

PRACTICE GUIDANCE - PRE-BIRTH ASSESSMENT

“Policing the pregnant” can be viewed as a gross interference of the state and an infringement of the parent’s human rights. Hart (2009) describes how social workers can feel “cruel” when considering removal of a child at birth.

Nevertheless, in recent years an understanding of the increasing importance of the period of pregnancy in terms of child development, and the early months in terms of the child’s relationship with its caregivers, future emotional well-being and healthy attachment, has come to assume much greater importance.

Pre-birth child protection conferences did not routinely take place until after 1989, following the death of Doreen Aston in 1987 (Reder and Duncan 1993).

The Doreen Aston inquiry was the first inquiry to be set up under the first “Working Together” guidelines published in 1988. Her parents’ behaviour during the pre-birth period and their feelings and attitudes towards the unborn child were not subject to scrutiny during the antenatal period and this was felt to be a significant omission on the part of services. The Working Together to Safeguard Children 2010 guidance states only that if a child is likely to suffer significant harm, then a pre-birth child protection conference could be called, and the conference would have the same status as any other child protection conference.

Ofsted report (2010) on serious case reviews cited the case of a three-week-old baby, where a pre-birth assessment had not been completed, and if it had, this may have indicated potential risks in the family.

Why should you do a pre-birth assessment?

Pregnancy can be a time of great stress and anxiety, and/or provide the “tipping point” for a realisation that parents’ lifestyle and relationships need to change in order to accommodate the needs of a child, particularly in circumstances when a parent has been struggling with drug and alcohol use (McKintosh & McKeganey 2002).

Recent evidence on the levels of damage caused in utero, and in early months means that the immediate post-birth period can be crucial in terms of the child’s optimal development and the opportunity to form secure attachments between parent/carer and child (Sunderland 2006, Allen 2011).

A preventative assessment that can more accurately predict risks post-partum should be considered the ultimate in early intervention to assess the level of neglect or ill treatment a newborn infant might be subjected to.

However, the reason for conducting a thorough pre-birth assessment is not just to ensure the child's safety, but also to ensure that parents who are vulnerable and/or in difficulties, receive the kind of support and services they require in order to be able to parent effectively and at the earliest opportunity. It may be possible to begin intervention, during the pregnancy that can reduce the risks for when the baby is born.

What kind of parent should you assess?

Parents who have had a previous child removed (or who have previous children no longer living with them): Even if previous children of the parents have recently been removed, the parents' ability to meet the needs of their unborn child will need to be reassessed.

The unborn child may be to a new, more responsible, and supportive partner; the parents may have successfully tackled their drug and alcohol misuse; or the removal of previous children may be some years ago, and parents have matured, and/or are able to acknowledge and appreciate their previous failings.

Calder (2000) provides a useful framework for considering families where there has been previous abuse stating that:

"The abuse of previous children is not a bar to caring for future children, although the parents' attitude to that abuse and their attitude towards the child is a factor where there would need to be significant change."

Parents whose children are currently open to Children's Social Care Service, or closed within the previous 3 months (ie subject of a CIN/CP Plan, pre-proceedings or current care proceedings): The parent's ability to meet the needs of this unborn child must be assessed in light of the concerns the local authority has in relation to parenting.

The assessment should consider what is already known about parenting capacity and how the demands of a new born baby may impact on this capacity further. The needs of an unborn baby are different by virtue of level of dependency on their care giver for all of their needs to be met.

A previously open case will include children who have subsequently been adopted, those who have been made subject to an alternative care away from the birth parent/s under an alternative legal order or those who returned home whether under an order (e.g. SO) or not. The pre-birth assessment will be undertaken by the previous social worker or another worker within that team.

Parents with mental health problems: Parents, especially those with a diagnosed mental illness who are receiving drug treatment, and including mothers with a history of post-natal depression should be considered for a pre-birth assessment.

The ability of mothers who are suffering from severe depression or psychosis to interact and be emotionally available for their child may be limited, and thus have an effect on optimal conditions to promote maternal attachments.

Social workers for both the parents and the unborn child should attend care planning meetings for the adult which are called by adult mental health services, and adult mental health services should take responsibility for inviting children's services social workers to these meetings. However, if a children's services social worker becomes aware that a care planning meeting is taking place they should ensure their attendance at such meetings, and consult any joint protocols on working together between adult and children's services which have been developed locally.

Parents who take prescribed medication for their psychiatric illness may have unconfirmed fears about the impact on the unborn child. Medical review of medication may need to occur to allay parents' fears, and prevent premature cessation of medication, which could increase the risks of parental mental illness reoccurring.

See Community Care Inform's guide to depression and the impact of depressive illness on parenting.

Parents with drug and/or alcohol problems: Drug or alcohol misuse in pregnancy can pose serious developmental problems to the unborn child such as pre-term delivery, low birth weight, or in severe cases neonatal withdrawal symptoms and fetal alcohol syndrome.

Hidden Harm (DOH) estimated that 1 per cent of all deliveries were to mothers with problem drug use and 1 per cent of deliveries were to mothers with severe difficulties with alcohol. These figures do not include fathers, and may be an underestimation in some areas of the country.

In addition to the physical effects on the foetus, the consequences of a drug or alcohol using lifestyle can impact on all areas of a child's social and emotional development (Cleaver et al 2011, Kroll & Taylor 2003, Harbin & Murphy 2000).

Some cities will have specialist maternity services or specialist midwives to assist in assessment and support for what may be perceived as "high risk parents". Screening tools and additional specific guidance of the types of questions that professionals need to ask parents who are misusing substances are provided in many safeguarding board policies and protocols, many based on what were previously known as the SCODA (Standing Committee on Drugs and Alcohol) guidelines. The SCODA questionnaire is attached to this guidance as Appendix 1.

See also Community Care Inform's guides to: Alcohol and drug use in pregnancy; Prenatal neglect and the Impact of parental substance misuse on child development.

Parents where there is a history of domestic abuse: Domestic abuse in pregnancy can pose severe physical risks to the health of both mother and child. Women's Aid indicates that domestic abuse can either begin, or increase, when women are pregnant. There may be an indirect impact on both the woman's reduced attendance at antenatal care, or increased difficulties with her mental health which in turn can impact on their ability to bond with and care for their child (Cleaver et al 2011). Continued exposure to domestic abuse once the child is born can impact on his or her emotional and cognitive development. The extent to which the violent partner also poses a direct physical threat to the child will need to be assessed.

See Community Care Inform's Guide to assessing the emotional harm experienced by children exposed to domestic violence from a domestically violent partner.

"The toxic trio:" Many parents who are referred in pregnancy may come under several categories mentioned above, recently dubbed the "toxic trio". Parental substance misuse, parental mental illness and domestic abuse combined will have potential ill effects on all aspects of a child's health and development.

Parents with a learning disability: A learning disability should not preclude a person from becoming a parent. It may depend on the severity of the disability, the level of family support, and services available. The pre-birth assessment should focus on how the disability impacts on the adults' ability to parent, and the provision of services and support that may assist them to do so.

Young parents, LAC or Care Leavers: It is arguable whether a pre-birth assessment is indicated purely on these grounds, and each case would need to be considered on its merits, depending on: whether any of the factors above were present; the level of support from extended family; and the extent to which the young parents themselves may have suffered abuse as a child, for example are they care leavers?

For unborn children where one or both of their parents are currently looked after by the local authority or who are care leavers a consultation should always take place with Children's Advice and Duty Service to consider if a pre-birth assessment should be undertaken.

Any young person under the age of 13 years who presents as pregnant should be the subject of S.47 child protection enquiries and an assessment of their needs as well as the unborn child must be undertaken. Any sexual activity under the age of 13 years is statutory rape.

Mothers who have received little or no antenatal care (because of concealed pregnancy; late presentation; or failure to attend appointments and engage with antenatal services): A pre-birth assessment would not always be indicated in such circumstances, but should always be considered, particularly in those mothers where any of

the above criteria applied, or the parent appeared to be leading a transient lifestyle where contact with services appeared to be actively avoided.

What are the problems?

Predictability: Practitioners as well as parents may find it difficult to both imagine and envisage what it may be like to be a parent. Practitioners who are not experienced at conducting pre-birth assessments may liken it to “crystal ball gazing” and indeed one of the problems for social workers is that there is no parent/child interaction to observe. Using a tool such as the “needs jigsaw” may help to make the imagined child and their needs more real to both the worker and the parent, and provide a focus for the assessment. This may be particularly helpful when a parent has a mild to moderate learning disability.

The needs jigsaw is a large picture of a child, in jigsaw form, with the needs of the child printed on the child’s body. It can be a useful tool as part of any parenting assessment, when a physical, visual, prompt may assist parents to explore and understand the needs of the child, and how they could go about meeting them. Parents can find discussing a child’s needs in this way quite enjoyable, and memorable because of the physical reminder of the jigsaw, and because it allows them to see both the unmet needs of their child, as well as the needs that they are successfully meeting, therefore helping to build on parental strengths.

Unfortunately, there is not just one combination of factors to indicate both risks and strengths within the parent’s life; this however means the social worker will have to gain reliable information from a variety of sources and utilise multi-disciplinary information available.

The mother’s midwife here is a vital source of information from very early in the pregnancy. Midwives will ask questions about the mother’s lifestyle including direct questions about drug and alcohol use as well as smoking from the very first “booking visit” which usually happens between eight and ten weeks into the pregnancy.

In addition, the midwife will ask about the parent’s relationship including direct questions about domestic violence (DOH 2005). However the Royal College of Nursing points out if mothers find it difficult to be honest with their midwife about how much they smoke, it may be even more difficult to be honest about drug and alcohol use, fearing that they will be judged if they take up antenatal care at the earliest opportunity.

“Hidden Harm” a Home Office report on the impact of parental drug use on parents states that: “for this reason maternity services need to ensure that they have an ‘accessible and non judgemental’ service to encourage the take up of antenatal care”. The possibility of domestic violence can begin or increase during pregnancy (Women’s Aid), putting both mother and child at increased risk. In families where parents are receiving treatment for drug or alcohol problems, or treatment for mental health problems, it is vital that the social worker conducting the pre-birth assessment verifies with adult services that a parent is complying with treatment and services, and not rely purely on the parents’ self-reports.

The predictability and reliability of a pre-birth assessment is also impacted upon by the need to assess not only parenting capacity to meet the needs of the vulnerable infant, but the parent's ability to sustain parenting to meet the child's changing needs and development throughout childhood. This may especially be the case with assessing learning disabled parents. A specialist assessment tool such as that developed by McGaw (2000) may be indicated during the pregnancy, and use of effective communication resources such as those produced by CHANGE may assist in assessment of both parents with a learning disability as well as those parents where English is a second language.

What do workers need to think about assessing in depth?

The domains in the "Framework for Assessment of Children in Need" apply to pre-birth assessments as well as other social work assessments. A pre-birth assessment may concentrate much more on aspects of parenting capacity and wider environmental factors, than the child's needs, but the child's needs in utero, and immediately after birth will need to be considered. However the factors that the social worker should consider assessing in a little more depth may include the following:

Practical preparation for the child

If parents cannot meet, or realise, the need for a safe and warm home environment for a newborn, it may be the case that they will struggle to meet the child's more complex emotional, psychological and social needs.

Workers need to ensure that the home environment is such that the child's basic care needs can be met. Do they have somewhere for the child to sleep, the minimum of baby equipment, appropriate clothing for the baby that is the right size, clean, and will be appropriate for the weather when the child is expected? Have they thought about how the child will be fed, and if they need feeding equipment have they sufficient bottles, teats and a method of sterilising the equipment?

Preparedness for both birth and child

Lack of physical preparation for the child may be an indication that parents are not mentally or emotionally ready for the child, and the impact that he or she will have on their lives or other children whom they have a caring role for. Has the mother thought about the sort of birth that she wants, has she made a birth plan with her midwife? Do the parents talk about what sort of child they may have, or how theirs and their children's lives will change? Do they expect their child to provide them with the love and affection they feel that they are missing elsewhere? Do they see their ability to have a child "as a right" without considering the demands that a child may place on them? To what extent do they see the child as an extension of themselves or a "cure" for their mental ill health, or their drug and alcohol dependency, or a replacement for a child that they have lost, rather than a being in his or her own right?

Parental ambivalence

Lack of preparedness either physically or mentally may be an indicator of parental ambivalence about the child. Reder and Duncan (1993) pinpointed that this was a factor in many of the child abuse inquiries they considered. At its most extreme this may manifest itself in parents not attending any kind of antenatal care, or concealing a pregnancy, presenting at hospital in the advanced stages of labour, or even delivering the child at home.

Parents may well be ambivalent about an unplanned pregnancy, but can still be ambivalent about a planned child. The level of parental ambivalence should always be assessed, but particularly when mothers present late to antenatal care, or when there is an early discharge from hospital. However late presentation may also indicate fear of coming into contact with services, due to fears that their child may be removed if they have had previous children removed, or if they are involved with drug or alcohol use and fear not just removal but judgemental attitudes from staff (see below).

Ability to tolerate stress, crying, deal with conflicting advice and the strong feelings that parenting may provoke. Some social work assessment of parent's past abilities to tolerate stressful situations, cope with tiredness, and their views about how they imagined that they might respond to a crying baby are useful.

Parents' views about crying may give some understanding of the parents' attributions, (for example "I will spoil her if I pick her up every time she cries", "he is just doing it to aggravate me"), and the parents' ability to see the child as a separate person who is trying to communicate distress or unease in the only way they can.

Parents have always had to deal with conflicting advice in terms of child rearing from relatives, friends, and professionals, but part of any pre-birth social work assessment would be to ask them views about how they will cope with this. This problem may be even more acute in the light of online parenting networks and popular TV programmes on parenting.

Recent NHS guidance on antenatal preparation (2011) suggests that "new parents are most likely to turn to friends and family for advice". Responses to this question in the assessment, and the need to develop an agreed strategy between the parents on how to deal with conflicting advice, may help to give some indication to the worker about the parent's ability to understand the infant's need for consistency and security.

Parenting may provoke intense feelings of elation, anger, despair and frustration, and for some parents who have few either internal or external resources to call on, the very intensity of these feelings may be very frightening. If this is coupled with a parental history of poor impulse control the potential risks to a child may increase. Examination of the parents' history in relation to this, and an exploration of how they have coped with strong feelings and impulses in the past, should inform the assessment.

Partnership relationship

Pre-birth assessments have a strong focus on the mother, but in terms of the potential risks and protective factors it is essential that both parents are part of the assessment. For example, risks to a child may increase if both parents have a drug misuse or alcohol problems, both have mental health difficulties, or both have a learning disability. On the other hand a supportive partner who does not have these problems can be a positive protective factor.

Domestic violence in pregnancy can pose severe risks to both mother and child, and assessment of levels of violence and stability in the parent's relationship should always be part of a pre-birth assessment. The importance of making it one's business to find out not just about the father of the child, but any men that the mother may be living with at the time of the child's birth was brought into stark relief by the death of Peter Connelly.

Ability to protect

An assessment will be required if an adult in contact with the unborn child has had previous convictions either against children, or against adults that involve physical violence, domestic violence, or sexual assault. The social worker for the child will carry out a PPR (person posing a risk) assessment over a number of weeks in order to reach a conclusion as to the level of risk posed to the child, and how this risk is to be managed, including as assessment of the other parent's ability to protect the child.

Importance of good multi-disciplinary working/information sharing

As stated previously, there may be an increased need for reliable information from other professionals particularly midwives, adult mental health and drug misuse services, and in cases where there have been documented incidents of domestic violence, probation and the police.

In Medway, midwives complete a 'Family Background Risk Questionnaire' (see Appendix 2) to ensure that they are aware of any significant family background information, and this should be shared with other professionals.

A clear understanding of why previous children were removed is needed in order to make an assessment of whether the past is a reliable predictor of future harm (Calder 2000).

In addition, a specialist assessment may be required where there are drug and alcohol issues to look at drug use and treatment options. Similarly when a parent has a mental illness or learning disability, information should be sought from adult services to help inform the assessment.

Timescales: When should you begin the assessment, and when should it end?

Although a pregnancy may be confirmed at eight to ten weeks, it is neither practical nor humane to begin a social work pre-birth assessment at this stage. In Medway, a midwife will consider a referral to Children's Social Care at 16 weeks. If Children's Social Care are in agreement that a pre-birth assessment is required, then the Child and Family Assessment should commence immediately. If parents have children who are currently open to Children's Social Care service a pre-birth assessment of any further children must be undertaken to consider the needs of the unborn child being born into the family. The expectation is that the assessment should be completed by week 25 of the pregnancy to:

- Allow time to provide appropriate intervention and support that could reduce any potential risk.

And / or;

- Ensure that the recommended next steps are taken in a timely way.

Interventions with the family should begin during the assessment process and not purely be a result of the assessment. This should include, where appropriate:

- Referral to Valuing Parents Support Service for parents with a learning disability
- Pre-birth involvement from children's centres or Homestart
- Family Group Conference to consider the extended family and friends network and a safety/protective factor
- Arranging for support for parents around their substance misuse or mental health difficulties through appropriate services
- Involvement of domestic abuse services

The **pre-birth assessment process** and timescales are documented below:

First booking in appointment with Midwife

(8-10 weeks)

Includes:

- Family background risk questionnaire
- Risk Assessment, including previous involvement with Children's Social Care, Common Assessment Framework (and wider Early Help offer) and Midwifery

Scan at 12 weeks

Midwife appointment at 16 weeks, will consider contacting Children's Social Care.

If contact is appropriate, the CADS consultation questions will be used.

If parents have children who are currently known to children's social care an assessment will be triggered and allocated to the social worker for the siblings.

Contact made to CSC (at 16 weeks)

If a Child and Family Assessment is required, this should be started immediately, and be completed within 45 working days.

All pre-birth assessments should include a joint visit between Social Worker and Midwife, and there should be ongoing communication throughout. This is required for all cases subject of an assessment, should take place within the family home and within 5 working days of the referral.

Child and Family Assessment to be completed by week 25.

If the decision is to:

- Initiate pre-proceedings or proceedings then the case should be
 - presented to Legal Gateway by week 27
 - between weeks 27-36 pre-proceedings work should be taking place to become court ready, being clear about what the parents can do to improve and to reduce concerns, gain written agreements from parents / extended family members, look at other family members as potential carers (where appropriate), consider a Family Group Conference.
 - If the decision is for removal then by week 37 the relevant court documents should be completed; Social Worker's statement, Care Plan and Chronology, and sent to Legal. Parents will require 3 days notice before court (max 4 days stay in hospital).
- Hold an Initial Child Protection Conference then this should be held by week 28.
- Provide support as part of a Child in Need Plan then appropriate support should be initiated as soon as possible.
- Signpost the family to support services, including; Children's Centres, Homestart and / or universal community services then this should be done as soon as possible.

For those cases requiring on going CSC involvement:

- by week 36 there should be a birth plan which is shared with the midwife and all relevant partners.
- By week 36 a pre-discharge meeting should be held (agenda / format to be used)

Depending on the outcome of a pre-birth assessment, the first multi-agency meeting (either child in need or child protection conference) should take place by 28 weeks.

A birth plan should be completed by 36 weeks and in place well before the baby is born. Ensure all partner agencies involved are aware of these plans including arrangements for post-natal care and assessment after delivery.

What if the conclusion of the pre-birth assessment is that the child should be removed at birth?

In rare cases where the assessment concludes that the parents are unable to meet their child's needs or the baby is believed to be in immediate danger from the parents, then there may be a plan for the child to be removed at birth.

However, Hart (2009) points out that the plan needs to be precise and consider all eventualities, for example, the child being born out of office hours, or in a different city, so that alerts can be put in place early enough, and are effective in both protecting the child, and minimising unnecessary distress to the parent.

Any decisions to make an application to court for the removal of a child at birth has to be agreed at Legal Gateway and evidence that the risk is such there is no other option for keeping this child safe in parents care pending the conclusion of care proceedings.

What happens post-birth?

A pre-birth assessment is not a complete assessment, but just the beginning of a process, and there will need to be continuing assessment of the child's needs and parental capacity once the child is born.

For some parents pregnancy and birth do indeed provide the "tipping point" for them to make the changes to their lifestyles that they have been trying to implement for so long. For others, their ability to tolerate the demands of parenthood, as set against the management of their own needs, is just too much, but hopefully the risks identified in a thorough pre-birth assessment, and the contribution of an effective multi-disciplinary team will mean that any potential harm to the child is minimised.

This guidance has been based on the Community Care Inform's guidance document, by Sue Wallbridge and published on the 15th March 2012.

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