

Description

Social Care referrals: lifting the lid

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The threat of, or actual referral to, Children's Services is being used in maternity services as a means to ensure



ervices (AIMS) has a helpline and plaining of threats of referrals. AIMS d and the legalities surrounding this practice.

On a Tuesday morning a year or two ago something snapped in me (Maddie). I put down the phone, after speaking to my client, feeling broken. She felt trapped, traumatised and full of trepidation about her upcoming birth. She had lost faith in the system that was meant to support her. In fact, the very people who were meant to make her feel safe had begun to feel like the enemy.

How had things come to this?

I picked up the phone again and called AIMS and asked to volunteer. I needed to do something positive with these feelings of helplessness and fury. Little did I know what working for AIMS would reveal to me about the current state of maternity services in the UK.

If you're not already aware, AIMS is a charity based in England, run by volunteers. Our goal is to:

"… support all maternity service users to navigate the system as it exists, and campaign for a system which truly meets the needs of all."

Sounds simple doesn't it? Despite 15 years as a birthworker, supporting clients navigating a sometimes toxic system, I still could not have anticipated the shocking cases I would be exposed to whilst working on the helpline.

The AIMS helpline is approached by hundreds of women and pregnant people, and sometimes their family members, every year. Most merely need support to understand that they have rights and choices, but there are an increasing number of people approaching AIMS who are being blackmailed, coerced and controlled with threats of a referral to Children's Services (formerly known as Social Services).

Doulas and Birth Supporters are noticing a pattern

We are not the only ones to have noticed this increase in Children's Services cases. Parents also reach out to birth supporters such as doulas. Dr Mari Greenfield, doula and birth researcher told us:

"As someone who runs birth groups, I am also seeing a steep rise in the number of women who are told that declining induction/any other intervention will lead to a safeguarding referral to children's services (pre-birth), because the midwife or obstetrician does not believe the woman will be able to make good medical choices for a baby once born.

I have also worked as a foster carer and a trainer for social workers for around 20 years. A woman's right to consent to or decline interventions whilst pregnant does not form part of any social worker's assessment that I have ever seen. Consent forms a very central part of how midwives and doctors work, but the social workers receiving these referrals are not bound by the NMC or the GMC code of practice. Safeguarding seems to currently trump the woman's right to choose.

Of course, we don't know if a referral will actually be made if a woman declines an offered intervention, but the threat that it might be is often enough to coerce a woman into compliance because coerced compliance isn't informed consent, and so any intervention is then done without consent, making it a criminal assault."

Yet it appears simple when you see it in black and white on the NHS website. The advice stands firmly for our right to accept or decline healthcare:

"You must give your consent (permission) before you receive any type of medical treatment, from a simple blood test to deciding to donate your organs after your death. If you refuse a treatment, your decision must be respected, even if is thought that refusing treatment would result in your death or the death of your unborn child. For consent to treatment or refusal of treatment to be valid, the decision must be voluntary and you must be appropriately informed:

You must make your decision to consent to or refuse treatment alone, and your decision must not be due to pressure by healthcare professionals, friends or family.

You must be given full information about what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments, and what will happen if treatment doesn't go ahead."

Furthermore, the information is clear that if the child has been born, a court order would be required to overturn the parents' decisions.

NHS Guidance on consent appears not to be protecting families

Yet knowledge of these simple rights do not appear to protect families.

AIMS never share the stories of families that turn to us for support without their express permission so we are unable to share individual situations. However, these are just some of the reasons families have contacted us:

- Midwives telling mothers and pregnant people that unless they consented to an induction, the midwife would be

forced to refer them to Children's Services. Others are told that unless they consent to an antenatal test, for example a scan or gestational diabetes test, they will be referred.
- Women or birthing people planning homebirths being told that this is not possible due to certain risk factors and threatened with referrals unless they complied with changing their plans to a hospital birth.
- Parents who receive visits from social workers because they had disagreed with a consultant's recommendation for their birth.
- Women whose labour was fast and the baby was born before the midwives could arrive.
- Families have been referred to Children's Services because they have declined visits from a Health Visitor.
- Mothers have been told that because they have taken antidepressants in the past, that if they don't accept an appointment with the mental health midwife, they would be referred to Children's Services.

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Whilst health care providers absolutely do have a safeguarding duty of care, the threat of, or actual use of Children's Services referrals in order to achieve compliance is a blatant and clear violation of human rights. Let's spell it out in simple terms: if a user of health care is coerced, manipulated, threatened or frightened into compliance, that person has not given legal consent. The health provider who has used these means in order to achieve compliance has not only been unethical, but has broken their code of conduct and possibly the law. Furthermore, a health care provider who performs a medical action upon that person has not received freely given consent – they have not obtained consent by law – and they leave themselves open to legal action such as an accusation of criminal assault and battery.

Birthrights makes it clear what women's rights are:

"Child protection policies sometimes suggest that healthcare professionals should make a referral to social services when they consider that a woman's choices about medical care during her birth put her unborn child at risk.

Referral to social services should never be made unless the mother's choices indicate that there is a threat of significant harm to the baby once it is born.

If you have made an informed decision to refuse care or to birth outside hospital, you cannot be compelled to accept care unless you lack mental capacity to make your own decisions about medical treatment… The threat of referral to social services should never be used to intimidate, bully or coerce you into accepting a particular medical intervention for you or your child.

Consent that is given on the basis of such a threat is not given freely and the healthcare professional may be legally liable if they perform the intervention and they know, or should know, that consent has not been freely given."

Here is a useful factsheet from Birthrights.

One would imagine that, given how clear the law is, that these cases would be easily resolved. After all, shouldn't it be as easy as reminding the health care provider of the law and your rights? In practice we find that this is rarely the case. Often, if a mother or parent protests and makes it clear they knows they rights, they are often either ignored or their protestations are used against them.



The consequence of referrals

So, what are the consequences of referrals and threats such as these? What we see is becoming frighteningly predictable and may include:

- Parents becoming angry and frightened, giving staff more ‘evidence’ of them being unfit. And yet – imagine someone taking ***your*** child from you – how would you react?
- Terror at the prospect of losing your child and isolation when no one seems to empathise.A sense of not knowing who to trust or who is on your side.
- The threat and the fear of losing your child naturally leads to depression and other mental health problems, thus again providing the authorities with ‘proof’ that the child is unsafe.
- Partners leaving the family home in order to convince the authorities that they are a safe parent for the child, leading to broken relationships and long term issues for parents and children.
- Lack of joined up communication between social workers, health staff, legal support and lay supporters. Everyone has a piece of the puzzle and not listening to everyone’s voices can lead to severe distress and even tragedy.
- Parents receiving conflicting information and advice from different social workers and health staff, leading them to appear to not be fully engaging in any investigation into their case when this is not so.
- Goal posts being moved, making it appear that the authorities are purposely trying to trip up the parents or catch them out.
- Disruption of the breastfeeding relationship or the inability to initiate breastfeeding in the first place, putting both mother and child at risk of harm to their health.
- Damage to the physiological process of bonding with the child, either because of the unbearable stress on the parents, or because the child has been removed.
- The mother’s stress causing harm to the unborn child, and the stress of the parents post birth causing harm to the whole family, including the baby.
- A loss of faith in health and social care services, thus encouraging families to disengage from their care – possibly resulting in the very safeguarding concern that was apparently the cause of the referral in the first place, but very often leading to parents themselves not seeking healthcare when they are ill due to fear or mistrust.
- Job losses caused by the stress and mountain of admin that is needed to jump through the hoops to regain custody of a child or prove themselves to be fit parents.
- Marriage or relationship breakdown and strains on other family relationships.
- Women not getting the birth they hoped for, possibly being physically and/or mentally injured by the process.

Human rights are being violated

We would like to make it clear that disagreeing with a health care provider, declining treatment for oneself, or declining

care from a particular doctor, midwife or health visitor is not evidence of unfit parenting. Furthermore, the interventions that some women are being coerced into may involve serious risks – induction for instance – often with no guarantee that that they will improve outcomes, and could in fact harm either mother or child. Whilst pregnant, a woman or pregnant person has total jurisdiction over their own body and that includes their unborn child. Where, or how people decide to give birth is not, in itself, justification for safeguarding concerns. Neither is a woman's decision to accept or decline tests or checks in pregnancy or birth.

We can understand why health workers may find this difficult to believe. It can be hard to accept that coercive behaviour is becoming a regular event and that our colleagues are perpetrating this abuse, or indeed that it is abuse, but the damage that it causes to women, babies and their families is horrific and often hidden from the health care providers involved. However, fear, defensive practice, pressure from managers and genuine misunderstanding of human rights has allowed coercion to become an everyday event.

Mother and birth-worker Julia Fotherby told us:

"My midwife threatened to call child protection services when I refused a caesarean for my breech baby. My choice, in her opinion, made it clear that I did not value the health or wellbeing of my unborn child and therefore the same would



into (a caesarean) has very well-known as the injury to her abdomen, which is an inherent part of the process, and risks to Julia and potential babies in future pregnancies. Julia's health and wellbeing should also be valued. It is also known that most breech babies born vaginally are born healthy and well, and the evidence of benefit of planned caesareans for breech is limited.

For almost everyone, the health and wellbeing of their unborn child matters more than anything, but the decisions that we make about our unborn babies are not made in isolation. We, like the health care providers whose role is to provide evidence based information, are making decisions based on balance of risk; risk to ourselves, to the baby we're carrying and to the rest of the family. There is absolutely no reason to think that just because our informed decisions don't coincide with those of the midwife or doctor that we would later harm our baby once born. After all, doctors often disagree with doctors, and midwives often disagree with midwives. There is often no "right" and "wrong" way.

We understand that sometimes pre-birth planning for the safety and well-being of a baby may be necessary and at times, crucial. However, the point of this article is to draw attention to cases in which social workers have become involved only because a mother has declined a particular intervention in her pregnancy or birth and in the absence of any other safeguarding concerns. However, we are concerned that those with genuine safeguarding concerns are having their right to make their own birthing decisions taken away from them too.

When social workers become involved the standard advice from solicitors is to cooperate completely and to appear

grateful for their support. And whilst this may well be perfect advice for a vulnerable family that really does need support, when a miscarriage of justice is playing out, it can feel to the family like an abuse on top of an abuse. To feel that everyone you speak to is in collusion or enabling your abuser can add further layers of trauma. Furthermore, it perpetuates the misunderstanding by Children's Services that women are supposed to comply with health services and if they do not, a referral to Children's Services is appropriate. A vicious circle.

We are not living in Gilead. Parents have the human right to make choices about their own bodies and babies. Whether those choices follow guidelines is irrelevant. Whether you agree with them or not is irrelevant. Not wishing to take up the offer of healthcare, or wishing to make a different choice to the one recommended, does not change the law of personal autonomy.

AIMS is calling for a conversation to be had about the increasing use of the threat of, and actual actioning of, Children's Services referrals. Maternity and obstetric staff need urgent education on their safeguarding responsibilities and a deeper understanding of the knock-on effects on the mental wellbeing of parents when this tactic is used.

This must stop.

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