

Jumping through hoops: Families' experiences of pre-birth child protection

Ariane Critchley

Ariane Critchley, Edinburgh Napier University

a.critchley@napier.ac.uk

Author Biography:

Ariane Critchley, Edinburgh Napier University, Scotland

Ariane's contribution to this collection draws on her doctoral study of child protection involvement with unborn babies. Her thesis *Quickening Steps: An ethnography of pre-birth child protection* was submitted to the University of Edinburgh for examination in 2018. Ariane is employed as a social work lecturer at Edinburgh Napier University.

ABSTRACT:

Notes for Chapter Authors:

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This chapter considers the mobilities of families subject to child protection involvement at the threshold of the birth of a new baby. The author presents data arising from an ethnographic study of child protection social work with unborn babies. This study aimed to draw near to social work practice within the Scottish context through mobile research methods and included non-participant observations of a range of child protection meetings with expectant families. Research interviews were sought with expectant mothers and fathers, social workers, and the chair persons of Pre-birth Child Protection Case Conferences. Case conferences are formal administrative meetings designed to consider the risks to children, including unborn children. This chapter focuses on the experiences of expectant parents of navigating the child protection involvement with their as yet unborn infant. The strategies that parents adopted to steer a course through the multiple possibilities in relation to the future care of their infant are explored here. Three major strategies: Resistance, defeatism and holding on are considered. These emerged as means by which expectant parents responded to social work involvement and which enabled their continued forwards motion towards an uncertain future.

KEYWORDS:

(Please supply up to 6 keywords for your Chapter)

1. Mobile methods
2. Child protection
3. Pre-birth
4. Unborn babies

Main Body:

Introduction

Social work is a profession that meets the relational and physical mobilities of families with mobile practice methods. Field social workers are practitioners always 'on the move', visiting family members in their own homes, schools and community settings. Broadhurst and Mason have suggested that the social work home visit can be understood as 'the primary site for engagement and for seeing "what's really going on" in families' (2014, 583). Social workers also spend time in motion along with the people with whom they are working, primarily in the car, which in this context can become the site for significant professional exchanges. Despite the mobility of social work activities, as Ferguson has repeatedly highlighted, social work research methods have been primarily static. Ferguson has argued that mobile research methods can be a valuable means of understanding social work practice:

'If the mobile nature of social work and welfare practices are to be accounted for and theorised, it is crucial that research methods are developed that can describe and analyse their mobilities and get to the heart of what these practices are and how and where they are performed, capturing what gets done and experienced through their movement and stasis' (Ferguson 2011, 73).

This chapter describes findings from an ethnographic project that utilised 'mobile methods' (Buscher et al. 2011) to draw closer to the practice of pre-birth child protection work. The author's doctoral research was a study of social work practice in the 'contested' (Hart 2001) area of pre-birth child protection. This study aimed to get 'right up close to real practice encounters' (Ferguson 2016, 156) to study the face-to-face interactions between expectant families and child protection professionals. Non-participant observations were combined with ethnographic research interviews designed to explore the meaning of the observed activities of pre-birth child protection to social workers, to the chair persons of child protection case conference meetings and, importantly, to expectant parents. Child protection involvement with a family during a pregnancy disrupts the notion of the family as a static or stable entity in very particular ways. I begin the chapter by explaining what is meant by 'pre-birth child protection' and providing the Scottish context for this work. It is necessary then to provide details of the ethnographic research in which this chapter is grounded. Following this, I describe the direction of travel that the families subject to pre-birth child protection in the research study can be understood as experiencing. The remainder of the chapter draws on empirical data from ethnographic observations and research interviews to highlight how expectant parents prepared for the arrival of the expected baby in their family, whilst at the same time preparing for the potential separation from their newborn infant. The struggle with uncertainty and waiting emerge as major themes from the data. Family members responded to the uncertainty of whether they would care for their baby following the birth in different ways. The discussion is presented under three major strategies – 'resistance', 'defeatism' and 'holding on' – that can be read across the research data.

Pre-birth Child Protection

The idea that the state is required to intervene in order to protect children from harm or abuse from within their families has become increasingly established within the U.K. context since the late 19th

century (Cree and Myers 2008, Ferguson 2004). Sophisticated child protection systems have developed across all of the U.K. nations, designed to identify those children 'at risk' of significant harm in order that a timely and proportionate safeguarding response can be offered. These developments have occurred within the context of an increasingly proactive approach to the promotion of child welfare by the state more generally.

The architecture of child protection varies between the U.K. nations, but the underpinning principles of protecting children, ideally in 'partnership' with the family, are the same. In Scotland, the provisions for this work are primarily set out in the Children (Scotland) Act 1995 and in the Children and Young People (Scotland) Act 2014. Scottish Government guidance for child protection professionals outlines the protection from harm that children can expect from the state. This national guidance empowers child protection professionals to consider the risks to 'unborn' children (Scottish Government 2014, 100-101). These risks may exist during the pregnancy itself, or may be risks of harm immediately after the birth. Social workers are expected to work with their colleagues in allied professions to assess the risk to the unborn baby and take the lead on recommendations regarding whether the baby can be safely cared for at home.

The Scottish child protection system is administrative in nature. It allows for children to be 'flagged' as being at risk of abuse or neglect through local child protection registers. The forum for discussion of registration is the Child Protection Case Conference (CPCC). For unborn babies understood to be at potential risk, a Pre-birth Child Protection Case Conference (PBCPCC) can be convened during the pregnancy. The baby's 'name' can be placed on the child protection register before birth if there is sufficient professional concern about his or her safety. Due to the lack of legal personhood of the foetus, no legal measures can be taken to protect the child until the moment of birth. As Warren has described, birth marks the moment when the baby's rights as a 'person' crystallise:

'Birth is morally significant because it marks the end of one relationship and the beginning of others. It marks the end of pregnancy, a relationship so intimate that it is impossible to extend the equal protection of the law to fetuses without severely infringing women's most basic rights... Although the infant is not instantly transformed into a person at the moment of birth, it does become a biologically separate human being. As such, it can be known and cared for as a particular individual. It can also be vigorously protected without negating the basic rights of women.' (Warren, 1989, 62). Once the baby has been born, social workers can act so as to protect the child through emergency measures. In Scottish social work practice, the primary legal means used for protecting children are a Child Protection Order sought from a Sheriff, and a Compulsory Supervision Order, granted by the Children's Hearing. For children living in Scotland, the Children's Hearing System 'provides the legal context by which decisions are made on the interventions required to protect their safety and well-being' (Woods *et al.* 2016, 7). Decisions are made by a Children's Panel. Panels are made up of three lay members, who consider the needs of children and young people for care and protection with legal advice from a Children's Reporter as necessary. Reporters are professionals specially trained in the law particular to children and families and in child development.

Decisions in the Children's Hearing System are made with legal reference to the Sheriff Courts whenever necessary. Decisions about permanence for children who cannot remain with birth parents must always be reached in the Court context, although the advice of a Children's Panel is sought prior to a Court Hearing. Definite legal processes must be followed to permanently affect the legal relationships between parent and child in these circumstances. However, as Hodson (2011) and Hart (2010) have argued, the step of separating a newborn child from the birth parents is a huge one, with vast impact on the lives of both parents and baby, even when the separation is temporary. Furthermore, whilst all legal measures must wait until the baby has been born, very significant decisions can still be made during the pregnancy. If registered on the local child protection register, the unborn baby will be made subject to a 'child protection plan'. This outlines the plan for their

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care, including where they will live once born. Expectant parents subject to these proceedings will therefore learn before the birth whether their baby will be removed in order to protect him or her, or whether they will care for their child at home. Professionals can also make significant demands of the expectant parents and other significant family members during the pregnancy. Parents may be asked to meet regularly with and be visited by a range of professionals. This would normally include a Children and Families social worker and a community midwife. Depending on the presenting issues, what is commonly referred to as the professional 'team around the child' (Scottish Government, 2017) could include specialist practitioners, including those with expertise in early years work, substance abuse, mental health, domestic abuse, criminal justice, or learning disability. Pre-birth child protection activities are focused upon the risks to and well-being of the as yet unborn baby. However, it is the expectant parents of the baby who are asked to co-operate with specific demands in order to demonstrate that they can care safely for their child following the birth. As Corner suggested in his very small scale yet prescient study of pre-birth assessment processes, the ethics of this area of work carry particular tensions:

'In pre-birth risk assessment practice the primary user is the unborn child. This poses considerable ethical problems, particularly as the expectant parents are involuntary service users participating in a process which it is assumed they would much prefer to avoid' (Corner, 1997, 16, cited by Hodson and Deery 2014, 6-7).

The notable increase in the number of newborn and very young infants becoming looked after by the state at or soon after birth has become a focus for research in recent years (Broadhurst *et al.* 2018, Woods and Henderson, 2018). Description and interrogation of what appears to be a trend for an increasingly assertive response to risk in infancy in the U.K. is to be welcomed. The reported shifts in practice towards earlier removal of babies in order to protect them from harm and a proactive approach to planning for their future care do not have straightforward roots in policy or legal changes. Neither is there consensus about what best child protection practice should look like in this context (Broadhurst *et al.* 2018). Research that takes a close up view of the activities of social workers and families holds the potential to contribute to this debate.

The research study drawn on in this chapter sought to describe and to understand the nature of the activities of pre-birth child protection in the Scottish context. The author explored the understanding that expectant parents, the social workers involved with their unborn babies, and the social work qualified chairs of Pre-birth Child Protection Case Conferences (PBCPCCs) had of the activities in which they were engaged together in order to protect the unborn child from immediate or future harm. A brief account of the methods utilised and the research sample is presented in the following section.

Methodology

Pre-birth child protection remains an under-studied and under-theorised aspect of social work practice (Hodson 2011, Hodson and Deery 2014, Critchley 2018). Given this, the author's doctoral project set out to answer broad, exploratory research questions. These were questions both about the nature of pre-birth child protection and the meaning that both families and practitioners attributed to the activities of pre-birth child protection. These activities were approached as being constituted by not only the 'work' of professionals, but also the 'work' of expectant parents. This broad and feminist conceptualisation of 'work' is taken from the writings of the sociologist Dorothy Smith (Smith 2005, 2006). Smith provides a 'generous' definition of 'work' that takes in all 'intentional' activity taking place towards a particular goal. As Smith explains:

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“work” is used in a generous sense to extend to anything done by people that takes time and effort, that they mean to do, that is done under definite conditions and with whatever means and tools, and that they may have to think about’ (Smith, 2005, 151-152).

Brown (2006) utilised this conceptualisation of work to explore what it is that mothers who are subject to child protection involvement actually *do* in response to investigation of and state intervention in their family life in her study of child protection. On this account, ‘child protection investigations are, in effect, job performance appraisals of the unpaid labour of raising children’ (Brown, 2006, 352). Therefore, there was a principle underpinning the research that all of the participants in the study were engaged in pre-birth child protection ‘work’ of some kind. That work was explored through one year of ethnographic fieldwork in an urban Scottish local authority between the autumns of 2014 and 2015.

Following ethical clearance by the University of Edinburgh, access was granted by the local authority for non-participant observations of formal child protection meetings and less formal interactions between social workers and families. There is insufficient space here to provide a full account of the complex ethics of the study and further details of the research and analytical process can be found in the author’s doctoral thesis (Critchley, forthcoming). Gatekeeping was provided by social workers at an operational level, as they decided whether to participate in the research when holding a pre-birth child protection case. Expectant parents were approached by the author about participating in the research, often along with the social worker. Maternal consent was always sought, and whenever possible paternal consent was pursued.

The study can be understood as ‘insider’ research (Kanuha 2000), given the author’s background as a qualified social worker. All research participants were made aware of this, and also understood that participation in the study would not alter the outcomes of the child protection process. Researcher reflexivity was an important aspect of the conduct of the ethnography throughout the fieldwork and analysis. To some extent, the author’s professional status held less analytical significance (Anderson 2006) than being a mother of young children. This sometimes increased the extent to which participants in the research were prepared to place sufficient trust in the author (Okely, 2012) to share their experiences of pre-birth child protection intervention (Finch, 1984, Oakley 1981, 1981b). Twenty social work meetings were observed, ranging from formal CPCS meetings to home visits. Following Ferguson’s use of ‘mobile methods’ (Buscher, Urry and Witchger, 2011) in researching social work, and specifically child protection work (Ferguson 2010, 2011, 2014, 2016), when possible the author aimed to ‘shadow’ (Czaniawska 2014a, 2014b) social workers by accompanying them on visits or between meetings. In making a study of practice, it was important to gain access to the different places where, and ways in which, interactions between practitioners and parents took place. These exchanges happened not only in formal meeting rooms, but also in family homes. The final research sample included a total of 12 separate families and 41 participants, who were observed and interviewed in a range of settings.

In addition to the 20 observations, 31 research interviews were conducted. Interview participants included expectant parents, social workers, and the social work trained chair persons of PBCPCSs. Research interviews varied between formal exchanges based on semi-structured interview schedules and shorter, opportunistic interviews, usually before or after meetings or visits. Interviews were also conducted with participants in the author’s or social worker’s car, when moving between spaces such as the social work office, the family home, or appointments with health services. The study yielded a large quantity of multi-perspectival data, which was gathered together both through audio-recording and the process of writing ethnographic fieldnotes (Emerson *et al.* 2008, Sanjek 1990). The research was conducted from a critical realist (Archer *et al.*, 1998) perspective: Data was considered to have been co-created by the research participants and the researcher. The audio-recorded data was transcribed in full and in original dialects. This transcribed data and the

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contemporaneous fieldnotes produced throughout the fieldwork (Ryan and Bernard 2003, Silverman 2006) were analysed thematically by the author. Analysis proceeded through a process of memos and analytical writing that gradually identified prominent themes.

There is insufficient space here for a full account of the research methodology. However, I have provided an outline of the research methods and the context for the data drawn upon in this chapter. In the next section I move on to offer an explanation of how the families at the centre of the study can be understood as having been 'in motion' during the fieldwork period. I then proceed to a thematic discussion of the findings, using the lens of motion to consider data that is centred on the experiences of family members.

The Unstable Mobilities of Families in the Pre-birth Child Protection Process

The families at the centre of this study were 'families in motion'. There was a future orientation to their mobility, since family members were moving towards becoming parents, grandparents or other forms of relative to a new baby. However, their final destination was uncertain and shifting. Carsten (2000) has explored how normative and linear expectations of biological kinship can be disrupted at the point of birth by infant adoption. Birth, in this context, has a different meaning than it is usually ascribed, that is, the beginning of a lifelong kinship relationship. In these instances, one can say that: 'Birth does not imply certainty or endurance or solidarity. It is emptied of most of the symbolic meaning it has in the dominant discourse of kinship' (Carsten 2000, 691).

Normative notions around pregnancy, childbirth and family relationships were similarly disrupted for families made subject to pre-birth child protection assessment and intervention. Their hopes about the unborn baby belonging within the family were not necessarily shared by child protection professionals. The professionals involved were charged with the power and duty to act, so as to move the child out of the care of the family soon after birth when assessed as necessary. The pre-birth period was, therefore, characterised by uncertainty, as well as relational and role confusion for expectant parents as a result. Would they become the parents of the expected baby in the widely understood sense of caring for him or her on a day-to-day basis or not?

It is important to recognise that the 'relationality' (Davidson *et al.* 2007, 2-8) of emotions must be characterised by some degree of uncertainty in all pregnancies. The flow of parental emotions is towards an as yet unborn member of the family. The baby must yet pass through the liminal process of birth to join the family. The emotional landscape for the expectant parents may variously be defined by aspects such as love, care, hope, ambivalence, resentment or fear. The outcomes of the pregnancy remain uncertain until the child is safely born and can be defined in relation to his or her parents and wider kinship network. However, far greater uncertainties underpin the experience of expectant parents whose unborn babies were understood to be at risk of harm, neglect or abuse. There was no guarantee that, even if safely delivered, their baby would be a part of their family in the way they had hoped for or anticipated.

These were families-in-question who were moving inexorably towards an unknown and possibly unwanted destination. The individuals and couples concerned were on the brink of a socially significant transition in family life and in the life course (Squire, 2009). Some expectant parents were becoming a mother or father for the first time. Yet, their ongoing and intimate relationship to the unborn baby was always in question and could only be assured to last until the end of the pregnancy. The expectant mothers were in a particularly challenging relationship to their unborn babies due to the embodied nature of their connection (Ross, 2018).

Although there are clear and important differences in terms of the investment in and claim to the unborn child of the women taking part in this study of pre-birth child protection, theoretical parallels with research into surrogacy may be drawn. The work of the women taking part in this study

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required them to continue with a carrying a child to whom they could not be sure of holding a permanent claim. However, that baby was genetically theirs and they identified themselves as the baby's expectant mother. Surrogacy takes surrogate mothers on a journey with a more certain destination, and involves the carrying of another family's genetic material. However, both the mothers in this study and surrogate mothers are engaged in challenging identity work during a pregnancy. Through narrative interviews with women who had acted as surrogates for financial gain and mothers of babies through the means of commercial surrogacy, Teman has explored the body-projects of both parties during the pregnancy (2009). Her study found that surrogates employed strategies towards 'disembodying the pregnancy' (Teman, 2009, 53), whereas the 'intended mothers' of the babies developed a 'pregnant identity' (*ibid.*, 57). Writing about commercial surrogacy, Dolezal details the importance of how the nature of the pregnant woman's journey through the period of carrying and birthing a baby she will not ultimately 'mother' is envisioned: 'There is a lot at stake in how pregnancy and the gestating woman are portrayed within commercial surrogacy arrangements. In effect, the manner through which pregnancy and gestational motherhood are conceived and theorized shapes the ethical landscape, delineating what is acceptable and unacceptable in terms of common practices, where potential injustices fall largely on (already underprivileged) women's shoulders. Rethinking hospitality as an embodied phenomenon has the potential to problematize taken-for-granted ideas that may be sustaining ethically dubious practices' (Dolezal, 2018, 235).

Drawing upon Asitarkhova's (2012) exploration of the philosophical concept of 'hospitality' in relation to maternity, and Toledano and Zeiler's theorisation of the relational work required by altruistic surrogacy (2017), Dolezal suggests that 'the cultural variation in experiences of pregnancy overwhelms any physiological sameness' (2018, 232). The experience of the mothers in this study can be seen as occurring at one extreme of the spectrum of experiences of pregnancy within Scottish culture. The potential separation of the baby from his or her parents and possibly kinship network and community was constantly looming. Whether or not that separation would occur, and whether it would be short, long or even permanent remained largely unknown at the point when the families participated in the research. The discussion that follows considers the ways that expectant mothers and fathers responded to the uncertainty of their relational journey and how they sought to manage the extreme fragility of their family's future, beginning with the theme of 'resistance'.

Resistance Narratives

Parental Resistance

One strategy adopted by expectant parents in response to the threat to their future relationship with their unborn baby was resistance. Resistance can take a variety of forms, and can be understood as a subtle mobilisation of the self in relation to external events and internal feelings, as Hynes' conceptualisation of resistance through the medium of affect allows:

'resistance also has an affective dimension that operates beneath and between both individual and collective struggles – a more-than-reactive, barely recognizable, less-than-conscious mobilization of bodily potentials, which is an exploitation of the margins of openness in every situation, an activation of new capacities of bodies and an interruption of our more determinant modes of sociality' (Hynes, 2013, 573).

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Here resistance is conceptualised as multi-layered and relational, and meaning is afforded to more private as well as public forms of resistance. Morven¹, a young first-time mother who took part in the study offered different levels of resistance to her situation, as shown in the following combined extracts from a research interview which took place in Morven's own mother's home prior to the birth of Morven's expected daughter:

'I've honestly just felt so overwhelmed, so out of control, so out of the loop. And it's just been one thing after another. And I know my [pause] the only thing that's ever been worth fighting is my daughter.'

'But no, I'm not sad anymore 'cos see in my heart of hearts, my bairn's [child's] coming home with me. See, if I need to fight youse [you], if I need to take you to Court in the next 60 days, I'll do it. Because she's not. I'm not missing out on essential bonding time with [my] child, so that you can do a parenting assessment. How are you, how can you do a parenting assessment if I don't have my baby with me? This doesn't make any sense.'

(Morven, expectant mother).

In the latter extract, Morven refers to the possible plan of her daughter being accommodated with foster carers and a parenting assessment being conducted during the periods that Morven had 'contact' with her daughter. Morven was determined that this would not happen and perceived the primary risks to her baby to be from the actions of the child protection system, rather than from within the family. The child protection intervention held the potential for separation of mother and baby and the disruption of what Morven described as the 'essential bonding time' in the early days and weeks of her child's life. This was not an outcome that Morven was prepared to accept and she vowed to 'fight' to retain the care of her daughter.

Tracy and Bill were a couple expecting Bill's third child and Tracy's first. They expressed anger at the disruption to the expected flow of their family life represented by the child protection involvement. In separate interviews, first-time expectant mothers Morven and Tracy described similar feelings about how the child protection scrutiny of their lives had robbed them of the joy of their first pregnancies. A sentiment that Tracy's partner Bill echoed in an individual research interview conducted *en route* to an appointment at a social work office. This was not Bill's first time becoming a father, but he was very conscious that it was Tracy's. He contrasted Tracy's experience with his hopes for how she would be feeling as she waited for her first baby.

'It's as if they [child protection professionals] just, they just ask too much of you, so they do. That's it. I mean, it's meant to be an enjoyable time for Tracy and instead it's really, really stressful.'

(Bill, expectant father).

Bill worried about how Tracy would cope if the baby did not remain within her care following the birth. As a couple, they experienced the continued uncertainty about this as almost unbearable and both rehearsed different scenarios for their future family within research interviews. In the same interview, Bill imagined going back to Tracy's house without their new born baby:

'And as I say, we've bought, we've got the pram, it's got the 3-in-1 and it's got the car seat and that's there. The cot. There's bags of nappies, there's baby grows, and she's [Tracy's] just getting ready to get next week, well, when she [Tracy] gets the grant, to go and get [pause] some wee suits to start and all that, know what I mean? [pause] And if they take the wean [child] off you and you're going home [home] to that hoose [house] and that hoose is full of prams and cots and claes [clothes, meaning baby clothes] and all the rest o'it, it's no gonna be very nice, know what I mean?'

(Bill, expectant father).

¹ All names are pseudonyms and any potentially identifying information has been removed from the data presented.

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Similarly, to the extract from the interview with Morven above, Tracy disputed the idea that her baby was at any risk at home, other than from too much love and mollycoddling:

'I can't see how they keep getting at there's grave concerns for this baby's gonna be in danger. She's in danger of nothing except too much kisses and cuddles. That's it.'

(Tracy, expectant mother).

Morven and Tracy were both externally resisting the child protection involvement in their lives, and also at a deeper level resisting the underlying premise that they could be identified as a risk to their babies. Rather, they perceived the risks to their babies as coming from the state through child welfare professionals. This is an aspect of resistance considered by Croghan and Miell (1998) in their analysis of research interviews with women who had spent a part of their childhoods in local authority care, and who had gone on to become mothers themselves. Croghan and Miell suggest that it was crucial to the identity of women to resist professional definitions of them as 'bad mothers'.

Professional Resistance

A number of participants in the study presented resistance to the idea that because an individual has had a difficult background, they will be unable to be a safe and loving parent of their own children. A deterministic narrative may be resisted not only by parents but also by child welfare professionals. Not all of the expectant parents who participated in the study of pre-birth child protection drawn upon in this chapter had experiences of having been in care themselves. However, for those who had grown up in local authority care, it appeared to mean that a child protection assessment of their own parenting was likely to be seen as necessary. Whilst acknowledging social work's complex relationship with resistance, Strier and Bershtling suggest that 'professional resistance' can be an important aspect of social work practice:

'If social work's mission is to emancipate, empower, and enable people in vulnerable situations, then it must acknowledge resistance as a legitimate part of its professional repertoire' (Strier and Bershtling, 2016, 116).

Janine, a Throughcare and Aftercare worker taking part in the study, was still working with the youngest expectant mother in the sample, Sophie, when she became pregnant with her first child. Janine questioned the way that Sophie's mothering potential required professional assessment, despite Sophie's lifestyle being settled and the pregnancy happening in the context of a committed relationship with Sophie's young partner Liam:

'But in terms of the risks she [Sophie] was presenting, there was nothing like that. So, that was probably the hardest part to say well, "There used to be", and it's that old line "the biggest indication of future behaviour is past behaviour", which is so frustrating sometimes when you hear it. You know, because people should be given the space to move on and not always have to look back, and look forward, but that's not really how the process works, I suppose.'

(Janine, Throughcare and Aftercare worker).

Janine was querying on behalf of Sophie the logic of the child protection involvement in her family. Sophie and other parents in the sample were unable to move on with their family lives in the ways that they wanted to, since their past involvement with child welfare systems cast a long shadow over their capacity to fulfil a positive parental role as adults. That some of the mothers going through care proceedings, and even repeat care proceedings, in respect of their children in England are very young has been established by the work of Broadhurst and colleagues (2015a). As Hodson (2011, 267) has highlighted, there is the potential for the needs of very young women, including those becoming mothers whilst still in the care of the local authority, to be overlooked. The shift in professional focus from the young woman to the unborn child, and the change in perspective from the young woman being 'vulnerable' to being viewed as a 'risk' to her baby is questioned above by Janine. More research is needed into the transition into parenthood for young people with experience of being in care, and specifically whether the mechanisms of pre-birth child protection support this transition, or serve to ascribe yet another 'marginalised identity' (Davidson and Whittaker 2017, 200) to new parents.

Resistance through Faith

Amara, an expectant mother who took part in the study, was pregnant for the third time, having lost two previous daughters through late second trimester miscarriages. She had no previous experience of child protection processes. Having recently moved to Scotland from West Africa, Amara was shocked and confused by the powers of the Scottish state in relation to her unborn baby. As she expressed in the following extract from an interview that took place in her home environment immediately after Nadine, the social worker to Amara's unborn baby, had left the home following a first home visit:

'How could somebody who has not carried my baby, who has not stressed for her and who is not her mother know better what she needs and look after her better?'

(Amara, expectant mother to unborn baby Ruby).

Nevertheless, once she had recovered herself from this shock, Amara adopted a measured approach regarding the possible outcomes of the child protection process. She attributed this to her Christian faith in God; she said that her praying would guide the professionals at the PBCPCC to see that she could care safely and well for her daughter. Amara presented as having a steady religious faith, but also a faith in her own abilities as a mother. This allowed her to approach the difficult processes ahead of her with significant confidence that, as she described it, 'all will be well'. In her study of the strategies of African American women in dealing with the oppressions of racism and sexism in their daily lives, Shorter-Gooden found that 'resting on faith' was one internal resource used by women: 'Many of the research participants relied on prayer, their spiritual beliefs, or their relationship with God as a central strategy for coping with the challenges of being Black and female' (Shorter-Gooden, 2004, 416).

Amara can be understood as resisting the possibility of an unwanted outcome from the child protection process through her faith. This allowed her to be 'accepting' of the unwanted intervention of professionals, including the social worker to the unborn baby Nadine. Discussing the home visit referred to above in a later research interview, Nadine commented that Amara had reacted calmly considering the news of child protection involvement conveyed by Nadine:

'[Amara] was shocked but there wasn't a tirade of abuse, there wasn't, you know she didn't want to meet again particularly, but she was just confused and shocked there wasn't some of reaction you might expect when you are delivering that kind of news, she was pretty respectful. I suppose that's more unusual given that you're just attending her house to say something like that'

(Nadine, social worker to Amara's unborn baby Ruby).

Defeatism

Some parents appeared to cope with pre-birth processes through the adoption of a defeatist position, having previously had children permanently removed from their care. Half of the expectant parents in the sample had previous experience of child protection and care proceedings for older children. One expectant mother, Mia had lost three older children in this way. Her third child was adopted and Mia's eldest two children were living in a kinship arrangement with Mia's own mother. Court conditions stating that Mia could have no contact with them had been put in place, although the current social worker Amanda could not understand the rationale for this. These conditions of no contact alienated Mia not just from her children, but also from her mother and extended family, leaving her socially isolated. This was a factor that the social worker Amanda attributed to Mia forming a relationship that left her pregnant again, yet going through child protection processes alone, the father of the expected baby having found a new partner. In the observed child protection meetings, Mia appeared resigned to the painful reality of her position and did not seek to argue her

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case in these fora. Amanda anticipated that Mia's baby would be accommodated and would be unlikely to be returned to Mia's care. In the following extract from a research interview with Amanda, she described Mia's attitude in these terms:

'Whereas I think she [Mia] put a lot of effort and a lot of energy to begin with into trying to [sigh] control it and keep out of the process. And convince social work and agencies that it was better this time around. And I think she's kinda come round to the idea of 'Right, OK I've been here before and it's just the same process'. Does that make any sense? So there is, there is a familiarity and I think that's why she's a lot more relaxed. And she certainly is not as [hesitation], I mean, even meeting with me, I don't feel I'm battling with her as much.'

(Amanda, social worker to Morven and to Mia's unborn babies, here discussing her work with Mia).

There is a chilling quality to the familiarity of care proceedings for Mia, as described by Amanda, who had previously removed Mia's third child, and eventually had found him an adoptive family. This description speaks to related research into the experiences of mothers who have lost previous children through care proceedings (Welch et al. 2014), particularly those mothers who have gone on to have subsequent pregnancies with similarly heart-breaking outcomes of care proceedings and removal of their babies from their care (Broadhurst and Mason 2013, Broadhurst et al. 2014, Broadhurst et al., 2015b, Cox 2012). As Morriss (2018) has powerfully described, women living apart from their children due to state intervention are women whose past experiences of becoming mothers hang heavily over their present lives and are a spectre for any future pregnancies. Amanda expressed the fear that, due to a lack of reparative work and her ongoing desire to be a mother, Mia would continue to become pregnant until such a time as she was able to keep a baby in her care:

'Amanda: I mean, I said with Jamie [Mia's third child, now adopted], I got, I got Mia in touch with an adoption agency to look at doing some work with Mia. In terms of whether she became pregnant again, but she went to prison. She was out of prison, but then she went back in again so, too chaotic, so she didn't engage with the adoption agency, so that work was never done. Because I can remember thinking at the time she will, we will have another baby. We will have to revisit this issue, because she is so desperately wanting to be a mum.... Until she gets a child to keep I think, really, Ariane. Until she gets to mother, to be a mum.'

(Condensed extract from research interview with Amanda, social worker, in relation to Mia's unborn baby).

Whilst Mia may have, externally at least, appeared resigned, there remained a professional expectation that she would continue to try to move forward through subsequent pregnancies into a future when she was a mother caring for her own baby permanently.

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Holding On

The painful possibility that the unborn baby might be removed from their care meant that some women wanted their pregnancies to continue indefinitely, in order to extend the time during which they and their babies were together and could not be separated. This was a state of mind that Bill attributed to his partner Tracy and which she confirmed in the following extract from an interview with them both together:

'Bill: She's [Tracy's] like that, "I want it [the baby] to stay in forever, I don't want it to come out ever."

Tracy: I don't want it [the baby] to come out, nuht, I dinnae want it to come out [no, I don't want the baby to come out].

Ariane [Interviewer]: Right.

B: She [Tracy] wants to be pregnant all the time, man, she actually doesnae [doesn't] want, just in case.

T: At least if I ken [know] she's stuck to me she's safe, nae [no] [expletive]'s getting her.

A: Right, yep, yep.

T: That's what they've made me feel like!

(Extract from research interview with Tracy and Bill, expectant parents).

In this state of suspended animation, Tracy could continue to be the mother of her unborn baby and no other person could come between them to disrupt her identity as a mother, or the close physical relationship (Ross 2018) Tracy experienced with her daughter.

Expectant mother Nancy felt that whilst her pregnancy continued, the unborn baby ought not to be considered in child protection meetings. Nancy was caring for her four older children at home at the point of the fieldwork. Although there had been ongoing social work involvement with the family, Nancy had retained her maternal role. Whilst Nancy could accept that her existing children's safety could reasonably be considered by a Child Protection Case Conference, she could not perceive any justice in her ability to care for the expected baby being questioned until the baby had actually arrived. Nancy talked about this in a research interview that took place in the author's car between a health assessment of her fourth child and Nancy going into a Case Conference meeting that would consider the risks to all four of her children and her unborn baby.

'Ariane: What do you feel about the baby being included in all this?

Nancy: I dinnae [don't] think it's fair. I think they should give me the benefit of the doubt with the baby. I mean, she's no' even born yet and already she's being put on an at risk register. I just dinnae think it's fair.

Ariane: Was it a surprise to you that they could include the baby in the meeting?

Nancy: Aye!

Ariane [overlapping]: Or did you expect that...?

Nancy: I didnae think that they would have spoke about the baby. Because she's no' even here. And I've not been given the chance to sort of prove that I can be a good mum. Well, obviously I've tried to prove it, over the last weeks, got my finger oot mair [out more] and decorated the hoose [house], kept it clean. So, hopefully that will stand for something. But as for the baby, I wasnae [wasn't] even given a chance, she's no' even born yet and already been brought into all o' this. So, I can see why Jack's [father of the expected baby] sorta stressing oot [out]. Ken [you know], it's his first child.

Ariane: Is this his first baby? Wow.

Nancy: Aye, and she's no' even born yet and already she's being brought into all that stuff that doesnae [doesn't], that shouldnae [shouldn't] concern her right now.'

(Extract from research interview with Nancy, expectant mother and mother of four older children).

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In this extract, Nancy expressed concern for the father of the unborn baby, who had no previous children or experience of child protection proceedings. Nancy felt that Jack's transition to parenthood was being unnecessarily disrupted by a focus on her past, and the difficulties she had experienced in her childhood and in caring for her four children. Nancy saw her identity as a mother as established, whereas Jack's identity as a father was as yet uncertain and insubstantial. It was as if the child protection involvement was preventing Jack from making the transition to fatherhood (Brown et al. 2009).

Conclusion

Families experiencing the scrutiny of a child protection assessment during a pregnancy can be characterised as families in motion towards an uncertain and shifting destination. This research provides further evidence that using mobile methods allows the study of social work practice to draw close to the interactions between social workers and families that happen in homes, offices and on the move. The use of mobile methods within a broad ethnographic framework created rich data. Extracts of this data have been presented here in order to show how the normative notion of a smooth transition from pregnancy to parenting was disrupted by the intervention of child welfare agencies in the pregnancies studied. There was no easy path for expectant parents through pre-birth child protection processes. In order to make their way towards the destination they wanted for their families, parental participants in the research had to find strategies for managing their interactions and their emotions throughout very challenging experiences of working with child welfare professionals. Professionals had an unnegotiable duty to assess the risks to the unborn child and intervene as necessary to protect the baby following the pregnancy. Expectant parents understood that their journey as a family was being redirected in ways that they had not chosen. How family members responded to this challenge varied, according to their past experiences and their future hopes. Three major strategies – resistance, defeatism and holding on – were discussed in this chapter.

Through relational forms of resistance which were both reported by research participants to be held internally and expressed externally, parents questioned and challenged the professional conceptualisation of their families as 'risky', possibly too risky an environment for a newborn baby. There was also evidence of professional resistance within the research data, suggesting that for some practitioners, there were questions about the ways that risk to unborn babies was defined. For one expectant mother, resistance through faith provided a means of feeling strengthened that the outcome she wanted would come to pass and that endurance, belief and love was all that was required in order to move forwards on her planned trajectory. A darker quality of defeatism could be read in the data relating to other families who had lost previous children through care proceedings. An external presentation of defeatism can be read as one means of enduring yet more loss. Possibly parents could bear this further pain as a step on a journey that they hoped would ultimately end in caring for a child. Finally, holding on to being parents to their expected baby in the present in a very intimate and complete way was important to some of the participants in this research. This did, however, leave the question of how long their full parental role could be sustained unanswered. Furthermore, this strategy could not shield parents from all of the ways through which the child protection involvement could potentially undermine their journey towards being a mother or father to the expected baby in future.

None of these strategies provided resolution for the expectant parents who participated in the study. However, these approaches did appear to support the parents' capacity to continue with the work demanded of them. Since they enabled parents to manage the emotional containment and engagement with professionals that were demanded of them by the pre-birth child protection

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involvement in their family lives. Engaging openly with the child protection process was the only means available to parents of showing professionals that their baby could be safely cared for at home following the birth. Therefore, being able to accept the child protection involvement and sustain working relationships were crucial factors for parents seeking to avoid early separation from their newborn. These were the means at the disposal of expectant parents for steering towards the final destination that they wanted for their babies and themselves.

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