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Guilty until you prove your innocence

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Beverley Beech reports on why Child Protection does not work

Child Protection has become a monster that is slowly and assiduously gobbling up children, and especially babies. The measures taken to manage the imperative to deal with abuse of children in the home have paradoxically put at risk trusting relationships between parents and the professionals who could help them.

Mothers, especially in the very early months, have ideally been supported to protect their own children by their families, with the aid of known and trusted midwives, health visitors and other professionals. They have been helped when they cannot do so and only in the most extreme of circumstances relieved of this task. The pressures on the helping professions, the fragmentation of services and a risk averse culture have undermined this model. Multi agency working with the sharing of information about individuals and families has the potential to enhance the help supplied: however, this carries its own risks within a culture of enforced reporting of concerns and a systematic undermining of professional autonomy over the last decades. Defensive reporting of families by professionals who feel the need to protect their own jobs has become more evident. We have even seen clear evidence of punitive reporting by professionals who are put under pressure to persuade families into conforming without the power or the right to do so.

While the NSPCC and other children's agencies are quick to publicise threats to children, they appear not to be interested in the families damaged by false allegations of abuse. While without doubt, there are families where the abuse of children is such that removing the children is the only option, other families, beset by poverty and stress, need real support. Added to that are those families where the child has an underlying health problem, wrongly assumed to be caused by abuse – such as the 'shaken baby syndrome'.

Women have had their babies removed from them in the labour ward or within hours of the birth[1] One mother had her baby taken before she had delivered the placenta. The action was on the spurious grounds of previous 'concerns' and it took court action and eighteen months before she was re-united with her baby. Women have been reported for 'refusing an ultrasound examination' or 'failing to attend an antenatal clinic'. Neither of these services is obligatory, (and ultrasound may be harmful to the baby).

The right to a family life under article 8 of the Human Rights Act is conveniently and repeatedly ignored. While many professionals assure themselves that they are acting 'in the best interests of the child' they

seriously underrate the probability of serious long-term psychological damage for a child who has been removed from its home and cared for by multiple foster carers. In the early months babies become primarily attached to their mothers, they are not blank canvases: they are sensitive, aware, and intelligent human beings and no-one can ask them whether or not they were anxious about being suddenly removed from the person who has been their sole companion for at least the last nine months of pregnancy. The kind of long-term damage caused is suggested by the fact that the majority of teenagers in the prison system have been in out of home care and social exclusion units[2,3]

The rights of parents to determine the care of their children are now undermined not only by the actions of professionals but within the public domain generally. In the case of Ashya King, a child with a brain cancer who was being treated in Southampton General Hospital, there was a disagreement between the parents and the doctors about the most appropriate treatment. The doctors told the parents that conventional treatment would leave their son with serious special needs so the parents decided to discharge their child (as they had every right to do) and take him to receive proton-beam therapy treatment in Prague – criticised by some as 'doctor shopping'. The reaction of the hospital doctors was to inform social services who immediately applied for Ashya to be made a ward of court. The police then issued a European Arrest Warrant. The press reported that his parents sparked an international manhunt after removing him from a Southampton hospital without doctors' consent[4], despite the fact that they did not need the doctors' consent and had every right to remove their child and take him elsewhere for treatment. One does not know what social services, the judge, or the police were told but they clearly had the impression that Ashya would be harmed by being removed from the hospital and driven across Europe. One hopes that in time those who misled the court into believing that the child was in imminent danger will be identified and action taken.

The family was tracked down in Spain. Ashya was taken to hospital and deprived, for five days, of any visits from his parents. How can a five-year old understand that his parents are missing because they were not allowed to see him, and what possible damage could they do were they allowed access? Clearly, no-one considered the emotional impact on a five-year old child isolated in a strange room attended by people who spoke a different language. Eventually, further court hearings occurred, common sense prevailed, and Ashya was taken to the Czech Republic to receive the treatment his parents wanted. Did anyone give a moment's thought to the impact this experience had on Ashya, his four brothers and sisters, and his parents? Whatever the rights and wrongs of his parents' actions, how could it be in Ashya's best interests to be separated from them in such circumstances?

In the appeal the Judge remarked:

it is a fundamental principle of family law in this jurisdiction that responsibility for making decisions about a child rests with his parents. In most cases, the parents are the best people to make decisions about a child and the State – whether it be the court, or any other public authority – has no business interfering with the exercise of parental responsibility unless the child is suffering or is likely to suffer significant harm as a result of the care given to the child not being what it would be reasonable to expect a parent to give.[4]

Ashya's is a high profile case in a long line of babies and children having been taken from their parents on the spurious grounds of 'acting in the child's best interests'.

Last year AIMS advised a woman to go to France to avoid having her baby removed at birth. A warrant was issued and the baby was removed shortly after the birth in a French hospital. Fortunately, the mother had an excellent French lawyer and local support. She was encouraged to visit her baby for prolonged periods daily (unlike in the UK where too many social workers and foster carers do their utmost to restrict the mother's access) and was, some weeks later, permanently re-united with her child. The court recognised that she posed no danger whatsoever to her baby. She had been able to show the court that the social services report was largely fictitious and over-dramatised – in short, social services lied. The French Judge was said to be appalled when she read what had really happened. Unlike social services in the UK, the French social workers were very supportive and have done all they can to help the couple deal with life in a country where they do not even speak the language.

This case is not unusual. It is common for women to be reported to social services when they do not 'comply' with local services. In a recent case, the mother was reported for 'failing to attend' an antenatal appointment. This was interpreted by the social workers as an example of the mother failing to put the best interests of her baby first, and justification for two years of monitoring, frequent unannounced visits, bullying and intimidation from her local social workers, some of whom were not even on the register. Fortunately this mother moved to another area where the local social workers immediately removed her from their list as they did not find any justification fortheir involvement. Hooray for them. Our regular and increasingly frequent requests for help due to threats of referrals to social services are echoed by the work of Forrester *et al*[5] who found that:

Overall social workers tended to use a very confrontational communication style. This was so consistently observed that it is likely to be a systemic issue. [...] insufficient attention has been given to the micro-skills involved in safeguarding children and this is an urgent priority for future work.

Now that we have 'joined up' services we have the unintended consequence of two professions not necessarily using each other's language in the same way. We have a combination of overstretched midwives without the time to develop a relationship with a woman during her pregnancy believing that if they have a 'concern' they have to refer, without the resources properly to get to know or support the family, and social workers interpreting the 'concern' as evidence of possible abuse. One tragic consequence is that while a woman is most at risk from intimate partner abuse when she is pregnant she is now likely to be afraid to confide in her midwife – for good reason. Too often the action is not to

support the mother, to offer services that could help her situation and empower her, but to report, monitor, check, criticise, and change the goal posts as often as possible. As one mother remarked, 'once I have jumped through one hoop they give me another'.

We must question whether our high levels of children in care and compulsory adoption [forced by the courts despite opposition from the parents] is really of benefit to the children and families involved – especially as more and more evidence of the subsequent abuse of 'looked after' children is made public. Our social care system is not only broken, it is sick and it will not be cured until there is an overhaul that really puts the family at the centre of care; provides real care for those in need; provides an educated social services work force; and spreads the truly supportive initiatives that were developed in the USA[6], initiatives which are beginning to be introduced in some areas of the UK.

References

1. PC and S v United Kingdom (2002) European court of Human Rights. Final Judgment Strasbourg 16 July 2002. hudoc.echr.coe.int/sites/eng/pages/search.aspx?i=001-60610
2. Department of Health (2002) Safeguarding Children: A Joint Chief Inspectors' report on Arrangements to Safeguard Children. Department of Health Publications.
3. Social Exclusion Unit (2006) Reducing re-offending by ex-prisoners. Cabinet Office.
4. Re Ashya King [2014] EWHC 2964 (Fam). www.bailii.org/ew/cases/EWHC/Fam/2014/2964.html
5. Forrester D, Cambridge J, Wassbein C, Doll S (2008). How do child and family social workers talk to parents about child welfare issues? Child Abuse Review, Vol 17(1), p23-5
6. Siegel GL, Loman T (2006) Extended follow up study of Minnesota's Family Assessment Response: Final report. Institute of Applied Research, St. Louis, Missouri