

Key findings from the multi-agency pre-birth assessments

When agencies are able to anticipate safeguarding risks for an unborn baby, such concerns should be addressed through a pre-birth assessment. The aim of this assessment is to make sure that the risks are identified as early as possible, to take any action to protect the baby, and to support parents in caring for the baby safely. From the sample of cases considered in the audit the following key findings can be summarised.

Timeliness of referrals

The audit group discussed the difficulties in determining an appropriate timeframe for making referrals to Children's Social Care. It is recommended the named midwives would normally advise midwives to make a referral following the second scan by 20-24 weeks. Locally Children's Social Care will accept referrals to ensure a seamless service. This is locally as part of best practice in order to provide sufficient time in order for a pre-birth assessment to be completed and convene a child protection conference by 30 weeks.

For mothers that fail to attend the second scan, midwifery should ensure this is appropriately addressed.

Appropriateness of the referral

With the exception of one self-referral all cases met Children's Social Care thresholds of need and intervention. A Family Support Team inappropriately became involved in an intra-familial adoption arrangement. This issue has been addressed and all team members have been briefed on the correct procedure.

Referrals that were considered to be good were clear about the concerns of referring professionals and why they were making the referral.

Quality of the information in the referral

The quality of referrals in these cases was variable. The majority of referrals were considered to be good;

- Basic information about child's name and date of birth;
- Family details including dates of birth and family household composition;
- Ethnicity of children and parents;
- Identification of adults with parental responsibility and surnames if they are not the same as the parents;
- Address and telephone number of the family and carers and any other significant adults and GP details;
- Name of key professionals, such as Health Visitors, GP and any health professionals;

Referrals that were considered to be poor:

- Lacked comprehensive family details and information;
- Lacked significant non-resident and/or relevant adults (absent fathers);
- Contained isolated pieces of information that were innocuous on their own, but with more context would have raised sufficient concerns. The audit team is mindful of the interpretation of the information received by the Golden Number.

Reason for the assessment clear

With the exception of one case the reason for the assessment was clearly communicated and recorded. Clearly this links to the appropriate details being obtained, this is particularly relevant in acknowledging high risk behaviour and the risk of pre-mature births.

Timeliness and appropriateness of the response to the referral and allocation

The initial response from Children's Social Care was considered to be timely in the majority of cases. One case was delayed, although the assessment was completed within timescales. Four assessments were not completed within the timescale, although prior to the estimated date of delivery.

Best practice referrals are made at the earliest opportunity when concerns arise.

Assessment planning and communication between agencies (including specialist assessments)

Planning

The audit group considered the majority of assessments to have good assessment planning; although there is an over reliance on the estimated date of delivery considering some of these births will be higher risk pregnancies.

Communication

In reality the audit team found good communication between Midwifery, Health Visitors, Domestic Violence Services and MARAC. Although on occasion it was not recorded that Children's Social Care had consulted all relevant professionals at the appropriate stages (GP, Midwifery and Health Visitors); evidence of recording by Children's Social Care was sometimes poor, especially recording accurate health involvements. Practitioners need to clearly state which professionals are involved.

There is evidence of some good joint visits, including joint working with Health Visitors, Children's Social Care, and local Children's Centres.

Children's Social Care needs to ensure all relevant agencies have a copy of the completed assessment.

Specialist assessment

There was good evidence in some assessments of specialist psychological, substance misuse, domestic violence, health assessments and good documented evidence of contacting Neonatal Intensive Care unit.

Some assessments did not record and evidence they had obtained the views of Health agencies and Mental Health. In some cases information had been collated from Probation and Health colleagues but this lacked further analysis.

Best practice would be taking a more holistic approach to the assessment i.e. home conditions, home visits, and assessing all household members. Children's Social Care need to proactively collate specialist assessments, and include the assessment of risk and impact of alcohol and substance misuse; mental health and domestic violence on vulnerable babies.

Clear analysis which includes risk and protective factors

Whilst of the majority of assessments recorded relevant information, in a small minority there was a lack of adequate analysis. There was a lack of analysis of absent fathers.

Some best practice examples included a clear summary of risk and protective factors, good analysis and logical recommendations. In one case good evidence of analysis of substance using parents, obtained by the relevant reports and risk factors were identified.

The effective use of mandatory fields which have been used for System one could be implemented by Children's Social Care.

Quality of plans, including contingency plans

Quality of plans and contingency planning was variable. Contingency planning needs to be strengthened.

Best practice

- Multi-agency working with Children's Centre, Health Visitors, Children's Social Care in Goole, including monthly meetings to discuss cases of concern.
- Good joint work with Domestic Violence Service, Children's Centre and Children's Social Care in Goole
- Roll out of Goole model; joint visits by Children's Social Care and Health Visitors
- Co-location has improved joint working
- Joint training has also assisted in the understanding of roles and responsibilities
- There has been cross-border sharing of the audit findings with North Yorkshire. North Yorkshire is also keen to replicate a similar multi-agency pre-birth assessment audit and will share the findings with East Riding.

LESSONS

Referral

- Referrals must be timely and include all basic details
- The need to provide feedback to the referrer
- There is a reliance on Golden Number to prompt for the correct information

Recording and information sharing

- The need for completeness, accuracy and scanning of records
- Recording the provenance of the information and evidencing where the information has come from
- Ensuring case records are reflective of the information provided and shared with professionals, especially Midwifery, Health Visitors and General Practitioners
- The need for clarity regarding contacting and recording which professionals are involved
- The need for accurate recording of involvements
- The need for a clear chronology for all agencies
- The need to accurately recording Health terminology
- For Health agencies to accurately identify the child and mother; the home address needs to be provided
- Consistent usage of red flags

Assessment

- Over optimistic assessment of risk; historic information must be included to inform the assessment of risk
- The risk of potential collusion with parents and their ability to change
- Lack of contingency planning and recording of contingency arrangements
- Sharing the assessment with parents/carers and family, and ensuring this is recorded
- The need for involvement and assessment of non residential parent/carers
- Sharing the completed assessment with all professionals after assessment
- There is a stock phrase of "child is too young to contribute to the assessment" should be "if this baby could talk what would this baby say"

Planning

- Over reliance on the estimated date of delivery (EDD) as high risk pregnancy's can often be premature
- Demonstrate the process of planning
- Lack of contingency planning

Professional challenge

- The need to encourage professional challenge
- Specialist information and interpretation of information; ensuring information is appropriately escalated