Abstract

Guidance for the completion of Pre- Birth Assessments March 2019

PRACTICE Guidance for undertaking Pre- Birth Assessments.

**PRACTICE GUIDANCE – PRE - BIRTH ASSESSMENTS** – March 2019

**This Guidance has been put together to support Social Care Practitioners in implementing the core responsibilities as defined within the Multi Agency Document ‘The Expected Baby Protocol .’ Primarily this Guidance refers to the process of Assessment and key issues for Social Care to consider when undertaking this task.**

<http://sites.southglos.gov.uk/safeguarding/wp-content/uploads/sites/221/2015/05/Expected-Baby-Protocol-2017.pdf>

**Introduction.**

On Occasion it may be necessary to conduct an assessment prior to the birth of the baby, this can be daunting as the outcomes of a negative assessment could require draconian action.

In order to minimise the need for such drastic intervention it is essential that the pre-birth assessment is undertaken early into the pregnancy, this provides the opportunity to test out the parent’s insight, motivation and capacity for change. It provides you with time to assess the strengths within the family, and establish if they can become positive safety features and be utilised to support the baby living within the family unit or not.

It is essential that the parents fully understand what the purpose of the assessment is and what the possible outcomes could be. Providing resources and supports to make any necessary changes is a key part of the assessment.

**Why might a Pre Birth Assessment be required ?** –

Not every baby will have a pre-birth assessment, the rationale for one is where there is a belief that the child is likely to be at risk of harm. This belief is not exclusive and is based on -

* A pregnancy as a result of sexual abuse
* Previous children having been removed from the parents care as a result of harmful parenting.
* Previous knowledge and involvement with the fabrication of events regarding a child
* Previous concealed pregnancies
* Significant parental substance misuse
* Concerns around the parents mental health
* Concerns with parents learning disabilities
* Violence in the family, either through disputes, domestic abuse, conflict and aggression, family culture or a pattern of abusive partners
* Low impulse control and anger
* The parents or some other significant person being a risk to children
* Previous children being subject to CP plans or having had significant social care involvement
* Parents who are in care themselves
* Parents who are aged under 18
* Parents may have had extensive social care intervention as children themselves
* Parental vulnerabilities as a result of risk taking behaviour and lifestyle
* Episodes of going missing or at risk of exploitation

A pre-birth Assessment may also be required when the level of risk is present but the impact of such risk, alongside the parent’s attitude and capacity for change is unknown

A pre-birth Assessment acts as a gateway to future assessments and intervention.

**PREPARATION AND PLANNING**

Once a decision has been made following a referral that an assessment is required, good preparation and planning can facilitate a difficult process being easier and more effective.

Sufficient time must be spent in preparing the parents on what a pre-birth assessment is and why it is being undertaken. This needs to be done with sensitivity and complete honesty. The parents must know what the desired outcomes are and what the contingency plan will be if these cannot be met.

Early consent to speak with extended family enables the parents to be supported, strengths and safety within the family to be identified and tested, and contingency plans to be informed.

Mapping out a structure of the assessment will provide a framework for the family of what will take place, when and how. This will help to prevent drift and delay. Expectations need to be clearly set out in terms of minimum standards and engagement. Reviews should be built in along the way in order that there are no surprises for the family. Concerns must be raised as they become known. The family must have every opportunity to address the concerns, if the worries / concerns are not shared in detail with the family they are effectively being denied the opportunity to make changes.

Once a plan has been made as to how the assessment will progress, the SW will need to -

* Review historical records, of the parents, current partner and extended family
* Review the records of any previous children
* Compile a chronology of significant events
* Build a genogram which includes all family members ,ex-partners, and networks of support
* Obtain consent from the parents and send letters to Partner Agencies asking for contributions to the assessment including any chronology of their involvement.

Information must not be viewed in isolation but as part of a whole picture where all the pieces are put together to form a view of strengths, worries, risks and unknowns.

 **FRAMEWORK FOR PRE-BIRTH ASSESSMENT –**

A reliable and familiar framework is the Assessment Triangle. This provides a clear structure for what information is being gathered, evidenced and analysed. The interaction between the dimensions of the triangle will indicate what impact, if any will be present for the baby.

 

The aim of the assessment is to establish what knowledge the parents have, what informs that knowledge, their behaviour and attitude, their lifestyle and family networks. The second stage of the assessment is to assess the parents ability, motivation and understanding of the need to address any of these features.

Within the assessment consideration will need to be made for the specific nature of the adults relationship and what makes it safe or unsafe. Fathers must wherever reasonable and practicable be involved in the assessment process, as must any new partner of either parent. – SCR highlight how when this is omitted assessments are flawed as a comprehensive risk analysis is not possible.

Workers should try to compile a clear history from the parents about their own previous experiences in order to find out whether they have any unresolved conflicts that may impact on their parenting of the child.

Teaching and supporting a parent to acquire knowledge and skills is to some degree relatively straightforward, pictures, videos, written information, modelling and discussion all help with imparting information.

However supporting a parent with a significant number of unmet emotional needs as a result of Adverse Childhood Experiences is very difficult.

Our inner functioning, belief system, values and capacity to connect with others is linked to our past and the ingredients that went into this. For some parents sadly their own experiences affect their ability to emotionally connect/attune themselves to their baby. Exploration of attachment styles in parents is necessary in order to understand what type of care giving is likely to be provided.

Often parents with ACEs provide care that is low in warmth and high in criticism, their care is functional as opposed to intuitive and responsive, approaches are rushed and avoidant of contact with tolerance levels towards a child often being low.

Low tolerance in the parenting of a baby can be dangerous, hence the need to understand the impact of history and other lived experiences is required in order to assess any potential future harm including that of risk of Shaken Baby Syndrome.

Calder (2000) states 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.”

With that in mind it is important to explore past parenting and reflect with the parent what they thought they were good at and what they may need help with now.

Obtaining the parents narrative of what took place previously is important as this can be compared with the accounts from others. This helps to evidence genuineness, remorse, and responsibility, ability to reflect and learn from past mistakes.

It is important to find out their feelings towards the new-born baby,

* Is it a planned or accidental pregnancy?
* How do they feel about the baby?
* Contextually were there any events that took place around the time of the pregnancy?

 This is particularly important as the baby may always be associated with an event which may impact on the relationship, security, warmth, and response between the parent and child. If unplanned the baby may be viewed as an inconvenience.

If the mother is using substances throughout the pregnancy there is a significant risk to the baby’s development and emotional wellbeing. –

* They may suffer withdraw and require additional care.
* They may have additional developmental needs which places more responsibility and stress onto the parent
* They may be overly fractious, unable to self sooth or regulate their stress
* They may appear more demanding of their caregiver’s time and attention, more so than that of another child.
* There may be difficulties with feeding and the ability to gain weight

These features need to be explored within the assessment in order that the responses can be analysed alongside other behaviours, as well as an analysis of future risk, particularly in terms of physical harm.

Other Agency involvement and expertise should be sought in any assessment but particularly in pre births as the damage that some action causes; ie Drug, Alcohol Misuse, Domestic Abuse etc can be prevented if it is known about.

**OTHER FACTORS TO CONSIDER**

When undertaking a pre-birth assessment a high level of scepticism is required. The assessment to some degree is artificial in that the child is not here and therefore the parents’ responses will be based on wishful thinking, a desire to be viewed positively, with possible elements of disguised compliance.

Former concealed pregnancies and poor ante natal care should be viewed as a significant worry, as the focus on the unborn becomes lost. The analysis of risk is compromised and opportunities to support the family and affect any change are reduced.

It is important to apply the findings from serious case reviews when undertaking the pre-birth assessment as they have repeatedly shown that children are most at risk of fatal and severe harm within the first year of their life. This harm is usually inflicted by the carer. In cases of Shaken Baby Syndrome research indicates 70% of abuse is caused by male carers. - Refer to Shaken Baby Protocol.

**Other findings from SCR include –**

* Be wary of over optimism, a parent saying the right thing, is not the same as a parent doing the right thing. – Look at patterns of behaviour, is there a theme of poor follow through? – this can be indicative of Disguised Compliance
* Be realistic, if a family are expecting multiple births or already have a number of children aged under 4 then the likelihood of exacerbated stress and tension will increase. The increase in stress, fatigue and tension is more likely to lead to an increase in harm albeit unintentional
* Desire is a good motivation, but it is not always put into practice. – Desire does not always equate to safety. A parent using drugs does not usually intend to cause harm to their baby but it can and does happen. – Once the parent is aware of the potential harm the issue to evaluate is; with awareness/ knowledge does the behaviour change?
* Do not consider information in isolation of each other. Risks to babies occur as a result of cumulative stress and risk. Use risk assessment matrices to identify the type and severity of risk. – refer to the Assessment Toolkit.
* Past history must inform current and future needs and risks. – SCR highlight the missed opportunities to identify patterns of worry
* Be open minded and honest, but believe the unbelievable and expect the unexpected. – Healthy Scepticism.
* Recognise positives and challenge what this actually looks like, seek to triangulate the information and establish if there are other sources of evidence which reinforces the parents account or view.
* Do not lose sight of the baby’s needs and level of vulnerability. It is very easy to become consumed with the parent’s needs, as they are the ones effecting the change. However the change needs to take place within the timescale of the child before it significantly impacts on its emotional wellbeing and safety.

**Risk Assessment.**

Martin Calder developed a Framework for assessment of risk for Unborn. He took different factors and positioned the responses within a table of elevated or lowered Risk ( Unborn Children: A Framework for Assessment and Intervention ). This Framework can be used alongside the Assessment Triangle to help maintain the focus on actual versus potential risk.

|  |  |  |
| --- | --- | --- |
|  **Factor** | **Elevated Risk** | **Lowered Risk** |
| The abusing parent | * Negative childhood experiences, inc. abuse in childhood; denial of past abuse;
* Violence abuse of others;
* Abuse and/or neglect of previous child;
* Parental separation from previous children;
* No clear explanation
* No full understanding of abuse situation;
* No acceptance of responsibility for the abuse;
* Antenatal/post natal neglect;
* Age: very young/immature;
* Mental disorders or illness;
* Learning difficulties;
* Non-compliance;
* Lack of interest or concern for the child.
 | * Positive childhood;
* Recognition and change in previous violent pattern;
* Acknowledges seriousness and responsibility without deflection of blame onto others;
* Full understanding and clear explanation of the circumstances in which the abuse occurred;
* Maturity;
* Willingness and demonstrated capacity and ability for change;
* Presence of another safe non-abusing parent;
* Compliance with professionals;
* Abuse of previous child accepted and addressed in treatment (past/present);Expresses concern and interest about the effects of the abuse on the child.
 |
| Non-abusing parent | * No acceptance of responsibility for the abuse by their partner;
* Blaming others or the child.
 | * Accepts the risk posed by their partner and expresses a willingness to protect;
* Accepts the seriousness of the risk and the consequences of failing to protect;
* Willingness to resolve problems and concerns.
 |
| Family issues (marital partnership and the wider family) | * Relationship disharmony/instability;
* Poor impulse control;
* Mental health problems;
* Violent or deviant network, involving kin, friends and associates (including drugs, paedophile or criminal networks);
* Lack of support for primary carer /unsupportive of each other;
* Not working together;
* No commitment to equality in parenting;
* Isolated environment;
* Ostracised by the community;
* No relative or friends available;
* Family violence (e.g. Spouse);
* Frequent relationship breakdown/multiple relationships;
* Drug or alcohol abuse.
 | * Supportive spouse/partner;
* Supportive of each other;
* Stable, or violent;
* Protective and supportive extended family;
* Optimistic outlook by family and friends;
* Equality in relationship;
* Commitment to equality in parenting.
 |
| Expected child | * Special or expected needs;
* Perceived as different;
* Stressful gender issues.
 | * Easy baby;
* Acceptance of difference.
 |
| Parent-baby relationships | * Unrealistic expectations;
* Concerning perception of baby's needs;
* Inability to prioritise baby's needs above own;
* Foetal abuse or neglect, including alcohol or drug abuse;
* No ante-natal care;
* Concealed pregnancy;
* Unwanted pregnancy identified disability (non-acceptance);
* Unattached to foetus;
* Gender issues which cause stress;
* Differences between parents towards unborn child;
* Rigid views of parenting.
 | * Realistic expectations;
* Perception of unborn child normal;
* Appropriate preparation;
* Understanding or awareness of baby's needs;
* Unborn baby's needs prioritised;
* Co-operation with antenatal care;
* Sought early medical care;
* Appropriate and regular ante-natal care;
* Accepted/planned pregnancy;
* Attachment to unborn foetus;
* Treatment of addiction;
* Acceptance of difference-gender/disability;
* Parents agree about parenting.
 |
| Social | * Poverty;
* Inadequate housing;
* No support network;
* Delinquent area.
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| Future plans | * Unrealistic plans;
* No plans;
* Exhibit inappropriate parenting plans;
* Uncertainty or resistance to change;
* No recognition of changes needed in lifestyle;
* No recognition of a problem or a need to change;
* Refuse to co-operate;
* Disinterested and resistant;
* Only one parent co-operating.
 | * Realistic plans;
* Exhibit appropriate parenting expectations and plans;
* Appropriate expectation of change;
* Willingness and ability to work in partnership;
* Willingness to resolve problems and concerns;
* Parents co-operating equally.
 |

 Reference to other tools within the Assessment section of the Document Library is recommended.

**Analysis, conclusion and recommendations.**

Once the assessment is complete you will need to form an opinion based on the evidence you have found and whether there is a likelihood of harm or not.

The analysis needs to weigh up the strengths and worries, and consider which is more significant and what if anything, can be put in place to mitigate the worries and increase the strengths. – Therefore reducing the likelihood of harm to the baby.

Supervision should be used to reflect and test different hypothesis. – This is not a conclusion you make on your own.

The analysis should reflect upon the views of the Parent, the context and culture of the extended family and other professionals who have knowledge of the family. The analysis should not be made in isolation to one source of information.

Recommendations need to be realistic, a plan outlining a journey of change sets out the expectations of what needs to happen and when. Transparency is essential, it enables participation and honesty. This will enable further assessment in terms of assessing parent’s insight, motivation and capacity for change.

If concerns remain fixed it will be necessary to consider making the unborn subject to a Child Protection Plan – Refer to CP processes for this. – The timing of this action is critical in order that during the pregnancy the family are provided with all opportunities to make the necessary changes that would keep baby safe.

It may also be necessary to consult with legal services around the threshold for either the Pre Proceedings Process or whether an application to the courts is necessary or not when the baby is born.

**Key Timescales**

A referral for a pre-birth assessment should be made between **12 and 20 weeks**. In cases where history is known the sooner the better as this provides maximum opportunity for the parents to demonstrate change has taken place.

A pre-birth assessment would wherever possible be undertaken by **20 weeks**. This allows for any next steps to be implemented in a timely manner.

If it is felt the risk of significant harm is likely but can be managed by a multi-agency plan then an initial Child Protection Conference should take place around **28 weeks**

If the level of worry is such pre- proceedings should be instigated by **week 20** and concluded wherever practicable prior to the birth.

**Transfers**

Pre Birth assessments cannot wait, if a new referral is received by Access that indicates given the history the case will progress to CP or pre proceedings then this will be transferred directly to a locality team from the point of referral.

If a referral has some history but it is not so clear given change of circumstances whether further action is required this will progress to Response for a pre-birth assessment. Consideration at this stage will be whether further intervention is required and if so what this would look like.

All decision making around referrals for pre births must be recorded on a case note by the Team Manager.

**Links**

Expected Baby Protocol

 <http://sites.southglos.gov.uk/safeguarding/wp-content/uploads/sites/221/2015/05/Expected-Baby-Protocol-2017.pdf>

Shaken Baby <https://www.proceduresonline.com/southglos/cs/user_controlled_lcms_area/uploaded_files/shaken%20baby%20syndrome.docx>

Assessment Toolkit –

<https://www.proceduresonline.com/southglos/cs/user_controlled_lcms_area/uploaded_files/PRACTICE%20TOOLKIT%20FOR%20ASSESSMENTS%20-%20JAN%202019.docx>

Guide to Parenting Assessment

<https://www.proceduresonline.com/southglos/cs/user_controlled_lcms_area/uploaded_files/Introductory%20guide%20to%20completion%20of%20parenting%20assessments.doc>

Impact Docs – due to be added

**Risk Demystified – Social Work Core Business – to be added**