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Quickening Steps

An Ethnography of Pre-birth Child Protection

Ariane Critchley

Thesis presented for the award of Doctor of Philosophy in Social Work

The University of Edinburgh

2018

Signed Declaration

1. I declare that this thesis has been composed solely by myself and that it has not been submitted, in whole or in part, in any previous application for a degree. Except where stated otherwise by reference or acknowledgment, the work presented is entirely my own.

2. I confirm that this thesis presented for the degree of Doctor of Philosophy in Social Work has

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Ariane Critchley

Edinburgh

20th December 2018

Thesis Abstract

This thesis is a study of pre-birth child protection practice in the Scottish context. The 'quickening' in the title refers not just to the movement *in utero* of the unborn babies at the centre of this research, but also to the intensification of UK policy activity aimed at protecting children more quickly and at an ever younger age. This study occurred in a period when the imperatives of both child protection and the 'early years' agenda were coming together in Scotland to produce highly interventionist possibilities for state involvement in the lives of young families. Yet the activities of pre-birth child protection and the way the work is understood by social workers and by expectant parents has remained largely unexamined by research.

In order to explore pre-birth child protection practice, an ethnography was undertaken in an urban Scottish local authority. The fieldwork took place over one year and utilised mobile methods. Non-participant observations of Pre-Birth Child Protection Case Conferences and less formal social work meetings, including home visits, were undertaken. Observations were interspersed with interviews with key participants in these meetings: expectant parents, social work practitioners, and case conference chair persons.

Three major themes emerged from this qualitative enquiry into social work practice: Temporalities, vulnerabilities and invisibilities. The temporalities and vulnerabilities of pre-birth child protection encouraged a narrow focus on the immediate physical safety of the unborn baby and constrained the articulations of both parents and practitioners. Mothers were at once treated as 'vulnerable' and simultaneously invulnerable. Fathers struggled to access a 'vulnerable' identity and were ascribed a 'risky' or 'dangerous' role. The invisibility of the unborn babies functioned so as to greatly intensify the professional gaze on the mothers, particularly in child protection case conference settings. Yet the fathers remained in the shadows of the child protection activity and were often 'written out' by practice. Although highly visible in pre-birth child protection fora, the mothers were paradoxically silenced by a singular focus on the safety of the child. Parental distress and the emotional content of the work for social work practitioners were sifted out by the processes of pre-birth child protection. These findings do not sit easily with the aspirations of child welfare to be found in Scottish law and social work policy.

This thesis argues for a refocusing of pre-birth child protection activities on the relational aspects of working with unborn babies: the relational nature of the baby within the family and within kinship networks, and the relational nature of social work as a profession.

KEYWORDS: Pre-birth, Child Protection, Perinatal, Social Work, Infants, Newborn, Unborn.

Lay Summary

This thesis is a study of Scottish pre-birth child protection practice from the perspective of both expectant parents and social workers. Pre-birth child protection describes a range of activities that can be undertaken by child welfare professionals when an unborn child is understood to be at risk. The risk to the baby can relate to the pregnancy itself or to the future care of the child following the birth. Pre-birth work has become an increasingly established aspect of child protection practice in Scotland, governed by national child protection guidance.

The research informing this thesis was ethnographic in nature. Social work meetings were observed and interviews were sought with expectant mothers and fathers, social workers and the chair persons of Pre-birth Child Protection Case Conferences. Case conferences are multi-disciplinary meetings held to discuss the risks to a child and decide what action is required to protect him or her. Case conferences can be held to consider unborn babies and make a plan for their safe care once born.

Fieldwork took place over one year in one urban Scottish local authority. The fieldwork aimed to explore both the activities of pre-birth child protection and the meaning that parents and social workers gave to their activities. The findings from this qualitative enquiry into social work practice are presented in the thesis under three major themes: Temporalities, vulnerabilities and invisibilities.

The research showed that social workers practice in an atmosphere of anxiety about the care of babies and are under pressure to ensure there is no immediate risk of harm. Parents also experienced fear and anxiety because of what pre-birth child protection involvement might mean for their family. Parents found difficulty in being heard throughout the assessment process itself and particularly within the formal Child Protection Case Conference. Mothers felt denied of the normal experience of pregnancy once involved in the child protection process. In general fathers were under acknowledged and not actively encouraged to be involved in planning for their baby's care.

This thesis argues that the way that 'early years' and 'child protection' public policies have combined in the arena of pre-birth child protection has had consequences for social work practice. Practitioners have a very heavy professional burden in undertaking this work, which is not fully recognised or supported. Expectant parents have equally high expectations placed upon them to make major changes within the timescales of a pregnancy. The thesis concludes that timescales and guidance for pre-birth child protection should be revised and that social workers should have the time and professional practice support to engage in relationship based practice with families in and beyond the pre-birth period.

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When I had the idea for this research I was employed as a Senior Practitioner in a social work practice team, working with children and their families in Edinburgh. The years I spent in statutory practice forged my identity as a social worker. I am grateful to the families and young people I worked with and to my managers and colleagues for all they taught me. I would particularly like to thank John Holligan, who was my first practice teacher and went on to line manage my work for many years. John provided a model for balanced, humane and respectful social work with families that I have tried to live up to in my own practice.

Whilst undertaking doctoral fieldwork I was employed by Scottish Adoption to work specifically through the Chance4Change project with birth mothers who had lost children through adoption. This was a challenging but incredibly rewarding time in my professional life and I would like to thank the birth mothers for their courageous engagement with the work and my managers Margaret Moyes and Maureen Kinnell for their steadfast support of both my practice and research roles.

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I am grateful to many academic colleagues across the disciplines of social work, sociology and midwifery who have strengthened this thesis. I am particularly grateful to Dr Maggie Grant. I was fortunate to work alongside Maggie at AFA Scotland in the final stages of the PhD and her support with writing up was invaluable, as was the collegiality of the whole team at AFA.

There are many people in my family and friendship networks who have made the completion of this thesis possible. I grew up in a social work family. My formative years were spent living alongside the residential care homes my late father Arnold Critchley worked in. He once informed me many years later in a letter that he had encouraged troubled young people he was working with to push me in my pram whilst he talked with them. So perhaps it can be considered that the beginnings of this thesis were in my own infancy. I would like to thank him for setting me on this path.

In her professional life as a social work practitioner and manager, my mother Elspeth Critchley has always provided a model for commitment to social work as social justice, and of practice that takes individuals' own definitions of their needs as a starting point for partnership working. She has always supported me in my career and in life and this thesis is no exception. Her metaphorical hand holding in the final stages was essential. I would like to thank her and also her partner in later years M. Stephen Burgess. As a founder of the Craigmillar Festival Society alongside Helen Crummy Steve did valuable work for the area of Edinburgh I worked in as a social worker, long before my time there. He brought creative flair to everything he did and I benefited from his support and infectious joyful spirit in the years he spent with our family until the end of his life.

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1. Introduction

1. The Beginning of the Story

The arrival of pre-birth child protection came as a surprise to me. Although I worked for over a decade in children and families social work, when I qualified as a social worker in 2003 it did not exist as a specifically defined aspect of child protection practice. Five or six years later I found it was something that my managers expected me to do as a matter of course. As a philosophy graduate who had studied under professors of medical and legal ethics I could not understand how this social work activity was possible. After all, an unborn baby is not a 'person' in Scots Law. Furthermore, there was no specific policy directive or guidance that I could link to the emergence of pre-birth practice or 'doing a pre-birth' as it was ordinarily described. This thesis tells the story of a journey from practice puzzlement to research findings through an ethnographic study conducted in an urban Scottish local authority. As I shall go on to explore in the methodology chapter, this is a story that had many intellectual twists and turns. However, it is straightforward enough to explain to the reader why this particular doctoral study was undertaken.

2. Research Interest

I gained an interest in pre-birth child protection work through doing it. I worked as a social worker then senior practitioner in a busy urban children and families team dealing with issues of childcare and protection. The community we served had an above average amount of children who required long-term and permanent care outwith their immediate families. I worked with children of all ages and stages of involvement with child welfare processes. As time went on I found I was expected to consider the needs of children who had not yet been born. This troubled me intellectually and ethically as I have suggested above. It began to bother me emotionally when I began to have children of my own. Child protection work took on a different texture for me during my first pregnancy and after having my first daughter.

I became politicised around childbirth and the medicalisation of pregnancy and birth. I began to read literature on these subjects and to question much of the enterprise of maternity care. This did little to allay my scepticism about the practice of pre-birth child protection. Some of my professional colleagues appeared to me to enjoy the drama of removing a baby at birth. It was the subject of much black humour in the office, like so many very difficult areas of social work practice. I was troubled by the lack of respect that some mothers received and the care that was available to infants who were removed from birth parents. "Early life on the motorway" was how a colleague bleakly described the experience of babies travelling long distances every few days for 'contact' with birth parents. These young babies having been placed with foster carers miles away from their home communities and families. A long way from the early experiences that many families seek to give their new babies; of warmth, security and predictability.

At this time, I also read much of the infant neuroscience literature that has been so influential in practice, as it first emerged. I was initially very affected by the work of Gerhardt (2004), Glaser (2000), and Perry and Szalavitz (2006). I worried both as a mother and a social worker what untold damage I may be causing both to my own and to other people's babies. Yet a question niggled somewhere in my mind. Babies have not changed over time, why does the advice on their care needs vary so much? I read Hardymen's (2007) history of infant care advice and questions multiplied in my mind. I was also aware that social work's history in terms of the separation of infants from their birth families was not without controversy. Separation of children from birth parents, particularly on a permanent and non-consensual basis raises a wide range of ethical issues (Featherstone *et al.* 2018c). Aspects of U.K. Adoption practice have been judged by history to be disproportionate, 'psychologically misguided' (Dale 2013), and even coercive (Dale *et al.* 2005). I wondered how would history come to judge pre-birth child protection and the removal of babies at birth in future?

Initial searches of the literature found a dearth of research into the topic of pre-birth child protection work. At the time when I was preparing my first research proposal, in 2010, I could find only Corner's (1997) monograph, and Hart's work on the subject (2001; 2010). Hodson's thesis (2011) on pre-birth work followed soon afterwards. It interested me that the research that had been done on the topic was deeply grounded in practice. Pre-birth

work appeared to trouble a small number of social workers so much that they would devote years of their lives to preparing a thesis on the subject. I realised I was one of them.

3. Research Questions and Methods

This study set out to answer the following research questions:

How do social workers and parents navigate the process of pre-birth child protection assessments?

- What do the face-to-face interactions between social workers and parents consist of in practice?
- What are the activities that social workers undertake in order to make an assessment pre-birth?
- How do parents respond to and make sense of pre-birth child protection assessment of their families?
- What do social workers understand the purpose of pre-birth child protection assessments to be?

The questions were answered through an ethnographic study of social work practice in one urban Scottish local authority. I will outline in the methodology chapter how and why the ethnographic method was arrived at. However, before intimating the thesis structure, I set out below the legal and then the practice context for the thesis, touching on the prevalence of social work with unborn and newborn babies in Scotland and England.

4. Pre-birth Child Protection Work in the Scottish Context

Differences exist between the U.K nations in terms of the model for child welfare. Nevertheless, the child protection systems of the U.K. nations remain very similar, as with those of other Anglophone countries, including Australia, Canada and to some degree the U.S.A. The findings of this thesis therefore have application beyond the Scottish context. In

Scotland, social workers and police officers are empowered by legislation and guidance to intervene in the lives of families where there is reasonable suspicion that a child has been subject to harm, or there is a risk of significant harm. Scottish national child protection guidance has been expanded since 2010 to include specific reference to unborn children. The current version of guidance stipulates that a Child Protection Case Conference (CPCC) can be held to consider the risks to a baby before birth when there is concern that the baby is likely to be harmed through abuse or neglect once born. A CPCC is a multi-disciplinary meeting to which parents are invited. At the meeting the risks to the child are considered and a decision is made about whether the child's name should be placed on the child protection register.

'The purpose of a pre-birth CPCC is to decide whether serious professional concerns exist about the likelihood of harm through abuse or neglect of an unborn child when they are born. The participants need to prepare an inter-agency plan in advance of the child's birth.

They will also need to consider actions that may be required at birth, including:

- whether it is safe for the child to go home at birth;
- whether there is a need to apply for a Child Protection Order at birth;
- whether supervised access is required between the parents and the child and who will provide this if needed;
- whether the child's name should be placed on the Child Protection Register. It should be noted that as the Register is not regulated by statute, an unborn child can be placed on the Register. Where an unborn child is felt to require a Child Protection Plan, their name should be placed on the Register; and whether there should be a discharge meeting and a handover to community based supports'

(Scottish Government, 2014, paragraphs 392-393, 100-101).

This guidance, in tandem with child welfare legislation, allows professionals to meet, discuss the risks to the unborn baby, make a decision about child protection registration, and make a plan for the baby's care and protection once born. The child protection system in Scotland, as in England, is a non-statutory administrative system. Therefore, unborn children can be considered within child protection fora despite their lack of legal personhood whilst still *in utero*. However, as Whincup explains below, the child protection system interacts directly with the legal structures in place to protect children in Scotland.

'Child Protection Case Conferences, reviews and core groups are held for children who have a child protection plan, and whose names are on the local authority Child Protection Register. Although the Child Protection register is a non-statutory measure designed to

protect children by putting child protection plans in place, the guidance (Scottish Government 2014) is clear that case conferences should discuss the need for compulsory measures of supervision, thus linking child protection measures to the Children's Hearing System'

(Whincup, 2018, 3).

Scotland has a distinctive approach to family justice and the care and protection of children. This is largely due to the Children's Hearing System (CHS): A system of Children's Panels, made up of trained lay volunteers, that deal with care and protection issues within families and for young people who have committed offences.

'Children and young people may come in to the Children's Hearing system after a referral, or following emergency child protection measures, the most common of which is a Child Protection Order (CPO) which has been granted by a Sheriff following an application by (usually) the local authority under the Children's Hearings (Scotland) Act 2011. The CPO authorises certain actions including the removal or retention of a child in a place of safety'

(Whincup, 2018, 2).

To be clear then, pre-birth child protection work has no statutory basis. The reasons for this and the ethical issues raised will be discussed in the literature review. Discussions about the care and protection of unborn children can however take place within the child protection system of multi-disciplinary meetings, child protection registration and the child's plan. Plans for the care of the child once born should be a major focus of these interventions according to the national guidance for child protection (Scottish Government 2014, 100). If a child is deemed to be at sufficient risk to require protection at birth, there are two ways in which this could be achieved legally. The first option open to social workers is to seek the consent of the mother to the child's being accommodated with kinship or foster carers.¹ If the mother does not wish the child to be accommodated outwith her care, the social worker can seek a Child Protection Order² (CPO), as described above. If a CPO is granted by

¹ S.25 of the Children (Scotland) Act 1995.

² S.38 of the Children's Hearings (Scotland) Act 2011. An application for a Child Assessment Order (CAO) under S. 36(2) of the same Act would be another option for the local authority. However, this Order is uncommonly used in practice and is unlikely to be appropriate when seeking to remove a child soon after birth. Assessment of the newborn baby's health and condition would be more likely to be made within the hospital environment without the necessity for an Order.

a Sheriff, the matter is then referred to a Children's Panel for consideration of whether a Compulsory Supervision Order³ (CSO) is required in order to promote the child's welfare.

In order to make a CSO in respect of a young child who cannot give their views, grounds for referral⁴ would need first to be established by a Sheriff. A CSO is a longer-term means of ensuring the safety and wellbeing of a child. A variety of conditions can be attached to a CSO, including a condition that the child reside in a certain place, for example with a foster carer. CSOs can be made whether children are at home or accommodated away from home. They function so as to provide regular monitoring and review of the child's wellbeing until either the difficulties within the family or the child's life have resolved, or more permanent arrangements for the child's care can be arrived at. The Court remains the final arbiter of major decisions in respect of children's needs and rights. A child cannot be permanently separated from birth family except through the judgement of a Sheriff.

It is worth noting that in addition to the Children's Hearing System, Scottish legislation has increasingly diverged from the policies of Westminster since devolution. As most clearly demonstrated by the Children and Young People (Scotland) Act 2014 and the Scottish Government's commitment that children growing up in Scotland should experience their rights as defined by the United Nations Convention on the Rights of the Child (UNCRC) in every aspect of their lives. The national framework for practice with children and families in Scotland is GIRFEC (Getting it right for every child). This is an outcomes focused approach designed to ensure that children and young people's wellbeing is promoted across eight inter-related indicators. The eight SHANARRI (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included) indicators are designed to be used across services supporting children and their families (Scottish Government, 2017b). Furthermore, Scotland designs its own maternity and early years' policies, which are relevant to the practice of pre-birth child protection (Scottish Government, 2008; 2017a).

³ S.83 of the Children's Hearing Scotland Act 2011 explains the meaning of the Compulsory Supervision Order (CSO). A number of steps are required to be followed for the making of a CSO, beginning with referral to the Children's Reporter, under S. 60 of the same Act.

⁴ S. 67 Children's Hearing Scotland Act 2011.

5. Practice Context

In Scotland, it is accepted child protection practice for social workers to assess the future risk to an unborn baby when professional concerns about the family exist. This is in line with national policy aimed at protecting children and enhancing their wellbeing from as young an age as possible. Scottish child protection guidance makes specific reference to unborn babies (Scottish Government 2014, 100-101).

Statistics on the numbers of 'unborn babies' placed on Scotland's Child Protection registers have been routinely collected since 2011⁵. The same year that the doctoral work that led to this thesis was begun. In 2017, 126 unborn babies were reported to be registered nationally, a 1% increase on the previous year's numbers. The Scottish Government acknowledge that since 2011, 'unborn children have been a small but increasing proportion of the total number of registrations' (Scottish Government 2018, 15). In social work practice, there is believed to be an issue of national under-reporting of pre-birth child protection registrations, but this is impossible to establish.

Child protection engagement with families during a pregnancy cannot be equated to working with a child who is already here. This creates potential challenges for child welfare professionals and expectant parents. For example, the timescales of a pregnancy do not fit easily with the national timescales for case conferences, as will be discussed in the first findings chapter concerned with the 'temporalities' of pre-birth child protection. Furthermore, there has been no coherent approach to practice development. Whilst there are a number of examples of best practice in Scotland, often utilising a multidisciplinary social work and health team approach (NHS Lothian 2007; NHS Scotland 2010; Gadda *et al.*

⁵ Prior to this, local authorities were not asked to report specifically on child protection registration of 'unborn children' meaning that reporting practice across Scotland was variable. Scottish Government advised the following in 2011.

'It should be noted that in currently available Child Protection Statistics, different local authorities may classify child protection referrals differently. For example, some local authorities start the referral process at a different point and some local authorities do not include unborn children. As a result of these differences, comparisons across years and across local authorities should be made with caution. These differences are particularly noticeable by the large variation in the number of initial/pre-birth child protection case conference as a percentage of the number of child protection referrals across local authorities (ranging from 14% in Aberdeenshire, Scottish Borders and the Shetland Islands to 77% in West Dunbartonshire in 2009/10)

(Scottish Government, 2011).

2015), practice is highly variable and has not always been well supported by research evidence (Critchley 2018). A similarly mixed picture of practice development is emerging in England (Lushey *et al.* 2018). Writing in the Northern Irish context, Mc Elhinney *et al.* (2016) have demonstrated the difficulties for practitioners in effectively searching for and finding best evidence for responding to child protection concerns in pregnancy.

6. Thesis Structure

The thesis has seven chapters in total. Following this introduction, in the next chapter I present a literature review. The third chapter is a methodology chapter by way of a 'natural history' (Silverman 2017) of the research. Following this, the findings of this research are presented under three major themes: Temporalities, Vulnerabilities and Invisibilities. These three data-led chapters are followed by a conclusion chapter in which these central themes are discussed together in relation to relevant literature and recent research. Implications for academic, practice and policy audiences are highlighted briefly within the conclusion.

2. Literature Review

1. Introduction

In this chapter I review a broad range of literature as it relates to pre-birth child protection work. I begin by providing the reader with a short history of pre-birth child protection as it emerges in social work and legal literature, beginning in the 1970s. Following this I discuss the significance of the rise of neuroscientific stories of human development and the idea of a critical 'first three years' of life in more recent years. In addressing this literature, I ask what a 'quasi-scientific' slant on human needs in early life has meant for social work with infants and expectant families.

The review of literature then broadens out to consider wider trends in child protection. I focus on child protection activity with very young children in the Scottish context, making comparisons with reported trends in England. In this section, the intensification of child protection attention on the early days, weeks, and months of life becomes apparent. Moving on to consider the steps beyond pre-birth child protection measures, I review the upwards trends in the removal of children soon after birth and in increased proportions of infants and very young children in the population of children in out of home care.

I then provide a brief summary of the current research findings about the rates of child maltreatment and death in the U.K. before considering the argument that social work with families has taken a distinctively investigative turn in England. The differential impact of an investigative approach to family troubles on structurally and economically disadvantaged families is highlighted. Stark inequalities in child welfare interventions have been one focus of recent social work research in the U.K., another had been the issue of 'repeat' care proceedings. This study of pre-birth child protection work is set within the context of the findings of research into the impact on mothers in particular of recurrent state involvement in their pregnancies and family lives. The lived experiences of mothers who have experienced child welfare involvement that have emerged through qualitative inquiry are then surveyed, with particular focus on child welfare interventions in pregnancy.

Having considered relevant social work research, the review broadens out to take account of the rich literature that has sought to theorise pregnancy and the relationship between

foetal and maternal bodies. This is a relationship mediated by the state through the medical management of pregnancy and childbirth, so theoretical work on this theme will also be explored. This theme is returned to strongly in the findings chapter dealing with the temporalities of pre-birth child protection. Writing on the meaning of pregnancy and kinship are then engaged with in the section entitled 'Birthrights, Symbolism and Identity'. The significance of birth and of biological ties in human kinship relationships is teased apart as it relates to social work intervention in the perinatal period.

The chapter ends with two sections considering the legal and ethical questions raised by pre-birth child protection. A thorough explanation is provided of the ways that legal tensions between mothers and their unborn babies in pregnancy have been approached in the Scottish and English Courts. The legal status of the unborn baby under both civil and criminal law is considered, tackling the thorny issue of harm to foetal life before birth. A clear account of the legal status of the unborn baby is offered in order to outline the ethical issues this raises for pre-birth child protection work and social work with unborn 'clients'. The concluding section summarises the implications of the literature for the account of the empirical work that follows on in the methodology and findings chapters. Themes, ideas and relevant research from this literature review will be returned throughout the thesis, as they relate to the findings of this study of pre-birth child protection practice.

2. A Short History of Pre-birth Child Protection

At the end of the 1970s, Tredinnick and Fairburn surveyed the 132 local authorities in England about the emerging practice of removing children from their families at birth. The survey had a 61% return rate, and identified a total of 160 babies who had been taken into care at birth across the local authorities that responded. This research gave rise to a number of articles variously highlighting issues for health professionals (1980a), social workers (1980b), and the law (1980c) and generated a media response (Philpot, 1980; Fry, 1980). The legal questions raised by Tredinnick and Fairburn were taken up by Freeman (1980, Cf. McColl, 1980) who suggested that a 'moral panic' following Maria Colwell's death produced essentially unlawful practice in removing children, since too much discretion lay with magistrates and social workers (1980, 133; 1983, 75).

Tredinnick and Fairburn's study suggests a somewhat extreme level of violence within some families that the new born babies were removed from (1980a, 988) however the population their research described would be recognisable to practitioners now, other than the incidence of drug and alcohol abuse by parents, which has greatly increased as a cause for concern. Tredinnick and Fairburn cite only 3 cases of alcohol dependency in the mother, and 2 of heroin addiction (1980a, 988). The issue of maternal substance abuse in pregnancy comes to the fore in 1987, in response to the 1986 case of *Re D* in the House of Lords, in which 'Law Lords ruled in favour of Berkshire SSD's [social service department's] decision to take a baby into care because of damage done while she was still in her heroin addict mother's womb' (Walby and Robertson, 1987, 18).

In this legally rather extra-ordinary case, 'the Justices took the view that the child's development is a continuing process which encompassed the past and present and so covered the period of time when she was a foetus in the womb. The juvenile court made *D* the subject of a care order under section 1 of the 1969 Act' (King, 1987:14). It was clear in the legal judgements issued that it was the mother's behaviour during the pregnancy which substantiated the grounds of the care order. *Re D* marks the point in the literature where maternal substance abuse in pregnancy emerges as a significant child protection concern in the U.K. Presumably women have used substances harmful to foetal development during pregnancy for as long as babies have been born. Ferguson (2004, 46-47) refers to the 'inebriate reformatories for mothers' of the late 19th and early 20th century, designed to correct alcohol problems in the maternal population. This new concentration on substance abuse within the child protection literature of the 1980s is likely therefore to link to the wider concern of the time of dealing with the 'unprecedented drugs problem' (Parker, 2005, 80) of which young pregnant women and their 'heroin babies' (ibid, 82) were but a small part (Strang and Gossop, 2005).

There has been an associated increase since this period in the diagnosis of infant and far longer term health problems arising from exposure to substances in utero. Neonatal withdrawal has been recognised for almost 50 years in the paediatric community (Reddy *et al.* 1971). Medical recognition arose initially from the drug epidemic in the U.S.A. of the 60s and 70s, although the health prognoses for babies in the U.K. appeared better (Klenka, 1986). It has been estimated that between 50% (Burgos and Burke, 2009) and 90% of infants exposed to opiates in the womb display symptoms severe enough to merit

treatment after birth (Kuschel, 2007). Longer-term developmental prognoses for children born suffering from drug withdrawal remain complex because of the multiple factors involved in neonatal health and later outcomes, and the difficulty of gaining an accurate picture of maternal drug use during the pregnancy. Poly-drug use is common, with different substances having different effects (Kuschel, 2007). A focus on illicit drug misuse has continued (NICE, 2018a) and this has influenced the development of targeted services (NICE, 2010b, NHS Lothian, 2007). Although research is ongoing in this area, exposure to alcohol is potentially more dangerous to children's long-term health and development than heroin, due to its teratogenic nature.

'While the exact mechanisms of alcohol teratogenesis are not fully established, it is clear that heavy maternal alcohol consumption can adversely impact on foetal development and lead to significant postnatal and long-term problems for the child. The occurrence of FAS has been found to be strongly associated with heavy maternal alcohol use – particularly in cases of alcohol dependence or severe alcohol problems – and with the frequency of heavy dose drinking'

(British Medical Association (BMA), 2016, 42).

Because alcohol crosses the placenta it interferes with the development of the foetus with potentially very serious long-term effects (Forrester, 2012). It will be clear within the findings chapters of this thesis that child welfare professionals were aware of the seriousness of this issue. For three of the expectant mothers in the final sample of eleven, their drinking alcohol during pregnancy was a primary reason for referral of the unborn baby for child protection assessment.

In the introduction to her thesis on pre-birth child protection, Hart describes practising in social work during the 1980s and early 1990s through the 'ascendancy of the child protection discourse' as the 'manager of a childcare team based within an inner city hospital' (Hart 2001, 3). She describes how unexpectedly high levels of referrals came into the social work team from midwives concerned about the care that mothers could offer their unborn babies due to issues of substance misuse, homelessness and domestic abuse. These concerns were situated within an understanding of child abuse that saw children at most risk of physical or fatal assault in infancy. Non-accidental injury was the significant future harm that the babies were seen as being in need of immediate protection from through child welfare measures at this time. Hart goes on to suggest that the inquiry reports into the deaths of Tyra Henry (London Borough of Lambeth, 1987) and Doreen Aston (Lambeth, Lewisham and Southwark Area Review Committee, 1989) 'reinforced the

validity of this perspective by suggesting that they may not have died had there been pre-birth planning' (Hart 2001, 3).

Fears of infanticide (Marks and Kumar, 1993; Pritchard, 2012; Sclater, 2011) are an enduring theme informing the development of pre-birth processes designed to protect infants from a tragic and early end (Barlow *et al.* 2016). Although, as Hart notes, it was not until the 'Working Together' Guidance of 1989 that formal processes for the protection of unborn children were introduced in the U.K. Echoing the practice concerns that led to the development of this thesis, Hart suggests that guidance at the time that she was a hospital team manager still left social workers 'to make sense of the task of pre-birth assessment' with little to guide their practice (2001, 3).

Indeed, the next round of academic publications specifically related to pre-birth assessment were not until 1996-1997. Articles primarily concerning questions of law (Barker, 1997; Unger-Koeppel, 1996), and one small-scale but significant piece of empirical work (Corner, 1997) emerged at this time. Up until this study, Corner's (1997) was the only specific research into pre-birth child protection to include the views of parents. It is very small-scale, consisting of a single case study and a survey of five NSPCC projects in a limited geographical area. Corner acknowledges that it is not possible to generalise from his sample (1997, 20). However, the study does provide a snapshot of practice at the time and an insight into one family's experiences of being subject to risk assessment during their pregnancy. This family were successful in retaining the care of their child which lends the study an optimistic bent.

Unger-Koeppel's (1996) perspective on the issue is less positive. He considers a single case where a mother, in the hospital team's opinion, had battered her second infant to the point of permanent brain damage. As a result, Unger-Koeppel questions how the Swiss system can protect subsequent children. Barker (1997) is concerned with the English child protection system and particularly the 'Working Together' guidance (Home Office, 1991/ HM Government 2018), which he views as 'obscuring the complexity and contradictions of the legal issues' (Barker, 1997, 223). This is a theme Hodson (2011) takes up in her Lipskian (1980) analysis of the manner in which social workers are expected to resolve complex legal questions regarding the status of the unborn child at a practice level.

Hart followed up on her PhD thesis on pre-birth child protection (2001) by providing advice for social work practitioners undertaking pre-birth assessments (2010). Published pre-birth

assessment guidance having previously been offered to practitioners by Calder (2003). However, beyond Hodson's (2011) thesis on pre-birth assessment, little research and theoretical development has occurred in this area. This is surprising given the clear challenge to practice, law and ethics represented by working with unborn babies and by assessing risk pre-birth (Hodson and Deery, 2014). The consolidation of the 'unborn client' of child protection services has happened amid wider shifts in practice and policy beyond social work. Shifts in social policy informed by scientifically situated claims about the importance of the prenatal environment and first three years of life to long-term health, development and human potential have had a very significant impact on child protection practice in the U.K.

3. 'Early Intervention', Neuroscience and Child Protection

The doctoral work leading to this thesis began at a point when neuroscience had become popularised in social work theory and practice, as a way of describing the difficulties experienced by infants and very young children whose 'experience dependent' needs are not well met by their care givers, drawing in the U.K. primarily on the work of Dr Bruce Perry (Cf. Perry 2002, Perry and Szalavitz 2006). This way of conceptualising the needs of infants for care, security, stimulation and love has continued to be highly influential in the development of 'early years' policy. Dr Suzanne Zeedyck's work on the attachment needs of infants and young children has had particular influence in the Scottish context (Zeedyck 2014). Over the years the focus has shifted slightly in the U.K. nations including Scotland, from pictorial representations of neglected brains (Allen 2011), to a focus on Adverse Childhood Experiences, or ACEs. ACEs can be understood as a related 'technical' way of representing the lasting consequences for individuals of early childhood adversity and trauma (Bellis *et al.* 2014; 89, Felletti *et al.* 1998; 251). This has created a national conversation that situates all infants as at risk of potentially irreversible poor development and psychological well-being without the input of pro-active, enthusiastic and highly attuned parenting.

Since the turn of the 21st century and throughout the period of developing this thesis, there has been a steady and upward trend in U.K. policy of emphasising the harm to the

physical, emotional, and social development of children from less than optimal early care through 'quasi-scientific' evidence. The complex neuroscientific findings of the plasticity of the mammalian brain have been much less audible in public discussions of the needs of babies and young children (Macvarish *et al.* 2014, Pitts-Taylor, 2016). Leading to a 'now or never' imperative to intervene early to prevent lasting damage to infant brains and development. However, there have been critical voices from within the social work academy throughout this period. Wastell and White's (2012) breakthrough article questioning the neuroscientific basis for major U.K. policy shifts in the state's approach to infants has been followed by work that seeks to cast a critical gaze over rapidly accepted forms of scientific 'knowledge' as the basis for early and decisive intervention in children's lives (Broer and Pickersgill, 2015; Featherstone *et al.* 2014a; 2014b; Wastell and White 2017; White and Wastell 2017).

It would be a mistake to imagine that the centrality of proper infant care to social policy is a new phenomenon. Featherstone *et al.* (2018b) trace the current manifestation of 'infant determinism' in social policy back to the very beginnings of child rescue movements of the 19th century, making concerning links to trends in eugenics over time, situated in highly discriminatory comparisons of human development across ethnic communities and social classes. Writing critically, Featherstone *et al.* seek to question the way that the supposed optimism of infant determinism appears to seize the human imagination.

'Infant determinism is a strong policy song. It is arguably currently enjoying a reinvigorated and enthusiastic cantillation, but other stories are silenced, and possibilities lost in its entrancing, utopian cadence'

(Featherstone *et al.* 2018b, 31).

Berlant has theorised the promise of upward mobility that modern liberal-capitalist societies can no longer deliver on as 'cruel optimism' (2011). Using this theorisation as a lens to understand the use that neuroscience has been put in U.K. early years' policies, Edwards *et al.* (2015) find that rather than giving a hopeful message for overcoming difficult beginnings that brain science exponents claim, in practice these policies serve to embed inequalities through the 'responsibilisation of poor mothers' (2015: 184). Hardyment's

(2007) careful examination of trends in advice on infant care over the centuries is instructive here. Tracing the bewildering range of scientifically framed childcare advice that has been evangelically espoused by experts over time, Hardyment's analysis shows that a preoccupation with infants as the key to the future health of the nation is no new phenomenon. Furthermore, such expert advice has often had its roots in research studies of animals, and therefore in evidence that lacks the political and social dimensions of research with human subjects. This is not to suggest that animal studies are value neutral. Pitts-Taylor offers a critique of the heteronormative perspective of animal studies and the way that the 'biological stories about kinship' (2016: 17) told by their findings tend to mirror normative family forms in the human society the research has been written within. What these critiques suggest is that scientific evidence on the proper care of young children can be framed in particular ways, in order to support the political objectives of the experts of the day.

Featherstone *et al.* (2014a; 2018b) are careful to situate their analysis of 'early intervention' in child protection in a political context whereby resources for those families most in need have in reality reduced dramatically. Their central argument being that rather than meeting the social and material needs of disadvantaged families, through austerity measures the state has retreated to a moralistic position whereby individuals are held responsible for their own troubles. Mothers fare particularly poorly in this discourse, due to their perceived 'natural' role in upholding the values of 'the family'. As Hart has previously suggested, drawing on Oakley (1994), in the context of pre-birth child protection there is a danger that women are proselytised to about their behaviour and responsibility for foetal health, with little recognition of the multifarious competing demands on their lives. As if their sole role during pregnancy was that of 'future-mother' (Hart 2001: 14-15). The way that these dominant accounts of human development prenatally, in infancy and in the early years of life translate into practice are considered in this thesis. As Featherstone *et al.* suggest,

'[c]omplex and abstract vocabularies of risk, science, evidence and economics have been melded together to deliver increasingly persuasive stories that apparently beguile policy makers and appear to be very compelling for practitioners. Who can possibly want a vulnerable baby's brain to be damaged beyond repair by our lack of early and resolute intervention?'

(Featherstone *et al.* 2018b, 65).

Recognising how compelling the 'now or never' imperative is for practitioners when faced with the seemingly intractable 'personal troubles' of families, Rutter (2002) contextualises the rush to apparently scientifically proven solutions within the desire of child welfare professionals to respond to the pressing needs that they are faced with in the lives of children and families. This is an important point since on this view, practice becomes the site where the debate about the evidence base for pre-birth child protection is played out (Critchley 2018), rather than there being a solid evidence base that practitioners can use to support their work (Mc Elhinney 2016).

4. Trends in Child Protection

Child protection work remains a key social work activity in Scotland as in all countries with institutionally sophisticated child protection systems. Significant increases in child protection activity across the U.K. have been reported (Radford *et al.* 2013). Accompanied by increases in care outwith the family for children, and particularly infants (Gilbert *et al.* 2013), despite a lack of policy driving such developments. However, Bunting *et al.* (2018) have recently highlighted the variation in child protection activity and in family policy between the U.K. nations, which have tended to be conflated. Although in common with other areas of the U.K. the dominant category for Scottish child protection registrations is now 'emotional abuse' (Scottish Government 2018), Scottish rates of child protection registration remain lower than in all other areas of the U.K.

Differences in trends can be clearly seen within the additional tables for the Scottish Government statistics published in 2017⁶ which show very significant increases in child protection registration of children in England. The number of children on the child protection register in England rose steadily year on year from 27, 9000 children in 2007 (a

⁶ Source: Scottish Government (2017c) Children's Social Work Statistics 2015-16: Additional tables 4.7 and 4.8.

I present the Scottish figures for 2016/17 for more direct comparison with the Born into Care and SCRA research periods. The Scottish Government's most recent social work statistics (2018) show stable rates for 2016-17 in both England and Scotland, although the trends of increasing numbers of registrations in England and of slightly decreasing numbers of registrations in Scotland have continued (Scottish Government 2018).

Table 4.7 Number of children on the child protection register across the UK 2007-2016 and Table 4.8 Rate of children on the child protection register per 10,000 children across the UK, 2007-2016.

rate of 25 per 10,000 children in the population) to 50, 310 children in 2016 (a rate of 43 per 10,000 children in the population).⁷ However, in Scotland numbers remained relatively steady over the same period. For comparison with England, in 2007 there were 2,593 children on the child protection register in Scotland (a rate of 25 per 10, 000 children, the same as the English rate at that time). By 2016, 2,723 of Scotland's children were on the child protection register (26 per 10,000 children). A 1% increase (n = 130 children) in the rate of children on the register in Scotland,⁸ compared to an 18% increase (n = 22,410 children) in England.

Looking in detail year by year, increases in both numbers and rates of children subject to child protection plans can be detected in Scotland between 2010 and 2014, when this PhD study was building towards the fieldwork reported on in this thesis. However, the numbers then tail off again, almost to where they were before the rise. It has been suggested that Scotland's relatively low and stable rates of registration are due to the Children's Hearing System offering alternative ways of protecting children at home (Bunting *et al.* 2018). Therefore, the Scottish rates may be indicative of different forms of intervention being used to protect children rather than less intervention per se.

Looking at the Scottish Children's Reporter's Administration (SCRA) statistics for comparison then, SCRA published research in 2015 that did show increases in the numbers of Child Protection Orders made in Scotland since 1999. To provide some clearer fit with the period discussed above in respect of registration rates, in 2006-7 there were 617 CPOs made in Scotland (SCRA, 2015) and the number reported for 2016-17 was 687. (SCRA, 2017). This represents an around 11% increase in actual numbers of CPOs over the ten-year period. There was a steep upwards curve in CPOs from 2007-8 to 2011-12, but like the child protection registration rates in Scotland described above, that curve too began to tail away (SCRA, 2015). Whether the decreases that there have been reported both in CPOs (SCRA, 2017) and in rates of child protection registration (Scottish Government, 2018) in very recent years are the beginnings of a downward trend in Scottish child protection

⁷ Source: Scottish Government (2017) Children's Social Work Statistics 2015-16: Additional tables. Table 4.7 Number of children on the child protection register across the UK 2007-2016 and Table 4.8 Rate of children on the child protection register per 10,000 children across the UK, 2007-2016.

⁸ One possible reflection on these numbers is the change in reporting mentioned in the introduction, meaning that from 2011 registrations of unborn babies were more consistent nationally. This could even account for the 'increase' in registrations.

intervention remains to be seen. However, even allowing for differential systems, it would seem that Scotland's child protection trends are different to those of its UK neighbours.

For the purposes of this research, it is noteworthy that in the context of somewhat decreased numbers of referrals to the Children's Reporter and in Child Protection Orders overall, a very high proportion of the CPOs that are made in Scotland now are in respect of very young children. The most recent SCRA statistics (2018) show the following.

'Of the 619 children and young people with Child Protection Order referrals received in 2017/18, 159 (25.7%) were aged under 20 days at the date of receipt and 312 (50.4%) were aged under two years'

(SCRA, 2018, 6, emphasis added).

So of all CPO referrals made in Scotland, over half were for babies under two years of age and *over a quarter of all CPOS made were for newborn infants*, defined as children under 20 days old (SCRA, 2018, 5). It seems highly likely that many of these children will have been considered at a pre-birth child protection case conference. However, as indicated in the introduction the statistics on registration on unborn babies appear to be less reliable than might be hoped (Scottish Government 2011; 2018, 15). Recorded numbers of unborn babies made subject to child protection plans nationally are surprisingly low given that during the year-long fieldwork for this thesis (2014-2015) in the single local authority where the research took place there were 582 CPCCs in total (all review, transfer, initial and pre-birth CPCCs), and 72 of these were pre-birth conferences. This does not equate to 72 pre-birth child protection registrations, or even to 72 unborn babies being subject of a PBCPCC meeting. As will be seen in the findings chapters, in the fieldwork site, some unborn babies were considered at an IPBCPCC and at then at a review PBCPCC before they were born. However, given that at in the same year⁹ 131 unborn child protection registrations were reported by the Scottish Government (2017c) at least some degree of local authority under-reporting appears probable.

Based on her substantial research in England into emergency child protection measures (Masson *et al.* 2007) and of infant and pre-birth care proceedings (Masson and Dickens,

⁹ Please note, the years are not directly comparable. I am citing the March 2014-March 2015 Scottish Government numbers, against the numbers of CPCCs September 2014-September 2015. However the Scottish Government numbers for March 2015-March 2016 are 126 unborn registrations so very little difference in reported numbers in terms of the rough comparison I am making to 72 PBCPCCs in just one of the 32 Scottish local authorities in a 12-month period.

2015), Professor Judith Masson has suggested that there are three reasons for under-reporting of child protection social work with unborn babies. The first is that given regional variation in pre-birth policies and practice, not all local authorities are willing to use formal CPCCs and Child Protection Plans for unborn babies. The second reason is that pre-birth child protection engagement with families means that babies are often born before a child protection plan has been formulated, particularly because babies exposed to alcohol and drugs in the womb are likely to be born early. The final reason she suggests is that mothers who fear child protection intervention may avoid or give false information to health services in an effort to prevent their unborn babies entering child protection proceedings before birth (Masson, 2018, private correspondence). There may be additional reasons for under-reporting of pre-birth child protection work, but at time of writing a lack of confidence in published national statistics can be found in social work and legal communities engaged in practice and research in this specific area.

5. Young Children and Out of Home Care

Small scale Scottish research has noted upward trends in the actual removal of infants at birth and subsequently low rates of children removed at birth going home to family (Woods and Henderson 2018). Wood and Henderson's study interrogated Scottish Children's Reporter Administration (SCRA) data by taking a sample of children under three years of age subject to compulsory Supervision Orders through the Children's Hearing from 2003 (n = 110) and from 2013 (n = 117) and comparing their journeys. A particularly salient finding was that whilst in the 2003 sample, the first place of residence for almost 91% of the children in the sample was home (n = 100), in the 2013 sample only 66.7% of the children went home to parents from hospital (n = 78) (Woods and Henderson, 2018, 287). Woods and Henderson suggest that the impact on families and on local authority resources of the changes in child welfare practice that their findings are suggestive of remain largely unassessed.

Upward trends in children entering the care of local authorities at a young age can be identified within national Scottish social work statistics (Scottish Government 2018, 7). Whilst the overall numbers of children coming into care in Scotland has decreased over the

last ten years of reporting, the proportion of children who are starting care episodes at a young age has increased. The decrease in numbers of children starting care episodes overall can mainly be explained by a corresponding steep decrease in young people aged between 12 and 17 years beginning care episodes over the same period. So whilst in 2007 30% of children (n = 1569) starting coming into the care of the local authority in Scotland were aged under 5 years, the proportion had risen to 39% by 2017 (n = 1619). Looking specifically at infants starting a care episode under the age of one, in 2007 these children represented 8% of all children coming into care, but by 2017 this has risen to 15% of children beginning a care episode in Scotland: *The proportion of new care entrants who are infants under one has almost doubled over the ten-year-period.* When we consider children under one as a group, the actual numbers of infants starting new care episodes have increased as well as the proportion. So, while in 2007, only 412 children under one started a new care episode in Scotland, the 2017 numbers show 647 babies in the same category, this is an over 50% increase in numbers.¹⁰

Small-scale data from the Scottish Children's Reporter Administration has further shown that many of the children who eventually require permanent care outwith the birth family are being identified prior to birth (SCRA, 2011a; 2011b). Initial research into permanency planning for children (SCRA, 2011a), attempted to draw on a representative sample of children in Scotland whose journey through the Children's Hearing system eventually led them to permanency outwith their immediate birth family (SCRA, 2011a: 15). Of the 100 children in the main sample, a total of 44 had been assessed at or before birth. This finding led to SCRA producing a supplementary report (2011b) focusing on the 43¹¹ children from the original sample who were subsequently '*freed and/or adopted*', which showed that 30% (n=13) had been placed on the child protection register ¹² *before* birth (SCRA, 2011b: 2). These findings of increased identification prior to birth of those children who are unlikely to be able to remain within the birth family are supported by Ward *et al.*'s major longitudinal

¹⁰ Source: Scottish Government (2018) Children's Social Work Statistics 2016-17. Table 1.3.

¹¹ One child in the sample was secured through a Parental Responsibilities Order (PRO). Legislation concerning permanency has since altered through the implementation of the Adoption and Children (Scotland Act) 2007.

¹² Each local authority must hold a register of children subject to an inter-agency child protection plan. The child protection register has administrative rather than legal status and in practice allows children to be 'flagged' as 'at risk'.

study in England (2006; 2012) into the care paths of 42 babies and young children accommodated before their first birthdays across 6 English local authorities.

Also in the English context, recent Nuffield Foundation funded research has found major increases in the rates of new-born babies¹³ and infants under one separated without consent from their birth families over the past ten years (Broadhurst *et al.* 2018). Newborns were defined as infants under seven days old within this largescale study, which was based on national Children and Family Court Advisory and Support Service (Cafcass) data showing the numbers of care proceedings commenced across England¹⁴. A large degree of regional variation was found by the study, which will continue to be interrogated by the research team. Across England as a whole, Broadhurst and colleagues found that,

'the likelihood (incidence) of newborns in the general population becoming subject to care proceedings has more than doubled, increasing from 15 newborns per 10,000 live births in the general population in 2008 to 35 per 10,000 in 2016'

(Broadhurst *et al.* 2018b, 8, emphasis original).

In the context of rising numbers of care proceedings for all ages of children in England, the actual numbers of care proceedings issued for newborns rose hugely over the ten-year period studied.

'In 2007/8, care proceedings were issued with respect to a total of 1,039 newborns (32% of all cases involving infant age under 1 year). By 2016/17, this number had more than doubled at 2,447 newborns (42% of all infant cases)'

(Nuffield Foundation, 2018, emphasis added).

The 'Born into Care' study furthermore demonstrates that new born infants removed at birth have a lower chance of reunification with birth family than older children, even babies removed later in the first year of life (2018, 10). Broadhurst *et al.* report that infants under one year constituted 27% of the whole population of children involved in care proceedings in England over the period of the study (2007/08) to (2016/17). So for all children in care

¹³ 'In 2007/8, care proceedings were issued with respect to a total of 1,039 newborns (32% of all cases involving infant age under 1 year). By 2016/17, this number had more than doubled at 2,447 newborns (42% of all infant cases)' (Nuffield Foundation, 2018).

¹⁴ The numbers of removals of infants soon after birth are likely to be even higher as in England voluntary measures are also used to protect children under s. 20 of the Children Act 1989. The equivalent of a s. 25 agreement under the Children (Scotland) Act 1995 in Scotland.

proceedings in England over the ten-year period the research spanned, over one quarter were infants.

There are certainly echoes in this major English research of the increases described above, in very young children being subject of CPOs and coming into local authority care in Scotland over the same period. However, there is much still to be discovered. In the Scottish context, the longitudinal Permanently Progressing? (2018) study has just begun reporting on Phase One of ongoing research into the experiences and outcomes for children in Scotland who are accommodated before the age of five and who go on to be placed permanently away from their birth parents. This study will provide significant insights into the care pathways of very young children in Scotland and the relationship between early removal from birth family and routes to permanence.

6. Trends in Child Maltreatment and Death

The goal of child protection work is the prevention and reduction of harm to children and young people. Pre-birth child protection work is preventative, as it seeks to protect children before they are harmed. Although as will be clear from the findings chapters that follow, social workers are also concerned with the harm that may be done to unborn babies during the pregnancy, primarily through substance abuse, but also through domestic violence. Evidence that child protection 'works' has been presented through the marker of significant reductions in child abuse related deaths in England and Wales (Pritchard and Williams 2010, Pritchard *et al.* 2012, Sidebotham, 2012)¹⁵. However, Gilbert and colleagues (2012a) found little change in rates in the subtler measure of child maltreatment. In their detailed analysis of trends since the 1970s, the time of the inquiry into the death of Maria Colwell

¹⁵ In line with this finding, although illness and accidents are still major killers of children in the U.K. nations, child mortality from *all* causes in the U.K. is relatively low. However, decreases in *infant* mortality across the U.K. have stalled (Source: Nuffield Trust (2018). Infant and neonatal mortality <https://www.nuffieldtrust.org.uk/resource/infant-and-neonatal-mortality>) and this year the Office for National Statistics (2018) reported a slight *increase* in infant mortality in England and Wales for the year 2016. Frequently updated statistics and analysis can be found at <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/childhoodinfantandperinatalmortalityinenglandandwales/2016>

and the sea change in social work practice that resulted, Gilbert *et al.* found that rates of children's suffering in terms of maltreatment have remained relatively stable.

Whilst the findings of Gilbert *et al.*'s (2012a) study have been criticised from both English and American perspectives (Radford *et al.* 2012; Finkelhor and Jones 2012), as their response to critics indicates, Gilbert *et al.* have attempted to provide the clearest overview of child maltreatment trends possible using a combination of data sets from six western countries, including England. This unresolved debate about the facts leads Radford *et al.* to claim simply that 'there is no consensus among researchers on the extent of the problem and whether nationally or globally rates of maltreatment are increasing or declining' (2012b, 802). Data drawn from recent empirical studies seems to point to an enduring problem of child maltreatment and neglect in the U.K., and survey data would suggest this is at a higher rate than is reported to child protective agencies (Fry and Casey 2017; Radford *et al.* 2011; Radford *et al.* 2013).

7. An Investigative Turn?

In the English context, a clear 'investigative turn' (Bilson *et al.* 2017) can be discerned in child protection, with dramatic increases in the rates of *investigations* of child maltreatment. Put simply, more referrals of children to social work services in England are resulting in a child protection investigation response, yet less investigations are leading to care plans designed to protect children and address the difficulties in their families that resulted in referral. Bilson and colleagues have sought to problematise this increase in investigative activity. As Bilson and Martin maintain, the problem of 'over intervention' (2016, 2) and the harm that it can do to children and families was identified as long ago as the 1990s. Indeed, as Bilson and Martin (2016) *inter alia* have highlighted, the synthesis of government funded studies that was brought together in the 'Messages from Research' report (1995) called for a rebalancing of the child welfare system. Greater provision of family support and less investigative responses to the problems of families were recommended.

The reported 'investigative turn' has had far greater impact on deprived communities than more affluent ones in England, as convincingly demonstrated by the work of Bywaters and

colleagues (Cf. Bywaters *et al.* 2018, Bywaters, Kwhali *et al.* 2016, Bywaters 2015). This important programme of research has mapped deeply unequal relationships between poverty indicators and rates of child protection investigation, and resultant removals of children from their families and communities.

‘The research by Bywaters is the most recent evidence of a clear link between deprivation and a child’s life chances in relation to their ability to live with their family of origin’

(Featherstone *et al.* 2018a, 13).

Bywaters and colleagues’ work remains ongoing through the Child Welfare Inequalities Project and is intended to cover all four UK nations. However, this programme of research has already shown what social work practitioners have long known; that child protection referrals, investigations and interventions are focused highly differentially on deprived communities. These findings have raised searching questions about the lack of sensitivity to poverty and ethnicity, and the inappropriateness of child protection measures as a response to the impact of poverty on parenting.

8. Recurrent Care Proceedings and Birth Mothers

Alongside scholarly activity which has sought to question the socio-economically differential and rapid increases in child protection investigations in England, there has been complementary research into the ‘returning population’ (Turnell, *et al.* 2007) of parents who have had previous children removed (SCRA 2011b, 5; Ward, *et al.* 2006: 39). Due to lack of routine data collection by the U.K. governments, there is little information available directly about the characteristics of child protection involved parents. The potential for women to lose multiple children through state ordered removal at birth was powerfully highlighted by Cox (2012). Focusing initially on birth mothers who were repeatedly losing children through removal at birth, Broadhurst, Mason and colleagues have been involved in extensive empirical work in England and Wales, studying the pathways of ‘vulnerable mothers’ through care proceedings (2013; 2015a; 2015b; 2017a, 2017b). There has been a lack of specific research in the Scottish context, although localised initiatives which have aimed to support birth mothers indicate that the problem has been recognised in Scotland (Welch *et al.* 2015; Cox 2018, 74-75). Arguably a far larger scale response is needed to prevent the harm and cost of repeated removal of children (Broadhurst *et al.* 2017a,

2017b). There is no national strategy for restorative work around the support needs of women in Scotland who have lost children through care proceedings, and who may go on to have further pregnancies, or for men who may father subsequent children.

9. Child Welfare Involved Mothering: Voices from Research

There exists a vast body of literature on the psychological, sociological and cultural significance of childbearing in the life cycle (Kitzinger, 2011; Kirkham, 2011; MacCormack, 1982; McIntosh, 2012; Nolan, 2011; Oakley, 1981; Oakley *et al.* 2011; Pilley Edwards, 2005; Squire, 2009). Of particular relevance are findings of the long-lasting impact of poor experiences around childbearing and the perinatal period for mothers. This suggests a need for far greater sensitivity to the potential life-long consequences for women of perinatal social work intervention. It points to how great the cultural import is for women of being judged as failing to do the work of expectant motherhood correctly.

‘In many societies, powerful moral and legal sanctions exist for those who are regarded as not preparing appropriately to become a mother, or more importantly, to be acting irresponsibly, and putting the life of their unborn child ‘at risk’’

(Miller, 2005, 78).

In her study of 11 women recruited from the client base of an urban children and families social work service in British Columbia, Brown (2006) offers an example of a research participant whose fear of losing her baby made it very hard for her to participate in the child protection assessment.

‘I started to cry a couple of times... and [the social worker] just wanted to get it done and get out of there, right? I mean, she’s very busy I guess’

(Brown, 2006, 360).

All of the women who participated in Brown’s research acknowledged a need for help in their family lives. However, they found that child protection processes failed to connect to their situations in a meaningful way, and left them feeling vulnerable, or even betrayed (Brown, 2006, 361). Pregnant women subject to child protection procedures with the implicit or explicit threat of removal of the baby at birth are a highly stigmatised population (Sykes, 2011). They are also likely to be dealing with significant challenges in their lives

which may impact on their autonomy and capacity to self-determine as mothers (Kukla, 2006). Yet in the pressure of allocation waiting lists their need for a sensitive and thoughtful social work service has the potential to be lost. Mothers involved in pre-birth processes spoke to Broadhurst *et al.* (2017b) as part of the 'Vulnerable Birth Mothers Study'. The women gave a clear message that the social work approach taken in this work needs to recognise the histories that they may bring of previous child welfare involvement in their own lives as children.

'In interview with researchers, women who had been in care as children claimed that they felt in 'the firing line' of children's services from the outset of their pregnancies and that their childhood history was held against them in assessments of their own parenting capacity. A key message from women participating in the study was that they wanted children's services to have a greater sensitivity to the legacy of their own care experiences, particularly during pre-birth assessment'

(Broadhurst *et al.* 2017b, 11).

The effort that mothers who find themselves subject to child protection assessments and interventions put into co-operating with social workers, and of being seen to meet their demands, may be suppressed or negated by bureaucratic child protection systems (Croghan and Miell, 1998; Sykes, 2011; Urek, 2005), which do not afford women the respect of developing a relationship with a social work practitioner and the opportunity to 'give account' of themselves as mothers and as people (Waterhouse and McGhee, 2015). This may particularly be so in pre-birth work, since social work tends to prioritise providing a service to families on the basis of immediate risk and need. Broadhurst *et al.* (2017b) found no evidence that social workers were engaging early in the pregnancy in pre-birth cases, and as shall be clear in the findings chapters neither did this doctoral study.

'As we have seen in this study, pregnancy can also be a window of opportunity, but as yet we know very little about how local authorities make use of this window in their work with recurrent mothers. Evidence from this study is that the pre-birth conference is often held close to an infant's birth, which raises questions about why local authorities are not consistently responding early in pregnancy, given we know that pregnancy can be a powerful motivator for change'

(Broadhurst *et al.* 2017b, 20).

Ward *et al.* (2012, 195) suggested that social workers cause undue distress to families in their failure to prioritise pre-birth work over other child protection referrals. As the baby is often perceived to be 'safe' until birth, over-pressurised allocation lists afford little priority to these cases, with the result that families may be left with a pre-birth assessment

'hanging over them' during the pregnancy. Failure by social work services to recognise that pregnancy and birth are times of 'heightened emotion' (Ward *et al.* 2012: 196) has the potential to create poor practice, particularly with mothers. The treatment received by pregnant women in the context of pre-birth child protection work is a theme running through all three of the findings chapters. The women appear uncomfortably positioned as the bearers of unborn babies understood to be at risk, and also understood to be the social work 'client' and focus of professional concern. Their role is complex to navigate. It is also a far more conceptually, legally and ethically complex role than the child protection guidance's simple directives for social work with unborn children would suggest. I explore the underlying tensions of pre-birth child protection work in the following sections of the literature review, beginning with the competing theorisations of pregnancy found within the literature.

10. Theorising Pregnancy: Medicalisation and Embodiment

How we perceive unborn and new born infants is of both philosophical and social import and the treatment of this phase of life by different societies and cultures has taken on different significance as advances in medical technologies offer increasing insight into and control over our reproductive processes (Kaufman and Morgan, 2005). As the invisible becomes visible through foetal screening technologies, and the previously authoritative voice of the mother over her own pregnancy is overtaken by that of clinical practitioners (Shaw, 2012), it is not just individuals who gain purported 'choices' over their reproduction; the state also has new opportunities to intervene in the beginnings of life. The limits of the medical gaze (Shaw, 2012) enforced by the nature of pregnancy have been overcome by ultrasound (Petchesky, 1987) and the foetus has become a separate patient or '*co-patient*' (Freedman, 2011, 34) in maternity care. A process which Shaw (2012), drawing on Foucault's *The Birth of the Clinic*, argues began in early modernity with the overlap of pregnancy and pathology in western medicine. Foucault's ideas have been influential in attempts to understand how the clinical approach to maternity acts on pregnant and labouring women. Pennington's (2011) analysis of 'perinatal social work' in a hospital setting suggests that women are made 'docile bodies' by social work processes around the births of their babies. Lupton (1999) has highlighted how, in terms of Foucault's work on governmentality, 'risk discourse' is central to western interpretations of the nature of pregnancy generally (1999, 61). These ideas are important as they explicate the potential for uneasiness in the relationships between women, their pregnant bodies and the state in any pregnancy, not only those subject to the professional gaze of child protection. The medical model of pregnancy already holds potential for the governance of women through medical surveillance.

The medicalisation of pregnancy and childbirth in Anglophone western societies has been a rapid process. As Barker (1998), McIntosh (2012) and Reid (2011) have demonstrated through their analyses of developments in maternity care in the U.S.A, England and Scotland respectively. McIntosh (2012) contends that shifts towards pregnancy and birth being understood as states in need of medical intervention can be traced through changes in the take up of antenatal care, the location of normal birth, and the levels of analgesia and intervention involved in deliveries. These changes tend to evidence a reconceptualisation of 'pregnancy as medically problematic rather than as experientially

and organically demanding' (Barker, 1998, 1067). Although McIntosh and Reid both emphasise that any perceived polarisation between mothers and the medical professions in relation to pregnancy and birth is misleading. Mothers have contributed to the models of care that have developed and 'were never passive vessels' (McIntosh, 2012, 3).

Nevertheless, rapid changes in who holds authority over pregnancy and birth have taken place in western nations since the beginning of the twentieth century. Not necessarily mapped onto positive shifts in maternal and neonatal health and outcomes in assumed ways (Barker, 1998, 1068). Reflecting upon this, Reid highlights that although the nature of birth has remained a constant, the proper place for birth in Scotland, as in other U.K. nations, completely relocated from the home to the hospital environment over only a one-hundred-year period.

'During the twentieth century many aspects of midwifery practice changed beyond all previous recognition. One aspect which did not change was the mechanism or process of normal birth. Yet during this time, the shift from an estimated ninety-five percent homebirths to 99.5 percent hospital births... took the 'normality' out of many births' (Reid, 2011, 139).

Very similar trends, from nought to almost one hundred percent can be traced in the provision and take up of antenatal care as the twentieth century progressed (Barker, 1998, 1068). The origin of antenatal care is traced by McIntosh firmly to concern for infant rather than maternal health or maternal demand in the English context (2012, 32-33), a view supported by Hardyment's analysis (2007).

Over the twentieth century, a widely shared understanding developed across the U.K. that a healthy pregnancy and birth require medical monitoring and intervention. The development of the medical role in maternity diverges in the U.S., due to the tenacity of the midwifery profession in retaining a central role in childbirth and pregnancy care in the U.K. However, continuities between the nations can be seen and Barker argues that one important means for spreading 'a disease-like conceptualization of pregnancy' (1998, 1069) has been a dyadic separation of the mother and foetus.

This idea of a clear separation between mother and unborn infant appears unsupported by women's own accounts of experiencing pregnant embodiment (Ross 2018). Neither is it supported by consideration of the nature and function of the placenta (Maher, 2002) nor by the physical evidence of the microchimerism of foetal and maternal 'bodies' (Martin,

2010) at a molecular level. Further than this, maternal understandings of their new born infants' bodies in relation to themselves and the wider world (Brownlie and Leith 2011) tend toward continued enmeshment beyond birth. Rather than being a fact, the characterisation of pregnancies as 'involving two 'bounded' bodies, that of woman and foetus, conceptualised as pre-existing and distinct' (Ross 2018, 2) bears little historical or cross-cultural comparison. Culturally, many different ways of understanding the relation between maternal bodies, foetal bodies, infant bodies and the external environment exist (Kitzinger, 2011; Loizos and Heady, 1999; MacCormack, 1982). As Gottlieb suggests, 'bodies of babies are significant markers pointing to critical cultural values' (Gottlieb 2000, 126). The same applies to pregnant embodiment, as convincingly explored by Lupton (1999), among others. This is an important point for the purposes of this thesis, since the conceptual separation between pregnant mother and unborn infant that the medicalisation of normal pregnancy and birth created is at the foundation of pre-birth intervention by professionals. Yet this clear separation and the relationship that it places women in with their bodies, their pregnancies, and with their infants bears little scientific or phenomenological scrutiny. It is also highly ethically problematic. The ethical questions raised by the dyadic theorisation of pregnant bodies are explored in the following section.

11. Birthrights, Symbolism and Identity

The foetus is a liminal being; a life on the threshold (Ziarek, 2008) of personhood. In societies where the physically safe termination of pregnancy is medically and legally possible for women, rights based arguments which it has been argued bear little resemblance to the embodied experience of child bearing (Ebtehaj *et al.* 2011; Herring, 2011), have dominated the philosophical debate. The political status of the foetus has undeniable importance for feminist theorising, since it carries significance for the status of women and their bodies. Deutscher (2008) provides an analysis of the status of the foetus according to Agamben's distinction between 'bare life' and political life (Agamben, 1998), in which she suggests that a biopolitical control of women is exercised through the legal exceptionality of abortion in most legal systems, including that of the U.K. On Deutscher's account, this legal position conceptualises the foetus as at the mercy of the maternal body, yet the woman as always in competition with the state for control over her own body. This

is because the state maintains an interest in all foetal life and demands from the woman an account of the exceptionality of her case before the 'right to choice' can be offered.

'Thus the woman seems to be slyly attributed the status of sinister sovereign, at the mercy of whom the foetus exists in its threshold state. It is also noteworthy that the woman's possible sovereignty may be considered a zone of disputed authority with an alternative sovereign power, the state'

(Deutscher, 2008, 66).

Agamben offers an incisive analysis which uncovers the mechanism within democratic societies of 'stripping' human beings of their political personhood with potentially violent and genocidal consequences, by reducing their status to a state sanctioned form of human life that is stripped of political and social rights: '*homo sacer*' translated as 'bare life'.

However, according to Ziarek, Agamben's notion of 'bare life' fails in certain cases, of which the 'bare life' of the foetus is arguably one, since it does not take account of 'the question of resistance and the negative differentiation of bare life along racial, ethnic, and gender lines' (Ziarek, 2008, 92). It is the highly *relational* nature of liminal beings to others that is lost on such an analysis. Much as the highly relational and interdependent nature of infancy and early childhood can appear lost in theoretical accounts which place emphasis on the agency and competency of children (Brownlie and Leith, 2011, 197; Prout, 2000).

Setting up the debate as one between the rights of the foetus to life and of the woman to self-determination, with the state as mediator, fails to acknowledge the intervening work of motherhood. The labour of mothers provides the very bridge by which foetal beings may gain personhood. At the same time, women may earn the right to be acknowledged as mothers by themselves and by wider society through the work of pregnancy and childbirth. How we view foetal life has different consequences for women in general, and mothers in particular. All women may claim an interest in the individual right to control over their bodies and their reproduction. The flipside to which, it is supposed, must be that the foetal interest in life cannot override the woman's rights over her own self. Yet for women who choose to embark upon a journey towards biological motherhood, the woman's interests and those of the foetus are inter-dependant. The foetal interest in life relies upon the woman's interest in mothering. Both rely upon her labour.

However, the assumed relation between foetal life and the social and genetic identities created by parenthood may be disrupted by technologies that can transfer, place in suspended animation, and transplant foetal life between parties. By considering the

relationship between surrogate mothers, the babies they carry, and the intended mothers of those infants during surrogate pregnancies, Teman (2009) allows us a window on the self-constructed nature of the 'pregnant identity'. An identity too often assumed to be biological, inevitable, overpowering. Rather, Teman finds women entering into a process whereby the surrogate mother's 'project of distancing, detaching and disembodiment of the pregnancy' (2009, 49), grants the intended mother 'access to the social label of pregnancy and supports her creation of a pregnant identity' (2009, 55); the surrogate herself retains her pre-surrogacy identity 'untouched' (ibid). Whilst the pregnancies that Teman studied were undoubtedly relational, they were not so in an obvious sense and this opens up the space between the physical process of pregnancy and the social identity that may, but may not, converge with the physiological positioning of the unborn infant.

Furthermore, whilst labour and birth may be considered as a symbolic bridge to new family and social identities, this process too can be disrupted. Writing in the context of 'relinquished' infant adoption, Carsten describes how the 'taken-for-granted link between permanence and biology... may be ruptured and refigured' (2000, 695) by a 'stranger' adoption. Suggesting that birth can be 'emptied of most of the symbolic meaning it has in the dominant discourse of kinship' (Carsten, 2000, 691) when the intention is that the baby will not be brought up by biologically related kin. Considering individual experiences of adoption reunion in adulthood as an anthropological case study of kinship, Carsten concludes that infant adoption demonstrates the 'fiction at the heart of biological relatedness, that biology encapsulates the relation' (Carsten, 2000, 700). Rather that relation is made and remade repeatedly over time through acts of kinship and experiences of relational continuity. Adoption disrupts the continuity of kinship that it is assumed will flow from birth.

The theorisation of pregnancy, foetal life and motherhood is important when thinking about pre-birth child protection since it affects how we view the practice. By its nature this is a process which places the pregnant woman under unusual conditions of surveillance and disrupts the 'natural' order of child bearing by calling into question that woman's right or ability to 'mother' the child she is carrying. It is not known what the impact of such a process is upon the 'pregnant identity' that a woman can allow herself in such a terrain. Her voice is absent from dominant discourses of pregnancy and mothering which in turn tend to bear little relation to the theorising of foetal life with which this discussion began. On the

contrary, mothering is generally understood to presuppose a natural claiming of the infant *in utero* and a subsuming of the woman's pre-pregnancy identity by her status as 'expectant mother'.

Yet this discourse too relies on the problematic assumption that women have autonomy and agency regarding their childbearing and childrearing choices (Kukla, 2006). Dominant ideas about the transition to motherhood arguably assume a level of control and autonomy over child bearing, self-care and infant care which are routinely denied women in domestically abusive relationships, and rely in any woman on a level of self-determination and self-esteem which cannot be assumed of women who find themselves involved with child protection systems as mothers. The notion of a woman exercising '*sovereign power*' over her own body and the life of her unborn baby criticised by Deutscher (2008) above, potentially fails even further to capture the experience of pregnancy for women whose life choices and self-efficacy are greatly limited by poverty, poor education, a childhood in care of the local authority, experience of intimate partner violence, and substance misuse. The very issues which are likely to precede a pre-birth child protection assessment of parental capacity (Ward *et al.* 2006, 2012).

12. Legal Personhood and the Unborn Baby

'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 foetuses 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).

Although the legal status of an unborn baby in U.K. law may at first appear straightforward, when considered more deeply, a number of anomalies in the relationship between the unborn child and 'the protection of the law' emerge. Masson *et al.* (2007) remind us that the relationship between social work and the law is not straightforward either. It is strongly mediated by the status, history and image of the social work profession. Child protection is at its heart a social work project (Ferguson, 2004, 29-36) and although it is highly regulated,

it is primarily an administrative model, within which social workers hold considerable power through the exercise of 'institutional legitimacy' (Hough *et al.* 2010). This is important to recognise in analysing how the reach of child protection has extended to unborn children, almost despite the legal position.

'Law is both a source of power and of control for social work action; social workers are also empowered and controlled by their status as workers in child protection, by other professionals within their agencies and by colleagues in the interagency network, particularly the police who also have powers to provide immediate protection for children' (Masson *et al.* 2007: 1-2).

It is not possible for social work practitioners to take any legal measures to protect an unborn child prior to his or her birth. The question of intervening in a woman's life so as to control her behaviour during pregnancy, for the benefit of the child she is carrying, has been legally tested in a variety of ways, including the English case of *Re F (in utero)*¹⁶. In the U.S.A, a more paternalistic attitude has prevailed in some States, and pregnant women have had their liberty encroached upon as a result of actions termed abusive to the unborn child (Madden, 1993), although attitudes have varied between States (Mason and Laurie, 2011, 373). In the U.K., no such direct measures have been allowed. Attempts by fathers to intervene in a mother's plan to terminate a pregnancy over which they claim paternity have met with failure¹⁷ and 'Scots law recognises no right of the foetus to continue to exist in its mother's womb' (Mason and Laurie, 2011, 370). It is judged that a woman's right to self-determination over her own body is too basic and important a right to be limited by any other concern.

Where the legal status of the foetus has been tested, the Courts in the U.K. have firmly denied the applicability of personhood until the point of birth (Mason and Laurie, 369-370). However, the law may operate according to a legal fiction which allows that a child once born alive can be treated as if he or she were a person prior to birth whenever that child's interests require it. This is primarily to ensure that gifts and inheritances granted to a child '*en ventre sa mere*¹⁸' can accrue to that individual once born. However, it may also apply in terms of liability for damages for injury caused to an unborn child by a third party during the pregnancy, which causes harm or death to the baby once born. A different Scottish

¹⁶ *Re F (in utero)* [1988] Fam 122, [1988] 2 All ER 193.

¹⁷ *Kelly v Kelly* [1997] 25 SLT 896.

¹⁸ Translated as 'in the mother's womb', here the meaning is that gifts and inheritances made to an unborn baby whilst still in the uterus have the same status as if the baby had already been born.

legal approach to antenatal injury has been to view the claim to damages ‘crystallising’ at birth¹⁹ (Wilkinson and Norrie, 1999, 54).

The foetus’s lack of legal personality can be highly counter-intuitive at times, and the Courts have occasionally resorted to convoluted legal reasoning to side-step the issue. In *Re Attorney General’s Reference (No.3 of 1994)*²⁰ the doctrine of transferred malice was used to make legal sense of a crime which according to the legal status of the foetus, had no “person in being” to act as victim (Seneviratne, 1996). In this case, a pregnant woman was stabbed in the abdomen. The uterine wall was cut and the woman gave birth some weeks later to a very premature baby girl, who subsequently died. It has been argued that an opportunity was missed in this case to clarify the legal status of the foetus (Seneviratne, 1996), particularly as it was contemporaneous with a wave of Court sanctioned Caesarean sections in cases where maternal consent to a surgical birth was not forthcoming (Fovergue and Miola, 1998). This trend was halted by an appeal case²¹ (Mason, 1999, 247), clarifying the right of a competent pregnant woman to refuse medical treatment believed necessary for foetal health should she so choose (Scott, 2000, 1). However, the foetus was left in the same legal position.

Whilst Wilkinson and Norrie (1999, 57) contend that Scots Law allows for the liability of the mother for damages suffered by her unborn child, for example caused by her drug abuse, the Courts have not pursued this position. The law has generally been sympathetic to the unique position occupied by women during pregnancy (Scott, 2011). During the fieldwork for this thesis an appeal to the English Court of Appeal was widely reported upon in the national media that upheld this same principle.²²

‘Today there were reports regarding the English Court of Appeal ruling that a seven-year-old girl is not entitled to criminal damages due to her mother’s alcohol intake in pregnancy, which caused severe foetal alcohol syndrome for this child. The girl is in the care of an English local authority. The legal basis was that a crime had been committed by the mother towards the child under the Offences Against the Persons Act 1861, through her administering poison in the form of alcohol to the unborn baby. The Court of Appeal ruled against this on the basis that

¹⁹ *Hamilton v. Fife Health Board* [1993] 39 Session Cases 369.

²⁰ *Attorney General’s Reference (No. 3 of 1994)* [1996] 2 All ER 10, House of Lords [1997] 3 All ER 936.

²¹ *Re MB (Caesarean section)* [1997] 2 FCR 541.

²² *CP v. CICA* [2014] EWCA Civ. 1554.

the unborn baby could not be considered to have legal personhood. This has been the U.K. position thus far, but the media coverage of the case today is interesting. There has been a suggestion that this might yet change and that there might be an appetite for criminalising women's behaviour towards their unborn babies during pregnancy, where this results in significant harm to the child once born'

(Extract from Fieldnotes, 4th December 2014).

As the Master of the Rolls noted in the judgement, both pro-choice and pro-life campaign organisations intervened in this case,

'The first interveners are committed to supporting women's reproductive autonomy and advocates for women's choices across their reproductive lifetime. They contend that the legal question raised by this appeal is of profound social significance. They say that, if the appeal were to be allowed, this would be a radical development in the criminal law. In short, they say that there is a compelling public interest in safeguarding pregnant women and their fetuses from the detrimental effects of criminalisation'²³

Whilst noted, these campaigning interventions were able to be kept at some distance and did not affect the final judgement. Since the judgement settled around whether an offence had been committed by the mother under section 23 of the 1861 Act. It was clear to the Court of the Appeal that it had not, and the appeal was dismissed. Reform of the 1861 Act has since been sought (Law Commission 2015). Again the foetus's lack of legal personhood prevailed. The idea that 'there is room for only one person with full and equal rights inside a single human skin' (Warren, 1989, 63) is compelling. As upheld in this case, the legal primacy of the mother persists throughout the pregnancy and the judgement notes that 'in English law women do not owe a duty of care in tort to their unborn child'²⁴.

As soon as the baby is born however, the balance tips in the other direction as across the U.K. nations, the law places paramountcy on the child's welfare and affords primacy to the protection and well-being of the child, and parental acts of omission or commission against their children can be criminalised. Furthermore, a view on whether parents are capable of exercising their proper parental rights and responsibilities can be reached in part by considering the behaviour of the parents during the pregnancy.

²³ *CP v. CICA* [2014] EWCA Civ 1554: Para 68.

²⁴ *CP v. CICA* [2014] EWCA Civ 1554: Para 66.

13. The Unborn Client: Child Protection and the Unborn Baby

Whilst legal action must wait until the baby has been born, child protection processes may be initiated during the pregnancy. The behaviour of the parents during the pregnancy may also be taken into account in the grounds for any legal steps enacted following the birth. Essentially social work practice is relying upon the civil law *nasciturus* fiction in allowing that actions of direct import to the baby which occurred during the pregnancy can be taken into account once he or she is born: The legal grounds for such actions may include parental behaviour towards the unborn child before he or she had legal personality.

‘An unborn child cannot be made the subject of a supervision order, although grounds for legal proceedings once a child is born *may be based on parents’ acts or omissions during pregnancy*’

(McRae, 2006, 8, emphasis added).

‘Judgements will be informed by *current behaviour towards the unborn baby*’

(Hart, 2010, 236, emphasis added).

There are further legal and ethical complexities around removal of a baby soon after birth. These are due to the popular notion of a critical period for bonding between parents and child in the hours and weeks following childbirth. In appeal cases, the European Court of Human Rights has generally ruled that it is appropriate for social workers to intervene at birth to protect a child from harm where reasonable grounds exist. However, local authorities have been criticised for failing to consider alternatives to separating mother and baby in order to achieve the baby’s safety, and for not giving prior notification to parents of their intention to remove their child at birth (Masson *et al.* 2007; Masson and Dickens 2015, 108).

In one judgement, the Scottish Court of Session ruled that two local authorities had acted so as to infringe the rights of mothers under Article 8 of the European Convention on Human Rights (ECHR)²⁵. In both cases, the mothers were informed pre-birth that their children would be removed through the taking of a Child Protection Order (CPO) immediately following delivery. Both women attempted to seek an audience with the Court prior to the CPO being taken in order to state their case, but both were denied the

²⁵*Petition of N J and E H v. The Lord Advocate and Others* [2013] CSOH 27, available at www.scotcourts.gov.uk/opinions/2013CSOH27.html, accessed on 01/12/2013.

opportunity to lodge a caveat. The CPOs were granted by separate Sheriffs, both *ex parte*, and both women sought legal representation to appeal the Courts' decisions. This Court of Session judgement in favour of the women does not appear to have affected social work practice although in substance it stated that where notice of the local authority's intention to take a CPO at birth has been given to parents, in terms of their right to family life under the ECHR, they have the right of a legal hearing in the period before the CPO is sought by the local authority. This judgement has clear logic since this would be the parents' only means of acting so as to prevent their baby being removed shortly following birth. And whilst parents can make an application to recall the CPO after the fact, even if the child is returned that may be cold comfort to parents deprived of the early days of their child's life.

Depriving the infant-parent dyad of proximity during this period can furthermore be seen to put the parents at a legal disadvantage going forwards, since 'bonding' between them and their child is perceived not to have been allowed to occur. In Masson *et al.*'s (2007) study of the use of emergency child protection measures, whereas social workers and managers reported fears of parents absconding from hospital with their newborn, or even maltreating the baby under hospital care (echoed in Hodson, 2011), solicitors saw the taking of immediate action following the baby's birth by local authorities as over cautious and 'thought that arrangements should be made for mothers and babies to stay in hospital until there was a hearing... This was 'the civilised way'' (Masson *et al.* 2007, 162). Masson and Dickens (2015) have since reported on the application of 'pre-proceedings' to unborn babies on the 'edge of care' (Masson *et al.* 2013) in the English Law context.

'The process enabled parents to access legal advice before the baby was born, facilitating planning with parents and demonstrating fairness by the local authority. Pre-proceedings work focused on making decisions about the baby's future care, both short and long term, which might require court proceedings'

(Masson and Dickens 2015: 113).

Masson and Dickens' findings were broadly positive, suggesting that the use of pre-proceedings in pre-birth cases could divert some families away from care proceedings. The availability of legal advice was found to be helpful to parents. Since that advice supported the parents' understanding of the local authority's concerns, and of the actions that could result following the birth if these remained unaddressed. No such developments are known to be taking place in the Scottish family law context and discussion of the legal issues and

possibilities in relation to unborn babies have been all but exhausted by the review of legal literature and significant Court judgements presented here.

14. Conclusion

Through a review of relevant literature, I have contextualised this ethnography of social work practice in theoretical, legal, and policy terms. I have also drawn out aspects of the child protection literature and trends in intervention that relate specifically to pre-birth assessment and engagement with families. Through exploring the literature, it has become clear that pre-birth child protection only makes sense as a practice in the context of a shared professional view that infants can and should be protected before and immediately after birth when there is concern about risk. That shared view depends upon a theorisation of pregnancy as involving two distinct and separate entities: the expectant mother and the unborn baby. Both these identities are steeped in potentiality and rely upon complex social understandings of the primacy of biological kinship. All aspects of this picture are revealed to be fragile on closer examination: the personhood of the foetus, the maternal identity of the woman, the conceptualisation of the two as distinct.

Furthermore, the symbolic and relational identities conferred on the woman and the infant through birth can be disrupted by the intended removal of the baby at birth, potentially divorcing biology from permanence in the relationship between mother and new born. Sociological analysis of pregnant embodiment provides clues as to why this may prove problematic in practice. Women's accounts through research of their phenomenological experiences of pregnancy, birth and the haze of early motherhood appear a poor fit with the dichotomies and sureties of medical and legal constructions of the unique relationships and liminality that this aspect of human life entails.

Rather than delving into the ambiguities of pregnancy or the potential for ambivalence around any anticipated baby, pre-birth child protection takes an institutional approach. Social work assumes a role in relation to its unborn clients that is barely mediated by the mother at all. A form of engagement that research has shown leaves mothers vulnerable to huge loss and shame through care proceedings that fail to acknowledge their own needs or human rights. A sympathetic legal view of pregnancy which acknowledges the unique and politically precarious position of pregnant women has prevailed in Scotland. Yet this is now

accompanied by the expectation through social work policy and guidance of a highly assertive administrative process being enacted in cases of potential risk to an unborn baby. This work leads into, informs and supports legal steps taken to protect vulnerable babies immediately after birth and to secure their future care without unnecessary delay.

As this chapter has shown, the physical, emotional and neurological health of infants is a matter for great concern in U.K. policy making. This priority has apparently been taken up enthusiastically in social work practice as reflected by increases in very young children being subject to child protection plans, being looked after at home, and crucially coming into care. The population of children coming into care in the U.K. is ever younger. This population has also been shown to be drawn disproportionately from highly deprived areas. Particularly highly deprived pockets of more affluent geographical areas. Yet there is little evidence of consideration of the impacts of poverty on children's life chances or of proactive means of addressing these at a policy or practice level. Rather, the problems of the families who come into contact with child protection services and of care experienced children continue to be framed in individualistic, neuroscientifically informed ways.

The trends in child welfare interventions in the U.K. suggest that the response to the problem of unborn babies identified as being at risk of significant harm has overwhelmingly been through child protection measures. These measures may or may not have any impact on the broader needs of the families that these babies are born into and may be rapidly removed from following birth. Research into repeat care proceedings provides little ground for optimism that practice is routinely holistic or respectful of the birth family. Austerity cuts affecting the more deprived areas of the U.K. in disproportionate ways have decimated family support services and appear to be creating a child care system of last resort.

Whereby social work services and support can only be provided through child protection channels, which as well as providing a safety net for children inevitably carry high risks of family fragmentation and with that the increased vulnerabilities of fractured kinship bonds. Thus the potential for reinforcing inequalities and perpetuating social vulnerabilities through processes intended to protect children at risk appear very high indeed. Creating a fraught terrain for social work practice, unfortunately low on both material resources and on an agreed evidence base for pre-birth child protection work.

Having mapped the wider context for this research, in the following chapter I will describe the ethnographic methods used in this study. Outlining why these were chosen to explore

the research questions set out in the introduction to this thesis. This study was designed to wrestle with the thorny theoretical issues raised in the literature by exploring what the main actors actually do in the spaces created by pre-birth child protection processes, then asking what sense they make of that activity. What were the theories, policies and research talked about by practitioners? What did parents understand the basis for this extraordinary intervention in their family lives to be? Possible answers to these questions emerge through the data and tend to support the argument that a deep and largely unacknowledged complexity lies at the heart of pre-birth child protection practice. However, the next step is to describe how such insights were arrived at and the mirroring ethical, practical and epistemic complexities of the ethnographic approach taken in this study. Since only a multi-layered and multi-perspectival approach to data creation could hope to provide a fit with research questions about the challenging nuances of social work practice with unborn babies.

3. Methodology

1. A Moment of Disjuncture

A four-year-old boy dashed at great speed around a small living room strewn with toys. Grinning from ear-to-ear he shouted incomprehensibly as he ran in circles. Immersed in a game that I could not follow, he articulated loudly the fun he was having. Sitting to the other side of the room was his mother. A slight young woman, almost out of her teens, she sat facing me. Pregnant to a new partner, who was coming into the room to join us, playing with the young boy as he appeared from the kitchen. The wee boy continued to smile and acknowledged his young step-father joining what he clearly felt was a great game. I was there as the recently allocated social worker to the boy careering around the flat and the young couple's as yet unborn baby. Over the noise her son was making, the mother was articulating her wish to go to antenatal classes at the local health centre. She had never attended any with her first son she explained. She was too young and living at home with her own mother, a chaotic alcoholic with great affection for her daughter but interested in being a parent only insofar as it did not interfere with her need to drink. Furthermore, explained the girl, she had a terrible experience in hospital having her son and she and the baby's father were determined to have a home birth for this baby. Her son continued to run about the room as we discussed the parents' ideas. Already four, but still not speaking, he and his mum had experienced a difficult start to family life and his development had suffered as a result. His mother not only had insight enough to see this, but she wanted to do things differently with her expected baby.

As would become clear to this family as I continued to work with them, I was at this time newly pregnant with my own first child. I was in the process of arranging to attend not only NHS antenatal classes but yoga classes, NCT classes, and a home birth support group. As I spoke with this young family, I had what I later interpreted as a moment of feminist and sociological 'disjuncture' (Smith, 2005). I was unable to secure even basic NHS antenatal classes for this mother so that she could be better prepared for the arrival of her next baby. At the same time my own baby was being prepared for in the utmost detail. By this point I had been a qualified social worker involved in statutory children and families work in a busy

urban social work team for many years. Yet it was at this moment that I understood the difference in the capacity for this young woman and myself to give our expected babies the start we wanted to; even though both of us were highly motivated to do so.

That moment of disjuncture contained the seed of this thesis, which grew over time into a PhD proposal, then a funded ESRC studentship, through a research masters, into a progression board paper, through ethics and access applications, over a year of fieldwork, and fuelled by analysis, reading, reflection and writing it finally became this document.

2. A Natural History Approach to the Methodology Chapter

The business of converting practice concerns into solid, defensible research findings is not a linear, straightforward process. Rather than attempting to give the impression to the reader that it was, I take a 'natural history approach' (Silverman 2017, 471-480) to the methodology chapter of this thesis. Silverman's 'natural history' approach to the methodology chapter involves providing a narrative of the research that is not 'a bland account in the passive voice' (Silverman 2017, 472) but instead 'a methodological discussion in which you explain the actual course of your decision making' (2017, 475). It is a means of providing the reader with a history of the intellectual, ethical, and more contingent factors that combined to produce this particular study of pre-birth child protection. I aim to address the four essential features of a comprehensive qualitative methodology listed by Silverman (2017, 473), as follows:

- The (contested) theoretical underpinnings of methodologies;
- the (often) contingent nature of the data chosen;
- the (likely) non-random character of cases studied;
- the reasons why the research took the path it did (both analytic and chance factors).

This 'natural history' chapter aims to give methodological account of the decision making that informed this doctoral research project. Through documenting the way that my chosen theoretical approaches and other, more contingent, factors determined the development

of this study, I aim to demonstrate that this was a competently produced piece of research with sound epistemological foundations. As Morriss (2014) has previously demonstrated, a 'natural history' approach is suitable for explaining the decision making and research process of a qualitative social work PhD that has roots in practice, and through the use of data intends to 'formulate and refine theoretical understandings of social processes' (Anderson 2006, 387). Which is to say that this study began in the specificities of my own social work practice but it aims to produce theoretically informed findings with broad applicability. In this chapter I provide a natural history of how the findings presented in the following chapters were arrived at, based on contemporary fieldnotes, as recommended by Silverman (2017, 471-480).

3. A Research Proposal

The original proposal for this doctoral project bears all of the traces of the 'what works' research agenda in social work. Much as Hart describes (2001, 4) in the introduction to her thesis on pre-birth assessment, I thought that social work research had to arrive at immediate conclusions for practice. I imagined that it would be possible to study not just the nature of practice but actual outcomes for families, and to arrive at clear recommendations about how pre-birth child protection work 'should' be done. Therefore, I originally planned a mixed methods study designed to answer how pre-birth work is currently undertaken in social work, and how it might best be approached to ensure positive outcomes. Having studied the arts subject of philosophy as an undergraduate, I was required by my ESRC funding terms to undertake a year-long social sciences research Masters before embarking upon doctoral studies proper.

4. A Research Masters

As an established children and families practitioner, I had always thought critically about social work, and about child protection, informed particularly by the work of Parton (1985, 2002) and Parton and O'Byrne (2000). I had been trained in the Signs of Safety approach

(Turnell and Edwards 1999) and I often used strengths based and constructive approaches in child protection. I also regularly used creative and arts based techniques in my work with children. I had never felt a complete insider in social work. However, the research Masters forced me to realise how much of an insider I was, as I struggled to develop the level of critical distance from my professional perspective that was required as a research scholar. This led to a profound sense of intellectual isolation. De Montigny (1995) evocatively describes the sense of intellectual relief he felt when he began to study under Dorothy Smith. I had a similar experience in encountering Smith through a sociological research course and then through her books in the university library, before eventually encountering her in person.

Institutional ethnography (Smith 2005, 2006; Campbell and Manicom 1995; Devault 2006), as an activist sociology 'for people', appeared to offer the solution to the intellectual tensions that I experienced in trying to incorporate ideas about wider social processes into my view of social work. The ideas of 'disjuncture' and 'standpoint' provided the conceptual scaffolding I needed to make sense of ethical discomfort that I had sometimes experienced in practice. Since they supported thinking about the 'ruling relations' that might be contributing to forms of social work that may in effect be oppressive of people. This allowed for a broadening of my thinking about social work. It also allowed for a shift in my research interest from 'what works' in pre-birth child protection to actually, 'what is' pre-birth child protection?

The dissertation that I wrote for the Research Masters, and went on to develop as a more elaborate PhD research proposal in the first year of doctoral studies was a proposal for an Institutional Ethnography of pre-birth child protection. I felt drawn to this approach, to the fact that Smith did not deny her gendered and political 'positionality'. It appealed to me that Institutional Ethnography came with an explicit commitment to research that might make life a little better for those studied. A commitment to work that through its nature might challenge oppressions and unquestioned assumptions in society, 'a knowledge resource for people who want to work towards a more equitable society' (Campbell and Gregor, 2002, 93). However, during the research Masters year I also undertook specific training and practical coursework in ethnography and qualitative analysis, and it was to these approaches that I would in fact later turn in terms of research design. At the point of

my masters however, I immersed myself in the dense writing of Smith and of Institutional Ethnography.

5. Mapping the Terrain

Following the research Masters, I was granted a year's break before commencing the first year of my PhD studies. I returned to work in a statutory children and families practice team for that year. However, while I was enrolled on the Masters course, I had sought and been granted ethical approval from the University to conduct focus groups (Bryman, 2008; Kitzinger, 1994; Morgan and Krueger, 1993) with practitioners to inform my proposed PhD study. Following this, I was then granted research access by an urban Scottish local authority to conduct focus groups with their staff. The same local authority later granted access for the ethnographic study that forms the basis of this thesis. The focus groups were to be part of my research Masters year, but in the event, due to the timing of my break from studies, the fieldwork of the three focus groups was conducted in the year between my Masters year and my PhD proper.

I conducted two large focus groups with practitioners and one very small one. The first focus group was conducted with a children and families social work team, and the second was with a multi-disciplinary specialist team for pregnant women with substance misuse issues. The third, smaller focus group was essentially an interview with two social workers from a hospital team. Within the fieldwork site, this team dealt with all of the homeless families coming to the attention of child protection services during a pregnancy. They tended to hold rather high tariff pre-birth caseloads. For example, working with women whose substance use was very chaotic but who were continuing with a pregnancy. All participants were informed verbally and through an information sheet about the nature and purpose of the focus groups. All gave signed consent to taking part in the research.

The idea of initial focus groups within an institutional ethnography is to 'begin with experience' (DeVault and McCoy, 2006, 20) and to 'map' the terrain that will be covered by the study. Of course, in many ways this was a terrain I knew well as a senior practitioner, with almost a decade of experience in children and families social work by this point. However, I knew that I was seeing the work very much from my own practice perspective. I

had begun to think critically about pre-birth involvement but at this point the state of research in this area was further behind the current picture, as outlined by Hodson (2011). Therefore, there was little empirical research to refer to and it was instructive to hear from other professionals about how *they* understood pre-birth work.

On reflection, the focus groups also picked up some themes that have run right through the project. To elucidate, one theme that has continued from the focus groups to PhD fieldwork and findings, all the way to recent knowledge exchange discussions with practice colleagues, has been an optimism about the potential for professional involvement during a pregnancy. I have found a widely held practice conviction that good pre-birth work can create and support changes in family functioning; particularly changes in terms of the mother's lifestyle and motivation, as I will go on to discuss in the findings chapters.

The focus groups shaped my thinking about possible research questions. They also contextualised the data created by the ethnographic work I went on to complete. For example, one particularly helpful insight that came out of the focus groups was the level of thought that managers put into allocating pre-birth cases. One social work manager proposed a view that mature, maternal workers who had brought up their own children were her ideal choice. This was because she saw them as able to nurture the expectant mothers through the assessment process. This ideal was not greatly borne out in the later fieldwork. Being aware of this wider context for the work was helpful. It opened up the possibility that there were practice ideals that managers were aspiring to that were not necessarily apparent through the study of frontline practice I went on to complete.

One related point worth noting is that there went on to be a slight over-representation of participants from these three teams in the final research sample. My reflection on this is that the focus groups also functioned as a way of building trust (Okely, 2012) with potential professional participants so that they were then more comfortable with observations of their practice being included in the study. It is rather a significant 'ask' of practitioners in the contested field of child protection to be observed by a researcher, as I shall discuss later in this chapter.

6. Progression Board

At the end of the year's break and on beginning doctoral studies, I continued to develop a research proposal for an institutional ethnography of pre-birth child protection, informed by the focus groups. This became the paper that I presented at my progression board. I outlined my reasons for proposing an institutional ethnography as an appropriate methodological approach as follows.

'Institutional Ethnography allows for the possibility of beginning in everyday/night experience, but in order to ground the study and to locate the texts that govern the dynamic forces between the mother, her unborn baby, and the children and families social worker. And further, to explore the 'relations of ruling' which are glimpsed in yet transcend local practices'

(Extract from PhD Progression Board Paper, 12th December 2013).

My PhD was allowed to progress through this board. However, in the discussion that took place it was evident that there were significant tensions between my epistemological position, my research questions, and the choice to pursue an institutional ethnography. A major issue was that at least some versions of Institutional Ethnography (IE) require the researcher to adopt a particular and individual 'standpoint'.

"'Standpoint' as the design of a subject position in institutional ethnography creates a point of entry into discovering the social that does not subordinate the knowing subject to objectified forms of knowledge of society or political economy. It is a method of inquiry that works from the actualities of people's everyday lives and experience to discover the social as it extends beyond experience. A standpoint in people's everyday lives is integral to that method. It is integral to a sociology creating a subject position within its discourse, which anyone can occupy'

(Smith, 2005, 10).

Although the role of a 'standpoint' in IE has continued to develop since, at the time it was difficult to see how I could conduct an institutional ethnography that proceeded from the position of both the mothers and the social workers. A standpoint that did not conflate that two, but that did seek to explore the way that the work of the predominantly female profession of social work can function so as to regulate (Sangster, 2001) or govern (Goetz,

2009) the behaviour of its predominantly female clients. An attempt to 'work the hyphen' (Fine, 1994) between self and other in qualitative research. This position was rightly criticised as impossible within the terms of the internal logic of the methods of Institutional Ethnography. My interpretation of the notion of a 'standpoint' was not the only issue. What I had come to realise was that I wanted to study were what Smith would describe as 'actualities', or what outside of Smith's framework would be referred to as 'realities'. I wanted to study practice as it happened in order to understand what the practice of pre-birth child protection consisted of in face-to-face interactions. IE is not designed to study such interactions *qua* interactions, nor the activities of individuals. It is designed to reveal how those interactions and activities are 'co-ordinated'.

'The actualities of people's activities are not adequate to specify the phenomenal object of institutional ethnography. Yes, we can go after people's practices, their work, their activities of all and any kinds, but there is a missing sociological piece. Basing ethnography in people's activities individuates action and those who act. This is a perennial problem in sociological thinking'

(Smith, 2005, 57).

The research object of an institutional ethnography is 'the social relations' as they pertain to a particular sphere of human activity. Whilst I originally thought that this was what interested me in relation to pre-birth child protection, the progression board revealed that there were inconsistencies in my thinking. My ideas kept slipping back into studying the interactions of child protection as important in their own right and accessible other than through texts. Through time and a lot of writing, it became clear that an institutional ethnography could not answer the research questions that I had. Or to look at it another way, that my research questions had no locus in the ontology and epistemology of the intellectual project of Institutional Ethnography.

7. Research Questions

What resolved these knotty research design tensions was settling on my research questions. Mason describes the importance of research questions as follows.

'They are vehicles that you will rely upon to move you from your broad research interest to your specific research focus and project, and therefore their importance cannot be overstated. Research questions, then, are those questions to which you as a researcher really

want to know the answers, and in that sense they are the formal expression of your intellectual puzzle'

(Mason, 2002, 20).

Once I made a shift to thinking of my project as an ethnography based within the organisational setting (Fine *et al.* 2009) of a local authority social work department, rather than an institutional ethnography that sought to understand the ruling relations governing the activities within that organisational setting, the path cleared and I was able to write coherent research questions. The state of research and theoretical work at the beginning of my project clearly suggested the need for an exploratory study. As I have already suggested, the practice of pre-birth child protection troubled me in a number of ways. Not only in terms of practice, as outlined above, but also in terms of legal ethics. Having specialised in ethics during my philosophy degree I was familiar with the idea explored in the literature review that unborn babies cannot be considered legally or morally as 'persons' in Scots Law. Yet as a social worker I was expected to behave as if they were in fact my clients, to whom I owed a professional duty. I really wanted to ask 'what's going on here?'" (Goffman, 1959, cited in Czarniawska, 2014, 2).

However, I also wanted to know what the people involved with this work think or feel is '*going on here*'? Engagement with Smith's thinking had supported me to form a broad and feminist conceptualisation of 'work'. 'Work' is 'generously defined' within Institutional Ethnography as 'what people do that requires some effort, that they mean to do, and that involves some acquired competence' (Smith, 2010). Brown (2006) uses this conceptualisation of work to explore what it is that mothers who are subject to the child protection system actually *do* in response to investigation of and state intervention in their family life. On this account, 'child protection investigations are, in effect, job performance appraisals of the unpaid labour of raising children' (Brown, 2006, 352).

Although I could have focused specifically on 'mothers', I decided to include both parents in the study whenever possible. My experience in practice had been that the 'work' of fathers, and the way that the behaviour and motivations of fathers were understood by professionals, was integral to the 'making' of child protection 'cases' (Urek, 2005). Whether or not the intention was for the father to have a resident or other active role in the life of the unborn baby, his actions were likely to be important in terms of how the family's story was told through professional assessments. I was also very interested in hearing from

fathers about their experience of being subject to child protection assessment in the pre-natal period. Therefore, I saw both the activities of the social workers and the activities of the expectant parents as 'work'. This conceptualisation allowed me to treat the activities of both parties with equal respect. Giving equal weight to the activities of social workers and parents helped in formulating questions of meaning. Since I wanted to find ways to explore the meanings that both practitioners and parents ascribed to the activities of pre-birth child protection.

So, the research had a dual, inter-related focus. It sought to discover what is happening in pre-birth child protection: How is it done and what sense do the key people involved make of what is happening? I reiterate the research questions this study set out to answer below for ease of reading.

How do social workers and parents navigate the process of pre-birth child protection assessments?

- What do the face-to-face interactions between social workers and parents consist of in practice?
- What are the activities that social workers undertake in order to make an assessment pre-birth?
- How do parents respond to and make sense of pre-birth child protection assessment of their families?
- What do social workers understand the purpose of pre-birth child protection assessments to be?

The questions that the research sought to answer were broad and exploratory to address the lacuna in research into pre-birth child protection social work. The research was intended to study practice, therefore focused on the interactions between practitioners and parents, in an attempt to discover how they navigated this challenging work. Previous doctoral work studying pre-birth child protection had done so through methods of documentary analysis and research interviews (Hart, 2001; Hodson, 2011). There is surprisingly little social work research knowledge about what happens in the face-to-face (Ferguson, 2016) interactions of child protection when practitioners and family members are 'co-present' (Broadhurst and Mason, 2014). This study was an attempt to address that

gap in relation to pre-birth child protection. Forming ‘workable research questions’ (Silverman, 2017, 157) for this project had involved many dead ends. However, once I had arrived at researching interactions, and on making a multi-perspectival study that allowed for the participation of different actors in the process, a ‘mobile’ ethnography of social work encounters with families pre-birth became the natural research design.

8. Ethnography

In the process of exploring how to undertake an institutional ethnography, I had considered reading case records of pre-birth encounters, as previous studies of pre-birth assessment (Hodson 2011), and social work judgement in pre-birth cases (Hart, 2001) had done. Any number of social work research questions may be answered through the analysis of case records and reports treated as rich documentary sources (Prince, 1996; Scott, 1990; Tice, 1998). I could have drawn on ethnomethodology to analyse social work texts and talk, collected through interviews with practitioners, to try to understand the work of pre-birth child protection and the way that it is accomplished by social work ‘members’ (Garfinkel, 1984). As Morriss (2016) and White (1997; 2001) have demonstrated *inter alia* ethnomethodology can be very valuable in destabilising the ‘insider’ knowledge and familiarity that social work researchers bring to fieldwork. However, in studying practice in pre-birth child protection, it made sense to observe social work activities in real time and to combine those observations with interviews that would open up the questions of meaning that the research sought to answer, in other words, an ethnography.

‘Enter ethnography. Of the three cognate disciplines that social work has heavily drawn upon – anthropology, sociology, and psychology – it is anthropology’s case-based emphasis and ethnographic method that fits with our need to theorize the particular-in-context. The need for context-dependent knowledge requires research and practice methods that produce and disseminate such knowledge. Ethnography produces empirically rich case studies of complex social problems, sheds light on contradictions in social policy, attends to change across multiple scales of human action, and assists in the process of translating theory-to-practice’

(Floersh *et al.* 2014, 4).

As part of the ‘ethnography’ coursework for my research Masters I had carried out a small-scale ethnography of the transition to parenthood through non-participant observations of

an entire National Childbirth Trust (NCT) course and post-natal meet-up, and interviews with the expectant parents and NCT trainer. I had combined this with 'data collection' coursework for the Masters by interviewing expectant mothers recruited through a pregnancy yoga class about their experiences of 'support during pregnancy'. Then, combining both sets of data together, I analysed them for the 'qualitative data analysis' coursework. In this way I was able to form a coherent small-scale study of urban, middle class transitions into new parenthood. Hardly a gap in research knowledge that needed to be filled (Brunton, Wiggins and Oakley, 2011), yet the data still yielded some interesting findings about the pressure that the women felt from professionals and alternative therapists around having a 'good' birth and getting infant feeding 'right'. I was confident that I had sufficient competence in the methods of observations, interviews, and qualitative data analysis to approach an ethnography.

Ethnography is a 'broad church' covering many different traditions, however it is distinctively 'grounded in a commitment to first-hand experience and exploration of a particular social and cultural setting' (Atkinson *et al.* 2001, 2). It is a methodology which invites the researcher to spend some time within a particular setting 'watching what happens, listening to what is said, asking questions – in fact, collecting whatever data are available to throw light on the issues that are the focus of the research' (Hammersley and Atkinson, 1995, 1). It is therefore well suited to exploratory research that seeks to understand the interactions between people in a particular 'scene' (Fine, 1993). It is also well suited to social work research when the intention is to understand the multi-perspectival aspects of an area of practice.

Ethnography allows the researcher to study the practice context, but also to pull the 'context' (Shaw, 2007) apart in an effort to discover the meanings underlying its construction. Through the combination of observations and interviews and the time taken in the field, the ethnographer can ask how things appear, but also why they might be that way. These were exactly the kinds of exploratory questions I wanted to answer about pre-birth child protection. Shaw, in writing about what makes social work research distinctive, discusses the potential fit of ethnography as a methodology for social work research.

'[T]horoughgoing ethnography sets in the foreground the liberating or constraining features of everyday life, the particularities of culture, and above all an emphasis on context... 'Context' should not be treated as a taken for granted feature of social work. What are our assumptions of the meaning of 'social work context'? Possibly roughly the same as 'setting'

or 'agency', and as something that is a 'given' of social work practice. Something we can 'touch, taste and handle'—that is relatively fixed and durable—social work's material culture. Maybe we distinguish in our minds the local from the extended setting. This extended setting may be spatial, or defined by membership. Service users may well appear in our image of the social work context. Possibly we envisage the extended context as including policy and managerial contexts. But what about the time dimension? Contexts are retrospective as well as prospective, and context cannot be restricted to spatial models. Professional and organizational discourses, and the almost endless deposit of written texts, also form core elements of social work contexts. It will be clear from this that the frameworks of meaning within which social workers practise are not fixed and given. They are the result of mutual 'labour' on the part of actors'

(Shaw, 2007, 666).

Ethnography then, allowed for multiple possible factors to emerge as important in the construction and practice of pre-birth child protection. The context did not have to be assumed but could instead be explored. I proposed a study of pre-birth child protection sited within multiple locations (Hannerz, 2003) in a single Scottish local authority. The ethnographic fieldwork (Jenkins, 1994) was to proceed through non-participant observations (Hammersley and Atkinson, 1995; Burgess, 1984) of social work meetings. It would aim for a balance of observations of 'formal' CPCC meetings and less formal core group meetings, as well as observations of smaller meetings between social workers and parents on home visits or in the office. As Shaw emphasises, I could not be sure what the context for the work was, so it was a case of going along with the observations that I could gain access for and allowing these to guide future observations. I aimed for at least two observations for each social work 'case'. One observation was not ideal as it did not allow for the possibility of understanding the interactions between participants, particularly in a large case conference meeting. More than two observations increased the potential for my observational role in meetings to become less clear for participants. Czarniawska highlights the fact that when undertaking an ethnography, 'observation' is a two-way process.

'One of the often neglected but important symmetries in fieldwork is the fact that the researchers are not the only ones engaged in observation: they are themselves an object of observation. This symmetry needs to be emphasized'

(Czarniawska 2014, 78).

Therefore, ethical considerations in terms of how my role might be interpreted by families and practitioners if I began to appear regularly at meetings and on home visits informed the research design. My concern was that I would begin to be viewed as having a participant role in the child protection processes. Limiting my contact with each family participating in

the study by no means ironed out the ethical tensions of the research, but it did appear to keep my role clear for participants. Furthermore, it was emphasised to family members deciding whether to participate in the research that this would have no effect on the outcomes of the child protection process in relation to their unborn baby.

Strongly influenced by Ferguson's use of 'mobile methods' (Buscher, Urry and Witchger, 2011) in researching social work, and specifically child protection work (Ferguson, 2009; 2010; 2011; 2014). I planned to 'shadow' (Czaniawska, 2014) social workers by accompanying them on visits or between meetings when possible. The actual fieldwork site was geographically quite small; an urban local authority rather than a sprawling rural Scottish local authority. However, this was designed to be a multi-site ethnography (Hannerz, 2003). In making a study of practice, it was important to me to get into the sites where interactions between practitioners and parents happened, not only in formal meeting rooms but also in family homes.

'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).

Consistent with the ethnographic approach I proposed, I anticipated that interviews would be 'mobile'. As it transpired, interview venues included my car on several occasions, a hospital clinic, an Early Years Centre and a Sherriff Court waiting room. I also planned that some interviews would be conducted in a more planned way supported by a semi-structured interview schedule. The interview questions needed to be designed around the observed meetings in order to ask what sense participants had made of the interactions and to test any sense that I as a researcher might be making of what was happening in pre-birth child protection. Research interviews (Arskey and Knight, 1999; DeVault and McCoy, 2006; Kvale 2007; Mason, 2002; Scourfield, 2001) with key participants were intended to form an important part of the data creation process, since observations could not answer the questions I had posed about the meaning that participants ascribed to the activities of pre-birth child protection. Ethnography is a way of approaching research that can enable 'researchers and those who are the subjects of research to change how they see themselves and are seen by others' (Luttrell, 2003, 147). Which is to say that the researcher

is required to be open to shifts in meaning and perspective that happen within the spaces the research creates. Therefore, I would aim to interview the social worker, the case conference chairperson and whenever possible the expectant mother and father. It was not possible to design 'research instruments' for use with all participants in a consistent manner. Instead the interview schedules needed to be individually prepared when there was sufficient time and space between observations to allow this level of planning²⁶. Having reached the stage of a coherent research proposal, it became possible to progress to applications for ethical approval and research access.

9. Ontology and Epistemology

The ontological and epistemological stance taken on the data and data analysis is constructivist and critical realist (Bhaskar, 1998) in nature. It is assumed that there was an ontological reality there to be studied. However, that reality is understood as social and therefore dynamic and always in the process of re-construction and interpretation.

'The concrete reality for many social scientists is a list of particular facts that they would like to capture; for example, the presence or absence of water, problems concerning erosion in the area. For me, the concrete reality is something more than isolated facts. In my view, thinking dialectically, the concrete reality consists not only of concrete facts and (physical) things, but also includes the ways in which the people involved with these facts perceive them. Thus in the last analysis, for me, the concrete reality is the connection between subjectivity and objectivity, never objectivity isolated from subjectivity'

(Friere, 1982, 30).

I adopt the perspective that the research data was co-created by the research participants and myself in this study of the relational (Archer, 2010) in pre-birth child protection work. My knowledge of this area of practice and of social work generally, and my positionality as a researcher affected what I saw and heard or found interesting about the meetings I observed (Houston, 2001). That data then affected the way the project progressed as each observation informed the next set of interview questions in an iterative way. Relationships

²⁶ Two example research interview schedules are provided in the appendices, one for a practitioner and one for an expectant parent. The reader will observe these are in the style of thematic guides. There are also verbatim quotes from observations included that were intended to be checked for accuracy and meaning with participants within the research interview.

are crucial to ethnographic research. Another researcher would have generated somewhat different data, since the relationship I was in to participants affected the conversations we could have. Therefore, attention to the ways that power, gender, class and ethnicity affect the research interactions is both ethically and epistemologically crucial (White, 1997).

10. Fieldnotes, Reflexivity and Knowledge

Ethnographic researchers have sought to address the interpretative nature of the method through reflexivity (Foley, 2002) and particularly through reflexive fieldnotes. The ethnographic fieldnotes that I draw on in this chapter took a variety of forms. Firstly, I took contemporaneous fieldnotes whilst observing meetings. These were largely factual accounts, including pictures and keys so that I could recall who had attended the larger meetings. I also recorded questions that occurred to me during the observations that might later be asked in research interviews. I recorded verbatim quotes and whenever possible checked for accuracy with research participants when I next had the opportunity to talk to them. I also wrote accounts in the fieldnotes, in response to events in the research. For example, following an observation I would continue from the contemporaneous account, adding my reflections, thoughts and puzzles. Finally, I kept a month-by-month research journal of the whole fieldwork period where I added reflexive memos and wrote about the data as it developed. The journal is also a mixture of the factual and the reflexive in terms of content however, since I recorded failed attempts to recruit participants or secure interviews for the research here also. Fieldnotes are as individual as their writers and although I considered methodological literature for advice on technique before beginning the research (Emerson *et al.* 2008; Sanjek, 1990; Silverman, 2006), as these writers suggested I came to write in my own style about the questions, tensions and points of interest that arose from each stage of the fieldwork. I also used the fieldnotes as a space to reflect upon the way that I as a researcher was shaping the data as it built up.

‘In an ethnographic study we are telling someone else’s story while disclosing our biases – a tricky enterprise. We are not the blank slate of the explorer, rather we are continually dancing between the emic (the insider, inductive) approach and the etic (outsider, deductive) approach. It is a complex dance and the data that are gathered in the process are abundant, varied, and often feel overwhelming to collect and analyse’

(Gioia 2014, 147).

Reflexive writing and discussions have been crucial aspects of the research process (Emerson, Fretz and Shaw, 2008). In addition to questions of 'insider' or 'outsider' status which I will go on to discuss, the rich data created by this research is woven through and thick with cultural symbolism and iconography: The 'bonding' relationship between an expectant mother and her unborn child, the purity and goodness of infants, the assumed 'naturalness' of birth family relationships, and the 'judgement' and power of the state. This extract from reflexive fieldnotes written in the festive period and entitled 'Away in a Manger' provides a sense of the way that the research data and the cultural context in which it was created intertwined. The fieldnotes also function as an example of the ways that I worked with the data analytically in the process of writing regular fieldnotes. The example begins with an extract from a research interview with Callum, a social worker who participated in this study.

"You get the sense that the baby's really celebrated, and particularly special. We don't see that a lot day to day with the families that we work with who are expecting babies. You don't see, you know, those babies being special and lives changing and priorities changing. I guess it's quite refreshing to see someone really enjoy that... which, you know, does happen as people give birth in the main but just the people that we see... they tend not for whatever reason to be able to enjoy...'

(Extract from research interview with Callum, social worker to Rachel and Luke's unborn baby).

In the news, there is a lot around pregnancy and new-born babies. Having been thinking and writing about this area for over 4 years now, it seems to me that advent brings these kinds of stories into the media spotlight... there are two news stories concerning new-born babies, one where the 30- year-old mother walked from hospital and apparently threw herself into the river, probably still holding her 4-day old baby. The other is regarding the arrests of a father, whom it is emphasised is a vicar, and his daughter for the murder of a new-born baby born in their home, registered as stillborn. The tragic case of the mother has captured public attention and questions are being asked about how she was able to discharge herself and leave hospital with her baby... I have been wondering what the coverage of these stories – all top news items today – tells us about our feelings around birth and new life and to what extent this is informed by the societal focus on the birth of Jesus and Christmas at this time?

In terms of the emotiveness around pregnancy generally, the three social workers I have been able to interview told me very different things when asked how it feels to work with heavily pregnant women and deliver the messages that they are delivering to them about their babies' futures. Nadine wanted to be very clear that this was not something that affected her any longer.

'I don't know if I'm particularly affected by things like that anymore. I have been. I'm more, I find it easier because it's about process isn't it?'

(Extract from research interview with Nadine, social worker to Amara's unborn baby).

Callum seemed really invested in the pregnancy he was working with, in the sense of the health of the baby and the mother, although it would be difficult to be clear about whether this was particular to pre-birth work or whether he would be similarly invested in children he was working with? The parents went so far as to describe the social worker as an "Uncle" to the baby.

[The third social worker] Mary seemed more affected by the father's emotions around the expected baby than the mother's pregnant state.

'He 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'

(Fieldnotes of research interview with Mary, social worker to Ellie and William's daughter and unborn baby, immediately following CPCC).

In terms of the parents' feelings about their expected babies, I had less access to the parents Mary was working with, Ellie and William. Amara and Rachel were however very clear about the meaning of their babies to them, and their aspirations for their daughters' futures.

'I want to give her everything I didn't have, all the love, everything'

(Amara, expectant mother, contemporaneous fieldnotes of observation of home visit).

'I want [unborn baby's name] to have friends and be part of the community we are in. Does that sound silly?'

(Rachel, expectant mother, contemporaneous fieldnotes of observation of CPCC).

Both these women had lost children previously. Rachel has two older daughters permanently outwith her care, and is documented as having suffered two miscarriages. Amara described in detail the experience of

two late second trimester miscarriages she had suffered and what her at the time current pregnancy meant to her in this context.

'I am sure if I lose this one, I will not survive that one. I was so worried for that one... I made sure everything went well. To be more at home, in my bed, lying... make sure everything will be perfect for her'

(Amara, expectant mother, fieldnotes of interview written immediately following observed home visit).

The extent to which the relationship between social workers, pregnant women, and their partners is defined by the high emotions around these pregnancies is a difficult question to answer. Certainly it is proving a difficult time of year to recruit. Imagery of the new born Christ may be everywhere but pre-birth referrals have in fact dipped in the local authority. The 6 referrals where I have been trying to recruit the social worker over the past few weeks have proven elusive and maybe there is something about doing this work at this time of year that makes social workers feel more defensive? Less likely to take unborn babies to a child protection case conference even? Or perhaps they are just too busy Christmas shopping and trying to put together support plans for the families they are working with which will hold over the ever difficult festive period'

(Extract from Fieldnotes, 4th December 2014).

Recognising the 'symbols and cultural meanings' (Vidich and Lyman 1998, 44) that emerged from the data has been an important aspect of the analytic process. As suggested in the preceding literature review, the circumstances of pre-birth child protection hold the potential to disrupt the normative cultural symbolism of birth dominant within the culture that this study was situated in (Carsten, 2000; Reid, 2011). Sifting through dense layers of meaning is ethnographically necessary. Since the research questions can only be answered by engaging with the cultural setting for the research and problematising this in order to achieve a level of 'defamiliarisation' (White, 2001).

11. Ethics and Access

All of the research activity described in this chapter and the findings that follow from it were subject to ethical clearance by the University of Edinburgh School of Social and

Political Science Ethics Committee. The first major ethical question to be answered when undertaking any research is of course whether it is worth doing. Pre-birth child protection is an under-studied area of social work, which has benefitted from very little theorisation. Yet the activities of pre-birth child protection can lead to very real and long-lasting consequences for families. Therefore, a clear argument could be made for careful research into this 'sensitive topic' (Renzetti and Lee, 1993).

Research access was secured through the organisational research processes of the urban Scottish local authority where the fieldwork took place. Once access had been agreed, I was put in touch with my research contact within the local authority, who was at the time managing the team of independent reviewers responsible for chairing case conferences. We agreed that he would let me know when he had referrals going forwards for an Initial Pre-Birth Child Protection Case Conference (IPBCPCC). This allowed coverage across the local authority since all child protection referrals would come through this route. The only exception was those pre-birth referrals where an alternative Family Conferencing approach was being used. I therefore had a further research contact in the local authority who oversaw that work and who was to alert me to any pre-birth cases where the family were being offered the opportunity of a Family Group Conference (FGC) meeting. The two need not have been mutually exclusive although there was no crossover in the sample and the local practice appeared to be that either one process route or the other was being followed.

Both of the contacts who facilitated my access to participants gave me the names and contact details of the social worker who had been allocated the pre-birth case. My task was then to speak to the allocated social worker, explain the research, and seek their agreement to participate. If the social worker was happy to take part, I then had to seek the agreement of the person who would be chairing the Case Conference or FGC meeting. If he or she was also content to proceed, I arranged with the social worker to meet with them and usually at the same time meet the expectant mother or parents. In that meeting, I would explain the study in detail, provide information sheets and seek signed consent to participation in the research from all parties.

One question that arose in designing the consent process was who could give meaningful consent to the study, given that one subject of the research is the unborn baby. It was agreed through supervisory discussion that the expectant mothers could provide consent

not only to their own participation but also the study of social work activity in relation to their child. Paternal consent would also be sought to this whenever possible and practicable. When fathers were present at meetings and met with me in relation to the study, their consent was sought and given. It was not possible to gain the consent of fathers who did not attend observed meetings. For all interviews, whether formally or informally conducted, and for the occasional access to reports that was made possible, participants were asked to sign a consent form and provided with an information sheet which explained the nature of the research, the nature of their consent and their rights. For observations of social work meetings, the assent to participate was given verbally by those present.

It was important that all expectant parents understood their right to withdraw from the study at any time without giving any reason. One family took the decision to do this after I had observed a family group meeting and interviewed professionals, but before interviewing the mother. All data arising from this social work 'case' was then destroyed and none of the participants who consented in relation to this case feature in the research sample in relation to that family.

Data arising from the research is stored on the University of Edinburgh's secure server. As a lone doctoral researcher working on this study, I have been the only person to have access to the raw data as I have completed all of the transcription. Small sections of transcribed and anonymised data have occasionally been shared with the supervisors of this PhD in order to assist the process of analysis. It was my decision before fieldwork began that the data created should not be stored for potential secondary analysis, as is the general policy of the funding body that supported this research, the ESRC. My funders were informed of this decision on grounds of the extreme sensitivity of the material, as well as the difficulty in ensuring full anonymity for participants because of the detailed family histories discussed during the study. It did not feel comfortable to be assuring participants of their anonymity if the future use of the data arising from the study was unknown. Research participants were made aware of this decision, and informed that their confidentiality and safety was the first priority in the research. It was emphasised to potential participants that their choice to participate would not influence the outcomes or decisions of the child protection process.

12. Entering the Field: Reflections on Beginning the Fieldwork

'This early phase is, I think, the source of the mystique of fieldwork. You are adrift, trusted by no one, and unsure of what is going on around you'

(Agar, 1996, 133).

My fieldnotes of the initial period of research access are full of anxiety and frustration. I spent much of August 2014, the first month of research access, visiting social work teams and the team of case conference chairs, raising awareness of my research, and seeking to recruit practitioners to the study. I offered a number of accounts of this recruitment period in my fieldnotes.

'Visit to Practice Team A for a ten-minute slot in their managers' meeting at 11.20am. An 'old-style' office in the centre of a housing estate in the process of a major re-build. High rises scattered in fields of wasteland, grass growing up between them. Then a series of scruffy low-rise offices, backing on the edge of the remaining houses in this side of the estate, and the main parade of shops. A large bakers and a betting shop prominent amongst them. Within these offices is the social work centre, very different from the new-style, new-build, shiny office Practice Team C are now based within. I am ushered from reception through the wipe-clean waiting room along to the meeting room where the overall manager and four of the [operational managers] were meeting.

I attempted to introduce my research and provided papers this time, which everyone proceeded to skim. The process of the research seemed to be understood easily enough, although issues about how my role would be understood by parents given the complexity of explaining the child protection process to them in the first place were raised.

The purpose of the research seems less clear to people, and I need to think this through and maybe remind myself of the compelling reasons for undertaking it here and now. One of the meeting participants – kept coming back to 'evaluation' and an 'evaluatory' approach and there was some sensitivity in the room about the idea of practice being observed and how social workers might feel about this, and about whether interviews with parents would be taken as an opportunity to "vent" about social work.

The FGC model in area C was brought up and the team manager raised whether this was to continue, as funding had perhaps not been agreed,

but that the findings had been positive in terms of the approach. This also reminds me I have heard nothing from that direction so perhaps need to follow up on that'

(Combined extracts from Fieldnotes, August 2014).

These research briefing or recruitment visits were interspersed with a pointless activity I described as follows in my fieldnotes,

'I waste time obsessively checking my student email account for news, with the hope and despair of a teenage heartbreak'

(Fieldnotes, August 2014).

I was clearly very worried that nobody would agree to take part in the research and during that first month I was in fact unable to successfully recruit any participants to the study. I finally got agreement to take part from a social worker in early September 2014, and accompanied Nadine on an observed home visit to expectant mother Amara soon afterwards. Immediately following which I was able to interview Amara. The research quickly moved into observations of case conferences and a really busy period followed over the winter of 2014-2015. The fieldwork seemed suddenly to gather momentum and I was either out on observations, conducting interviews, chasing leads for potential new participants, or writing up and beginning to analyse as much of this activity as I could along the way. The fieldwork activity and final sample are summarised in the tables that follow.

13. Summary of the Research Participants, Observations and Interviews

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

Table 2. Observations

Case Conferences	9
Core Group Meetings	3
Office Meetings	2
Home Visits	5
Family Meetings	1
Other	0
Total Number of Observations	20

Table 3. Interviews

Mothers	7
Fathers	4
Frontline Social Workers	13
Chair Persons	5
Others	2
Total Number of Interviews	31

It was agreed with the local authority providing access for the research at the outset of the fieldwork that I would undertake a 'pilot' observation of a Case Conference. This was organised by the Chair Person and consented to by the social worker and the expectant mother. This gave the opportunity to think through the detail of observing these large and sometimes very long and complex meetings and a sense of how family members and professionals may react to the presence of a researcher. It also served to provide the social work managers who had control of the research access with some reassurance about the minimal impact of the study on the way that the child protection work unfolded in the Case Conference context. Finally, it provided a model for how securing the assent of other professionals to my presence would be managed by the Case Conference Chair Persons. Data from this 'pilot' observation technically forms part of the final data set as described above. However, in general I refer to the eleven cases that it was possible to follow up and seek further data in relation to through the fieldwork, rather than the total of twelve included in the final sample.

All seven children's social work teams in the local authority at that time participated in the study. In addition, there are three specialist social work or multi-disciplinary teams that feature in the sample. The team that featured most frequently was a multi-disciplinary substance abuse team working specifically with pregnant women to stabilise their drug or alcohol use or support abstinence, and manage the woman's midwifery care and

prescriptions. The Specialist Substance Abuse Team (SSAT) were consulted from the outset of this study from the stage of the original PhD proposal. They were therefore knowledgeable about the research and happy to take part in observations. It was not possible to secure access to interview the professionals within this team as it was a joint social work and health managed initiative. Five of the final eleven social work cases in the final sample involved this specialist team, so almost half of the expectant mothers were working with this team and receiving specialist midwifery care in terms of the unborn baby and their own health.

The second specialist team included in the research was a domestic abuse project offering a service for men who wanted to address their own problematic behaviour in intimate relationships. This team had a model of a men's worker and a women's worker sharing information in order to prioritise victim safety whilst addressing the perpetrator's violence or abusive behaviour. The service relied on the co-operation of the man in order to begin work with the couple or family. Bill had been referred to this project and I observed a meeting between him and a men's worker from their team, then interviewed Bill and the worker subsequent to that meeting.

Finally, one of the expectant mothers was working with a Throughcare and Aftercare worker from a closed support residential setting where she had previously lived before leaving the care of the local authority. This worker had a close working relationship with the mother. I observed the Throughcare and Aftercare worker on a joint home visit with the social worker allocated to the unborn baby, and then interviewed her subsequent to that observation.

Securing access to the Family Conferencing Team (FCT) 'cases' proved very challenging. In the fieldwork site, there was a high level of enthusiasm at a managerial level for including this approach in the research sample. However, this did not translate into ease of access. A lot of time was spent pursuing this route with little success. There did seem to be an issue of timing, as there was a period when there was regular contact between the team and myself, but no pre-birth cases came through for some time during this. Towards the end of the fieldwork period, two cases came up that I was able to follow. Rather unfortunately in terms of representing this work through the research, one of the expectant mothers withdrew her consent. This case and the data arising from it are therefore excluded from

the final sample and data set. Leaving only one FCT case in the final sample despite extensive efforts to increase this proportion.

Other professions represented in Case Conference meetings included the police, midwifery, health visiting, teaching, community psychiatric nursing, housing, a statutory social work project for women involved in the criminal justice system and occasionally third sector agencies involved with the families. It was not possible to interview any of these professionals within the ethical clearance and access arrangements in place for the research. It became difficult not to treat one particular police officer as a participant. As the liaison officer for child protection in the area, he attended almost all of the case conferences I observed and I often met him in the waiting room prior to the meetings starting, where at times he shared his views on pre-birth child protection with me.

14. Observations

As outlined above, I had the goal of gaining a balance of observations of informal and formal social work meeting to create as full a picture as possible of the activity that went into pre-birth child protection assessments. Practitioners and managers, if they were happy to take part at all, were generally comfortable with a researcher sitting in on Case Conferences. Case Conferences were anchor points in the social workers' diaries to which I could straightforwardly tether the research. Home visits were arranged at far less notice, rearranged or cancelled if a more pressing piece of work came up in the social worker's caseload, and needed the consent of the family in advance. In a Case Conference situation, the pre-meeting between the Case Conference Chair and the parents created an obvious space in which social workers could introduce the research and the researcher to families. This was a less than ideal space in ethical terms, since expectant parents were obviously very focused on the meeting and therefore likely to agree to allow me to observe for simplicity's sake. However, parents did not appear to feel any obligation to provide more access following this; some chose to meet with me again, others did not. In the three social work cases where the practitioners set up an introduction with the expectant mother in a less formal setting, this did not create any noticeable difference in the way the research proceeded from thereon in.

I drew a strict line for observations that they had to take place before the birth of the baby. This created consistency in the observational data: all of the activity observed occurred formed part of the pre-birth social work involvement with the family. Due to the unpredictability of babies' arrivals and the availability of participants, some of the interviews were conducted after the baby had arrived. The interview schedules were focussed on the pre-birth activity but knowing the outcome of the birth and who had care of the baby following this did give these interviews a markedly different tone to those conducted in the thick of the pre-birth assessment.

I had the aim of two observations for each social work case, and ideally interviews with all of the possible participants. This ideal was rarely realised. The fullness of the data set created by each social work case was largely dependent on the willingness of expectant parents to participate in the study beyond an initial observation. The spread of the research activity across the social work cases included in the sample is summarised in table number 4 within the appendix.

It was not possible to audio record case conference meetings, as the local authority were concerned about legal repercussions. However, social workers and expectant parents could consent to the recording of less formal meetings between them. Most, but not all, of the interviews were audio recorded in full. For the small number of 'on the hoof' interview opportunities that arose, extensive notes were taken both during and after the interview, including short direct quotes. Verbatim quotes were also written down during Case Conference observations. Whenever possible these were read back to participants during interviews, to check accuracy and meaning after the event, as indicated above in the section on fieldnotes and reflexivity.

15. Interviews

Interviews varied greatly in style, length and content. Some were conducted in a semi-structured, fairly formal way, seated in an office setting, with the recorder on a table between the research participant and myself. Others were conducted in the family homes of the expectant parents taking part, with distractions from family pets or the need for another cup of tea. On only one occasion was the now born baby at the centre of the study

present for an interview with her parents. Although of course the unborn babies were often noticeable by their presence and an older child was with her mother on another occasion. Several interviews were conducted in my car on the way to or from a child protection meeting or in the process of helping one of the participants attend another meeting. I assisted one research participant in attending Court, another in taking an older child for paediatric assessment. For most of the parents I came to know reasonably well through the research, I made some practical gesture of help. This eased access but it also allowed interviews to take place in non-social work settings which was important so that parents could talk freely. 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). I did not have the opportunity to share a car journey with both a practitioner and a parent. However, interviews with social workers were also conducted in a mixture of settings, including the worker's car, my car, the practitioner's office or office meeting rooms, or often in the semi-public setting of a staff common area of the modern 'hot desking' office environments that many of the social workers were based in.

16. Purpose of the Observations and Interviews

In general, the research observations were designed to answer the exploratory research questions:

- What do the face-to-face interactions between social workers and parents consist of in practice?
- What are the activities that social workers undertake in order to make an assessment pre-birth?

Whilst the research interviews were designed to speak to the questions of meaning the study set out to answer:

- How do parents respond to and make sense of pre-birth child protection assessment of their families?

- What do social workers understand the purpose of pre-birth child protection assessments to be?

Combined, the data from observations, interviews and reflective fieldnotes was designed to be able to produce an account of pre-birth child protection which answered the overarching research question:

- How do social workers and parents navigate the process of pre-birth child protection assessments?

Due to the essential 'messiness' and breadth of an ethnography (Burgess, 1984), it was rarely clear during the fieldwork that the research I was conducting was answering these questions. I knew that it was creating fascinating data but I could not be sure whilst in the process that the research design was effective. However, having analysed the data very fully over a long period of time my view is that the fit of the data that was created with the questions it was designed to answer is extremely good. I was able through a combination of observations, informal interviews and formal interviews to bring together data that speaks to each of the questions in turn and offers a depth of insight into how social workers and parents did in fact navigate the process of pre-birth child protection assessments within the fieldwork site, as I will go on to demonstrate in the findings chapters.

17. Reflections on the Research Sample

Over November 2014, fieldnotes reflect that I had already begun to realise that securing access to Case Conferences was going to be much easier than securing access to home visits and less formal, social work meetings. Also that I would struggle to include parents with a diagnosed learning disability in the sample, because of practitioners' sensitivities around this work. The research literature suggests both that parents with learning disabilities are more likely to find their families subject to child protection involvement and that there are systemic issues with social work practice in relation to these parents (Booth and Booth, 2005; Booth *et al.* 2006; McConnell and Llewellyn, 2000; Proctor and Azar, 2013; Tarleton, 2009). I was therefore keen to include parents with a learning disability in the study. However, although there were families going through pre-birth processes during the fieldwork period where one or both parents had a diagnosed learning disability, none of the

social workers I approached would consent to participation in the research. Social workers appeared disinclined to allow access to these families. The reason given when I requested access from social workers was a need to protect potentially vulnerable adults from a confusing dual process of child protection assessment and research.

The situations of the families who took part in this research were all very different. Some of the women were very young, others were much older and had previous children. One mother had children in her care, others had frequent contact with children in kinship placements. Still other parents had children they no longer saw or were allowed to see. Some 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 physical health problems, mental health difficulties or a diagnosed mental health problem, domestic abuse within the household, or previous domestic abuse, alcohol problems, substance misuse, drug addiction, homelessness and 'suspected' learning difficulties. Also referred to in social work assessments were vaguer 'vulnerabilities' or evidence that the parents were not coping, or had previously not coped with the care of older children.

The sample reflected what the limited previous research in this area suggests: That the families who come to the attention of social work services before the birth of a baby are at the 'higher tariff' end of social work referrals and expected for a range of connected reasons to struggle to care safely for their infant in the short and long term (Ward *et al.* 2006, 2012).

18. Insider Research

The fieldwork was conducted in a local authority I had until very recently worked in. I knew some but by no means all of the practitioners who took part in the study to a greater or lesser degree. Though none of the participants were friends, I had worked alongside several of them, sometimes with the same family. I did not know any of the family members that participated in the study. I did know many of the buildings where the observed meetings took place. I was going to the same places and to attend the same kinds of meetings as I had as a practitioner, but in a completely different role. One jolt I experienced was finding

myself outwith the professional circle of confidentiality. I had to leave social work offices as soon as my prescribed reason for being there ended. I had to wait in waiting rooms with no electronic pass to access the back office. The following extracts from reflective fieldnotes describing events across August 2014 give a flavour of the push-pull of insider research and the professional dissonance I experienced in the early stages of the fieldwork as there was at once an exclusion and an intimacy in the interactions I had with social workers.

‘The familiarity with individuals rather than with the process, settings, and work is so far proving most striking. It is bizarre to assign pseudonyms to people I have worked with closely, in some cases trained with and known for up to 13 years. It is not possible for either party to be ‘objective’ in terms of the research, and that is OK but needs to be acknowledged. Probably it makes people more comfortable with what I am doing, but should it? And is there a re-adjustment of roles and relationship to be negotiated?’

‘Leaving meetings is strange, reinforces my ‘outsider’ status. I do not have access to other business, to the work of teams, to their discussions amongst themselves. It would be interesting to capture some of this side, the ‘backstage’ behaviours over time.’

(Combined extracts from fieldnotes, over August 2014).

There is more than one sense in which this was ‘insider research’ (Anderson, 2006; Kanuha, 2000; Okely, 2012). As can be read through the following edited extract from fieldnotes, which are peppered with ethical and analytical tensions. I present the following lengthy extract from fieldnotes as it exemplifies the importance of reflexive writing to this piece of ethnographic research. There are at least two ways that my status as an insider is revealed through them. Firstly, throughout the research encounters that I had with Tracy, and especially Bill, I struggled with not being the social worker to their unborn baby. It was important for the analysis of the data that I acknowledged the place I occupied within it as a qualified social worker. Secondly, Tracy draws out my insider status as a mother in this interview, and appeals to the emotional investment that I have in my own children in order to communicate the pain she is feeling when she thinks about being separated from her unborn baby. This was common in interviews with all participants in the study, not only the expectant mothers. Shortening or combining of extracts from the research data or quotations for sense is indicated through the conventional use of ellipses in the following extract, and throughout the thesis.

'Just been out to interview Tracy and Bill... Out of the city, village at local authority boundary, with a different feel to anywhere else I have been in the fieldwork. Once I found the house in the estate, greeted by Tracy who was wearing pyjamas and a dressing gown. Big bump and bust (she joked in the interview that she had put on a bra for me coming) very evident, no mistaking her pregnancy. Two big dogs, an 8-year-old dog and 2-year-old bitch, best guess Rottweiler. Friendly. Bill was there also and joined us for the interview... They have found the process incredibly difficult. A lot of professionals involved and they are in opposition to most of them, if not all. Mum feels deprived of the experience of being excited about her pregnancy and the arrival of her first baby... Overall there was a sense of not being listened to, not being able to get answers and being under a lot of pressure throughout the process... They were clear that they feel unable to trust the professionals involved enough to tell them a lot of what they shared with me which feels like a difficult position to be in...

Family are completely opposed to the involvement, feel that they have no say or choice in matters, and cannot understand that it is necessary since they were stable prior to the pregnancy. I thought Bill might dominate but actually he seemed more hopeless and trying to understand what would happen. He wants a percentage, a figure, something to indicate the likelihood of what will happen next. I don't know whether this would in fact help him unless the answer was what he would want it to be, but it made me think of scaling in Signs of Safety and that it would not be impossible to work in this way with him. Again, it's that tension of not being able to work the case and hearing the frustrations without being able to offer a solution – "unless you've got a magic wand" (Tracy).

They are living with a lot of uncertainty about what will happen when their baby is born and this they experience as hugely stressful and upsetting. Tracy tearful at points and anxious. She talked of nightmares she is having that are waking them both up. Dreaming about barricading up the house to keep out the social worker. Having fantasies of running away to keep her baby. Such a strong visceral pull to keep her baby... right at the end, just as I had switched off the recorder and was asking if they wanted to ask me anything, there was a moment of pure sadness as the Tracy turned to me with her eyes bright with tears and she asked me did I have children? Could I then imagine what it was like, what it would be like with a first baby, not to know if she was coming home? "It hurts in the heart" she said, gesturing to her heart as she said this...

Tracy went on to say that she had come off drugs and drink (she was very open about how much of an issue this had been for her before), that she had been through an abusive relationship (between 15-21 years of age), and had been 'a self-harmer' but had never experienced

anything as hurtful as this process. I don't know if it helped them to tell me all this, they completely understand it will not change anything for them. But I feel a weight of responsibility to represent their experience fairly'

(Abridged extract from fieldnotes written immediately following a semi-structured research interview with Tracy and Bill, 26th January 2016).

The last paragraph of the extract echoes Finch (1984) writing about the ethics of interviewing women about their lives. Drawing on Oakley's (1981b) analysis of the ethics of interviewing women, Finch explores her experience of the ease with which she could encourage women to tell their stories in research interviews, and the significant power this gave her. Finch argues that women interviewees seek to identify the female researcher as a woman first, and that this identification between the researched and researcher creates a high level of trust. Finch evokes the idea of 'taking sides' in research in order to present her ethical position.

'Siding with the people one researches inevitably means an emotional as well as an intellectual commitment to promoting their interests. How else can one justify having taken from them the very private information which many have given so readily? I find rather unconvincing an argument which says that I should be content with having added to the stock of scientific knowledge. Rather I would endorse Oakley's position that, as a feminist and a sociologist, one should be creating sociology for women – that is sociology which articulates women's experiences of their lives – rather than merely creating data for oneself as a researcher (Oakley, 1981b). How far this has been accomplished is the criterion which I would apply to my own sociological work on women, and to that of other people.'

(Finch, 1984, 86).

This quote echoes Dorothy Smith's (1979) idea of creating a 'sociology for women'. As Skeggs (2001) outlines in her overview of the development of feminist ethnography, much has changed since the late 1970s when 'feminist researchers... debated which methods produce the greatest explanatory power in order to understand women's lives and more recently men's lives as well' (Skeggs 2001, 429). However, Finch's dilemmas retain a resonance. It is a matter of ethical and epistemological importance not to collapse the self-other hyphen (Fine 1994), but rather to 'work' it in order to be transparent about our research relationships in ethnographic research.

The mothers who participated in this research were mothering in socially extraordinary and socio-economically challenging circumstances. Yet research participants still drew

comparisons between their work as mothers and my own, as did practitioners taking part in the study. This requires me to recognise my insider status not only as a social worker but as a mother. Indeed, much of the transcription and analysis of the data, and the writing of the early drafts of findings were accompanied by a very welcome reminder of the lived experience of pregnancy, as I awaited the arrival of my third daughter. This required me to think carefully about how I was reading the data. It also gave me a reminder of the lived physical perspective of the expectant mothers. I contend that the data that arose from this study would have been markedly different had I not been a mother and also willing to be open about this fact with research participants (Oakley, 1981b). The solidarity that Finch (1984) found to be implied in interviewing other mothers appears to have remained salient. In more than one way I had chosen to conduct an ethnography 'at home'

Another dimension of my 'insider' status is that having ostensibly 'given up' practice in order to focus on my doctoral studies, I was throughout the fieldwork a practicing social worker. Soon after leaving statutory social work, I was offered a part-time position as lead practitioner on a specialist project for birth mothers within a third sector adoption agency. I had a long-standing relationship with this agency as a freelance practitioner, and they had been awarded year-long grant funding in order to offer a specific service to women who had lost a child or children through adoption. It is highly likely that the practice that the project demanded day-to-day influenced my behaviour in fieldwork settings and made for a more empathic and supportive approach to parents.

These dual roles also made it a very challenging year professionally since there was a huge amount of mirroring that went on. For example, at the point at which I was trying to recruit social workers to my study, I was simultaneously visiting team meetings to talk about the birth mothers project I was working on. I was informing practitioners the project was operational again in order to generate referrals to it within the funding period. By the point at which the fieldwork was very busy with observations and interviews, I was also very busy visiting birth mothers and responding to a certain amount of crisis and tragedy in their lives within a very part-time role. Exactly as the fieldwork came to the end so did my work with the adoption agency.

'Today I completed my fieldwork. My last act being a last ditch attempt to contact Mia (expectant mother) for an interview. I texted her as

suggested by the social worker Amanda but received no response... After a manic morning of chaos at the flat, I made it in to PhD supervision at 9am where we talked about the plan for data analysis and the recent burst of fieldwork activity... I ran from there to the car and drove to [the office] for my last day at [Adoption Agency] where I finished off my work on the funding proposal [to try to fund the project I had been working on again] and thought about Mia, who I found myself wishing I could work with through that project'

(Combined extracts from fieldnotes dated 15th September 2015).

All of these 'membership' roles; mother, social worker, former colleague, supporter of birth mothers contributed to my positionality as an ethnographer conducting a study of pre-birth child protection. I sought to recognise the impact my positionality had on all aspects of the research process. This was not in order to write myself out of the research, but in order to understand the role I had in shaping the data and the findings. I employed reflexivity as White suggests in the Bourdieusian sense of 'epistemic reflexivity' in order to look 'inwards and outward, to the social and cultural artefacts and forms of thought which saturate our practices' (White 2001, 102). This is consistent with the idea of research that proceeds through a 'commitment to an analytic agenda' in order to make defensible knowledge claims, as described by Anderson.

'The purpose of analytic ethnography is not simply to document personal experience, to provide an "insider's perspective", or to evoke emotional resonance with the reader. Rather, the defining characteristic of analytic social science is to use empirical data to gain insight into some broader set of social phenomena than those provided by the data themselves... using empirical evidence to formulate and refine theoretical understandings of social processes'

(Anderson, 2006, 386-387).

19. The Process of Data Analysis

As will hopefully be clear, it was integral to the methods employed in this ethnographic study to undertake an iterative process of data creation and analysis throughout the fieldwork stage, particularly through the keeping of regular and organised fieldnotes. However, I offer here an account of how analysis of the final dataset was approached in order to arrive at the findings that follow this chapter. A large amount of very rich data

came out of this research. Over 24 hours of audio recordings were generated by interviews and observations. All interviews were transcribed in full and to a high level of detail and accuracy. Copious memos were written during the process of transcription. Audio recorded field journal entries, often made in the car having left a research encounter, were transcribed and treated as a particular type of data, already containing analytical comment. As were the reflexive typed journal reflections of the kind presented in this chapter.

The journal entries were themselves based on numerous notebooks of fieldnotes of interviews, observations and reflections. The multi-layered nature of ethnographic recording of data through the 'scratch notes' (Sanjek, 1990) taken whilst observing, listening and interviewing, to more polished and typed fieldnotes, and then the further work of journaling is all in itself a process of analysis (Sanjek, 2015). The often very long notes of observations of meetings were written up thematically but were only rarely transcribed in full. Given the volume of data this could never have been achieved within doctoral timescales. This study created very dense, multi-perspectival data and the nature of the research encounters varied greatly across the data set: No two interviews or observations followed the same pattern. The most consistent interview schedule was that for case conference chair persons since case conferences are required to work to a set agenda so similar areas were covered in all of the meetings I subsequently interviewed them about. Therefore, it took a long time to order the data and make sense of what I had gained through the fieldwork.

I read and re-read transcripts and accounts of observations. I listened and re-listened to the audio recorded data. My first step in analysing my interview transcripts was reading, re-reading and 'pawing' (Ryan and Bernard, 2003) the data and reading for sense (Angrosino, 2007). I spent quite a long time, 'meeting the data' (Richards, 2009, 75), and asking 'what is this about?' At this stage I noted what interested me in my readings, and then tried to question in each case, *why* it was interesting (Richards, 2009, 77). Analysis of the data proceeded through memos rather than codes until themes began to emerge. Other than where clearly indicated through indications of quotation, the fieldnotes themselves did not form part of the actual writing of this thesis. Rather they were treated as data and through engagement with relevant theory built towards the account of the research offered here (Sanjek, 2015).

I undertook descriptive coding, topic coding, and the beginnings of analytic coding simultaneously (Richards and Morse, 2007) and then the data was re-read under fairly broad categories or classifications (Angrosino, 2007), e.g. 'vulnerability'. Line-by-line coding was not attempted with any seriousness as the data set was too vast and the thematic analysis proceeded through making further memos and highlighting of passages under major codes. All of the categories emerged through the research process. Due to the relative lack of previous research into pre-birth child protection interactions, it was not possible to know what these would be before embarking on the study.

I had trained in NVivo (Bazeley, 2007) during the research Masters and through the analysis of data on a Scottish Government internship, working on national maternity survey data. I found NVivo invaluable in analysing 'free text' data arising from the national Maternity Survey. It was extremely helpful in identifying patterns and themes across the large data set. Yet it quickly became clear that NVivo would not work effectively for the mixture of data that the ethnographic research for this PhD generated. NVivo did work well enough for interviews, but the fieldnotes that these were situated within and the write ups of observations did not fit easily in the package. Partly because the form of writing appears less well suited to the software, but mainly because these documents already contain analysis. So patterns that might emerge through searching for word frequency for example, could just as easily be patterns in the researcher's thinking and reflexive writing as in data arising from interactions with participants. After persevering for some time, I abandoned use of the NVivo software for this project and turned to more traditional techniques for data analysis, toward the aim of 'providing detailed ethnographic description' (Burgess, 1984, 181).

Throughout this period the analysis was supported by reading of relevant literature and research, and ongoing writing. This writing was used to write and deliver conference papers and presentations. It also built towards an event designed to share preliminary findings and test the analysis of the data through feedback from participating social work practitioners and managers, including a number of the professional participants in the research.

20. Participatory Data Analysis: Testing Preliminary Findings

Supervision and academic conferences were the forums I used to test my developing analysis and the strength of my arguments. In addition, I decided to hold a knowledge exchange event aimed at child protection professionals in order to 'test' my preliminary findings. The findings of this research were always intended to be of interest to social work practice and policy audiences. Therefore, it was important to understand to what extent whether the patterns emerging from my developing analysis fit with the experiences of those working in this area of practice. I was awarded funding to design and deliver this event as part of the ESRC Festival of Social Science 2016. Delegates were made aware that the event was designed to test findings and would be fully interactive, with feedback being used to develop ongoing data analysis and writing.

I do not claim that this research study was 'participatory' since it was designed and conducted wholly from within the academy. However, it was bookended by the use of participatory approaches. At the beginning of the study I employed focus groups to 'map the terrain' of pre-birth child protection. At the end of the study I mirrored this with a participatory event through which I tested findings and gained valuable feedback which shaped further analysis. As Bergold and Thomas (2012) suggest, the use of participatory strategies is compatible with other qualitative methodologies.

'[P]articipatory research can be regarded as a methodology that argues in favour of the possibility, the significance, and the usefulness of involving research partners in the knowledge-production process (Bergold, 2007). Participatory approaches are not fundamentally distinct from other empirical social research procedures. On the contrary, there are numerous links, especially to qualitative methodologies and methods. In practice, the participatory research style manifests itself in numerous participatory research strategies'

(Bergold and Thomas 2012, 192).

The format for the event was a sharing of preliminary findings around three major themes: Time, Risk and Emotion. Event participants were asked to respond to the ideas I had presented under each theme through interactive group discussions which were live scribed through the media of live illustration and facilitator notes. Finally, a 'debriefing' meeting was held with facilitators immediately after the event, in which they discussed the ideas that had come up in their groups. It took several days to gather together and to transcribe

all of the outputs of this event. The outputs were not in themselves treated as data; rather they informed the process of analysing the fieldwork data.

This process answered a number of questions that the ongoing analysis of the data was posing at that time. For example, why such a minimal amount of data had been created by the research about the emotional content of pre-birth child protection work for practitioners and managers. I had given a joint academic paper about the 'silences' in the interview data whilst wrestling with this question (Dunne and Critchley, 2016). The discussion at the knowledge exchange event indicated that practitioners and managers do find this work extremely challenging and emotionally difficult; they care about it. However, within the fieldwork methodology it was difficult for professional participants to express the emotional dimensions of the work they were engaged in. Given that interviews took place within work settings, sometimes immediately after a meeting and always in the midst of busy social work practice. Practitioners attending the event shared their experiences of the emotional impact of pre-birth work, and the way that emotional content then shaped their practice going forwards. This allowed me to 'read' some of the data arising from observations and interviews with practitioners in a fresh, and more balanced, way, attentive to the silences (Mazzei, 2003) and what potentially could not be said.

Analysis, and re-analysis of the data following the knowledge exchange event proceeded with a more defined focus. The major categories under which the findings are presented in this thesis grew out of the themes presented at the knowledge exchange event. Although refined over time, there has been a consistency to the 'big ideas' that have arisen through repeated interrogation of the data and the iterative process of sharing findings and considering feedback.

21. Conclusion to the Natural History of this Research

This chapter began by evoking the moment of disjuncture that lead eventually to the writing of this thesis. This chapter is the story of how that unease in practice became a defensible argument formed through competently conducted research. Adopting Silverman's (2017) 'natural history' approach to writing a methodology chapter has allowed me to present all of the intellectual and contingent factors that combined to produce this

particular study of pre-birth child protection. As I have suggested, other studies would have been possible and might have yielded equally valuable findings. However, I have tried to show that the methods chosen provided a good fit with the puzzle that I decided that I wanted to solve, as expressed in the research questions.

As I have shown, the ethnographic fieldwork proceeded relatively easily once a coherent research design aligned to the research questions was arrived at. My aim was to be able to make theoretically informed claims about pre-birth child protection work that speak directly to the original practice concerns that sparked this project. Whether the methods presented here successfully supported the achievement of that aim can only be judged by the findings of the study. These are presented in the following chapters under the three thematic headings of 'Temporalities', 'Vulnerabilities' and 'Invisibilities'.

4. Temporalities

1. Introduction

Researching pre-birth child protection almost inevitably involves consideration of the temporalities of the work both of practitioners and of expectant parents, particularly expectant mothers. The pregnancies studied proceeded according to their own timescales, but also according to those set by doctors and midwives. Simultaneously, social work practice with the families proceeded according to the timescales set out in child protection policy and guidance. There are therefore at least three different 'clocks' ticking in pre-birth child protection work: the 'natural' clock of the pregnancy, the 'medical' clock, and the 'child protection' clock. Each of these timepieces refers to and reflects a different conceptualisation of 'time'. It is therefore necessary to begin this first data driven chapter with an explanation of the ways that the construct of 'time' is being used in the discussion that follows.

Firstly, I outline some of the ways that pregnancy and childbirth have been written about in relation to time. It is not possible within this thesis to settle on a definitive way of linking the experiences of pregnancy, birth and lactation that the expectant mothers in this study were living through to any one theory of time. It is sufficient for the argument made in this chapter and the thesis as a whole to recognise that ongoing theoretical debate exists around the control of these uniquely female experiences through the 'clock time' of hospitals and medical professionals. This contested relationship between 'natural' time and 'medical' time' is relevant to all cultures where pregnancy and childbirth are treated as physical states requiring medical monitoring and intervention. The ticking of these first two clocks may not always be in sync but in order to understand their relevance to this research, they must be considered together.

Secondly, the temporal structures of child protection are crucial to considering the importance of timescales to the social work practice at the centre of this study. As outlined in the flowchart at Appendix 1, pre-birth child protection in the fieldwork site was governed by national guidance for child protection professionals. This form of 'institutional time' (Lewis and Weigert, 1981), had significant implications for the way that interactions

between social workers and families could actually be conducted. Therefore, I outline briefly the distinctive features of 'institutional time' as exemplified by child protection timescales and explore the relationship between time and power in this context. It is then necessary to consider the way that 'institutional time' of child protection interacted with and limited 'family time'. Since 'family time' emerges as a valued way of spending time that was under threat from the institutional demands of expectant parents during the pregnancies studied.

This final discussion of 'time' lights a path into the exploration of the research data through the lens of 'temporalities'. This temporal exploration is presented under five distinct headings. These do not progress chronologically, however do start at the beginning with 'Off to a good Start? Initial Pre-birth social work contact with families'. Having considered when in the pregnancy practitioners made initial contact with expectant mothers it is possible to explore how the social work intervention into family life was then paced by practitioners. This was governed by national timescales. Therefore, the section is entitled, 'Time to meet: Pre-birth child protection case conference timescales'. The data related to child protection timescales raises ethical questions for practice with expectant families, which take the discussion into, 'A question of timing: Time and ethical practice'. Following this, the pre-birth child protection work that was demanded of parents and the way this was seen by participants as impacting negatively on their time as a family is explored under 'Institutional time and family time'. Finally, the timing of the pregnancies in the lifetimes of the expectant parents in this study is considered under the heading 'We're been expecting you'. The way that expectant parents thought and felt about their unborn babies were linked in complex ways to their family and childbearing histories. Therefore, the discussion of research findings from a temporal perspective ends on this note. The chapter concludes with a drawing together of the major strands of time considered in relation to the data, and the ways that these combined to create particular and sometimes problematic forms of face-to-face interaction between practitioners and families.

2. A Pregnant Pause: Time, Pregnancy and Childbirth

In the literature review, I suggested that pre-birth child protection is premised on a medical conceptualisation of pregnancy. From this perspective, the mother and baby are two

distinct entities, a separable dyad rather than a unified whole. This conceptual separation is foundational to social work involvement with the 'unborn baby' as an individual. However, this dyadic separation of mother and baby was not the only paradigm shift introduced by the pathologisation of pregnancy and childbirth. The medical management of the process of procreation also super-imposed set timescales on healthy pregnancy and birth.

Pregnancies are dated from the woman's last menstrual period by 'western' medicine and last a prescribed number of weeks from that point. The 'estimated date of delivery' of the baby becomes the definitive point at which a healthy pregnancy should end. Deviation of approximately two weeks either side of this date is acceptable. However, babies who arrive outwith these timescales are considered 'early' or 'late'. Furthermore, for those babies who have not arrived 'on time', expectant parents will be offered medical interventions designed to hasten the onset of labour and childbirth.

Once in labour, for hospital births time again takes on special significance. Here a dominant medical model of healthy labour is overlaid onto the labouring mother's 'progress' towards delivering her baby. The policy of 'active management in labour' originated in Dublin's National Maternity Hospital in 1969 and has been highly influential in 'western' maternity care settings since then (O Regan, 1998). This policy effectively set a stopwatch for labour. In an active management framework, labour and childbirth are described as occurring in prescribed 'stages'. The 'normal' timescales for these stages are then applied, thereby dividing 'procreative time up into increasingly fragmented units' (Simonds, 2002, 560), in which certain physical developments are expected to take place. Deviation around this can again be tolerated to a degree, but labours which 'fail to progress' within timescales are considered cause for concern, and again medical methods of augmentation of the natural processes of labour may be offered by doctors or midwives. Should these fail to produce the desired result and the baby's descent remains too 'slow' an assisted birth may be suggested.

The motivations for this active management of the processes of natural human procreation have been variously speculated upon in the literature, including the obvious suggestion that these structures are perfectly benign ways of managing the physical risks of childbirth. Divergent feminist perspectives include Fox's (1989) argument drawing on different forms of 'time'. On Fox's account, childbirth can be understood as a gateway to the experience of a transcendent form of time.

'The woman in labour leaves behind that quantifiable time which rushes past her attendants. The relentless rhythm of her contractions takes over the function of time-keeping, submerges objective, clock time in the eternity of bodily time, the endless succession of the heartbeat. (After all, we do not hear the silence after our heart has ceased beating.) And the woman in labour, forced by the intensity of the contractions to turn all her attention to them, loses her ordinary, intimate contact with clock time. This endless rhythm, like the succession of waves at the shore, the murmur of our breathing, the drumbeat of the heart, is a living symbol of a timeless, endless world. To allow oneself to be absorbed by this rhythm is to pass through that gateway'

(Fox, 1989, 127).

The crossing over into timelessness, this placing of the labouring woman 'beyond the claims of ordinary reality' (Fox, 1989, 127) is a threatening state within the cultures of industrialised societies. Women in this state exist in a liminal place between life and death, existence and non-existence. Women can be described as 'abandoning being' in childbirth (Thomson, 2012)²⁷. Birthing women can furthermore be characterised as bringing forth new life which according to Arendt's (1998) theory of 'natality' takes the form of a powerful force of potential. Natality is not an individualistic reading of being. It is always referential, encompassing what Arendt termed 'amor mundi', usually translated as 'love for the world' (Bowen-Moore, 1989). The boundless potentiality of new life is quickly shaped by the societal moulds that the child is born into (Ryan, 2018). Because death, the liminality of life, and the pure potential of the newborn child are culturally threatening, individuals and institutions embrace the immediate harnessing of the natality of the baby and the imposition of a 'clock' on labour and childbirth in order to call the woman back from her 'timeless state' (ibid.). Within the U.K. setting, babies very quickly enter into medical processes to check and score their health at birth. Their potentiality already in some way diminished since this score will stay within their health records. However, as Adam emphasises, despite the ways that this is culturally limited, the experience of a natural and 'timeless' birth has an identity forging quality for mothers (1995, 48). Since memories of the transcendence even glimpsed in that experience remain part of that woman.

²⁷ The human state of 'being' here is understood in the Heideggerian sense of 'Dasein' (Heidegger, 1962). As Adam suggests, 'the temporality of *Dasein* gives meaning to birth and death while being given meaning by them. Beginning and end and that which binds them, Heidegger argued, are always mutually defining and implicated in the analysis' (2004, 59). This thesis cannot encompass a thorough exploration of the relationship between birth, being and time. Nor the tendency for the discussion to be framed in terms of 'Dasein', despite Arendt's theory of natality arguably being able to hold more intellectual water.

'It fuses her physiological, conscious and unconscious Self with an event in which the everyday times of clocks, calendars, schedules and deadlines have no place'

(Adam, 1995, 48).

Giving birth in a hospital environment where labour is actively managed engages the labouring mother in a fleeting dance between the 'out-of-rational-time state' of her labour and the 'abstract, ordered world of time measurement' (Adam 1995, 49). When treated as a case study of time, what the experience of birthing demonstrates according to Adam, is the fundamental inseparability of social and natural forms of time.

'[W]e need to recognise that pre-industrial rhythms are not superseded by industrial ones, archetypal times not replaced by chronology. Rather, the primordial times persist and permeate our present while the imposed temporalities affect and subtly transform body and environmental time to a point where we can no longer conceptualize them in a meaningful way as separate'

(Adam, 1995, 51).

Adam is clear that much of the theoretical discussion of time falls short as a result of the assumption that time is fundamentally a social construct (Adam, 1990, 42). She argues that this position rests upon a conflation of meaning and ontology. Although time can have social meanings according to Adam, that does not mean that time *is* a purely social construct. Disrupting the duality of 'social time' and 'natural time' as Adam does (1990, 70) is helpful when considering those aspects of human existence in which our biological selves are foregrounded. Pregnancy and childbirth, as discussed above, provide a common example of 'moments' in life when strong and palpable biological forces are at work. Adam suggests that the social and the natural are part of the same whole when it comes to time. Much as it might be argued that the mother and the baby are part of a shared existence during the period of pregnancy and birth, rather than physically separate entities (Ross, 2018). What can be concluded from this discussion of time in relation to the pre-birth and perinatal period is that there is a contested relationship between time and pregnancy. However, in the society where this research was situated this is a debate which has been dominated by medical timescales, in recent decades at least.

The dominant medical model and timescales for pregnancy and childbirth may be variously embraced or resisted, celebrated or criticised by expectant mothers. However, it was a clear expectation of the women in this study experiencing their pregnancies under the scrutiny of a child protection assessment that health timescales would be observed. The

mothers were expected to comply with medical timescales through regular attendance at health appointments and scans. Observance of the advice of health professionals was assumed. There was little evidence of active resistance to this by the expectant mothers in this study. There was much more evidence of resistance to social work timescales and demands, at least of emotional resistance. To some extent this could be because compliance with medical timescales 'normalises' a pregnancy in the Scottish cultural context of the fieldwork. Whereas child protection activities were more likely to be viewed by expectant mothers and some fathers, as disruptive and dissonant to culturally normative experiences of expecting and preparing for a baby.

However, this is not to suggest that the expectant parents who participated in this study experienced their pregnancies in the linear and future oriented way that a medical model can be understood as implying. Here the spatiality of time becomes evident, through the human capacity for 'making-present' (Heidegger, 1962, 369) that which is temporally past or future. The expectant mother is able to mentally reach out and bring to mind in the present (Lewis and Weigert, 1981, 436), events in her life course that relate in her mind to the current pregnancy, such as previous pregnancies, births and losses in the course of her child bearing years. She can also reach out mentally to the future and a time when the pregnancy will be over and to a potential relationship ahead with the expected child.

As Flaherty (1993) has argued, whilst human industry and social life depend upon synchronicity of understanding and experience of the passage of time, subjectively time passes differently for us all, and we individually engage in 'time work' (Flaherty, 2003) in an ongoing 'effort to promote or suppress a particular temporal experience' (Flaherty, 2003, 20). A distinction can therefore be drawn between the personal experience of time that each individual has of the period bounded by the pregnancy, what we might think of as private or 'self time' (Lewis and Weigert, 1981). This is a way of experiencing time that Lewis and Weigert emphasise is not solipsistic but remains fundamentally social and relational. And secondly, the shared versions of 'social time' that define pregnancy normatively in the wider culture. However, in addition to the dominant medical timescales for pregnancy, the families participating in this study had further temporal structures to accommodate during this period in their lives. These were the timescales of child protection, which can be read as a version of 'institutional time'.

3. 'Institutional Time': Time and Power

'Institutional time' refers to the shared versions of time that define social life in industrialised societies (Lewis and Weigert, 1981). Institutional time relies on rules and specificity and this organisational framing of time demands precedence over other forms of time. This form of time has an unyielding rigidity to it, supplied by bureaucratic timescales.

'Within the institutional realm, individual organisations... construct their own time schedules and rules. Although they may (and typically do) take into account time structures of other organisations with which they must conduct exchanges, the norms and sanctions governing the use of time in any particular organisation extend directly only to its own members'

(Lewis and Weigert, 1981, 438).

Child protection processes can be characterised as imposing a particular version of institutional time upon all of the participants in this research. There were two major ways in which this was experienced as problematic by families and by social workers taking part in this study. The first was related to the national timescales for Pre-birth Child Protection Case Conferences. The way in which these were interpreted in the fieldwork site encouraged 'last minute' decision making by professionals about the future care of the unborn baby. The second aspect was related to the fact that once the unborn baby's name was placed on the child protection register, the ways that parents could spend their time was increasingly defined by child welfare professionals. This could lead to resentment as parents felt that the special time in their lives of expecting a baby had become dominated by a version of institutional time. Under the timescales of which they could be expected to attend numerous meetings and appointments, so that their own personal or '*family time*' decreased accordingly.

Lewis and Weigert delineate family time as a specific subcategory of 'free time', one which they view as holding particular value for all people living in industrialised societies. They suggest that while individuals may accept the ways that institutional time demands sacrifices of their free time, such as working late, when this impinges upon their family time this can quickly lead to frustration and resentment (1981, 446). As Daly (2001, 283-284) has argued there can be a tendency for the term 'family time' to produce a hegemonic image of wholesome two-parent family togetherness. Whilst recognising the stereotypical, potentially heteronormative image that the term can conjure, the conceptualisation of

'family time' still holds utility. It is powerfully suggestive of the value that is placed by individuals on private time with those people who they care about most. Family time is free from the demands of institutional time as they apply to their lives. This is important in order to understand the ways that families in this study sought to resist the restrictions on their 'family time' they saw the child protection process as imposing upon them.

One final aspect to highlight in terms of 'time' is the way that agency timescales are infused with power relations. Adam demonstrates that this is so by focusing on the culturally valued practice of waiting (1990, 121-126). There are a number of reasons for waiting described by Adam. Humans, and animals, sometimes wait until the 'right time' to take action. We might wait 'for processes to take their course' or for 'appropriate moments so that we might interact with them' (Adam, 1990, 122). However, humans also 'wait their turn' in some social contexts.

'Here a certain inequality enters those interactions of mutual dependence, and the question of who waits for whom becomes important. In these situations, waiting is intimately bound up with social status and power, and can be understood as a ritualised expression of asymmetrical power relations'

(Adam, 1990, 124).

The pregnancies at the centre of this research were dominated by medical timescales, but also the institutional timescales of child protection. Institutional timescales are shot through with power, as can be recognised through even a cursory consideration of the uneven way that timescales are applied to professionals and clients in social work. This point is important when considering parental accounts of child protection processes. Parents considered that social workers could act outwith what Morven, an expectant mother termed, 'their own timescales'. Whereas she did not perceive that there was the same flexibility in meeting the timescales set for her as a parent in the child's plan. Professionals 'set the pace' for the work of pre-birth child protection, as can be seen when the question of 'timing' is opened up. Therefore, expectant parents saw the institutional time frames of pre-birth child protection processes as limiting their valuable 'family time' as they awaited the arrival of their baby. However, child protection timescales both empowered and restricted practitioners and were experienced as problematic by social workers in different ways, as I shall go on to explore in this chapter.

Having outlined the major ways in which time will be used in the discussion that follows, it is possible to proceed to presenting research findings as they appear under a temporal lens.

In this discussion, pregnancy is understood as dominated by medical timescales in the wider fieldwork context. However, it has been recognised here that critical voices have challenged the medical perspective on procreation, questioning why medicine has sought to tame the relationship to transcendent time accessed by women in childbirth and the way that pregnancy can draw women, and their partners, closer to 'natural' or biological rhythms. Childbirth and the implications of the experience of childbirth for social life remain vastly under-theorised (Hennessey, 2018). It serves here to note that childbirth encapsulates forms of being and of time that are threatening to societal order and to the ways that human beings are taught from an early age to understand their own selves and their relationship to the world. Therefore, there has been a rush in modern and post-modern cultures to tame childbirth and to bring pregnancy, procreation and the origins of life under control. It is necessary to recognise how time has been harnessed to this purpose when considering the work of pre-birth child protection. The following section begins to explore that work, starting with the ways that social work involvement with the pregnancies in this study began.

4. Off to a Good Start? Initial pre-birth social work contact with families

Considering the research data through the lens of time, child protection timing emerges as 'last minute' in nature for many of the families who participated in this research. Timescales slipped, decisions were deferred and in the most extreme examples, parents were fearful that they would not know until near or even after the birth whether they would be bringing their baby home with them. The national guidance for child protection in Scotland determines that an Initial Pre-birth Child Protection Case Conference (IPBCPCC) should be held within 21 days of a concern being raised. This is the same timescale provided for child protection concerns about children who have been born.

'The pre-birth CPCC should take place no later than at 28 weeks [sic] pregnancy or, in the case of late notification of pregnancy, as soon as possible from the concern being raised but always within 21 calendar days of the concern being raised. There may be exceptions to this where the pregnancy is in the very early stages. However, concerns may still be sufficient to warrant an inter-agency assessment'

(Scottish Government, 2014, paragraph 394, 101).

However, the 21 days' timescale was never referred to in the fieldwork site in relation to pre-birth work. This research found no evidence that the 21 calendar day 'rule' was observed. This is possibly because the guidance creates space for professional discretion in relation to the stage of pregnancy at which concerns are raised. The 28 week 'rule' was a very significant feature of practice in the fieldwork site. This led to a flurry of activity, building up to an IPBCPCC at 28 weeks for the majority (n = 9) of families in the research sample.

If they were not already working with a social worker, expectant mothers were advised by the community midwife or GP at an early stage of the pregnancy that a referral would be made for child protection assessment in relation to their baby. For most mothers, they were informed of this at their 10-week 'booking' appointment, although there was some variation within the sample. This meant that from a time fairly soon after they had confirmed the pregnancy to themselves and close family, some expectant mothers and their partners, were waiting to hear from a social worker in relation to the baby. However, they were unlikely to be contacted directly until 20 or more weeks of pregnancy. Some expectant mothers had told a social work practitioner directly about their pregnancy as they already knew the practitioner through involvement with older children. However, even when there was ongoing social work involvement with the family because of existing siblings to the unborn baby, the discrete processes of pre-birth child protection intervention might still wait until later in the pregnancy. Sophie, as a young recent care leaver had ongoing support from a Throughcare and Aftercare worker who she told about her pregnancy once she knew herself. Her situation was then responded to through a Family Group Conferencing approach. The other ten expectant mothers had waited for a pre-birth child protection assessment to begin.

Practitioners in the fieldwork site offered three main reasons for their pre-birth child protection work with families coming later in the pregnancy. The first was that it was better practice to delay the social work assessment in order for the pregnancy to become established. As described in the literature review, this approach could relate both to the viability of the baby and also to the mother being past the point of straightforward access to a legal abortion. It was unclear to what extent practitioners were concerned not to 'force' women into abortions they would not otherwise chosen, as a result of the child protection intervention. Or whether social workers were concerned that the stressful

nature of the child protection process itself might jeopardise the pregnancy and increase the risk of miscarriage. Either way, their involvement was delayed until a point in pregnancy when this was less of a risk. The second reason for later allocation of 'unborn babies' to social workers was resource driven. Since the unborn baby is often considered safe until after the birth, there was not the same urgency for managers to allocate pre-birth assessments as there was to allocate social workers to children who were understood to be at *current* risk. The final, and related reason offered was that there is a limit to the extent to which the unborn baby's welfare could be increased through the means of child protection involvement in pregnancy.

'And I suppose we perhaps could be more flexible with the timescale. Well, you could argue we should be in a pre-birth because the baby's, because unlike a baby, unlike a child who's with the parent, the baby's not going to come to any more risk of harm potentially going, delaying it for a couple of weeks or whatever because the baby's in the womb. And [pause] so even if the mum's using drugs or whatever you're not, we can't change that through the Case Conference. You know we can't protect the baby any more than we already are!'

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

Even after pre-birth child protection cases were allocated to a social worker, he or she had some flexibility about what work to actually do at that point. In the following extract from a research interview, a social worker Callum described his approach from being asked to assess the risks to Rachel and Luke's unborn baby.

'Callum: Right at the very beginning when I first got allocated the case and I knew that the specialist substance abuse team were involved I'd had a bit of discussion with some of my colleagues, we had, it was a small supervision group we had that day, and I was like, "What do you think, where's my role going to be here until the baby's born?"'

Interviewer (Ariane): I was just going to ask you that to be honest, yeah.

C: And the rest of the workers were kind of like "Oh!" [exhalation of breath], "I would, you know, you know don't see them that often, there's no need for you, there's no role for you". And I think what I felt

was that because the engagement had been really patchy, or we didn't have a lot of evidence of it and because the case was new to me as well I wanted to, to put down a kind of, 'look I'll see youse [the expectant parents] weekly', and I think and I more-or-less have done, I've more-or-less managed to see them weekly but I think that's helped in terms of [short pause] getting Rachel to the stage where she's quite confident about you know, what she has done.

And, so I think, I could quite easily have thought there's not a clear role for me here, you know, and taken a back seat and, and part of that might been to do with that fact that I thought I had the time to do it justice, by the way that I had the time to see them weekly.

I: Yeah, yeah but I suppose you must've made decisions about priorities to make that time? You know, given that you've got lots of other demands, yeah?

C: And I suppose part of it for me as well was that I think this should be a priority because I think there's a chance that this could work'

(Extract from research interview with Callum, social worker to Rachel and Luke's unborn baby Tessa).

In this interview, Callum explained that even although the social work team were aware of Rachel's pregnancy and the unborn baby had been allocated to him as a practitioner, there was still scope for him to '*take a back seat*' until nearer the birth. His colleagues suggested this was sensible given the parents' histories. Both Rachel and Luke had previously had social work involvement with their much older children from previous relationships. Rachel's two teenage daughters had grown up outwith her care from a young age, in a kinship placement within her family. Luke's children were adults and had been raised by their mother. Both parents were stable on methadone programmes at the point they participated in the research, having previously been dependent on street drugs. However, Callum decided that he would become actively involved with Rachel and Luke and see them weekly, because he said 'there's a chance this could work'. By which Callum meant that he saw it as possible that the expected baby Tessa could remain successfully and permanently within the care of her parents.

Parents greatly preferred earlier social work involvement. This was because otherwise the unmediated threat of child protection action in respect of the baby was 'hanging over' the pregnancy. It was also because late social work allocation and involvement made for a very

intensive period of social work intervention at the end of the pregnancy. Expectant mothers and some fathers expressed the view that this could feel rushed. Through observations it appeared rushed, with numerous, sometimes confusing, demands being made of parents within very short timescales. This theme will be returned to within this chapter, under the heading of 'Institutional time and family time'. Morven, a young woman who was expecting her first baby, provides a clear example of a long wait between referral and meeting Amanda, the social worker to her unborn daughter. Morven had been told by her community midwife and GP at 10 weeks of pregnancy that a referral would be made to social work, with a view to child protection assessment regarding her unborn baby. However, she did not hear further until more than 20 weeks of pregnancy. Morven said in interview that she had not been unduly worried about what the social work involvement would mean. She had felt her life and her mental health were stable and she could demonstrate her capacity to care for her daughter. However, from the point of social work involvement Morven felt rushed, angered and panicked. Whilst there was a lot of professional activity, timescales were not always observed, and there was a sense of being overwhelmed and confused conveyed by Morven in the following extract.

'Morven: But I'd understood that given my past they are obviously gonna want to look into it. Just didn't know that it was gonna be like this. I don't think anyone can prepare anyone for this.

[Pause]

Interviewer (Ariane): And did you feel, did it all feel very sudden? Did it feel like there was suddenly a load of stuff happening or?

M: Well, it was, they've got in touch with me late, outwith their own timescales, for the Case Conference was held late, the first Core Group Meeting's been held late. Like I didn't actually have time to find out. I'd had two meetings with my social worker before a Case Conference. She met me twice.

I: Mm hmm, mm hmm, and what were those meetings like?

[Pause]

M: Awkward. Like I'm not sure if, like I don't think that Amanda [social worker] has anything against me personally, I just think that's how she is. And, I mean, it's just like people skills, I've found that apart from a

couple of people that I've met through this process quite a lot of people don't seem to really care about how I'm feeling'

(Extract from research interview with Morven, expectant mother).

Morven went on to suggest in this interview that the intense social work involvement had impacted negatively on her mental health. Morven had an established mental health diagnosis and was under the care of a community psychiatrist and community psychiatric nurse (CPN) when she became pregnant. Whilst she had been well and stable prior to this, Morven felt the stress of the pre-birth child protection work she was involved in was a challenge to her mental health. Thereby potentially increasing the risks that were a primary reason for the initial social work referral.

'Sorry I get quite muddled sometimes. Because with everything that's been happening it has impacted on my mental health. And I've spoke to the psychiatrist about it, I've spoken to my CPN about it. Just been like, it's so difficult. But they've just been sort of, "just keep going with your meditation, your mindfulness, ground yourself it will be OK". 'Cos ken, just stop. Because that's two mental health professionals that I've had saying that they don't have any concerns about me. And about my mental health at present. But this is still the line [child protection] that social workers are going down'

(Extract from research interview with Morven, expectant mother).

5. Time to Meet: Pre-birth child protection case conference timescales

A major finding of this research concerns the way that the pre-birth child protection process allowed professionals to delay decisions and information sharing with families. Whilst my expectation at the beginning of this research and in designing the methodology, was that one IPBCPCC would be held for each unborn baby, in fact it was much more common for there to be two. Practice may well vary nationally and anecdotal evidence would suggest this. However, due to a lack of national scoping as outlined in the literature review, it is impossible to know this. Within the fieldwork site holding two case conferences in one pregnancy was not unusual. This double case conferencing of unborn babies was

based upon the demands of Scottish Government (2014) Guidance. As explained above and within the literature review, this Guidance requires that an IPBCPCC be held by 28 weeks of pregnancy. Every unborn baby within my sample considered at an IPBCPCC was placed on the child protection register. Once a child has been registered, the requirement made is that a review be undertaken at or before three months of initial registration. Again, this 12-week registration review timescale is the same as that for children who have been born and does not relate solely to unborn babies.

The practice within the fieldwork site was to wait until close to the 28-week mark to hold an IPBCPCC. Pre-birth assessment work was begun by practitioners just in time to get reports in place for this first case conference meeting. IPBCPCCs were held at around 28 weeks for almost all of the unborn babies this research followed, regardless of whether the case was newly allocated or part of an existing piece of work with the family due to older siblings. The only exceptions were Nancy's unborn baby and Sophie's unborn baby. The case conference was held earlier in the pregnancy for Nancy's unborn baby and her older children together, since the baby's siblings were understood to be at immediate risk of neglect. Sophie's unborn baby was not considered by a case conference, instead a Family Group Conference took place.

There was an understanding expressed by practitioners, both frontline staff and chair persons, that 28 weeks was a safe time to go to Case Conference since the pregnancy was established and a live birth was very likely to result from it. Whether this idea resulted from or originally informed the underlying policy is unclear²⁸. There was an earlier version of Scottish Government Guidance which featured a '32-week rule'. The timing of IPBCPCCs in terms of pregnancy was understood by professionals to have been changed because the system was missing opportunities to Case Conference babies before they were born. Babies of drug dependent or substance misusing women are clinically more likely to be born early as described in the literature review. However, some more experienced practitioners had worked under this earlier version of Guidance and had preferred it. Vera, who chaired the child protection meetings for Morven's baby expressed the view in a research interview that the current timescales caused problems in practice.

²⁸ I have asked Scottish Government colleagues this question but the rationale for the timescales remains unknown. Scottish child protection guidance is under review at time of writing. It may be that within the next version of the guidance, more specific consideration is given to the impact of case conference timescales on pre-birth work.

'I think the 28 weeks is wrong, I think it's too soon, that's first thing. I think 28 weeks is too soon because I think it is too soon to make a recommendation about discharge. I preferred the old 32 weeks that you, because then you can make the recommendation. Now, if we had had this meeting [an Initial Pre-birth Child Protection Case Conference] at 32 weeks I think we would have been clearer. Now we've got another meeting that that woman's got to get put through. I don't think that's great Ariane, personally, I think it's too much.

But there's very few pre-births [pause] at the moment unless they're clear-cut that can make a definitive recommendation, what you can say is, "If the baby is born now would we be able to recommend discharge home?". Nine times out of ten the answer is "No", because you're still getting lots of information. So I'm not in agreement with the 28-week thing. So I'd prefer it to be 32 weeks and then they've only got one meeting. And I do not think that a recommendation about whether a baby goes home should be made at a discharge planning meeting, I think that's really wrong for everybody, mostly the mum'

(Vera, Case Conference Chair Person for Morven's unborn baby).

Vera's perspective is that practice under the previous '32-week rule' version of guidance was better. By 32 weeks she argued, it was possible for professionals to be clear about the plan for the baby, and therefore it was not necessary to have a further Case Conference very close to the birth. There is logic to this argument, and Vera is clearly speaking from her professional experience. However, as I have shown, Morven described there being over ten weeks between the health referral of her unborn baby to social work services and her social worker Amanda making initial contact. Much of the concern about Morven's baby centred on documentary accounts of Morven's own childhood and life as a young woman, which were already available to inform assessment. Morven was also engaging regularly with mental health professionals whose assessment could have been made available earlier. Therefore, it would arguably have been possible for much earlier assessment to have been made of the risks to her baby and of the supports available to Morven to parent her baby safely, regardless of the maximum timescales for holding a case conference. This suggests that the '28-rule' was being treated as if it prescribed when a case conference should happen, rather than as the guidance states, the very latest point that such a meeting should be convened.

The timing of meetings had significant impact on parents and on practitioners. If as described by Vera, social workers were coming to IPBCPCC without a clear recommendation about the future care of the unborn baby, the baby would be registered, and a date set within three months for a review PBCPCC. The dilemma this placed chair persons in given the 40-week nature of pregnancy, was whether to hold a CPCC just before or just after the birth of the baby. Either way was highly problematic given the nearness to childbirth of very difficult discussions with expectant mothers.

‘The thing I was thinking of when we were making the next date is that it’s always a difficult one because of the timescales now you know when you do the three-month review when it comes in early. Is that you’re either making a date a week before she’s due [before the mother is due to give birth] and then you have you know potentially either the baby might be born, but you also have somebody who’s d’you know, almost at their due date and they’ve got, they’re carrying all that anxiety until then. Or it’s just after you know. So I don’t know that there’s an ideal answer to it how you avoid that but I think that’s, that’s always in your thoughts’

(Melissa, Case Conference Chair Person to Chloe’s unborn baby).

Child protection processes caused high levels of distress and worry for the parents participating in this study pre-birth. Melissa here referred to the risk that unless professionals are sharing their assessment with parents regularly so that they are informed, parents can be carrying very high levels of anxiety throughout the latter stages of the pregnancy. Therefore, a major concern highlighted by expectant parents was the ways in which the timescales functioned and were applied. It was notable that in research interviews case conference chair persons described a sense of being bound by timeframes that they knew could be extremely unhelpful. Timeframes that could even feel punitive towards parents, particularly the practice of holding a second pre-birth child protection case conference (PBCPCC) close to the arrival of the baby. An issue given haunting resonance by one research participant’s recollections of a woman going into labour during the case conference itself.

'I remember chairing a pre-birth case conference which was something like, I mean the woman actually went into labour at the case conference. I mean, not at the delivery stage, but she, she [pause] was in such a state. And was actually, I think she was actually taken to hospital from the case conference and was then found to be in labour and it was a day or two before, I mean she had quite a long labour but it is absolutely stuck in my mind that day, that we had a case conference clearly so close to her due date. For a whole range of reasons, it was just hideous. And the sound that came out of that woman when we said we were accommodating her baby I will never forget'

(Extract from research interview with Shona, CPCC chair person to Tracy and Bill's baby, here discussing a previous social work case she had been involved in).

The depth of suffering this extract conjures in the mind is rather extraordinary, and speaks directly to cultural beliefs about the sanctity of childbirth (Homans, 1982; Savage, 2001). The experience that this particular mother is described by Shona as having can be considered as contrary to the carefully accumulated knowledge base of midwifery, as practised in the U.K. (McIntosh, 2012; Reid, 2011). Midwives are expected to participate in pre-birth child protection assessments and case conferences. Yet this research failed to find evidence that the research and practice wisdom of midwifery informed the social work led processes of pre-birth child protection. For example, the need for person-centred, 'trauma-informed' care for women with past experience of sexual abuse and other forms of maltreatment in childhood or of sexual violence has been established by research. Seng and colleagues, *inter alia*, having shown through mixed methods studies the impact of these past experiences on mothers in the perinatal period (Seng *et al.* 2002, 2009, 2010). Two of the mothers taking part in this study chose to speak directly in research exchanges about their experiences of sexual trauma. Two further women participating in this study were referred to specifically in social work assessment reports and in case conferences as having been sexually abused in childhood. Combined, this was over one third of the expectant mothers in the final sample. Analysis of this data revealed that pre-birth processes are not informed by established knowledge about ethical and effective ways of engaging with expectant and new mothers whose histories have the capacity to affect their experience of pregnancy and birth in fundamental ways.

Whilst Shona's example is extreme, the mother going into labour was a fear for case conference chair persons arranging review PBCPCC meetings. All of the five case conference chairs interviewed for this research expressed discomfort about holding a meeting so late in pregnancy, or potentially leaving decision making until after the birth. Within child protection processes generally, there is always another meeting on the horizon, whether that is a core group meeting, scheduled roughly four to six weekly, or a review case conference meeting. Child protection registration is a significant step for any child, unborn or not, signalling to professionals a high level of concern about the registered child. Regular review is therefore just and aims to prevent the 'drift' of children languishing on the register without review or a plan for permanence (Rowe and Lambert, 1973; Scottish Government, 2015; Ward *et al.* 2012). Regular meetings should also function to keep the child's plan an active document, informing relevant, ongoing work with the family. However, when applied to pre-birth cases, this system of ongoing review has less logic. Since ongoing monitoring is not the nature of the work before birth.

There was no consideration given in any of the cases that I observed to de-registration of unborn babies at the review PBCPCC. The question, as indicated above was around the care arrangements for the baby once born; about the plan for support for babies who were going home; and about the plans for 'contact' with birth family for babies who it was intended would be accommodated at birth. As Vera contended above, all of this work: registration, care planning and a decision about whether the baby could safely go home at birth, could in most cases be fully covered in one meeting. Given how long and difficult these meetings were for families, the ethics of holding two PBCPCCs during one pregnancy are open to question.

Furthermore, the possibility of having two case conferences served to introduce the very indecision and drift that the system seeks to avoid with a three-month review of registration. It effectively allowed social workers to enter the first case conference without a clear assessment or child's plan. Even when one could have been made through earlier allocation of the work. The possibility of holding an inconclusive IPBCPCC with a view to holding another meeting around the time of the baby's birth gave welcome space to hard pressed social workers with busy caseloads to get to know the expectant parents better and identify the risks and strengths in their lives. However, for families, it was potentially oppressive. Since it effectively meant that unborn babies could be registered on the child

protection register without a coherent plan, until a firm decision was reached about their care. The IPBCPCC that was held for Morven's baby was a very clear example of this, since reports were late and there was no clear recommendation from professionals in the meeting. Vera described in the following interview extract that she felt she had little choice but to schedule an early review PBCPCC and ask the professionals to do the assessment work in the meantime.

'I mean I was quite clear this morning that because of what has happened, because of the lateness of the reports, because of no decision being made, no clear recommendation, I was quite clear that all we can do is come back really early, otherwise I don't think I'd be doing my job very well. I'd be saying, "Over to you lot then, I've done my bit, you make the decision. If the baby's born, we'll have our review on [date removed] within timescales". That would not be professionally, I don't think that would be professional'

(Extract from research interview with Vera, Case Conference Chair Person for Morven's unborn baby, conducted in Vera's workplace immediately following the IPBCPCC).

Vera described what she felt was a lack of professionalism around the social work involvement with Morven's family. She could perceive the disadvantages of holding two case conferences but did not see an alternative. This introduced the potentially oppressive practice of placing the unborn baby's 'name' on the child protection register without a clear assessment or plan. As I have stated previously, all of the unborn babies in this study who were considered at an IPBCPCC were registered on the child protection register. One problem of the short period between allocation and case conference, then between child protection meetings according to some practitioners, was that there was not enough time for a proper assessment to happen, so that babies remain on child protection registers for longer than necessary.

In practice, if there is almost an inevitability of registration at an IPBCPCC at 28 weeks of pregnancy, then a review at 3 months around the time of the birth is likely to renew that registration, since the baby is about to be born or has just been born, so it is difficult timing for professionals to recommend de-registration. Nadine, social worker to Amara's baby, described how she had been unable to gain consensus at the review CPCC held for baby

Ruby after she was a few months' old, even though Amara and her baby Ruby were thriving together. This was because the view of the health professionals involved was that Amara required ongoing support. It is possible to read some conflation between child protection registration and planning and the provision of family support in the research data. A conflation queried by social workers themselves. It has been argued that the decimation of non-stigmatising community support services in the U.K. combined with an 'investigative turn' is leading unnecessarily high numbers of children, and particularly young children, to be involved with child protection services (Bilson and Munro, 2018; Featherstone *et al.* 2018a, 2018b). So there is a tension between the prevention of 'drift' in planning for babies (Ward *et al.* 2012) being attempted through short, prescribed timescales, which then do not allow enough time for the work to happen, so that babies are remaining in the child protection system. This was potentially at a cost to family functioning because of the way the process was experienced by parents. Melissa, Case Conference Chair Person to Chloe's baby, wrestled with these questions in a research interview. The extract below has been condensed to convey the sense of what Melissa was saying.

'But, so yeah, but then we go to a three-month [review CPCC]. And I suppose in this situation probably, the three-month is potentially quite helpful. Although in effect, the core group could do it anyway. You know if the core group's functioning properly, it could make those decisions.

In other ones where it's not pre-birth, you come back for a three-month [review CPCC] and very often there's not been a long enough period of assessment in that time, think, parents might just be getting, so it's rare that you get a de-registration. So in fact, the child, potentially stays on the register for longer than necessary. Because if you were having an initial [CPCC], and then a six-month [review CPCC] and then a longer period, then people are often more confident you know, if they're de-registered at that time, but if you go for three months, then altogether they're on for maybe nine months you know, where they might have been off, had it been a six-month review, they might have been off.

The other thing I always find with it being such a short time with the timescale between IRD [Initial Referral Discussion] and the case conference, is sometimes there is no plan that comes. So the social worker and everybody else is just waiting for this to do the plan. Whereas they could do a plan, you know they can have some kind of plan in between, placed on some kind of assessment, um [significant

pause]. So I think that feels quite oppressive sometimes, you know for families that's quite [pause] um [pause] you know, quite difficult'

(Edited extract from research interview with Melissa, Case Conference Chair Person for Chloe's unborn baby. Here talking generally about the child protection timescales, not specifically in relation to the conference for Chloe's baby that she had chaired just prior to this interview).

6. A Question of Timing: Time and Ethical Practice

There were two further ways in which delayed decision making in pre-birth child protection work emerged as problematic through this study. The first is that it introduced almost unendurable periods of waiting and uncertainty for expectant parent. The raw pain of waiting for hugely important decisions about the future direction for their babies to be made by professionals is conveyed in the following extracts. These come from two separate research interviews, firstly with Bill, an expectant father whose family circumstances will be explored more fully in the following section of this chapter, and secondly with Morven, a young expectant mother.

'We cannae tell you at this stage. What stage are you gonna tell us at? When they're actually putting their erm in the cot and taking the wean oot, that it's been decided that the bairn's being put into care. When do we actually find this oot? Are we gonna get to come home with our kid or are they gonna take the kid off us'

(Extract from research interview with Bill, expectant father).

'Because I don't know when, when is this gonnae end? When am I gonnae know? Is it gonnae be [future date]? Because that's another month. Or is it gonnae be somebody's gonnae turn up at the hospital and be like, "Oh I'm really sorry but we couldn't make a decision so this is what's happening"? Because honestly I would break, that would be it. [Significant pause] [quietly] I've not missed a single appointment, I've not been difficult, you know what I mean?'

(Extract from research interview with Morven, expectant mother).

Morven also expressed the view that the social worker, Amanda, did not consider her 'timing' in the way that she communicated with her about the plans for the baby. This was an issue of timing in Adam's (1990) sense of waiting for the right moment to take action. There were further instances in this study when parents expressed a sense of being ambushed, or appeared very shocked within meetings by information and decisions that appeared to them at least to have come without any warning or time to prepare. Rushed practice is arguably difficult to understand given what Amanda described in interview as 'the luxury of time' in pre-birth cases. Since the baby is 'safe' until born in most cases, this time could be used for more careful child protection work and planning. This point was made by Amanda, who was social worker to Morven's unborn baby, but also to Mia's unborn baby. In a research interview in relation to Mia's unborn baby, Amanda talked about how time during the pregnancy could be put to better use if social work resources allowed. This was particularly in those cases where it had been decided and communicated to the parents that the unborn baby would in fact be accommodated at birth with foster carers.

'We have the luxury of actually being almost able to plan our involvement. Plan the introduction of foster care, yeah? And I know that, I know we're short with foster carers, I'm aware of that.... So you've got a mum, having her baby, we normally ask for 72 hours delayed discharge, she's staying in for three days. So you're going there, she's just had her baby she's emotionally all over the place. You're wanting a good attachment process to begin, you're wanting that process to be as positive as it can be, that's why we ask for the 72 hours.

Then, sometimes at discharge planning meetings, that's their first meeting with the foster carer. And their baby's leaving two, three, four hours later with this stranger. It's not, it's not a good process. I don't think that's a way to work. It doesn't bode well when you're talking about the relationship between the parent and the foster carer, and the mum and the foster carer.

And also as well I think it would help that the parent, although it's a difficult process, I think it would help them if they were able to at least have a familiarisation. Prior to the baby coming. A meeting... I've never worked with a mum that's like, "I don't care where my baby's going". Never! All of them are saying, "Where is my baby going to be staying?"

(Amanda, Social Worker to Morven's baby and Mia's baby, interviewed here in relation to Mia, whose baby was planned to be accommodated at birth).

Amanda went on to discuss in this interview the difficulties that this last-minute placement of new born babies could cause in terms of 'contact'. In most situations, a high level of contact would be planned to take place between the baby and the parents following placement with foster carers. This contact serves to allow babies and parents to build a relationship and get to know one another. It also provides social work staff with opportunities to assess parenting capacity, and the likelihood of rehabilitation of the baby home to the birth parents. Parents are observed by staff supervising contact in terms of practical tasks such as feeding and changing their infants, as well as the developing relationship between parent and child being assessed. This was a set of circumstances that Morven was aware of as a possibility and was absolutely determined to avoid.

'See in my heart of hearts, my bairn's coming home with me. See if I need to fight youse, 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 your 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'

(Extract from research interview with Morven, Expectant mother).

Amanda's point about planning for babies who would in all likelihood be accommodated soon after birth is salient. Although she framed this in terms of mothers' needs following the birth, as the quote from Morven makes clear this is an issue for babies too. Since infants separated from birth relatives at three days old would benefit from good working relationships between their foster carers and their birth parents (Fahlberg, 1994). Social work stakes a claim as a profession which is grounded in child development, yet it is difficult to see how that is so in these circumstances. The question of how the vulnerabilities of infants were understood will be considered further in the following chapter. Before that, this discussion of the temporal aspects of pre-birth child protection proceeds by considering the relationship between 'institutional time' and 'family time' as described by parents who participated in this study.

7. 'Institutional time' and 'family time'

The majority of the parents who participated in this study were coping with numerous challenges in their lives. These were sometimes challenges that were the substantial reasons for the social work referral in the first place, such as managing their mental health, or working on remaining safe after separation from a violent partner. However, not all of the expectant parents' challenges were connected to the child protection focus on their baby. A young expectant mother Chloe provides an example of this. In order to explain how, it is necessary to outline Chloe's circumstances in some detail.

At the point that Chloe participated in the research she was very heavily pregnant. She had been working with Hannah, the social worker to her unborn baby for some time. This was due to Chloe's older son Bobby being cared for by his paternal grandmother in a kinship arrangement supported by the social work team. Bobby was at this stage six-years-old and Chloe visited him regularly, although the transport links made this challenging, as he lived in a neighbouring authority. Chloe was living in temporary council accommodation in a council estate on the edge of the city. The pregnancy had not been planned and Chloe had considered a termination at an early stage. She was no longer in a relationship with the father of the baby and had returned to a former boyfriend. Chloe explained in a research interview conducted *en route* to a Court Hearing that this created difficulties in the relationship, since her current partner was 'really wanting a kid. Because he cries quite a lot because it's not his. But at the end of the day, he met somebody else and I did so. He always throws it in my face sometimes' (Extract from research interview with Chloe, expectant mother).

As well as her concerns about her relationship with her partner, Chloe was worried about the impact on Bobby of a new sibling, as being pregnant had already curtailed her visits to him. She was also concerned that she could not cope with the care of two children. Yet, Chloe was in the process of trying to secure a permanent tenancy, which was an important part of the child protection plan. It was hoped that Chloe might not only care for the baby and also that Bobby might be rehabilitated to her care. Therefore, she needed a permanent home for the children. At the same time, Chloe was in the process of giving evidence in a Sheriff Court case against a family member who had very seriously assaulted her, leaving appreciable scarring. She was distressed by this, mainly because she did not want to give

evidence against her relative and had been advised by close family members not to do so. Therefore, Chloe's family relationships were fractious, another reason for the child protection concerns about the baby.

Late in the pregnancy, I accompanied Hannah, the social worker, on a visit to Chloe in her sparsely furnished temporary accommodation in a high rise block of flats. Chloe had recently been offered a permanent tenancy in a very similar tower block. In the following extract, Hannah is informing Chloe that at the Core Group Meeting the following Monday, Chloe would hear from professionals about the plan for the baby following the birth, and whether the baby would be coming home.

'Chloe: That's what I was thinking um what time's this meeting at 'cos I've got to be out of here [temporary flat] on Monday.

Hannah: The, the Monday word hadn't even registered with me actually when you were saying that! It's at nine o'clock.

C: How long will it last?

H: Usually about an hour

C: Oh that's fine, that's fine

H: Are you sure?

C: Mm hmm. That's fine. I've to just got to be in there [new tenancy] between one and three so yeah that's fine.

H: Right OK, so Monday we'll know that you'll be particularly stressed. Lots going on, on Monday [laughing] But yeah, I was, I was saying that in terms of a baby being removed at birth we need quite a lot of evidence...'

(Observation of social worker Hannah's home visit to Chloe, expectant mother and mother of Bobby).

Therefore, on the morning of her flat move, Chloe was to attend a Core Group Meeting at nine o'clock, at which Chloe would be told whether her baby would be coming home to her new tenancy with her, following the birth. Although Chloe had highlighted this during the social work home visit, there was a sense from Hannah that the meeting needed to go

ahead at the planned time. Chloe accepted this, as she accepted the professional intervention in her family life generally, and described it as supportive on the whole, despite the significant demands upon her. Here the relationship between time and power emerges strongly through the data (Adam, 1990).

Other parents were much less sanguine than Chloe and resisted what they saw as far too many professional expectations coming right at the end of the pregnancy. The following extract is from a research interview with Tracy and Bill, which took place in Tracy's flat. Bill and Tracy were presenting as a couple who would look after the baby together. However, Bill had retained his own tenancy in a different Scottish city. Bill had two adult children who he stated he had brought up as a single parent. This would be Tracy's first baby. In this extract, Bill described the demands on him by professionals, as part of the child protection plan for the unborn baby.

'That's what I says to them [allocated social worker and manager] last week when they were at my hoose they were going on about, want to go to this, want to go to that, I says you're getting as bad as that Lorna [early years' worker based in a specialist substance abuse team], because every time you see that Lorna she wants you to go somewhere and do something, right? That's why I don't even like seeing her anymair because every time I see her she wants me to go and dae something different. But then the two of them were going on last week about this [specialist domestic abuse project] and I says, "Know whit? The two of youse are doing my nut in about it, I'll go to one appointment and if I don't like it, I'm no' going [back]" and [the social workers said], "Oh right that's brilliant. So you're just gonna go to one appointment? At least you're gonna go to one appointment", but [deep exhale, expressing incomprehension]'

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

It was a dominant theme of the interviews with Tracy and Bill, that they could not see the purpose of the majority of the meetings and appointments that they were expected to attend. This experience of multiple demands from a large group of professionals caused both Tracy and Bill to express the view that the child protection interventions in their family life during the pregnancy caused them both distress and were not experienced as supportive. For sense and clarity, I have combined their comments in the following extracts

which came from a conversation between the three of us about the professionals involved. Tracy appeared also to be trying to establish in her mind the roles that each of the people at the IPBCPCC played in relation to her and her unborn baby.

‘Far too many people, far too many appointments. Aye far too many appointments, far too many people’

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

‘They don’t need to be as full on, they don’t need as many people involved, they don’t need as many appointments as there is [pause]. There’s my midwife, there’s my midwife Louise, There’s Lorna from [Specialist Substance Abuse Team], that I don’t see her purpose [Lorna was an expert early years worker], Courtney the social worker, who, she’s trying to get Karen [senior social worker, Courtney’s line manager] involved which is her boss, there’s Phil who’s a nurse, there’s this new midwife that was out that day, I’ve forgotten her name, but the midwife, she was sitting next to that Karen, she was over this side of the table? [we establish who Tracy means by this]. She’s the one that comes out after the baby is born [meaning the health visitor]. She was out the other day, I don’t see the, aye it’s only my midwife and that woman [the health visitor] that I really need to be seeing, the rest I don’t really see the need in being involved because their involvement is daeing nothing for me except just getting my stress levels up mair’

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

Through the fieldwork, for four of the families I met I became involved in transporting parents to and from essential appointments that they could not otherwise easily attend. Whilst methodologically these journeys had advantages for the research, the help was also readily welcomed by parents and by social workers, who recognised that it might otherwise have been difficult for parents to meet all of the demands upon them. A further problem with multiple expectations is that parents became confused about which meetings were most important, and which missed appointments would most influence the assessment. In her analysis of a family support service through the lens of time, Roberts (2015) suggested that,

'Parents were not always aware of the changes expected of them and did not necessarily share social workers' vision of improved family functioning by the end of the intervention period'

(Roberts, 2015, 8).

On this view, appointments can come to seem to expectant parents as appointments for appointments sake rather than valuable investments of their time, a view which Tracy and Bill expressed. The risk then being that parents disengage or make the wrong decision about which meeting to prioritise. Part of the difficulty for all involved in the process may be the high expectations of what child protection involvement with the family could achieve during the pregnancy. Social work intervention with families is often premised on creating change.

'I read the very idea of social work as something that is change oriented as a notion created within the discourse of linear time. In this discourse the meaning of time is created and naturalized as something that can be dissected out into the past, the present, and the future, with a time arrow showing the direction of events unfolding in sequence towards the future'

(Fahlgren, 2009, 212).

In child protection work, the goal can be understood as achieving linear progress in family functioning 'within a child's timeframe' (Brown and Ward, 2013). However, if that timeframe is read as the length of the pregnancy in pre-birth cases, it is not difficult to understand why parents could experience a sense of being rushed through interventions designed to create change, and quickly. Even more so if the social work involvement has begun relatively far into the pregnancy. For parents there was often a sense of events unravelling out of their control in their family lives.

'As smaller durations of physical time become socially meaningful, the perceived "scarcity" of physical time increases... As perceived scarcity of physical time increases, perceived control of events in one's life decreases'

(Lewis and Weigert, 1981, 453-454).

Some degree of felt control has been established as important in relation to stress levels during the transition to parenthood (Keeton *et al.* 2008). Yet it was difficult for parents to sustain a stable sense of self-efficacy (Bandura, 1997) in such demanding and potentially confusing circumstances. Another aspect of this was that the increase in agency demands coincided with a stage in the pregnancy when expectant mothers in particular wanted to withdraw from excessive demands and when families often wanted some time that was

quiet and boundaried. This was not easy to achieve within the structures of pre-birth child protection. There was a clash between what the natural body clocks of the mothers were asking of them in late pregnancy and the demands of the child protection involvement. An incompatibility could be discerned between 'natural' and 'institutional' forms of time for the families (Adam, 1990; Fox, 1989; Lewis and Weigert 1981, Simonds, 2002).

Nancy, who was expecting her fifth child and caring for her four older children at the outset of the child protection involvement with her family expressed a sense of a relentless march of time in terms of 'never getting a rest' towards the end of her pregnancy. Nancy experienced a pressure to display to professionals that she could parent her children successfully and still have capacity to include her unborn baby in their lives. She had been criticised for neglecting to meet her children's basic needs by providing a clean, healthy living environment in the home. In the following extract which took place in the researcher's car between Nancy's appointments with agencies, she described the way she was spending her time in late pregnancy, in order to demonstrate linear improvement in the home conditions.

'I dinnae get a chance to rest, no' even the last couple of weeks I've no' had a chance to rest at all, because when the bairns have been at school I've been busy tidying up and the time I've tidied up it's time to get the bairns from school and then they're not sleeping until half nine or ten at night and by that time I just want to go to my bed so it is quite stressful the now'

(Extract from research interview with Nancy, expectant mother).

This extract is a reminder of the significance of the domestic for the families at the centre of this study. Whilst not all of the expectant mothers coming under the scrutiny of child protection assessment were living in a conventional domestic arrangement, for many of the families that participated in this study there was a sense that the unborn baby was seen as part of a family that they were building. They therefore wanted privacy and time to prepare for the arrival of the baby in their lives and homes. The timing of the pregnancy in terms of the parents' life courses and the mothers' previous pregnancies was important in determining the meaning of the baby to the family in each case. Whether babies had been longed for or were unexpected, at what stage in a woman's childbearing years the

pregnancy occurred, and in what relation to other pregnancies really mattered to expectant mothers and fathers. Parental participants often shared the detail of this within research interviews. However, these nuances could be overlooked or obscured within fast-paced, task focused social work interactions.

8. We've Been Expecting You

A theme that will be returned to through the remaining chapters is the way that the research opened up different spaces for talk than that made possible by the child protection interactions. Expectant parents often talked in research interviews about what their unborn babies meant to them. The feelings described by participants in the research spanned a broad emotional range including fear, ambivalence, excitement, hope and love. Many of the parents that it was possible to speak to with few or no professionals present made clear that they were heavily invested in their babies. Partly this seemed to be a result of time. The research did not have the institutional pace of child protection social work. Research interactions could often happen at the pace set by participants. If the time was restricted it was restricted by the need to go into a child protection meeting. The only other context in which this tone of exchange happened in the course of the research was in more intimate home visits when social workers were there to talk to the mother or parents together in their own surroundings, and without a formal agenda or timescale to observe.

The ways that expectant parents spoke about their unborn babies revealed their importance in terms of parental lifetimes and in the context of previous child bearing experiences. Parents described the 'time work' (Flaherty, 2003) they were engaging in during the pregnancy. When I observed Nadine visiting Amara at home at her temporary accommodation in a bedsit and then interviewed Amara immediately after Nadine had left she talked about how she had spent much of her pregnancy, which was nearly at an end, lying down. This was in order to prevent a miscarriage, since she had experienced two previous second trimester losses prior to her current pregnancy. The following extract comes from contemporaneously recorded fieldnotes, compressed here for clarity.

'Amara [expectant mother] opened the door, wearing a short vest dress in bright green. Smiled and asked us in. We followed her to the back of the house. Impression of a lot of doors and noises. Social worker asked how many people live there. Amara said, "Eight".

Small, back room, no windows, skylight in the roof. Very full of stuff. Big TV with no sound on, on top of set of drawers. Big bed, Nadine [social worker] chose to sit on this. I sat on the sofa and was eventually joined by Amara. Lots of baby stuff in plastic crates, and a new car seat on top of the wardrobe, suitcases. Two calendars (Chinese takeaway ones) on the walls.

Nadine asked questions about Amara's circumstances and explained why we were visiting. It was clear that the medical professionals had not made the child protection concerns and process clear. It had not been suggested to her that foster care for the baby could be an option following the birth.

Amara described having lost two pregnancies at 22 and 20 weeks a year after each other. "They were girls", she said smiling. She said she had been with the father I think and said the hospital had been kind. They had taken photographs of the babies and arranged their cremations. For one baby her cousin had been with her at the cremation. For the other one she was alone. The father was not around'

(Extract from contemporaneous fieldnotes of observed home visit of Nadine, social worker, to Amara, expectant mother, September 2014²⁹).

There is evidence of the 'time work' Amara was doing, enclosed in her small bedsit with calendars counting down to the birth of her daughter. There is also evidence of Amara's 'making-present' (Heidegger, 1962, 369) the moments that she lost her previous daughters in pregnancy. The connection between these events for Amara is emotionally close, although time has elapsed between them. She is experiencing her current pregnancy through her past childbearing experiences as well as pulling a future when her baby has been born close to her in the present to fortify herself. In short, her experience of her pregnancy is non-linear and operates according to a form of 'self time' (Lewis and Weigert, 1981).

²⁹ Fieldnotes are dated by month and year only rather than by exact date throughout the thesis. This is to avoid the possibility of families being identifiable by the date of child protection meetings or the baby's registration on the child protection register through social work records.

The concerns about Amara's baby centred around her health and whether she was taking sufficient steps to safeguard the health of her unborn baby. I later interviewed Nadine following the birth to Amara of Ruby, a healthy baby girl, who was by then developing well in Amara's care. Reflecting on Amara's experience some time after the birth, Nadine could acknowledge the psychological complexity of pregnancy for Amara and some of the possible reasons why it may have been difficult for Amara to prioritise taking the specified medication prior to Ruby's birth.

'What I understood at the pre-discharge planning meeting [before Ruby left hospital with her mother Amara] was that you know, to her [Amara] there wasn't really a baby...Because she'd lost her previous babies I think at 20 weeks and 22 weeks, I think all her focus had been on keeping a baby surviving and I don't think that had extended to after birth and having a baby healthy after birth. And I think when she saw her baby, she saw the point in medicating herself [pause] but also giving medication to her baby. But I think she found it hard to imagine [pause] a baby coming from her pregnancy'

(Extract from research interview with Nadine, social worker to Amara's daughter, Ruby)

A further complexity of pregnancy for the mothers participating in this study, was that the child protection processes constituted to some parents at least an ongoing threat that the baby would only 'belong' to the expectant mother for as long as the pregnancy lasted. This threat served to heighten women's experience of this period of closeness to their baby; when they were inseparable. Women were not incognisant of the possibility that the pregnancy might be the only time that they would experience themselves fully as mothers to their unborn babies. Since after the birth active steps could be taken to disrupt their maternal identities through removal of the baby from their care and the limiting of ongoing contact to protect the baby from harm. Expectant parents talked about wanting the pregnancy to last forever, and of dreading the onset of labour. Morven and Tracy spoke at length of their experiences of vivid night terrors and nightmares that served to illustrate the depth of their fears. The following extract comes from a research interview with Tracy and Bill together, in which Tracy shared a dream she had recently woken up from in a panic.

'The one this morning was it was new year time, and you (indicating Bill) and my ma, I didnae actually tell you this, you and my ma were going oot partying. And because you and my ma were going oot partying at new year, and I was staying in the hoose by myself, the social worker was saying, "Right well you're no' a fit dad, you're no' a fit granny. You're supposed to be there helping her. We're taking the bairn". So I ended up barricading myself in my ma's hoose. Blocking up the windaes wi' ladders and chairs and stuff... But it is a lot of dreams that they're gonna take her off me. And it's just, it's just bad dreams that I'm always running away'

(Tracy, expectant mother, in an extract from research interview with Bill and Tracy, expectant parents).

Therefore, the child protection clock was ticking loudly in the background for many of the parents as they approached the end of the pregnancy and childbirth. Pre-birth child protection has a linear, forward facing quality. It is largely focused on what can be done to protect the future child, following the birth. However, the temporal relationship that the expectant parents were in to their unborn babies was far more complex. It encompassed the past, the present and the future and was mediated by strong passions, hopes and fears. There was little space for the temporalities of the pregnancies to be explored in the formal child protections interactions that were observed as part of this study. Only in quieter and more intimate moments could these aspects be revealed.

9. Conclusion

Within this chapter I have explored some key temporal aspects of pre-birth child protection as they emerged from this ethnographic study. Within the fieldwork site, social work managers and practitioners had some choice over when they engaged with families to make an assessment of risk to the unborn baby. Insofar as women were presenting for antenatal care, the medical timescales of 'booking' at ten weeks of pregnancy meant that the need for a child protection assessment would be highlighted then. Some expectant mothers also had ongoing contact with social work services. Yet most expectant parents had waited for a child protection assessment to be commenced in respect of the unborn baby. Parents preferred earlier engagement for at least two reasons. The first was that the anticipated child protection involvement hung over the pregnancy until the point that a social worker contacted the family or began an assessment in respect of the unborn baby. The second reason was that later engagement meant there was a large amount of work being squeezed into a very small amount of time. An amount of time that was unrealistic for achieving meaningful partnership with parents, far less meaningful change. This study did not find consensus as to why pre-birth work often waited until mid to late pregnancy to begin. Later engagement was explained by some practitioners as allowing the pregnancy to become established, and thereby minimising the risk of miscarriage or elective abortion. Other social work participants acknowledged the pressure on practice team managers to allocate work according to immediate risk to the child or children referred. Pre-birth cases came a long way down the priority list since the baby was considered 'safe' until born in most circumstances. There was also little that could be done to make the baby safer during the pregnancy through child protection measures.

If an IPBCPCC held at 28 weeks resulted in child protection registration, a 12-week review of registration was required by the national guidance. This left chair persons in a dilemma since at 40 weeks of natural pregnancy the baby's arrival would be likely to be imminent or have already happened. The practice of holding a second PBCPCC left expectant parents coping with very high levels of uncertainty about who would be caring for their baby following the birth. Experienced practitioners in both frontline and chairing roles recognised that practice could have been much better and more ethical. However, they did not appear to feel able to make the changes they could see would be helpful. For example,

holding only one IPBCPCC with clear recommendations from professionals resulting in an agreed plan for the baby's future care, and when relevant involving foster carers at an earlier stage in that plan.

Late social work involvement with the unborn baby and the indecision introduced by holding two case conferences before the birth could leave expectant parents feeling rushed through child protection processes and confused by the demands on their time. Face-to-face interactions between practitioners and parents were observed to lack sensitivity at times, as social workers focused on meeting timescales. This could be at the cost of practitioners taking the time to understand the meaning of the unborn baby within the family's life course, and particularly the expectant mother's child bearing years. Some expectant parents also resented multiple demands on their time in late pregnancy, when the expectant mother's natural rhythm might have been slowing down, the agency demands were often speeding up. The meaning of 'time' can be understood as being different for the social workers and the expectant parents in this context.

There was little evidence of a synchronisation of the clocks of 'natural time', 'medical time' and 'child protection time' in relation to the pregnancies studied. Practitioners found this discordance difficult in their work. The way that timescales were interpreted compromised their interactions with families who were seeking clarity about the future. Social workers struggled to provide that clarity, leaving at least some practitioners uncomfortable with the timescales within national guidance. Expectant parents were at a further disadvantage, having only a short time to demonstrate the capacity to care for the unborn baby. A task that was not easy given the social workers' approach to possible risk to the infants, as will be clear in the next chapter on the 'vulnerabilities' of pre-birth child protection.

This exploration of pre-birth child protection work considered through the lens of time has begun to show the complexities at the heart of the work. These complexities did not appear to be well addressed through child protection guidance, designed for children who have already been born. The opportunities for meaningful and respectful interactions between parents and practitioners were reduced by late engagement and further reduced by a focus on case conference timescales. Practitioners struggled to make an assessment and provide clear recommendations within the time allowed them, creating painful uncertainty for parents and uncomfortable ethical questions for social workers. Families had no power to address this, and although practitioners struggled with timescales, they did not actively

seek to change them or to make a case for working outwith them. In the quote from Callum near the beginning of the chapter, he suggested as a social worker that practitioner investment of time in pre-birth work was under-valued by the culture that he was working within. The lack of professional value given to taking time to make sensitive assessment of the risks to the unborn baby created difficulties for social workers and parents. However, the impact on parents was very significant as they waited to learn what the future would hold for their families.

5. Vulnerabilities

1. Introduction

The previous chapter considered the significance of the temporal aspects of pre-birth child protection, as these emerged from the research data. In this second findings chapter, I shift the analytical focus to the many ways that vulnerability can be read in the data. The title of the chapter is ‘vulnerabilities’, rather than ‘vulnerability’ for three reasons. Firstly, the term was being used explicitly by research participants in multiple ways, primarily in relation to the unborn babies and their expectant mothers. Secondly, considering different forms of ‘vulnerability’ can be helpful in seeking to understand what is happening in the interactions between expectant parents and practitioners, which this study sought to disentangle. Thirdly and finally, analysis of the data suggested forms of vulnerability which were revealed by the research but were not necessarily recognised by the research participants. Brownlie has suggested that there can be compelling reasons for individuals to choose not to apply the label of ‘vulnerability’ to themselves, including the idea that the ubiquity of vulnerability in human experience renders it quite literally unremarkable.

‘Our tacit understanding and acceptance of the pervasiveness of our (embodied) interdependencies – and of the risks of these – might well be a part of why we tend not to focus explicitly on vulnerability in talking about our lives. In other words, at some level, we accept that to be human is to live with (embodied and relational) risks, and to that extent they are not ‘remarkable’; that is, they do not merit being talked about’

(Brownlie, 2014, 197).

The following discussion of vulnerabilities that were implicit and ‘discovered’ through analysis of the data will be cognisant of Brownlie’s work on the analytical and ethical challenges of reading vulnerability in research data, which is not ‘owned’ by participants themselves (2014, 201-202). So, different interpretations of forms of ‘vulnerability’ emerged directly from the data, and through deeper analysis of the data, in seeking to answer the research questions about the nature of the practice interaction. But what is actually meant by the term ‘vulnerability’?

Misztal’s claim that there has been a ‘proliferation of the notion of vulnerability’ (2011, 1) is difficult to argue against. There appears also to have been a proliferation of meanings attached to ‘vulnerability’. Individuals and communities of people are described as

'vulnerable' in vastly differing ways, in everyday contexts but also in academic writing and in policy documents. How then can 'vulnerability' be defined? Keay and Kirby (2018) have argued that the lack of agreement about a conceptual definition of 'vulnerability' is problematic for those in public service who are expected to make operational use of the term, by recognising 'vulnerable' individuals or populations. However, even within the scope of this thesis on pre-birth child protection, no single definition can be offered. Rather, it is necessary to engage with both literature and the data to explain the major ways that 'vulnerability' was operationalised in pre-birth child protection work. Therefore, in the following section, 'defining vulnerability', I wrestle with the definitions or conceptual forms of 'vulnerability' which are relevant to my argument, drawing on research data. Through this engagement with different forms of vulnerability, I will outline how the remainder of the chapter will present findings from this research, utilising the range of conceptualisations of 'vulnerability' presented, as they relate to the data.

1.1 Defining Vulnerability

The Oxford dictionary definition of 'vulnerability' is listed as, 'the quality or state of being exposed to the possibility of being attacked or harmed, either physically or emotionally'³⁰. On which definition, to be human is to be vulnerable. However, under 'vulnerable', the Oxford dictionary offers a definition describing a vulnerable person as 'in need of special care, support, or protection because of age, disability, or risk of abuse or neglect'.³¹ This suggests that some individuals in society are judged to be more vulnerable than others. Misztal traces this 'use of the idea of vulnerability as being intrinsic to disadvantaged groups' (2011, 3) back to the sixteenth century. The increased use of 'vulnerability' in common parlance has driven the media, in the U.K. at least, to make frequent use of the term 'the most vulnerable in society', to suggest a more severe form of vulnerability, beyond 'ordinary' vulnerability (Brownlie, 2014), linked to structural factors. One journalistic example from many is provided for illustration here.

³⁰ Definition 1. available at: <https://en.oxforddictionaries.com/definition/vulnerability>

³¹ Definition 1.1. available at: <https://en.oxforddictionaries.com/definition/vulnerable>

'The poorest and most vulnerable in society will be hardest hit by Government changes to tax, social security and public spending reforms, a major report has revealed.

'Disabled people, the elderly and lone parents will suffer financial losses far greater than the general population under reforms introduced in recent years. Women will also suffer an annual loss more than double that of men, and black households will face a loss of income more than double that of white families, the research shows'

(The Independent, 17 November 2017³²)

In this report, particular groups of people including, 'disabled people', 'lone parents' and 'black households' are singled out as being at increased vulnerability. To paraphrase Orwell then, all human beings are created vulnerable, but some are more vulnerable than others. 'The elderly' are also singled out as vulnerable in this article. Increased vulnerability is attributed as a result of age, with an inverse arc of vulnerability operating so that both the youngest and the oldest in society are considered to be at the peak of vulnerability. I take the lead of vulnerability in terms of age in defining the potential 'vulnerabilities' of participants in this study, beginning with the unborn babies.

1.2 Infant vulnerability

Infant vulnerability is linked closely to the notion of dependence on others, Misztal's 'first form of vulnerability' (2011, 51). In the following extract, Robbie, a case conference chair person, emphasises the need for the unborn baby to be absolutely safe following the birth, as a result of his or her absolute dependence on the care of adults.

'[T]he 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, Case Conference Chair Person to Stephanie and Eddie's unborn baby).

³² 'Poorest and most vulnerable hardest hit by Tory reforms. Study shows Equality and Human Rights Commission warns of 'bleak future' for those most in need' by May Bulman, Social Affairs Correspondent. Available at: <https://www.independent.co.uk/news/uk/home-news/tory-welfare-reforms-hit-poor-vulnerable-hardest-study-a8058176.html>

However, even this apparently unarguable form of vulnerability was contested within this study. The social work task was framed in terms of securing the safest possible care for the vulnerable baby once born. Social workers emphasised the vulnerability of the unborn baby in relation to harm arising from parental neglect or abuse following the birth. However, expectant parents emphasised the vulnerability of the baby in terms of the threat of early separation from the birth mother and disruption to the processes of natural 'bonding' between mother and baby. Specific dependence on the mother was foregrounded in parental accounts of infant vulnerability. Parents were operationalising a conceptualisation of infant vulnerability in terms of dependence on the birth mother, rather than on just any safe caregiver. Amara questioned in a research interview how it can be possible that somebody other than her baby's natural mother, Amara herself, could possibly be as good a resource for her baby.

'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?'

(Extract from research interview with Amara, expectant mother to unborn baby Ruby).

Therefore, practitioners and parents were not entirely agreed on how the vulnerability of the unborn babies in this study was defined. Expectant mothers in particular relied upon a common sense understanding of maternal deprivation (Bowlby, 1951), according to which the vulnerability of their infants could be increased through removal from their care. Whereas practitioners were assessing the 'vulnerability' of the unborn infants in terms of their intrinsic dependence but also in terms of risk of harm from caregivers. Social workers saw the babies as dependent but also *defenceless*. Vulnerability was being applied to Tracy and Bill's unborn baby³³ in this dual sense in the following extract from an interview with the social worker, Courtney. Here she was talking about the baby being at potential risk of Bill drinking to excess in the home, given his history of alcoholism.

³³ I draw on data in relation to Bill and Tracy's unborn baby in the remainder of this definitional section on 'vulnerability' as there are helpfully examples of 'vulnerability' as talked about from a variety of participants' perspectives.

'This is a baby. It's *vulnerable*. It can't just have professionals having faith that he's [Bill is] going to change'

(Extract from research interview with Courtney, social worker to Tracy and Bill's unborn baby, emphasis original).

I would therefore suggest that when the unborn babies in this study were described as being 'vulnerable' there were often multiple conceptualisations underlying the description. Infants are generally understood as vulnerable due to their dependence on adults for care and sustenance. This form of infant 'vulnerability' as 'dependence on' translates across many time periods and cultures as Misztal suggests.

'Child-rearing practices have changed over the course of history and what constitutes due care has often been questioned and challenged. Yet despite the fact that our understanding of what it means to receive care as an infant has changed, the notion of a child's dependence on the adult captures something important that cuts across differences of culture and historical context'

(Misztal, 2011, 62).

However, Butler has argued that human dependence is not confined to infancy or even to childhood (Butler, 2016, 21). Our lives can only be successfully lived through networks of interdependency; infants are not alone in that regard. Furthermore, although their absolute dependence is highly significant, infants are also more than dependent. Since 'even infants actively shape the lives of those around them, contributing to the construction of their social worlds' (Gottlieb, 2000, 128). As Brownlie and Leith (2011) have highlighted, drawing on Gottlieb's analysis, infants have seldom featured in the sociology of childhood. Concerned as that area of social theory has tended to be with the agency of children, as opposed to their ongoing dependency on the adults in their social worlds. There is not space to build a complete theory of infant agency here. However, it is important to highlight that narrow conceptions of human agency have been criticised for conceptualising agency as if it were a disembodied rationality (Shilling, 1999), in ways that privilege language and fail to recognise relationality and dependency (Boyle, 2014). Therefore, thinking about the vulnerability of foetal and infant bodies provides an opportunity to, 'rethink what is meant by personhood... and to grapple with the beginnings (and ends) of life...' (Brownlie and Leith, 2011, 197). This is important because even the unborn babies were not passive in this study. As can be seen across the findings chapters, the data from

this research shows that the babies exerted a powerful emotional force on the adults around them.

As well as being dependent on adults for care, infants are also dependent on adults for protection from harm, so can be understood as having an enhanced vulnerability to trauma (Misztal, 2011, 96). The task for the social workers in this study was to decide which of the unborn babies were simply vulnerable by virtue of their infancy and which were additionally vulnerable in the sense of being 'at risk' of significant harm. As I shall show in this chapter, it was very difficult for social workers to be clear about this and to feel confident that the babies would be safe in the care of their families, partly because of their innate age-related vulnerability.

1.3 Parental vulnerability?

The other prominent use of 'vulnerability' in pre-birth child protection work was in relation to the expectant mothers. Although again, a dual meaning of 'vulnerability' can be discerned in the data. Pregnant women are often cast as 'vulnerable' simply by virtue of their pregnant state. As discussed in the literature review, this version of vulnerability can be understood through Lupton's (1999) analysis of the way that pregnancy is often treated as an inherently risky state of 'being'. In the context of this study, social workers sometimes referred to women as 'vulnerable' simply because they were pregnant. In a research interview, Courtney talking about expectant mother Tracy said, 'you know she's pregnant, she's really vulnerable'. Tracy also claimed a certain amount of vulnerability for herself in relation to her physical state in a research interview. Here Tracy was talking about her partner Bill not wanting to leave her at home alone in bad weather to attend an appointment with professionals. Bill had commented that he did not want Tracy to have to go out on the icy path. Tracy acknowledged that she had felt vulnerable on that day.

'It was bad weather on the Tuesday, that was when we had that heavy flurry of snow and ice and he didnae want to leave me as it was, 'cos I wasnae feeling too great'

(Tracy, in an extract from a research interview with Tracy and Bill, expectant parents).

However, as in the case of infants, some mothers and some pregnancies are understood as being more vulnerable than others. Generally, an enhanced form of vulnerability was applied to the mothers in this study by professionals. They were understood as 'vulnerable birth mothers' (Broadhurst *et al.* 2017b), potentially in the sense that their maternal identities were at future risk from care proceedings in respect of the baby. Alternatively, they were understood as mothers experiencing 'vulnerable pregnancies' (van der Hulst *et al.* 2018), meaning that both the women and their babies were seen as at increased vulnerability due to health, poverty, or other social factors. These included domestic violence, presenting a risk to both the baby and to the mother's health during pregnancy and beyond (Potter and Feder, 2018, 295). Therefore, when applied to the mothers and to the unborn babies, 'vulnerability' was being used both to describe the more innate forms of vulnerability generally applied to infancy and pregnancy, but also an additional layer of vulnerability. This enhanced vulnerability or extraordinary vulnerability (Brownlie, 2014) was again related to Misztal's 'third form of vulnerability', vulnerability to pain or trauma caused by others.

It will be noted that the vulnerability of the fathers in the study has not so far been examined. This is because they were seldom described as 'vulnerable' within the fieldwork context. Courtney, the social worker to Bill and Tracy's baby referred to Bill as 'vulnerable' in a research interview when she described a home visit she had made to him in his own tenancy, 'Bill on his own, he actually seemed quite vulnerable in his house on his own'. However, he was simultaneously cast as a 'risk' since Courtney made this visit along with her manager as she would not meet with him on her own due to fears for her own safety. Despite there being few instances of explicit application of the label of 'vulnerabilities' to men in the data, the vulnerability of the fathers in this study will be discussed in this chapter. Their vulnerability emerged through careful analysis of interview data; it was seldom prominent in observations of child protection meetings. Even though the mothers were often described very publicly as 'vulnerable'. The way that I will utilise 'vulnerability' to understand the position of the fathers in the study is captured most closely by a definition of vulnerability, popular at time of writing in the Urban dictionary's list of definitions.

‘Being open, and genuine about feelings of the heart, mind, body and soul. Trust without self judgement or fear of reaction and judgment from others. Joy, acceptance, love, pain, sadness, or illness may come to the forefront of attention and feel overwhelming when one is vulnerable; because of being exposed to pure honest emotions’³⁴

‘Vulnerability’ is here understood in the sense of ‘emotional vulnerability’ (Misztal, 2011, 39-40). As well as considering the ‘emotional vulnerability’ of the expectant fathers and mothers, I will also contrast this form of vulnerability with the ‘invulnerability’ that was required of expectant parents, particularly mothers, within pre-birth child protection meetings and was written into the demands of the child protection plans for the unborn babies.

1.4 Vulnerable social workers

It is important to acknowledge that the practitioners in this study were undoubtedly in a position of power in relation to the families who participated. Given the circumstances of their professional involvement with the expectant parents it would be naïve to ignore the imbalance of power between them. However, there were ways in which the social workers in this study could also be considered as ‘vulnerable’. Few of the practitioners applied this label to themselves or their colleagues. When they did it was in the sense of being at risk of physical harm from male family members, in the context of a home visit. In the following extract from an interview with Courtney, social worker to Tracy and Bill’s unborn baby, she described herself as vulnerable in this way. Here she was talking about moderating her behaviour when she realised that Bill and his visiting adult nephew had been drinking when she went out to Tracy’s house for a morning core group meeting.

‘I don’t want to be challenging, I was awfie mindful of my own safety then at that point, because I was in the house with Jamie [Bill’s nephew] who had also been drinking, who I don’t know, and Tracy minimising it, going “Oh they’ve just had a few drinks, it’s his birthday”. And I was like, “It’s half 10 in the morning you know what I mean? You’re telling me you don’t have a drink problem, you can take it or leave it, however here we are, half 10 in the morning”, you know, um, and at that point

³⁴ This definition can be found in the ‘Urban Dictionary’ at: <https://www.urbandictionary.com/author.php?author=OpenMHB> (last accessed 08/12/2018). Urban Dictionary definitions are by open contribution. My claim here is that this popular definition most closely captures the way that vulnerability is conceptualised in the analysis of the research data in relation to fathers, and to some extent mothers, in this thesis.

he [Bill] had said, “I don’t want to speak to you anymore”. And I left it at that, and I haven’t spoken to Bill since that point and I said, “Bill I’m getting that you know, we’ll have this discussion later it’s not the right [time]”. And then I offered Tracy a lift to the foodbank’

(Extract from research interview with Courtney, social worker to Tracy and Bill’s unborn baby).

Although Tracy’s potential vulnerability could also be read into this extract from the data, here Courtney reflected upon her own vulnerability on the home visit. This direct identification by social workers of their professional selves as potentially vulnerable as they carried out their duties was very rare in this study. Practitioners were far more likely to downplay their own vulnerability, whilst projecting vulnerability outwards, primarily onto the baby and the expectant mother. Nevertheless, close reading of the data discovered that professional vulnerability was at the heart of the practitioners’ judgements and decision making. This was a version of Misztal’s ‘second form of vulnerability’, what she describes as ‘[t]he predicament of unpredictability’ (2011, 75). The social workers were vulnerable because they could not be sure what the outcomes would be for the unborn babies whose future care they had a large say in. They were ‘burdened by the thought that they may be risking a future tragedy and they fear what might happen’ as Misztal describes this form of vulnerability (2011, 75). Social workers were therefore fearful for the futures of the unborn babies. However, in this practitioners were also fearful for their own precarious professional selves. Child protection social workers operate in a work context where a tragic outcome for a child could mean the loss of their professional identity and livelihood if they are viewed as culpable. They may even risk public pillory. The meaning of this professional ‘precarity’ of practitioners in the context of pre-birth child protection work, is the final form of ‘vulnerability’ explored in this chapter.

1.5 Defining Vulnerability: A Reprise

In this introduction, I have suggested that even for the limited purposes of this thesis, it is not possible to settle on a singular definition of ‘vulnerability’. The lack of a shared conceptualisation of vulnerability has been problematized both in terms of its analytical utility (Misztal, 2011) and its operational potential (Keay and Kirby, 2018). I recognise these

difficulties with the present state of knowledge in relation to vulnerability. Yet I contend that considering the data from this research in terms of the multiple vulnerabilities of its participants remains meaningful. I aim to demonstrate this in the discussion that follows, through which the different forms of vulnerability described above will be engaged with in the context of pre-birth child protection work. Before proceeding, one further acknowledgement of vulnerability is required. My positionality as a researcher is integral to the work of this chapter, as to the thesis as a whole. As described within the methodology chapter, my identity as a mother and a social worker affected my interactions with the research participants during the fieldwork, the data that was created by the research, and what was revealed by my analysis of this data. Writing about 'the vulnerable researcher', Etherington maintains that researchers hold a particular kind of power, which their participants cannot fully access.

'As researchers, we cannot deny our position of power, neither should we deny that participants also have their power. However, no matter how much we include participants' views and voices and negotiate our relationships, in the end, the research is our work'

(Etherington, 2007, 613).

Before continuing then, I acknowledge that this is my work, and my interpretation of the research data based on my fieldwork. I was by no means invulnerable in the course of this research. Large periods of the 'writing up' of this study were contemporaneous with the embodied experiences of the pregnancy, infancy and breastfeeding of my third daughter, almost certainly increasing my sensitivity to the data (Kannen, 2013). Although such sensitivity is not necessarily negative in researching pregnancy (Oakley, 1981). As was outlined in the methodology chapter, I aimed to proceed reflexively through all stages of the research. Much of the analytical work of this chapter was in fact dependent on that reflexivity. It was through reflecting on the ways that the vulnerability of participants in this study appeared in the very different contexts of observed child protection meetings and of research interviews that the complexities of the 'vulnerabilities' of pre-birth child protection work became clear. In the remainder of this chapter I consider the complex vulnerabilities of the babies, the social workers, the expectant mothers, and the fathers in turn. I end the chapter by reflecting on how the interactions between social workers and expectant parents were defined by the different 'vulnerabilities' at stake. And how in turn

these vulnerabilities shaped the meaning that participants could attribute to the activities of pre-birth child protection, that formed the focus of this study.

2. Vulnerable Babies

All of the unborn babies had an assumed vulnerability attached to them as a result of their relationship of total dependence on others. Pregnancy represents an extreme form of unilateral physical dependence. This dependency encourages a perspective that all babies are necessarily vulnerable within the womb and until safely delivered by the mother. As has already been indicated in the introduction, some expectant mothers emphasised that this was a dependency that continued after the birth. They also suggested that it was not a unilateral dependence in psycho-social terms, but a mutual inter-dependence. Since they saw themselves as 'needing' their babies to come home with them, just as much as they understood their babies as needing them to be present as mothers. Here the power of the babies as well as their dependence can be seen. Morven articulated this feeling succinctly in interview, conceptualising an inter-dependence that was very real and visceral for her.

'She should be with me. I've carried her, she knows my voice, she'll want me. And I want her, I need her, she needs me'

(Extract from research interview with Morven, expectant mother, talking about her unborn daughter).

It is important to acknowledge the reality of this perspective for some of the families in this study. It was a perspective which also appeared strongly in research interviews with Amara and Tracy. This was significant in terms of how they felt about and behaved in formal child protection forums and discussions. It is not the case that all of the expectant mothers had a rose-tinted view of themselves and their babies. Like any women, they had complex, ambivalent and intensely emotional experiences of pregnancies. Contextualised not just by the child protection involvement with their pregnant selves but by the circumstances of the conception, the support they had experienced since from important people in their lives, health and environmental factors, and the place of this baby in their child bearing years, a

theme that was explored within the last chapter on the temporalities of pre-birth child protection.

This perspective of inter-dependence or of a shared vulnerability of the mother and baby was not wholly confined to the expectant mothers. Nadine talked about the social work reasoning for working to prevent the accommodation of Amara's daughter Ruby into local authority care in similar terms. Nadine expressed the view here that the needs of the baby could be prioritised over professional concerns about ensuring immediate safety, when the mother is assessed as being highly motivated to meet her infant's emotional needs and 'bond' with her baby.

'Social workers did not want to see a baby going into foster care if it could remain at home whereas health staff would rather feel a baby was safe being looked after in foster care and getting its needs met than worry about whether that was going to happen. It was a bit about you do what it takes to keep the baby at home. And I suppose we were willing to bend more to do that but there is a sense of justice [pause] there's a sense of if the mother can do it then she should do it, because those first months are a crucial time for bonding'

(Extract from research interview with Nadine, social worker to Amara's unborn baby Ruby. The interview took place after Ruby's birth, she was living at home with her mother Amara).

This tension between guaranteeing the infant's safety through a foster placement or kinship arrangement and the risk that this choice jeopardises the baby's emotional security and development, thereby increasing long-term vulnerability, runs all through the data. It appears in different forms across professional debate in meetings and in interviews with practitioners. In the extract above, Nadine suggested that health professionals did not give sufficient weight to the needs of the baby; it was social workers who would do everything in their power to keep mother and baby together. This was unarguably so in Amara and Ruby's case. The social work team arranged to visit the family at home twice a day, early in the morning and late at night, every day, to supervise Amara in giving Ruby vital medication in order to prevent Ruby coming into foster care. Reflecting on different professional perspectives as they are expressed in case conference and core group meetings, Robbie, a case conference chair person, agreed with Nadine's perspective. In the following extract he

maintained that 'being willing to take a risk with the baby being at home' was generally the professional preserve of social work.

'Sometimes the midwives are more, I don't know if it's because they work with the mother but sometimes they are a little bit more reticent, either about giving a view or actually about being willing to take a risk with the baby being at home sometimes. I have had disagreements to manage around safe care arrangements. And sometimes health professionals will be clear about "we're not going to give a view, we think that's social work's job", and we have to manage that a bit.

'The Police will generally always err on the side of caution and want the baby accommodated I would say. So I think there's a sense that it's social work's primary [role], within the core group there are different roles and the social work role is obviously to do with taking the lead on safe caring'

(Extract from research interview with Robbie, Case Conference Chair Person for Stephanie and Eddie's baby).

So this inherent vulnerability of infants, their total dependence on their mothers and the way that such dependence would usually translate into the mother taking on a primary caring role after the birth was significant in pre-birth child protection work. Expectant mothers advocated for themselves as the best person to care for their babies in these terms, conceptualising a shared vulnerability between them and their infants. Social workers too, recognised that preserving the bond between the baby and the mother was the ideal. However, as Robbie has begun to highlight, in so doing, social work practitioners were required to 'hold' the risks attendant to the baby going home. They had to come to a clear recommendation about whether the additional risks to the inherently vulnerable unborn babies justified an alternative care arrangement. Or, whether they as professionals could live with the risks of the baby remaining in the care of the birth parents.

3. Assessing infant vulnerability pre-birth

All of the activity described by this research pivots on whether the unborn subjects were established as more vulnerable than any other new-born infant, and then what level of

intervention any increased form of infant vulnerability required. I will now consider how the vulnerability of the unborn babies was assessed by social workers and understood by expectant parents. How were these judgements arrived at?

As was noted in the previous chapter on the temporalities of pre-birth child protection, every unborn baby in the research sample considered by an IPBCPCC was registered on the Child Protection Register, although the strength of assessment presented by professionals was variable. Some social workers were very clear about the risks to the baby by that point, others knew little about the families and their current circumstances. It was not unusual for the practitioner to have met the family once or twice. It appeared that the unborn babies being considered as at enough potential risk for a Case Conference to be convened, and their inherent vulnerability due to age combined to make consensus around child protection registration a foregone conclusion. The major debate came down to whether the babies were sufficiently vulnerable to need to be accommodated at birth. Although this research was not designed to discover what actually happened following the birth, during the course of observations and interviews, approximately half of the babies in the sample were expected to go home with the mother or both parents, and the other half were expected to be accommodated by the local authority, either in a kinship arrangement or with foster carers. So, although all of the babies were considered sufficiently vulnerable to require child protection registration and ongoing monitoring of their home environment, some of the babies were clearly understood to be more vulnerable than others to harm through neglect or abuse from carers.

For most of the unborn babies in the research sample their additional vulnerabilities began even before birth. Only four of the eleven unborn babies in this study³⁵ were understood as being at no additional physical risk during the pregnancy itself, but only once born. These can be understood as potential 'neglect' cases where the mother's capacity to care adequately for the baby after the birth was in question, but their protection and nurturing of the baby whilst in the womb was not seen as an issue. These four mothers' intentions towards their babies was seen as benign; it was their capacity to parent the baby safely after the birth that was the concern.

³⁵ These were Nancy, Chloe, Ellie and Sophie's unborn babies. Other than Sophie, who was a first time mother, older children in these families were considered to be at current risk of neglect or had been removed as a result of neglect.

The remaining seven unborn babies in this study were believed to be at heightened risk of harm and abuse during the pregnancy itself. The major risks to the unborn babies' health and development included domestic violence perpetrated by the father, the mothers' substance misuse, and ongoing medication the mother needed to take due to health problems predating the pregnancy. Several of these women were also seen as 'chaotic' and therefore possibly posing a risk to the health of their babies due to not making themselves available for maternity screening and check-ups.

Within the fieldwork context, domestic violence was understood as a direct risk to the baby in the womb as well as post-natally. Research has variously established the risks of violence towards women by their partners beginning in pregnancy, and potentially increasing in severity or changing nature in pregnancy, including the risk of homicide, with women believed to be at greatest risk in the immediate post-partum period (Cottrell, 2009). Domestic violence and associated 'self-medication' through for example anti-depressant and cigarette use have long been found to lead to increased risks for mother and baby in pregnancy (Mezey and Bewley, 1997; Webster *et al.* 1996). Cleaver *et al.*'s (2007) study found that when domestic violence was an issue, there were often other significant difficulties within families, including substance misuse.

Devaney has made detailed exploration of the relationship between intimate partner violence and the use of child protection measures (2004; 2008). He has questioned whether these are a constructive response to the problem, identifying confused underlying messages about women's own vulnerability and simultaneous capacity to protect their vulnerable children from harm (Devaney, 2008). One danger identified through research with women being that child protection measures compound women's sense of personal failure (Lloyd *et al.* 2017). Thereby potentially increasing rather than reducing the risks for children. One woman in the final sample for this study, Stephanie, was at established risk of domestic violence. Tracy was at suspected risk of domestic abuse, however both she and Bill denied this. They acknowledged there had been 'drunken arguments' in the past which occasionally had come to police attention. However, the couple insisted these were two-sided and a result of their previously dysfunctional lifestyle, which they claimed to have addressed. There had been domestic incidents, but not recently, making it difficult for professionals to be clear on whether domestic violence was a risk to Tracy and her unborn baby. There was no question about the increased vulnerability of Stephanie's unborn baby

to violence. The father of the baby, Eddie had already assaulted her once in the pregnancy as described in the following contemporaneous fieldnotes of the IPBCPCC. I present these fieldnotes in their original note form, with apologies for the use of shorthand designations, as this conveys the sense of the discussion.

‘Chair – He did actually assault you when you are pregnant?’

Mum described an incident in the street in which she had sustained an assault on her abdomen causing bruising to her womb.

Chair – He wasn’t thinking about the safety of the baby or your safety.

Police – Did he not even threaten the baby from prison?

Mum – Yes

Chair – He made a threat to you and a threat to harm the baby as well.

Chair referred to his report and a discussion followed of what exactly Dad had threatened. Police officer suggested he had threatened to kick the baby out of her.

Mum – “He’s an arse”, then apologised for her language.

Chair described this as quite a significant pattern and concern and social worker interjected that Dad had also behaved in the exact same manner to his previous partner [had assaulted her to the abdomen in pregnancy].

Mum – I didn’t know that (meaning when she got involved with him I think).

Chair asked the Police officer if he could find the threat and Police officer confirmed that the Dad had threatened to kick the baby out of Mum’

(Extract from contemporaneous fieldnotes of the IPBCPCC held for Stephanie and Eddie’s baby, March 2015).

Therefore, Stephanie’s baby was understood to be at increased physical risk from the father with Stephanie potentially the protective factor. Despite her public disavowal of him, Stephanie’s relationship with Eddie continued to be a cause for suspicion. I accompanied Benjamin, the social worker to the unborn baby, on a home visit to Stephanie during the pregnancy. On this visit he searched the flat and I wondered whether he had been looking

for Eddie. I asked Benjamin about this in a subsequent interview at his workplace, his response has been condensed slightly for both clarity and confidentiality in the following extract, as he began talking about a related case.

‘No, not necessarily Eddie, I was looking to see if maybe there is a shirt, maybe shoes, maybe trainers [discussion of a related case removed]. It’s such things, people do forget. I do that too, if you are not clever enough, maybe you expose yourself by leaving certain things out there to be noticed. So that’s what I was looking at. You never know he could have been hiding in the wardrobe! In particular, I was looking for any, any clothing, belonging to a man’

(Extract from research interview with Benjamin, social worker to Stephanie and Eddie’s unborn baby, discussing a recent observed home visit).

Stephanie’s unborn baby was therefore understood to be at greatly increased vulnerability as a result of Eddie’s pattern of violence towards his partners in pregnancy. To the extent that Benjamin felt he needed to be vigilant to the possibility that Stephanie was continuing to see Eddie. Although as he acknowledged in the same research interview, ‘I have not yet caught them out because they are playing me quite well if they are’, Benjamin continued to look out for signs of contact between Stephanie and Eddie and to be highly suspicious that they were still secretly a couple.

Rather than being at direct risk from their fathers, Tracy, Jane and Mia’s babies were seen as at risk *in utero* as a result of their mothers’ documented or potential substance abuse in pregnancy, primarily excessive drinking. Rachel was on a methadone programme so her baby’s health was being closely monitored during the pregnancy. Morven and Amara were also being monitored by health professionals, due to their ongoing need to take prescribed medications during pregnancy which had potential implications for their babies’ health. All of these unborn babies were at increased vulnerability of health implications due to different factors in the uterine environment. Several social workers highlighted that in their experience, babies can often have a difficult start to begin with, due to environmental factors in the pregnancy, particularly sustained and chaotic substance misuse by mothers. The social work team based within a hospital context were particularly experienced in working with babies who arrived very unwell or did not survive, due to the lifestyles of the

mothers who were referred there. Emma, who was the social worker to Jane and Hugh's baby talked about this in a research interview which took place within the hospital.

'I've had cases where mum had a very pre-term baby, less than a year [later]... she gave birth to another very pre-term baby and that died, with drug use within all of that. So yes we can be left very anxious, just about the health of the unborn baby, getting out alive. Because once they are out you know they have to deal with NAS [neonatal abstinence syndrome] and that's quite difficult for them. And difficult to watch'

(Extract from research interview with Emma, social worker to Jane and Hugh's unborn baby).

As Emma goes on to suggest, these very poor, distressing outcomes for babies create and support a strong focus on the unborn baby's health as additionally vulnerable within the womb. As Robbie commented in an extract from a research interview in the previous chapter, it was not possible for social workers to physically protect the babies during the pregnancy itself. Therefore, an important part of the pre-birth assessment work for practitioners was recruiting expectant parents to their perspective on the unborn baby's vulnerability during the pregnancy. This provided an active focus to the work with the baby who was not yet present, but also informed the social work assessment. If parents were willing to adopt the child protection professional's view of their own baby's vulnerability, this was seen as lessening the degree of risk for the baby within the family.

4. Vulnerable Babies: A Shared Perspective?

Recruiting parents to the professionals' perspective on the vulnerabilities in their family lives, was important to the social workers. In particular, it was important to practitioners whether parents were engaging with supports because they understood that they needed them, or because they were just complying with the child protection plan. Actively 'engaging' with supports was seen as more desirable than parents simply 'accepting' supports. The question of whether clients' own acknowledgement of their vulnerability is in

and of itself protective or not is wrestled with by Hannah in a research interview, as she talks about Chloe and the risks to her unborn baby.

‘I don’t know, because it’s one of those cases, I said this to you before, I think it is on the cusp and there’s certain things that make me think you know maybe she won’t cope. And I do worry about that [pause] but I suppose the good thing is she’s engaged well with us, she does tell us when things aren’t going well. She’s started to reflect on issues with her previous parenting, so there are things there that are making us think there is actually room there for progress?’

I think the reason that it’s on the cusp I suppose is that people are concerned about certain things, but she is also concerned about those things’

(Hannah, social worker to Chloe’s unborn baby).

Here Chloe’s capacity to reflect on her unborn baby’s vulnerability is in itself seen as decreasing the vulnerability of the baby. When parents did not share the social worker’s perception of the risks to their baby, or of their own or each other’s vulnerabilities or needs for support, this could quickly lead to conflict between professionals. If social workers were not reassured that parents understood the potential risks to the baby, then they viewed those risks as being increased as a result. It was therefore treated as a very important aspect of the social work task to assess the degree to which the parents shared the professional perspective on what the risks were, what the vulnerabilities were, and what supports were necessary to address these. For example, Morven argued consistently and vociferously that aspects of the social work report about her childhood and youth were incorrect. Furthermore, she contended that the way that the ‘facts’ were presented in the social work report was designed to produce an account of her as feely choosing to engage in sex work rather than having been trafficked into this as a young woman by abusers. Morven presented her view on this in a research interview which took place at her mother’s flat after the IPBCPCC had failed to make a clear recommendation about the future care of Morven’s unborn baby.

‘I felt like reading over the notes in that meeting and it was like “trafficking” in quotation marks, oh thank you very much! You know

what I mean? If you understood EU legislation if you understood, if you were human, look at somebody who didn't want to do what they were doing and then just call them a prostitute for it because that works really well. A massive society of like victim blaming. And also being told that I don't take responsibility for decisions and choices that I've made. Some of these things weren't choices. Like [pause] I'll hold my hands up to everything that's happened and some of it yeah, it was my fault. But if you read through the reports it kinda says, it tells quite a different story if you then speak to me and find out that background behind it all then it would sort of become clearer how I went the way that my life did'

(Extract from research interview with Morven, expectant mother).

This resistance served only to make social work staff distrustful and suspicious, as Morven's perspective was so different from their own. Her dissent was observed through this research to prolong the anxious assessment period. Since finding some kind of shared understanding of the current or potential vulnerabilities of the unborn baby with the parents was seen as necessary by practitioners. In the following extracts from the same interview, Nadine talked about Amara's shift in attitude after having baby Ruby. Prior to the birth, Amara did not share the professional assessment of Ruby's vulnerability. Since Ruby's arrival however, she had accepted this perspective, which Nadine found very reassuring in terms of Amara's capacity to care safely and positively for Ruby.

'I think she thinks it's [the child protection involvement is] unjust, you know it's wrong, why would they think my child was at risk? That was certainly the theme of her contact before the baby was born. And then after she was accepting that she had made a mistake and she had to put it right'

'But I suppose you know, I haven't had any concerns about her [Amara] since she had Ruby and the hope is that you know, she [Amara] made a mistake during the pregnancy and I do believe alongside her that you can put things right you know and this, it's positive and she's an able parent and she's enjoying being a parent'

[Combined extract from research interview with Nadine, social worker to Amara's unborn baby Ruby. The interview took place after Ruby had been born and was being cared for at home by her mother Amara).

This study found that having identified the particular vulnerabilities of the unborn babies, social workers tried to recruit expectant parents to their assessment. If parents were agreeable to this, their status as protective was enhanced as they were judged as being able to work with professionals to reduce the baby's vulnerabilities. If parents were resistant to this, it created tensions in the working relationship between them and social workers. Time was very pressured, as explored in the previous chapter on the temporalities of the work. In this context, tensions were observed to run high in several meetings when there was parental resistance to the social work view of the baby as vulnerable to harm within the family context.

There are several issues I would like to highlight about this finding. The first is that it placed parents who were disputing facts that were informing the social work assessment in a very difficult position, at a time when they were potentially feeling disempowered by the involuntary nature of the social work involvement. The second is that the surety of the professional assessment was largely assumed. Despite the difficulty that as Shlonsky and Mildon (2017) suggest, child protection social work currently takes place in a highly complex environment where the evidence base is ambiguous. This lack of a shared evidence base is especially evident in pre-birth child protection work. I have suggested previously that this is due to the relative lack of research evidence supporting practice, the crossover with maternity and early years' perspectives which are also complex, and the ongoing debate about the role of neuroscientific evidence in social work with infants (Critchley, 2018). The third is that parents, and particularly mothers as a result of the strong element of stigma it holds are likely to resist adopting the spoiled identity (Goffman, 1968) of being a 'bad mother' (Croghan and Miell, 1998). Not all mothers could so quickly come to Amara's realisation that she had made a 'mistake' in her non-compliance with a medical regime in pregnancy, and would do everything she could to be a better mother to Ruby in future.

I am arguing then, that it was difficult for social workers and parents to reach a shared perspective on the vulnerabilities of the unborn babies in this study quickly enough to reassure practitioners that parents were protective. Observations suggested that this was particularly so when parents and practitioners had very recently met and did not have an established working relationship predating the current pregnancy. When practitioners had little time to successfully build the relationships (Ruch, 2010) with parents that would allow

them to master what Kettle has called the ‘balancing act’ of child protection work (2018), making a clear assessment was a challenge. The issue then was that when social workers did not have confidence in the expectant parents, it was extremely difficult to be sure that the baby would be safe at home. Social workers wanted a high degree of surety, because of the multiple vulnerabilities of the babies. 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 to Stephanie and Eddie’s unborn baby).

Being ‘completely convinced’ once the possibility of risk has been introduced, which naturally it had for all of the babies in the study, could be very difficult for professionals. Benjamin returned at several points in 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 into what he called ‘the lion’s den’ despite the emotional pull of feeling a newborn baby should be with the birth mother. The powerfully expressed social work fear of sending a defenceless infant into the ‘lion’s den’ of a dangerous home environment will be explored in the following section. Here the social workers’ vulnerabilities in pre-birth child protection work come to the forefront.

5. Erring on the Side of Caution: Vulnerable Social Workers and Risk Regulation

In the introduction to this chapter, I suggested that social workers could be vulnerable in their work. Benjamin’s fear provides an example of this, since he is reflecting not just a fear

for the baby going home, but arguably for himself. 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 died tragically young. Several others hinted at the possibility of such tragic outcomes.

Robbie described a case he was involved in as chair person, not a pre-birth case, but a young baby who had recently gone home following an initial 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 as a result being immediately accommodated. He was reflecting upon this difficult news, in the context of suggesting that pre-birth work is less anxiety provoking because at least until the baby arrives they are 'safe'.

'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 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 research interview with Robbie, Case Conference Chair Person for Stephanie and Eddie's unborn baby).

Social workers linked the tragic outcomes of past cases to a professional determination in the present to focus on the unborn child and their immediate safety. In a research interview, Vera talked about the death of a baby she had been involved with professionally. This tragedy occurred despite a clear safety plan involving the wider family. Vera suggested that this case shows why accommodating the baby with carers and 'working backwards' is a safer option for new born 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 [IPBCPCC 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 for Morven's baby, immediately after the IPBCPCC).

This case was clearly upsetting to Vera, for understandable reasons, particularly as she had not felt confident in the plan for the baby to go home to the mother and grandmother. Shona, who was the chair person to Tracy and Bill's unborn baby, also highlighted the need to test out apparent 'recovery' or better functioning in parents before they actually have care of a baby. In the following extract from a research interview, Shona echoed both Vera and Benjamin's sense that it is more comfortable and less risky to accommodate the baby. From there rehabilitation home can 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 for Tracy and Bill's unborn baby).

Social workers appeared to be drawing on the very worst experiences from their professional careers and knowledge to inform current decision making. The worst possible outcome of a baby being harmed or even dying, particularly when practitioners could see a way that this might have been avoided was of course very powerful and immediate. In this context, to 'err on the side of caution' and to 'work backwards' from a safe foster care placement looks like the only option for vulnerable newborn babies. Expectant parents were concerned about what a risk-averse approach from professionals might mean for them and their babies. Morven talked in interview about her anxiety that her baby would be accommodated due to the social work concern that Morven's mental health needs might be unpredictable post-natally, heightening risks to the baby. Using her own language to describe how she felt she was seen as *'a bit mental'*, Morven questioned the justice in potentially separating her from her baby, given that she was acknowledging the risks arising from her mental health and was willing to find ways to mitigate those along with professionals.

'It was even the fact that there was an example brought up. Amanda said, "Well with mental health problems it's really difficult for us because we let a woman take her baby home not so long ago in the local area and something happened". Well you then [pause] can't say "Well if you're a bit mental we're going to take your bairn. Just to safeguard". No that's wrong, that's fundamentally wrong. You do not tar people with the same brush, I think that goes on quite a lot. It's just a case of, 'you fit under this bracket so we're going to say that you're this, this and this''

(Extract from research interview with Morven, expectant mother).

Recognising the vulnerabilities of the social workers in the context of pre-birth child protection work might go some way to reducing the risk of an over-zealous child protection response that Morven highlighted in this interview. Within the context of this study, practitioners were often reluctant to discuss the emotional nature of the interactions they were having with families and the decisions they had to convey to them. As stated in the introductory section of this chapter, a minority of social workers described male family members as a potential physical risk to them. A further example of this comes from the data in relation to Nancy's unborn baby. Beth, the social worker, described the risk that

Nancy's father Cameron potentially posed in the following extract from a research interview. This was due to his behaviour towards a previous social worker to the family. The extract is compressed for brevity, indicated by the ellipsis.

'Cameron [Nancy's father] had made various threats such as, "I'm going to cut the brakes on your car" and he'd got an electric carving knife that was on and was threatening a social worker with it'

(Extract from research interview with Beth, social worker to Nancy's unborn baby and older children).

However, describing feeling at personal risk was very rare and generally social workers presented as confident and highly professional. The felt vulnerability of practitioners appears only rarely and 'off-record' in snippets of conversations during which social workers became upset or tearful, reflecting on previous cases when they had removed a child at birth and felt distressed by this. A minority of social workers and case conference chair persons also communicated the anxiety they were carrying in relation to their pre-birth work and one referred to having difficulty sleeping. However, generally social workers emphasised their coping abilities and the ways that staying in the job had made them less and less worried or upset by the nature of the work.

'Nadine: But generally I find that the longer I've done the job [pause] the less I am affected by those kind of things. But sometimes things do catch you and you don't expect them to [pause] ehm [pause].

Interviewer (Ariane): That's interesting, yeah. And was there anything about that visit that day that stuck in your mind? That was particularly, or was it, did it feel like it was just a, I don't know, was there anything that stood out for you at all?

[Pause]

Nadine: I find it hard to say 'cos it was a while ago'

(Extract from interview with Nadine, social worker to Amara's unborn baby, Ruby).

In this extract Nadine very quickly shut down the attempt to get her to talk about her feelings. Clearly there may be methodological reasons for this. It involved a lot of trust in the researcher for social workers to talk about the emotional content of their current case work while they were actually doing that work. So although some practitioners did use the space opened up by research interviews to reflect on their practice, they did not necessarily relate this to feeling emotionally vulnerable. Despite this, a sense of vulnerability in relation to their professional role did feature in the social worker's accounts. Callum described a sense of professional risk-taking, of being out on a limb, in his decision to support Rachel and Luke to care for their baby. He felt this was a decision that other professionals were not necessarily in agreement with, particularly the Case Conference Chair Person. Callum discussed this in a research interview, as can be read in the following extract, edited for length and clarity, as indicated by ellipses.

'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... 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 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... I hadn't said anything specifically about, you know, putting a referral to family-based care and the Chair changed the plan and put that in you know, to one of the action points'

(Callum, Social Worker to Rachel and Luke's unborn baby Tessa).

In this edited extract from the research interview with Callum, he is reflecting on the contingencies that the Chair Person wanted to see built into the Child Protection Plan. These included a referral for a foster care placement for the baby and a referral to Family Group Conferencing, both courses of action designed in this context to provide alternative care arrangements for the baby if Rachel and Luke were unable to care for her. Callum felt exposed professionally by this in the meeting; as if his assessment of the parents was being criticised or judged to be overly optimistic, creating a sense of professional vulnerability.

As outlined briefly in the literature review, there has been an acceleration of the processes of 'early intervention' into children's lives (Featherstone *et al.* 2014). These developments

in child protection work are situated within the context of rapidly changing labour processes in social care more generally (Cunningham *et al.* 2016). Hochschild (2012) has described the pressure that an 'industry speed up' places on the 'emotional labour' of workers for whom this is expected. A small glimpse of the impact on social workers doing this difficult work can be caught in the following extract which came right 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. An incredibly significant interaction in the context of pre-birth child protection work.

'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 to Tracy and Bill's unborn baby).

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. Their work with families of course extended far beyond the birth, and there was also evidence that the pace did not then diminish. Agency expectations of the sacrifices that practitioners would make of their personal time to the job appeared very high. Yet social workers generally seemed to accept the challenges of the labour process they were part of, with its expectations of extremely high productivity and swift decision making. Even as they described regularly sacrificing evenings, weekends, and planned holidays for their work. Therefore, even as practitioners disavowed their emotional vulnerability, the impact of the work and the precarity of their work lives emerged from the data on closer reading. For most practitioners participating in this study, research interviews or observed meetings were understandably not the preferred fora for revealing their vulnerabilities. It can only be hoped that social workers have alternative spaces where these aspects of their work could

be safely aired. Not least because the emotional impact of their work did influence practice in the longer term as can be seen in the way that social workers accessed their feelings about past tragic outcomes in making judgements about the future care of vulnerable babies. In the following sections, I focus specifically on the ways that the vulnerabilities of the expectant parents were defined and expressed by participants in this research.

6. Vulnerable Mothers

As indicated in the introduction, many of the social workers in this study talked about offering 'support' to 'vulnerable' mothers. Hannah even put this in terms of 'nurturing' Chloe. Chloe and the other women who feature in this study can easily be understood as needing nurture and support. They had lived undeniably challenging lives up until the point of the social work involvement and most lacked recognisable social support systems. However, as Brownlie (2014) has explored, our relationship to seeking, receiving and valuing professionalised support is complex and ambivalent. How much more so with involuntary clients of child protection services? Janine described this in terms of Sophie, whose care history ensured an immediate referral to social work when she became pregnant with her first child, but whose current lifestyle could be described as wholesome.

'Yeah it was always kinda seen as a positive and supportive measure, not a... punishment if you like... Because it must feel a bit like that, you know for Sophie, you know I'm coping, I'm doing well now, I'm not 15 and a half anymore, I'm not running about with the same people, no alcohol and drug misuse at all. Socially having the odd drink but, which is socially acceptable isn't it? But in terms of the risks she 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... But that's not really how the process works I suppose'

(Janine, Throughcare and Aftercare worker to Sophie, expectant mother of Serena).

The responsibility that social work services have to the young people who have been brought up within state care, even for part of their childhoods, is undeniable. Yet the manner in which that responsibility is discharged can be perplexing. Is it possible for the intervention of child protection services to be experienced as supportive? Even when that intervention is sensitively and reassuringly made, as it was in Serena's case, it retains elements of surveillance. Yet social workers could be reluctant to acknowledge the involuntary nature of the parents' acceptance of the 'support' they were offering. Practitioners sometimes suggested that once parents got to know them and understood the process, even difficult case conference meetings could be experienced supportively.

'I think sometimes parents actually worry is something new going to be said at the case conference that hasn't been said before? What's expected of them within that forum? So I think once you get through that I think the only anxiety that was brought to my attention was about, was that it wasn't made explicit within the case conference that the plan is for baby to go home, provided she stays sober. So that's why we went over that again at the core group and that's, so I think yeah once she got through that process and seeing that actually it's supportive and just being in a meeting'

(Emma, social worker to Jane's unborn baby).

Some of the parents did express the view that they had been supported by professionals, most notably Luke and Rachel. The following extracts are combined verbatim quotes from Rachel and Luke recorded in contemporaneous fieldnotes of the review PBCPCC held for their baby Tessa.

'I feel really positive. Me and Luke have done all that we possibly can...not like before... You guys are helping us' (Rachel, expectant mother).

'[We] still need ongoing support' (Luke, expectant father).

(Extracts from contemporaneous fieldnotes of Review CPCC, December 2014).

However, the relationship between support and assessment in child protection social work is seldom straightforward. Social workers experienced role confusion as they attempted to reconcile providing support to expectant mothers at the same time as assessing their capacity to care for the baby. Beth highlighted this in a research interview when she talked about her working relationship with Nancy, an expectant mother with four children at home.

'I've got to be careful that I don't try to do too much because I'm not supporting her I'm assessing her and I think that's a really different, well I am supporting and assessing. My main role has to be, can she, can she do this?'

(Extract from research interview with Beth, social worker to Nancy's unborn baby and four older children, talking about her work with Nancy).

Nadine recognised the difficulty in 'support' forming part of child protection work. She was social worker to Amara's unborn baby Ruby. Following the birth, Ruby was thriving in the care of her mother Amara. At the first review CPCC, Nadine had recommended that Ruby's name be removed from the child protection register, but medical professionals were against this view. They had stated that Amara and Ruby still needed to have 'support' from services in place. Nadine pulls apart this idea in the following extract from a research interview. Nadine referred to the fact that as part of the child protection plan that allowed Ruby to go home, Amara had been expected to have a social worker visit her at home twice a day. Visits took place morning and evening to supervise Amara dispensing essential medication to Ruby.

'And she [Amara] was saying well actually I don't feel I've had support. I've had people in my house but that hasn't always felt that supportive and you know what could you, what would you want less when you've got a newborn baby than people knocking on your door at nine o'clock at night! So she was quite honest and said, "You know, it didn't feel that supportive". But that was the line [from health colleagues], "You know, you get a lot of support"'

(Extract from interview with Nadine, social worker to Amara's baby, Ruby).

In this example, and across the data, the intervention of professionals in the lives of the women can be read as a form of 'governance', dressed in the lamb's clothing of 'support' or as being part of a 'supportive process'. This governance occurs within the wider context of the governance of pregnancy, childbirth and parenting discussed within the literature review and the previous chapter on the temporalities of pre-birth child protection. Goetz has argued that in order to advance women's rights it is necessary to expose and challenge 'institutionalised patterns of governing women' (2009: 6). She argues that frontline interactions of the public sector with women at the frontline may powerfully reinforce and perpetuate the social inequality of women.

'The starting point for a diagnosis of gender biases in governance systems is at the interface between the state and women citizens, where gains or harms to women from interaction with the state are most starkly evident'

(Goetz, 2009, 247)

It is important to highlight the role of intersectionality in oppression, and Amara's situation provides opportunities for this. She was a black African woman living in a predominantly white Scottish city. It was therefore even more important that the interface between her and the state in the form of the child protection involvement with her baby be sensitive to the potential for reinforcing existing inequalities. Goetz has argued that public service workers need to be incentivised to recognise and respond to the needs of women clients, and that institutional reform is needed to 'reward, instead of punishing, staff efforts to get to know their clients and build trust by engaging in non-goal-related activities' (Goetz, 2009, 252).

In fact, Amara did have positive relationships with social work staff in this example, as a result of their commitment to supporting her care of her baby at home. Nadine could perceive that child protection interventions are always a form of governance which can increase as well as decrease vulnerabilities, particularly for women. The notion of privilege is very helpful in wrestling with the concept of vulnerability here. Ahmed (2017, 237) makes a powerful case for the role of privilege as a buffer against vulnerability. We are all vulnerable but the resources we have to draw on when difficult events occur in our lives

can act as a buffer. Webb has argued that social work's role is to be that buffer for people in society who do not have sufficient 'privilege' to protect them from life's troubles.

'[S]ocial work often acts as a safety net, which buffers the vulnerable from uncertainties, crises and insecurities'

(Webb, 2006, 38).

However, this institutional buffering is not value-neutral. As Webb goes on to discuss, a Foucauldian definition of social work 'expertise' rests on the duality of the professional role. Social work is designed to promote social welfare but at the same time 'normalise' the behaviour of the individuals with whom it is involved. The regulation of individual behaviour is very powerful when it comes to the decisions of pre-birth child protection processes. This work cannot be understood as a straightforward means of supporting vulnerable mothers to parent their children safely. Butler (2016) has suggested that the relationship between vulnerability and resistance is open to many sequential interpretations. It is possible that being defined as 'vulnerable' by the child protection system gives mothers stark choices: accepting, resisting or mobilising their vulnerability in order to overcome it. 'Vulnerability' can also be understood through the notion of struggle or resistance against a system which is experienced as oppressive. This way of conceptualising 'vulnerability' suggests how the work of pre-birth child protection can reinforce existing vulnerabilities arising from inequalities of gender, class, material wealth, and education.

7. Invulnerable Mothers

The mothers in this study were understood to be vulnerable by social workers almost entirely in individualised ways. The women's vulnerability was ascribed to individual factors including age, intellectual capacity, difficulties in their own childhoods, social isolation, substance misuse, and in terms of mental health. Women were also frequently described as vulnerable in relation to their partners or other men in their lives. However, the data is full of evidence of how the structurally located vulnerabilities of poverty, low educational attainment, and insecure housing impacted on the lives of all of the women, both in terms

of their individual accounts but also in terms of what they were observed to be dealing with day-to-day during the course of the research.

‘The presenting issues for all three cases are very different. The only aspect that could be said to apply across the board is the material circumstances for the families. They are living on very little money, using food banks, and struggling financially’

(Extract from field journal, December 2014).

‘Yeah, and there’s a couple of girls that are in the council office up the road on a Tuesday, they help you with your paperwork if you struggle to do that kind of thing. And they helped me get the, the Community Care Grant. And they’re going to help me with stuff frae charity as well. If I wanted Moses baskets and clothes’

(Extract from research interview with Tracy, expectant mother, describing sources of help with finances).

Furthermore, parental participants in the study found ways to try to recruit me as a researcher to helping them with challenges. Some of the specific challenges for the women are clearly highlighted in an extract from a research interview with Chloe, conducted immediately following her flat move and whilst I was driving her to a Court appearance, which invited requests for further assistance.

‘Chloe: I was wondering if you could maybe ‘phone my electricity company for me? There was £21 and when I woke up this morning there was £4 in it... And I don’t know why, I don’t know if maybe I’m paying for somebody else’s debt?’

Interviewer (Ariane): Yeah, probably aren’t you, yeah? So what, did you put £21 in it?

C: No, there was £21 already in it. But I’ve not had anything on, and I don’t understand why it’s taken that much money?

A: Yeah, yeah... yeah. Who is it that you’re with? What company is it? Do you know?

C: I don’t actually know.

A: You'll need to find that out I guess...

Chloe switches suddenly back to talking about her expected appearance at Court to give evidence about an assault on her.

C: 'Cos I was, 'cos even if you came in with me and said you were my worker maybe they would let me come back another day? Because it's too near my due date as well. It's just too much stress'

(Extract from research interview with Chloe, expectant mother).

Yet even these very practical difficulties in the women's lives, which were grounded in their lack of 'privilege' (Ahmed, 2017), tended to be individualised by social workers. Hannah's perspective on how Chloe coped with the swirl of demands that she was looking for help with in the above extract was to individualise the risks in Chloe's life to 'stress', as in the following research interview extract.

'But I think at the bottom of that what we were all saying is having a baby's really stressful and seeing actually how she's coped with this stress could indicate to us how she would cope with stressors that come up when she's got a baby. Which isn't, it isn't good at all'

(Hannah, social worker to Chloe's unborn baby and older son, talking in a research interview about how Chloe had coped with her unplanned flat move, setting up in her new home and giving evidence in a Court case against a family member in the late stages of her pregnancy).

In a 'phone conversation, Hannah echoed May and Kelly (1982) when she described Chloe as 'a chancer' for seeking support with the challenges of her life through her participation in this study. It was as if it were part of the social work assessment of maternal capacity pre-birth that the women be able to cope with their position in society. Rather than there being a social justice imperative for social workers to work with women to address the poverty and inequalities in their lives. The mothers were required to be 'resilient' enough to raise a child having no money to live on, having to move frequently and at short notice, and having few life chances in terms of future employment or social mobility. The following examples from the data elucidate this idea.

'And like she's a really anxious woman. I mean she wouldn't even go into the foodbank herself. But within all that, how can she keep a baby safe? You know be able to prioritise a baby?'

(Courtney, social worker to Tracy and Bill's unborn baby, talking in a research interview about accompanying Tracy to the local foodbank to request food).

'If you could see her with the baby you'd be really impressed. And to do it in such a small space. You know they've got no money, they've got to boil up soup or whatever, that you know, they've just got nothing yet they're so positive. It really opens your eyes to how different people live and how they can manage with very little. So she's at the food banks and she's, you know they're really resourceful and they never, you know you say, "You must be struggling". And they are always like, "No!" They're just so, you know outlook is just very, very positive'

(Nadine, social worker to Amara's baby Ruby, talking positively in a research interview about Amara's coping strategies following Ruby's birth).

As was explored in the previous chapter dealing with the temporal in relation to pre-birth child protection, a great many expectations were placed on the mothers by social workers and other service providers in terms of frequent meetings in multiple places with a number of different professionals, some of whom were new to the women's lives, others much more long-standing. However, a huge amount of 'emotional labour' (Hochschild, 2012) in the form of containment was also demanded of the mothers, particularly in being able to engage in positive working relationships with professionals with the power to recommend the removal of their unborn baby during the period of pregnancy. Within research interviews, as well as sharing aspects of felt vulnerability, the women found ways to resist the characterisation of themselves as 'vulnerable' and emphasised their own agency. Whilst the two are clearly not mutually exclusive, they were also not straightforwardly compatible in the child protection forum, due to the ways that weakness could be translated as a failure to cope. However, the data was mixed in this respect; some women appeared to accept or be accustomed to being described as 'vulnerable' in public settings such as Case Conference meetings. Others were fatalistic about the process, stating that they did not see themselves as able to influence it and offered the view that it might in fact be safer to contribute as little as possible. An idea explored in the final findings chapter, 'Invisibilities'.

It will be clear that untangling the knotty vulnerabilities of the women is a challenge. Particularly as the way that 'vulnerability' was applied to the mothers by social workers did not always bear scrutiny. Largely because of the strength that was actually expected of the women by professionals. Mothers participating in the study primarily identified themselves as vulnerable in relation to the material challenges of their lives and in relation to the demands of the child protection system itself. Whereas social work practitioners were much more focused on what they saw as the individual level vulnerabilities of the women. Their relationships with men, their health including their mental health, their young age in some cases, the women's own childhoods, and their use of drugs or alcohol. It was also very clear that the women and men were treated very differently within the pre-birth child protection process. It is therefore helpful to move on to considering what the lens of 'vulnerability' allows us to see in terms of the data about fathers, the last group of people to be considered within this chapter.

8. Risky Fathers

Four of the eleven fathers who were named by the mothers in this study were primarily or solely described in terms of the risk they posed to others. The men perceived as highly 'risky' by social workers were the fathers of Tracy, Jane, Chloe and Stephanie's babies. Of these, the risks posed by Stephanie's partner were best documented. However, the attribution of a 'risky' status to some of the men became most obvious in analysing the data in relation to Tracy's partner Bill. Gaining access to the fathers to interview them was highly challenging. Bill was the only father I was able to interview on his own. In these research interviews, he displayed elements of what could be read as high levels of vulnerability. He described difficulties from his own childhood, his previous parenting experiences and his relationship with alcohol and criminality in ways that would almost certainly have been translated into a narrative of individual vulnerability if he had been a mother rather than a father. Yet Bill was characterised within social work meetings and reports as a significant risk to his partner and their unborn baby.

Courtney, the social worker, perceived Bill not just as a risk to Tracy but to herself and to other professionals. This was in turn presented as a potential problem in terms of gaining access to the baby at home after the birth, since Courtney would not visit the house alone.

Being 'a risk' effectively wrote Bill out of being considered as 'at risk' (Kemshall, 2010), but this risk also seemed to be infectious. Although there was no evidence of Bill threatening professionals that I was made aware of, and I was not advised to be careful of my safety when I interviewed him alone, the risk he was seen as posing to his partner appeared to be transposed to all female professionals working with the family. The other 'risky' fathers were on the fringes of the child protection involvement with the baby or with older children, making it impossible within the research design to interview them or to even gain a more rounded view of their lives. Even when fathers had agreed to participate in this study, usually at an IPBCPCC meeting, they then disappeared.

Teasing out vulnerability from the data is extremely complex. As Brownlie has suggested, claiming vulnerability for our research participants when they do not identify this themselves, could be as much a silencing of their own accounts as a denial of vulnerability may be (2014: 201-202). In this study it was possibly more the case that I perceived vulnerability that the social workers were unable or unwilling to see or hear when considering the same individuals as clients. However, knowing whether parents were in fact communicating vulnerability to me as a researcher, or if I was reading vulnerability into the data due to my own perspective is difficult to disentangle. The relationship that I had to research participants is key in trying to understand this. As discussed in the methodology chapter I was positioned, at times uncomfortably, as a social work insider. Therefore, I could be asked by parents to translate or make sense of events and professionals' behaviour at the same time as bearing witness to the distress that aspects of the child protection involvement in their family life caused for participants. This distress was significant and to deny that aspects of 'extraordinary' (Brownlie, 2014) vulnerability exist in such circumstances seems absurd. Yet for the social work practitioners who must assess parental capacity to care for their children, the extraordinary nature of the state intervention into family life that their work represents may be normalised by its repetition. Brownlie has suggested that being attentive to a lack of 'vulnerability' in research data can be important.

'[T]he absence of talk about vulnerability tells us as much about what others are willing to hear as what we are willing to say'

(Brownlie, 2014, 201).

The significance of absence is a theme that will be returned to in the chapter on the 'invisibilities' of pre-birth child protection. It appeared difficult for social workers to invite or recognise 'talk about vulnerability' in their interactions with the men in this study. Social workers did not necessarily see it as part of their role to provide emotional support to the fathers or to draw out their histories and experiences in a way which might bring vulnerabilities to the surface. They also characterised fathers as resistant to child protection 'support'. When fathers were acknowledged as vulnerable by professionals this appeared to be linked in part to age. Liam, the young father of Serena, was treated very maternally by the social worker to his unborn baby. William, another young father, was seen by practitioners as being manipulated by his partner Ellie, to his own detriment. Nancy's four children and expected baby had three different fathers. But it was only Jack, the young man who had fathered the unborn child, who was viewed as 'delicate' and 'shell-shocked' and unable to take responsibility as a result (research interview with Nicola, Case Conference Chair Person). The other two fathers were described more in terms of being ineffectual, or frankly feckless. And although some of their strengths were recognised, they were not the focus of the child protection plan.

Callum's treatment of Luke, who was one of the older fathers in the sample, was nuanced and displayed a certain amount of understanding of Luke as a man who was struggling in an ongoing way to rebuild his life after many years of drug addiction, but who potentially had a lot to offer. Luke's support of his partner Rachel was very evident in the research interviews and observations. This was also noted by Callum and his colleague Shane, who was social worker to Rachel's two teenage daughters who were permanently outwith Rachel's care. The following extract comes from a research interview with Callum. In the context of a question about involving fathers in pre-birth child protection assessment work, he chose to tell me about a visit he and Shane had made to the family prior to Tessa's birth.

'We went in and met them and we both noticed exactly the same thing which was that Rachel was trying to talk about some quite difficult stuff with her Dad and Luke was holding her hand and kind of stroking it and I noticed it and I wasn't sure that Shane did but it was the first thing Shane spoke to me about when we came out, he said, "They really, really support each other" and he said that, "those kind of bits of emotional support were there in terms of you know, he's very nurturing towards her"'

(Extract from research interview with Callum, social worker to Rachel and Luke's unborn baby).

Luke's protectiveness around Rachel and their baby Tessa when I interviewed them at home soon after her arrival was noticeable. Their public behaviour as a couple fit easily with social norms around pregnancy and gender roles, and enhanced professional assessments of their strengths considerably. They were understood as harmonious and as stronger together than apart as parents. What is also hinted at in this extract is the way that Luke and Rachel's evident care for one another encouraged professionals to feel that they would nurture their baby, that there was a tenderness to their family picture. The only other couple presenting a fully united front in the research sample were Tracy and Bill. Their relationship was viewed much less positively by the social worker and other professionals involved, who were concerned about undisclosed domestic abuse and conflict in the relationship. However, when interviewed together with Bill, Tracy was keen to emphasise their intimacy and the ways in which she felt nurtured by Bill. Tracy spoke about how she valued his care for her both in relation to the pregnancy and the stress of the child protection involvement with their expected baby. She gave examples of small gestures such as bringing her a 'Big Mac Meal' or that he would 'tickle me a lot to make me smile', when she felt worried.

This potential role of men as protectors and supporters of their partners and new families in the perinatal period appeared under-acknowledged in the pre-birth child protection context. Possibly this was because men were primarily viewed as 'a risk' (Kemshall, 2010) rather than as a positive support to be harnessed in relation to the women and potentially the babies. Men were also described as potentially or actually disrupting the social worker's relationship with the mother, particularly if the father had a history of social work involvement. Bill and the father of Jane's baby Hugh, were particularly clearly seen by professionals as making life more difficult for their partners through their opposition to social work involvement. This was understood by professionals as the fathers' failure to understand that the child protection process is designed to be 'supportive' to families. Eddie was described as giving Stephanie tips on how to evade child welfare professionals. The following extracts from two separate research interviews with social workers illustrate this perspective.

‘But because this guy knows the system quite well so he was feeding her with the tricks and how to avoid me’

(Extract from research interview with Benjamin, social worker to Stephanie and Eddie’s unborn baby).

‘But Dad is still very angry, you know he doesn’t see that there’s really much of an issue. There’s almost been, he sees it as more of a punishment? Rather than a support. But I think that’s from his background as well. He had social work involvement as a child. Whereas mum she hasn’t, she’s an only child, you know she was raised in a loving home, you know, worked, and then just sort of fell into a drinking culture’

(Extract from research interview with Emma, social worker to Jane’s unborn baby, talking about the father Hugh).

This dismissive approach to the fathers drew social work focus away not only from the men but from the longer-term needs of the unborn babies in the study. In particular, their identity needs in relation to their fathers. As well as the need for robust assessment of what exactly the men may have to offer their children on a spectrum from life story information to parenting their unborn baby. An issue that is highlighted by Ward *et al.*’s (2006; 2012) research into the care pathways of infants and very young children. This is very complex in situations of domestic abuse. Here the ‘riskiness’ of men is a major reason for child protection involvement in families and their vulnerability may fail to be engaged with by social workers. In the one case in this sample where there was distressing and documented evidence of a high risk of physical harm to the mother and the baby from the baby’s father, Stephanie described Eddie as follows.

‘A horrible person, horrible to women, doesn’t know how to respect anybody. He’s a horrible partner’

(Stephanie, expectant mother, extract from contemporaneous fieldnotes of the IPBCPCC for Stephanie and Eddie’s unborn baby).

Yet when I had informally interviewed Stephanie just prior to joining the observed IPBCPCC, she described her hope that although Eddie was a terrible partner, that he might somehow be a good dad as she felt that, 'it hurts a child for Dad not to be around at all'. It is not difficult to ascribe a false consciousness to Stephanie's perspective, arising from the abusive relationship with Eddie. However, she is staking a claim here for the part that Eddie will play in her unborn baby's future life, whether he is physically present or not, and whether it is safe for his child to spend time alone with Eddie or not. This research found that social workers seeing fathers as 'ends in themselves' rather than obstacles in the way of the working relationship with the mother or of the monitoring of the baby's safety was crucial. This underwrote their involvement in child protection meetings and assessment of the risks and strengths in relation to the unborn baby. In only a small minority of cases did the working relationship that the social worker had with the father have anything like the strength and purpose of the working relationship that the expectant mother was expected to form with the social worker. This ensured that the child protection spotlight stayed firmly on the women, which arguably only increased their vulnerability, and potentially that of the babies. This is a theme which will be explored in greater detail in the following chapter in terms of the 'invisibilities' of pre-birth child protection.

9. Conclusion

In this chapter, I have considered different forms of vulnerability in relation to participants in this research. I have argued that the vulnerabilities identified by this study had implications for the ways in which social workers and parents navigated their work. As indicated in the introduction, not all of the vulnerabilities discussed were explicit within the data. Some emerged on a closer reading of what was being communicated by participants, particularly within research interviews. However, there was also a lot of talk about 'vulnerability' in the pre-birth child protection context. Social workers ascribed vulnerable identities to the unborn babies, the mothers, and occasionally the fathers and themselves. Mothers either accepted or resisted the vulnerable identities they were offered by professionals, or negotiated a view of themselves as vulnerable in particular ways.

Looking at the data through the lens of 'vulnerability' makes clear the extent to which the attention of the pre-birth child protection activities of professionals were largely focused on

the mothers. Their vulnerability could be understood as potentially increased through their engagement with a system that individualised the risks in their lives and required that they take responsibility for addressing them. Whilst at the same time the mothers were often characterised as too vulnerable to successfully achieve this. The vulnerability of the fathers was more difficult to discern due to a determined professional focus on their 'riskiness' and their capacity to disrupt the mothers' relationships with services, particularly with social workers. When it was possible to gain research access to the fathers' perspectives, their vulnerabilities surfaced. As did the extent to which these, and to an extent the men themselves, were determinedly written out of the child protection narrative. These inter-relationships will be explored more fully in the following chapter on the 'invisibilities' of pre-birth child protection, through consideration of the professional 'gaze' on families pre-birth.

The unborn babies were ascribed vulnerabilities in different forms. The babies were considered vulnerable due to their dependence on their mothers *in utero* and once born on the care and protection of adults. All unborn and newborn babies can be conceptualised as vulnerable in this sense. However, the babies in this study were perceived as being vulnerable in additional ways. Practitioners were assessing the families to discern whether the babies were vulnerable to harm or neglect caused by caregivers. In many of the cases, a risk of harm and neglect to the babies was understood to exist even before the birth, due to the uterine environment or an external risk of physical harm through domestic violence. In other cases, the babies were judged to be no more vulnerable within the womb, but expected to take on a mantle of increased vulnerability once born. Primarily this was due to a perceived lack of parental capacity to ensure their safety and well-being. The unborn babies in this study were also vulnerable to the potential loss of their birth mother or both parents through separation soon after being born. Through this potential course of action, the babies could be deprived of an opportunity to bond with their closest relatives in their early days, weeks and months of life. This was a vulnerability highlighted by the mothers, but also by some of the social workers. Several practitioners worked extremely hard to prevent babies from being exposed to the vulnerabilities implicit in early separation from birth family.

Nevertheless, given the range of vulnerabilities that were attached to the babies, it could be difficult for social workers to feel sure that they would be safe at home. There was a

theme of suspicion in professional interactions with parents, whose motivations were often in doubt. As in the previous chapter, the importance of time could be discerned in this context. Time was needed for social workers and parents to negotiate the 'vulnerabilities' of the family. Coming to some shared perspective on the vulnerability of the unborn baby was particularly significant. It was almost impossible for this to be arrived at without good working relationships between parents and social workers. When practitioners and parents could not agree on the baby's vulnerabilities, it was difficult for a plan for the baby that involved safe care at home to be arrived at. Any shared plan to lessen the baby's vulnerabilities was grounded in acknowledgement from parents of the unborn baby being at additional risk due to issues within the family.

Social workers were informed in their decision making about the future care of the babies by their past experiences of pre-birth work and of practice with infants. Their knowledge of tragic outcomes heightened their sense of the vulnerabilities within the lives of the expected babies and introduced elements of risk aversion. Practitioners preferred to 'err on the side of caution' than to risk harm coming to a 'vulnerable baby'. This was more comfortable in terms of their own professional vulnerabilities. Practitioners can be understood as vulnerable professionally because of the possibility of blame or even dismissal if they get their assessment wrong. Social workers were seen to hold this risk more than other colleagues in pre-birth child protection. They are ultimately professionally culpable since the decision making for the baby is led by their recommendation. Although some of the practitioners disavowed their own emotional vulnerability in research exchanges, evidence of this could be read in the data. This was enormously challenging work, practitioners were weighing up many potential vulnerabilities, including their own, in arriving at a plan for the unborn baby. Some elements in the weighing up appeared under-recognised, particularly the additional short and long term vulnerabilities for children entering the care system at such a young age. But also the structural disadvantages of the families, which increased their vulnerability to poverty and insecure housing, for example. The reason for this weighting of vulnerabilities appeared to be the over-riding focus on the immediate safety of the baby, but this will be interrogated in more depth in the following and final data-led chapter on 'invisibilities'.

I conclude this chapter with the claim that the vulnerabilities that informed the interactions between parents and social workers around the safety of the unborn babies were far more

complex than may originally have been guessed at. Lending support to Misztal's (2011) assertion that despite its proliferation 'vulnerability' retains utility as a sociological concept. In this case, it has allowed for a more thorough consideration of the underlying motivations, and potential points of tension and agreement, in the navigation of the challenging waters of pre-birth child protection.

6. Invisibilities

1. Introduction

Across the thesis so far, and particularly through the preceding chapters on the temporalities and vulnerabilities of pre-birth child protection, I have demonstrated that the context of pre-birth child protection work constrained the interactions that were possible between participants in this research. I have also explored the meanings attached to the activities of pre-birth child protection by social workers and expectant parents, and again these emerged as limited by a narrow child protection perspective. In this chapter I write about the data in a slightly different way, looking at what was absent and what could not be articulated in the context of pre-birth child protection activities. There is a growing sociological interest in studying absence.

‘As well as studying how people performatively ‘do nothing’, we should ask why they might ‘not do’ or ‘not be’ potential things, and the spaces this creates in social life’

(Scott, 2018, 4).

My analytical interest in the spaces, absences and ‘no-things’ (Scott, 2018) in the research data from this study began through a nascent examination of the silences of pre-birth child protection work (Dunne and Critchley, 2016). Initially, this was in relation to the constrained articulations of social workers talking, or not talking, about the emotional content of their work with unborn babies. During the transcription process, there were apparent accumulations of what Mazzei resonantly refers to as ‘fat material’ in the silences of the research interviews and observations. As if the absence of speech, the existence of what might have been but could not be said, weighed heavy at times.

‘[W]e as researchers need to be carefully attentive to what is not spoken, not discussed, not answered, for in those absences is where the very fat and rich information is yet to be known and understood. This fat material requires our listening differently and to begin recognizing the richness in our own and other’s silences’

(Mazzei, 2003, 358).

Once the process of listening for silences had begun, they became more apparent across the data from this study. Not only the social workers, but also the expectant parents can be understood as having been silenced or cut off in the flow of pre-birth child protection work.

Goetz has suggested in conversation with Hudson that in the context of international policy making, self-censure can be required, because one has to work 'within a specific mandate' (Hudson and Goetz, 2014, 341). Pre-birth child protection work can be understood as operating under a specific and limiting mandate. A less far-reaching mandate, but a very significant mandate for the unborn babies and the families whom it concerned.

'This affects the truth that you can tell. It does not mean you are distorting things; it means that there is sometimes too much that can't be said'

(Hudson and Goetz, 2014, 341).

In analysing the data arising from this study, the limitations on what could be said by expectant parents (Waterhouse and McGhee, 2015) became apparent. However, it was not merely speech that was conspicuous by its absence in pre-birth child protection fora. Entire persons vanished from view as the observations went on, namely the fathers. The phenomenon of the 'invisible fathers' of child welfare is not a new discovery. Brown *et al.* have described the 'invisible men' of child welfare as 'ghost fathers' (2009).

'Within child welfare, fathers are not just discounted, they are often not seen at all even when they are present.... Fathers exist in the lives of women and children in child welfare. Yet, fathers are rarely seen by child welfare, even when present. We chose the word 'ghost' to describe these fathers in child welfare because in order to see a ghost, one has to first believe in their existence and relevance'

(Brown *et al.* 2009, 25-26).

I draw on Brown *et al.*'s analysis of the absence of fathers in child protection work to help understand the disappearances and silences this research found in relation to the expectant fathers. Considering the absences of child protection social work has academic precedent, as Brown *et al.*'s (2009) work demonstrates. Social work scholarship has recently engaged with the processes of enabling and constraining, or silencing, children's 'telling' about their experiences of domestic abuse (Callaghan *et al.* 2017). The potential 'invisibility' of children in child welfare work has also recently been explored (Ferguson, 2017), building on Ferguson's 'close up' studies of the interactions and atmosphere of child protection work. These examples *inter alia* show the surprising depth of analysis that can be achieving by considering the 'no-things' (Scott, 2018) of social work. The silences, absences and disappearances of pre-birth child protection work are all considered in this chapter.

I begin by following the professional gaze of pre-birth child protection across several axes. The first is that of the invisible unborn child and the highly visible mother. Practitioners made clear distinctions between the two in their thinking, assessment and planning. However, mothers taking part in the research did not always create the same delineations, as has already become evident in the discussions of time and vulnerability. In order to explore the multi-perspectival data arising from this study it is therefore necessary to move between the way that the mothers and the babies in the study were rendered visible and invisible. What this approach to the data shows is that the mothers were subject to an intense professional gaze. Yet this was a gaze which often failed to see the women fully as people, and focused on them as mothers, or potentially as 'carriers' of the unborn child. There were serious implications of this for the women, since it was a perspective that threatened to undermine their personhood in the child protection context. Relationship based factors in social work practice guarded against this in some cases, and these are outlined. However, it was in practice very difficult for social workers to see the women in a holistic and supportive light. This was because of the pressure on them to focus on the unborn child as a separate, untethered person, relying on professionals' protection against possible harm from the very moment of birth.

Following exploration of the professional perspective on the babies, the mothers' views on their unborn children, and the ways the tension between these intensified the professional gaze on the women in pre-birth child protection work, the fathers are then considered. Under the heading of 'Invisible men: Ghost fathers and non-identities' the various ways that men disappeared from child protection fora, were written out, and were not heard despite being present are explored. The discussion raises some significant questions about the implications of 'ghost fathering' for the men, the women and the unborn babies.

Finally, the pre-birth child protection case conference is examined as a potential forum for 'testimonial injustice' (Fricker, 2007) for expectant parents. A number of ways in which parents and other family members were effectively 'silenced' or prevented from giving full account to themselves within the IPBCPCC emerge from the data. Both their views and their emotional distress were interpreted as in need of 'management' in the case conference forum. A forum that at times could be extremely large and contested, thereby making it very difficult for those chairing to give an opportunity to families to say all that could be said in the pre-birth child protection context.

2. Focusing on the Invisible Child

Being hidden from view did not prevent the unborn babies in the study from being the primary focus for social work attention. All of the social workers participating in the research, whether frontline practitioners or chair persons, talked about the baby and the safety of the baby being their priority. They described the baby as the individual about whom they were most concerned in their work. Although some social work participants sought to emphasise that they also tried to think about or respect the expectant parents, and often specifically the mothers, social workers were clear that this could not be at the expense of their focus on the unborn child.

‘My attention is about the safety of the child. I’m quite clear. It’s about the baby being safe. I try to be understanding and respectful of the parents. But ultimately it is about the baby’s safety’

(Extract from research interview with Vera, Case Conference Chair for Morven’s unborn baby, immediately following the IPBCPCC).

This finding is consistent with the Scottish construction of child welfare and protection processes in that the interests of the child are paramount and it is the ostensible role of social work to uphold these interests at all times. I will argue in this chapter, building on the discussion so far, that the baby’s interests were perceived by professionals along the very narrow lines of immediate physical safety. As demonstrated in the previous chapter, dealing with the vulnerabilities of pre-birth child protection, social workers participating in this study drew on their previous professional experience in approaching their current work. This experience could draw them in different directions depending on what the outcomes for children have been. The worst possible outcome of a baby being harmed or even dying, particularly when practitioners could see a way that this might have been avoided, was very powerful. Even though there was always an opposing pull towards family preservation for practitioners (Reich, 2005; Scherz, 2011), in the context of protecting the vulnerable unborn babies in this study, the pull did not always appear to be strong. This was indicated by Emma, social worker to Jane and Hugh’s unborn baby, in the following interview extract.

‘So I suppose we do have to be supportive of the parents, but then our client is the baby. And we have to focus on that and do what we can to support the parents. And be open and honest about why we’re worried and they may not have the baby in their care from birth, but the focus is still on the baby’

(Extract from research interview with Emma, social worker to Jane and Hugh’s unborn baby).

This determined focus ‘on the baby’ as a being envisioned as existing in almost splendid isolation begins to explain how the baby was at once the object of the practitioners’ imaginations yet simultaneously unseen. Unlike a child who has been born, there can be very few opportunities for professionals to observe the interactions between a parent and their unborn child. This lack of opportunity for witnessing the relationship and affectional bonds between the as yet unborn baby and the expectant parents emerges as highly significant. Projections could be made by the social workers onto the as yet physically cloaked baby. The relationship between the unborn baby and the expectant parents could not easily be seen despite the increasingly visible embeddedness of the babies within their mothers’ wombs as the pregnancies advanced. The baby’s potential distress at future separation from birth relatives can be imagined or denied by family members or by the social workers involved. In this way the realities of the unborn baby’s position were obscured by the at times singular professional focus on the image of an untethered and vulnerable infant’.

In this chapter I explore how the professional focus on the unborn child’s safety was largely unaffected by the physical inseparability of the child and the child’s interests from the mother during the pre-birth period. This professional perception of the baby as an individual in the present, despite the publicly visible embodiment of the pregnancy (Longhurst, 2001) could cause tension within pre-birth child protection interactions. An example of this was the way that the baby was discussed in child protection meetings as being ‘here, now’ (Courtney, social worker to Tracy and Bill’s unborn baby). The question of whether the baby was ‘here yet’ caused friction between Tracy and Bill and the social work practitioners involved with their unborn baby. This was the only situation where the question of acknowledging the baby’s presence caused appreciable conflict between the

family and professionals. I use this to demonstrate a potentially significant finding that when parents resisted granting their baby independent existence at a time determined by the child protection process, there was a risk that this could contribute to the social work assessment that they were failing to take seriously the potential harm of maternal substance misuse or familial conflict to the baby. However, there were other, subtler points of ontological difference of opinion on the baby, that nonetheless informed social work assessments. All of this variation in the data serves to demonstrate how complex the notion of doing social work with unborn clients is, not just theoretically, but in frontline practice.

Within the IPBCPCC for Tracy and Bill's unborn baby, an out-and-out row erupted with the social work practitioner and manager taking one position, and the expectant parents and Tracy's mother taking the other. The reader may recall that Bill had adult children, but this was Tracy's first pregnancy. The row concerned whether the baby was 'here, now' and whether the baby had already in fact been harmed by Tracy's alcohol use or smoking cannabis, or by suspected domestic violence, all of which the couple denied to be current issues. Courtney, the social worker to the unborn baby treated it as important to break down this denial by asking the parents to recognise the unborn baby's current existence and exposure to harm.

'The baby is here. The baby's here now, it's been exposed to some of these things'

(Courtney, social worker to Tracy and Bill's unborn baby, extract from contemporaneous fieldnotes of the observed IPBCPCC).

Reflecting on this disagreement some weeks later, in a research interview conducted at her workplace, Courtney remained determined that the family's position on the ontological status of their expected baby was concerning.

'Her [Tracy's] ability, and the grandmother's [Tracy's mother, Lisa] to say the baby wasn't here yet. So that was always a concern that she wasn't really able to get the sense of [pause] the impact of how before the baby was born in the uterus, all the emotions, how it effects the baby. She hasn't got a full grasp of that'

(Extract from research interview with Courtney, social worker to Tracy and Bill's unborn baby).

However, in interviewing Tracy and Bill together a complex and ambivalent relationship with their unborn baby emerged. As might be expected this was mediated by the professional interest in their family and in the baby's well-being. For example, Tracy described her midwife appointments as happening in the presence of other professionals. Her feeling was that this represented a disruption to the expected process of building a relationship with the baby informed by listening to the baby's heartbeat and privately discussing the baby's growth with a midwife over the weeks of pregnancy. Importantly, Tracy had considered terminating her unplanned pregnancy at an early stage and she stated that the child protection process she later found herself part of gave her cause to wish she had done so. Tracy described a number of barriers to perceiving her baby as 'here, now': There were particular reasons why the baby remained to some extent 'invisible' in Tracy and Bill's life together.

Rachel was another mother who voiced the opinion that her midwife care had been compromised by the child protection concerns about her baby. She felt that she did not have the support she wanted from midwives before or after the birth of her daughter Tessa. Rachel had older children living outwith her care. She attributed the lack of care she experienced to midwives seeing her as somebody who might not take her baby home. Rachel viewed this as potentially disruptive to the process of bonding with her daughter both pre and post-natally.

Callum, the social worker to Luke and Rachel's baby treated as positive in his assessment the fact that these expectant parents wanted to change their lifestyle and had stabilised on methadone programmes for their own health and well-being and not just because they were having a baby. In Callum's view having internal motivation was more important than any motivation arising from the baby being seen as 'here, now'. On this view stability due to pregnancy was unlikely to be sustained. Callum actually found the expectant parents' decision to name their baby prior to the birth and to very much treat her and talk about her as 'here, now' somewhat challenging, as he discussed within a research interview.

'It took me a while to get into the habit of calling the baby Tessa and I think I still drift, and I don't know if that's a professional distance bit that I'm not, because I'm still referring to it as 'unborn baby' when I know that actually it's Tessa I'm picking that up strongly from Rachel and Luke'

(Extract from research interview with Callum, social worker to Rachel and Luke's baby Tessa).

Granting public acknowledgement of an unborn baby as an independent human being is an act that there is a great deal of social sensitivity around. Although practices around pregnancy vary tremendously in different cultures and time periods (MacCormack, 1982; Squire, 2009), in the urban Scottish context of this research, as in most 'western' cultures, it would generally be within the expectant parents' gift to decide when to do this (Gottlieb, 2012). It would therefore be a matter of personal discretion as to whether the parents consider the baby to be 'here, now' early or late in the pregnancy, or even after the birth. Anywhere along this spectrum being potentially understandable dependent on the family's beliefs, previous experiences, and specific hopes or fears. As might be anticipated then, there was by no means uniformity in the research sample. Yet Courtney took the approach that seeing the unborn baby as 'here, now' was in fact part of evidencing a capacity for responsible parenting and advised Tracy to lower her stress response to child protection meetings in order to protect her baby while in the womb, as described by Courtney in the following extract from a research interview.

'I did say to her when she was quite anxious to go in [to a Core Group Meeting]. And I tried to sort of say to her, "It's not good for you to be anxious with a baby inside you, here look I'll come with you and we'll try and, because it's not good for you just now, that'll affect your baby if you're feeling like that, the wee one inside will be". Just to try and give her that sense, and she's like, "Aw, I know!" and she was like, and she did take that support'

(Courtney, social worker to Tracy and Bill's unborn baby).

Bill's absence from the Core Group meeting was due to being drunk that morning and might easily enough be read as evidence of lack of parental commitment. However, Tracy's

stress response to Bill's actions was also seen to be behaviour in need of regulation in order to protect their unborn baby. Tracy here appears 'transparent' in the sense that the professional concern about stress is focused solely on the unborn baby hidden within her womb. The notion that an unborn baby may be physically influenced by maternal emotions during the pregnancy is as old as the understanding that foetal life is harboured within the womb. Waggoner describes the doctrine of 'maternal impressions', popular in the 19th Century (2017, 36) according to which as Shaw explains,

'The fluid interior of the female body lent itself to beliefs concerning the impressionable nature of the foetus: it might be physically marked by the strong emotions or experiences of the mother'

(Shaw, 2012, 120).

Far more recent scientific evidence of the mechanism by which psychological stress during pregnancy may have a direct influence on the unborn baby's development has been presented (Glover and O'Connor 2006; Mulder *et al.* 2002; O'Donnell *et al.* 2009). Including findings which suggest that even relatively mild stress can have neurodevelopmental sequelae for an unborn child through the operation of the hypothalamic-pituitary-adrenal (HPA) axis (O'Donnell *et al.* 2009). Leaving practitioners to experience concern that pre-birth child protection processes designed to prevent harm, may in fact have negative iatrogenic effects on the developing child through the mother's stress response, which should therefore be moderated. Within the new 'science' of attachment, there have furthermore been explorations of the potential of the prenatal attachment of mother to unborn child to actually predict those mother-baby dyads that will struggle to create successful bonds following childbirth (Siddiqui and Hagglof, 2000; Swain *et al.* 2007). The idea that the stressful nature of child protection processes may be actively damaging to children in the womb because of the pressures the mother is exposed to by child protection assessment and by PBCPCCs occurs in the previous studies of pre-birth work (Corner, 1997; Hart, 2002; Hodson, 2011). Social workers participating in this study were also concerned about the potential impact of maternal stress on the developing foetus *in utero* and on the conditions for pre-natal 'bonding' occurring between mother and baby.

Tracy was also one of three of the expectant mother participating in the study who had alcohol problems which caused significant concern for their babies' health. In all of these cases, practitioners encouraged mothers to recognise that the baby was physically already

here, and could be harmed by her actions. However, only in the case of Tracy's baby, did this become a cause of conflict between the perspectives of professionals and the expectant parents. The other two cases of women with long-standing alcohol problems, Jane and Mia, were dealt with by a hospital social work team, who were allocated all cases of homeless women in the fieldwork site. There was significant concern about the harm that Mia may be doing to her unborn baby through alcohol use, since one of Mia's three older children had been diagnosed with Foetal Alcohol Syndrome Disorder. However, beyond offering her the support of relevant services, there was seen as no means of acting to protect Mia's baby from this potential harm during the pregnancy. In the following extract from a research interview, the social worker to Mia's unborn baby, Amanda, talked about her approach to Mia's alcohol consumption in pregnancy.

'Then there was a second incident whereby she [Mia] was picked up and taken to the hospital, she was saying she had tummy pains, but when she got to the hospital, the hospital staff described her as being under the influence of alcohol. She was smelling of alcohol. She knows that they think that she was under the influence of alcohol because she slurs her speech. No, they were saying they could smell alcohol. I've told her what the Police report says. She also got quite aggressive. Now Mia's got a history of getting aggressive with police, ambulance men, that's why she ended up in prison, because she assaulted a nurse, no sorry it was a paramedic, and a doctor. She assaulted, she bit one of them in the face, but anyway. So we've had two incidents, she then went AWOL from hospital and nobody knew where she was. And they couldn't do blood tests, they couldn't do anything with her and nobody knew where she was for a couple of days.

'And we had a Core Group and basically I said to her, my stance just now, and I said to her, "I'm not playing this game Mia. I've seen you as a woman that's drinking throughout pregnancy, and that's how I am seeing you. I'm not playing this game of, you don't need to convince me you're not drinking, because I have two reports of independent professionals raising concerns about your alcohol consumption so I am now saying that when I put on reports that you have been drinking during your pregnancies". Because what Mia wants to do is to get into this, "It wasnae me". With Jamie [older son] she would say, "Somebody stole my identity, somebody was pretending to be me, they do it all the time". So she gets into this, trying to elude you, and trying to avoid. And I think that has actually worked because she's actually, touch wood, we've not had any other incidents. And I think for her I've levelled the playing field which is, you're drinking in pregnancy, go and get support. So she is going to a support agency now, she's done a referral to an

agency, and that's the focus of the work here with Mia is her alcohol relapse prevention. And her history and her relationship with alcohol. Not parenting, not other things that have gone on. The alcohol'

(Extract from research interview with Amanda, social worker to Mia's unborn baby and previously social worker to her third child, Jamie, now adopted).

Amanda and Emma, the two social workers from the hospital team who participated in the research took a noticeably sanguine approach to their work with women, acknowledging that their capacity to support change was limited and relied on internal motivators. Support could be offered, but it was the women's choice whether they took the opportunity. Many of the social workers participating in this study approached their work in this way. They were clear that the child protection discussions and plans that took place during pregnancy were essentially preparing the ground for a *future* point at which the baby arrived and action could be taken to protect him or her.

'I mean with a pre-birth obviously the baby's not here yet. You can't accommodate the baby until the baby's born'

(Robbie, Case Conference Chair Person for Stephanie's baby).

There could be difficulties with this approach for the women, as it has the potential to devalue their role as protectors of their unborn babies. However, this social work approach appears to better acknowledge and respect that until the morally and legally significant moment of birth, the unborn baby's fate is intimately bound to that of the mother. The baby is dependent on the mother's body's ability to continue to nurture him or her, and on the mother's choice to do so. This was a complicated choice for many of the women participating in the study and mothers described intense feelings that lay along the whole spectrum of possibilities, from being desperate with longing for the child they were carrying to having seriously considered a termination, sometimes even within one and the same pregnancy. This complexity has already become apparent through consideration of the research data through the lenses of time and vulnerability in the previous chapters. In the following section I provide examples that show the wide range of women's perspectives on their unborn babies.

3. 'She's My Person': Women's views on their unborn babies

Some of the mothers participating in this research were unambiguously delighted with their pregnancies despite significant difficulties in their wider lives. Young and pregnant for the first time, Morven, who had previously thought herself unable to have children due to health issues, was effusive about her developing relationship with her baby.

'But I didn't think it was possible to feel this amount of love. For a person that I've not even met yet. But she's *my* person. My baby girl'

(Extract from research interview with Morven, expectant mother, emphasis original).

Amara, also a first time mother, had suffered multiple traumatic pregnancy losses prior to the pregnancy during which there was pre-birth social work involvement and could not have been more eager to have her daughter '*here, now*'. Amara was of black African heritage, and this was significant as she found the UK child protection system inexplicably strange, and the idea that a decision about the future of her baby who she considered may well not be born alive, could be placed in the hands of strangers to be some form of structural violence (Farmer, 2005). Almost asking Solinger's (2002) questions in the U.S. context about who has a 'right' to be a mother, and who it is that gets to decide. The following extract comes from fieldnotes of a conversation between Amara and the social worker Nadine on an initial home visit when Nadine explained the pre-birth child protection process.

'Nine months getting ready, getting scared, getting worried. You people just going to take a decision. Wickedness. How can you people make a decision when she isn't even here yet? It's wickedness'

(Extract from contemporaneous fieldnotes of home visit with Nadine, social worker to Amara, expectant mother to baby Ruby).

Other women's feelings about their unborn babies were far more ambivalent (Hollway and Featherstone, 1997). Chloe, as we saw in previous chapters was trying to regain the care of

her older child Bobby, and was in a relationship with a man who was not the biological father of either Bobby or the expected baby, making her family life a challenge. Chloe expressed elements of ambivalence about her pregnancy, as in the following extract from a research interview, which took place in the researcher's car.

'Yeah, it just, I know it sounds a bit bad but it was a mistake, but I didn't expect that to happen. Because that was six years and I've been in relationships and nothing ever happened and I thought I couldn't have any more kids. And then it just happened after one night. I was really shocked. I didn't find out for like two-month after, I didn't know. I just had wee symptoms of like sore backs and like, so that's why I took one [a pregnancy test], and it came back positive and I couldn't believe it, 'cos I started crying and that in the toilet [pause]. The way I seen it, it's my fault as much as anything. Why should I just get rid of a baby because I wasn't careful? But one thing, after I've had this baby I'm going to get the rod in my arm so it doesn't happen again'

(Extract from research interview with Chloe, expectant mother and mother of one older son Bobby, living in a kinship care placement).

Inter-relationships between mothers and babies were difficult to disentangle in the data. Yet as explored above, pre-birth child protection processes operate on a fiction of 'the unborn baby' as the social work client, quite separate from the pregnant body of his or her mother. This was a fiction that could be disrupted, for example when Callum, social worker to Rachel and Luke's baby, attended a scan appointment with the couple and found himself right inside the ultrasound room with them, making the invisible unborn baby suddenly visible and present. Callum relayed in interview how this experience left him with a sense of how much the baby meant both to Rachel and to Luke, and how invested Rachel was in the baby coming home to her care.

'Their [Rachel and Luke's] biggest worry was losing the baby, not getting the baby home. And it was very clear and very, you know, and she [Rachel] said it quite matter-of-factly, but I think because she knew that I got it she was like, "Me not having this, not getting to keep this baby", she says, "that will kill me", she says and "I know the road I'll go down on that" [referring to substance misuse]'

(Extract from research interview with Callum, social worker to Rachel and Luke's unborn baby Tessa).

Callum was affected by Rachel's insistence that she would not survive the experience of her baby being removed at birth in order to protect her. A feeling that was echoed in interviews with Tracy, Morven and Amara, who talked about fears of being unable to cope emotionally or being utterly 'broken' by the experience of losing a child through care proceedings, even temporarily. And which Nancy expressed in terms of dread and feeling 'scared' of the future in relation to her baby.

'I'm a bit scared and a' 'cos I dinnae want social workers to just take me off her, I'd like the chance, ken that chance, I would be able to manage, I just feel like I've just got a horrible feeling that I'm not gonna get a chance'

(Extract from research interview with Nancy, expectant mother, immediately prior to and Initial Case Conference meeting for the unborn baby and her four older children).

However, Callum reported that his social work colleagues viewed the empathy he had for Rachel's position in relation to her expected baby, and the fears she had about surviving another separation from or loss of a child, as naïve or possibly even unprofessional.

'I was speaking about it with a couple of colleagues and it got to me because they were just a little bit kind of jaded. Almost, their response was, "Och, they all say that, they bounce back!" and I kind of felt like, 'no you don't really get what this means to this woman'. You know? There's almost a sense of you know, she knows where she's gone wrong in the past [pause] and she desperately wants to do everything right'

(Extract from research interview with Callum, social worker to Rachel and Luke's unborn baby Tessa).

In the interview Callum went on to question whether his relationship with this family and response to their feelings about the baby was right, or whether his relative inexperience in child protection work meant he was 'being played' or 'exploited' by Rachel and Luke, as his

colleagues had seemed to suggest. Callum is really asking if his professional viewpoint could be skewed by allowing himself to empathise with the position of the parents in this case. Despite the emergent literature on the impact of separation from their children on birth mothers at the time of the fieldwork (Cox, 2012; Broadhurst and Mason, 2013), Callum reports an unsympathetic view of the position of birth mothers within practice culture when he quotes the reported speech of his colleague, 'they bounce back'. This attitude to pre-birth work can be read as a defence against anxiety on the part of practitioners (Menzies, 1988; Taylor *et al.* 2008; Waterhouse and McGhee, 2009; Whittaker, 2011; Cooper, 2014; Cooper and Lees, 2015). On this view, the pain of the birth mothers can be seen as too difficult for the practitioners to hold in mind alongside their anxiety for their primary client, the baby, in whose future they have such a significant say.

There are also echoes of the suspicion of parents that emerged within the last chapter on the vulnerabilities of pre-birth child protection, primarily in relation to Benjamin's work with Stephanie and Eddie. None of which suggests a practice environment where partnership with parents can easily thrive. On the contrary, Callum's success in creating a working relationship with Rachel and Luke appears as always open to question, from his colleagues but also in Callum's own reflections on his work. There is almost a sense of secondary stigma (Goffman, 1968) being attached to Callum as a result of his close partnership working with Luke and Rachel. I would suggest as a result of their 'spoiled identities' (*ibid.*) as parents living apart from their children, rather than as a result of association with their histories of substance abuse. Although this may also have been a factor given their status as methadone dependent expectant parents (Chandler *et al.* 2013).

In order to understand better the barriers to practitioners perceiving expectant parents as partners in the pre-birth child protection process, I take a closer look at the professional gaze on the women, and on the men in the following sections. This is a deeper look at indications from the previous findings chapters about the ways in which expectant parents were understood and valued. In the next section, I specifically consider the scrutiny of expectant mothers. Although the professional gaze on mothers was intense, I suggest that it was also an example of looking without seeing (Mack, 2003). Since the gaze went through the mothers to the babies, sometimes barely registering the women as 'ends in themselves' (Kant, 1948; Nussbaum, 1999; Fricker, 2007).

4. 'Under the Microscope': The professional gaze on mothers

Although it will already be clear from the findings presented in the previous chapters that it was the mothers who primarily found themselves in the glare of the professional spotlight, or '*under the microscope*' as Sophie's Throughcare and Aftercare worker Janine described it, this was in a very particular way. This idea that social workers cannot actually see the mother for looking at her arises across the data. In the following extract, Benjamin, one of the frontline social workers, was describing the nature of his professional focus on the expectant mother in pre-birth cases.

'You will be looking at the mother. You will look at the mother's mental stability. Looking at the mother's ability, parenting capacity. Yes, but when we look at these things [pause]. We are not looking at the mother. We are looking at the child as well. Yes, you think, 'oh, I'm helping the mother' but no, not really, you are helping the mother so that she focuses on the child! Yes, uh ha [pause]. I mean we could say, "I'm accountable for the mother, I'm accountable for the child" but our accountability is of course focused more on the child, more than on the mother. I think 25% of our focus is on the mother. And 75%, even more, is on the child'

(Extract from research interview with Benjamin, social worker to Stephanie's unborn baby and older son, Kieran).

Whilst he began by talking about the social work focus on women as mothers in his work, Benjamin ended by suggesting that in fact most of the focus is on the unborn child. The professional gaze in pre-birth cases is one which goes *through* the mother to her child, with a residual focus on the woman in terms of fulfilling her maternal role. A way into understanding this perspective is offered elsewhere in the interview with Benjamin. At several points in the interview he tried to recruit the researcher to a role of supporting the mother he was working with who took part in the study, Stephanie. This was a supportive role that Benjamin felt I could fulfil as I was a trained social worker but in a research role was free of the primary duty of the child protection professionals involved; that of ensuring the safety of the unborn child. I could therefore support Stephanie, educate her, and importantly 'see' her more broadly. To elucidate, I offer first an extract from fieldnotes

recorded immediately following this interview with Benjamin, on my way back from his workplace to my own. These summarise the nature of the conversation that emerged during the interview. The fieldnotes are followed by a further short extract from the interview, which clarifies Benjamin's view further.

'Benjamin suggested himself within that interview, it was interesting because he was saying, "I was sitting in a meeting and I was thinking, could Ariane get involved? Could she support Stephanie the mum through this period?" And obviously he understands the reasons why I can't do that in terms of my role and research. But it is something, I think it's very interesting because it is something that I have also been wondering about I guess. As to whether there isn't an argument for having somebody who is independent, who is there for the mother or for the parents, rather than for the child. Who could be a part of this process, and I guess I was thinking that more that would benefit the parents. That they could understand better what was happening. That they would have somebody to talk to about their feelings about it. And that they might feel more acknowledged? As human beings I guess!'

(Extract from fieldnotes recorded immediately following research interview with Benjamin, May 2015).

'I think we could have somebody independent just to educate this woman? Not for the sake of the child. Of course you will have the child in your mind, but looking at the mother as a person, more than focusing on the child'

(Extract from research interview with Benjamin, social worker to Stephanie's unborn baby and son Kieran).

There is an important distinction in what Benjamin suggested here, between looking at the mother purely in order to determine whether she can be responsible for the baby's immediate safety and seeing her 'as a person'. When interviewed, one of the expectant mothers Morven stated 'I don't feel like I've been treated even as a human' within the child protection process. She too suggested in interview that there should be a 'support service' for parents to help them to understand the child protection system and what is being expected of them.

‘There is no support service for parents going through this. And there should be [pause] just some more sort of knowledge and help. Because knowledge is power eh? But [pause] I don’t know this system. I can’t navigate it without becoming really, really, really upset’

(Extract from research interview with Morven, expectant mother).

Whilst these are two separate points that Morven makes, about not even being treated with the respect afforded human beings and the need for independent support to understand and navigate the child protection system, these ideas were linked in her account. Morven expressed an overall sense of not being seen for who she was, and her potential as a mother being unacknowledged by a social work assessment focused very strongly on her past behaviour. This tension between the backwards glance of social work as opposed to the focus on the future that parents wanted to have, was summarised well by Janine, who was involved in supporting Sophie, a young, first-time expectant mother who participated in the study. Janine is talking here about her responsibility to refer Sophie’s baby to social work services, as soon as Sophie told her she was pregnant. She described the position Sophie was in as ‘being under the microscope’ of services, unable to move on.

‘They’re under that microscope already. And that’s how I described it to young people, as you know you’re under the microscope and once you’re under it it’s kind of difficult to move away from [pause], which is a real shame I suppose’

(Extract from research interview with Janine, Throughcare and Aftercare worker to Sophie, expectant mother of Serena).

In Sophie’s case, the social work response to Janine’s referral was warm, light-touch, and focused on building Sophie’s capacity as a mother and on helping her and the baby’s father Liam prepare practically and emotionally for parenthood. Rather than a Case Conference approach, a Family Group Conference was held in relation to the unborn baby, which both Sophie and her partner Liam were actively involved in. Janine reported that the parents would rather not have had a meeting or social work involvement with their baby at all. However, Sophie did appear at least to be ‘seen’ by the professionals involved with her, still

primarily as a new mother, but also as a young woman with a range of vulnerabilities and strengths whose unborn baby had significant informal family support.

Morven felt conversely that what she had to offer her unborn baby was going unnoticed due to the focus on her past, particularly her involvement as a teenager with the sex industry. A history defined by the social work assessment as 'sex work' which there was a risk that Morven might 'choose' to return to. Experiences which Morven herself defined as 'trafficking' and abuse that she was given no choice about and she had fought hard to escape. Whereas Morven felt her perspective on her past struggles was acknowledged by the mental health professionals who were involved with her and her unborn baby, she experienced the social work gaze as failing to recognise her viewpoint, and focused only on what her own difficult history might mean for her unborn baby in the future.

At the point at which I observed meetings in relation to Morven's baby, Amanda the social worker to Morven's unborn baby was making a case for Morven to be assessed by an independent psychologist. In order to determine how Morven's traumatic past and mental health problems would impact upon her capacity to be a mother. Morven was vociferously resisting being 'independently' assessed, feeling that a psychologist who worked with the social work agency on a regular basis would not be independent. Given that Morven had long-standing mental health diagnoses and as a result established relationships with psychiatric professionals, part of her argument was that the practitioners who knew her over time would be more likely to be able to offer a full assessment of her 'as a person'. Whereas Morven expressed the fear that a psychologist commissioned by the local authority would adopt and ultimately lend weight to the social work perspective on her.

'They're now gonna want me to see a psychologist and it's see this phrase, "Oh we work with him all the time". Do you not think that's gonna put me right off and make me want to see somebody independent? That has no affiliation to yourselves? I'll happily see them! But I'm feeling that this is now turning into a witch hunt to find things, because they've not got what they wanted back from psychiatry, because the psychiatrist is saying that I'm fine. So let's go on to somebody else and see what they've got to say'

(Extract from research interview with Morven, expectant mother).

The same social worker Amanda, also intended a psychological assessment of expectant mother Mia, by the same independent psychologist. Amanda had rejected another possible psychologist, even though they were based within an agency that Mia had a good ongoing relationship with at the time. Amanda explained that this was because the psychologist was not prepared to do the type of assessment that she as the baby's social worker saw as necessary.

'The debate that we had at the [IPBCPCC] was that at that stage I had heard that there was a psychologist at the women's centre and I thought if [Mia] is engaging with you know with the women's centre, which she seemed to be at the time, and she still is, maybe we could tap into the women's centre and get their psychologist to, get them to do an assessment. And what came back was the psychologist there had said well I'll do work with Mia, but I'm not going to look at any specific work. But we need *specific* work to be undertaken'

(Extract from interview with Amanda, social worker to Mia's unborn baby, emphasis original).

This 'specific work' was essentially an assessment of Mia's parenting capacity. The suggested psychologist was offering more holistic support to Mia, rather than 'specific' assessment. Although the plan was for Chloe's baby to go home to her care, Hannah also intended that a psychological assessment of Chloe take place in order to inform decision making.

'So, and I suppose that's the bit that's on the cusp because we've not got a psychological assessment. I've requested one but that will take however long to do and actually it's probably not been the right time with so much else going on'

(Extract from research interview with Hannah, social worker to Chloe's unborn baby and older son Bobby).

To some extent involving an independent psychologist at the stage of initial child protection assessment can be read as a pragmatic approach to pre-birth work. Any case that ends in Court will be easier for the social work agency to evidence if a psychological assessment of

the mother has already been undertaken, due to the weight given to a 'psychological assessment' in the Scottish Court. Therefore, if the child does not stay within the birth family, the work towards convincing a Sheriff of the need to make an Order to secure the child with adopters or kinship carers will already be underway. However, it is possible that there lurks at the edges of the undertaking of 'independent' psychological assessment of the women a deeper question for social work practice. The question of whether it is possible for mothers to be fully 'seen' as individuals by social workers whose first responsibility is always to their unborn clients.

Even Sophie, still involved with social work as a very recently care experienced young woman and well supported by her Throughcare and Aftercare worker must, now pregnant, be understood as a mother whose baby's safety and care has to be the priority for professionals. Sophie, just out of childhood herself, had not always had somebody to advocate for her safety and had become an adult in a secure setting not very long before embarking on motherhood.

'I suppose what I'd say to Sophie is, I'm here to advocate for you, but at the same time I'm here to make sure that everyone's safe and that baby's safe. So if I'm concerned that baby's not safe then I will be taking that to somebody that needs to know about it because then I have to advocate for the baby's safety'

(Extract from research interview with Janine, Throughcare and Aftercare worker to Sophie, expectant mother).

The question of whether prioritising the baby's needs had necessarily to be at the expense of recognising the mother's needs was raised very vocally by expectant mother Tracy's own mother, Lisa. Lisa attended the Initial Pre-birth Child Protection Case Conference for the unborn baby along with Tracy and Bill. At this meeting, Lisa spoke up for the rights of her own 'baby' Tracy, although she was a full grown woman in her early thirties. In a later interview I asked Tracy how she had felt about her mother advocating for her in this way.

'But she [Lisa, Tracy's mother] did say that she got stuck in. She said, "Look this is my bairn" and aye she says, "Does my bairn no' count? Of course my grand bairn counts but what about my kid tae?" And that is a

good point tae, it's all about... this kid, but is my life no important as well? And I have said that loads of times eh? Of course the bairn's life is well important. Obviously when she comes it's mair important than mine. In my eyes, being mummy. But my life's equally as important as the next person's'

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

The manner in which Tracy and Morven's voices echo one another in terms of feeling of being treated as less than human in the child protection process bears further consideration. It is as if the women's value is somehow held in the balance with that of the unborn babies. The unique work that women do in carrying and birthing babies paradoxically puts mothers at particular risk of having their own welfare debased or even denied in child protection forums. Featherstone highlights growing, 'trends in children becoming increasingly viewed as almost sacred beings whose well-being trumps all considerations of adults' well-being' (2006, 307). Trends which have very 'different implications for women and men' (ibid.). These differential implications are heightened in social work cases dealt with pre-birth due to the way that a woman's right to life can become conceptualised as being in direct competition with that of her unborn child. Waterhouse and McGhee (2016) have suggested,

'Pre-birth conferences can be seen to exemplify a procedure with the potential for exclusionary governance. There is a risk that child welfare-involved mothers may become 'mere' bearers of their children, their lives as mothers made spare. In biopolitical terms, child welfare-involved mothers subject to pre-birth conferences can become reduced to a body that has hosted the development of another body – a kind of bare life'

(Waterhouse and McGhee, 2016, 104-105).

Waterhouse and McGhee's analysis draws on Agamben's theorisation of 'bare life', what is left when all political and social rights have been removed. As discussed briefly within the literature review this is a 'damaged life, stripped of its political significance, of its specific form of life' (Ziarek, 2008, 90). Waterhouse and McGhee acknowledge that 'bare life' may be too strong a conceptualisation of the position that mothers find themselves in when subject to pre-birth child protection scrutiny. Child protection processes do not have the ability to rob women of the full range of their democratic powers and rights. However, the data from the mothers taking part in this study indicates that some women feel that they are dehumanised by the treatment they receive in child protection forums whilst pregnant.

Agamben's recognition that democratic states can cut off access to full social and political personhood for some groups of people in order to pursue particular goals is therefore helpful in unpicking how the governance of women through pre-birth processes can come close to reducing mothers to a state of 'bare life'. On this view, in situations of competing interests an unborn child and an expectant mother's moral and political status and rights can very quickly be conceptualised as directly competing (Deutscher, 2008). The increasingly child-focused approach of child protection (Featherstone *et al.* 2014b, 2018b), increases the risk that the unborn baby be conceptualised as holding greater intrinsic human value than the mother. Therefore, in pursuing the goal of protecting the baby from harm from the earliest possible moment in life, the mother's own social and political humanity could be bruised by the child protection intervention.

Within the data, three highly inter-related aspects of social work practice emerged as mitigating against the risks discussed here, and all linked to the relationships professionals made with the parents in the study. The first was the need for social workers to be able to create a working relationship with the expectant mothers that balanced their dual roles of supporting the women's well-being as mothers, and ideally as people in their own right, and simultaneously very thoroughly assessing the women as mothers. The second was centred on professionals' abilities to acknowledge the deep investment that the mothers, and when involved the fathers, almost always had in caring for their babies following the birth, and the conviction held by those parents that their child would be safest, most loved, and best cared for with them. The third and final aspect was the extent to which social workers could engage in everyday gestures of care for the families they worked with that reflected an understanding of the social significance of the arrival of a new baby in the family, regardless of the factors around this. Talk and gestures that forged a socially normative path through the extraordinary circumstances of pre-birth child protection involvement in family life emerged as taking on heightened significance for the success of the working relationship between social work professionals and mothers, or parents if caring for the child together. These included material symbols of professional care (Emond, 2016), with gifting baby clothes a good example of this.

It was not just frontline social work practitioners' capacity to walk these professional tightropes that was crucial, but also that of case conference chair persons. Since in their role they could set a tone for the professional involvement with the family. All of which

points to the centrality of the nature of the relationships that social workers sought to build with the women (Ruch *et al.* 2010). The stakes were extremely high for the mothers. The difference between relationships that were essentially instrumental and reduced the status of the women down to their childbearing role, or relationships in which the women themselves and their unique struggles were recognised was crucial. However, the relationships that practitioners built with the fathers were also very significant. Not only for the men and for the unborn babies, but also for the mothers. When men disappeared off the edges of the pre-birth child protection scene, women were left exposed in the full glare of the professional gaze. This was the case even when many of the vulnerabilities of the baby that concerned practitioners were related to the father's behaviour towards their mother, his addictions, or parenting history. In the next section, I describe the ways that the men were rendered invisible in the pre-birth context and discuss the importance of this for the fathers, mothers and unborn babies. Following this I consider the power of the child protection case conference forum to make invisible and also to silence both mothers and fathers, as observed within this study. Finally, for this chapter then, it is possible to ask whether the notion of 'the family' itself is made invisible by pre-birth child protection and if so, what the implications of this may be.

5. Invisible men: Ghost Fathers and Non-identities

Despite the ways that risk was emphasised in relation to the fathers, there was a great deal of talk in research interviews with social workers about the importance of involving fathers in very general terms. Social workers, whether frontline practitioners or Chair Persons, maintained that men were involved in the process and given equal opportunities to contribute. Professionals tended to individualise any lack of involvement from specific fathers as a difficulty with the attitude of individual fathers, as opposed to there being any kind of systemic problem.

'Well one of the difficulties was the Dad's [Bill's] just, just sort of lack of engagement and that, we use that word a bit too regularly, he was giving nothing away! D'you know?! So to actually make it a kind of contact with him was quite difficult'

(Shona, Case Conference Chair Person to Tracy and Bill's unborn baby).

This conforms to previous research findings on fathers as clients of child welfare agencies surveyed by Maxwell *et al.* who found a thread of 'fathers as reluctant clients' (2012, 163) running through the results of a number of studies. Social work participants in this research did offer 'success stories' of previous cases where fathers took on the care of their new babies, as in the following extract from an interview with Emma, social worker to Jane and Hugh's unborn baby.

'But then one of my colleagues has a case where the wee one has gone to be with dad and he's doing very, very well'

(Extract from interview with Emma, social worker to Jane and Hugh's unborn baby).

However, these accounts had a feel of the 'urban myth' when considered in relation to the research sample. As described in some detail within the 'vulnerabilities' chapter, the behaviour of men within the family, usually the behaviour of the father of the baby, was a major reason for an IPBCPCC being held in many cases. This was most starkly evident in the case of Stephanie and Eddie's unborn baby because of Eddie's extensive, well documented and serious violence to Stephanie and his previous partner. Some weeks after the observed IPBCPCC for the unborn baby, the chair person Robbie reflected on the way that the meeting had proceeded in Eddie's absence.

'So I was trying to operate from a sort of perpetrator based ethos you know? That he's responsible. That's why it would have been better. Because he wasn't there. So it would have been good if he'd come in for at least part of it [pause]. Then we could have said, "Well we're here because of your behaviour towards her and you need to hear that". Kind of gets into what responsibility he was taking, and what work he would engage in. But anyway, he didn't. So she was left carrying the can as it were'

(Extract from research interview with Robbie, Case Conference Chair Person for Stephanie's unborn baby).

What is perhaps unclear from this extract is that fact that Eddie actually attended for the case conference but was turned away by the social work team. It was decided that Eddie could not safely attend as well as Stephanie due to the documented history of violence towards her. Although this could be seen as a positive approach, protecting Stephanie from contact with an abusive ex-partner, her own preference as expressed to me while waiting for the case conference to begin was that Eddie be allowed to attend. There was never any consideration given to Eddie attending instead of Stephanie. What happened after this meeting was that Eddie went to ground in terms of his involvement with the child protection process, as described in the following extract from a later interview with Benjamin, the social worker for the case.

[Eddie] has not been responding to my calls, I have not met him since the Case Conference. Yes, I have not met him. I've tried so many times, I've written to him, I've phoned, I've sent him text messages. I've not had any positive response or him wanting to arrange a meeting with me [pause]. I was thinking also to make an unannounced visit his home as well, just to see what is happening?'

(Extract from research interview with Benjamin, social worker to Stephanie's unborn baby and son Kieran).

Highlighting the way that Eddie may have been alienated from the child protection process is not to deny that Eddie presented a risk to Stephanie or to their unborn baby. More to suggest that if, as Robbie stated in the extract above, social work is committed to an approach to domestic abuse that holds perpetrators not survivors accountable for their behaviour then men need to be included in a meaningful way in the state response to the risks that their behaviour creates for the children in the family. Fathers need to be both seen and heard, in order to be held accountable (Devaney, 2015), and for any therapeutic response to be possible (Devaney and Lazenbatt, 2017).

The risks to Mia's baby were not understood to originate with the father of the baby so much as with Mia herself and her history of drinking in pregnancy. She had therefore attempted to involve the father of her unborn baby as a potentially positive resource. He did not participate in child protection meetings or in the research study. Nevertheless, Mia

had sought his support in order to keep the care of her baby. This came to the attention of professionals through a Police report, which was discussed at the IPBCPCC meeting for Mia's baby as if it provided further evidence of Mia's instability and alcohol use in pregnancy. This is described in the following extract from fieldnotes recorded immediately following the observed IPBCPCC. The father's role remained in the shadows and his absence from the case conference meeting went unquestioned.

'The father of the baby has a new girlfriend and there had been an incident at the weekend when he and the girlfriend of 2 weeks had allegedly said to Mia that they were going to get the baby and bring her up as their own and the new girlfriend would be a 'mum' to the baby. He had apparently told the new girlfriend Mia's whole history of being apart from her children. The shame and stigma of this was so apparent. The Police had reported attending the father's house at 4am at the weekend and that Mia was drunk and arguing with 'dad'. Mia denied drinking and suggested he [the father] may have spiked her drink'

(Extract from fieldnotes following observation of IPBCPCC for Mia's unborn baby, June 2015).

Although I pursued this, I was unable to interview Mia in the course of this research. This visit to the home of the father of her expected baby was described by the social worker Amanda in a later research interview, an extract from that interview follows.

'But in her desperate need to *control*, [Mia] had made contact with unborn baby's dad, had gone round to the flat because what she was basically saying to him was, and I've been here before and Mia did it with Jamie [older child permanently outwith Mia's care], "If you take on the baby, and of you step up to the mark then maybe I won't lose this baby". But what she did, she ended up getting in an argument with him, she ended up drinking with him. He was drinking, she was drinking. She ended up quite drunk. She ended up with Police coming and having to physically remove her! So there's that incident'

(Extract from research interview with Amanda, social worker to Mia's unborn baby, emphasis original).

Even though both the expectant parents are agential in the meeting described, it is as if all of the risks and vulnerabilities are understood as pivoting on Mia's choices and actions. The consequence of her drinking with the father of the baby is a Police report being filed to social work as a result of the pregnancy, which Mia was then confronted with in the Case Conference setting. This occurred in a very public way that I found uncomfortable to observe and interpreted as stigmatising for Mia (Sykes, 2011). Although Mia had expected the baby's father to attend the meeting, it transpired that the social worker Amanda had met with him and 'had a discussion and agreed he wouldn't come today' on the grounds that he and Mia were 'not getting on' so it would be stressful for Mia for him to be there (extracts from contemporaneous fieldnotes of the IPBCPCC for Mia's baby, June 2015). The father of the baby remained invisible, and his absence, his being in a new romantic relationship, was treated as unremarkable. The part-time or divided fathering of men was commented on by Nicola, in a research interview immediately following the case conference meeting at which the three different fathers of Nancy's children had been present. I had asked if Nicola generally found that both parents were involved, the following extract was her response.

'I mean the majority's women but I think there's a fair amount of, I would say um [pause] I mean quite often they're [the fathers are] like that, they're part-time but they may be with other families as well. Um I think probably [pause] I would say 75% just off the top of my head of the cases I deal with fathers are involved'

(Interview with Nicola, Case Conference Chair Person to Nancy's unborn baby).

At the initial stages of the research, I was surprised by the level of attendance at case conference meetings by men. However, as the study progressed, it became clear that what being '*involved*' meant in relation to fathers was very different to the meaning in relation to mothers. The professional gaze, so keenly focused on mothers, was forever slipping in relation to men. They were able to flit in and out of the child protection frame. Even fathers who were steadfastly present and intended to co-parent the child with the mother, could still escape social work attention. The frequent disappearances of the fathers in this study can be read as a form of 'absent presence' (Shilling, 2012). All of the unborn babies were

fathered yet not all of these infants were represented by an embodied paternal presence within child protection fora. However, several fathers were actively pursuing a role in relation to their unborn children and their families. In writing about the 'ghost fathers' of child welfare, Brown *et al.* suggest that fathers were 'often not seen at all even when they are present' (2009, 25). The fathers in child protection meetings for their babies almost strayed almost into the category of what Goffman (1959) called 'non-persons'.

'Non-persons (Goffman, 1959) are those who support others' self-presentation but are themselves ignored, such as domestic servants. They are seen but not acknowledged' (Scott, 2018, 13).

This was apparent in Rachel and Luke's case where both parents had histories of drug dependency, removal of previous children and chaotic lifestyles, yet the professional focus in the case conference setting was noticeably on Rachel's abstinence, support needs and motivation rather than Luke's, an issue that the couple themselves raised when I met them after observing a recent review PBCPCC.

'Luke: And they asked us right at the end, the chair person asked us what did I think?

Rachel: I was sitting there thinking when are they even going to ask Luke's opinion or do you know even speak to Luke. That was the meeting you [meaning the interviewer] were at 'cos I just felt like they didnae ask you [meaning Luke] anything really until the end eh?

L: Until the end aye.

R: And I did feel like it was all focused on me.

L: You were the one carrying the bairn.

R: I know but the, like other issues like that come out of your drug use, and that, do you know what I mean? They left all that just a wee bit to the end.

L: To the end aye.

R: Whereas yours should have been just as in depth really. In't it? But you said that, I remember you said that you felt...

L: (Overlapping) They wasnae gonnae ask me.

(Extract from research interview with Rachel and Luke soon after the arrival of their baby Tessa).

Luke's comment in this extract from one of the research interviews with the couple is revealing. He suggests that as Rachel was the one carrying the baby, she was as a result the central focus of the child protection involvement. As if the physical connectedness of the mother and the baby in pre-birth situations forces the professional gaze to land on the woman. The baby cannot be observed out in the world as an individual, who may interact with both parents and be in a visible relationship to the father. The data across this study provides very little evidence of sustained and meaningful engagement with men, and a range of examples where fathers are overlooked, excluded, and rendered invisible in pre-birth child protection involvement with families. Thereby contributing yet more weight to the well-documented invisibility of fathers in child protection.

'Progressive initiatives, such as gender neutral language, substitute terms like caretakers or parents for mothers or fathers... have done little to shift the focus from women to women and men. As evident in our file review, workers persistently read 'parent' as 'mother' in policy and legislation'

(Brown *et al.* 2009, 27).

The treatment of fathers and fatherhood in the child welfare context appears to be an intractable problem across time and place (Coady *et al.* 2013; Maxwell *et al.* 2012; Mykkänen *et al.* 2017). It has not been greatly improved by sustained calls for changes to practice or by 'greenshoots' initiatives (Scourfield, 2015). Child welfare remains women's 'work' (Brown, 2006). The gendered nature of child welfare practice (Featherstone, 1999; Scourfield, 2001) has some specific implications for fathers, mothers and for unborn babies in the context of pre-birth child protection work. This is as a result of the legal status of the unborn client during the pregnancy, and the way that social work involvement opens the door to a legal 'writing out' of fatherhood. The invisibility of the fathers can be conceptualised here as a form of 'non-identity' (Scott, 2018: 7). The men can be 'dis-identified' (*ibid.*) socially as fathers, but also legally through the practice of their never being named as the father of the unborn baby on the birth certificate.

This issue was exemplified in relation to Jane and Hugh's unborn baby. At an observed child protection core group meeting, Jane had been forcefully encouraged by the social worker Emma and other professionals present in her averred 'decision' not to name the father of

the baby on the birth certificate. When I interviewed the social worker Emma in relation to this, she began to talk about the significance of the automatic parental rights and responsibilities of mothers, as compared to the legal position of fathers.

‘Emma: And quite often Dads don’t have parental rights and responsibilities. You know mums always do. So, from a legal point of view sometimes that is where we have to focus you know if we are thinking long-term and where we don’t actually have to deal with removing a dad’s parental rights and responsibilities, you know where they are not really doing the business there is perhaps less pressure on us to evidence that to the Court to remove rights and responsibilities that aren’t actually there in the first place.

Interviewer (Ariane): Right, so kind of thinking longer-term? That was something that came up in the Core Group Meeting wasn’t it? Was that mum was specifically not going to register dad’s name on the birth certificate and that was her choice?

Emma: Aha, yeah. Yeah, but she’s not disputing that he’s the dad and we would still invite him, still assess him, you know still involve him in the process. But yeah, thinking long-term as one of the possible outcomes, if he doesn’t have parental rights and responsibilities, because that is always the first question our lawyers will ask, “Who’s the dad? Has he rights and responsibilities?” So they know whether they need to deal with that or not’

(Extract from interview with Emma, Social Worker to Jane’s unborn baby).

In this case, Jane was being encouraged not to name Hugh on the birth certificate to avoid the possibility of his parental rights and responsibilities having to be dispensed with in Court at a later date. This was the only case in which this came up quite so explicitly. The emphasis that social workers placed on the need to build legal evidence varied tremendously, mainly in terms of their level of child protection experience. When practitioners had previously been through care proceedings to the point of a child being placed permanently outwith parental care, they were more aware that it cannot be predicted when a case will end in their giving evidence in Court. Although a ‘pre-proceedings’ model for pre-birth child protection cases in the English legal context has been reported upon by Masson and Dickens (2015), no such model has been attempted in

Scotland (Masson, private correspondence, 2018). Although arguably work is required to address the legal and ethical questions raised by child protection interventions which take place before the unborn baby has legal personhood, and it has been established who holds parental rights and responsibilities in respect of the child.

In another example of the marginalisation of fathers, Beth who was social worker to Nancy's children did not frame the emphasis she placed on working with mothers in legal terms. However, in her casework with Nancy's four older children and unborn baby, she was having difficulty in remaining in regular contact with the three different fathers of the children: Duane, Sam and Jack. All of the men were all involved to some degree in the children's lives and stating a commitment to them. Whilst Beth acknowledged this commitment, she questioned the degree to which meeting with a non-resident father is likely to translate into any material improvement for the children. None of the fathers were actually caring for their children and Jack, the father of the unborn baby, was understood as no longer being in a relationship with Nancy. Therefore, Beth saw the investment of her professional time in working with the men as having an uncertain pay-off. The following extract comes from a research interview with Beth, following on from several observed meetings and interviews with Nancy. Beth reflected here on her role in relation to the fathers of the children.

'I maybe need to try and involve Dads more it's just really hard and you're, you know, I mean like I'm thinking I'm meeting, Duane's coming in today and it's like how much does that really impact upon everything? And how much do we gate-keep it because we know we've just you know got to pool our time carefully and I could put in regular meetings each week to see him but actually would it be better to put that time into Nancy because actually she's the one caring for these kids? I don't know, I don't think it's an easy one'

(Extract from research interview with Beth, social worker to Nancy's four children and unborn baby).

Here the marginalisation of the fathers was much subtler. To some extent, the need for social workers to focus their limited time and resources on the people who were most likely to be important for the unborn baby could be understandable. Beth needed to build working relationships not just with Nancy but also her 4 older children and the 3 fathers

involved and several other relatives. There were time pressures not just in terms of the arrival of the unborn baby but also in relation to producing a good assessment of whether the older children could remain at home, and if not who might come forward with an offer to care for them. Furthermore, mothers often supported the lack of focus on the fathers of their children by minimising the men's responsibility towards their babies. There were several ways they could do this, including failing to name the father, or placing distance between the father and their pregnancy. Many of the women appeared to hold very low expectations of the support they could receive from the fathers of their children. Although the exceptions to this were Rachel and to some extent Tracy. Rachel and Luke had a very clear, united approach, borne out of their separate experiences of losing children through care proceedings. When the mothers demonstrated low expectations of fathers, this was interpreted by professionals as giving permission to exclude the men from child protection processes and plans. An example of distancing can be read in the following extract from a research interview with Nancy when I asked Nancy how Jack was coping with the child protection involvement with his expected baby.

'Interviewer (Ariane): What does Jack make of it all then?

Nancy: Jack's a bit scared because obviously it's his first baby and he's no' even experienced being a dad yet. So, it's just hard.

Ariane: Feels like it's a lot of pressure I suppose...

[Pause]

Nancy: Well me and Jack are finished because it's just too much for the two o' us.

(Extract from interview with Nancy, expectant mother and mother of 4 older children talking about Jack, father of the unborn baby).

Nancy appeared to want to protect Jack from the glare of the child protection involvement with her family. For example, in an observed meeting with Beth, social worker to the family, Nancy told Beth she did not know Jack's 'phone number. This finding reflects previous research which has identified 'mothers as gatekeepers' (Maxwell *et al.* 2012, 162) in child welfare contexts. Possibly there were elements of shame or stigma (Nussbaum, 2004; Sykes, 2011) in Nancy's approach, since Nancy had a history of long standing social work

intervention in her family life, which Jack did not. However, Nancy's buffering of Jack supported professionals in assigning him an 'unresponsibilised' role in his baby's life in the context of pre-birth child protection meetings and planning. The following extracts are taken from an interview with the chair person immediately following the CPCC for Nancy's children. Nicola, the chairwoman, reflected here on what role Jack could be expected to play in the baby's life.

'I don't think mum's [Nancy is] capable of looking after 5 children. I think it's too much for her. I don't think, I think Jack's too delicate to be able to help her so my view from that is that mum [Nancy], it would just be too much for her'

'And Jack's not going to be able to be responsible. He's going to say, "Well, well, I was just really stressed"'

(Extract from research interview with Nicola, Chair Person of the CPCC for Nancy's unborn baby and four older children).

As well as being suggestive of differential expectations of Nancy as a mother and of the three fathers of her children, Nancy's circumstances also provide a way in to understanding the ways that the case conference forum could constrain the voices of family members. Having discussed the extent to which the babies, women and men could be seen in pre-birth child protection, I will continue the discussion by considering how parents and relatives could be heard.

6. Silent Partners: Expectant Parents and Case Conferences

At the observed initial CPCC for Nancy's children and unborn baby, I counted ten professionals. In total there were eight family members and friend invited, although the family members were not all in the meeting at the same time. I interviewed the chair person Nicola directly afterwards about her role in chairing a CPCC with so many people involved. The following extract is part of the answer Nicola gave when I asked if it is possible to have a successful case conference with so many people and potential agendas around the table.

'Nicola: I think a number of things could have happened in that Conference. I could have given mum [Nancy] more time to talk about the reasons why she thought things were the way they were as well as her reasoning of certain types of behaviour that the children had or how she dealt with certain situations. So I'm constantly, and that was the same with all the adults. They wanted to give reasons or the reasoning of, "Well that happened because..."", and I find that I often have to restrict that. One, because I don't actually agree with what they're saying, it goes against what I understand to be the concerns. I quite quickly pick up what it is they are saying and try and summarise that but the compromise I make is that I want to stick to what we're worried about and not actually listen to them talking in a way that they want to about the reasons and the reasoning of things happening.

Interviewer (Ariane): Right, yeah.

N: So they suffer as a consequence of that.

I: Right, mm hmm.

N: Because time would not allow um [pause] and I don't think that is the purpose of the conference'

(Extract from research interview with Nicola, CPCC chair person for Nancy's unborn baby and older children).

In this extract, Nicola is explaining that she does not see the case conference as a forum for parents and family members to talk at length about their views on the situation. Nicola elaborated on this further when I asked her at the end of the interview if there was anything else she wanted to add about the observed meeting. This extract has been edited for length as indicated by ellipses.

'I mean I think crowd control. It's just so difficult in a conference and often they're like that where you have half the table which is professionals trying to be professional and so many, I mean there were just so many family members. And they had a desire to support each other in there. I suppose it's all the dynamics that were going on... I feel kind of a bit outraged when I think 'You're not thinking about the children you're thinking about yourselves'. I felt the adults were all 'oh, give her a chance' [meaning the mother, Nancy]. It's like they're on

bloody Jeremy Kyle!³⁶ I think reality TV's not done Child Protection Conferences any good at all... I think reality stuff has people voting and you know thinking about those kind of things, who is and who isn't and who's voting me in. It's just all about what's happening in the minute'

(Extract from research interview with Nicola, CPCC chair person for Nancy's unborn baby and older children).

In this extract, Nicola suggests that case conferences can become a forum for family members to support or dispute one another's perspectives. So that adults on this view are thinking of their own emotional needs and not those of the children. Nicola is essentially saying through this interview that in order to get to what she understands to be the point in a case conference, she has to limit the speech of the parents and of other relatives. A week prior to the PCCPC, I had observed a meeting between Nancy and the social worker Beth, at Beth's office. During this meeting, Beth prepared Nancy for the case conference meeting, in the following combined extracts from fieldnotes of the observation, Nancy expressed her anxiety about the case conference and her confusion about why the unborn baby was being considered.

'I feel like I'm going to Court, do you ken that? That's what it feels like, it's horrible'

'So what's the bairn got to do with it, I thought we had to wait until the bairn was born'

(Nancy, expectant mother, extracts from fieldnotes of observation of meeting with social worker, Beth to prepare for CPCC, January 2015).

Beth listened to Nancy's concerns and talked them through with her, acknowledging the difficulties for Nancy of being in the spotlight of pre-birth child protection. In the following

³⁶The Jeremy Kyle show is an ITV 'reality' talk show in which 'guests' air their difficulties in front of a studio audience. ITV listings describe the programme as 'confrontational'. It is not uncommon for guests to come into verbal and sometimes physical conflict over their differences. Guests volunteer to take part. The Joseph Rowntree Foundation have criticised the show for using 'conflict between guests for entertainment' in a 2008 report on 'Media, Poverty and Public Opinion in the UK', available at: <https://www.jrf.org.uk/report/media-poverty-and-public-opinion-uk>

extract Beth uses the analogy of a 'microscope', as Janine did independently of this to talk about Sophie's experience.

'Beth's tone throughout the meeting is interesting, she is very measured, regardless of what Nancy says to her, she is broadly supportive whilst not denying the need for the meeting or the social work involvement with the children, and agrees with Nancy about how challenging the CPCC will be for her, saying "That's understandable because people are coming out and looking at your life through a microscope"'

(Extract from observation of meeting between Beth and Nancy, expectant mother to prepare for CPCC).

In the meeting with Beth, although Beth encouraged Nancy to be prepared and to give her view in the CPCC, Nancy emphasised how much she disliked big child protection meetings. The following extract comes from a research interview in my car, just before Nancy went into the case conference for her children. She was very nervous.

'Interviewer (Ariane): When I was sitting in with you and Beth the other day, there was a few things that struck me and one of them was that you were going, "Oh I just hate meetings, I hate meetings".

Nancy: I feel like I'm under pressure, I feel like if I say the wrong thing I could get into trouble for it.

I: Right [pause].

N: That's how I feel.

I: Can you explain that at all, what you mean by that?

N: I dunno, I feel like if I say something it'll maybe sound right to me but maybe sound wrong to them? And get me in mair trouble, that's why I dinnae say very much, just so I don't put myself in that position.

I: Do you feel like it's safer to say less?

N: Aye'

(Extract from research interview with Nancy, expectant mother).

Contemporaneous fieldnotes of the case conference reflect that Nancy became upset at several points and said very little. So although she had been thoroughly prepared by the social worker Beth, to share her views, Nancy remained silent. This push-pull of parents being asked to contribute to case conferences, but in very limited ways, was common across the data from this study. Parents walked out of IPBCPCCs in several cases. The ‘shuddering feelings’ (Dale, 2004) of parents about case conferences silenced their contributions. So too did the chairing in at least some of the cases, as explored in relation to Nancy. Some parents were actively discouraged from talking, other parents were encouraged to contribute yet were afraid of saying the wrong thing, or were unsure what was expected of them. This was evident from the first IPCPCC I observed until the last, as can be seen in the following extracts from fieldnotes. These are presented in original note form again, with apologies for shorthand designations.

‘Mum passive amid these discussions – yes she will meet [with specialist worker] substance abuse and discuss her mood and ‘stabilising’. Yes, she will attend all hospital appointments to monitor the baby’s growth. Mum said almost nothing. She was asked directly by the chair about her drug use and about Dad’s view of the pregnancy. She did not truly respond to either, “I don’t know what to say”’

‘Mum was holding her tummy, feeling the baby kick. I asked her at the end [of the IPBCPCC], “How did you find it?”. She said, “Hard”. I said she did well to stay [in the meeting]. She said she would have been out of the door before [with previous children]. It was difficult stuff to listen to’

(Extracts from fieldnotes recording during and immediately after the IPBCPCCs for Sue’s unborn baby [pilot observation], September 2014 and for Mia’s unborn baby, June 2015).

The IPBCPCC can be understood as a potential forum for what Fricker describes as a ‘pre-emptive form of testimonial injustice’ (2007: 5). By which Fricker means that individuals and whole groups of people can be disallowed from giving their testimony within particular social contexts. In the examples provided by Fricker, this is a disqualification from speech as a result of systemic prejudice. This rests on a theorisation of language that allows that ‘speech acts’ can fail to perform the function intended by the speaker within social contexts where they have effectively been silenced by the prevailing culture. Fricker goes on to describe the consequences of ‘pre-emptive testimonial injustice’. A form of silencing that

disqualifies the speaker from 'giving account' (Waterhouse and McGhee, 2015) of her or himself. The following quotation has been condensed as indicated by ellipses.

'[I]t is perhaps worth remarking that this form of the injustice may be especially hard to detect from the outside, for it is by definition literally passed over in silence. If we turn our imagination to the real social world and place the phenomenon of pre-emptive testimonial injustice in relations of social power, we readily see how it could function as a mechanism of silencing: not being asked is one way in which powerless social groups might be deprived of opportunities to contribute their points of view to the pool of collective understanding... Testimonial injustice, then, can silence you by prejudicially pre-empting your word.... But testimonial injustice—especially when it is systematic—also wrongfully deprives the subject of a certain fundamental sort of respect, and the distinction between a source of information and an informant helps reveal this deprivation as also a form of objectification. The subject is wrongfully excluded from the community of trusted informants, and this means that he is unable to be a participant in the sharing of knowledge (except in so far as he might be made use of as an object of knowledge through others using him as a source of information). He is thus demoted from subject to object, relegated from the role of active epistemic agent, and confined to the role of passive state of affairs from which knowledge might be gleaned. He is ousted from the role of participant in the co-operative exercise of the capacity for knowledge and recast in the role of passive bystander—a role in which, like objects, he is able to exercise no greater epistemic capacity than that of featuring in potentially informative states of affairs. The moment of testimonial injustice wrongfully denies someone their capacity as an informant... This reveals the intrinsic harm of testimonial injustice as epistemic objectification: when hearer undermines a speaker in her capacity as a giver of knowledge, the speaker is epistemically objectified'

(Fricker, 2007, 5-6).

As well as devaluing the knowledge of expectant parents, and thereby their status as active subjects in the process within the case conference setting, the emotional response of expectant parents within IPBCPCCs was also muted. All of the five chair persons who gave recorded research interviews talked about the need to effectively manage parental distress in case conference meetings, and particularly for expectant mothers to try to mitigate or prevent that distress from escalating. When expectant mothers did become distressed in meetings, there was upsettingly little space allowed for their feelings. The following extract is from contemporaneous fieldnotes of the IPBCPCC for Stephanie and Eddie's unborn baby. As has already been discussed, this meeting eventually went ahead without Eddie and Stephanie went in alone as her mother, who was present, was looking after Stephanie's older son in the same building.

'After this difficult start, the meeting got underway with Stephanie sitting beside me since she did not now have a family member with her. Her son could occasionally be heard playing outside the room as the meeting progressed.

When we went into the meeting I asked Stephanie did she have experience of CPCCs. She said no, there had been social work involvement with her older son, but not a Case Conference. She said she was a bit nervous going in, but she was not unduly worried about the outcome of the meeting.

However, at the end of the meeting, once registration had been agreed, and the discussion turned to safe care of the baby after birth, the social worker said that it was difficult but that in his view, "I would probably want the baby temporarily removed". This came as a complete shock to Mum who burst into tears and sat silently crying while discussion progressed to options of kinship or foster care and a plan for contact. The Midwife indicated she was concerned and I think said, "tissue?" at which point I handed Mum a pack of tissues and made a gesture of concern. The meeting continued as though this had not happened at all although the atmosphere was strained.

Mum tried to give me back my tissues as she left but I said she could keep them and she said thank you and pocketed them, she then actually fell towards me slightly as if unbalanced and I supported her with my hand just momentarily and said I would see her again. She appeared very shocked'

(Extract from Fieldnotes of the Case Conference for Stephanie and Eddie's unborn baby, March 2015).

This was a deeply uncomfortable meeting to observe. It was as if the pressurised and over-stretched work environment that child protection is conducted within together with the highly gendered expectations of the parents combined to leave Stephanie highly vulnerable in the case conference context. The risks to her unborn baby originated with the father Eddie, yet he was able to walk away from the meeting. Stephanie did have the support of her own mother, but this was diverted into caring for her older son. She was shocked and wholly unprepared for the recommendation of her baby being accommodated at birth. All of these factors left her emotionally bruised and exposed, but importantly made her contribution to the discussion in the meeting almost impossible. Stephanie was effectively prevented from giving voice to her view on the care plan for her baby.

Although social workers recognised the distress of parents, their view was often that it should be expected, managed and should not prevent the progress of the CPCC decision making. The very evident distress of one father within a case conference I observed at the beginning of the fieldwork was highlighted 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 to Ellie and William’s baby and older daughter Emily, immediately following PBCPCC, September 2014).

Mary felt that the chair person in this case, Miranda, had handled William’s distress well and commented that she liked Miranda’s very direct chairing style. Miranda stated directly to the expectant parents in the meeting that she would not be happy with a baby going home to their care. Mary felt this direct, unemotional approach was clearer for parents.

‘I like it when Miranda chairs, it’s like ripping off a plaster. There’s no nice way of saying, “Your child might be accommodated”. So, better to get it over and done with’

(Extract from research interview with Mary, social worker to Ellie and William’s baby and older daughter Emily).

Miranda herself did not choose to give a research interview. However, the five participating case conference chair persons who were interviewed directly for this study agreed that parental distress could and often should be mitigated or managed in formal meetings. The social work chairs accepted that the parents were very invested in parenting their babies and cared deeply about them. However, they suggested that the intensity of the feelings and particularly the connection that the mothers had with their children in the pre-birth context was something to be contained within the child protection process. That the

emotional nature of pre-birth child protection and what it might mean for families coming into the system to have a child removed could be more or less well managed. The difficult feelings and deep connections that parents reported feeling had to be managed within a social work led process designed to protect vulnerable children from the earliest possible point; shortly following the birth. This limited the ways that expectant parents could talk about the relationship they felt themselves to be in with their unborn babies and this sanitising or silencing of the emotional under-currents operating in pre-birth cases allowed the fiction of the individuated child to operate, and potentially denied parents the opportunity to share their views.

7. Conclusion

In this chapter, the way that the social workers participating in this study 'saw' the unborn baby and their role in relation to the baby was considered through an 'invisible' lens, building on the analysis of the previous two chapters. Despite the unborn baby's invisibility, an almost singular focus on the unborn baby as the social work client was found. An intense focus on the obscured unborn child, through the visible and present expectant mother was a very dominant theme across the data. This created tension with expectant parents. In part this was because the professional perspective failed to acknowledge the ongoing, physical relationship that the expectant mothers were in with their babies during the pregnancy. These relationships were complex and shaped by many factors, including the child protection involvement itself. The focus on the 'invisible' baby had significant consequences for both the women and for the men in terms of the roles it was possible for them to play in the child protection processes enacted in relation to their as yet unborn children.

Fathers were not always visible in child protection processes pre-birth, but were more often than I had expected at the outset of the fieldwork for this study. What became apparent over time however, was that although visible, the social work focus on the fathers was very hazy. The men appeared and disappeared over time, and flitting in and out of the child protection picture was often normalised by practitioners, who had low expectations of the role that the men would fulfil in their baby's lives and care. Even when both parents of

the unborn baby were presenting as a couple ready to care for the baby together, the professional gaze remained firmly on the women, the mothers but also in some cases the grandmothers, who continued to be viewed as primarily responsible for the safety of the baby in the family. Conforming to a highly gendered perspective on the roles of men and women in relation to infants. A perspective which, as has been suggested in the previous chapters, paradoxically had the potential to deprive the unborn baby at the centre of the social work attention of access to a relationship with the father, wider birth family and their paternal heritage.

In addition to the invisibility of the fathers participating in this research, questions were raised within this chapter about the potential for pre-birth child protection processes to function so as to silence fathers, mothers, and the wider family. Case conference data was presented that showed how formal pre-birth child protection meetings could fail to give voice to the unborn baby's closest relatives. In the absence of the baby's voice, this is perhaps particularly concerning since he or she was not yet able to form or give a view on his or her future care. Meaning that professionals could stake a claim for acting in the child's best interests, without the requirement of due consideration of the child's views. I do not seek to conflate the views of the child with that of birth parents or relatives, however I do perceive a risk that the professional voice can carry further and faster in work with unborn, pre-verbal and non-verbal children. Thereby further constraining the birth relatives from saying their piece. The intense focus on the unborn child also appeared to function so as to make social workers short sighted in their approach. This study found surprisingly few examples of social workers weighing up the costs of proactive interventions that err on the side of caution in the child's very early life, against the impact on long term relationships, identity and the vulnerabilities that are introduced in removing children from birth family, however sound the reasons for doing so.

In this final findings chapter, I have explored some of the absences or 'no-things' of pre-birth child protection, particularly the invisible fathers, and the silent or constrained voices of family members. Despite the actual invisibility of the unborn babies, they remained at the focus of social work practice. This singular focus on the unborn baby could create tensions in terms of the mothers. Their own personhood became translucent at times, as the social workers sought to 'see past' the women to their unborn clients. Yet at other times, the women were in the professional spotlight, their choices, histories and behaviour

subject to intense scrutiny. These absences, silences and misperceptions combined to create interactions between the research participants that did not take account of the 'bigger picture' for the unborn babies. The mothers emerged as fungible whilst the fathers were unrecognised at times. This belied the significant role that the expectant parents had in relation to the unborn baby's identity, heritage and life, regardless of whether they would be the main carers in the immediate post-natal period. This 'looking without seeing' on the part of the social workers created tension and distress in pre-birth child protection interactions. Distress which could paradoxically serve to disenfranchise expectant parents further as social workers sought to 'manage' the emotional content of pre-birth child protection work.

In the following chapter I will draw the thesis to a close by bringing together the argument I have sought to make over the thesis as a whole. The major findings as presented up until now under the themes of 'temporalities', 'vulnerabilities' and 'invisibilities' will be pulled together in order to stake a claim for what can be concluded from this study, and what the implications are for social work practice, policy and academia.

7. Conclusion

1. Introduction

This ethnographic study of social work practice was designed to answer the following questions through a combination of non-participant observation and interviews.

How do social workers and parents navigate the process of pre-birth child protection assessments?

- What do the face-to-face interactions between social workers and parents consist of in practice?
- What are the activities that social workers undertake in order to make an assessment pre-birth?
- How do parents respond to and make sense of pre-birth child protection assessment of their families?
- What do social workers understand the purpose of pre-birth child protection assessments to be?

Thus far the answers to these research questions have been presented under three major themes 'temporalities', 'vulnerabilities' and 'invisibilities'. The analysis that was shared in the findings chapters will not be rehearsed here. Rather, this concluding chapter of the thesis represents an attempt to show how the findings under each theme interact with one another and with related recent research. Clearly, I am not the only researcher to have undertaken work informed by concerns about the interface of U.K. child protection systems and judicial processes with unborn and newborn infants and their families. Related research and developments have happened alongside the doctoral work presented in this thesis. Therefore, in this chapter I draw on recent findings and related literature, in order to identify where my research findings join the relevant academic conversations. In this way I aim to show that this thesis makes an original contribution to knowledge within a wider context where questions are being asked about the proportionality and balance of state activities designed to protect children.

In 2015, at the time of the fieldwork for this thesis, the report of a Council of Europe Resolution on the removal of children in member states was critical of practice in the U.K. In this report, suggestion was made 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). In the report summary, the authors emphasised the need for clear evidence of risk of harm to a child before separating the child from his or her 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).

A similar emphasis can be found in recent legal judgements on permanence cases in Scotland. Local authorities have been reminded that the test of a child's 'best interests' is insufficient to determine the need for a child to be brought up outwith the birth family³⁷. Which is to say that a social work argument that the child will be better off with alternative carers is not sufficient. There has to be strong evidence to show why the making of an order in respect of the child's upbringing is necessary, not merely desirable. The tone of these judgements seems far removed from the atmosphere around pre-birth child protection 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.

Therefore, this thesis ends as it began, with a moment of quiet disjuncture (Smith, 2005). The conclusions of the thesis are framed by the overall sense that the major findings from this study sit uneasily with the stated aspirations of child welfare to be found in Scottish Law and policy. This research found limited evidence of the prevailing directives that family preservation, partnership with parents, and a holistic approach to the needs and human rights of children should inform all efforts to protect them from harm. Rather, an atmosphere of fear prevailed, with social workers afraid for the safety of the unborn babies and also for the continuation of their own professional identities. Expectant parents were afraid of what the pre-birth child protection work they were engaged in would mean for

³⁷ The Supreme Court judgement in the matter of EV (A Child) (No 2) (Scotland) [2017] UKSC 15; Sheriff Appeal Court Opinion on Edinburgh v RO and RD Sheriff Appeal case [2016] SAC (Civ) 15.

their families. Some expectant mothers and their partners expressed deep existential fears for their babies and themselves if they were to be separated soon after birth.

In this atmosphere of fear, plans that involved short-term accommodation of the baby at birth felt a more comfortable option for practitioners. As 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 to feel at professional risk. For example, Callum's insistence on seeing Luke and Rachel weekly, and supporting them through 'ordinary practices', such as taking them to a scan appointment and through acts of 'mundane care' (Brownlie and Spandler, 2018) such as bringing the baby a small gift, were described by Callum as if he were going out a professional limb. Rachel and Luke described Callum as 'mair than just a social worker' because he had 'done sae much for us, eh?'. If Callum's practice has become unusual in a child welfare context, this is a moment for professional disquiet. It is a moment for reflection on the values and theory that have led pre-birth child protection work to be imagined and enacted in such a fearful place.

The core findings of this doctoral research are presented under six headings in the following section. These pull in elements from all three of the findings chapters and the supporting literature review and methodology. I aim to combine the major themes that have been considered throughout the thesis under these headings. Having presented the key findings of this study, I reflect briefly upon these findings in relation to the ethnographic methods used to arrive at them. I then make some indicative links to related research and writing, before finishing the chapter with a short section on the implications of this thesis for the related academic, policy and practice audiences in social work.

2. Key Research Findings

2.1 An Ever Contracting Perspective

This research discovered a very narrow child protection perspective on the immediate needs of newborn babies and infants. My analysis found that social workers were operating within a tightly child focused child protection paradigm (Morris *et al.* 2017), which was

further situated within a risk-averse societal and professional culture (Featherstone *et al.* 2018a; 2018b). The impact of that culture can be read in the frequent uninvited reference to child deaths made by the case conference chair persons in research interviews for this study. Practitioners too are vulnerable in the child protection system, since child death inquiries are often accompanied by the end of the professional livelihood of at least one social worker. The efforts required of Nadine and her team to ensure Amara's baby Ruby could go home demonstrate how much could be asked of professionals to show that the home environment was sufficiently well monitored. In this case the family received twice daily social work visits in the mornings and evenings.

A need for more open-minded assessment of the expectant parents' potential contribution to their unborn child's life was suggested by this research. The vulnerabilities of the unborn baby were approached in a particular way in pre-birth child protection work. The baby's needs and rights were defined primarily in terms of immediate safety. Once the babies were cast as 'vulnerable babies' or 'at risk' babies it became very difficult for practitioners to feel confident that they would be safely cared for within the family. The family home was feared to be a potential 'lion's den' rather than being a site of potential nurture and warmth. Social workers recognised the unborn child as an individual who is vulnerable and has a right to expect protection from harm. However, they were far less likely to understand the unborn baby as agential, already acting powerfully on parents and wider family at an emotional level. The unborn baby's right to family life in the sense of being welcomed into the birth family unless there is strong evidence that the parents cannot offer a safe and loving home environment was seldom emphasised in practice.

This study found that social workers struggled to be able to make the recommendation at PBCPCC that the baby remain with birth parents, and to have that recommendation endorsed through consensus at the meeting and within the child's plan. Any study of practice is highly situated and it may be that this approach was specific to the fieldwork site. However, I would argue that my research provides small-scale support for the need for critical thought about how social workers are supported or hindered to take positive, well informed and defensible risks in child protection (Featherstone *et al.* 2018b). Ultimately, this appeared to be very difficult for practitioners to achieve in pre-birth contexts, and when babies went home with parents, this could leave social workers with a feeling of professional precarity, however much professional support and monitoring was in place.

2.2 Firm Foundations? The construction of pre-birth child protection work

This thesis argues for the need to think more holistically about the way pre-birth work is constructed and approached. It stands on a contested evidence base (Critchley, 2018) whilst surer foundations in the carefully accumulated knowledge of midwifery and social work lay not very far away. In many ways the neuroscience of the infant brain is not so far from attachment theory, beloved of social work. Possibly this is one reason why child protection practitioners, among other 'helping professionals', have found it so compelling. However, the classic theorists of attachment for social work such as David Howe (2011) and Michael Rutter (2002) are clear that relationships can be the site of both nurture and neglect, harm and repair. The early years' agenda has unbalanced the evidence, casting parents as a grave danger to the development of their infants. Once human development is viewed in this way, it becomes very difficult to entrust the care of a vulnerable baby to a family who have struggled badly in the past or appear likely to have problems adjusting to the needs of an infant. If, as Wastell and White have argued, the infant brain itself has come to be seen as 'precarious' (2017) due to the misuse of neuroscience in policy, then entrusting the care of a baby to a family who may struggle becomes an act of callousness. Even when social workers know that babies who are removed from their parents may be in line for multiple foster care placements, long journeys to see their birth parents and a difficult path back to their families or on to permanence. The best available evidence rather than the current contested foundations must be relied upon in determining if this is a necessary response. The current evidence base appears to characterise all babies as extremely vulnerable to harm through sub-optimal care and attention, rather than supporting practitioners to understand and assess the particular vulnerabilities of individual families.

Hardyment (2007) has demonstrated through historical analysis that definitions of optimal care for infants change over time. This study provides evidence that social workers are working in a current atmosphere of high anxiety about the care of babies and are under pressure to ensure that the environment from the womb to the home is guaranteed to support infant development and present no risk of harm. Yet this emerges as an unsustainable enterprise that has the potential to cause harm through over-zealous protection of very young children. Given resource constraints, an overly risk-averse

approach unhappily has the potential to reduce the opportunities for those babies who cannot be safely cared for at home. Amanda's comments on the seldom used opportunity to make sensitive plans and introductions between foster carers and expectant parents at an early stage highlight the ways the pre-birth period could be used positively to plan safe care for babies and agree arrangements for birth family to see the baby regularly. However, 'erring on the side of caution' means bringing higher numbers of young children into the care system. Thereby potentially reducing the available resources for those infants who are in need foster care or a well-supported kinship care placement to thrive.

2.3 'Collateral Consequences'

The unborn babies in this study were often talked about by professionals as if untethered from the mother's body and the birth family. The situation of the babies within the womb paradoxically appeared to make their relationship to birth family less rather than more significant in the social work assessment work this study considered. I argue that the risks of increasing the vulnerability of both babies and their parents through early separation must factor more transparently within pre-birth child protection assessment. My thesis is premised on a view that children should enjoy not only the right to protection from harm, but also the right to family life. On this view, the '*collateral consequences*' (Broadhurst and Mason, 2013) on an infant's potentially significant and lifelong relationships flowing from assertive intervention at the start of life must be considered as a risk. This can only be appreciated by situating the unborn children within a wider context in undertaking pre-birth child protection assessments.

As was explored in the 'Invisibilities' chapter, the child centred focus of child protection obscured the social work view on expectant mothers and fathers in different ways. Tracy's mother Lisa asked the PBCPCC to, 'look this is my bairn'. However, the impact of child protection activities pre-birth and of the potential removal of the baby on parents had no obvious locus within social work processes. Neither did consideration of the state's responsibility to address parents' welfare needs as *individuals* beyond enhancing their capacity to care for the child in question. This study found little evidence of the take up of research or writing about the impact of care proceedings themselves on families. For

example, on the impact of early separation on birth mothers (Broadhurst and Mason, 2013; Welch *et al.* 2015).

2.4 Risky Fathers and Vulnerable Mothers

This thesis has highlighted ways in which pre-birth child protection work denies a vulnerable status to fathers, whilst attaching 'vulnerability' to mothers as if this were unproblematic. There was a tendency for expectant parents to be cast along gender lines as villains and victims in the context of pre-birth child protection work. Yet simultaneously, the expectations of parents appeared to require superhuman invulnerability. The professional gaze of social work needs to be adjusted to allow practitioners to see parents more clearly as simply people with human strengths and weaknesses. Permission needs to be offered to both parents to express their own ambivalence, the meaning of the pregnancy to them, and to tell professionals through their behaviour or the use of very difficult words that they know they cannot offer the unborn child a warm and protective start to life. That is where the evidence for the risks to the child can be found, not only in the social work history, the parents' own childhood struggles or in defensive approaches to risk. Practitioners need to be willing to listen, remembering that clients are experts on their own lives. The challenge of this thesis to social work practice can be distilled into one question: How compassionate and holistic can we make our response to unborn babies and their birth families when there is a risk of harm to the infant?

2.5 Fast Labours

One possible reason for parental 'typecasting' was the rushed nature of much of the pre-birth child protection work observed in the course of this study. The way that timescales were interpreted in the fieldwork site gave social workers and families little time to establish a constructive working relationship that might make a full assessment possible. Far less to create lasting change in family dynamics or address problematic patterns of behaviour. Social workers who had invested significant professional time and effort in their pre-birth work did so at what they felt was professional risk. Little value was afforded to the

important and careful work of uncovering parental motivations or the realistic weighing up of the strengths and vulnerabilities in expectant families. The timescales and formality of the pre-birth child protection processes seemed to act against rather than support the work of practitioners and parents coming to a shared understanding of the risks to the baby. Even though this was found to be crucial in creating a plan for the unborn baby's care in partnership with families.

A major concern highlighted by expectant parents was the way in which the application of timescales in the fieldwork site functioned to create an anxious wait, followed by intensive demands on parents' time, and decision-making very late in the pregnancy. Witnessing the complexity and speed of a late pre-birth intervention in a family's life was like watching a hurricane from afar. Parents were disorientated, confused, angry at what they have already lost through the impact of the child protection assessment on the pregnancy, and fearful of what they stand to lose; the care of their unborn child following birth. Parents who come through this process demonstrate great strength, yet that is seldom remarked upon in practice.

The reasons for the short timescales for pre-birth child protection work appeared to be multi-factorial. Possible factors included the national timescales for child protection, the interpretation of these within the fieldwork site, the pressure on social work teams leading managers to allocate practitioners to work with the relatively 'safe' unborn babies late in the pregnancy, and the idea that child protection involvement should be delayed until the pregnancy was established. In a small number of cases there was a sense that practitioners saw little value in engaging with parents and were allowing events to take their course. No consensus could be found through this research as to the rationale behind the national child protection guidance as it applies to unborn babies (Scottish Government, 2014). Professionals and parents struggled with the pre-birth child protection timescales in different ways, yet social workers endeavoured to meet them. Practice appeared defined by case conference timescales in particular, despite the difficulties these introduced to the work, particularly the frequent need to hold two PBCPCCs, one very close to the arrival of the baby.

2.6 'Crowd Control'

A further finding in relation to pre-birth case conferences was the way that both parental distress and parental participation were limited within formal pre-birth child protection meetings. Research has long found difficulties with the child protection case conference as a site for genuine parental participation (Corby *et al.* 1996, Dale, 2004). Given this, the adoption of the case conference as the default forum for discussion of concerns in relation to unborn children is somewhat puzzling. Mitchell (2018) has recently emphasised the importance of *process* in Scottish child welfare work. Yet there were few opportunities for respectful practice in PBCPCC meetings. Despite the efforts of chair persons, their role often came down to what one Chair Person Nicola called 'crowd control'. This involved keeping the emotional content and the competing viewpoints within the room to a manageable level so that meeting could proceed. The fact that meetings proceeded in the absence of key family members, or when sufficient distress had been caused to silence parents gives an indication of the level of participation that was genuinely on offer. If the real work of pre-birth child protection was happening on the whole outside of these meetings, as a number of professionals suggested, the question becomes, why have a PBCPCC? The alternative of a Family Group Conference was being piloted in the fieldwork site at the time that this research took place, but most families in the research sample were not offered this option instead of an IPBCPCC.

The reasoning behind the inclusion of unborn babies within general child protection guidance and structures remains unclear. If the child protection system is required to protect children before birth, case conferencing may not be the most appropriate way to achieve this. One function of the PBCPCC is to make plans for those unborn children who are at significant risk so that they can be protected through removal soon after the birth. If this is the primary intention of the work, which inclusion in child protection guidance does perhaps point towards, ethical questions then can be reasonably asked around the legal status of the work and the lack of legal representation and advice available to expectant parents. Practitioners did sometimes raise ethical dilemmas about their role in the lives of unborn babies. However, it was more common for the work to be approached as if the legal complexities and ethical questions it raises (Hart, 2001; Hodson, 2011; Hodson and Deery, 2014) did not exist.

3. Reflections on the Key Findings and Research Methods

This study indicates the usefulness of ethnographic methods for getting to the heart of social work practice. As Ferguson has argued, the activity of social work is not confined to offices, so neither should social work research be (2011; 2014; 2016). Being open to research exchanges 'on the move' greatly increased the opportunities the fieldwork site provided for interaction with key participants. It also situated research exchanges in the 'lifeworlds' of participants, which had the potential to create a different kind of data, more grounded in 'everyday/ everynight' (Smith, 1987) experiences. This study also strengthens the argument for multi-perspectival research in social work, which brings a rich choir of voices and actions to bear on the research questions. I hope this study is also an example of how the ethical and epistemic complexities of 'insider research' can be negotiated in order to arrive at strong findings.

This was a small-scale study, conducted by a lone researcher, in one local authority area of Scotland. The shape of this study is 'deep dive' rather than 'broad brush'. As I have sought to emphasise through the thesis, I consider the data and the analysis to have been co-created with the research participants and also the practitioners who helped shape the study and provided feedback on the preliminary findings. As with any ethnography, this research is not entirely replicable since a different researcher would almost certainly have emerged from the year of fieldwork with somewhat different data. I acknowledge my positionality and insider status in relation to this research, both as a social worker and as a mother. These factors of my identity tended to expand rather than restrict the access I was able to secure. Relationships are key within any ethnography and the relationality of the method was important in exploring such fundamentally relational work. Studying the interactions between participants gave a far fuller understanding than individual research interviews alone could ever have done.

Any number of analytical approaches could have been applied to the rich data set that arose from this qualitative study of practice. Reflexivity was not restricted to the research exchanges or the fieldwork period but continued to be important throughout the processes of analysis and writing. The supervisors of this doctoral project were able to question my analysis over the course of the study, and feedback on conference papers and early findings have informed my thinking over time. But this remains a highly situated piece of research. I

have straddled a range of theoretical perspectives and disciplines in considering the meaning of the data and the value of this study. Scheper-Hughes has argued that research into the lives of people and communities is by nature political and draws the ethnographer into ethical and social questions.

‘A more womanly-hearted anthropology might be concerned not only with how humans think but with how they behave toward each other, thus engaging directly with questions of ethics and power’

(Scheper-Hughes, 1995, 409).

I have tried to engage explicitly and ‘directly with the questions of ethics and power’ that arose from this research, both in the field and throughout the analytical process. In my view, the findings of this study are important for practice and policy making in Scotland and in countries with broadly similar child protection systems. However, there remains a need for further research in this area. There is a clear need to better understand this under theorised and understudied area of social work, which is fraught with ethical tensions. This thesis is by no means the last word on the complex topic of pre-birth child protection. However, I have aimed to maximise the contribution of my work in this area through deep and thorough engagement with the dense and powerful data created by this study.

The spaces that this research opened up highlighted dissonant aspects of pre-birth child protection work. Research spaces were used by expectant parents to share a wide range of feelings and views in relation to their as yet unborn babies. Feelings that had little locus in more formal spaces created by child protection work. Relationships between parents and babies and between the potentially important adults in the child’s life were able to expand into the less harried and less immediately purposive spaces of the research. This was an unexpected consequence of the methodology used to answer the research questions. However, it is a consequence that has provoked much reflection on what is made possible and what is constrained in a child protection context for pre-birth work.

Mothers participating in this research commented that they felt that they were denied many of the normative experiences of pregnancy once a child protection lens had been introduced. For example, the welcome experience of listening to the baby’s heart beat was overshadowed when midwives were accompanied by professional colleagues who wanted to discuss the problems in the women’s lives and remind them of the uncertainties surrounding the future care of the baby. As explored within the literature review and

through the temporalities chapter, pregnancy is itself a highly regulated state for women within the wider culture in which this research took place. Child protection scrutiny was in addition to medical monitoring and strong cultural expectations of expectant mothers. This created dangerous possibilities for 'governance' (Goetz, 2009) of the women through face-to-face interactions. Yet these dangers were seldom recognised in practice. As Goetz has argued, the exclusionary or inclusionary power of face-to-face interactions between the state and its citizens should not be under-estimated but instead harnessed. Since the interactions between practitioners and expectant mothers hold the potential to create opportunities for greater social justice, not only the potential to increase the marginalisation and shame of women within their families, communities and society.

4. Links to Current Research and Debates

The findings from this study relate to many of the current questions being asked in the U.K. about the separation of children from their birth families, the impact upon birth parents and siblings of such separation, and the way that decisions about permanence for children are arrived at in professional and judicial fora. As well as debate about what I view as the rather dishearteningly coined need for 'post proceedings support' for parents.

Disheartening as it appears to rely on the assumption that parents will require support once they have been through care proceedings, and that support cannot be provided within the context of a respectful social work relationship with the family. This construction may be in danger of encouraging rather than challenging punitive or insensitive social work practice during child protection and care proceedings themselves.

The contribution of this thesis to these very live conversations is to show that both social workers and families understood the difficulties of the position they were in well, yet generally did not feel able to effectively address them through pre-birth work. Since taking up that challenge involved challenging the way that pre-birth work was constructed and focused. A narrow child protection perspective focused on the immediate physical safety of infants in social work practice seems likely to be a contributory factor in the increasing trends of early care episodes in Scotland (Scottish Government, 2018). Similar overall

trends have been found in England, with high variation between geographical areas of the country (Broadhurst *et al.* 2018).

For infants removed at birth there is a link to later permanence outwith the 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 higher rate than children who are removed later in childhood (*ibid.*). Links have recently been found between very early removal and long-term separation from birth parents in other countries with similar child protection systems such as Australia (Marsh *et al.* 2017) and Canada (O'Donnell *et al.* 2016).

Data arising from research interviews with practitioners in this study showed that the journey to permanence beyond kin may begin before birth for some children. This research found evidence of practitioners having an 'eye to Court' in their pre-birth assessment work. This held the potential to affect how those assessments were framed, with the focus on evidence that built towards permanent separation of the infant from the birth family, rather than on evidence of strengths and capacity in the family. The findings of this study suggest that the ethical dimensions of practice in pre-birth work remain centred on the unborn child, as the 'client' of social work services. My analysis of data arising from practice interactions and interviews did find compassion for mothers, and occasionally for fathers. However, this research found an overriding view that the activities of child protection were proportionate and necessary to the aim of protecting children from future risk of harm.

5. Social Work's (U)Turn on Care and Love: Joining a Relational Conversation

For a long time, the inadequacies of the care that the state provides for children and young people, and the poor outcomes for many care leavers (Rees and Stein 2016) have been the subject of critical research and writing, but there has been little political will to change the offer made by the state. There is some evidence that the terms of the debate around the care system in Scotland have begun to change recently. Subsequent to the fieldwork for this thesis being undertaken, in 2016 the Independent Care Review commenced. This idiosyncratic '*root and branch*' review based in part on listening to 'the voices of 1000

children and young people who are care experienced' (The Independent Care Review 2018, 6) makes a specific commitment to *infants* as well as children and young people. The review is yet to report but the review team's extensive public engagement activities have already suggested that the recommendations of this review of care will be far-reaching and challenging.

At the same time, the impact of separation from siblings on children through care proceedings and adoption has been the subject of research and successful campaigning in Scotland (Jones 2016; Jones and Henderson 2017). A further findings chapter might have been included in this thesis around the needs of siblings. Since the majority of the unborn babies, six of the eleven in the final sample, had older half-siblings. Not all of those half-siblings were resident with the parents and some were young adults, but every parent but Mia had some form of contact with their older children. Nancy's unborn baby was the only child to be considered at a Case Conference for the whole sibling group, since there were ongoing concerns about neglect in her care of the older children. Yet even this assessment was not approached as one in which the relationships between the baby and the large sibling group should necessarily guide or inform social work decision-making. As with the parents, a disconnect seemed possible whereby the unborn baby was treated as a separate entity. A baby represented almost as in ultrasound images as 'dangling in space' (Petchesky, 1987, 269), as 'primary and autonomous, the woman as absent or peripheral' (ibid., 268). Calling forth the possibility of this new human life making a clean break from the problems and risks of his or her birth family.

Yet there is evidence that this thesis is joining an increasingly 'relational' conversation. There is a possible renaissance in 'relationship based social work' (Ruch, Turney and Ward, 2010) that is not confined to children's services, but extends to the more participatory approaches to social care in Scotland. It has even become acceptable to talk of 'love' in relation to social work (Godden, 2017) and care for children (Emond, 2016). Possibly for the first time since the 'Christian love' of Biestek's (1961) casework relationship, that informed so many of social work's developments in Anglophone countries.

"Everyone should be allowed to use the L word (love)."

(The Independent Care Review 2018, 17).

The 'love' of the Independent Care Review's 'Love Ambassadors' (The Independent Care Review, *Journey*) is secular and remains under-theorised. Page's concept of 'professional

love' (Page 2011, 2013) is perhaps, as Emond (2016) suggests, a place to start in bringing 'love' openly back into the values of the social work profession and into our definitions of 'good practice'. This is a love that has dared not speak its name in the wake of the devastating child abuse tragedies of residential care that are the subject of the ongoing Scottish Child Abuse Inquiry. However, as Emond suggests, love and tenderness have continued to be expressed 'in the cracks' (Trevithick, 2005) of residential care practice, despite the constrained articulations of 'safe care'. Caution is undoubtedly needed, yet 'love-based practice' (Godden, 2017, 415) perhaps comes close to what families needed from social workers in the pre-birth period. By this I do not wish to suggest any lack of emotional containment on the part of professionals. Being able to 'hold' the intense and potentially competing emotions of family members is a hallmark of good practice in child protection, as in so many areas of social work. Rather, what these recent conceptualisations of love seem to be suggesting is that social justice and humanity must be allowed into social work activities that are so intimately connected to people's emotional and family lives.

Relationships mattered not just to families. Good working relationships appeared to be the key to professionals' confidence in families and therefore the means to lessening the extreme anxiety (Menziess, 1970) inherent in pre-birth child protection work. This thesis argues that giving parents the opportunity to demonstrate their capacity to care for the unborn baby and equally permission to acknowledge that they cannot has to be the offer that pre-birth child protection makes to families during pregnancy.

6. Implications

The findings of this study are intended to contribute to a deeper theorisation of the social work role in child protection, with families in the perinatal period, and in protecting and planning for the care of unborn and newborn infants and babies. I contend that infants have not changed in recent decades, yet the way that childcare professionals respond to their needs in Scotland has shifted considerably. There are also concerning trends in the separation of infants from birth family becoming commonplace in efforts to prevent any harm in a supposed 'critical window' of infant brain development. Through this thesis I

aimed to engage with the legal and ethical dilemmas brought about by state intervention in the lives of those who have not yet achieved personhood. I have tried to shine a light on this area and open up some difficult ethical questions to more robust scrutiny.

This thesis supports the findings of almost every research study into social work practice when it argues: relationships matter. Relationships are the site within which the difficult work of pre-birth child protection gets done. Without them the work is happening in the wrong environment, to the cost of all concerned, and to the greater cost of families. Social workers undertaking pre-birth child protection assessments need to do so with a focus on the relational: On the relational nature of unborn babies and infants, on the relational networks that might support or hinder the safe care of the baby with kin, and on the relational nature of social work as a profession. The findings of this thesis imply the need to give practitioners more time and more support in this emotionally and intellectually demanding work. My findings show, as so many social work studies before have shown, that these are the conditions under which working relationships can grow and flourish in even the most contested landscapes.

I anticipate that it is clear that I consider that the timescales and guidance for pre-birth child protection should be reviewed in light of my findings. Practice in the fieldwork site for this research appeared straight jacketed by the application of national timescales. Yet this study has been unable to identify their logic or basis, beyond a vague and ethically unclear application of the concept of foetal 'viability' and 'established' pregnancy. The timescales in themselves do not preclude the earlier allocation of pre-birth cases that families preferred, yet they do not encourage it either. In under-resourced social work teams managing serious known risks to children who have already been born, prioritising the allocation of an unborn baby has little logic. The unborn baby is relatively safe, whereas other children in need of a social work response may not be. It is a central argument of this thesis that policy makers need to find a way to give pre-birth work the priority it deserves in practice.

This thesis argues that the formal but also the normative processes of pre-birth child protection do not support ethical relationship based practice with families. Social workers who invested in and successfully formed working relationships with families pre-birth sometimes felt professionally vulnerable, as this approach could be read as counter-cultural. Within the fieldwork site, vulnerabilities and risks were assigned or withheld from the babies, the mothers, the fathers and the social workers themselves through

practitioners' assessments. Although the women were required to display high levels of invulnerability by the nature of the expectations of professionals, they were simultaneously cast as 'vulnerable'. Structural vulnerabilities including poverty and insecure housing were apparent across the data, yet individualised forms of vulnerability were emphasised within social work interactions and assessments, particularly in relation to the women. Facing poverty with resilience was a skill expected of the mothers.

The fathers were assigned a 'risky' status for the most part, and struggled to access a vulnerable identity. They were variously characterised by practitioners as a risk to the baby, the mother, and even to the social workers themselves. The men were further represented as a risk to the working relationship between the mother and the child protection professionals, or as constituting a poor investment of practitioner time as a result of their ineffective or 'part-time' role in parenting. Finally, younger men were understood as weak or at the mercy of their female partners. The professional gaze on fathers was found to be hazy, whilst being very clearly focused on mothers, to the potential detriment of both parents, and to the unborn baby.

This thesis provides further evidence of an enduring problem in terms of social work engagement with men as fathers, and in taking seriously the contribution men can make to their children's lives, care and identities. A clear implication of the research findings is the need for the gendered nature of child protection with its highly differential treatment of mothers and fathers to be addressed. The significance of this implication can be understood through the findings of the manner in which the father's parental rights and responsibilities might be 'written out' before they are even acquired, through 'administrative' child protection processes and practice which may encourage women not to name the father of the baby when registering the birth.

Since the babies were 'invisible' and could not yet express a view on their futures or about their feelings about their families and care givers, it was possible for professionals to 'project' their interests and claim to represent them in a way that might be very different for children 'in the world' and already in an observable relationship to their parents. A dominant child protection discourse tended to emphasise the risks of the birth family as opposed to the opportunities it might represent. Parents had a strong awareness of the risk to family unity this created. However, practitioner awareness of this risk varied considerably.

Child protection professionals working with families pre-birth require good quality support, supervision, and time to understand and assess the risks to children both of remaining at home with birth family, and of being separated immediately following their arrival. Rather than the 'quickening' of interventions to protect unborn children that was uncovered by this study, a more considered approach is required. An approach which uses the available evidence from across relevant disciplines to design responses, services and processes which can meet the needs of women, men and infants in the perinatal period and far beyond.

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Appendix 1: Frequently Used Abbreviations

CGM – Core Group Meeting

CPCC – Child Protection Case Conference

CPO – Child Protection Order

CSO – Compulsory Supervision Order

FCT – Family Conference Team

FGC – Family Group Conference

IPBCPCC – Initial Pre-birth Child Protection Case Conference

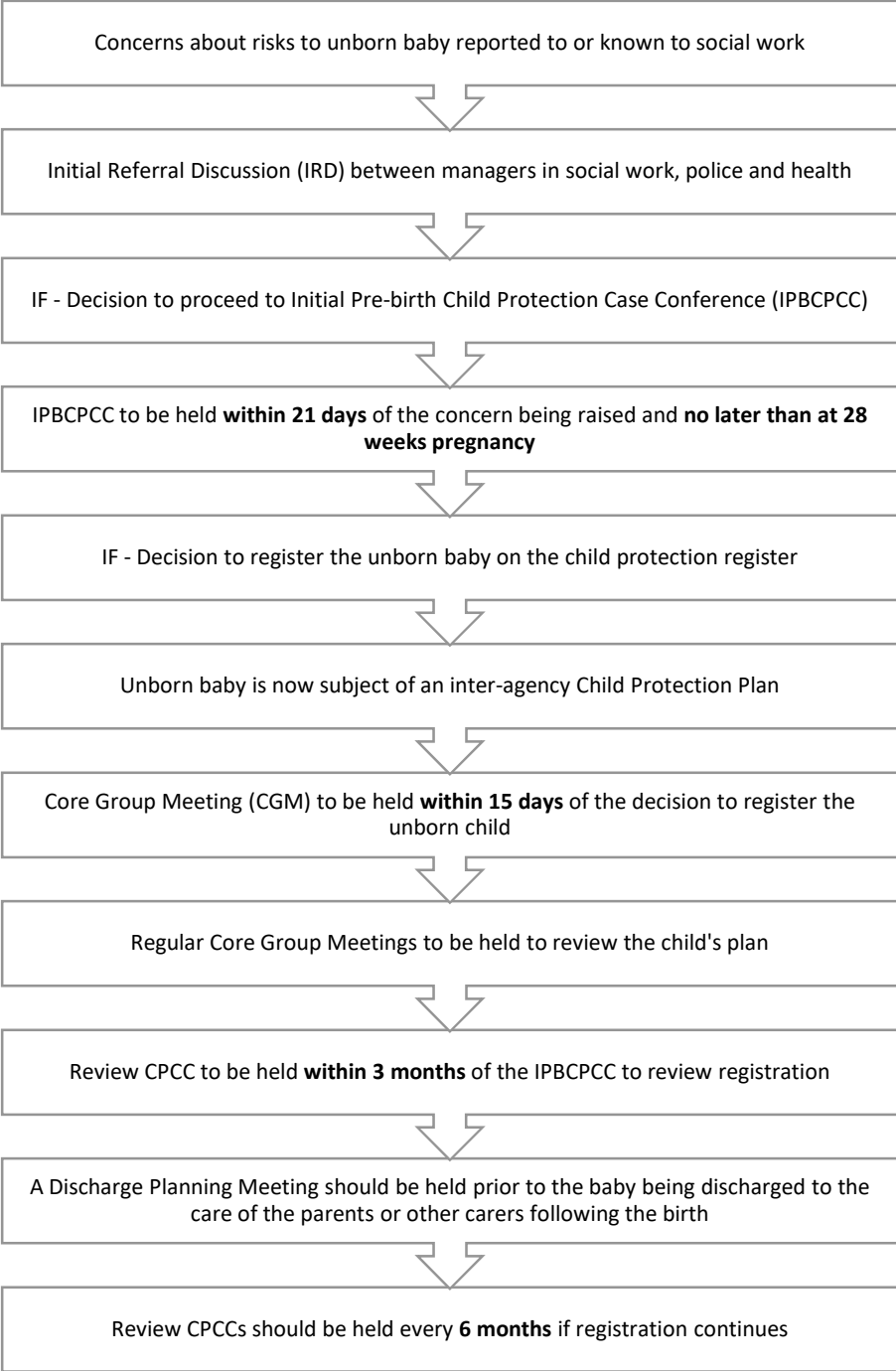
IRD – Initial Referral Discussion

PBCPCC – Pre-birth Child Protection Case Conference

SSAT – Specialist Substance Abuse Team

Appendix 2: Pre-birth Child Protection Processes

Flowchart 1. Process of Pre-birth Child Protection Work



Notes: The decision could be made at IRD to discharge the referral or offer a 'single agency response', for example social work support outside of child protection measures. The decision could be made at an IPBCPCC not to register the unborn baby. Again, a family support response could be offered.

Appendix 3: Spread of the Research Sample

Table 4. Spread of Social Work Cases across children and families practice teams in the local authority and specialist agencies.

Practice Team	Full Study Numbers	Consent Withdrawn	Pilot Numbers
A	1	0	1
B	2	0	0
C	2	0	0
D	1	0	0
E	3	0	0
F	2	0	0
G	1	0	0
SSAT	5	0	1
FCT	2	1	0
Total Cases	13	1	1

The final research sample included 12 social work 'cases', one of which relates to a pilot observation as described in the methods section. Given that one mother withdrew consent to participate in the study, the final sample included 12 families or 'cases', 11 of which is was possible to follow up beyond initial observation.

Appendix 4: Example Information Form

Information Form for expectant parents participating in the research study.



A study of pre-birth child protection in Scotland

Ariane Critchley, PhD student researcher

The University of Edinburgh

A.R.Critchley-1@sms.ed.ac.uk

Information for expectant parents

What is the research about?

I am a student at the University of Edinburgh. I want to find out about the work social workers do with you when you are pregnant. I am interested in what you think about this, but you do not have to talk to me – it is up to you. I am also interested in coming to social work meetings about your baby to see what happens at these meetings. You do not have to let me come – it is up to you.

I am qualified as a social worker. I do not do the job your social worker does any more but I have done it in the past. I hope to help other social workers to understand what it is like for families to have a social worker for their baby. Taking part in the research might be helpful for other families. It will not change the service you and your family receive.

What will happen if you take part?

It may be that there will be meetings about your baby with your social worker and with other people who are working with your family just now. I am interested in coming to meetings about your baby to see what happens, but you do not have to let me come – it is up to you. I will not say very much at the meetings. I am there to listen and see what happens. I cannot change what happens at meetings.

There are 4 types of meetings that I might ask to come to and observe:

1. Home visits when your social worker comes to see you where you are staying.
2. Meetings with your social worker at the social work office or another council building.
3. Any Child Protection Case Conference held before your baby is born.
4. Any Core Group Meeting held before your baby is born.

I will probably ask to come to 2 meetings about your baby. I will not come to more than 3 meetings.

If you do not understand why I am at a meeting about your baby, or what I am doing there, I would like you to tell me. If I am at a meeting and you want me to leave – that is OK, I will leave.

I would like to talk to you before or after some of the meetings I observe. To interview about what happened at the meeting, or what you think might happen, and what you think about this.

If you like, you can have a friend or family member with you when you talk to me. If you do not understand what I am asking you or why, I would like you or your friend to tell me.

I would like to read reports written about your baby to understand what is happening at meetings. I might ask you if you have any social work reports or letters about your baby that I could read then give back to you. You do not have to give me reports – it is up to you.

What will happen to your information?

If you let me ask you questions or come to a meeting, I will record this unless you don't want me to. I will listen to the recordings and write about them. I will be the only person who listens to the recordings and writes them down. Apart from my supervisors at the University, who might want to listen to a small piece of recording to help me understand what people have said to me. When I have finished doing this research, I will destroy the recordings.

I want to find out about all of this for my PhD in social work. This means that I will write about what you have told me and about the meetings that I go to. I want to tell other people about what I find out by talking and writing about it.

To keep you safe, your name will not be shared with anyone else, or any information that would tell people who you are – like where you live. I might quote you – use your words – when I write about you but your real name or picture will never be used. I will use another name – a pseudonym – to keep your information private. You can choose this name if you like.

When researchers write down everything that is said in a recording and change all of the names and information about people so that anyone reading it could not know who had said those things, it is often called an anonymised transcript. I will keep anonymised transcripts of interviews until approximately one year after I graduate from University. I will then destroy them.

I will not tell your social worker or the other people working with you what you have told me, unless you want me to. If you tell me that you, or anyone you know, might be harmed then I might have to talk to your social worker about this. I would talk to you about it first.

If you tell me about anything that means a child or young person may be harmed, I have to tell social work or the police. I have to do this even if you do not want me to tell anyone.

How to contact me

If you ever have a question, you can email me at A.R.Critchley-1@sms.ed.ac.uk or 'phone or text me on 07551125728. If you need to talk to somebody else about my research, you can call the University of Edinburgh on 0131 651 1487 and ask to speak to my supervisor Janice McGhee.

Note: This form was accompanied with a consent form for participants to sign their agreement to take part.

Appendix 5: Example Interview Schedules

Example Interview Schedule 1: Parents

Interview with Rachel and Luke, December 2014.

Introduction and get basic details – ages etc.

Taking part

“I feel really positive. Me and J have done all that we possibly can... not like before... You guys are helping us.” (Mum, CPCC)

SW talked in interview about giving you a ‘fair crack’, you talked in the CPCC about being given a chance – do you feel that you have?

Contributions to the CGM and the CPCC – confident, really taking part – relationships with professionals appear positive – do you feel heard? Are some meetings easier or harder than others?

Do you both feel the same or differently about it? What is it like being ‘Dad’?

In the CPCC also talked about being honest, not just talking the talk and that being hard to get across. Can you say anything about that?

It’s over and done wi’? Temporal questions

“My brother says it’s in the past but I broke into my Nan’s house and stole money... such a disgusting thing to do... I broke my mum’s heart doing that.” (Mum, CGM)

Facing up to what I done wrong with [older daughters], understanding it, the way their wee minds must’ve seen it” (Mum, interview in car)

How do you cope with the past whilst focusing on the future with this baby?

How do you think the workers understand your past?

“It’s only awful if you make it so” (Dad, interview in car)

Does this process make sense for you – how does it tie in with your contact with older children and the rest of your life?

Relationships

"Uncle Callum's all excited" and "Like an Uncle, gets himself all worked up!" (Mum, CGM and interview in car)

Your relationship with your current SW seems relaxed – can you tell me about this? Do you think he cares about you and your baby? And does that matter to you?

Really, how is it having a SW during pregnancy?

Support

"Still need ongoing support" (Dad, CPCC)

Can social work involvement during pregnancy be supportive?

What does support mean to you?

What would be your ideal for support in the pregnancy and going forward?

Can you get what you need? Is there anything you would suggest would be good for you or other parents?

Community

"There's so many people out there waiting for us to fail" (Mum, CPCC)

How is it for you being involved with social work in your pregnancy?

Do you get support from people around you with this or the opposite?

The birth, your baby and the future

Talking about the Birth Plan – *"they don't really work do they?"* (Mum, CGM)

"Everybody else having visitors and balloons. I dinnae ken." (Mum, CGM)

In the CPCC you talked about having no visitors before, and staying in hospital for 3 days, can you tell me anything about that?

How did you imagine it would be this time around for you both?

Has it been different?

Then and Now

"I wish I could have done it 10 years ago?" (Mum, CGM)

"I should have tossed it in 20 years ago when I had the chance, I wasn't ready." (Dad, CPCC)

Talking about coming off drugs – *“Easier than I thought it would be. I think it’s because of baby as well”* (Mum, CGM)

SW spoke in interview about you wanting to do something different with your lives, having expectations for the future.

Can you tell me anything about ‘why now?’

“I want A to have friends, and be part of the community we are in, does that sound silly?”
(Mum, CPCC)

What do you both hope for your daughter?

Questions or Comments

Is there anything else you would like to say or ask about the process, the research, or the meetings I observed?

Do you have any questions?

Example Interview Schedule 2: Social Worker

Interview with Emma, Social Worker, 20/01/14

Can you say a bit first about this situation, is it typical of pre-birth work you have done or different?

How did you approach the family, can you tell me about how it was allocated to you and when and how you went about building relationships, starting your assessment?

My first encounter with parents was pre-CPCC, both appeared very nervous, I haven't read reports so don't know what they were expecting. Mum said she felt sick going in, and could only be there as she understood the plan to be that her baby go home with her to her Mum and Dad's, if it had been otherwise she felt she couldn't have been there.

Dad appeared angry as well as nervous, and it was clear they were not acting as a couple.

Can you say anything about that CPCC, how it went, how the parents coped in the meeting?

Dad queried the 'restricted section' in particular, is this something you expected? What did you think about that? Is there anything you would like to say about fathers' contribution to pre-birth cases?

When I saw Mum again it was in the Core Group Meeting and she appeared much more relaxed and also more accepting of the professional involvement. What do you think contributed to that?

Can you tell me anything about your working relationship with her, what your expectations are?

When you and the Midwife were chatting and during the Core Group Meeting – it was commented that the CPCC was "quick" and "positive" and that things are "straightforward"

I was interested in this – was that unusual? Do you think the family see the situation as straightforward?

The CGM was also quick and "straightforward" – were you deliberately trying to keep it so?

Is Mum's apparent honesty the basis for it being a straightforward situation?

What are the risks to this baby as you see it?

Granny asked at the meeting about what "statutory measures" meant – do you think the family understand the legal status of your work with them?

How do you find working pre-birth with families? Do the timescales dominate this process?

Is that a question - or something like it – that often comes up in pre-birth cases particularly?

What kind of contact have you had with the family and what other supports or contact have they been offered?

How do you see this developing over time now?

In changing roles – will there be a new SW and how do you expect that to affect things? Did this change how you engaged with the family at all do you think?