Children Services: Pre-Birth Assessments

SECTION ONE – WHY DO A PRE-BIRTH ASSESSMENT?

A **pre-birth assessment** should *always* be undertaken:

• if a previous child/young person has died unexpectedly in the care of the parents and the cause of death is a result of anything other than 'natural causes'

• if a previous child has been removed via Care Proceedings due to abuse or neglect or other risk of significant harm or if they have a current child who is the subject of Care Proceedings or within a PLO process

• if the parents have a child living with them who is currently the subject of a Child Protection Plan

A **pre-birth assessment** should *be considered* if the parents have a child under 8 who was the subject of a CPP within the previous 18 months

In other situations, an assessment can be considered:

- Where previous children in the family have been removed because they have suffered harm.
- Where a Person Posing Risk to Children (or someone found by an Initial Child Protection Conference or a Court to have abused) has joined a family. (Note. A PPRTC (previously known as a Schedule One Offender is someone who has been convicted of an offence against a child. It is retained on their record for life.)
- Where concerns exist regarding the mother or father's ability to protect, which may be enhanced by their being assessed for and provided with services to which they are legally entitled. Examples include Care Act provision, Community Learning Disability Services, Advocacy.
- Where there are acute professional concerns regarding parenting capacity, particularly where the parents have either severe mental health problems or (possible) learning disabilities.
- Where alcohol or substance abuse is thought to be affecting the health of the expected baby, and parents' ability to respond to their child's needs and is one concern amongst others.

- Where there are concerns about domestic abuse, including reports of coercive, controlling behaviour, MARAC reports and reports of domestic abuse in previous relationships.

- Where the expected parent is 16 or under and a dual assessment of their own needs as well as their ability to meet the baby's needs is required. The expectant parent may already have, and consideration must be given to them having their own allocated social worker, as well as the unborn child.

  There is pre-existing guidance for children who become parents

- Where the expected parent is a Child in Care or Care Leaver, active consideration to a pre-birth assessment must be given. Contacting both the young person and including their Personal Advisor and working together is the best way to support the family with their feelings of uncertainty about being re-involved with social work. Bear in mind, we are corporate grandparents to our care leavers' children. The decision not to refer for a pre-birth assessment must be recorded as a Management Decision on Eclipse. **Note that this applies to both parents of the child and not just the expectant mother.**

SECTION TWO- Pre-birth assessment workflow.

1. Front Door for Families Initial Contact (IC)- Screening Practice Manager decides about whether the referral needs assessment.

2. Pods to refer to Front Door for Families immediately when a pregnancy becomes known about on an open case. Front Door will create the IC and forward back to Pod, if the family are an open case, or if Care Proceedings have been concluded within the last year and the pod holds a good working knowledge of the case.

   - **Under 12 weeks.**

   If the pregnancy is under 12 weeks and the family are aware that the referral has been made they are likely to be very anxious and worried about the assessment process. Consideration to be given to sensitive, careful contact being made with the family immediately.

   - **At 12 weeks gestation**.

   The case is allocated to a social worker and the Strengthening Families Assessment begins immediately. We know from research that families would like us to start work early and that pregnancy is a real catalyst for change. It is an opportunity for early intervention with families so we need to use the time to help, support and prepare them for parenthood. The RIP briefing liked below, authored by Mary Ryan is a helpful guide to pre-birth work.

   Research in Practice - Strategic Briefing

3. **Pre-birth drop in**

During the SFA assessment period, you can book to attend a monthly pre-birth drop-in. Chaired by an Early Parenting Assessment Programme (EPAP) practitioner, this is a multi-disciplinary forum, with maternity, health visiting, learning disability, fostering and leaving care representation and will enable you to think dynamically about parenting, risk, and the family's capacity to change. It can be helpful to clarify that early completion of the assessment is required to enable the family to have an opportunity to put the required changes into place and demonstrate capacity to change.

4. **Case formulation**
   At any point, please consider contacting Partners in Change and EPAP for a case formulation with your pod manager or a senior social worker in the team. You can discuss the case with the specialist practitioners to help reflect on aspects which you may be worried about and that may need to change. A formulation can also identify what interventions can be offered during pregnancy to build a dynamic assessment addressing risk and capacity. A referral to EPAP can be made **at any time** if you are clear about the assessment you require to enhance and support the social work assessment. Don't wait to contact them, a phone consultation is always available from one of the team.

5. **Strengthening Families Assessment.**
   It is a Social Work judgement as to most appropriate time to initiate the Strengthening Families Assessment, but earlier outcomes are welcomed by most families. Ideally all the pre-birth work, including ICPCC and LPM/MBA should be finished by 32 weeks. Undertake assessment, arrange regular visits and seek information from professional network, formulate a genogram and eco-map. Compile a chronology for the unborn baby in their own right, thinking about the impact for the unborn of the information you have included- long documents re-counting parental history are rarely helpful. Make sure that putative father is included in the assessment (if this is agreed by expectant mother and reasons for exclusion must specifically be explored). Consider all the above in respect of putative father to the baby. You may need to work assertively to engage fathers, but many will welcome the approach. See below for a link to The Child Safeguarding Practice Review Panel report 2021:
   Summary of "The myth of invisible men": safeguarding children under one from nonaccidental injury caused by male carers

   Consider the following in the SFA process:

- Good practice indicates that it is better to start the assessment earlier, rather than later, particularly when a high level of need is evident at the outset for e.g. previous children have been removed from the care of a parent; parent has a learning disability; has a history of giving birth early. Make your assessment as holistic as possible, thinking ahead about where and with whom the baby will be living. Avoid thinking in a linear, time-managed way as opportunities for the family to engage with services, make changes and plans will be lost.
- Request archive files and arrange to view files from different Local Authorities.
- Inform the parents of the referral, seek consent for welfare checks and arrange a visit for as soon as possible following allocation. Inform professional network of SW involvement.
- Refer to Group Supervision at the earliest opportunity. Think where your gaps in knowledge are.
- Compile a chronology as early as possible for the unborn in their own right.

- Is the case complex and would you benefit from a case formulation with the Partners in Change Hub? Complexities include substance misuse, domestic violence, mental health concerns.
- Would a Family Group Conference be appropriate? If so, make a referral at the earliest possible point.
- If potential carers are identified via an FGC have a discussion with the KinshipTeam about Initial Viability assessments.
- If substances are an issue refer to the One Stop Clinic and link in with Substance Misuse workers at PIC, Oasis and adult services.
- If domestic abuse is an issue, is a referral to MARAC required? Consider referral to specialist domestic abuse services, including the PIC Hub or other appropriate service for perpetrators.
- Are learning disabilities or needs an issue? You need to follow the Brighton and Hove Protocol for Assessment. (See appendix 1)
- Are mental health needs an issue? Link in with adult mental health services. May need an advocate (MIND).

6. **Child in Need Plan-**
   If your SFA concludes this is the best route then follow CIN Guidelines.
   You can still refer to EPAP for pre-birth interventions.

7. **Strategy meetings**
   Consider the need for a strategy discussion/meeting.

8. **Section 47.**
   Is a s.47 enquiry necessary? If so complete relevant checks and make a decision to progress to an Initial Child Protection Conference inside of 2-3 days of the s.47 being initiated in order to satisfy 15 working day requirement. Good practice is to progress to conference early if case is judged to be complex and requires legal consultation.

9. **Timing of ICPCC**
   This can raise ethical issues for families and professionals when they are convened too early and a review is then required close to birth. When cases are complex, early conferences can facilitate early access to legal and specialist advocacy, specialist assessments e.g. adult services, cognitive and legal advice for families once PLO has started, and research with families has revealed that pre-birth work which is holistic rather than linear is welcomed.

10. **Legal Planning Meetings**
    These can be convened at any time during a pre-birth assessment and should be considered for complex cases prior to ICPCC if the cases are complex. Please refer quickly to the PIC Hub/EPAP for a formulation prior to the LPM to help then agree assessments to be undertaken within PLO and any subsequent planned proceedings.

11. **Following the ICPC, to be agreed at the first Core Group:**

- Safeguarding Birth Plan to be formulated (should include a police serial number).
  - See Section3, appendix 2

- Copy of birth plan should be sent to Police SIU, Safeguarding Midwives and Legal (if necessary).

12. **Interventions during pregnancy to help families prepare for parenting.**

Families need time to engage with services across the city, to demonstrate they have both the motivation and capacity to make the necessary progress to be safe parents and may help divert the family from placements and court proceedings used to manage risk.

Early assessments enable families to engage with help including:

- **Pre-birth work with the Early Parenting Assessment Programme**
- **Support from the Peri-natal Mental Health Service**
- **Moving to independent housing**
- **Separating from partners where risk has been identified in the relationship**
- **Drug and alcohol support services, including adult services assessment**
- **Brightpip- therapy which can begin in pregnancy for prospective parents to help them emotionally adjust and prepare for parenting. Please refer to PIC/EPAP to discuss. Our care leavers are prioritised for this confidential service in pregnancy.**

Section 3- additional information.

Appendix 1.

Working with Parents with a learning Disability or Learning Difficulty (final version) June 2018

click here

Appendix 2

Safeguarding Birth Plan

Social workers please refer to Assessment Guidance on One Space

Appendix 3.

FACTORS TO CONSIDER IN STRENGTHENING ASSESSMENT

The content of a sound assessment will be formed by looking at relationships – between parents/carers, between parents/carers and the child (whether born or unborn) – looking at how previous history shapes current experiences and the context within which people are living, highlighting particular strengths and risks.
A key task in the preparation of a pre-birth assessment is to identify a fundamental baseline of acceptable parenting skills against which change can be monitored.

The vital step when planning a pre-birth assessment is to review any previous history. This will entail reading the case files on any child/ren who have been removed from the parents' care, ensuring that searches are done on any new partners in the household. Look to the recommendations made in previous assessments, have parents engaged in support advised to make changes – if so are changes in evidence and have they been sustained?

It is essential to construct a chronology of key events from the previous history, as repeated serious case reviews point to failures in drawing information together, analysing it and identifying patterns that, when seen together, change the perspective of the case. It is essential to include as much information from other agencies as possible and, if feasible, ask them to contribute to the chronology. The knowledge gained from the chronology will help direct the assessment.

Previous History : Reder and Duncan (1999) propose that maltreating parents may experience "care" and/or "control" conflicts in which the parents' own experiences of adverse parenting left them with unresolved tensions that surface in their adult relationships:

Care conflicts: arise out of experiences of abandonment, neglect or rejection as a child, or feeling unloved by parents. They show in later life as excessive reliance on others and fear of being left by them; or, its counterpart, distancing themselves from others; intolerance of a partner's or child's dependency; unwillingness to prepare antenatally for an infant's dependency needs; or declining to respond to the needs when the child is born.

Control conflicts: are based on childhood experiences of feeling helpless in the face of sexual or physical abuse or neglect, or inappropriate limit-setting. In adult life they may be enacted through violence; low frustration tolerance; suspiciousness; threats of violence; or other attempts to assert power over others. Violence or control issues can become part of their relationship with partners, children, professionals, or society in general.

Unresolved conflicts can influence the meaning that a child has for its carer. For example: the child's birth may have coincided with a major life crisis e.g. being abandoned by a partner, or a child born of incest or into a violent relationship, following which the child can become a constant reminder of the associated feelings. The child may be blamed for problems in the parent's life or expected to help resolve them.

Practitioners should attempt to build up a clear history from the parents of their previous experiences in order to ascertain whether there are any unresolved conflicts and also to identify the meaning any previous children had for them and the meaning of the new born baby.

It will be particularly important to ascertain the parent(s) views and attitudes towards any previous children who have been removed from their care, or where there have been serious concerns about parenting practices.

Is the parent able to hold the child in mind and emotionally attune to their needs?

Relevant questions would include:
• Do the parent(s) understand and give a clear explanation of the circumstances in which the abuse occurred?
• Do they accept responsibility for their role in the abuse?
• Do they blame others?
• Do they blame the child?
• Do they acknowledge the seriousness of the abuse?
• Did they accept any treatment/counselling?

• What was their response to previous interventions? e.g. genuinely attempting to cooperate or characterised by tokenistic compliance?
• What are their feelings about that child now?
• What is going to be different?
• What has changed for each parent since the child was abused/removed?

This list is not exhaustive. There will be particular issues for individual cases that require Social Workers and other practitioners to gather information about past history and review past risk factors.
It will also be important to ascertain the parents' feelings towards the current pregnancy and the new baby including:

• Is the pregnancy wanted or not?
• Is the pregnancy planned or unplanned?
• Is this child the result of sexual assault?
• Is severe domestic violence an issue in the parents' relationship?
• Is the perception of the unborn baby different/abnormal? Are they trying to replace any previous children?
• Have they sought appropriate ante-natal care?
• Are they aware of the unborn baby's needs and able to prioritise them?
• Do they have realistic plans in relation to the birth and their care of the baby?

In cases where a child has been removed from a parent's care because of sexual abuse there are some additional factors which should be considered.
These include:
• The ability of the perpetrator to accept responsibility for the abuse (this should not be seen as lessening the risk for additional children)
• The ability of the non-abusing parent to protect.

The fact that the child has been removed from their care suggests that there have been significant problems in these areas and pre-birth assessment will need to focus on what has changed and the prospective parent(s) current ability to protect. Relevant questions when undertaking a pre-birth assessment where previous sexual abuse has been the issue include:

• The circumstances of the abuse: e.g. was the perpetrator in the household?
• Was the non-abusing parent present? The severity of the abuse?
• What relationship/contact does the mother have with the perpetrator?
• How did the abuse come to light? e.g. did the non-abusing parent disclose or conceal? Did the child tell? Did professionals suspect?
• Did the non-abusing parent believe the child? Did they need help and support to do this?
• What are current attitudes towards the abuse? Do the parents blame the child/see it as her/his fault? • Has the perpetrator accepted full responsibility for the abuse? How is this demonstrated? What treatment did he/she have?
• Who else in the family/community network could help protect the new baby?
• How did the parent(s) relate to professionals? What is their current attitude?

In circumstances where the perpetrator is the prospective father or is living in the household, where there is no acknowledgement of responsibility, where the non-abusing parent blames the child and there is no prospect of effective intervention within the appropriate time-scale, then confidence in the safety of the new-born baby and subsequent child will be significantly diminished.

Circumstances where the perpetrator is convicted for posing a risk to children and is already living in a family with other children, (albeit with Social Work involvement), should not detract for the need for a pre-birth assessment.

In all assessments it is important to maintain the focus on both prospective parents, and any other adults living in the household and not to concentrate solely on the mother.

Other Useful Tools

Factor	Elevated Risk	Lowered Risk
The Abusing Parent	• Negative childhood experiences, inc. abuse in childhood; denial of past abuse. • Violence abuse of others • Abuse and/or neglect of previous child • Parental separation from previous children • No clear explanation • No full understanding of abuse situation • No acceptance of responsibility for the abuse • Antenatal/post-natal neglect • Age: very young/immature • Mental Disorders or illness • Learning Difficulties • Non compliance • Lack of interest or concern for the child	• Positive childhood • Recognition and change in previous violent pattern • Acknowledges seriousness and responsibility without deflection of blame onto others • Full understanding and clear explanation of the circumstances in which the abuse occurred • Maturity • Willingness and demonstrated capacity and ability for change • Presence of another safe non-abusing parent • Compliance with professionals • Abuse of previous child accepted and addressed in treatment(past/present) • Expresses concern and interest about the effect of the abuse on the child
Non-abusing parent	• No acceptance of responsibility for the abuse by their partner • Blaming others or the child	• Accepts the risk posed by their partner and expresses a willingness to protect

		• Accepts the seriousness of the risk and the consequences of failing to protect • Willingness to resolve problems and concerns
Family issues (marital partnership and the wider family)	• Relationship disharmony/instability • Poor impulse control • Mental health problems • Violent or deviant network involving kin, friends and associates (including drugs, paedophile or criminal networks) • Lack of support for primary carer/unsupportive of each other • Not working together • No commitment to equality in parenting • Isolated environment • Ostracised by the community • No relative or friends available • Family violence (e.g. Spouse) • Frequent relationship breakdown/multiple relationships • Drug or alcohol abuse	• Supportive spouse/partner • Supportive of each other • Stable or violent • Protective and supportive extended family • Optimistic outlook by family and friends • Equality in relationship • Commitment to equality in parenting
Expected child	• Special or expected needs • Perceived as different • Stressful gender issues	• Easy baby • Acceptance or difference

Parent-baby relationship	• Unrealistic expectations • Concerning perception of baby's needs • Inability to prioritise baby's needs above own • Foetal abuse or neglect including alcohol or drug abuse • No ante-natal care • Concealed pregnancy • Unwanted pregnancy • identified disability (non- acceptance) • Unattached to foetus • Gender issues which cause stress • Differences between parents towards unborn child • Rigid views of parenting	• Realistic expectations • Perception of unborn child normal • Appropriate preparation • Understanding or awareness of baby's needs • Unborn baby's needs prioritised • Co-operation with ante-natal care • Sought early medical care • Appropriate and regular ante- natal care • Accepted/planned pregnancy • Attachment to unborn foetus • Treatment of addiction • Acceptance of difference- gender/disability • Parents agree about parenting
Social	• Poverty • Inadequate housing • No support network • Delinquent area	
Future Plans		

Pre-birth 'Good Practice Steps'

In a High Court judgment (Nottingham City Council v LW & Ors [2016] EWHC 11(Fam) (19 February 2016)) Keehan J set out five points of basic and fundamental good practice steps with respect to public law proceedings regarding pre-birth and newly born children and particularly where Children's Services are aware at a relatively early stage of the pregnancy. In respect of Assessment, these were:

1. A risk assessment of the parent(s) should 'commence immediately upon the social workers being made aware of the mother's pregnancy'; Strengthening Families Assessment to begin as soon as decision made to pass for assessment.

2. Any Assessment should be completed at least 4 weeks before the mother's expected delivery date;
actually this is too late for specialist assessments so 6-8 weeks is best practice, allowing for early delivery and certainty for the family regarding the social work plan.

3. The Assessment should be updated to take into account relevant events pre - and post-delivery where these events could affect an initial conclusion in respect of risk and care planning of the child;
Assessment is a continual process and a birth plan outlining how risk is to be manged pre/post birth should be completed for the first core group following a pre-birth ICPC in preparation for the birth and shared with health and police colleagues. Chronologies must be kept up to date and accessible on file, and good practice is to create a new chronology for the unborn child, merging relevant details for both parents.

***4.The Assessment should be disclosed upon initial completion to the parents**.*