

'The Lion's Den': Social workers' understandings of risk to infants

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Abstract

Recent research has highlighted the increasing trends in newborn and very young children entering child welfare processes and care proceedings in a number of countries. Furthermore, differential responses to risk within young families across different geographical locations and communities in the same child protection system have been found. Safe care arrangements for newborn babies may include placement with kinship carers, or with foster carers not previously known to the family. The distinctive needs of the increasing population of infants in the care system are only beginning to be fully recognised. The short and long term impact of contested infant removals on birth mothers has been powerfully highlighted, although the impact on fathers remains under-reported. There has been limited research evidence available on how decisions about the care arrangements for newborn babies are reached. In this paper, the author draws on data from an ethnographic study of pre-birth child protection in order to explore how social workers understand and frame risk to infants when assessing families during pregnancy. Data from interviews with practitioners reveal the extent to which their conceptualisations of and anxiety about risks to unborn babies, shape plans for the future care of infants.

Key words

Child protection; unborn babies; infant removal

Introduction

This article reports findings from an ethnographic study of pre-birth child protection work. The research took place within an urban Scottish setting, and focused on the activities of social work practitioners and their interactions with expectant parents. Unborn babies lack legal personhood in Scotland, meaning any legal action must wait until the baby has been born. However, child protection processes may be initiated during the pregnancy. Thereby providing a forum for important decisions about the future care of the baby. The choices made by parents during the pregnancy may also be taken into account in the grounds for any legal steps later enacted. Increasing numbers of newborn babies and infants find themselves subject to care proceedings and separation from birth family in Scotland (Scottish Government, 2019; Woods and Henderson, 2018). A trend that has been noted in other countries with child protection systems focusing on immediate risk (Broadhurst *et al.* 2018; Marsh *et al.* 2017; O'Donnell *et al.* 2016). Yet there has been little exploration of the elements of pre-birth practice that may be contributing to these decisions.

In this article, it is suggested that three main practice factors encouraged child protection social workers to intervene assertively in the early care of children understood to be at risk of harm. The first was a narrow and individualised focus on the baby and the risks within the family, leading one practitioner interviewed to characterise the birth family home as, 'the lion's den'. The second factor was that past negative and tragic outcomes for young children were invoked as justifying risk-averse decision making. Finally, social workers who assessed birth parents as capable of caring safely for their baby once born faced challenges in convincing their child protection colleagues of this. Their attempts to do so left some practitioners with a sense of profound professional vulnerability. These factors combine to make a decision of last resort – the separation of a newborn baby from kin – the remedy of choice for infants when risk is present.

Context

Infant Removal

Increasing trends in newborn and very young infants entering child protection and care processes have been observed in a number of contexts. Significant increases in the actual numbers of newborn and very young infants subject to protective processes and measures have been found in England (Broadhurst *et al.* 2018). Furthermore, the proportion of infants in the overall population of children cared for away from home has increased, in England (Broadhurst *et al.* 2018), and in Scotland (Biehal *et al.*, 2019; SCRA, 2019; Scottish Government, 2019; Woods and Henderson, 2018). For those infants removed at birth there is a link to later permanence arrangements outside the immediate birth family. Broadhurst *et al.* (2018) found that in England almost half (45%) of children who were separated from birth family very soon after birth (under four weeks) through care proceedings went on to be adopted. This is a higher rate than children who are removed later in childhood.

These research findings give weight to anecdotally reported concerns in social work about the increased incidence of infant removal. A concern that has been described as 'empty cot syndrome' (O'Donnell, 2019), referring to the anxiety or even secondary traumatisation experienced by practitioners through removing newborn babies from their birth families. Similar phenomena and

impacts on social workers in practice have been previously recognised (Taylor *et al.* 2008). However, there are some specific factors around infant removal rates that may increase practitioner discomfiture. The first is the differential rates of infant removals from distinct communities found within the same child protection context. In England, Broadhurst *et al.* (2018) discovered high variation in numbers of early care proceedings and episodes between geographical areas of the country. This variation is suggestive of differential chances of a baby who is at risk remaining within their birth family. In the Australian context, O'Donnell and colleagues (2019) found that babies from Indigenous Aboriginal communities were far more likely to be removed from kinship networks than non-Aboriginal infants.

The second factor is a growing concern that social workers are being tasked with removing babies at risk due to a lack of services and resources that might otherwise have prevented this. In the context of 'austerity' related public service cuts, family support services, including the means for mothers of leaving violent and abusive relationships, have been reduced. The demonstration through the use of large linked data sets of the way that structural inequalities are operationalised in child welfare lends a moral quality to current debates (Bywaters, 2015; Bywaters *et al.* 2016; 2018). If societal inequalities make some families more likely to be subject to the child protection gaze than others, and there is at the same time a lack of preventative resources in those communities, this raises questions of social justice (Featherstone *et al.*, 2018).

Pre-birth Child Protection

Although there has been a focus on infant removal in recent research, there have been far fewer studies into the prenatal processes leading to protective measures being sought soon after the birth of a baby. Doctoral work by Hart (2001) and later Hodson (2011) aimed to better understand social work practice in the perinatal period. This is important, since the lack of a shared, established, and accessible evidence base for pre-birth social work assessment (Critchley, 2018; Mc Elhinney *et al.*, 2016) may provide one explanation for the differential rates of child protection intervention in the lives of newborn babies (Broadhurst *et al.* 2018). There has been little research to uncover what actually happens between practitioners and families in the context of prenatal assessment of risk to an unborn baby. This is surprising given the clear challenge to practice, law and ethics represented by assessing risk pre-birth (Hodson and Deery, 2014). This article reports research findings which begin to address this gap in our understanding of the processes that lead to decisions about whether a baby can safely go home with birth parents.

Research Methodology

Statement of Ethics

The ethnographic study reported on here was the author's doctoral project, funded by the Economic and Social Research Council (ESRC) and given permission to proceed by the ethics committee of the School of Social and Political Science at the University of Edinburgh. Fieldwork access was granted by an urban Scottish local authority, in accordance with their research ethics and access procedures. Firstly, access was granted for focus groups with social work practitioners and managers, which were conducted as a scoping exercise between 2012 and 2013. Later, access was granted for ethnographic

fieldwork, which was completed over one year between 2014 and 2015. The data generated by the study in the form of fieldnotes and audio recordings were transcribed and analysed by the author. All names and identifying details of participants have been anonymised in the data presented here.

Research Questions and Fieldwork Approach

The ethnographic fieldwork was designed to study practice as it happened. The research focused upon child protection interactions between social work practitioners and expectant parents during the pregnancy, up until the baby was born. The study was designed to explore the activities that social workers undertook in order to make an assessment and plan for the safe care of the baby. Parental accounts were sought that explored their understanding of the pre-birth child protection process, and their experience of going through this during a pregnancy. Social workers were also interviewed about the work they were undertaking. This article is focused on practitioners' experiences of undertaking pre-birth child protection work.

The fieldwork proceeded in the following way: The manager of the team of independent reviewing officers in the local authority notified the author of new pre-birth referrals at the point that these were allocated to a social worker. The allocated social worker was then approached by the author about participating in the study. If the practitioner agreed to this, the birth mother, and whenever possible the birth father, were approached for consent to participate. When the unborn baby was to be considered at a pre-birth child protection case conference, the case conference chair was also asked for consent. For one family, a case conference was not held and an alternative Family Group Conference approach was adopted. In this case, the facilitator of the Family Group Conference participated in the study.

There were in total 41 participants in the research sample, connected to twelve unborn babies. A summary of the research participants can be found in Table 1. All of the locality practice teams for children and families in the local authority participated in the study. In addition, there were three specialist social work or multi-disciplinary teams that featured in the sample, including a multi-disciplinary substance abuse team working specifically with pregnant women.

Table 1. Research Participants

Mothers	12
Fathers	5
Frontline Social Workers	12
Chair Persons	9
Other Social Work Professionals	3
Total Number of Participants	41

For each family taking part in the research, the author aimed to observe at least two social work led meetings and to interview the expectant parents, and the social work practitioners working with the family. However, the spread of data was necessarily uneven, reflecting the complex situations of the families involved. In total there were twenty research observations, from formal case conferences to home visits, as summarised in Table 2.

Table 2. Observations

Case Conferences	9
Core Group Meetings	3
Office Meetings	2
Home Visits	5
Family Group Conferences	1
Total Number of Observations	20

Research interviews with key participants formed an important part of the data creation process. A total of 31 interviews were conducted, with 25 interviewees. The aim was to interview the social worker, the case conference chairperson and whenever possible the expectant mother and father. As reflected in the summary in Table 3, access to practitioners for research interviews was easier than for expectant parents. Nevertheless, this has been the first study to interview parents in the course of pre-birth child protection proceedings. Half of the mothers participating in the research offered at least one interview. For some participants, a second research interview was possible. This allowed for a more in-depth exploration of views, and at more than one stage of the pregnancy.

Table 3. Interviews

Participants	Total Number of interviewees	Total number of interviews
Mothers	6	7
Fathers	2	4
Frontline Social Workers	10	13
Chair Persons	5	5
Other professionals	2	2
Total Number	25	31

Methods

Strongly influenced by Ferguson's use of 'mobile methods' (Buscher, Urry and Witchger, 2011) in researching social work, and specifically child protection work (Ferguson, 2010; 2011; 2014), the research was designed to shadow social workers. In making a study of practice, it was important to get into the sites where interactions between practitioners and parents happened, not only in formal meeting rooms but also in family homes. There is surprisingly little social work research knowledge about what happens in the face-to-face (Ferguson, 2016) interactions of child protection. This study was an attempt to address that gap in relation to pre-birth child protection.

Interview schedules were individually prepared when there was sufficient time and space between observations to allow this level of planning. Interviews varied greatly in style, length and content. Some were conducted in a semi-structured, fairly formal way, seated in an office setting. Others were conducted in the family homes of the expectant parents taking part. Several interviews were conducted in the car on the way to or from a child protection meeting or appointment. As Ferguson

highlights, 'the car is central to the mobilities of welfare practices, yet the range of meanings and practice that go on in it has also been virtually ignored in research' (Ferguson 2011, 77). Several interviews with practitioners took place in a 'hot-desking' local authority office environment. The study yielded a large quantity of data from a range of sources, which was gathered together both through audio-recording and the process of writing ethnographic fieldnotes (Emerson, Fretz and Shaw, 2008; Sanjek, 1990). The research was conducted from a critical realist (Archer, 2010; Archer *et al.* 1998) perspective. Data were considered to have been co-created by the research participants and the researcher. The audio-recorded data were transcribed in full and in original dialects. The transcribed data and the contemporaneous fieldnotes produced throughout the fieldwork were analysed thematically by the author (Silverman, 2006). Analysis proceeded through a process of memos and analytical writing that gradually identified prominent themes. Further details of the research methodology, fieldwork access and ethical considerations can be found within the author's doctoral thesis (Critchley, 2019a).

The situations of the families who took part in this research varied greatly. Most participants across the entire sample of parents and practitioners were white British. Two research participants were of black African heritage and birth. Some of the mothers were very young, others were much older and had previous children. One mother had four older children in her care; others had frequent contact with children in kinship placements. Still other parents had children with whom they were not in contact. Some expectant parents had support from family and friends, yet others were very socially isolated. There was a range of reasons for their unborn children having been referred for child protection assessment. These included parental physical health problems or a diagnosed mental health problem. Domestic abuse within the household, or previous domestic abuse, was the major concern for two of the twelve families. Other challenges to parenting included parental alcohol problems, substance misuse, and homelessness. Almost all of the families were dependent on welfare benefits, and many of the expectant parents were living in poverty and using foodbanks. In addition, social work assessments sometimes referred to vaguer 'vulnerabilities' within families, or to 'suspected' learning difficulties, or pointed to evidence that the parents were not currently coping, or had previously not coped with the care of older children.

Research suggests both that parents with learning disabilities are more likely to find their children subject to child protection involvement and that there are systemic issues with social work practice in relation to these families (Booth and Booth, 2005; Booth *et al.* 2006; McConnell and Llewellyn, 2000; Proctor and Azar, 2013; Tarleton, 2009). However, although there were families going through pre-birth processes in the research site during the fieldwork period where one or both parents had a diagnosed learning disability, none of the social workers involved with these families consented to participate in the research. Other than this significant gap, the research sample reflected what the previous studies in this area suggest: That the families who come to the attention of social work services before the birth of a baby are experiencing multiples challenges in their lives and were expected for a range of connected reasons to struggle to care for their child in both the short and long term (Ward *et al.* 2006; 2012).

Findings

‘The Lion’s Den’: Practitioner conceptualisations of risk to infants.

Within the research sample, the risks to one unborn baby were considered at a Family Group Conference meeting. For the remaining 11 unborn babies, a pre-birth child protection case conference was held. Every one of these 11 unborn babies’ ‘names’ was placed on the child protection register. Although some families were initially surprised that their as yet unborn baby could be placed on a child protection register, parents for the most part were prepared for and expected the outcome of registration. As one mother Nancy described it,

‘They [professionals] think that they [the children] will be put on the at-risk register and then I’ll get a couple of checks a week and that, and then every month there’ll be a meeting, or every three-month, I don’t know’

(Extract from interview with Nancy, expectant mother and mother of four older children, prior to going into a Case Conference meeting for all her children).

The far more contested and difficult decision was whether the baby would be cared for at home following the birth. Benjamin was the social worker involved with Stephanie, a young woman with one young son who was cared for by her own mother. Stephanie was expecting a second child to a different and very violent partner. In a research interview, Benjamin described the dilemma for him as a practitioner.

‘I mean for the fact that you are going to remove the child from their mother is [pause] huge responsibility. And for you to think, ‘Oh I just want to, the mother to keep the baby’. At the same time, serious? Because there are the possibilities of risks there, it’s hard. It is difficult. But for me it’s easier kinship carer or foster carer, than to make a decision for the child to be sent to the mother. Unless I’m completely convinced’

(Extract from research interview with Benjamin, social worker).

Being ‘completely convinced’ once the possibility of risk has been introduced, which it had for all of the babies in the study, could be very difficult for professionals. Benjamin returned at several points in this interview to the idea that placing a baby with carers at birth was always a more comfortable decision for him to make than agreeing to a baby going home, despite the emotional pull of feeling a newborn baby should be with the birth mother. The legislative framework in Scotland, as across the U.K., foregrounds birth family unity and preservation. Yet, the fear of allowing a baby to be at risk, extended to the question of ‘rehabilitation’ of the infant home to birth parents, following a period of foster care or kinship care.

‘It’s a difficult decision, to decide to return, to rehabilitate the child back. You know, in my case I think, have I not made a mistake here? To allow the child to go back to her mother. Are they not going to face the same problems as this? Am I not throwing this child in the lion’s den? Something like that. Or it might not be as severe as that but still if the child is exposed to such an environment. I think it is difficult’

(Extract from research interview with Benjamin, social worker).

The powerfully expressed social work fear of sending a defenceless infant into the 'lion's den' of a dangerous home environment requires exploration. This fear can be understood as an expression of professional anxiety (Menzies, 1970; 1988, Rustin and Armstrong, 2015). Both the work of child protection and the organisational environment in which it is carried out frequently create anxiety for practitioners (Lees, 2011; Cooper and Lees, 2015). Since social workers are relied upon both to protect children from harm, and to protect society from the knowledge that children are harmed within their families and communities (Cooper, 2014, 144). Critically, in pre-birth work, this anxiety is heightened by the dependency and vulnerability of infants. Robbie, an experienced case conference chair person who participated in the study described the difficulty in this way.

'Well the outcome has got to be the baby's got to be safe. I suppose with a baby who needs the parent to be there, available spontaneously 24/7, because the baby is totally helpless, and dependent on their parent for safety, that is very much at your forefront'

(Extract from research interview with Robbie, Chair Person).

Infants in the pre-birth child protection context, despite being enclosed within their mothers' gestating bodies, were imagined by practitioners as separate individuals. Individuals to whom many social workers conceived themselves as owing a moral and professional duty. A duty which did not necessarily extend to the expectant mother or to the wider family. Although social workers recognised the distress of parents, some practitioners indicated that they did not see this distress as requiring a social work response. The very evident distress of one father, William, within a case conference was discussed by the social worker in a research interview immediately following the meeting.

'He [William] has a bit of passion about him and when he spoke. When he said, "I don't know how it feels to not take my son home from hospital", I mean it's heart-breaking. But you have to think of these children we're advocating for and it would be worse if they did go home and something were to... [left unsaid]'

(Extract from fieldnotes of research interview with Mary, social worker).

Taking a narrow focus on the needs and rights of the child allowed practitioners to continue with work which led them to take the counter-intuitive step of separating children from their parents shortly after birth.

'I've had one dead baby': Atrocity stories

Another factor supporting a risk-averse approach to decision making for babies was past negative outcomes, and the way in which these dominated the thought processes of more experienced practitioners. Although never asked about this specifically within the study, four of the social workers, just over a quarter of those giving formal interviews, chose to talk directly about the babies they had been professionally involved with who had suffered as a result of the decision for them to go home or who had in fact died. Several other social workers, such as Mary in the extract above, hinted at the possibility of such tragic outcomes.

Robbie described a case he was involved in as chair person, of a young baby who had recently gone home following a case conference meeting held to discuss concerns including unexplained injuries. On the day I interviewed him, Robbie had heard that the baby had in fact sustained a serious injury, and was being immediately placed with alternative carers, or 'accommodated' in Scottish terminology. Robbie reflected on this difficult news as follows.

'Whereas if you've got a baby, like I have at the moment, who is at home, we had a Case Conference a couple of weeks ago, had some unexplained injuries, you know, was it safe for the baby to be at home? And then [I] find out today that the baby has sustained quite a serious injury so has to be accommodated. I was thinking so, (sharp exhale) should we just, you know, how effective was the conference? We agreed the baby should be at home, but then the baby was placed at quite serious risk'

(Extract from interview with Robbie, Case Conference Chair Person).

Social workers linked these tragic outcomes to a professional determination to focus on the unborn child and their immediate safety. In a research interview, another very experienced chair person, Vera talked about the death of a baby she had been involved with professionally. This baby had died accidentally at home, despite a clear safety plan involving the wider family. Vera suggested that this case served to demonstrate why placing the baby with carers and 'working backwards' is always a safer option for infants. From the starting point of a 'safe' foster care placement, and through regular contact and testing out the parents' commitment, possibly a plan can be arrived at for the baby to safely be at home again.

'Well, I've had one dead baby [information removed to preserve anonymity]. But at that case, now you see interestingly at that pre-birth [Case Conference meeting], I didn't think that baby should go home. But what happened was that the grandmother said that she would move in and be the responsible person, which she did. And it was when she went out shopping and the mum had had her prescription, fell asleep, and rolled over on top of the baby [pause]. Well, I have to be honest about it, I'd rather err on the side of caution and work backwards and do the assessment that way. Because I think that you're giving, you know the ones [parents] that can do it will show they can do it pretty quickly is my experience. And the ones that can't do it, don't do it'

(Extract from research interview with Vera, Case Conference Chair Person).

Shona, who was the chair person to Tracy and Bill's unborn baby, also highlighted the need to test out apparent 'recovery' or improved family functioning before parents actually have care of a baby. Shona echoed both Vera and Benjamin's sense that it is more comfortable and less risky to accommodate the baby. From there a return home can potentially be 'worked backwards' to, rather than optimistically allowing the baby to go home at birth.

'And maybe some of the [pause] high profile situations, so maybe babies haven't survived, or situations where [pause], just really poor situations, where babies have maybe not been accommodated straight off but subsequently have had to and there have been real problems. That might be more about drug, you know substance misuse where people's lives can be very different from one five-year period to the next. As opposed to a basic vulnerability which might see

somebody all the way through their life. So yes, something where somebody's life has changed quite dramatically for the better. But actually you need to check that for sure, before they can have sole care of a baby'

(Extract from research interview with Shona, Case Conference Chair Person).

However, parents participating in the study clearly understood the risk that separation at birth from their infants represented for their ever gaining care of their children (Critchley, 2019b). One young mother Morven outlined her fear that missing out on early 'essential bonding time' would weaken her case for regaining care of her expected daughter. As the earlier quotation from Benjamin highlighted, rehabilitation home to parents could feel like a risky strategy when it actually came to attempting this. Thereby providing the beginnings of an explanation for the high proportion of children accommodated soon after birth who go on to permanent care arrangements beyond their birth families (Biehal *et al.*, 2019; Broadhurst *et al.* 2018).

'Elaborate on this?': Professional vulnerability

Social workers who did assess expectant parents as able to care for their baby following the birth, had to convince child protection colleagues of the wisdom of this recommendation. Callum, a more recently qualified practitioner who took part in the study, described a sense of professional risk-taking in his decision to support expectant parents Rachel and Luke to care for their baby from birth. In a research interview, Callum described this as a recommendation that was resisted by colleagues.

'I found the first pre-birth Case Conference quite difficult... I thought we were quite clear and... I wasn't saying this baby should go home but I was introducing the idea that that wasn't something we should necessarily be ruling out and I felt from the Chair I got quite a... it was almost, "Could you elaborate on the parenting assessment you've done, can you elaborate on this?", and it was like, I felt like... my plan itself was kind of unpicked and you know, she [the chairperson] kind of changed round bits of it, not drastically, but still changed round bits and there was some of the wording of it really got me in terms of, I hadn't said anything specifically about, you know, putting a referral to family-based care [for a foster care placement] and the Chair changed the plan and put that in you know, to one of the action points'

(Extract from research interview with Callum, social worker).

Callum was here reflecting on the contingencies that the chairperson wanted to see built into the Child Protection Plan. These included a referral for a foster care placement for the baby, designed in this context to provide alternative care arrangements if Rachel and Luke were unable to care for her. Callum felt exposed professionally by this; as if his assessment of the parents was being criticised or judged to be overly optimistic, creating a sense of professional vulnerability. Notably at this stage, he was not yet recommending that the baby go home to her parents, merely suggesting that this was an option worth exploration. Callum experienced this as a challenge both to his professionalism and his values.

A small glimpse of the 'emotional labour' (Hochschild, 2012) of social workers doing pre-birth work can be caught in the following extract which came towards the end of a long interview with

Courtney, social worker to Tracy and Bill's unborn baby. At the point this interview took place, Courtney was preparing to tell the expectant parents that she would seek a Child Protection Order to remove their child soon after the birth.

'It's really, really, it's much more emotionally draining than I thought, you know you do all that as you're doing your practice you know and you do like child protection and you hear, but when you're actually in it and it's the emotions that are going and you're trying to, you know as a practitioner you know, you take yourself into that because you're the tool that you bring into that and you want to make these relationships quickly? Because of the timescales. So you do emotionally invest'

(Extract from research interview with Courtney, social worker).

All of the practitioners participating in this study were functioning in a policy and practice context of extreme time pressures, with expectations that they would undertake complex assessment work to determine the future care of vulnerable babies within very demanding timescales. Social workers generally accepted the challenges of the labour process they were part of, with its expectations of extremely high productivity and swift decision making. Yet the impact of the work and the felt vulnerability of social workers' professional lives and identities emerged from the data. The emotional impact of the work can be understood as influencing practice over time, given the evidence presented here that social workers' feelings about past outcomes influenced their judgement going forwards.

Discussion

In 2015, at the time of the fieldwork for this study, the report of a Council of Europe Resolution on the removal of children in member states was critical of practice in the U.K. This report, suggested that both 'frequent recourse to removing children from parental care at birth' and 'frequent recourse to adoptions without parental consent' can be understood as 'warning signs' that there is something amiss with the child protection arrangements within a state (2015, paragraph 71). The authors emphasised the need for clear evidence of risk of harm to a child before separating the child from their birth family.

'[I]t is not enough to show that a child could be placed in a more beneficial environment for its upbringing to remove a child from his or her parents and even less to sever family ties completely'

(Council of Europe, 2015, 1).

The tone of this reporting seems far removed from the atmosphere around pre-birth child protection practice found by this research. An atmosphere in which social work practice that 'erred on the side of caution' through plans to remove children soon after birth and 'work[ed] backwards' from a 'safe' kinship or foster care placement were supported. In this atmosphere of fear and anxiety, plans that involved short-term accommodation of the baby at birth felt a more comfortable option for practitioners. This would ensure the immediate physical safety of the baby once born. Whereas taking the time to undertake relationship based work in partnership with parents to support their care of the baby led some social workers, such as Callum, to feel at professional risk.

The data that emerged from this study, makes progress towards answering the question of why markedly increased trends in child protection involvement and care proceedings for infants have been reported. Engaging with families to manage risk to an infant at home was a difficult choice for social workers to make. They felt high levels of responsibility for the unborn babies that they were working with, and as Gupta and Featherstone (2019) have highlighted, imagined themselves as social workers 'for the child'. Despite the fact that 'the child' had not yet been born.

The limited time available for pre-birth work was a further barrier to compassionate social work practice with expectant families and to careful assessment. In this busy, fearful context, enacting formal proceedings and planning to accommodate the baby and 'work backwards' becomes a more comfortable choice for practitioners. The rises in care proceedings and actual separation of infants from their birth families become more explainable when the position of practitioners is considered in detail. Social workers were faced with the choice between great moral compromise or professional risk in many cases, eroding the values needed to provide a compassionate and constructive response to families in the perinatal period. That some social workers were able to work with parents for their babies to come home, and were able to sustain positive working relationships with families is an important finding, and will be explored in future publications.

Conclusion

This article has considered the ways in which social work practitioners understand risk to unborn and newborn babies. It has shown how their perspective shapes the decisions made about safe care for infants. Although decisions are made within multidisciplinary contexts, social workers whose role it is to assess risks and needs in relation to as yet unborn children were found to have a responsibility to lead recommendations as to future care. This responsibility was approached within an atmosphere of high anxiety about the vulnerability of infants, and particularly in relation to infants identified as being at risk before their arrival. This context affected the decisions that practitioners felt able to make without jeopardising the immediate safety of the infant, but also potentially risking the continuation of their own careers. Multiple vulnerabilities were found to be operationalised in practice, yet the significant vulnerabilities that reception into care may engender for newborn and very young children was under-acknowledged. These findings provide indications of the changes in practice culture and service delivery that would be necessary in order for trends in increased infant removal to decline. Social workers are likely to continue to practice in defensive and risk-averse ways so long as the very survival of infants at risk is conceptualised as their professional responsibility.

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