

# **Born into Care: Draft best practice guidelines for when the state intervenes at birth.**

Draft version for feasibility testing

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**These draft guidelines are being piloted with partner research sites in England and Wales between January and August 2022. Further work is also being undertaken to explore how the draft guidelines should be adapted to better reflect issues of specific relevance to parents with learning disabilities as well as to parents and children from Black, Asian and minority ethnic groups. This document should therefore be treated as a draft, to be revised in discussion with our partners, with a view to finalisation later in 2022.**

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### **Disclaimer**

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# Introduction

These draft guidelines aim to inform multi-agency practice when the state takes safeguarding action at birth. The guideline statements are based on the findings from a study that analysed qualitative data concerning state intervention at birth, from the lived experiences of parents and professionals.<sup>1</sup> They are published as part of the *Born into Care* series.<sup>2</sup> The guidelines aim to inform practice in the pre-birth period and at birth, including a first court hearing in care proceedings. They also cover immediate follow-up following discharge from hospital for the group of parents who are separated from their babies at birth.

The findings from the study that informs this draft set of guidelines derive from close and systematic engagement with eight local authority areas and corresponding health trusts. 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. However, they also identified numerous challenges that make it difficult to achieve good practice in some local authorities, and mean that in some circumstances, the trauma of infant removal is exacerbated by a system that fails to meet the needs of birth parents.

Exploration of the data has led to the identification of the following overarching principles that should underpin good practice in this complex and painful area of work:

- a specialist focus on the vulnerable unborn child and parents
- a specialist understanding of the impact of trauma

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<sup>1</sup> Mason, C., Broadhurst, K., Ward, H., Barnett, A. and Holmes, L. (2022). *Born into Care: Developing best practice guidelines when the state intervenes at birth*. <http://www.nuffieldfjo.org.uk/resource/born-into-care-developing-best-practice-guidelines-for-when-the-state-intervenes-at-birth>

<sup>2</sup> 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., Broadhurst, K., (2019). *Pre-birth assessment and infant removal at birth: experiences and challenges*. Summary. <https://www.nuffieldfjo.org.uk/resource/pre-birth-assessment-and-infant-removal-at-birth-experiences-and-challenges>

Ott, E. and McGrath-Lone, L. (forthcoming). *Perinatal loss: key messages for infant removal at birth: An evidence review*. Rees Centre, University of Oxford. <http://www.education.ox.ac.uk/rees-centre/publications-resources/>

Ward, H., Broadhurst K., Mason, C. and Ott, E. (forthcoming). *Born into Care: Towards inclusive guidelines when the state intervenes at birth: Review of current guidance documents*. Rees Centre, University of Oxford. <http://www.education.ox.ac.uk/rees-centre/publications-resources/>

- timeliness and planning
- process and service alignment
- continuity of care
- family-inclusive practice
- partnership and collaborative working
- change-oriented practice
- adequacy, availability and fit of resources
- sensitivity and respect
- transparency and choice.

The specific guideline statements set out in this paper provide concrete examples of how these principles can be translated 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 mothers are discharged from hospital. 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; we also provide illustrative examples of practice innovation in England and Wales identified as part of the broader *Born into Care* series of research.<sup>3</sup>

The guidelines set out a series of aspirational statements that local authorities and health trusts can adapt to their local contexts in conversations with families and practitioners. At present, there are numerous challenges and considerable variation in practice in England and Wales, alongside new and innovative developments; hence it would be unhelpful to expect 'one size to fit all'. 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>

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<sup>3</sup> The examples of innovative new programmes or practice solutions have been shared with us, during the course of this research, however, a full review or exhaustive list is beyond the scope of this study.

<sup>4</sup> 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>

## Structure of the guidelines

This guidelines document is divided into the following three stages of the parent and baby journey:

- pre-birth practice – from conception to labour
- practice within the maternity setting and first court hearing – birth and care proceedings
- support for parents when they leave hospital and return home without their baby – post-discharge support and family time.

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

- statements concerning the optimal organisational structures or processes in terms of supporting best practice
- statements concerning what individual practitioners can do to support best practice
- illustrative examples of pioneering practice in England and Wales drawn from the broader *Born into Care* research.

### Note on terminology

Our exploration of existing local guidance revealed numerous plans and procedures that support best practice in this area. However, different authorities use different, and sometimes conflicting, terminology. For example, local guidance concerning plans for the baby refers to risk assessments, intervention plans, support plans, birth plans, local authority plans and discharge plans, in addition to the baby's care plan for the court. This is an issue that will be discussed with participating authorities during the pilot phase of this project.

For the purposes of these draft guidelines, we have used the term 'child in need' or 'child protection plan' to refer to those assessments and plans that are made to support the parents and baby from referral until a decision has been made concerning court proceedings. After that point we have referred to this as the 'care plan'. We also note that, in Wales, the child will have a 'care and support' plan, or a 'care and support protection' plan, rather than a 'child in need' or 'child protection' plan.<sup>5</sup>

We have used the term 'birth arrangements' to refer to the local authority's detailed safeguarding arrangements for labour, supervision and care on the postnatal ward. In addition, we use 'separation arrangements' to refer to support for parents through the process of separation if the baby is being removed from their care and placed with alternative carers.

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<sup>5</sup> Welsh Government (2015).

# Pre-birth practice (conception to labour)

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

- Parent and unborn child are referred 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 strengths throughout the pregnancy.
- Professionals work proactively with parents and wider networks to provide change-oriented support and intervention, 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 the parents at every step of the way, including any plan to initiate care proceedings at birth; parents' understanding is continually checked.
- Professionals support parents to access robust, comprehensive and expert legal advice.
- The birth arrangements and care plan for the baby after the birth are shared at a timely point.<sup>6</sup> The birth arrangements contain sufficient detail of the management of risk.<sup>7</sup> Choice and control are offered to parents wherever possible.

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<sup>6</sup> This is the document that specifies the local authority's decision concerning arrangements for the baby after the birth. If there is a decision to remove the baby and proceedings are to be issued, a care plan must be drawn up for the baby.

<sup>7</sup> This is also referred to as the birth plan.

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

- Parent and unborn child are referred quickly and professional engagement starts early in pregnancy, to include a timely offer of specialist support (first trimester).
- The local authority appoints named practitioners or establishes a team that has received additional training to provide a specialist focus on work with pregnant women, partners and their unborn babies.
- Training includes: assessing the healthy development and risks of significant harm to the foetus, promoting parental bonding and mentalisation with the unborn child, and understanding and working with trauma.
- Community midwives receive adequate training and support to ensure they are sufficiently confident and skilled to open up conversations with parents at the booking appointment to identify any potential safeguarding concerns.
- Interagency protocols ensure that processes reflect the importance of early referral and response, and minimise the possibility of drift and delay.
- Local authority processes are in place to accept referrals at earliest point of gestation.
- Local authorities have a pre-birth assessment and practice model that prioritises early offer of intervention and support alongside ongoing assessment.

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

- Specialist case-holding midwives work with 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.

### **Continuity of professional and specialist intervention: Pre-birth team, Together for Children, Sunderland**

The Together for Children specialist pre-birth team was launched in June 2020 and works with parents of unborn babies where there are safeguarding concerns, and, where relevant, care proceedings have concluded in relation to older brothers and sisters. The model places a focus on minimising changes to the baby's primary carer and disruptions to their primary attachments.

The work is premised on relationship-based practice and there are no transfer points: the social worker remains the same throughout. An immediate 10-day assessment follows referral, and support is put in place to address immediate need. From week 20 of pregnancy intensive weekly visits are undertaken to deliver the intervention plan and undertake the full pre-birth assessment.

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

- Timing of child protection and Public Law Outline processes allows adequate space for parents to prepare emotionally and practically for a possible separation following birth and consider alternative carers for their baby.

### **Timely and planned decision making: Unborn Working Group, Neath Port Talbot**

In Neath Port Talbot, an 'unborn working group' has been established to understand and reduce barriers to working across health, children's services and family justice. As a consequence, all partners are much clearer about the need for a timely response to parents in pregnancy, professional roles and responsibilities are clearly defined, and court hearings are flexibly timed following a baby's birth to ensure parents have adequate notice of care proceedings. Hospitals are affording mothers more flexibility, allowing them to spend more time on a postnatal ward to ensure practice is sensitive to their needs and better interim decisions are made for babies. In addition, a family support worker is allocated to women who are isolated; as well as supporting the mother through the pregnancy, they can also serve as a birth companion and support the mother when she returns home after birth, whether the baby remains in her care or is with a foster carer.

### **Specialist focus on the unborn and early engagement: Essex County Council pre-birth guidance and thinking tool**

Essex County Council has recently launched new pre-birth practice guidance aiming to offer specific guidance to social workers undertaking a pre-birth assessment. The guidance makes clear the complexity of pre-birth assessment, the importance of building a relationship with parents and engaging the multi-agency and wider family network at an early point in pregnancy. The guidance recommends involvement with the parents by the eighth week of gestation and highlights the need for an early family group conference. Accompanying the guidance is a 'pre-birth thinking tool', designed as a prompt for social workers to ensure they think about all areas requiring exploration with the parents and to help formulate their analysis.

- Interagency protocols are in place that ensure that processes reflect the importance of timely decision-making and sharing of the care plan and birth arrangements with parents by 30 weeks' gestation.
- If a foster placement is likely to be required, an early alert is placed with the fostering teams so identification of foster carers can be made prior to birth.

### **Professionals work proactively with parents and wider networks to provide change-oriented support and intervention, matched to identified needs and concerns that may place the infant at risk of significant harm during pregnancy and after birth**

- Priority pathways with partner agencies are developed or staff are trained to provide specialist interventions in house to ensure parents with particular challenges can receive timely support. This may include 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.

### **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 to ensure parents are given sufficient time in pre-proceedings to seek and receive legal advice.
- Professionals are supported to challenge each other's practice, including the quality of legal advocacy for the parent.

## 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 action.

### **Parent and unborn child are referred 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 and specialist support to demonstrate capacity to change before key decisions have to be made about the baby's future.
- Time is given in the first meeting to identify the parents' specific communication, learning needs and preferences and an agreed way of communicating is established. This information 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 either parent has been known to the local authority, particular consideration is given to the use of existing documentation about their own childhood history. Parents are included in discussions about historic information. Concerns are openly discussed and the relevance of historical information to current concerns regarding their parenting is made transparent. Support is offered to overcome identified difficulties.
- The parents' confidence in navigating the system is discussed and, if required, an independent advocate or 'navigator' is identified to support parents throughout the process.

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

- Following referral, the allocated social worker works with the parents to co-define immediate pressing needs, concerns and goals. This includes parents' priority concerns, as well as those of professionals regarding the health, well-being and safety of the unborn baby.
- Family strengths and resilience and key people within the parents own network who can offer support are identified at an early point.
- Where specialist support is required, appropriate services are identified at an early point and relevant referrals made.

## Co-defining needs and goals: Daisy Project, Walsall

The Daisy Project is a pre-birth and infant service offered to parents from 12 weeks' gestation to up to 26 weeks post birth. During the first phase of the programme, using a mentalisation-based assessment, the key worker works with parents to co-produce an intervention plan. During these initial sessions, the key worker helps the parents to understand the social worker's concerns, alongside enabling them to identify their own priorities for change. A process of narrative integration is used throughout this time to support parents to gain insights into their own behaviours and the trigger points that have led them to make unsafe choices for themselves, their baby, and any other children. These sessions culminate in a co-produced formulation and detailed intervention plan. Clear milestones are agreed, and the professional network required to support the change (professional and social) is identified through the use of tools such as genograms and mapping.

### Professionals work proactively with parents and wider networks to provide change-oriented support and intervention, matched to identified needs and concerns that may place the infant at risk of significant harm during pregnancy and after birth

- Following an immediate needs assessment, a family group conference is held and a family plan developed. This seeks to identify ways in which the family network can offer help and support to address the identified needs and concerns and work towards the identified goals. The family plan is integral to any child in need or child protection plan.
- The child in need or child protection plan takes account of parents' own histories of trauma and the impact that may have on their willingness or ability to engage with services.<sup>8</sup> Possible ways to overcome these potential barriers are explored and included in the plan.
- The child in need or child protection plan identifies other specialist professional support required. A 'system map' with names and roles of all professionals is produced with the 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 the parents' identified communication preferences and learning needs, and is reviewed and updated at regular time points with the family.
- Where a number of different professionals/services are working with the family, the social worker or another named keyworker co-ordinates the child in need or child protection plan, checks parents' understanding and keeps them up to date.

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<sup>8</sup> The unborn child is likely to be subject to a child in need or child protection plan depending on local arrangements and protocols.

## **Change-oriented support and intervention, and a key worker relationship: Baby and Me, Newport**

Baby and Me is an intensive pre-birth support service for parents who are open to a pre-birth assessment and are at high risk of being separated from their babies at birth. As well as one-to-one keywork support, the service offers a group work and one-to-one antenatal programme based on the NSPCC 'Baby Steps' model, adapted to meet the specific needs of this cohort of parents. In addition, group work drawing on principles from dialectical behaviour therapy is offered to provide targeted support to parents who struggle with emotion regulation.

- A review family group conference/family network meeting is held in the second and third trimesters of pregnancy to consider progress and any remaining concerns regarding the health and well-being of the unborn baby and the parents.
- If a change of allocated social worker is unavoidable, attention is given to the introduction of the new worker and the implications for the parents. A joint visit is made to the family to introduce the new worker and time given to say goodbye to the previous one. The handover of information is discussed with the parents.

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

- The professional and family network work together to ensure consistent and clear messages are given to parents regarding the local authority's decisions concerning the care plan for babies after the birth. The parents' understanding of updates or changes to plans is checked, particularly if the news is difficult for them. If any professional or member of the family network is concerned about the parents' understanding of the process or the information shared, this should be fed back to the identified key worker and case-holding social worker and action taken.

### **The birth arrangements and care plan for the baby after the 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**

- The birth arrangements and care plan for the baby are shared with parents and core group professionals by 30 weeks' gestation.<sup>9</sup>

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<sup>9</sup> A guide for developing inclusive birth arrangements, informed by these guidelines, will be produced in collaboration with participating local authorities and will be published as an appendix to the next version of the guidelines.

- Parents have an opportunity to input into the birth arrangements and their communication and learning needs are carefully considered.
- In all instances the mother is offered the opportunity to have discussions without the presence of her partner/baby's father but particularly where any concern about domestic abuse has been identified, to ensure she has an opportunity to disclose any concerns or fears and seek support.
- Details of the birth arrangements are shared, including: the mother's choice of birthing partner; strategies for managing risk if there are concerns about the presence of mother's partner or other family members on the ward; arrangements for supervision of mother and baby if required; mother's preference with regards to a private room or bed in a shared bay.
- The birth arrangements are discussed and reviewed within a review family group conference prior to the baby's birth.
- If the care plan for the baby is to issue proceedings following birth, an estimated timeline is produced with the parents explaining when and where key actions are likely to take place.
- If a separation becomes part of the care plan for the baby, parents are offered an opportunity to consider the detail of the separation arrangements and their support needs post discharge.<sup>10</sup>
- If a family placement for the baby is unlikely, an alert is made to the placement team for identification of foster carers in the pre-birth period, and wherever possible, parents are offered the opportunity to meet the proposed foster carers during the pregnancy.
- If mother and/or father and baby foster placement is being considered, the 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 placement are openly discussed and addressed wherever possible.

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<sup>10</sup> A guide for discussing separation arrangements is being produced in collaboration with participating local authorities and will be published as an appendix to the next version of the guidelines.

# Practice within the maternity setting and at first court hearing

The following aspirational statements should guide practice with mother, father and baby in the maternity setting.

## Care for mother and baby

- Continuity of professional involvement from community to maternity setting (midwife, social worker).
- Trauma-informed care of women during labour, birth and on the postnatal ward.
- Attention is given to privacy needs regarding confidential meetings with professionals.
- Mothers, fathers and midwives understand and are kept fully informed of the local authority's plans (or changes to plans) regarding care proceedings and baby placement, to include details of any court hearing.
- Careful consideration is given to the role of the family network, and specifically the father, in the care of the baby and support to mother while in hospital.
- Proportionate supervision of the mother and baby is provided on the ward and 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/reunification.

## The first hearing

- Continuity and sufficiency of legal support to enable fair participation.
- Planned and proportionate approach to timing of first hearing (notice), taking account of mothers' ability to participate.
- Inclusion of fathers and wider kin in legal process and decision making.

- Mothers receive support to attend court, including transport, or robust and inclusive arrangements for a remote hearing.
- Professionals in the courts are respectful and sensitive to parents' stress and anxiety, compounded by proceedings at birth.

### **Preparing for separation/infant 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 have 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**

### **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.

### **Trauma-informed care of women during labour, birth and on the postnatal ward**

- Trauma-informed community birth support services are commissioned for women who are isolated/unable to identify a birth companion, to ensure all women are supported in labour.
- Midwives receive specialist training regarding trauma-informed care to help them consider the needs of women in this situation.<sup>11</sup>

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<sup>11</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)

- The care plan includes enough detail to ensure the mother is not expected to repeatedly share information regarding her and her baby's circumstances and that concerns regarding immediate risks to the baby are clear. Information on the care plan and birth arrangements is clear and concise, enabling midwives to digest plans quickly and efficiently. Information includes the mother's communication and learning needs and 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 this cohort of women is recognised and staff are provided with appropriate levels of supervision.

### **Attention is given to privacy needs regarding meetings with professionals**

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

### **Planned and proportionate approach to timing of first hearing (notice), taking account of mothers' 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.
- Court documentation is provided to parents with a minimum period of notice to allow them sufficient time to prepare.

### **Inclusion of fathers and wider kin in legal process and decision making<sup>12</sup>**

- A family inclusive approach is taken to care proceedings. Fathers are informed of care proceedings at the earliest possible opportunity, and wider kin are also informed where they play a key role in relation to either the parents or the baby.

### **Mothers receive support to attend court including transport or robust and inclusive arrangements for a remote hearing**

- The birth arrangements include consideration of the mother's transport and support needs if the local authority is intending to issue proceedings close to birth.

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<sup>12</sup> Denotes biological fathers and father figures or partners.

- Hospital maternity units have access to the facilities to be able to offer robust and private 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 parents' stress and anxiety, 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.

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

- Maternity discharge policies allow additional time for mother 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 at the point of 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 key professionals support parents to make memories and collect mementos of their baby.<sup>13</sup>
- Foster carer training includes consideration of the foster carer's role within the maternity setting.

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<sup>13</sup> During the pilot phase methods are being developed to help support professionals with this work. This includes the use of 'Hope Boxes' to support ongoing connection and reduce parental distress in the immediate post-separation period.

## 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 action.

### Continuity of professional involvement from community to hospital setting

- 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 the mother on the postnatal ward. They are kept informed of the local authority plan.

### Trauma-informed care of women 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 a history of trauma may be impacting on the woman's experience of birth and parenting her baby.
- Women are offered choice wherever possible, including support on following a chosen birth plan and methods of feeding, and are kept fully informed about their health care and the health care 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.

### Attention is given to privacy needs regarding confidential meetings with professionals

- The birth includes the mother's preferences with regards to a private 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 women in a shared bay.
- Conversations regarding the mother's legal process and/or the mother or baby's health needs do not take place in a main bay within earshot of other mothers.

**Mothers, fathers and midwives understand and are kept fully informed of the local authority's plans (or changes to plans) regarding care proceedings, baby placement, and details of any court hearing.**

- The local authority provides the parents with regular updates following the child's birth regarding the plans and timescales for court proceedings.
- 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 support.
- There is agreement between midwives and social workers about when social workers will collect the baby to take to alternative carers should the court grant an interim order requiring removal, and parents are included in this planning.

**Careful consideration is given to the role of the family network, and specifically that of the father, in the care of baby and support to mother whilst in hospital**

- The social worker contacts any members of the family network nominated to supervise and support the mother and baby's care in line with the agreed birth arrangements.
- Social workers ensure that information regarding the care plan for the baby and the timing of legal processes shared with mother is also shared with the father and, where parent's wish, the wider family network.

**Proportionate supervision of the mother and baby on the ward and 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 the 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 mother and father 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/reunification**

- Midwives and the family 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 regarding how they can continue to express milk.

## **The first hearing**

### **Inclusion of fathers and wider kin in legal process and decision making**

- Professionals ensure that fathers are kept equally up to date as mothers regarding the legal process and their support needs are considered.
- Family and friends identified in the family group conference as able to offer practical or emotional support to parents or care safely for the baby are informed (with the parents' consent) of the date and time of the first hearing as soon as possible.

### **Mothers receive support to attend court including transport or robust and inclusive arrangements for a 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. The midwife, social worker and wider network ensure that the baby is cared for while the mother takes part in the hearing. The organisation of any remote hearing pays attention to the support and privacy needs of parents to enable fair participation.

## **Preparing for separation/infant 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 care plan for the baby.
- Anyone identified as offering support to parents 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 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 offered this opportunity in advance of the pre-discharge planning meeting.

- Sensitivity is shown regarding the information shared within the pre-discharge planning meeting and the potential impact on the parents.
- Once the parents return to the postnatal ward the midwife (or nominated professional) reviews the detail of the separation arrangements with the parents. Wherever possible and safe to do so, the mother and father's wishes regarding the detail of the separation are followed. If any of the parents' choices are not possible, the reasons for this should be 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 meet the foster carers 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 to meet the foster carers, or the parents do not wish to meet them, then they are offered an opportunity to write down their wishes to be shared with the foster carer 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 of milk are agreed in advance.

**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 and financial issues, and solutions are explored.

# Leaving hospital and returning home

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

- Professionals check the immediate basic and emotional support needs of the 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 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 and intervention 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 with 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/ 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 the women's engagement in postnatal care.
- The postnatal offer is extended for this population of women beyond the statutory 10 days.
- 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).

### **Continuity of specialist midwife: Strengthening Families, Salford City Council**

Strengthening Families is an intensive early help service for parents – mothers and/or fathers – who have had at least one child removed from the family home and taken into care by the courts. The programme provides support at three different stages: pre-birth pregnancy support and preparation for social work assessment; post-proceedings support to mothers and fathers who have been separated from their baby; and post-birth family support where a baby goes home with their mother or father or is reunited following a period in an alternative placement.

The team includes a dedicated specialist midwife who provides continuity of antenatal and postnatal care to all mothers on the Strengthening Families pathway. This includes running specialist antenatal group classes, one-to-one trauma-informed antenatal support, support on the postnatal ward, including at the point of separation, and an assertive outreach postnatal support offer to mothers and fathers who have been separated from their baby.

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

- Foster carer training includes the foster carer's role in supporting parental and baby bonding and connection. This also covers practical training on helping mothers to continue breastfeeding where appropriate and desired.

**Agencies work collaboratively with parents to continue to offer support after they have been separated from their baby, and to provide interventions 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.
- The professional network is trained in interventions to stabilise the parents in this acute stage of loss.
- Priority pathways are developed within adult services – including mental health, reproductive health, domestic abuse, substance misuse and housing – to ensure a timely offer of support to parents post separation.

**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 help motivate engagement in proceedings.
- A specialist advocacy service is commissioned for parents in proceedings, but 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 with their baby**

- Family time includes an offer of support and education to parents to improve their parenting capacity. Parents are provided with an opportunity to receive feedback and undertake preparation sessions to ensure that family time is as positive as possible, and that parents can best meet their baby's needs within these sessions.

**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 parents leave the hospital and return home without their baby?

When parents leave hospital and return home without their baby, practitioners can support best practice through the following action.

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

- Arrangements for the parents' immediate basic and emotional needs are discussed and checked prior to the pre-discharge planning meeting.<sup>14</sup>
- The postnatal ward alerts the parents' GP (and any other relevant agencies) that they are returning home and that their baby has been separated from them.
- The social worker or foster carers call the parents within 12 hours of separation to provide reassurance regarding how the baby has settled into placement.

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

- Foster carers are encouraged to use a diary or other form of communication matched to the parents' 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 foster carer. This may, for example, include swapping blankets/soft toys that carry the mother's scent.
- Foster carers provide transport 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 bath time, bedtime and feeding.

### Agencies work collaboratively with parents to continue to offer support and intervention 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.

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<sup>14</sup> Further details on providing post-separation support are being co-produced with our research sites as part of the piloting of these draft guidelines.

- When the parents return home, the social worker notifies all professionals who were providing support and intervention to them in the pre-birth period and their support needs are reviewed. Special consideration is given to their acute mental health needs.
- A family group conference is held to review the 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 mother and father 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 the parents' learning and communication needs and shared with members of their wider network (with parents' permission).

**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 babies**

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

# 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.

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