

# **Guidelines published to help improve practice in UK when the state intervenes to safeguard an unborn or newborn baby**

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Guidelines to help improve practice when the state takes action to safeguard an unborn or newborn baby have been finalized and published

by Nuffield Family Justice Observatory (Nuffield FJO), following the introduction of a draft version.

The [revised guidelines](#) aim to help professionals working in this complex and challenging area to better support the parents involved, who are likely to be experiencing extreme anxiety and trauma.

The [guidelines](#) are designed to inform best practice during three different stages: pre-birth (conception to labor); within maternity settings and the first court hearing; and when parents leave hospital and return home without their baby.

The guidelines are based on the findings of a collaborative, qualitative research study that explored parents' and professionals' perspectives on compulsory state intervention at birth.

The work has been led by the Centre for Child & Family Justice Research at Lancaster University and the Rees Centre at the University of Oxford as part of Nuffield FJO's Born into Care research series.

While the research identified there is consensus among frontline practitioners and parents about best practice approaches, it also uncovered numerous challenges and a need for improved guidance for professionals.

Eight local authorities and seven corresponding NHS trusts in England and Wales took part in the research, and subsequently introduced a set of draft guidelines published by Nuffield FJO in February 2022, which informed the final version of the guidelines.

During the research and introduction of the draft guidelines, several overarching principles were identified and formulated. The guidelines set out a series of statements that provide practical examples of how

these principles translate into best practice and how challenges can be overcome at both a strategic and frontline practice level.

The principles include: a specialist focus on the vulnerable unborn child and parents; a specialist understanding of the impact of trauma; timeliness and planning; alignment of processes and services; continuity of care; father-, co-parent- and wider family-and-friend-inclusive practice; partnership and collaborative working; support that is tailored to the identified needs of parents and is responsive to professionals' concerns; resources that are adequate, available and fit for the needs identified; sensitivity and respect; transparency and choice; and structural competence (awareness of the social, political, economic and environmental factors that shape individual and family health, well-being and life chances).

As practice and innovation vary across England and Wales, and as parents' needs differ, the statements are generic. The intention is for local authorities, health trusts and other partner organizations to adapt the statements to their own local contexts, and use them as a basis for developing local area action plans and guidelines, alongside national guidance such as Working Together to Safeguard Children (England) and Working Together to Safeguard People (Wales).

The guidelines have been published against a backdrop of a rising number of newborn babies being subject to care proceedings in England and Wales. Numbers more than doubled between 2007-8 and 2016-17 in England, and between 2015 and 2018 in Wales.

The latest Born into Care data shows that the number of newborn babies in care proceedings in England increased by 20 percent between 2012-13 and 2019-20, rising from 2,425 to 2,914. In Wales, numbers increased by 40 percent over the same period, rising from 145 to 203. Newborn babies account for a growing proportion of cases involving infants

(under one year old)—just over half in 2019-20.

Lisa Harker, director of Nuffield FJO, said, "Parents of an unborn or [newborn baby](#) facing safeguarding concerns will understandably be fearful and highly anxious. These feelings can be exacerbated by past traumas, and in some cases, previous involvement with children's social care. Parents need to be supported in a timely, compassionate and humane way, with collaboration at the heart of the approach. The guidelines support practical improvements that can be made and encourage consistency. We hope they will help professionals to be more equipped to deal with the challenging work they do, and that the needs of families who find themselves in these situations can be better met."

Claire Mason, research fellow at the Centre for Child and Family Justice Research at Lancaster University, co-authored the guidelines and was the lead researcher for the project.

She said, "From the research study that underpins the guidelines, we know there is general agreement among practitioners and [parents](#) with lived experience about what constitutes best practice. However, there are numerous challenges—from discontinuities, delays and resource constraints to shortfalls in family-inclusive practice, insufficient professional specialism and challenges to interagency collaboration. The guidelines aim to support practice in what are difficult and emotionally and ethically challenging circumstances."

The guidelines will be supported by a series of resources to assist professionals involved in safeguarding babies at or close to birth, which will be available from a resources section on Nuffield FJO's website over the coming weeks. They will include a set of short films that illustrate the practice changes made by the local authorities and health trusts involved in the research.

Provided by Lancaster University

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