

PRACTICE GUIDANCE

Pre-Birth Assessment

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Introduction

The aim of this guidance is to assist practitioners when considering concerns relating to unborn children and to support social workers when undertaking an assessment of risk and need. It is designed to help professionals to carefully consider a range of themes and to identify issues that have the potential for having a significant negative impact on the child.

The nature of the work dictates that the most successful preventative action is taken when vulnerable children are identified as early as possible, pre-birth. This early warning system can only operate in a meaningful way if there is an agreed interagency commitment to the importance of this area of child protection, and that professionals work together to assess and manage the response to this high risk group.

This guidance recognises the importance of early referral to children's social care so that, where there are concerns for the future safety or welfare of an unborn child, appropriate assessments can be made in a timely way and effective multi-agency plans can be put in place to support the parents and safeguard the child prior to the birth.

Why do a Pre-Birth Assessment?

Pregnancy can be a time of immense stress and/or provide a 'tipping point' for the lifestyle of parents to change in order to meet a child's needs.

Safety – a preventative assessment that can more accurately predict risks and supports early intervention to assess the level of neglect or ill treatment a newborn may be subjected to.

Support – to ensure that parents who are vulnerable and/or in difficulties receive the kind of support and services they need in order to be able to have the best chance of safely and effectively caring for their newborn baby as it grows up.

When should a Pre-Birth Assessment begin?

Maternity services should ideally make referrals as soon as they have concern because, although a pregnancy is generally considered 'viable' from 24 weeks, assessment at the earliest stage will support best planning. In some situations East Riding of Yorkshire Children's Social Care will allocate and begin assessment as early as 14 weeks. Additionally, the earlier the assessment is made, the more time there is to work with the prospective parents to enable them, if possible, to safely bring up their child.

Issues to consider when undertaking a Pre-Birth Assessment

A key task in the preparation of a pre-birth assessment is to identify a fundamental baseline of acceptable parenting skills from which change can be monitored. The assessment must include other agencies' views, in particular that of involved health professionals.

At the outset of any pre-birth assessment, practitioners should consider:

- The perceived and actual consequences of making a wrong decision in high profile, high concern cases
- The consequences for professionals of deciding on removal at birth – possibly lengthy and demanding legal proceedings
- Feeling bound by the conclusions or views of previous professionals and any variation now may be perceived as disloyal
- The number of factors for consideration in the assessment that are rarely part of the professional's direct experience
- The emotive nature of such work, particularly when coupled with a strong view about removing children at birth.

Who should be assessed?

It should be noted that the best predictor of future behaviour, is past behaviour, therefore the previous parenting history of each parent/carer must be examined.

- *Parents who have had a previous child removed (or who have children no longer living with them).*
 - The parent's ability to meet the needs of their unborn must be reassessed. Such assessment should consider if there is a change in partner, who may or may not be more supportive and responsible, and if believed to be more responsible to ascertain what level of involvement in the child's life that new partner will have. In situations of substance misuse, consideration regarding whether parents have successfully addressed their drug/alcohol misuse and other changes in situation should be given.
- *Parents with mental health problems.*
 - There is a need to consider the ability of parents/carers who are suffering from severe depression or psychosis to interact and be emotionally available for their newborn.
 - There is a need to consider the impact of any medication the mother may be taking on the unborn. A review of medication should take place and there should be consideration of what impact changes may have on mother and subsequently the unborn. It is also essential to consider the father/mother's partner's mental health in the same way.
- *Parents with drug and/or alcohol problems.*
 - Maternal drug or alcohol misuse in pregnancy can pose serious developmental problems to the unborn, and lead to the baby having to 'withdraw' from the drugs themselves. This, alongside where there has been alcohol abuse by the mother during pregnancy, causes the baby to be more difficult to manage in the first few weeks/months of life, and potentially can lead to the baby suffering from Foetal Alcohol Syndrome.
 - The consequences of a drug or alcohol using lifestyle can impact on all areas of a child's social and emotional development and safety, and as such, the likely impact of drug and alcohol use on the parents/carers lifestyle should be considered.
- *Parents where there is a history of domestic abuse/violence*
 - Research shows that domestic abuse is more likely to begin or increase in pregnancy than at any other time. Domestic abuse in pregnancy poses high physical risk to mother and unborn.
 - Continued exposure to domestic abuse once the child is born can impact on emotional and cognitive development.
- *Parents with a learning disability*
 - Learning disability should not automatically preclude a person from becoming a parent; the pre-birth assessment should focus on how the disability impacts on the parents/carers abilities to safely and effectively care for a newborn and child, and the services which may assist them in doing so.
- *Young parents*
 - Consider if any of the above issues are present. Assessment should not be undertaken on the basis of youth. However any assessment must ascertain whether the young parent has an appropriate level of maturity to safely & effective care for a baby/child with the support available to them.
- *Mothers who have received little or no ante-natal care (due to concealed or denied pregnancy, late presentation or failure or attend).*
 - The mother's attitude to conception and pregnancy should be explored to identify any psychological, emotional or physical worries and the potential impact of this on the

unborn/newborn. Where there is a denied or concealed pregnancy, particular attention should be paid to the mother's potential mental ill-health issues.

What should workers consider?

The domains of the Framework for Assessment of Children in Need remain relevant for pre-birth assessments. A pre-birth assessment may concentrate more on aspects of parenting capacity and wider environmental factors, but the child's needs in the uterus and immediately after birth must also be considered.

- *Partnership/Relationships*
 - What is the current status of the parents' relationships?
 - How long have the parents been together?
 - Was this pregnancy planned?
 - If not planned, is this a 'wanted' pregnancy?
 - Are there any patterns to previous relationships?
 - What are the expectations of one another when they are parents?
 - What roles do they see themselves taking with regard to parenting?
 - Who will be the main carer?
 - What about other children or adults in the household?
 - Are there any children to previous partners?
 - What roles do they have in these children's lives?
 - Dependency on partner – emotional and/or financial?

- *Behaviour of prospective parents*
 - Any known incidents of violence, abuse, coercion or control? Who has this been against?
 - How do they respond to conflict?
 - Any criminal convictions and, if so, what is the context?
 - What are parent's attitudes and beliefs in respect of any convictions or findings of facts?
 - Any drug and/or alcohol misuse?
 - How does this impact on their life?
 - How does it impact on their relationship with others?
 - How might it impact on a newborn?

Note: If drugs or alcohol are identified as a significant issue, a specialist assessment may need to be considered. Any specialist assessment does not remove the need for a single assessment, but should be used to inform the single assessment.

- *Mental Health*
 - Is there any known mental illness?
 - Is there any prescribed or un-prescribed medication being taken by either parent?
 - Are there any historical or current worries of self-harming, overdosing, suicide attempts or fabricated illness?
 - Are there any emotional or behavioural issues presenting?
 - If there are any mental health needs, are these likely to have a significant negative impact on the child or parenting capacity? If so, how?

- *Impact of any disability or communication needs*
 - Do parents have any diagnosed or undiagnosed disabilities which are likely to have a significant negative impact on the unborn/newborn?
 - Are there other children in the family with disabilities?
 - Does either parent have any learning disability or any communication needs?
 - Could this have any significant negative impact on newborn?

- *Social History*
 - What are the parents' own experiences of being parented?

- What roles did their own parents take on with regard to parenting them?
- Who was their primary caregiver?
- Who are they closest to in their family? Why?
- What are their experiences of childhood and adolescence?
- What is their education and employment history?
- Is there history of any abuse as a child?
- What social support can they rely on from family or close friends?
- What preparations have they made for the arrival of a baby?
- Who are the regular visitors to the house?
- Are there any other adults living in the house?
- *History of being responsible for children*
 - Are there any children to previous relationships?
 - Workers should consider historical file information.
 - Are there any convictions against children? Court findings?
 - Is there any record of previous child protection concerns? What were the outcomes?
 - Are there/have there been any care proceedings?
- *Ability to protect*
 - Workers should consider any historical information with regards to risks and concerns.
 - If there are such risks or concerns, what are these and what has changed?
 - How do they describe a 'good parent'?
 - What do they think a 'good parent' does?
 - Who do they think are good role models?
 - What do they think children need in order to grow up as well adjusted adults?
 - What are their attitudes to children – generally and in respect of specific issues/beliefs/expectations?
 - Do they understand the needs of a baby?
- *Ability to identify and appropriately respond to risks*
 - Is there any evidence of either parent/partner raising concerns or worries?
 - When they have had worries or problems in their life, how have they managed these?
 - Do they solve problems or do they avoid them?
 - Who do they think can help them to solve problems?
 - Is there any information on any records which evidences that they have historically responded to risk?
 - Is there any evidence of appropriate help seeking previously?
- *Risks and protective factors*
 - Based on the information gathered, what are you as a worker worried about?
 - What are the parents worried about?
 - What are extended family/significant others worried about?
 - What are other professionals worried about?
 - What might we do to counterbalance these worries?
 - What can provide safety for the newborn?
 - What does safe look like?
- *Cultural considerations*
 - Are there any cultural views or beliefs which could be considered to have a significant negative impact upon the unborn/newborn child or mother e.g. mother or siblings have been subjected to FGM?
- *Practical preparation for the child*
 - Workers need to ensure that the home environment is such that the child's basic care needs can be met. Ask to see where their baby will sleep and where baby food/milk will be prepared.
 - Is there somewhere for the baby to sleep, baby equipment, consideration of how baby will be fed, appropriate clothing for the baby etc?

- *Preparedness for both birth and child*
 - Are parents able to describe how life might change for them?
 - How are they preparing for this?
 - What do they think will be the challenges?
 - Who might support them?
 - How emotionally prepared do they appear?

- *Parental ambivalence*
 - How was baby conceived?
 - How did the parents respond to the news of the pregnancy?
 - What are the worker's observations of how mother/father/mother's partner present when talking about pregnancy/baby?
 - Are there observations of dismissive, ambivalent attitudes?
 - What might be the source of such attitudes?
 - Is there any evidence that such attitudes might change?
 - What is the likely impact of this information on the unborn/newborn?

- *Ability to tolerate stress, crying, deal with conflicting advice and strong feelings which parenting may provide*
 - Any information about reactions to previous children would be relevant to consider.
 - If this is the first child, use scenarios about how they manage other stressful situations.
 - What advice have they already been given about parenting?
 - Have they been reading any information about caring for a new born?
 - What do they feel about this?
 - What worries do they have about parenting?
 - What do they look forward to?
 - What do they think will be stressful?

- *Support available*
 - Who is around these parents, who may be able to offer support and advice?
 - Are these good people to be offering advice?
 - Are there any concerns in respect of their parenting of their children?
 - What might support look like?
 - How likely are the parents to accept this support, or will it cause conflict which may result in further concerns?

- *Multi-Agency feedback*
 - What are the parents' attitudes to professional involvement?
 - What does information from various sources say in respect of their observations/interactions?
 - What do other professionals see as strengths and working well?
 - What do they see as worries or concerns?
 - Who do these parents have the best working relationship with? Why? Can this be utilised within any plan?

What happens next?

Detailed plans must be made on the basis of the assessment – both a child's plan, for the family and other professionals, and a birth and discharge plan for the hospital Maternity unit. See attached Appendix 2. These plans must include taking, or making every effort to take, all necessary action to protect a baby from any assessed risk of significant harm before, during or immediately after the birth and discharge from hospital. The plans should be shared as part of a multi-agency meeting with all involved partner agencies, including both hospital and community Midwives, and Health Visitors.

If the assessment identifies that there are clear risks to a newborn baby, then a Strategy Meeting should be convened to discuss and agree next steps. It will be critical to ensure that appropriate health professionals (Midwife, Health Visitor and GP) attend this meeting. The Section 47 enquiries

will gather information and professionals will form a balanced judgement as to whether there are substantiated concerns that the unborn child is likely to be at risk of harm. If a decision is made, following the Section 47 enquiry, that the unborn child is at risk of significant harm, an Initial Child Protection Conference should be arranged within 15 working days. If it is agreed that the unborn baby is made the subject of a Child Protection Plan, the plan must be explicit about the actions to be undertaken and by whom, immediately following the baby's birth and at discharge from hospital in order to ensure the baby's protection until the Review Child Protection Conference.

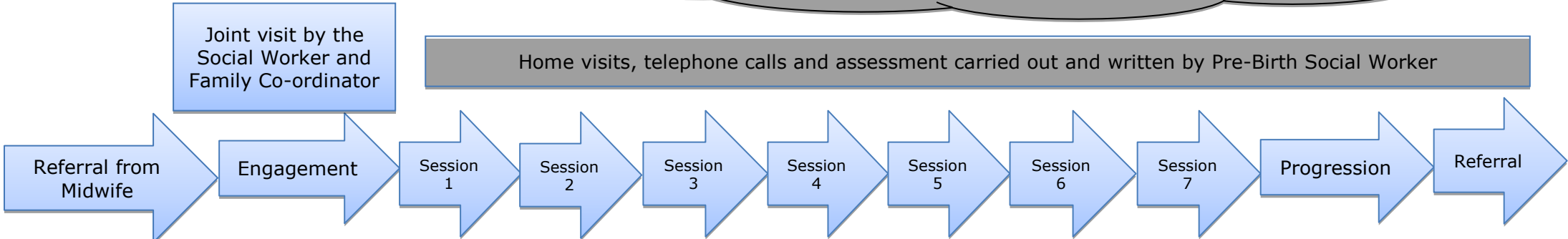
Where there is a risk of significant harm to the unborn child and concerns regarding the safety of the child within its family following birth, the Children's Social Care team should give early consideration to implementing a Public Law Outline (PLO) process pre-birth so that plans can be clear for the family upon the child's birth. In situations where there are such significant concerns that the parents will not be able to keep the child safe, Children's Social Care must be prepared for the potential of initiating proceedings as soon as the baby is born. Any 'Letter Before Proceedings' must clearly outline to the parents what their concerns are and what needs to change, and by when.

In all cases, parents must be given clear information with regard to Local Authority plans and decisions. Children's Social Care must ensure that, in all cases, a separate planning meeting is held with hospital staff to develop the birth and discharge plans and ensure that everyone is clear about the agreed arrangements post birth.

Discharge planning meetings should be held for child protection cases, PLO and Care Proceedings routinely, with meetings held for Child In Need (CIN) cases where the situation and concerns/support warrants. A CIN meeting should be held prior to completion of the assessment for information gathering and to gain views of how professionals/family feel the case should progress. Where a discharge planning meeting is held, this should be detailed in the birth plan and Maternity Records. See Appendix 3 for discharge planning meeting template.

Pre-Birth Assessment Case Study

Assessment starts between 12 and 24 weeks into pregnancy
45 working days to complete the assessment



Home visits, telephone calls and sessions delivered by Pre-Birth Family Co-ordinator

Needs Assessment
Identified pre-birth assessment required due to concerns such as substance misuse

Home Visit
Pre-birth assessment and information sharing completed. Info given about the pre-birth assessment process

Session 1 – Our developing baby and health and wellbeing
 Session 2 – Practical demonstrations
 Session 3 – Feeding baby
 Session 4 – Changes in Me – Coping with Crying DVD
 Session 5 – Helping Baby Develop – Wonder Years DVD
 Session 6 – Birth Plan – Amazing Babies DVD
 Session 7 – Home safety

Further visits for any other needs identified

Progression
Following assessment; CPP

New needs emerge
Referral made to Children’s Centre, joint visit carried out



Multi-agency meetings are held before and after assessments are complete. Telephone conversations between agencies carried out throughout assessments

Baby and Me scrapbook made

Visit to the Children’s Centre to look around and access free clothes etc

Info leaflets and booklets given

The aim of the pre-birth assessment is to:
 Gather relevant info from all professionals and co-ordinate services to meet the assessed needs of the child/family. A safety plan is formulated and/or appropriate intervention taken to safeguard the baby.
 Focus on parenting capacity, developmental needs, family and environmental factors.
 Provide access to further info/services/professional support when need arises.
 Work in a multi-agency environment.

Outcomes for the child:
 To ensure all the child’s needs are being met and maintained
 The child is brought up in a safe and healthy environment to develop and learn
 To form a loving bond and attachment with their parents/carers

Outcomes for the adult:
 Be emotionally and physically able to respond to their child’s needs safely
 Given info and support to help meet their child’s basic needs and their own needs
 Parents/carers receive specialist help and support via appropriate referral when needed

**Children's Safeguarding Team Beverley Children's Centre Young People and Family Centre
Beverley East Riding of Yorkshire HU17 9LP
Telephone (01482) 396842
Head of Children and Young People, Support and Safeguarding Services**

Birth Plan for Unborn (EDD: _____)

Expectant mother: DOB:
Expectant father: DOB:
Mother's Current Partner: DOB:
Children in Household: DOB:

Home address:

OVERVIEW OF PRE BIRTH ASSESSMENT -

OUTCOME OF ASSESSMENT

There are no /current safeguarding concerns identified in the Pre Birth Assessment which would require Children's Social Care to remain involved in respect of Unborn NAME

CHILDREN'S SOCIAL CARE TO

MOTHER'S NAME and baby can/cannot be discharged to the above home address after birth.

Please inform NAME OF TEAM Children's Safeguarding Team TELEPHONE NUMBER when BABY has been BORN for records to be updated.

Should birth be out of hours please contact Emergency Duty Team (01377) 241273

Pre Birth Assessing Social Worker: NAME Tel: 01482 NUMBER
Social Worker: NAME Tel: 01482 NUMBER
Emergency Duty Team out of hours on (01377) 241273
TEAM NAME Team Manager: NAME: Tel: NUMBER

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Children's Safeguarding Team Goole Safeguarding Team Church Street Goole DN14 5BG
Telephone (01482) 396842
Head of Children and Young People, Support and Safeguarding Services

Discharge Plan for:

DOB:

Mother:

DOB:

Father:

DOB:

Mother's Current Partner:

DOB:

Siblings:

DOB:

Home address:

Name	Relation/ Profession	Contact details

Safety Plan agreed at the discharge planning meeting:
(This should include visits by whom and when they will take place)

All present agreed the mother can be discharged to the following address:

All present agreed the baby can be discharged to the following address:

Mother and baby will be discharged on:

Pre Birth Assessing Social Worker: NAME Tel: 01482 NUMBER

Social Worker: NAME Tel: 01482 NUMBER

Emergency Duty Team out of hours on (01377) 241273

TEAM NAME Team Manager: NAME: Tel: NUMBER

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