birth companions

The Birth Charter for women with involvement from children's social care

Contents

We have used the words 'woman' and 'mother' throughout this Charter, but we recognise that not everyone who is pregnant or has recently given birth identifies as a woman or mother. This Charter is for anyone who is pregnant or has recently given birth, whatever your gender identity or how you choose to express your gender.

Introducing the Birth Charter for women with involvement from children's social care

This Birth Charter sets out how services and systems in England* should support all women involved with children's social care from conception to their child's second birthday**. The Charter provides principles to inform and shape policy, commissioning, and professional practice; and to support advocacy. It shows how implementing best practice and upholding women's rights will ensure fair treatment and better outcomes for these mothers and their babies.

Tens of thousands of women have contact with the children's social care system during pregnancy and early motherhood each year in England. Some have an initial assessment and get early help from social workers. Some move into processes such as pre-proceedings or court proceedings***. Thousands of mothers have their baby removed from their care by the family courts: 5,410 infants under the age of one began being 'looked after' by the State in 2022[1].

The health of many of these mothers is poor. For example, research published in 2022 shows that 20% of the women who die in pregnancy or the year after birth have involvement with children's social care[2]. Women with children in care proceedings experience greater health vulnerabilities than other mothers, including more mental health issues, higher levels of substance use, and more injury-related conditions[3,4,5].

The treatment of many of these mothers is not fair. For example, women can be required to attend family court hearings very shortly after giving birth, when they are still recovering[6]. Mothers are not always given support to understand complex legal documents or processes. Women whose babies are removed often find that services fall away when they need them most[7].

Since 1996 Birth Companions has supported hundreds of women who have had involvement with the children's social care system during pregnancy and early motherhood. Some of these mothers now form part of Birth Companions' Lived Experience Team and have contributed to this Birth Charter. The Charter also draws on the expertise of practitioners, commissioners, academics and many others working across health, social care, family law, the criminal justice system and beyond.

This Charter is for pregnant women and mothers, and for all those involved in their care and support. We hope it will result in a new national health and social care pathway in England to deliver compassionate, trauma-informed, equitable support for women and their babies; and improved practice in the family courts. This should lead to fair treatment and the best possible outcomes for mothers and their children.

* The Charter focusses on the way services are designed and commissioned in England. However, these principles can translate easily to the devolved nations and to other countries internationally.

** This period is widely referred to as the '1001 critical days', which lays the foundations for children's cognitive, emotional and physical development. For more information, see HM Government (2021) The Best Start for Life: A Vision for the 1001 Critical Days, GOV.UK.

*** An 'A-Z of terms' can be found on Family Rights Group's website, to help readers navigate the complex language of children's social care.

Introducing the Birth Charter for women with involvement from children's social care continued

You can help make this a reality by using the Birth Charter to:

- advocate for yourself if you are pregnant or a birth mother
- advocate with and for women you are supporting
- assess and improve the services you provide
- provide a framework for policy and guidance relevant to pregnant women and mothers
- help build the evidence base relating to children's social care in the early years.

Thank you to all those who have helped in the creation of this Charter. Particular thanks to:

- Members of the Birth Companions Lived Experience Team
- HHJ Madeleine Reardon
- Karen Broadhurst and Claire Mason, Centre for Child and Family Justice Research, University of Lancaster
- The Association of Child Protection Professionals
- Andrew Powell and Lucy Logan Green, 4PB
- Emma Palmer, MSB Solicitors

Pregnant women and mothers of children under the age of two with involvement from children's social care should

Receive support that is

1. Specialist and continuous during pregnancy, birth and early motherhood
2. Woman-centred, holistic and culturally appropriate
3. Trauma-informed and trauma-responsive
4. Equitable
5. Responsive to their specific needs before, during and after separation from their baby.

Be helped to give their babies the best start in life through

6. Support from all services as early as possible
7. Appropriate mental health support
8. Having their birth choices respected
9. Appropriate support in hospital before, during and after birth
10. Opportunities to bond with their baby
11. Retaining or regaining care of their baby where possible.

Have their rights upheld through

12. Help to understand and engage with every aspect of their involvement with children's social care and the family justice system
13. Access to independent advocacy support
14. Clear ways to express concerns, challenge inaccuracies and make complaints about unfair or poor practice.

1 Women should receive support that is specialist and continuous during pregnancy, birth and early motherhood

This means

- A national joint health and social care pathway from conception to a child's second birthday is developed.
- Women are supported by:
  - specialist pre-birth and infant social workers in all local authority children's social care teams
  - specialist midwives with expertise in safeguarding and the needs of women with children's social care involvement
  - specialist perinatal mental health practitioners.
- Women are prioritised for continuity of carer support from midwives.
- Health visiting teams and GPs offer enhanced support for women with involvement from children's social care.
- Women have a consistent social worker relationship.
- Where staff changes are unavoidable, these are carefully planned for in partnership with the woman, with detailed handover notes.
- Specialist voluntary sector organisations are commissioned to support women to navigate complex systems, engage with statutory services, and advocate for their needs.
- All services work closely together.

Some context

- There is significant variation in the nature, quality and timing of children's social care assessments during the pre-birth period and infancy across England[8,9].
- Support during and after family court proceedings can be fragmented and inadequate[10].
- The first large-scale qualitative study of professional and parental experience of state intervention at birth concluded that children's social care, hospitals and the family courts are "not yet sufficiently aligned around the needs of a small but highly vulnerable population of women, their partners and babies, to ensure equitable, just or effective practice in cases of urgent care proceedings."[11]
- The Independent Review of Children's Social Care[12] highlights problems with sharing information and making referrals that impact on the success of multi-agency working. The review recognises that high turnover of social workers, and over-reliance on agency staff affect families' relationships with professionals. This also makes it difficult for social workers to maintain relationships with key professionals in other services.
- Continuity of carer midwifery models have long been recognised as a way to reduce health inequalities and improve outcomes, particularly for women from Black, Asian and other minoritised ethnic groups and those living in the most deprived neighbourhoods[13]. However, staffing issues in the maternity workforce have stalled the roll-out of continuity of carer models[14].
- Women are often expected to engage with many different professionals and attend many different appointments. Research shows women can find this overwhelming in the midst of the other challenges they face[15,16].

Women say

"I believe they [health and social care] should have one system to connect everything that a family needs."

"How are you seeing that this [multiple changes in social worker] is good for my kids' emotional wellbeing? Because you are making them feel that this is good relationships, that you are building up a relationship. Then it breaks down. Then you've gotta start again."

"We had so many social workers. I had to constantly keep going over and over about the same things, and then all of a sudden they'd be gone, with no handover, and then someone else comes in."

Good practice

Salford's Strengthening Families service[17] has been developed to provide an "integrated and agile" early help and social care system that "challenges the concept of referrals, thresholds and agency boundaries". Evaluation of the service found that, while it only works with those families who have already had at least one child taken into care, the approach demonstrates the value of breaking down the barriers between services and systems, and bringing social care together with primary, antenatal and postnatal healthcare, the voluntary sector, housing, and wider services.

In 2022 North Lincolnshire council was rated outstanding in all categories by Ofsted[18], after inspectors found it was delivering "exceptional" children's social care practice. The report said a relational, strengths-based approach enabled children to build meaningful relationships with their social worker. Parents described the social workers as reliable, helpful, and going above and beyond, ensuring that "they did not feel judged". Inspectors said strong multi-agency planning created clear expectations for families. This helped improve children's situations, resulting in intervention being reduced. North Lincolnshire is one of only five local authorities in England to be rated outstanding.

2 Women should receive support that is woman-centred, holistic and culturally appropriate

This means

- Support is based on each woman's needs and is responsive to changes in her needs over time.
- Support addresses the full range of challenges in a woman's life, including mental health risks, concerns and diagnoses; housing issues; substance misuse; domestic violence and abuse; the effects of previous social care experience; criminal justice contact; immigration issues, language and literacy needs; and learning disabilities and special educational needs.
- Professionals work respectfully with mothers and deliver support without judgement or bias.
- Support is culturally competent and informed by an understanding of diverse cultural practices, needs and choices.
- Taking a strengths-based approach, focusing on women's resources and capacities and the positive potential these bring.

Some context

- The availability of domestic abuse, mental health, drug and alcohol and local authority early help services is inconsistent[19,20].
- Peer research led by the charity AVA has highlighted that children's social care may focus on one 'problematic' part of women's experience, such as domestic abuse or drug use, and that this can shape every decision made. The report identified valuing women's strengths and providing support built on understanding, empathy and compassion as crucial to overcoming this[21].

Women say

"My housing was an issue, which [the social care team] didn't help with. They ended up leaving my life and leaving me in the same situation."

"I felt like, especially if you're coming in via a domestic violence route, that the blame is all laid at your door."

"When they [children's social care] came into my life with my children, I was such a good mum but it was my choice of men. They don't look at your past until it's too late. They didn't come into my house and say "we think you need to do XYZ", like a course or something. I didn't get to do any courses until I lost my children."

"When they wrote notes about culture, they would write it in inverted commas – 'culture' – like it's something they don't respect."

Good practice

Lambeth's Flourish service works with mothers who have had a child or children removed from their care, and those currently going through care proceedings. Based within the local authority's children's services, Flourish practitioners work with women in a holistic way, including all the important people in their lives. The Flourish service also aims to improve the way all relevant systems respond to families.

3 Women should receive support that is trauma-informed and trauma-responsive

This means

- All those working with women have training in trauma-informed care[22], so that:
  - the impact of women's past and ongoing trauma and abuse is recognised and responded to
  - The risk of re-traumatising women is mitigated as far as possible.
- Where necessary, timely referrals are made to specialist trauma-responsive therapeutic services.
- Experience of racism in all its forms is acknowledged as a form of trauma.
- Challenging behaviour and/ or a lack of engagement are viewed through the lens of possible past trauma, and creative solutions to address these are considered.
- Professionals and women agree how best to record women's experiences of trauma, and minimise the need to reiterate them. For example a statement or 'history' could be written together.
- Professionals working with women are supported to access reflective supervision and therapeutic services themselves.

Some context

- Trauma-informed approaches seek to recognise and reduce the impact of experiences of trauma, to support improvements in mental and physical health. The key principles of trauma-informed care are: safety, trust, choice, collaboration, empowerment and cultural consideration.
- **The Office for Health Improvement and Disparities** (part of the Department of Health and Social Care) has published a working definition of trauma-informed practice[23]. The guide emphasises the need to recognise the signs, symptoms and impacts of trauma; and prevent re-traumatisation.
- A literature review on parental and professional experiences of pre-birth assessment and infant removal at birth found substantial evidence of trauma, shame and stigma, not only for the immediate family but throughout the kin network[24].
- Research has shown that mothers who experience recurrent care proceedings have often faced significant and multiple adverse experiences in their own childhoods, and are likely to have been in the care system themselves as children[25].
- Department for Education data[26] show that concerns about a child's parent/carer being the victim of domestic abuse, and the mental health of a child's parent/carer, remained the most common factors among children assessed by children's social care services in the year to 31st March 2022. Both factors were identified in just under a third of episodes with assessment factors recorded.
- Experiencing the possibility of separation from a baby (however small or remote) can be highly traumatic[27,28].
- Evidence from England and around the world highlights the significant risk of acute mental health issues and suicide linked to child removal[29,30].
- Experience of care proceedings and the separation of a child from their mother at birth can also affect the staff involved. Midwifery professionals have spoken of these experiences as some of the most challenging aspects of midwifery practice, highlighting the need for appropriate training, supervision and support[31].

Women say

"I was in an emotional state, having to relive certain memories. And then later on down the line, they'd bring those things up and, they'd say "She clearly can't cope." But it's like, do you realise how much stress you put on a mother when she's involved in these proceedings? She's going to feel naturally suicidal."

"So many times I have to go over and over the same stuff. Why do they [all the different professionals] have to bring things up over and over? They don't need to, it's so traumatising. Going over your childhood is traumatising, unless it's with a therapist who can help you cope and manage your feelings... Then they say you don't know how to manage your feelings."

"I'm thinking they're going to take my daughter. They're not, they've told me they're not, but it's in my head."

"It will come off like I'm not willing to engage or I'm not willing to work, but it's because that's how my body allows me to function. I can come off as quite cold-hearted. I can reel off a lot of my trauma with no feeling attached to it, because that's how my body has learned to cope. And ultimately they don't see it that way."

"When they took him, they left me on the living room floor, screaming. Completely alone."

Good practice

The Power Threat Meaning Framework[32] has been developed by a group of senior psychologists to offer a new perspective on why people sometimes experience forms of distress, confusion, fear and despair, or display troubled or troubling behaviour. It aims to move beyond diagnostic approaches and the medicalisation of mental health, towards more narrative-based understandings of people's experiences and the impact these experiences may have had on them.

4 Women should receive support that is equitable

This means

- All relevant universal and specialist services address the needs of women with children's social care involvement, including mothers who are separated from their baby.
- Women are not excluded from services on the grounds of involvement with children's social care, unless absolutely necessary.
- Where services are not deemed appropriate for women because of their social care involvement, specialist and targeted alternatives are available.

Some context

- There is a national maternity bereavement care pathway for families experiencing stillbirth and neonatal loss, but no equivalent provision to address the grief and loss experienced by women who are separated from their baby at or shortly after birth[33].
- The most recent report on maternal deaths highlighted that, in many areas, women who have been accessing specialist perinatal mental health services are unable to continue with these if they are separated from their baby. Instead, women are re-routed to waiting lists for generic adult mental health provision[34].

Women say

"I feel like midwives need more training on how to support women in my situation. I was discharged after my baby was removed, with no follow-up."

"There's grief therapy. My children aren't dead, but they're dead in my life. They are dead in my world. They're biologically mine, but they're not mine. There isn't anything available to deal with feelings like that."

"I felt like storms were constantly coming my way, but I wasn't being supported, because I didn't fit the criteria."

5 Women should receive support that is responsive to their specific needs before, during and after separation from their baby

This means

- Where separation is likely or planned, the mother is told in advance, in writing and in person, wherever possible. Information should include when and how professionals expect the separation to take place, and what the mother should expect in the days and weeks afterwards. This plan should also include actions she can take to work towards reunification if/where appropriate, and signposting to legal services.
- In the period following separation, women can continue to access services and maintain established relationships with key professionals wherever possible.
- When services are unable to continue working with women after separation, they refer them quickly and carefully into appropriate alternative services.
- At the final hearing, family court judges communicate clear expectations for the support they believe should be put in place for the birth mother, based on the information and expert assessments gathered during proceedings.
- Throughout proceedings, and when a child has been separated from their mother, services work in a trauma-informed way to support the woman in maintaining her maternal identity.

Some context

- Although multi-agency assessments and care plans can be drawn up prior to an infant's birth, care proceedings cannot be initiated in England until after birth (when a child is recognised as an individual in law). Any separation at, or immediately after birth, is an interim removal. A full and final hearing is then held to decide on the longer-term care arrangements for the baby.
- Research shows that the challenges and consequences women face during and after care proceedings are poorly understood and not adequately reflected in service provision[35].
- The period after separation is one of significant risk for the mother, according to the 2022 MBRRACE[36] enquiry into maternal deaths. It shows that 59% of those who died through substance misuse and more than one in ten of those women who died by suicide in pregnancy or the year after birth had had an infant removed from their care and/or were experiencing ongoing care proceedings.
- Although focused solely on the interests of the child, family courts hear a great deal of evidence about the needs, experiences and trauma of the birth mother. Currently, little is done to translate this into support to address the mother's needs.

Women say

"They said I "slipped under the radar", that's why I hadn't been given any support. How could that happen? They'd taken my son away, how could I be under the radar?"

"[Professionals need to show] they understand your loss and are not minimising that."

"The thing about dealing with this kind of loss is that it's different every day. There are so many triggers."

Good practice

HOPE Boxes[37] have been developed in collaboration with a group of women with lived experience – the self-titled "HOPE Mums" – to help support women facing separation from their babies soon after birth.

Each pair of HOPE Boxes – one for mum, one for baby – supports mothers to capture important memories of their time together, and promotes ongoing connection after separation. Longer term, if babies are removed from their mother's care permanently, the HOPE Boxes support both loss and grief work with those mothers, and life story and identity work with the children. The boxes for mothers also contain a letter and a poem written by the HOPE Mums, to form a connection with other mothers who have experienced similar forms of loss and to mitigate feelings of stigma and shame.

These boxes have been developed as part of the Giving HOPE project, led by the Centre for Child & Family Justice Research in partnership with Birth Companions and the NHS England National Maternity Safeguarding Network, and are currently being piloted by NHS trusts across the country.

6 Women should be helped to give their babies the best start in life through support from all services as early as possible

This means

- Compassionate, trauma-informed midwives support women to understand and share their needs at every contact.
- Where needs are identified, referrals to appropriate support services are made as early as possible.
- Local authorities have social care teams that specialise in pre-birth work and use a pre-birth assessment and practice model that prioritises early intervention and support.
- Consistent and frequent communication between social workers, GPs, midwives, mental health teams, health visitors and all other professionals is established as soon as possible.

Some context

- Pre-birth work with parents can be very valuable in addressing their needs and potentially preventing separation[38]. However, despite repeated recommendations for greater investment in preventative and early intervention services[39,40] support is frequently offered too late to allow women to make positive changes or stop their needs from escalating.
- In response to the Independent Review of Children's Social Care, the UK Government has committed to shifting away from crisis intervention and towards "more meaningful and effective help for families."[41]

Women say

"Why is it I can't access that support? I need to be cracking up or really hitting rock bottom before you guys will support me? I think it's wrong within the system that it should be like that. You wanna get people before that point, you'd think. Prevention is better than cure. And I just feel like social services, mental health workers and all of that stuff, they don't see that."

"I wish they'd done a pre-birth assessment. It would have stopped everything: the court hearings, the removal at birth, the mother and baby unit placement, everything. It would have shown there were no drugs, no mental health issues, that everything had changed since before my pregnancy."

7 Women should be helped to give their babies the best start in life through appropriate mental health support

This means

- Women are supported by health and social care professionals to recognise and share any mental health needs.
- Referrals arising from concerns about mental health are made as quickly as possible.
- Women are supported by a mental health professional to understand any mental health diagnoses.
- Women have access to appropriate mental health provision throughout their pregnancy and for as long as necessary after birth, including from specialist perinatal services.
- Transitions between different mental health services happen on the basis of need.
- Women's access to services is not constrained by commissioning approaches, and/ or referral criteria.
- In court, professionals are aware of and sensitive to the impact on women's mental health of both the language they use and the information they reference.

Some context

- In many cases, concerns about a mother's mental health are a key factor in the decision to initiate care proceedings[42].
- Assessments carried out as part of proceedings often result in a mental health diagnosis; commonly Emotionally Unstable or Borderline Personality Disorder. Many women say they are not supported to understand this diagnosis fully and/or do not receive any services in response[43].
- The experience of separation from a baby alongside unmet mental health need is likely to have particularly significant consequences, increasing a woman's vulnerability to poverty, homelessness, social exclusion, partner violence and abuse, repeat removals and premature mortality[44].
- Maternal Mental Health Services (MMHSs) were developed as part of the NHS Long Term Plan published in 2019. They are intended to provide care to women who develop moderate to severe mental health difficulties arising from birth trauma, tokophobia, pregnancy and baby loss, and child removal due to safeguarding concerns. However, recent evaluation[45] and discussion across pilot sites has established there is little to no provision for women experiencing child removal in the services that have been established to date.

Women say

"Sometimes you need to talk, it gets too overwhelming. I've gone to my GP. But no one does anything about it until you're ready to top yourself. But then you have to be careful because if you say that, social services will be at your door."

"I can understand why people don't ask for help, because even if you do, you sometimes don't get it."

"When I had my second son, social services came back to me. They left a voicemail a week after I had my baby, and said they'd be paying me a visit because I'd had another child. It really threw my mental health. I had been rebuilding my life. I felt all the progress I made was gone. I felt judged. It pushed me back, further into depression."

"I had a therapist for six months but they dropped me, because my CAT and CBT was over. I knew I needed more therapy. On my psych assessment it says I need long term therapy but I only had six months funded."

8 Women should be helped to give their babies the best start in life through having their birth choices respected

This means

- Specialist midwives give pregnant women all the information and support they need to make choices around birth and the early postnatal period. Where possible this should include choices around the way they give birth, early skin-to-skin contact and infant feeding.
- Women's choices are recorded and shared to ensure everyone involved around the time of birth is aware of them.
- Women's choices are followed as closely as possible during and after delivery, unless there are clearly communicated justifications for doing otherwise.
- Women without a birth partner are supported to access to birth partners provided by specialist voluntary sector organisations or doula services.

Some context

- It is clearly established that preserving families and promoting family reunification wherever possible should be a priority when considering care options[46]. Supporting birth choices and bonding opportunities are important factors in this work to keep families together. For more detail on this, see Principles 10 and 11 in this Charter.
- In Birth Companions' research with the charity Birthrights[47], women with lived experience and specialist midwives described the impact care proceedings can have on a woman's choices around birth. They said they thought children's social care would sometimes "start to panic" when a woman's decision (for example, to decline an induction) meant they had less control over a situation (such as the timing of a birth).

Women say

"I wanted to have a natural birth, but the police, the social services, the courts, they wanted maternity to induce me to fit with their planning. There were no health-related reasons for the induction. I also didn't want anything but gas and air but the midwives pushed me to have pethidine. I was in a sedated state for three days leading up to my son's birth."

"I believe it is imperative to respect women's birth choices. When you take choices away, and you exclude them from making decisions or use your medical influence to make them make alternative choices, it really has an effect on their postnatal health. I think it really creates distrust of medical staff, and it also can affect the health of future babies to be born. Because if you had a traumatic birth what's to say that the next time you have a baby, you are gonna go and ask for help? Or trust that they're going to make the decisions right for you?"

9 Women should be helped to give their babies the best start in life through appropriate support in hospital before, during and after birth

This means

- Women are provided with trauma-informed and specialist midwifery care within a pathway specific to those with children's social care involvement.
- Non-specialist maternity staff are kept informed with written plans shared between all those who have a role in supporting mother and baby.
- All staff are trained to deliver trauma-informed care.
- Any supervision of women linked to safeguarding concerns is proportionate to the level of risk and carried out in a trauma-informed way.
- Mothers whose babies are subject to court proceedings are prioritised for a private room and/or access to a private space on the maternity ward for conversations with legal and social work professionals.
- There is a protected postpartum period during which women will not be expected to take part in a family court hearing, unless the safety of the baby requires it.
- If a family court hearing takes place remotely, the mother has access to a suitable device (not a mobile phone) and a private, quiet area for the duration, including a period of time before and after the proceedings.
- If separation is expected to take place in the hospital, a plan for this is written and shared with the woman and all professionals involved, unless there are specific reasons for not doing so. This plan is developed with the mother and reflects her preferences as far as possible.
- If a baby is admitted to another ward in the hospital, such as a Special Care Baby Unit (SCBU) or Neonatal Intensive Care Unit (NICU), all professionals should work together to ensure the mother's access to her baby is equivalent to that granted to mothers without social care involvement, unless safeguarding assessments state otherwise.
- Women are not discharged from hospital before plans have been put in place to ensure adequate support is available in the community.

Some context

- In Birth Companions' research with the charity Birthrights[48], specialist midwives spoke of their concerns about the fragmented and inadequate provision for women with children's social care involvement, especially in the immediate postnatal period.
- A growing number of children's social care proceedings are issued at short notice in the period immediately after birth, with little or no opportunity for the mother to digest information, prepare her own case, receive legal advice and have her views heard in court[49]. While in some cases urgent action may be necessary and proportionate, research suggests short-notice and same day hearings "appear to have become common practice"[50].
- Significant concern has been expressed about women's capacity to attend and/or participate meaningfully in court hearings immediately after birth[51].

Women say

"It would've been really nice to have someone actually listen to me. I was under so much pressure and I was so sad. I thought they [maternity staff] were ignoring me and not thinking about what was best for me as a mum."

"I was under the mental health team and children's social care when I had my second child. I had an antenatal team working closely with me, and weekly counselling as I was very depressed and anxious at the time, and was facing a custodial sentence. I got a lot of support from the midwife and mental health team."

Good practice

The Giving HOPE project is working with hospitals to create a dedicated room in the maternity unit for women whose babies are subject to care proceedings or being accommodated under Section 20 arrangements. In East Lancashire Health Trust this work has been led by two specialist midwives in collaboration with one woman from the HOPE group. The room will be a non-clinical space designed to provide a calm environment. It will contain soft furnishings chosen to reflect the HOPE design and has a computer for remote care proceedings.

The government-backed National Bereavement Care Pathway (NBCP)[52] was created to equip healthcare professionals with frameworks, tools and educational resources in order to provide the best possible care to parents and families after pregnancy loss or the death of a baby. Led by the charity Sands, and developed in collaboration with bereaved parents, other charities and the Royal Colleges, the NBCP is built on nine bereavement care standards and encompasses five pathways. These cover miscarriage, termination of pregnancy for foetal anomaly, stillbirth, neonatal death, and Sudden Unexpected Death in Infancy (SUDI). As of 1st January 2023, 108 NHS England trusts (84%) have committed to adopting the nine NBCP standards.

10 Women should be helped to give their babies the best start in life through opportunities to bond with their baby

This means

- Women are supported in their infant feeding choices as far as possible.
- Even if women are due to separate from their baby in hospital, they are given information on the benefits of skin-to-skin contact and breastfeeding in the immediate post-birth period and are supported to do these if they choose to.
- Women are given advice on expressing and storing breastmilk to be passed on to the baby if they go to kinship or foster care. Arrangements are put in place by maternity, health visiting and social care professionals to facilitate this.
- Women are supported to bond with their baby in ways that are culturally specific to them and their family network.
- If a separation takes place, social workers prioritise the continuation of in-person contact between the mother and baby, where this is practical and considered to be in the child's best interests. Online contact is used only in exceptional circumstances or where this is the preference of the mother.
- If it is decided that the baby is to be separated, any final contact visit is planned by the social care team in partnership with the mother, reflecting her wishes as far as possible.
- Midwives and social workers support the maintenance of a woman's identity as a mother, for example through the use of a HOPE Box (see Principle 5 for more detail on the Giving HOPE project).
- If a mother enters prison custody, her contact plan is reviewed in partnership with the social worker. The aim should be to continue contact as originally agreed.

Some context

- NICE Guideline NG1914[53] emphasises the importance of promoting emotional attachment with parents after the birth, including through face-to-face interaction, skin-to-skin contact and responding to the baby's cues. Evidence shows that skin-to-skin contact helps babies stabilise physiologically and regulate their temperature, as well as supporting breastfeeding and bonding[54].
- Women have told us that health and social care professionals sometimes make assumptions about their willingness to bond with their baby during and after labour; about whether this bonding is appropriate; and about the support mothers would like from professionals during this time. Birth Companions' research with Revolving Doors[55] found women had a desire for honest information and practical help in preparation for this difficult experience.
- The United Nations Convention on the Rights of the Child supports the proposition that children have rights in relation to breastfeeding. Health and social care professionals have a responsibility to ensure they support, and do not undermine, a woman's choice to breastfeed[56].
- Attachment theory recognises the importance of babies' attachment to their primary caregivers in the days, weeks and months after birth. The bonds formed in this very early stage are crucial to babies' long-term emotional and psychological development. Disruption to, or loss of this bond can impact on the child into adulthood and affect their future relationships[57].
- Involvement with other services, such as housing provision, immigration, prison custody or probation supervision, can create additional barriers to the development of a positive attachment relationship between mother and baby. This can potentially impact the prospect of reunification and final decisions about a child's placement.

11 Women should be helped to give their babies the best start in life through retaining or regaining care of their baby where possible

This means

- All agencies work with women and their families on the premise that mothers will retain or regain care of their child, unless it is contrary to the child's best interests. This includes actively exploring opportunities to provide support services, secure kinship placements, and to avoid separation.
- Mother and baby foster placements, mother and baby mental health units, and parental assessment units, are available in all areas. This provision is of high quality and is culturally appropriate.
- Children's social care reports only use up-to-date and directly relevant information.
- A strengths-based approach is taken, ensuring that women's efforts to address concerns and demonstrate change are recognised. Evidence of this is shared in further proceedings.
- Support is provided to overcome any practical barriers to maintaining contact, such as travel costs. Expenses are covered in advance, rather than reimbursed.

Some context

- State intervention in the family is regarded as a last resort, and where it takes place it must be proportionate and justified. These principles are at the heart of the Children Act 1989 and reinforced by the Human Rights Act 1998 and the European Convention on Human Rights (ECHR). As a result, local authorities and public bodies are expected to make every effort to work with parents and to avoid the separation of a child from its family[58].
- The Public Law Working Group (formed to investigate the steep rise in public law cases coming to the Family Court) acknowledges "there are very particular issues pertaining to decision-making immediately prior to birth and with infants... The need to issue court proceedings in such cases may well be evidenced but a measured and planned approach could be achieved pre-birth which may have the potential to avoid the need for proceedings."[59]
- A 2015 report from the Council of Europe was highly critical of Member States' practices around the removal of babies at birth and its impact on the

  right to family life, in respect of children and parents (Article 8, European Convention on Human Rights (ECHR)), as well as the right to a fair trial (Article 6 of the ECHR)[60].
- Interim care orders (ICOs)* resulting in the immediate separation of mother and baby pose particular challenges to Article 8 (the right to private and family life) unless all alternatives have been explored and found unsuitable. Physical separation interrupts the formation of the bond between mother and baby and can have a severe impact on the mother's mental health, thereby potentially influencing the outcome of the case in the longer term[61].
- Reporting shows that infants are less likely to be reunited with their birth parents than older children[62].

* An 'A-Z of terms' can be found on Family Rights Group's website, to help readers navigate the complex language of children's social care.

Women say

"A strengths-based approach is needed, focusing on the positives, what mum does have and can do... To empower mums to identify strengths, give mum the tools. The system tells mum the things that need to change, but it doesn't help mum to understand where the problems are and how she can address them."

"I had numerous times where I was suicidal because I was having stuff drawn up about me and my family. Consistently, things that had no bearing on present day cases were being used as a weapon."

"Even when I'd proven myself – just graduated from uni, working, separated from my partner, he was in prison so not a risk – I still had to fight. I passed the independent assessment, but it was still a fight."

12 Women should have their rights upheld through help to understand and engage with every aspect of their involvement with children's social care and the family justice system

This means

- The concerns of social workers, and the reasons for any action being taken by them, are clearly explained to women and their legal representatives.
- Women have access to high-quality, publicly-funded legal advice as early as possible.
- If there is any expectation during pre-birth planning that proceedings will commence once a woman has given birth, she should be directed to appropriate specialist family law firms as early as possible, so she is not left unrepresented at an emergency hearing.
- Women are given as much notice as possible before hearings.
- Family court judges and legal professionals give consideration to the court rules that protect vulnerable parties in legal proceedings[63].
- Discussions and decisions relating to care proceedings are documented, and women see as much of the information prepared about their case as possible.
- Women's understanding of information, plans and processes is checked and assured by their social workers and legal representatives, and they are encouraged and supported to ask questions.
- All material is written in plain English, and tailored for those with literacy needs, including special educational needs and learning difficulties.
- Whenever necessary, material is translated and high quality interpretation services used.
- Where necessary, all transport costs, childcare and other practical considerations associated with court appearances are paid in advance by the local authority.
- Women are given opportunities to take a lead in planning for their children wherever possible, for example through family group conferences or mediation*.
- Alternative court systems and problem-solving models, such as the Family Drug and Alcohol Courts (FDAC) are rolled out nationally and available to all women in care proceedings.

Some context

- A foundational principle of the family justice system is that all parties should be on an even footing, yet research and case law show significant power imbalances in many newborn care proceedings[64,65].
- The BASW code of ethics[66] emphasises the importance of working in partnership and states that social workers should "promote the full involvement and participation of people using their services in ways that enable them to be empowered in all aspects of decisions and actions affecting their lives."
- There has been a shift towards short-notice court hearings, sometimes within one or two days of giving birth. The reasons for this shift are many, with

  considerable regional variation, but are likely to include levels of poverty, the availability of services offering support to pregnant women and mothers, and hospital discharge policies[67].
- Urgent hearings in the days immediately following birth mean women are at greater risk of being unrepresented in court, posing particular risks to women's Article 6 rights to a fair trial, guaranteed by the European Convention on Human Rights[68].

* An 'A-Z of terms' can be found on Family Rights Group's website, to help readers navigate the complex language of children's social care.

Some context

- There are also concerns about the use of Section 20 agreements. These are intended to be voluntary, but are often signed by women without the benefit of legal advice; raising questions about whether they have given informed consent[69].
- The low level of funding for legal advice for care proceedings, particularly in the pre-proceedings stage, means it is often not possible for a parent to have experienced legal professionals representing them. Instead, this work is done by paralegals or trainee solicitors.

Women say

"I was advised that it'd be better to put [my baby] on a Section 20 than to let them take him from me. And at this point now I'm 18, so I don't know no different. If I could go back, I would've known never to do that."

"I have dyslexia. Say a solicitor letter came through, I'd try and read it, but it's too hard. At that point my head was everywhere, I didn't understand anything."

"I had recently gone to my GP to try to have an abortion, and they shared that information in the family court. They said it showed that I wasn't being open and honest, that I wasn't focused on the kids, that I was clearly having another relationship, that I was unstable. But it's private, and it's my choice. So I spent a lot of time challenging that. It wasn't pertaining to the kids or anything that was gonna put them or me at risk, so I don't understand why these things are shared".

"I went to seek legal advice and they just kind of said they couldn't help me. Like they couldn't really do nothing, I just have to go through the process. They said, "Oh, just engage with them and obviously they must have a reason why they want to take you to child protection"."

"Even if you get legal aid, you have to have somebody who's really passionate about it representing you. I wish they had like a list of solicitors where they specialise in legal aid family law – not just ones that are willing to accept legal aid. If it's something you're not passionate about, when you are not being paid your normal rate, then you shouldn't accept the job."

13 Women should have their rights upheld through access to independent advocacy support

This means

- Women have an independent advocate* or support worker to help them navigate their contact with services, ensure their voice is heard, provide emotional support and advocate for their rights.
- The role of the advocate or support worker is understood, recognised and valued by all professionals.
- The advocate or support worker is included in communications and planning wherever appropriate.
- The local authority helps women access this form of support at the earliest opportunity.
- Funding for these services is sustainable and consistent across the country.
- Support services are appropriate to women's needs, including learning disability, language and ethnicity-specific provision.

Some context

- Advocates can also help to check women understand everything that is happening, identify communication and language needs, and help with notetaking and record keeping.
- There are a range of advocacy approaches and programmes on offer[70], including voluntary sector provision and peer-led parent-to-parent services. But there is no consistent commissioning of these services despite much evidence of their capacity to improve engagement and support fairer outcomes[71].

Women say

"I can't process things, I have to read it about ten times. I paid for the assessments to find out I had dyslexia, dyspraxia and dyscalcula. I had my advocate, she came to meetings to write it down for me. She would ask questions on my behalf."

"Judgment, judgment, judgment, all the way. One day I actually said to one of the social workers, "sorry, I've never asked you before, but what are you actually writing down? You are writing stuff about me, but what are you writing? I'm allowed to know what you're writing"."

"You have to make sure there's someone with you at all appointments, make sure everything is documented, and before you sign it, you read it."

"Trying to help mum understand what the local authority is concerned about is the most important thing you can do."

* Independent advocacy is distinct from legal advocacy provided by trained legal professionals.

14 Women should have their rights upheld through clear ways to express concerns, challenge inaccuracies and make complaints about unfair or poor practice

This means

- Women are able to challenge and correct information collected or presented by social care teams and other professionals where they feel this is inaccurate.
- Women feel safe and supported to raise concerns about the practice of any of the health and social care professionals working with them, without fear of repercussions or any damage to their case.
- Women are informed about the impartial complaints procedures in all health and social care services.
- Challenges and complaints raised during court proceedings are investigated as quickly as possible and taken into account while the legal process is still ongoing.
- Complaint processes accommodate the needs of women who have learning difficulties or language needs.

Some context

- Research with parents, led by **The Parents, Families and Allies Network**, highlighted parents' concerns about being shamed and humiliated during their contact with children's social care, while also being excluded from being active participants in proceedings[72].
- The Children Act 1989 places a legal duty on children's social care teams to have a clear process for making and dealing with complaints. Health services also have statutory complaints procedures[73] open to all. Yet many women report not being aware of how to complain, or feeling scared about the potential consequences of complaining about their experiences.
- The **Independent Review of Children's Social Care** emphasised the importance of embedding feedback and learning, to allow "candid self reflection about what data, information and feedback is telling local authorities and partners about the quality of their work."

Women say

"I was just not well informed enough to know that I should have made a complaint. I think a lot of issues stem from not understanding what your options are when you hear something that's not right."

"It got to a point where I would say to my social worker, "I'm not willing to have anything over the phone with you – I want it written down." So that I had my own evidence to show, because otherwise it can be very tricky."

"To this day, I would never have known what was being said about me, or what discussions were being had, if I hadn't filed a data access request... When I requested the data I got this massive file. It was mind-blowing to see what was written about me. It's the anxiety that builds because you don't know what they're doing, you don't know what they're saying. You don't know what's coming next. There needs to be more communication during that process."

Women's voices

These pieces have been shared by members of the Birth Companions Lived Experience Team

A letter to my midwife and my perinatal mental health worker

Dear Lucy and David,

I met you both when I was pregnant with my second child. I was about to have a new baby, I had my older child to look after too, I was grieving for my nan, and I was facing separation from my kids. You understood that it was a really difficult time for me, and I'll never forget how you both stepped up and helped.

You came and supported me on the practical things and on the emotional side as well. I was able to talk to you about how scared I was that I might be separated from my kids, and you reassured me that I was doing all the right things. You praised me for doing so well with the baby.

Knowing you were coming every week was so important. I had goals to keep working towards, and I wanted to show you my progress each week when you visited. You kept me focused during that hard time, and I felt supported by your presence.

You reminded me that I was a loving, caring, determined and hardworking mother. It meant so much that you could see all that in me, and that you wrote it down in a letter for the judge too.

I think if I didn't have you supporting me at that time, things could have gone a completely different way with my mental health. I'm so grateful I had you in my corner.

Thank you,

S.

Domestic abuse and children's social care

I went through serious domestic violence during my pregnancy, and it eventually became so bad that I called the police to get my baby's father out of my house. Social services got involved after that. I was so alone and so vulnerable and I didn't really know what was going on. That was my first ever involvement with social services, and all I knew is that I wanted to protect myself and my baby.

In the beginning, I was honest. I told them about the abuse I had experienced, that I'd been barricading myself in the house at night, that I had alarms on all my windows. I had been holding it all in for so many years, not saying anything, but then I thought, no, I'm going to actually say it out loud for the first time – "I need some help."

But I feel like I told the wrong people. I wish I'd never, ever done that, because social services used my experience of domestic violence against me. I felt like I was being punished for all the abuse I've suffered. It's not my fault that I've had to go through all these things in my life, and it felt like they couldn't see that I was trying to do the right thing.

Because of the domestic violence, I ended up going into a refuge, which meant I had to give up my property and my university place that I had worked really hard for. I got myself a really good therapist, and I researched and paid for EMDR [Eye Movement Desensitisation and Reprocessing] therapy. I did it all by myself. Social services need to have the resources – they should be able to support people to get therapy or get support from other organisations. But I didn't get any of that. All the help I did get, I found it for myself.

My journey with social services has been incredibly difficult. Every time they got involved I was so scared that if I told them the truth of how I was really feeling, they would take my son. I feel like the system let me and my son down. I spent the whole of my son's childhood living constantly in fear, with so little support.

Thirteen social workers

I first asked children's social services for support when I was pregnant and facing prison and was trying to make preparations for who would look after my sons if I had to go away. That was the start of my journey with social services, but we had thirteen social workers over the next five years.

Caroline was there at the start and she was amazing. I think she was one of the best social workers I ever came into contact with. When I first met her, I just felt at ease. She got to know my son and got to know me a little bit too. I felt like I could be open with her – there was no judgment, and I always knew she was there to actually listen. She asked me what I needed help with and supported me in ways I actually needed. I could always feel the care within her.

There were obviously things she needed me to comply with, but it felt like we had a partnership that just worked. It never felt like she was just doing her job. The interest, the connection, the communication was real. It wasn't fake, or forced, in the way I saw with other social workers after. Caroline was still our social worker when I came out of prison with my baby and she supported us both through that transition too.

It was really hard on us all when Caroline moved to a different team. She had worked with us for over two years, but after that we got a new social worker every six to eight months. It feels like they come in, they build up a relationship, then they're gone again. I think me and my kids couldn't really let ourselves get close to any of them after Caroline left, because we got close to her and then she was gone.

Sometimes I wish I'd never brought social services into my life – I reached out for support when I needed it, but then they stayed in my life for five years. Caroline was amazing, but having so many different social workers, so many different ideas, so many different views on my situation, it just all became too stressful.

Comparing my experiences with children's social care

The first time I encountered children's social care I was severely stressed. I was under a lot of scrutiny, a lot of pressure, and I became extremely defensive. There were so many demands and expectations that I needed to meet – on top of being a mum, a university student and a working member of society. I felt so much pressure. I wasn't focused, and I think the thing they don't tell you is that you need to be completely focused. Social services felt that I was making the wrong decisions, but they also offered no guidance. It felt like they were just giving me consequences and using their position to exert force; they weren't telling me why I had to do the things they were asking of me and never let me know which things were optional.

Because I was under so much pressure, I wasn't my normal self. Normally I work well under pressure, but I really struggled. I thought I had a multiple personality disorder and I had to go through so many psychiatric evaluations. I was falling at every hurdle, and there wasn't any support given to me. There was no "early intervention." Social services never offered me any help, until we were in court and the judge ordered it.

The second time I encountered social services, I realised I had to learn to manage my emotions. I had to learn to think logically. I knew everything I had to do and knew I had to be completely focused. Every decision I made was meticulous. I went through all of the notes and through past case studies. I looked at previous outcomes and social services study books, and I looked at things from the position of a social worker instead of a parent, so I could understand better what was going to be expected of me. Because I had experienced this before, I knew I had to emotionally prepare myself and find methods to cope with my depression.

Comparing my experiences with children's social care
continued

This time round, I had to learn not to be defensive. I think that was the biggest thing I learnt – not to take everything personally, even when it feels so, so personal. Along the way, I experienced various tests to see how far I had come. The first time round when they were making a final decision, they focused on what I hadn't changed and which expectations I hadn't met. But this time round, they felt that I had changed too quickly and I wasn't going to be able to keep it up.

I did everything that was asked of me. I also had to accept accountability. I had to consider how I appeared to social services and the way I presented myself. I had read previous reports about the way that I dressed, the way that I appeared, so that was something that I took with me the second time around. I made sure that even if I wasn't feeling good inside, I always looked groomed, kind of like a poker face.

I went to the ADHD parenting lessons. I saw various medical professionals. I spoke to my GP and asked them to write me a letter. I got a letter from a counsellor, letters from my friends and family in support of me. I made sure that I had my network of support beside me. The first time round, I had been very embarrassed and I didn't want everybody to know that I had made a mistake. But this time, I realised that your support network has a big part to play in uplifting you through the process. Having people physically show up and making sure that the courts could see that I have people in my corner, people who would lift me up if I fell. It made a huge difference, but it also showed me how unfair the system can be for those who don't have the same level of support, the same resources and experience I had to draw on. That needs to change. We need to be able to provide support to the women who need it, or they won't have the same chances as I did.

Why is a Birth Charter needed?

The number of babies and infants subject to care proceedings is growing[74,75]. The needs of their mothers are acute and complex, and the outcomes for these women are getting worse. However, health, social care and family justice systems are struggling to tackle these inequalities.

Mental health conditions, domestic abuse and substance use are highly prevalent among women who have involvement from children's social care[76] and there are well-established links between deprivation and care proceedings[77]. Women frequently experience challenges such as contact with the criminal justice and immigration systems, and housing problems including homelessness. A high proportion of mothers whose newborn babies are subject to care proceedings have faced traumatic adverse experiences in childhood, such as violence, abuse and neglect[78]. As the experiences shared by women in this Charter show, the direct impact of children's social care processes on women's health and wellbeing can be significant.

Despite the evidence of need, most general and specialist services are not designed with these mothers in mind. Professionals across the health, social care and voluntary sectors are doing admirable work to support women in these circumstances, and their dedication can change lives. However, this good practice is not consistent or widespread, and services are under-resourced and overstretched[79]. There is no national policy that identifies the specific needs or governs the care of women involved with children's social care. They are missing from key health and social care policy strategies and documents, even those focusing on inequalities. These include the Maternity Transformation Programme; the NHS Long Term Plan; the NHS Core20PLUS5 approach; perinatal mental health services; NHS Equity and Equality Guidance for local maternity systems; NICE CG110 guidance on complex needs; and the Independent Review of Children's Social Care. These mothers are also missing from much relevant research and data.

As a result, some of the most vulnerable women in our society are falling through gaps between services and are overlooked in commissioning. Systems appear to struggle to cope with women's complex issues requiring multi-agency responses. Systemic issues such as pressures on staffing in maternity and social care teams, funding for legal aid, and pressures on the family court system, compound this lack of care.

Mothers who are separated from their babies are often left to cope with their grief alone, with no support to address the trauma of separation and the issues that may have contributed to that separation[80]. This can initiate a pattern of repeat removals or the escalation of mental health issues, substance use, domestic abuse and criminalisation[81]. It can lead to women dying. Recent analysis has shown that a growing number of women who died during pregnancy or childbirth or in the year after birth had had contact with social services. In MBRRACE-UK's latest maternal mortality report[82], 20% of the women who died had had social services involvement (up from 12% in 2012-14 and 17% in 2017-19). 11% of those who died by suicide and 59% of those who died through substance misuse had had an infant removed into care and/or ongoing care proceedings.

The first 1001 days of a child's life, from conception to their second birthday are crucial in laying the foundations for their long-term outcomes[83]. Furthermore, attachment theory highlights the importance of the development of a child's emotional bond with their primary caregivers, particularly during pregnancy, the period just after birth and the early years[84]. Maternal stress, anxiety, and mental health issues in this period can impact on a baby's intellectual, emotional, social and psychological development[85]. Even temporary separation from a mother during the 1001 critical days can disrupt the attachment relationship and pose significant risk to the mother's mental health.

Supporting the emotional and physical health of pregnant women and mothers is central to supporting the health and wellbeing of their babies, and to breaking intergenerational cycles of disadvantage. Avoiding separations wherever possible and protecting the mental and physical health of the mother will reduce the likelihood of that mother re-entering care proceedings for future children[86], and support the prospects of family contact and reunification.

Pregnancy and maternity are protected characteristics under the Equality Act 2010. The right to be treated fairly and with respect, as set out in the European Convention on Human Rights Articles 6 (right to a fair trial) and 8 (respect for private and family life) apply to women with involvement from children's social care to the same degree as everyone else in society. As the context and lived experience shared in this Charter show, more should be done to ensure that women are treated accordingly by health and social care services and in the family courts.

Positive change in the care and treatment of women involved with children's social care holds the potential to tackle complex and deeply entrenched inequality and disadvantage. The right care and fair treatment could mitigate risks for mothers and babies, reduce the number of avoidable separations, and improve health and social care outcomes for women and their children. We hope this Birth Charter can play a key role in supporting this work.

What should happen next? The need for a national care pathway

A national health and social care pathway is needed for pregnant women and for mothers of infants who are subject to parenting assessment or child protection proceedings. This would help those working across health, social care and beyond to deliver the principles set out in this Charter.

A powerful precedent has been set for such an approach with the government-backed National Bereavement Care Pathway, created to improve support for parents and families after pregnancy loss or the death of a baby.

Following publication of this Charter, we hope that women with lived experience, statutory agencies, government departments, academics and practitioners will work with us to build this pathway.

Relating the Birth Charter to wider work

This Birth Charter draws on and complements the work being done by many others to improve the experiences of families who have involvement from children's social care, including **Family Rights Group**, the **Nuffield Family Justice Observatory**, the **Centre for Child and Family Justice Research at Lancaster University**, and **Research in Practice**.

More information relevant to many of the principles in this Charter can be found in the **Born into Care Guidelines**[87], published in 2023 by the Nuffield Family Justice Observatory and the Centre for Child and Family Justice Research. Developed out of systematic research concerning state intervention at birth, the guidelines inform multi-agency practice when safeguarding action is taken. They span pre-birth practice from conception to labour, practice within the maternity setting, during the first court hearing, and support for parents when they leave hospital and return home without their baby. Informed by members of the Birth Companions Lived Experience Team, alongside others, the guidance aims to help local authority and health professionals improve care across this journey.

Sources of further information and support

The following organisations and services offer information and support that may be useful to women navigating children's social care involvement. Many of these organisations will be able to direct those seeking advice to further and more specific sources of support.

Advicenow	An independent, not-for-profit website providing accurate, practical information on rights and the law in England and Wales and clear and effective guidance around law-related issues. Find out more: www.advicenow.org.uk
Birthrights	A charity championing respectful care during pregnancy and childbirth by protecting human rights. It provides advice and information on legal rights, trains doctors and midwives, and campaigns to change maternity policy and systems. Find out more: www.birthrights.org.uk
Centre for Child and Family Justice Research, Lancaster University	A research centre focusing on the operation of the family justice system and related social justice concerns, aiming to produce cutting-edge research with real-world impacts. Its explicit aims are to improve the lives of children, young people and families. Find out more: www.cfj-lancaster.org.uk
Children and Family Court Advisory and Support Service (Cafcass)	Cafcass represent children in family court cases in England, independently advising the family courts about what is safe for children and in their best interests. Cafcass is independent of the courts, social services, education and health authorities and all similar agencies. Its duty is to safeguard and promote the welfare of children going through the family justice system. Find out more: www.cafcass.gov.uk
Citizens Advice Bureau	An independent organisation specialising in free, confidential information and advice on legal, debt, consumer, housing and other concerns. Citizens Advice offers support over the phone, online, and in person. Find out more: www.citizensadvice.org.uk
Family Rights Group	A charity that advises parents, grandparents, relatives and friends about their rights and options when social workers or courts make decisions about the welfare of children in their family. Find out more: www.frg.org.uk
Nuffield Family Justice Observatory: Born into Care	A research series aiming to support professionals to respond to the increasing numbers of babies being removed at birth, by exploring the needs of the affected mothers and children and the support they require. Find out more: www.nuffieldfjo.org.uk/our-work/newborn-babies
Samaritans	A charity providing emotional support for people experiencing distress, self-harm or suicidal thoughts. To talk to them, their helpline can be phoned from prison (on 116 123) for free, 24 hours a day. Find out more: www.samaritans.org

Additional sources of general advice and information relevant to pregnant women and mothers can be found on Birth Companions' website: www.birthcompanions.org.uk/pages/22-advice-and-information

If you are supporting anyone who you think might find this Charter useful but who cannot access it in English, we fully support sections being copied and translated. However, please contact us if you are considering reproducing the entire Charter in another language.

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info@birthcompanions.org.uk
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