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# PRE-BIRTH ASSESSMENTS

## LEICESTERSHIRE COUNTY COUNCIL GUIDANCE

# Contents

# Introduction

Pregnancy is often a time of joy and celebration, a time for parents to connect an develop a relationship with their unborn baby. Research shows as the baby grows in the womb their senses begin to develop:

- At just 16 days after conception the unborn baby's neural plate (the foundation of a baby's brain and spinal cord) develops,
- Between 13 to 16 weeks the baby will start to hear – they may hear muted sounds from the outside world and any noises of the mother's digestive system makes, as well as the sound of their voice and heart.
- Between 25 and week 28 the baby may react to noises both inside and outside the womb. They may be soothed by the sound of the parents' voice
- Unborn babies' eyes start to open between week 25 and week 28. They begin to sense light during weeks 29 to 32.
- Between week 24 and week 25 of pregnancy, the baby may start to be able to feel pain.

## The importance of attachment

Relationships shape the developing brain while the unborn child is growing in the womb. Soon after conception, a level of consciousness exists in the embryo. We now know, the unborn child is an aware, reacting human being leading an active emotional life. During the time, communication, both physiological and emotional, between parents (particularly the mother) and the baby can have a significant impact on the child's future development and health.

In The Secret Life of the Unborn Child, Thomas Verny, M.D., reports that what an unborn child feels and perceives begins to shape their attitudes and expectations. Whether they perceive themselves as happy or sad, wanted or unwanted, and the world as secure or anxiety-provoking depends, in part, on the messages they receive in the womb.

Research shows that in-utero experiences can significantly impact a child's emotional health and wellbeing later on. Severe maternal stress during pregnancy, for example, is associated with prematurity, low birth weight, and infants who are irritable, hyper-aroused, and colicky. Children born into volatile and unhappy relationships are more likely to be fearful, jumpy and timid even as older children. Furthermore, a unborn baby not only is able to sense and react to emotions such as unhappiness and anger but also more complex feelings such as ambivalence and ambiguity. Conversely, when mothers are happy in their lives and looking forward to having a child, they tend to experience an easier pregnancy and give birth to a healthier and happy baby.

## It's never too early to make a connection

Our voice does great things for the unborn baby. Studies show that the sound of it is calming, both in the womb and when a parent finally gets to meet them as a newborn. Scientists have recorded that unborn babies clearly respond to different vibrations and sounds with changes in their heart rate or movement patterns and are particularly responsive to the sound of their mother's voice. This has led them to conclude that the unborn baby learns to recognise and remember their mother's voice during pregnancy. This means the conversations that they have with their bump in the third trimester are laying the foundations for their social and emotional development, as well as their language and skills memory. Their voice is already shaping the unborn babies understanding of the world.

## Bonding with dad

Dad has to make a bit more effort to be heard, but if he talks to the bump it may help the unborn baby to recognise his voice too. A fascinating study of preterm babies (who are likely to have the same hearing development as a foetus in the later stages of pregnancy) showed that they were more attentive to lower pitched sounds than higher pitched ones. We also know that unborn babies can remember and recognise different noises, so it's likely fathers can start building their relationship with their children before they're born. Encouraging dad to talk to the bump about their day, hobbies or interests, can help them to feel more involved in the pregnancy too. And although the baby won't yet understand what's being said, it's great to know that in the third trimester, at least, they're listening and already getting to know a bit about their family.

## Taking a trauma informed approach to pre birth

During pregnancy and the perinatal period women may revisit past experiences of trauma. These experiences can generate a range of responses and it is helpful if staff are attuned to this possibility. Parents to be often reflect upon their own childhood experiences and consider how they themselves were parented. This may be particularly challenging for those who have experienced attachment trauma (trauma caused by poor or disrupted parent-infant bonding, resulting from abuse, neglect, separation or loss) as they consider good models of parenting and what their relationship with their own baby might be like.

Responses such as fighting, surrendering or retreating, in an effort to take control of their experience. Pregnancy and childbirth can trigger a relapse of pre-existing mental health difficulties or symptoms related to past trauma. For example, early childhood trauma is associated with increased PTSD symptoms during pregnancy.

Fathers and partners may also have experienced trauma, which may impact on their mental health and wellbeing during the perinatal period. This can include anxiety and fear around parenting and their needs should also be considered

The majority of parents involved with child protection services and the family courts have experienced multiple forms of disadvantage in their own childhoods they typically become parents at a younger age than the general population, but with fewer resources to bring to parenthood. Family court involvement, which is typically adversarial can compound parents' difficulties, exacerbate mental health difficulties and prompt a return to coping strategies such as misuse of drugs and alcohol which undermine recovery. Parents who already have a family court experience often feel that they face an up-hill battle in convincing child protection services and the courts that their parenting capacity has improved in the context of a new baby.

Involuntary removal of a child from their parent can be traumatic for parents and result in ongoing unresolved grief. In addition to mourning the loss of their children, parents can experience social and legal stigmatization, sanctions on kin relationships and reduced welfare entitlements. Usually where family courts deem that a child requires permanent placement in out-of-home care or with adoptive parents, birth families typically disappear from the gaze of services or find it very difficult to access support for their own rehabilitation. Lack of access to a continued programme of rehabilitation following care proceedings is particularly perilous for parents who return to the family court. For many of these parents, the birth of a new baby will likely trigger children's services and court involvement, with parents finding it difficult to evidence their capacity to change, or acknowledgment of how much has already changed.

For parents or significant others who have had their previous children removed from their care may feel overwhelmed by the need to conduct a pre-birth assessment alongside struggling to deal with their grief and loss related to the separation of their child. They may feel shame and be fearful of a referral being made. The Pre-birth assessments can be a source of anxiety for parents, who may fear that a decision will be made to remove their child at birth.

## Conceptualising the unborn baby

Some women find it difficult with the mentalisation that there is a person inside them when they are pregnant. It may be because of their history, physical health problems and losing a baby through miscarriage. If this happens during pregnancy it can make it harder to bond with the baby when they are born. There is interest in the parent's relationship with the baby during pregnancy because a number of studies have suggested that this relationship predicts the quality of the parent-infant interaction in the postnatal period.

The relationship that is developing with the unborn baby has behavioural, emotional and cognitive components. So, for example, pregnant women engage in behaviours that are protective of the unborn baby such as changing what they are eating and stopping risky behaviours such as smoking and drinking alcohol. In terms of emotions, pregnant women often talk about feelings of love and connection to the unborn baby, and in terms of cognitions, as the pregnancy progresses, they begin to articulate their thoughts about what this baby will be like in terms of his or her characteristics.

Women who are connected to their unborn child can provide rich and detailed information about their experiences of their pregnancies, and these narratives are on the whole highly coherent. These pregnant women talk fluidly not only about their positive thoughts and feelings about their unborn baby but also their negative feelings.

Women who are 'Disengaged', however, appear to be uninterested in the unborn baby or their relationship with him or her. They also show little interest in what their babies' future traits and behaviours might look like, or in themselves as mothers. Women who have distorted thoughts tend to express intrusive or tangential thoughts about their own experiences as children, and these women also often view their unborn baby primarily as an extension of themselves or their partner.

It is helpful to understand the mother's views about her emotional experience with pregnancy and her expectations and fantasies regarding her future relationship with her child. Asking them to describe their current relationship to the unborn as well as what she imagines her baby will be like. In addition, you can explore the mother's prenatal representations of herself as a caregiver, focusing in particular on the mother's capacity to identify with, respond to, and anticipate the needs of her unborn baby at now and in the near future.

A number of studies have examined the factors that are associated with both measures of parental foetal attachment (MFA) and parental representations of the baby. There are factors that are associated with both measures of parental foetal attachment and parental representations of the baby. For example, a range of potential individual (e.g. personality, age etc.), relational (e.g. marital relationship, family alliance etc.), and contextual factors (e.g. prenatal screening, treatment, IVF etc); it found that factors such as disordered eating behaviours and depression, detachment and ambivalence about the pregnancy, smoking during pregnancy and lack of social support were negatively associated with MFA. Factors that appeared to be positively associated with MFA included attitude to childbearing and awareness of the unborn, psychological maturity, marital satisfaction, perception of support from partner, and a secure attachment style with partner (Cataudella et al., 2016). For fathers, ambivalence about the pregnancy and detachment were negatively associated with attachment to the unborn baby while psychological maturity and marital satisfaction were positively associated with attachment.

# The Purpose of Pre-Birth Assessments

Babies are particularly vulnerable to abuse and early assessments carried out during the antenatal period can help minimise potential risk of harm to the unborn child. Timely assessments should lead to robust planning for the safety and wellbeing of the baby.

The pre-birth assessment must be of sufficient depth to inform future care planning. It must consider family strengths as well as the risk factors to ensure that the new born baby receives the necessary level of support to achieve their full potential and be protected from immediate and future harm.

It is important to undertake the assessment during early pregnancy so that the parents are given the opportunity to demonstrate they have capacity to change. Conducting a thorough Pre-birth Assessment is not just to ensure the child's safety, but also to ensure that;

- There is sufficient time to make adequate plans for the baby's protection which may include convening a child protection conference or initiating legal proceedings.
- There is sufficient time for a full and informed assessment.
- We avoid initial approaches to parents in the last stages of pregnancy, at what is already an emotionally charged time.
- Parents have more time to contribute their own ideas and solutions to concerns and increase the likelihood of a positive outcome for the baby.
- The early provision of support services to facilitate optimum home circumstances prior to the birth.
- There is sufficient time to mobilize protection from within the family's own resources
- Parents who are vulnerable and/or in difficulties, receive the right support and services they require to be able to parent effectively and at the earliest opportunity.
- Parents' mentalisation of the baby can be assessed and any relevant interventions considered.

If the outcome of the assessment suggests that the baby would not be safe with the parents, then there is an opportunity to make clear and structured plans for the baby's future together with support for the parents and their network, working with them to plan for separation and how this will be managed at this point we should consider conducting a full parenting assessment using the East Midlands Parenting Assessment Framework.

The prebirth assessment should be considered as an intervention activity, as it is an opportunity for us to work with the parents as early as possible to enable them the greatest opportunity to link to support services to create change.

It is important that the reasons for the assessment are made clear to the parents at the outset and that there is clarity of understanding between professionals as to the purpose of the pre-birth assessment process. Care must be given to working collaboratively with parents as a means of drawing together a balanced assessment with due consideration of parental strengths and capacity to change as well as areas of concern. However, it is critical that the needs of the unborn child remain at the centre of the assessment as opposed to those of the parent/s.

This guidance aims to clarify what is meant by pre-birth assessments, their purpose and the circumstances in which one needs to be considered.

The purpose of a pre-birth assessment is to gather and analyse the information and should be the foundation for future multi-agency planning. Therefore, it is important that all relevant agencies actively contribute to the assessment and that the completed assessment is mutually owned by the contributing agencies and is actively used as the means to first develop and then review the impact of multi-agency plans**.** It is important that the pre-birth assessment is well planned and completed in a timely manner. If the outcome suggests the baby would not be safe with the parents, then practitioners have the time and opportunity to make clear and structured plans for the baby's future.

# Considering the Need for a Pre-Birth Assessment

The function of pre-birth assessment is to.

- Identify in utero risks that require intervention,
- Establish whether the child is currently at risk of significant harm once born,
- Are parent(s) likely to provide adequate care through childhood?
- Are the parent(s) capable of changing so that the identified risks can be reduced?
- Identify what are the support needs are?
- To consider if parents have the emotional capacity to parent effectively and to provide love, care and warmth to a child/ren.

Assessment is not an exact science, but can be made as sound as possible if it includes the following elements;

- What does research tell us about risk and safety factors?
- What does practice experience tells us about how parents may respond in particular circumstances? Particularly if they have experienced trauma and/or had a previous child removed.
- Family history, previous involvement with services, interventions previously offered, the uptake and impact.

## When should we consider a Pre-Birth Assessment?

- Where previous children in the family have been removed because they have suffered harm.
- Where a person posing a risk to children, or someone found by an initial child protection conference to have harmed a child or has joined a family.
- Where there are acute professional concerns regarding parenting capacity, particularly where the parents have either severe mental health problems or learning disabilities.
- Where alcohol or substance abuse is thought to be affecting the health of the expected baby.
- Where there are concerns about domestic abuse
- Where the expected parent is very young and a dual assessment of their own needs as well as their ability to meet the baby's needs is required.
- Where the expectant mother is not working with anti-natal services and there are concerns for them and/or their unborn child
- Where the expectant parent is cared for or is a care experienced and there are concerns for them and/or their unborn child

**Examples where consideration would be given to managing such interventions under Section 17 of the Children Act 1989 include:**

- Family previously worked with early help but no or limited progress
- Where the expectant parents are in care or care experienced, and are engaging with services and would benefit from support
- Financial issues have led to temporary loss of power/utilities, sporadic loss of heating and lighting
- Pregnant mother and there are concerns over their presentation, e.g., poor hygiene, poorly maintained dental health at a level that cause ongoing concern, despite previous advice being given

- Concerns about the safety of the home environment and parents may need support to address these issues prior to the birth of the baby, e.g.: broken windows, doors, bare electrical cables
- Not accessing antenatal care (dependant on level of concern) and/or health appointments (such as parental Diabetes appts)
- Domestic abuse (dependant on level of concern/number and severity of recorded incidents)
- Parental substance misuse with sporadic compliance with support agencies
- There is a history of mental health issues, sporadic engagement with services or where mental health issues may impact on parenting ability
- Homelessness and no progress being made.

**Examples where consideration would be given to commencing a child protection enquiry in line with Section 47 of the Children Act 1989 include:**

- Concealed pregnancy (dependant on level of concern around this)
- Pregnancy in a child under 13 yrs
- Not attending ante-natal care (dependant on reasons and level of concern)
- Disclosure of domestic abuse incident in pregnancy and mother is still with the adult causing harm
- Serious concerns about substance misuse / not working with services
- Significant concerns about maternal mental health with or without compliance with services
- Significant concerns about paternal mental health with or without compliance with services
- Significant concerns about any adult who may have access to the baby "poses a risk to children"
- Significant concerns about the home environment and concerns not being addressed by parent
- Current / previous child protection plan for siblings
- Previous history 'Non-Accidental' Injury
- Previous children removed and concerns remain
- History of chaotic lifestyle with no indication of improvement
- Concerns about compromised parenting due to parents own history (evidence to support this)
- Homelessness with no real effort to address this.

## Decision taken to convene a legal planning meeting

It is important that Pre-birth Assessments are not conducted in isolation. All professionals/practitioners and the families support network have a role in identifying and assessing families in need of additional support or where there are safeguarding concerns. Working closely with the family's network and relevant professionals such as midwives, health visitors, substance misuse, mental health and learning disability professionals is crucial. At the start of the assessment the parents should be asked to identify a support network and a family network meeting should be held as soon as possible. This will allow the network to understand the reasons for the Pre-birth Assessment and consider what support they could offer and develop a safety plan.

Pre-birth Assessments must always be done under Safeguarding Procedures as defined in Leicestershire County Council's Safeguarding procedures.

https://lrsb.org.uk/uploads/keeping-children-safe-is-everyones-responsibility.pdf

# Things to consider as part of the pre-birth assessment process

## Cultural genograms

Cultural genograms should form part of the pre-birth assessment work. Every generation, families pass a piece of themselves to the next generation. The things that are passed down can be beautiful or valuable, like stories, culture, knowledge, and belongings. Other times, more subtle traits can be passed through generations. Sometimes there's a genetic predisposition to illness. Other times, unhealthy ways of thinking and behaving are passed down socially, through example. Genograms can also be used to restoring family links where they have been broken, maintaining established family links, obtaining information as to the family's current circumstances to assist in the identification of a robust solution.

The use of cultural genograms during initial investigation is invaluable in clarifying and documenting family relationships and may assist in identifying gaps in our knowledge about a child's family. Completing a cultural genogram with the family can be an effective strategy for engaging the family in the assessment process.

The cultural genogram provides a visual representation of the child's current and extended family and kinship system, helping practitioners and families by:

- identifying intergenerational family patterns and roles
- compiling a chronology of important family events
- providing a multigenerational context for exploring family problems and strengths.

Cultural genograms are also beneficial in identifying placement options within a family when a child is in need of alternative care and can also highlight gaps in knowledge about the family.

## 1001 Critical Days

The first 1001 days, from conception to two years old, is considered to be the most important time in a child's life for development, more so than at any other time in their lives. In fact, by the age of two, a child's brain is already 80% developed, and has been making around one million new connections every second.

https://www.leicestershire.gov.uk/education-and-children/early-years-and-childcare/my-first-1001-days

In Leicestershire, we have the 0-2yrs Pathway to support parents through the 1001 critical days and to help increase confidence, parenting ability, and emotional warmth. If a pre-birth assessment is being considered, a referral to the 0-2yrs Pathway should also be actioned.

## Icon

Research suggests that some parents and carers lose control when a baby's crying becomes too much. Some go on to shake a baby with devastating consequences. ICON is all about helping people who care for babies to cope with crying.

I – Infant crying is normal

C – Comforting methods can help

O – It's OK to walk away

N – Never, ever shake a baby

The basic message is that babies cry, but you can cope, and help is out there…

https://iconcope.org/

## Safe Sleep

Since 2018, across Leicestershire & Rutland, an average of 4 babies per year have died suddenly and unexpectedly in unsafe sleeping environments. These deaths are potentially preventable. Safer sleeping practices can reduce the risks of Sudden Infant Death Syndrome (SIDS) and accidental suffocation.

There are tools to help **ALL** practitioners work with families to identify those who are at most risk, identify support needs, and develop a plan to reduce risks with parents. It can be used as a basis for conversations about safer sleeping, and to reinforce safer sleeping messages. It can be used more than once, as family routines change over time. It aims to provide a way to talk to parents in the context of what best advice exists from research to make sleeping arrangements as safe as possible.

If you are working with parents who are pregnant or soon after birth these would be tools to use as part of your assessment work and leave with parents to form part of their preparations for baby's birth. Don't rely on other agencies having completed the tool – ask to see it and check it is up to date. Whilst parents may have completed this tool with a health practitioner this should not be relied on and Social workers and child care practitioners can use this as a prompt for discussion – and also to include viewing the child's sleeping arrangements as part of their interventions.

There is lots of information about Safe Sleep in the attached link to the Safeguarding Partnership website including the assessment and plan to download.

https://lrsb.org.uk/safer-sleeping

https://lrsb.org.uk/uploads/llr-safer-sleeping-risk-assessment-tool.pdf?v=1695976053

https://lrsb.org.uk/uploads/llr-safer-sleeping-risk-assessment.pdf?v=1695976102

https://lrsb.org.uk/uploads/llr-safer-sleeping-sleep-plan.pdf?v=1695976146

https://youtu.be/NO2vbtjNk2c

# Legislative Context

The Children Act 1989 imposes a duty on Local Authorities in England to 'safeguard and promote the welfare of children' and to 'promote the upbringing of children by their families' wherever possible. If, during pregnancy, concerns are identified that suggest the child may be at risk of harm a referral may be made to the Local Authority for a Pre-birth Assessment.

Working Together to Safeguard Children 2023 states that:

***'Following Section 47 Enquiries, if concerns relate to an unborn child, consideration should be given as to whether to hold a child protection conference prior to the child's birth'***

In several respects, it is not legally possible to act, as it would be if the child had been born – but the intention should be to do whatever can reasonably be done to ensure a child's safety before, during, and after birth. For example, action might reasonably be taken to try to assess and respond to a risk that a baby may be damaged before birth by a violent partner, or by significant failure to seek ante-natal care when such care is clearly necessary, or when a mother persists in taking drugs or drinking heavily that have the potential to significantly harm the child.

Where the concerns are so significant that it is considered the baby will be at risk of harm once born, a Key Decision Discussion (KDD) should be booked with your Team Manager and Service Manager to determine whether the case needs to be booked onto a Child Decision Making meeting (CDM) to share the concerns and receive legal advice around the best approach to legally safeguard the unborn child.

The CDM meeting may decide that the case needs to be managed within pre-proceedings and clear timescales will then be set. If this is agreed, there should be as little delay as possible in sending out Letters before Pre-Proceedings meetings. A letter needs to be sent out within 5 working days of the decision being made at CDM and the family need to be given at least 7 days at the point of receiving the letter to go obtain legal advice. This is to avoid such approaches having to be taken in the later stages of pregnancy and to work with the family as soon as possible to explore all options to preferably avoid initiating Care Proceedings.

In cases where there is a recommendation to initiate Care Proceedings at birth it will be important to start preparing court documents as soon as the decision is made. You will need to ensure statement, care plan, chronology and Pre-birth Assessment are all available to avoid delay in obtaining the relevant order once baby arrives. The Social Worker must keep the hospital up dated about the timing of any application to the Courts. The lead midwife should be informed immediately of the outcome of any application and placement for the baby.

**Leicestershire & Rutland Safeguarding Children Partnership (formerly LSCB Leicestershire's Safeguarding Children's Board)**

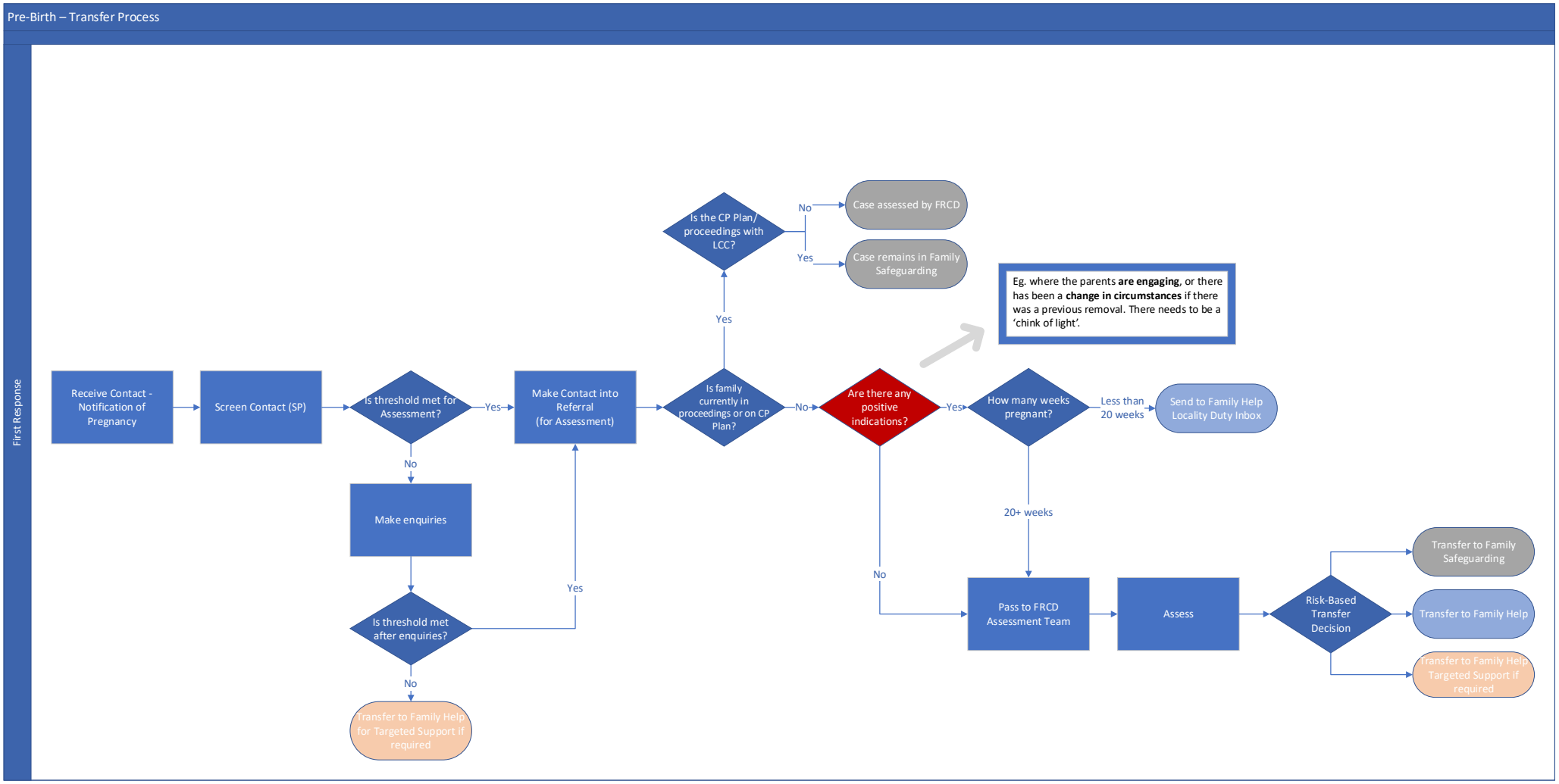
All Leicestershire County Council employees that undertake pre-birth assessments need to ensure they familiarise themselves with the Leicestershire Safeguarding Children Board (LSCB) Safeguarding procedures on Pre-Birth.

This procedure applies to all practitioners who have identified any concerns for an unborn baby and provides a framework for responding to safeguarding concerns and safe planning by practitioners working together, with families, to safeguard the baby.

https://llrscb.proceduresonline.com/files/sg_prebirth.pdf?zoom_highlight=pre+birth#search=%22pre%20birth

In Leicestershire, we are trialling more intensive approaches to pre-birth work, to support parents and undertake assessments at the earliest possible point. Where there are positive signs of engagement with other professionals and a willingness to consent and engage with Children's Services, pre-births pre-20wk gestation will transfer directly to Family Help for thorough pre-birth intervention and assessment. Those referred after 20wks gestation, or where there are significant concerns/non-engagement with key agencies (for example, Turning Point or Midwifery services) will be assessed by First Response Children's Duty and normal procedures apply. Cases will transfer after that point, depending on the outcome of the assessment.

# Pre-Birth Transfer Process



# Areas of Potential Risk

## Parents who have had a previous child removed:

Even if previous children of the parents have recently been removed, the parents' current situation and ability to meet the needs of their unborn child will need to be reassessed. The unborn child may be with a new mother and/or supportive partner; the parents may have made significant changes to their lives and built strong supportive relationships and networks, they may have successfully tackled their drug and alcohol misuse; or the removal of previous children may have taken place some years ago and since that time parents have developed their life skills to take on the responsibility of parenthood, and/or are able to acknowledge and understand the role they played in their children being removed from their care.

It is important when assessing such an area that you ask yourself these questions as a practitioner:

- What happened?
- Why did it happen?
- What is the parent's story – what happened to them?
- Is responsibility appropriately accepted and what can they show has changed?
- Age and gender of the children?
- What do previous assessments say? Take a fresh look at these and if the family is from another Local Authority make a request for these files.
- What is the parent's understanding of why their previous child was removed and what was the impact of their behaviour on the child?
- What is different about now?
- What support do they have in place and from whom, what can they offer when the baby is born? This should link to the cultural genogram and family and friends network meeting

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. Relevant questions might include:

- Do the parent(s) understand and give a clear explanation of the circumstances in which the abuse/neglect 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/neglect?
- Did they accept any treatment/counselling?
- What was their response to previous interventions? E.g., genuinely attempting to cooperate or was it tokenistic?
- What has changed for each parent since the child was abused/neglected and/or removed?
- Context and circumstances of conception

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 role of the family network is clear, and they understand the risks, even where there is denial or dispute about the abuse.

The fact that a child has been removed from their care suggests that there have been significant problems in these areas and a Pre-birth Assessment will need to focus on what has changed and the prospective parent(s) current ability to protect and meet the child's needs.

Relevant questions when undertaking a pre-birth assessment when 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?
- What relationship/contact does the parent 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?

NB: In circumstances where the sexual abuse perpetrator is the mother, 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 timescale, then confidence in the safety of the new-born baby and subsequent child will be poor.

Circumstances where the perpetrator is convicted of posing a risk to children and is already living in a family with other children, (albeit with social work involvement), this should not detract from 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.

The unborn child's health and development

Ante-natal care: medical and obstetric history (to be provided by midwifery)

- Confirmation of pregnancy (planned or unplanned?)
- First ante-natal appointment
- Engagement with maternity services including GP and midwife-led care (MLC)
- Feelings of mother about being pregnant/feelings of partner/putative father
- Previous obstetric history (including miscarriages, terminations, still birth)

## Parents with mental health problems:

Parents, especially those with a diagnosed mental illness including mothers with a history of post-natal depression or post-partum psychosis should be considered for a Pre-birth Assessment. The ability of parents/carers who are suffering from severe depression or psychosis to interact and be emotionally available for their child may be affected and impact on the level of care they're able to give their child. It is important that clarification of mental health status (including hospital admittance) is gained along with a description of the illness and any medication being taken and any impact of this.

Professionals should be aware of the following, which may raise risks to unborn and new-born children:

- Where nature or degree of risk in relation to a parental mental health causes concern for the unborn or others
- Parents who incorporate their (unborn) child into delusional thinking
- Parents who are not complying with medication or their treatment plan
- Where the (unborn) child is viewed with hostility
- Where there is dual diagnosis (mental ill health together with substance misuse).
- Where there is a risk of self-harm or suicide
- Where there are additional concerns posed by both parents having mental health difficulties

The birth of any new child changes relationships and brings new pressures to any parent or family. Agencies need to be sensitive and responsive to the changing needs of parents or carers with mental health problems.

If mental health is likely to be a significant issue, it is essential to undertake discussions with parent's GP and mental health professionals to gain an understanding on how the parents mental health diagnosis may affect parenting capacity or how treatment may affect development of the unborn baby or the parent.

## Parents with drug and/or alcohol problems:

Drug or alcohol misuse in pregnancy can pose serious developmental problems to the unborn child such as early delivery, low birth weight, or in severe cases neonatal withdrawal symptoms and Foetal Alcohol Spectrum Syndrome (FASS). If drugs or alcohol are a significant issue a more detailed assessment should be sought from professionals with relevant expertise.

If parents aren't working with drug and/or alcohol services to address their problem, it is important to help them understand the potential significant impact of their drug/alcohol use and encourage them to identify a support network to put together a safety plan whilst the parent considers accessing support from substance misuse services.

It will be important to ensure you liaise with drug and/or alcohol professionals whenever working with pregnant mothers who misuse substances as it is vital their substance misuse is managed in a way that does not put the unborn at further risk. Often pregnant women believe refraining from all drugs immediately will mean Children's Social care will end their involvement, however our drug and/or alcohol colleagues do not often advise pregnant women to immediately stop using substances without any support.

When assessing a parent who misuses substances it is important to consider the following:

- What is their acknowledgement of the substance/alcohol abuse?
- Details of substance used/preference; cost, how is money obtained?
- Patterns of substance misuse
- Storage of drugs, paraphernalia and/or alcohol
- Whether it can be managed in a way that is compatible with safely caring for a newborn child

- Whether parents are willing to attend treatment or if they're currently in treatment are they engaging as well as they should be?
- Any dual diagnosis (substance misuse coupled with mental health problems)
- Extent of involvement in local drug culture
- Engagement with Drug and Alcohol services (committed, tokenistic, realistic etc.)
- Is there a drug free parent, supportive partner or relative?
- Health implications and risks (incl. HIV, Hep B and C)
- The consequences for the unborn baby of continued misuse of substances or withdrawal during pregnancy and after birth.
- Could other aspects of drug use constitute a risk to children (e.g. conflict with or between dealers, exposure to criminal activities related to drug use)?

## Parents where there is a history of domestic abuse:

Domestic abuse and inter-familial violence can have serious consequences for the unborn and newborn children and pregnancy is known to increase the risk of domestic abuse or lead to the escalation of existing violence and abuse. Domestic violence and abuse during pregnancy puts mother and her unborn child in danger. It increases the risk of miscarriage, infection, premature birth, and injury or death to the unborn baby.

The stress of caring for a newborn baby, particularly if the child is perceived to be demanding or difficult can also trigger domestic abuse and violence within the home. The extent to which the violent partner also poses a direct physical threat to the child will need to be assessed.

When gathering information and assessing risk on domestic abuse and violence, you need to consider the following and should carry out a DASH risk assessment to understand:

- The nature of domestic abuse and violent incidents
- The impact of coercive behaviour & control
- The frequency and severity
- The triggers for abuse and violent incidents
- The extent to which the victim recognises the risk of the abuse or violence on the (unborn) child
- Any incidents of hostility or aggression towards professionals by the adult causing harm
- Assessment of any evidenced change by adult causing harm
- History of relationships of adults, current status, positives and negatives
- The effect of the abuse or violence on the pregnancy (for example if the mother is likely to go full term).
- The non-abusing/non-violent parent's recognition of the potential risks as a result of the history of or current domestic abuse/violent behaviour

**Dependency on partner**

- Choice between partner and child
- Role of child in parent's relationship
- Level and appropriateness of dependency

## Trilogy of Risk

Many parents who are referred in pregnancy have complex life experiences and are dealing with multiple issues such as parental substance misuse, parental mental illness and domestic abuse known as the Triology of risk. The

combined presence of these issues has been clearly linked with increased risks to children, practitioners need to understand the interaction and impact of these combined issues.

## Parents with a learning disability:

A learning disability should not preclude a person from becoming a parent. Consideration needs to be given to 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 parent.

Parents with learning disabilities can face many difficulties and may need a high level of support from the professional network. It is important that learning disabilities are identified as soon as possible in the pregnancy to ensure an advocate is in place to support parents during pregnancy and after birth. Assessments should involve adult services and joint planning from the outset and take into consideration:

- The parent's intellectual functioning (cognitive ability)
- The parents' ability to learn to respond to the needs of their child and the timescale over which this learning is required to take place
- Psychological factors impacting on parenting ability, e.g., loss, mental health illness, emotional issues resulting from trauma. A Functional assessment (living skills assessment) may be required
- Some mothers with learning difficulties may not recognise that they are pregnant, and this should be considered if there are suspicions that they are concealing or have concealed a pregnancy

Women suffering from a mental health illness who are pregnant need careful and considered care planning and specific consideration as to whether applications to Court are necessary, especially where there are concerns being raised regarding their capacity.

## Young parents, CIC or Care Leavers:

Care should be taken when assessing risks to babies whose parents are themselves children. Attention should be given to:

- Evaluating the quality and quantity of support that will be available within the family, friends, and extended family
- The needs of the parent(s) and how these will be met
- The context and circumstances in which the baby was conceived
- The wishes and feelings of the child who is to be a parent

Many young mothers/fathers can provide a good standard of care for their child because they have the support of their partner and/or family. However, some young

parents may have difficulties in meeting their child's needs due to their own vulnerabilities.

Young mothers under the age of 18 should only be referred for a Pre-birth Assessment if the professional believes them to be vulnerable, for example they:

- Live in unstable families that are unlikely to be able to offer support
- May have become pregnant because of child sexual exploitation
- Are concealing the pregnancy from their family and/or are concerned about their parent's reaction to the pregnancy

- Have specific issues that make them more vulnerable, for example mental health difficulties, learning disabilities, substance misuse problems and/or are in a violent relationship.

Where a young mother is already known to Children and Families Services, their allocated Social Worker will decide whether to carry out a Pre-birth Assessment.

Pregnancy and birth are also likely to impact on the young person's education and training opportunities and this will need to be addressed within the Pre-birth Assessment.

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.

A pre-birth assessment should always be completed where the young person is a looked after child by LCC. However, it should not be an automatic decision to complete a pre-birth assessment in relation to the pregnancies of all care leavers unless the thresholds are met as outlined above.

**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):**

**https://lrsb.org.uk/uploads/safeguarding-briefing-number-3-april-2020.pdf**

A Pre-birth Assessment would not always be indicated in such circumstances but should always be considered. In cases where there are issues of late booking and concealed pregnancy, it is extremely important that careful consideration is given to the reason for concealment.

# Pre-Birth Assessment Considerations

## Considerations to Explore

The list below should not act as an assessment "script" but as a support for conversation and consideration for assessment.

**Summary of child and family history, including any previous or current professional involvement**

**Social history**

- Experience of being parented (positive/negative memories, main carer, parental relationships).
- Experiences as a child /adolescent (abuse, neglect, care/control issues).
- Disrupted and/or poor education attainment / poor employment history
- History of abuse or neglect as a child (Convictions – especially of members of extended family, CP Registration/subject to CP plan, CP concerns including unsubstantiated allegations, Court findings, previous assessments, being in care).
- Parents' understanding of their own cultural/family narrative around childbirth
- Perceptions of significant others about mother being pregnant and how she has handled or is responding to these perceptions.
- What is the cultural narrative around early pregnancy (teen mum) or pregnancy outside of marriage, between different cultures or religions?
- What are the expectations of adult family members, if any and how has the parent's responded to these expectations?

**It is 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 domestic abuse an issue in the parents' relationship?
- Is the perception of the unborn baby different/concerning? Are they trying to replace any previous children?
- Have they sought appropriate antenatal care?
- Are they aware of the unborn babies needs and able to prioritise them?
- Do they have realistic plans in relation to the birth and their care of the baby?
- Are they connecting with their unborn child? E.G thinking of names and who they might look like? Is there any emotional connection with the unborn child?

**Abilities of Parents**

Assessments of parenting capacity and risk to a baby need to take account of a parent's own experience of being parented including any experienced harm, abuse, loss and separation. This must include evaluation of the experience of fathers, irrespective of whether they plan to reside with the mother and baby.

**Ability and willingness to address issues identified in assessment**

- Violent/abusive/coercive behaviour
- Drug misuse / alcohol misuse

- Mental health problems
- Reluctance to work with professionals
- Poor skills or lack of knowledge
- Criminality
- Poor family relationships
- Issues from childhood
- Poor personal care
- Chaotic lifestyle
- Trauma (currently experienced and/or unresolved)

**Attitude to professional involvement**

- Previously – in any context
- Currently – regarding this assessment
- Currently – regarding any other professionals

Is there anything re "attitudes to professional involvement" that seems likely to have a significant negative impact on the child?

For parents who have experienced a previous removal of a child, relationships with Children's Social Care may be overshadowed by previous traumatic experiences of removal. This will need to be explored, acknowledged, and responded to.

**Attitudes and beliefs re: convictions / findings (or suspicions/allegations)**

- Understood and accepted
- Issues addressed
- Responsibility accepted
- Denied or disputed
- What do the family network and friends believe?

**Planning for the future**

- Realistic and appropriate expectations
- Unrealistic, inappropriate expectations

**Home conditions**

- Clean and safe for children
- Chaotic (including frequency of people coming and going)
- Children regularly left in care of friends/acquaintances
- Health risks / insanitary / dangerous
- Over-crowded

**Support**

- From extended family/friends
- From professionals

- From other sources
- Nature of support; available over a meaningful timescale, acceptance and uptake of support, likely to enable change, effectiveness in addressing immediate concerns
- Intergenerational dynamics can manifest in family scripts about how babies are best looked after, how to feed a baby, and what's normal in a healthy couple relationship; workers will have to assess this carefully.

**Preparation**

- What things have they bought for the baby
- Are there any changes they need to make to their lifestyle?
- If there are any other children in the home, how have they prepared them for the arrival of a new sibling?

**Cultural competency factors**

- We work with families with a huge variety of diversity factors (social graces)
- Some families may hold beliefs about child-rearing and relationships which may not be in the best interests of the unborn. These may be difficult to challenge, as they may be well intentioned and deep-rooted beliefs.
- A cultural genogram can be used to explore these narratives, beliefs and values, and to plan diversity-sensitive interventions.

## Worker's Analysis of the Current Situation

A sound analytical assessment will provide a good picture of the child, their parent/s/carers and their story. Use the analysis to give the reader an understanding of why the assessment is being undertaken and be clear about the individual unborn child's needs. Consider the seriousness of the needs identified and be clear about what success will look like (safety goal) and what will happen/impact on the child if the outcomes are not achieved (danger statement).

State clearly what work will be done to support the family to make the changes they need to make. Base these thoughts around a signs of safety and trauma-informed approach, what are we worried about, what's working well, what needs to happen and what might get in the way of success or make it more difficult (complicating factors).

Use your analysis to show your understanding of the family history and trauma, and the way that the history may have contributed to their views on parenting and relationships (their own personal relationships, but also the professional relationships they have). Include an analysis of what we don't yet know and adopt an open-minded and questioning approach – i.e.: is this the only way of understanding this? Make explicit the underpinning knowledge (i.e., child development knowledge, attachment etc.) and the prediction about the likely impact on the child if the identified needs are not met.

Practitioners need to be curious and triangulating information given to them by parents and networks. It's important to consider presenting behaviours and what may sit behind them, as well as considering previous patterns of behaviour. There also needs to be some consideration (and scepticism) of potential differences between what people say and what people do, and workers should assess the degree of compliance with professional advice.

Show your 'working out' and how you have used the information available to reach certain conclusions. Be free of jargon, especially words and phrases that will mean little to the family. Workers should try and ensure that their working out is logical and evidence based.

## Continued CFS Support

At the completion of the Pre-Birth Assessment a decision should be made about the threshold for services, either from early help services, universal services, or section 17, Child in Need services.

If needed, a Child in Need plan should be devised and should include all professionals and family working alongside the family and those who will be working with the baby when born. The plan should be reviewed on a 6-weekly basis to ensure the support is the right support and that it is making a difference.

It is crucial to involve all professionals, especially midwives and the families and friends support network in the plan. This will be relevant as the pregnancy progresses however the Midwife (and post-birth Health Visitor) should always be invited to any CIN review meetings prior to the baby's birth. This is to ensure all those involved understand the plan and support required.

It is important to ensure Child in Need plans are closely monitored and appropriate steps are taken to escalate as soon as it becomes apparent the plan in place is not keeping unborn safe.

Further guidance on Leicestershire's Child in Need processes can be found in Leicestershire Children and Family Service Procedures.

## Child Protection

It may become evident at any stage of the assessment that there are reasonable grounds to believe a child is likely to suffer Significant Harm. Where this happens ,a multi-agency Strategy Meeting must be held to decide whether or not the threshold has been met to carry out S.47 enquiries and consider whether the unborn should be presented to a Pre-birth Child Protection conference. Where the threshold for a Child Protection Conference is met for the unborn baby, this should be held within 15 days of the Strategy Meeting being held.

A pre-birth conference is an initial child protection conference concerning an unborn child. Such a conference has the same status as, and must be conducted in a comparable manner to, an initial child protection conference. The timing of the conference should be carefully considered bearing in mind the need for early action to allow time to plan for the birth (generally it should be convened by 26wks gestation).

Pre-birth conferences should always be convened where there is a need to consider if a multi-agency child protection plan is required. This decision will usually follow from a pre-birth assessment and strategy discussion/S47 enquiries.

A pre-birth conference should be held where:

- A Pre-birth Assessment gives rise to concerns that an unborn child may be at risk of significant harm
- A previous child has died or been removed from parent/s as a result of significant harm
- A child is to be born into a family or household that already has children who are subject of a child protection plan
- An adult or child who is a risk to children resides in the household or is known to be a regular visitor

Other risk factors to be considered are:

- The impact of parental risk factors such as mental ill health, learning disabilities, substance misuse and domestic violence and abuse
- A mother under 18 years of age about whom there are concerns regarding her ability to self-care and / or to care for the child.

The pre-birth conference should take place as soon as practical and at least 10 weeks before the due date of delivery, to allow as much time as possible for planning support for the baby and family. Where there is a known likelihood of a premature birth, the conference should be held earlier.

# Pre-Birth Assessment Resource – The Needs Jigsaw

Leicestershire County Council encourage practitioners when undertaking parenting assessments to consider using ‘the needs jigsaw’. This resource was originally developed to enhance the communication process during a formal parenting assessment.

Made from wood, this colorful and tactile Jigsaw depicts a child, with each piece representing a different 'need'; the accompanying Header Cards provide useful prompts before and during a session. Since its early development this resource has proved to be very popular with both parents and practitioners.

Feedback demonstrates that where mentioned in Court proceedings, the use of the jigsaw has been praised by judges and magistrates.

The tool is a non-threatening, visual and interactive way to demonstrate the message that all pieces of the jigsaw (all needs) need to be met for children to grow and develop healthily, safely and to their full potential. The completed Jigsaw representing the 'whole child'.

The process of putting the jigsaw together helps:

- To build rapport, promote discussion and provide valuable insight for both practitioner and participant.
- Provide a framework on which to build further support.
- Stimulate discussion and a greater awareness of children's need.

# Pre-Birth Assessment Planning Guidance

**Example of assessment sessions. Session order and content should be flexible to the needs of the parents, but must include two Safety Network Meetings – one early on in the assessment and a review meeting.**

**Initial Stage – Session 1**
- Receive referral. Review chronology and update if necessary.
- Consider provision of support from other agencies (housing for a homeless mum, Turning Point for drugs and alcohol – bear in mind, babies may come early) and internal referrals for groups (Solihull, Freedom, etc) and community support
- Consider pressing issues – is there practical support needed?
- Read family history and review key documents – consider age of parents (are they eligible for additional input)?

**Session 2**
- Joint visit with midwife or PA from Leaving Care Service or solo visit to parents to talk through expectations/worries and to establish a trajectory. Parents will need to be seen together and separately.
- Discussion about any previous removals – to discuss in detail later
- Gaining consent for assessment and sharing information with professionals/network – referral to 0-2yrs Pathway
- Speak to other professionals involved with the parents-to-be.

**Session 3**
- Meet with parents – gain parent's views on referral concerns and draft danger statement and safety goal
- Explore first, worst, last – explore how they've managed things before and found safety
- Cultural genogram, ecomap, and safety circles. Parents to identify safety networks and identify risky people within their family/friends network. Checks may need to be taken (DBS, Police checks, etc)
- SW contacts network – arrange a family and friends network meeting

**Session 4**
- Current pregnancy – plans, hopes, aspirations, how the parents are feeling about it, appts/engagement with midwifery, previous pregnancies and what they were like, parents' worries and anxieties, beliefs, their own health and wellbeing
- Mentalisation and attachment focus – breathing and grounding techniques (box breathing, 54321)
- Focus on strengths and what's going well
- Love language – how do the parents show love and care? Discuss what children need…

**Session 5**
- Focus – the parents' own childhood and experiences, any childhood trauma, support they've had with any issues (such as counselling or previous CSC input). Work to understand their history and impact of trauma.
- Start to draft words and pictures around the worries – good way of breaking down the sessions and helping the network to understand the concerns
- Mobility Mapping (Kevin Campbell)
- **First Safety Network Meeting** to include family/friends/community, as well as professionals (internal and external)
- Talk through why we're undertaking an assessment, any previous history (broadly) and current issues
- Initial safety plan draft – ask network to detail what they could do to provide safety. Scale safety currently.

**Session 6**
- If there are any previous removals, then thought needs to be given early on to focusing a session or two on issues from that.
- To consider the trauma and impact of any removal, including implications for this pregnancy
- What's their understanding of the reasons their child/children went into care? Possibly explore the worries that are leading to this assessment and MARF, listen to the parent's voice and perspective, but help parents to think through what they need to do to reduce the worries.

**Session 7**
- SOS mapping – work with parents to identify their own strengths, worries and areas for development
- Sessions with parents around specific concerns – DA, drugs and alcohol, neglect, mental health
- Ensure parents are tapped into support/services for those areas of need – tap into other groups and support if that hasn't happened (Solihull, Freedom, etc) and community support
- Neglect Toolkit/Outcome Star

**Session 8**
- Sessions with parents – exploring their understanding of what a baby needs
- Practical sessions around how to cope with a newborn (feeding, bathing, general care, holding a baby)
- Use 'jigsaw puzzle' tool - a non-threatening, visual and interactive way to demonstrate the message that all pieces of the jigsaw (all needs) need to be met in order for children to grow and develop healthily, safely and to their full potential. The completed Jigsaw representing the 'whole child'.

**Session 9**
- 1001 critical days, safe sleep, baby box/teen parent groups/support worker (if appropriate) – use SIM babies from Targeted Support to show impact of drugs/alcohol use on unborn babies.
- Conflict/Domestic abuse – videos
- ICON – babies are frustrating and it's tiring - mentalisation

**Session 10**
- Continuing sessions with parents around specific concerns (for example, if there are concerns around DA, use the session ideas in the DA Toolkit) and review progress and outstanding areas of focus needed
- Drugs issues – discussions about safe storage
- Managing health and medication
- Continuing practical sessions – how to care for a baby and the growing child. Consider older children and how to manage with a new baby on top of other demands.

**Session 11**
- **Second Safety Network Meeting** to include family/friends/community and internal/external professionals.
- Review parents' engagement with groups and community support
- Finalise safety plan, to include as part of final assessment
- Any specific interventions needed/any outstanding referrals put into place

**Session 12**
- Session with parents regarding the assessment, threshold, danger statements, and recommendations
- There should be no surprises for parents - workers need to share their concerns and worries all the way through the process.

*** Parents will need grounding at the end of each assessment session, as they will be speaking about difficult/personal/traumatic experiences.**