



Birth Companions' response to the Independent Review of Children's Social Care 'Case for Change'

July 2021

[Birth Companions](#) is a specialist charity led by and for women. The organisation was founded in 1996 to support pregnant women and new mothers in Holloway Prison. Since then we've developed an expertise in the needs and experiences of women in the most difficult and disadvantaged circumstances during pregnancy and early motherhood, in prison and in the community.

The women we support face a range of difficulties which can often make their pregnancy and the birth of their baby a time of anxiety, stress and hardship. These can include being at risk of removal or experiencing the removal of their baby, contact with the criminal justice system, immigration issues, insecure housing or homelessness, financial difficulties, mental ill-health, care experience, and a history of domestic violence or sexual abuse.

Birth Companions' services include advocacy support; antenatal and early parenting education; one-to-one, group and peer support programmes; and birth partner provision. We support women during their contact with the maternity, criminal justice, social services and immigration systems. Many of those we work with go on to join our Lived Experience Team; a group of over 40 women who are committed to drawing on their experiences to inform our work and the work of other organisations to improve the care provided to others.

Time and again our work has shown that with the right support, cycles of disadvantage can be broken, and the futures of mothers and their babies improved.

More information about our services and our work to shape policy and practice is available on our website at www.birthcompanions.org.uk

Our response to the Case for Change

Birth Companions would like to welcome and support the work done by the review to date. In particular its recognition of the impact of poverty and the reduction of service provision in communities, as well as the emphasis on 'building, not breaking' relationships.

The review's position on the tension that exists between support and protection resonates strongly with the situations we see across our services in both prisons and in the community. The experiences of the women we work with should prompt an urgent interrogation of the purpose of assessments within the current system; whether social services teams are working on the premise of care or of judgment; and the extent to which services are able to work together to manage risk in ways that prevent avoidable separations. Our response to the specific questions posed by the Case for Change on this and other relevant areas is provided in the Q&A section below.

We believe the review is right to focus heavily on the need for family support before crisis point. As the most recent report from the [Born into Care research series](#) shows,

this is particularly acute in the case of newborn care proceedings, which have risen significantly in recent years and are happening with increased urgency. These trends, combined with the falling away of preventative early help and a lack of specialism in pre-birth work across the system, require particular scrutiny from the review in the next phase of its work.

On the same note, while we welcome the review's use of an inequalities framework, the centring of 'child welfare inequalities' is too limiting. Rather, the review should move to a focus on 'family welfare inequalities' to include room to reflect on the inequalities experienced by the family as a whole, and by parents before their parenthood. The review should explore further the systemic, institutional and interpersonal inequalities that shape people's lives, and reflect on the intergenerational transmission of inequalities. Although we support the positions presented in the Case for Change around family help and early years interventions, there is a notable lack of focus on the pre-birth and -pre-conception phases so crucial to enabling early help and diverting crises. We recommend the review adopts a stronger 'life-course' focus in the coming months. This should take into account the impact of trauma and adversity in childhood (including care experience) that can lead to contact with children's social services later in life, and increase the risks of separation. In this way, the importance of joined-up and upstream work with professionals in the criminal justice, maternity, public health and immigration systems amongst others would be better contextualised.

We believe the intersection between maternity care and social services teams holds the potential for significant gains in pre-birth work and infant care. We have called for the reinstatement and consolidation of pre-birth specialist teams in local authorities for some time now, mirrored by investment in specialist midwifery roles with a focus on working with women at risk of or experiencing separation from their baby. The opportunities this would present in building established relationships across teams, working with shared protocols around assessment and the management of risk, improving information sharing and allowing the pregnant woman and her family to play a central, empowered role in proceedings are significant. We encourage the review to take note of the work of researchers Claire Mason and Karen Broadhurst's [Born into Care series](#), and of the best practice being modelled in midwifery by professionals including Tamsin Bicknell at the Homerton University Hospital in London and Tabitha Tantawi at Kettering General Hospital.

As well as looking at the gaps and opportunities that exist in social services' intersection with the maternity system, there is a similar need to focus on the intersections with criminal justice – from policing, liaison and diversion and courts to community sentence requirements, the prison environment and probation conditions. Many pregnant women and mothers of infants who are in contact with the criminal justice system are deeply fearful of children's social services involvement, and the system itself creates major barriers to early, sustained and successful social work. These issues are explored in several of our publications, including the [Birth Companions Birth Charter Toolkit](#) and our recent work with Clinks, [A Window of Opportunity](#). Claire Mason has also published a piece exploring the [specific challenges in prison](#), and we would refer the review to the work of Dr Shona Minson, Dr Laura Abbott and Dr Lucy Baldwin in relation to maternal imprisonment. We have welcomed the opportunity to facilitate lived experience contributions on this theme already, and hope that the review will spotlight the issues specific to the criminal justice system in the next stage.

We hope the next stage of the review will include a greater focus on the opportunities offered through working more closely with the voluntary sector. Every day we are able to see the value of advocacy services provided by the voluntary sector, which overcome

many of the barriers to engagement common to statutory services. Our staff and those working in many other specialist organisations are able to build relationships of trust and safety and help pregnant women and birth mothers navigate the complex systems at play in their lives. This is explored further in the Q&A below.

Case for Change: key questions

How do we address the tension between protection and support in Children's Social Care that families describe? Is a system which undertakes both support for families and child protection impeded in its ability to do both well?

This tension lies at the heart of the difficulties so many mothers experience in feeling safe and supported to make disclosures about the true nature of their circumstances; asking for and accepting help in addressing issues; ensuring the best outcomes for children; and ensuring families' rights are upheld. Fears of child removal are acute, particularly where we see them situated within women's contact with the maternity, criminal justice and/ or immigration systems, and prevent women from disclosing their needs, and challenging or complaining about their treatment when it is poor. While it may not be possible to reconcile this fully within a single system, there are ways to improve the current situation significantly through re-balancing the emphasis on support, implementing a trauma-informed approach, aiming for earlier, less crisis-driven engagement and upholding the rights of birth parents as well as children.

Specialist voluntary sector organisations like Birth Companions can play a key role in supporting this. They offer individualised services that place families at the centre of a package of support, build relationships of trust, facilitate engagement with other services and provide advocacy to support families to navigate the complex systems that dominate their lives. Work of this kind empowers those subject to care proceedings to participate fully, and challenges poor practice where it occurs. In this way, the rights of birth parents to a fair hearing are actively protected and decision-making improved.

Partnerships between statutory and voluntary sector organisations are too often prevented or undermined by a lack of sustainable investment, siloed commissioning practices or a blinkered focus on the needs of the child at the expense of an equivalent focus on the needs of the mother and wider family members. We would like to see the final report from the review recommending a central role for voluntary sector specialists in providing advocacy or navigator roles to help address this fundamental tension alongside reform of statutory services.

What do you think about our proposed definition of family help? What would you include or exclude?

We welcome the emphasis in the proposed definition on trusting and supportive relationships, strengths-based approaches and the confidence to hold risk.

We encourage the review to ensure that an expanded definition of family help draws on a life-course approach. This would look at the earliest possible points for support, including sexual and reproductive health services for children in/ leaving care and pre-conception support for those at risk of children's social services involvement. Family help should not begin at the point of, or after, birth; its roots should go far deeper than that. Nor should it stop after a child is removed; it should continue along the continuum in order to disrupt entrenched cycles of trauma and disadvantage.

Family help should be led by specialists and situated within whole system approaches that work in partnership with other key systems, including maternity, criminal justice and immigration.

Given the clear evidence of positive outcomes and value for money of programmes that support parents at the edge of care and post removal why aren't they more widely available and what will it take to make this the case?

There are many answers to this, but we would like to take the opportunity to focus on one we encounter most often across all areas of our work; that of judgment and structural bias.

The review has gone some way in recognising the impact of judgment and structural bias in children's social services, but in order to promote edge-of-care and post-removal services across the country we will need to tackle this head on. Limited funding is too often prioritised elsewhere on the grounds that these families are 'too hard' to help, or are 'undeserving'. Interpersonal relationships are affected by stigma and judgement.

It will be impossible to address this without the wholesale adoption of a trauma-informed approach at every level of commissioning and delivery, with a central role for those who have lived experience of care and separation in informing decision-makers. We need leaders to commit themselves and their services to working intensively on this, challenging stigma and bias wherever it appears, putting families' difficulties in the context of the past trauma, abuse and hardship they have faced and the structural inequalities that shape their lives, and ensuring everyone acts on the moral imperative to provide every family the best possible start in life, whatever their circumstances.

As well as the work we are already facilitating for the review with our Lived Experience Team we would welcome any opportunity to discuss the issues outlined in this response in more detail.

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