



Whose baby?

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Jean Robinson explains how and why AIMS supports families faced with a whole new threat

We make no apology for including in this issue more articles on child 'protection'. We wish we did not have to; we would all prefer to concentrate on maternity care. Alas the two are now inextricably linked. From the moment she reports pregnancy, every woman in the UK is under the gaze of professionals who are actively searching for any potential risk to her unborn child, and this could also mean removal of all her children.

In the vanguard are the midwives, who, without examining their own ethical position, or the implications of losing trust, have unthinkingly followed the health visitors down the path of becoming health police. They screen to see if the woman may need 'help'. But identifying her risk (e.g. of postnatal depression or domestic violence) may not bring real help, but lead to concentrating on the baby's potential risk alone. Social workers then take over - social workers whose training M.P.s now say is 'not fit for purpose'^{[1](#)}

Even though a fetus has no legal existence in the UK, all over the country child-protection conferences are being held on unborn children so that social services can act as soon as the child is born. In some areas this now includes cases where mothers have simply made birth choices their local NHS disapproves of - even though they have an absolute legal right to do so.

Until recently a major government target (with big financial rewards attached) was to increase adoption numbers, so many local authorities set up their own adoption departments. Now the OFSTED target is speedy adoption, and babies are prime adoption material. Having successfully parented older children may not protect you; we have seen cases where strenuous efforts were made to label them at risk, in order to try to remove their adoptable sibling. In most cases, no adoption grounds can be proved, but child protection intervention appears to be used simply to intimidate parents into future compliance. Some of the harm this does was outlined in our letter to Chief Medical Officers^{[2](#)}

On our website you will also find our evidence to the first NICE consultation on diagnosis of child abuse^{[3](#)} Alas the goalposts were then broadened to include 'neglect' - something which could be defined by social workers.^{[4](#)} See also our written evidence on Training of Social Workers^{[5](#)} to the House of Commons Select Committee on Children, Schools and Families (note how 'Families' comes last in the list). We gave both written and oral evidence on Looked-after Children.^{[6](#)} ^{[7](#)} These papers include poignant anonymised details from our files. We quoted evidence from a gold-standard, large scale U.S.A. randomised trial - with long term follow up - comparing current style of 'witch-hunt' social work with a model which provides

social support and real help to families.

No prizes for guessing which does less harm and has better outcomes. Alas, from the Committee's report [8](#) they do not seem to have understood it, though they are clearly concerned at the appalling outcomes of children being in care.

How ironic that the press release for the M.P.s' report on Looked-after Children begins, 'The Government must be more willing to take on the role of a "pushy parent" for children in care.' Yet if the child's real parents are labelled as pushy or stroppy, professionals may respond by trying to label them as unfit or abusive. When parents act as advocate for a child who has special educational needs, criticise a health visitor, doctor, teacher or incompetent social worker, this can have draconian consequences for the whole family. The more articulate, logical and justified the criticism, the bigger the risk, since the threat to professional reputations is greater.

In child protection cases, or parental disputes about custody, we can now predict that the parent who has made any criticisms of professionals is the one more likely to lose custody. Increasingly what maternity and social care seems to be about is not child welfare and protection but about compliance and control - control of parents, silencing of criticism, and enforcing current orthodoxy. But we remember when orthodoxy said 'put babies face down to sleep' causing thousands of cot deaths. And we remember the 'stroppy' mothers who followed their maternal instincts and refused - and may have saved their babies' lives.

References

1. House of Commons Children, Schools and Families Committee. Training of Children and Families Social Workers. Seventh Report of Session 2008. July 2009.
2. AIMS (2008) Adverse effects of child protection on public health. [AIMS Journal, Vol 20, No 1](#)
3. AIMS (2008) Stakeholder response to NICE consultation on diagnosis of child abuse. www.aims.org.uk/Submissions/NICEResponseChildAbuse.htm
4. House of Commons Children, Schools and Families Committee. Training of Children and Families Social Workers. Seventh Report of Session 2008 July 2009
5. AIMS (2009) Written evidence to Children, Schools and Families Committee. Training of Social Workers. www.aims.org.uk/Submissions/socialWorkerTraining.htm
6. AIMS (2008) Written evidence to Children, Schools and Families Committee. Looked-after Children. www.aims.org.uk/Submissions/lookedAfterChildren.htm
7. See ref 8. Vol 2, Ev.204, 30 June 2008.
8. House of Commons Children, Schools and Families Committee. Looked-after Children. Third Report of Session 2008-09. April 2009