AIMS For a better birth...

The effects of child-protection investigations on maternity care

Beverley Beech examines the knock-on effects of the Climbie enquiry on maternity care

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Over the last four years, AIMS has been dealing with an increasing number of problems brought to us by pregnant and newly delivered women who are affected by child protection interventions by health and social services.

In the cases we have been involved with, we have seen very poor-quality social- work intervention, and we have instances where health workers have used social services intervention as a means of control - i.e. if you do not accept what we are recommending, we will report you to social services. The devastating impact that such interventions have upon the families has been deeply shocking.

The Climbie enquiry exposed the horrifying treatment of an innocent child while social workers took no action and revealed a catalogue of failures: failure to investigate properly; failure to use common-sense judgment; failure to coordinate and evaluate the evidence; and clumsy or overprolonged interventions.

During this time, AIMS has become increasingly involved with parents who were being threatened with fostering or adoption of their newborn babies and other children. It has been alarming and deeply distressing to observe the abuses to which these families have been subjected by a system that is supposedly there to support and protect them. Jean Robinson and I wrote to the Climbie enquiry to draw its attention to the other side of the coin. The following are extracts from the original six-page statement.

Evidence-based social work?

There is a lack of an adequate evidence base for social-work interventions and, where there is good-quality evidence, social workers have been ignorant of it, or do not fully understand it, or feel free to substitute their own judgment without balancing the two.

Doctors, midwives and nurses have inadequate cultural and sociological training and, in our experience, may judge parental behaviour as abnormal and record it as such, ignorant of the background and the setting. In written records, staff can record their conclusion without describing the actual incidents or observations upon which they based it.

There is an assumption that the confident doctor knows best, and a failure to check the scientific validity of the medical claims. Where medical evidence is sought, the family court can insist on one joint expert

and this will invariably be one that the social services approves; they may even insist that no medical expert is needed.

There is a widespread lack of respect for the clients and disempowering and disrespectful behaviour. Meetings are arranged at sites inconvenient to the women, papers are not given to her until the last minute, yet everyone else at the meeting has had copies well in advance.

Long-term serious harm

The long-term, serious harm we have seen from investigation of child-protection allegations - even in families which are subsequently shown to be apparently innocent and where no attempts were made to obtain a care order - has alarmed us. Two mothers had post-traumatic stress reactions. One of them took to sleeping in a chair behind the front door so that no one could come in during the night and take her children. Families are now afraid to take up medical care or go for medical consultations - even when a parent has a serious chronic condition that needs monitoring. We have not yet seen a case where the damage appears to be minor, short term or trivial.

Social workers may take on a 'mind set' on a particular case early on. They then simply do not see, hear, collect or record evidence under their noses that does not fit. Indeed, we have learned never to leave our client alone with her social worker so that there would always be a witness because the reports she wrote were so biased.

Access to records denied

Attempts by parents to obtain social-work records and case notes are met typically by silence, very long-term delays, stalling, and eventually partial and inadequate compliance. This understandably increases suspicion. In our experience, solicitors acting for families are unwilling to challenge social workers in the witness box on oath, even in cases of known or suspected falsehood, because they think that cooperation offers families the best chance of keeping their children. Even if no evidence is found that the children are at risk, and there is strong evidence that all is well, there is no closure. There is no 'not guilty' verdict, so families cannot recover and move on, and never feel emotionally safe. No one is responsible for picking up the pieces.

Malicious allegations

Most worrying of all, a number of the allegations we are dealing with appear to be malicious in origin, and come from professionals in the health service. They are made after the parents have made a well-founded complaint about their maternity care, or they are thought to be about to make such a complaint. (We have seen documents and medical notes in these cases, and believe the complaints to be valid). This seems to be a preemptive, self-protective strike by the midwife or doctor involved. From many years' complaints experience, we are well aware that complainants are often traduced in some way (for example, they were 'hysterical', 'dirty', 'manipulative' or 'lying') and that this is a typical institutional

defence mechanism. The child-abuse allegations seem to be a recent and sinister extension of this.

Social services-induced stress

Stress in pregnancy is now proven to restrict growth of the fetus, and such reduced growth is now known to have longterm adverse effects on health throughout life. We have been contacted by pregnant women for whom the main source of stress is social-work intervention. Such cases have increased because, we believe, possible adoption is planned for the children before birth (to meet government guidelines). Such plans now seem to take priority over the support and practical help that would enable natural parents - who usually love and want their children - to do a better job. Mother and child are no longer seen as a dyad.

We have been concerned that social workers do not take this into account when removing babies from breastfeeding mothers (early removal facilitates progress towards adoption). We have seen cases where the babies were later returned, but too late to restore lactation (which also assists bonding both chemically and emotionally). Of course, we accept that some babies will have to be removed, temporarily or permanently, in the interests of safety and welfare of the child. But, in the cases we know of, we believe such separation could, and should, have been either avoided or reduced.

Improving adoption statistics

Ante- and postnatal interventions now seem to concentrate on improving adoption statistics rather than providing practical help for the mother. In one case, a suicidal woman with severe postnatal depression was told, in our presence, that unless she was better by the time the child was eight months old, adoption would be considered. This had a devastating effect on her, and undoubtedly hindered her recovery.

Adoption was, in fact, already being planned with the foster family. The natural mother told the social worker she knew that the foster father had a criminal conviction for sexual abuse of his young stepsister. The social worker took no notice.

We now find that depressed mothers who have had past contact with social workers or who learn of what has happened on the grapevine from others will not consult a GP if they are depressed because they fear having their children taken. We find this reluctance to consult worrying since suicide is now known to be the largest single cause of maternal death, and we ourselves - though experienced and advised by sympathetic professionals - often feel we are flying on a wing and a prayer. In common with many voluntary groups, we are now supporting much more serious cases than we used to, or had expected to, because of many problems with the health, social and educational services.

Confidentiality

Questions about both confidentiality and quality of socialwork records came increasingly to concern us. Now that both health and social services records are to be integrated, we feel enormously concerned. We observed an astonishingly cavalier attitude towards confidentiality, and an unnecessarily wide

circulation of reports in one case. The housing officer was invited to a meeting where intimate medical and social details were freely discussed, although her presence was required only for a short section on housing plans. The full report was then circulated to the housing department and is in their files. All this is particularly worrying since so much of social-work records seem to consist of rumour, supposition and innuendo, and even a number of the apparent 'facts' turn out to be wrong.

The Climbie case has horrified all of us. We cannot bear to think that such a thing could ever happen again. But we think that providing good care for the majority of children depends on parents getting the help they need. Increasingly, we are working in a climate where public criticism of parents who may have problems has become the modern equivalent of witch-burning, and there seems to be a great deal of smug satisfaction in the media as labelling them as wicked - witness the recent reporting on the British mother who abandoned her baby in Portugal. There seems to be more willingness to charge mothers with murder rather than infanticide.

From our own long-term involvement with families and childbirth, we know that problems are complex and subtle, and that ploughing in while making crude judgments without understanding the background is damaging. However, it provides juicy copy for newspapers and seems to make the critics feel morally superior.

Children nowadays are a precious commodity in short supply. Families are small - often smaller than the parents would like - and many couples are unable to conceive. We believe this has contributed to punitive attitudes in society, where everyone feels free to judge and condemn parents who can produce children that others would love to have.

Finally, there is the huge cost of social-work interventions. A recent article has drawn attention to the explosion in childcare proceedings and the enormous legal fees as well as socialwork time[1] A reduction in unnecessary work would enable social workers to concentrate on truly higher-risk cases. Also, more money could then perhaps be available for the practical help and support that can make such a difference.

Reference

1. Beckett C. Critical commentary - the great care proceedings explosion. Br J Social Work, 2001; 31: 493-501