a trauma-informed approach to parents in this situation is recognised, and staff are provided with appropriate levels of supervision.

## Parents' privacy and confidentiality are respected.

- Postnatal wards have access to a bookable private room for parents to use to meet with legal advisers, social workers and other professionals, or their own support networks.

<sup>13</sup> See for example: Law, C., Wolfenden, L., Sperlich, M. and Taylor, J. (2021). *Trauma-informed care in the perinatal period*. The Centre for Early Child Development (Blackpool, UK). [https://hubble-live-assets.s3.amazonaws.com/birth-companions/file\\_asset/file/1/PMH-Trauma-Informed-Care-Guide.pdf](https://hubble-live-assets.s3.amazonaws.com/birth-companions/file_asset/file/1/PMH-Trauma-Informed-Care-Guide.pdf)

### **There is a planned and proportionate approach to the timing of the first hearing (notice), taking account of parents' ability to participate.**

- Local area protocols are developed to ensure that there is flexibility around the timing of discharge from hospital to enable parents to make best use of legal advice and representation.
- Timing of the first hearing takes account of the mother's need to recover from the physical and emotional impact of labour.
- Fathers and co-parents are kept fully informed of care proceedings and supported to access independent legal advice.
- Court documentation is provided to parents with an appropriate period of notice to allow them sufficient time to prepare and access legal advice. This period takes account of any additional learning needs and language and communication preferences the parents may have.
- In addition to their lawyer, parents are offered an independent advocate to support them through proceedings, particularly where any additional learning needs have been identified.
- Sufficient time is given to allow parents to notify identified members of the family and friend network of a court hearing should the parents wish for them to stay with the baby on the ward while they attend court.

### **There is continuity and sufficiency of independent legal support, including advice and representation to enable parents to participate fairly.**

- Parents are offered continuity of lawyer from formal pre-proceedings meetings to care proceedings.
- Where a mother chooses a remote hearing, a legal liaison person is provided to ensure she is properly briefed and supported remotely.

## **An inclusive approach is taken to family and friend networks in legal proceedings and decision making.**

- An inclusive approach is taken to care proceedings. Where members of the family and friend network play a key role in relation to supporting parents in caring for the baby they are, with parents' permission, kept fully informed.<sup>14</sup>
- Professionals are open to accepting different definitions and practices regarding family and friend networks.

## **Mothers receive support to attend court, including transport, and are offered the alternative of inclusive arrangements for a private and supported remote hearing.**

- The birth arrangements include the mother's transport and support needs if the local authority is intending to issue proceedings close to birth.
- Hospital maternity units have access to appropriate facilities to offer private and properly supported remote court arrangements as an alternative for mothers who do not feel able to attend court in person.

## **Professionals in the court setting are respectful and sensitive to the stress and anxiety of parents, compounded by proceedings at birth.**

- Judges, guardians, local authority and private practice lawyers receive trauma-informed training and understand the need for sensitive and respectful practice within the court setting.

14 Family court proceedings are private, and only someone who is party to proceedings can go into the courtroom. Any family member wishing to become a party to proceedings should get advice from a solicitor.



**Parents are offered adequate time to prepare for separation. Attention is paid to their wishes regarding the detail of separation, and they are offered choice wherever possible.**

- Maternity discharge policies allow additional time for parents and baby on the ward if safe for the baby and requested by the parents.
- Midwives and social workers receive training to consider the particular care needs of parents, siblings, and the wider family and friend network at the point of separation.
- A designated room is identified within the hospital for parents to spend time privately with their baby following the court order being granted, prior to separation.

**Opportunities are created for parents to express their wishes and preferences with regards to care for their baby, and for them to create memories of their first hours and days with the baby to support ongoing connections.**

- Midwives, social workers and other identified key professionals are trained to sensitively support parents and wider family and friend networks to make memories and collect early mementos of the baby.<sup>15</sup>
- Foster carer and kinship carer support and training includes consideration of the carer role within the maternity setting. Particular thought is given to preparing foster carers and kinship carers to have conversations with parents prior to separation.

15 This includes the use of 'HOPE Boxes' currently being piloted to support ongoing connection and reduce parental distress in the immediate post-separation period. See: <https://www.cfj-lancaster.org.uk/projects/giving-hope> for more details.

## What can practitioners do to support best practice within the maternity setting and at first court hearing?

In the maternity setting, practitioners can support best practice through the following actions.

### Parents experience continuity of professional involvement from community to maternity setting (midwife, social worker).

- Where specialist midwifery roles or pathways for continuity of midwife are not in place, community and/or specialist midwives are made aware when a woman has given birth and visit her on the postnatal ward. They are kept informed of the plan for the baby.

### Women receive trauma-informed care during labour, birth and on the postnatal ward.

- Midwives and other professionals caring for the mother and her baby on the ward show compassion and understand how both the effects of the possible separation, and any previous history of trauma, impact the woman's experience of birth and parenting her baby.
- Mothers are offered choice wherever possible, including support on following a chosen birth plan and methods of feeding, and are kept fully informed about their own health care and that of their baby.
- Particular sensitivity is shown with regards to physical examinations; permission is requested, and a full explanation given prior to any physical contact.
- If the mother's care is transferred to a new midwife, key information is shared to ensure that she is not expected to revisit sensitive issues multiple times.

## Parents' privacy and confidentiality are respected.

- The birth arrangements indicate the mother's preferences with regards to having a single side room or a shared bay bed. Where it is not possible to offer the mother her preference, an explanation is offered and any impact minimised.
- Where women are in shared bays, careful attention is paid to the mother's privacy needs. This includes social workers and solicitors ringing ahead of visits and booking a private room for meetings.
- Professionals visiting the mother remove lanyards and name badges while in shared spaces and, where possible, avoid meeting with the mother in a shared bay.
- Conversations regarding legal process, and/or the mother or baby's health needs, do not take place in a main bay within earshot of other patients.

## Parents and midwives understand and are kept fully informed of the plan (or changes to plans) regarding care proceedings, the baby's placement, and details of any court hearing.

- Social workers ensure that information regarding the plan for the baby and the timing of any legal processes are shared with parents and regular updates are given.
- Parents have an opportunity to revisit the timeline of the process to check understanding and update the timescales.
- Once a court hearing is agreed, the ward is notified to ensure the midwife caring for the mother is able to offer additional support.
- There is agreement between midwives and social workers about when the social worker will collect the baby should the court grant an interim order requiring separation and parents are included in this planning.

### **Careful consideration is given to the role of the father or co-parent while the mother and baby are in hospital.**

- A trauma-informed approach is taken to fathers and co-parents visiting the mother and baby on the ward.
- In line with the agreed birth arrangements, professionals consider the role of father or co-parent in the care of the baby, and all appropriate information is shared with them.

### **Careful consideration is given to the role of the family and friend network in the care of the baby and support to parents while they are in hospital.**

- The social worker contacts any members of the family and friend network nominated to supervise and support the mother and baby's care in line with the agreed birth arrangements.
- Where the parents give consent, social workers ensure that information regarding the plan for the baby and the timing of legal processes are also safely shared with key members of the wider family and friend network.
- Careful consideration is given to the information and preparation needs of any identified potential kinship carer or foster carer.

### **Proportionate supervision of the mother and baby is provided on the ward and there is a shared understanding of professional roles and responsibilities.**

- Any plans for additional supervision of the mother and baby while on the ward are explained to parents following the baby's birth and, where safe to do so (and supported by parents), the family and wider network are drawn upon.
- The purpose of the supervision, what is recorded, and where it is shared, are made clear to the parent in advance.

## **Parents are given maximum opportunities to parent their baby, wherever safe and in the baby's best interests, holding in mind the possibility of discharge home or reunification.**

- Midwives and the family and friend network support parents to capture important memories of their first few hours and days with their babies through the use of reflective conversations, photographs and diaries.
- Wherever possible and in the baby's best interests, support is offered to mothers wishing to breastfeed, and discussions take place with them about how they can continue to express milk.

## **The first hearing**

### **There is continuity and sufficiency of independent legal support, including advice and representation to enable parents' fair participation.**

- Professionals ensure that, wherever possible and within the limits of the law, fathers and co-parents are kept up to date as equally as mothers regarding the legal process, and their specific support needs are considered.<sup>16</sup>
- Lawyers meet the parent they are representing in person before the first hearing to ensure parents feel as prepared as possible.

### **An inclusive approach is taken to family and friends in the legal process and decision making.**

- Any member of the family and friend network identified in the family group conference as able to offer practical or emotional support to parents or to care safely for the baby is, with parents' consent, informed as soon as possible of the date and time of the first hearing.

<sup>16</sup> Family court proceedings are private and only someone who is party to proceedings can go into the courtroom. Any family member wishing to become a party to proceedings should get advice from a solicitor.

## **Mothers receive support to attend court, including transport, and are offered the alternative of inclusive arrangements for a private and supported remote hearing.**

- Once papers have been served, the local authority discusses the mother's transport and support needs to attend court. This may include providing financial support for appropriate transport.
- If the mother does not feel able to attend court, the possibility of a remote hearing within the maternity setting is considered. Arrangements for the care of the baby, while the mother takes part in the hearing, are discussed and agreed in advance with the parents. The mother is supported in the remote setting by her lawyer or advocate. The organisation of any remote hearing pays attention to the support and privacy needs of the mother to enable fair participation.

## **Preparing for separation and a baby's placement**

### **Parents are offered adequate time to prepare for separation. Attention is paid to their wishes regarding the detail of separation, and they are offered choice wherever possible.**

- Parents are offered support with transport to return from court to the hospital. Careful consideration is given to parents' wishes regarding the timing of separation as discussed in the separation arrangements, and choice is offered wherever it is safe and consistent with the plan for the baby.
- Anyone identified as offering support to either parent in the separation arrangements is notified of the timing of the planned separation. The community midwife or specialist midwife is also notified.
- A private room is provided for parents to spend time with their baby prior to separation.
- If the baby is to be placed with kinship or foster carers, they are notified as soon as possible of the planned timing of separation so that they can attend the hospital.

- If the parents have indicated that they wish to meet the foster carers and have not already done so, then they are both offered this opportunity in advance of the discharge planning meeting.<sup>17</sup>
- Sensitivity is shown regarding the information shared within the discharge planning meeting and the potential impact on parents.
- Once parents return to the postnatal ward, the midwife (or nominated professional) reviews the detail of the separation arrangements with them. Wherever possible and safe to do so, the parents' wishes regarding the detail of the separation are followed. If any of the parents' choices are not possible, the reasons for this are made clear in advance.

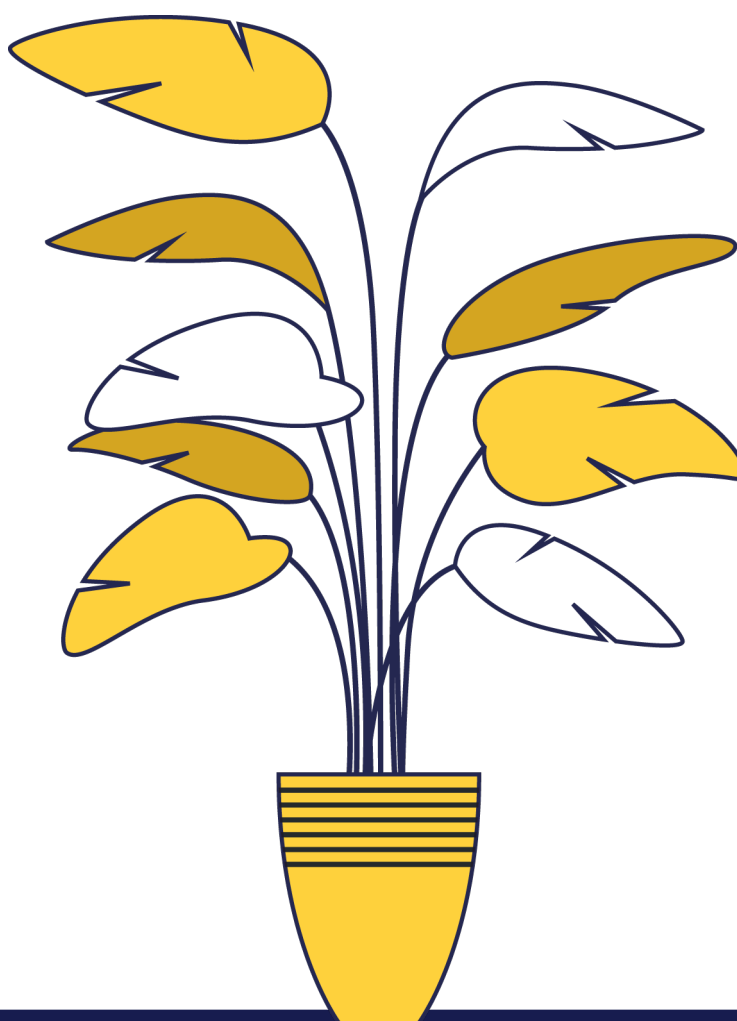
**Opportunities are created for parents to express their wishes and preferences with regards to care for their baby, and for them to create memories of their first hours and days with the baby to support ongoing connections.**

- Parents are offered an opportunity to spend some time with the foster carers or kinship carers before discharge, and to express their wishes and preferences for their baby's care in placement (for example, brand of nappy and milk, use of pacifier, clothing colour). If it is not possible, or the parents do not wish to meet the foster or kinship carers, then the parent is offered an opportunity to write down or record their wishes, to be shared at a later point.
- Mothers who wish to continue to breastfeed their baby are supported (wherever possible and in the best interests of the baby) with the provision of equipment (e.g. a breast pump and storage facilities), information and links to breastfeeding support resources. Arrangements for the transportation and storage of milk are agreed in advance.
- Parents are given the time, opportunity and support to make memories with their baby prior to separation. This includes for example the offer of HOPE Boxes.

<sup>17</sup> A discharge planning meeting is a meeting held between key professionals and the parents prior to the baby's discharge to ensure plans are in place to safeguard the baby.

## Parents have clear information about their baby's placement and family time (contact) arrangements prior to discharge.

- The local authority provides parents with precise information regarding the details of their first family time (contact) with their baby. This includes the date, time and venue. Consideration is given to any practical barriers to parents attending contact – including transport, working hours and financial issues – and solutions are explored.



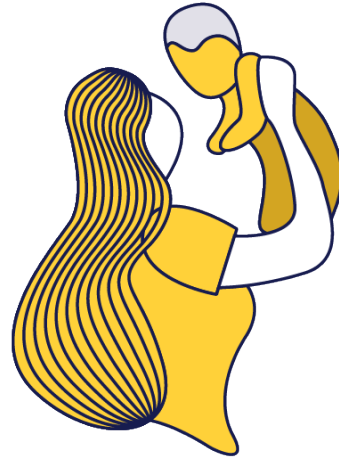


# Leaving hospital and returning home

The following statements should guide practice when parents are leaving the hospital and returning home without their baby.

- Professionals check the immediate basic and emotional support needs of parents prior to them leaving the hospital.
- Midwifery case allocation maximises the opportunity for continuity of specialist/appropriately trained care, and an assertive outreach approach is taken to postnatal care.
- The role of kinship and foster carers is developed to maximise opportunities to support parents to bond with their baby.
- Agencies work collaboratively with parents to continue to offer support to address identified concerns and needs, including reproductive health.
- Parents are supported to fully participate in care proceedings and, where required, additional support is offered through an independent advocacy service.
- Parents are provided with clear information concerning the timing and purpose of family time, and support is given by the local authority to try to maximise positive interactions between parents and their baby.
- Professionals involved with the separation are offered an opportunity to debrief and have access to clinical supervision.

## Organisational structures and processes that support best practice when parents leave the hospital and return home



**Midwifery case allocation maximises the opportunity for continuity of specialist or appropriately-trained care from antenatal to postnatal period, and an assertive outreach approach is taken to women's postnatal care.**

- A specialist midwifery pathway is established to enable continuity of specialist midwife from antenatal care to postnatal care.
- Midwives offering postnatal care to this population of women receive specialist training in trauma-informed care and take an assertive outreach approach to maximise a mother's engagement in postnatal care.
- The postnatal offer is extended for this population of women beyond the statutory 10 days.
- Parents' GPs are notified of the separation.
- An assertive outreach approach is taken to the mother's six-week check and mental health screening (completed by either the GP or health visitor).

## **The role of kinship and foster carers is developed to maximise opportunities to support parents to bond with their baby.**

- Foster carer and kinship carer preparation, training and support includes the carer's role in supporting parental and baby bonding and connection.<sup>18</sup> Training also covers practical advice on helping mothers to continue breastfeeding where appropriate and desired.
- Specific consideration is given to the support needs of kinship carers who are both caring for the baby and also offering support to parents.

## **Agencies work collaboratively with parents to continue to offer support to address identified concerns and needs, including reproductive health.**

- Multi-agency partners commission a recurrent care service and/or specialist team providing adult-focused support to prevent parental mental health crises following separation.
- A review family group conference is scheduled to consider how the family and friend network can support parents at this time.
- The professional and family and friend network are trained in interventions and approaches to stabilise parents in this acute stage of loss.
- Priority pathways are developed within adult services – including mental health, reproductive health, domestic abuse, substance misuse, learning difficulty and housing – to ensure a timely offer of support to parents post separation.

18 For example, through the use of HOPE Boxes.

## **Parents are supported to fully participate in care proceedings and, where required, additional support is offered through an independent advocacy service.**

- Specialist training is provided for lawyers and other key professionals working with parents following separation to ensure they understand how parents' experiences of trauma and loss may necessitate a more assertive outreach approach to support engagement in proceedings to maximise the possibility of the baby's safe return to the parents' care.
- Any specific parental communication, language and/or learning needs identified during the pre-birth assessment are routinely considered.
- A specialist advocacy service is commissioned for parents who are party to proceedings, particularly those who have a history of trauma, and/or have additional learning needs.

## **Parents are provided with clear information concerning the timing and purpose of family time, and support is given by the local authority to try to maximise positive interactions between parents and their baby.**

- Professionals remain alert to the possibility of reunification. Family time includes an offer of support and education to parents to improve their parenting capacity and ensure that they can best meet their baby's needs within these sessions and give the best chance for safe reunification.
- Any specific communication, language and learning needs identified during the pre-birth assessment are taken into account when providing this information.

## **Professionals involved with the separation are offered an opportunity to debrief and have access to clinical supervision.**

- Professionals involved with the separation are offered an opportunity to debrief with a manager within 24 hours of the separation, and careful attention is paid to the emotional impact on the worker.
- Specialist clinical supervision is routinely offered to professionals working with families where a separation is likely or has recently taken place.

## What can practitioners do to support best practice when the mother leaves the hospital and parents return home without their baby?

When parents return home without their baby, practitioners can support best practice through the following actions.

### Professionals check the immediate basic and emotional support needs of parents prior to the mother leaving the hospital.

- Arrangements for meeting parents' immediate basic and emotional needs are discussed and checked prior to the discharge planning meeting.<sup>19</sup>
- The postnatal ward alerts parents' GPs (and any other relevant agencies) that they are returning home and that their baby has been separated from them.
- The social worker, kinship carer or foster carer calls the parents within 12 hours of separation to provide reassurance regarding how the baby has settled into the placement.

### The role of kinship and foster carers is developed to maximise opportunities to support parents to bond with their baby.

- Foster carers and kinship carers are encouraged to use a diary or other form of communication matched to each parent's own communication preferences and learning needs to provide information about the baby's development and routines. This includes photographs and other mementos.
- Parents are encouraged to share pictures and mementos with the kinship or foster carer, such as through the use of HOPE Boxes, for example.

<sup>19</sup> Further details on providing post-separation support, which have been co-produced with our research sites, are available at: <https://www.nuffieldfjo.org.uk/resource/born-into-care-best-practice-guidelines-and-other-resources>

- Foster carers transport the baby to and from family time, wherever possible and safe to do so, to allow time for information-sharing regarding the baby's routines and development with parents face to face.
- Virtual contact is considered in addition to face-to-face family time in order to involve parents in key activities such as the baby's bath time, bedtime and feeding.

### **Agencies work collaboratively with parents to continue to offer support to address identified concerns and needs, including reproductive health.**

- The midwife and other professionals take an assertive but sensitive approach to offering parents reproductive health care and contraception advice when they return home.
- When the parents return home, the social worker notifies all professionals who were providing support to them in the pre-birth period and parents' support needs are reviewed. Special consideration is given to their acute mental health needs.
- A family group conference is offered to review parents' support needs.

### **Parents are supported to fully participate in care proceedings and, where required, additional support is offered through an independent advocacy service.**

- The social worker provides detailed information to the parents regarding the legal process and ensures they understand the timescales for proceedings, the roles of all professionals involved, and family time arrangements. This information is provided in a format matched to parents' learning, communication and language needs, and shared, with permission, with the family and friend network.

**Parents are provided with clear information concerning the timing and purpose of family time, and support is given by the local authority to try to maximise positive interactions between parents and their baby.**

- Parents are supported to prepare for family time and consider activities and interactions consistent with the baby's developmental needs.
- Parents receive constructive feedback following family time, and family time is used as an opportunity for education and support to improve parent and baby interaction.
- Information regarding the details of family time is provided in a form consistent with each parent's learning and communication style.
- Consideration is given to any practical barriers to parents attending family time – including working patterns, transport and financial issues – and solutions are explored.
- Changes in family time arrangements are avoided. If unavoidable, maximum notice and an explanation are given to the parents, and a new time is discussed.



# Nuffield Family Justice Observatory

Nuffield Family Justice Observatory (Nuffield FJO) aims to support the best possible decisions for children by improving the use of data and research evidence in the family justice system in England and Wales. Covering both public and private law, Nuffield FJO provides accessible analysis and research for professionals working in the family courts.

Nuffield FJO was established by the Nuffield Foundation, an independent charitable trust with a mission to advance social well-being. The Foundation funds research that informs social policy, primarily in education, welfare, and justice. It also funds student programmes for young people to develop skills and confidence in quantitative and scientific methods. The Nuffield Foundation is the founder and co-funder of the Ada Lovelace Institute and the Nuffield Council on Bioethics.

## Centre for Child and Family Justice Research

The Centre for Child and Family Justice Research is co-hosted by the Department of Sociology and the Lancaster Law School and works in close collaboration with the Data Science Institute at Lancaster University. Bringing together academics, practitioners and policy makers, the work of the Centre focuses on the formal operation of family justice systems, but also broader social justice concerns. The Centre's mission is to progress cutting-edge research that has real-world impacts. Our explicit aim is to improve the lives of children, young people and families.

## Rees Centre

The Rees Centre is part of the Department of Education at the University of Oxford. The Centre aims to improve the education, well-being and life outcomes of those who are, or have been supported by children's social care services, with a focus on children in need (including those in care), adoptive and special guardianship families, and care-experienced adults.



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