The Born into Care Research Series

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The Born into Care Research Series

A series of research studies with a focus on newborns subject to care proceedings in England and Wales

Lancaster University | cfj Centre for Child & Family Justice Research | Family Justice Data Partnership | Nuffield Family Justice Observatory | Population Data Science at Swansea University | SAIL DATABANK | YDG CYMRU | ADR WALES

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- Infants (under one) make-up over a quarter of all children in care proceedings.
- Newborn babies make up an **increasing proportion** of infant cases (more than 50% of care cases in **2023,** England and Wales).
- Both the volume and rate of babies subject to care proceedings at/close to birth increased markedly in England and Wales between 2006/7 and 2019/20. During the pandemic rates decreased marginally, but began to increase again in 2022 and **remain persistently high (2023).**
- There are **marked and persistent regional differences** in the rates of infants and newborn babies subject to care proceedings, with the **North recording far higher rates** than London and the South East.
- Deprivation and pregnancy at a younger age are strongly associated with infant care proceedings.

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- Parents are given very little notice before a first hearing for a newborn (typically 1-2 days notice). The proportion of cases in which **parents are served notice on the same day** as a first hearing has increased.
- Qualitative analysis of practitioner and family perspectives on short-notice hearings finds that the practice is **unfair** and decision-making is often **unreliable.**
- Approx. **one third of parents in care proceedings have learning difficulties or disabilities** (LDD) which creates further disadvantage, particularly as LDD are not consistently identified pre-proceedings.
- There has been **insufficient analysis of the impact of race or immigration status** on care proceedings at birth, despite high-profile Appeal Court judgements highlighting concerns around due process.

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- **Born into Care: Welsh Data Linkage studies**

The majority of women are known to maternity services in the first trimester of pregnancy (more than 60%); by the second trimester, very few mothers have *not* 'booked their pregnancy'

However, evidence of heightened physical and health need and higher rates of premature births.

- https://pubmed.ncbi.nlm.nih.gov/33198668/

Forthcoming (Alrouh et al. 2025) linked birth registration, maternity and care proceedings data

- Risk of care proceedings for subsequent babies is even higher than previously thought. When a mother has appeared in previous care proceedings, there is a 1 in 2 chance of a subsequent baby becoming subject to care proceedings.

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Reducing removal of newborn babies in New Zealand

- The "Hawkes Bay" Case led to marked and rapid reduction in newborn babies subject
- to removal at birth in New Zealand and radical changes in practice.

- 102, per 10,00 live births in 2019
- 39 per 10,00 live births in 2020

- Figures are for First Nation babies, but reduction applied across all ethnic groups and has been sustained.

- **How?**
- Independent review by the Ombudsman & Children's Commissioner, alongside First Nation
- Organisations, led to open self-assessment on the part of the Ministry for Children and a
- new national practice framework

- Thanks to Kerri Cleaver (University of Canterbury NZ) and Emily Keddell (University of Otago, NZ)

Embedding guidelines : Growing and sharing practice responses

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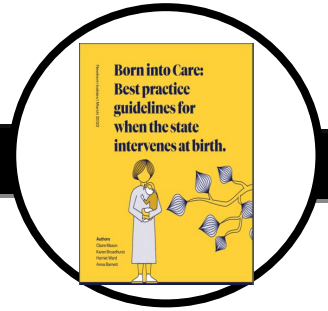
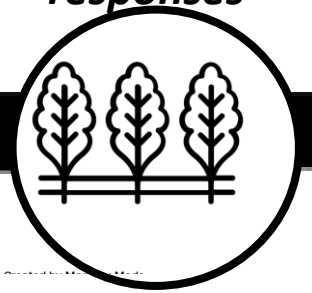
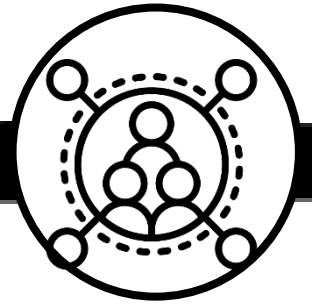
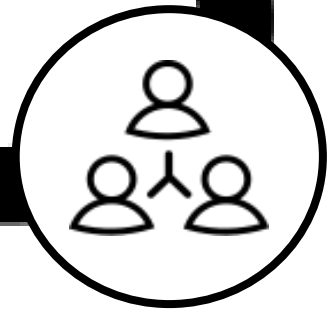


Best Practice Guidelines



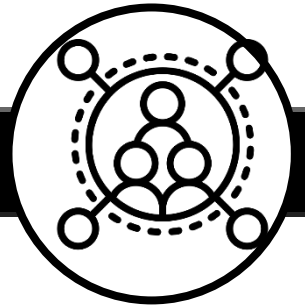


Community of Practice



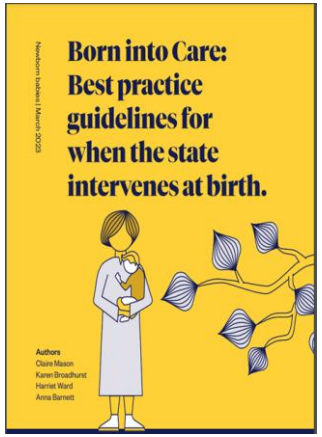
Change Project

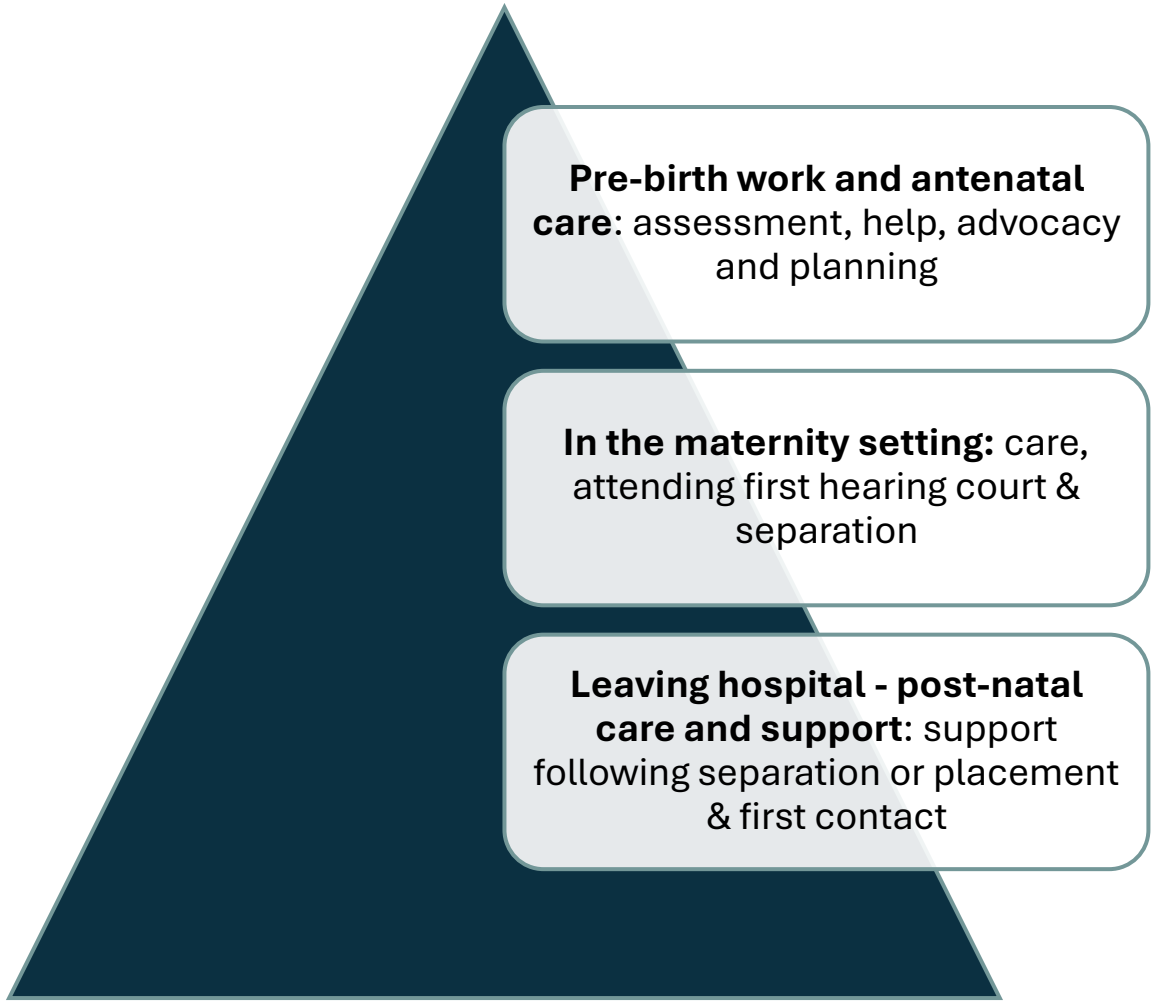
Change Resources



Community of Practice

The Born into Care: Developing Best Practice Guidelines When the state intervenes at birth





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The Born into Care: Developing Best Practice Guidelines When the state intervenes at birth

Pre-birth work and ante-natal care

Trauma informed approach

- Early identification and help
- Continuity of relationships
- Planning and preparation
- Family inclusive practice
- Transparency and choice

In the maternity setting

- Specialist trauma informed care
- Shame and stigma
- Impact of FJS
- Developing maternal identity
- Choice and control
- Family inclusive practice

Post-natal care

- Psychological impact
- Poor post natal support
- Keeping connection
- Complicated and disenfranchised grief

Cross-cutting challenges

Trauma informed services

Lack of professional support

Timing

Process alignment

Inter-agency communication

Specialist focus and resource

Inclusion of fathers

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- Series of workshops 2023/4
- 17 Local Authorities NHS Health Partners
- Research and practice expertise
- Shared learning
- Culminated in pre-birth change project resources 10 key messages

Pre-Birth Change Project Resources : Key messages

Understand and use your data

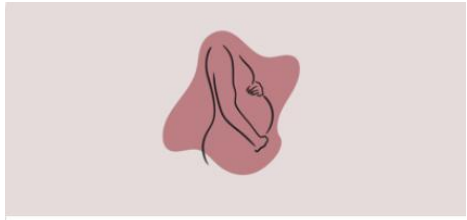
Provide help and support as early as you can

Pre-birth work requires a specialist focus

Co-ordinated multi-agency responses required

Equip practitioners to engage families effectively

Dynamic assessment and support go hand in hand



Pregnancy as an opportunity for change

Include fathers and harness kin networks

Minimise trauma, plan for reunification

Prioritise post-separation support to prevent trau...

Consistent Themes

- Voice of those with lived experience
- Trauma informed and responsive practice
- Joined up practice response
- Specialist focus
- Understanding and communication