# West Sussex – Practice Guidance

# Pre-Birth Assessment

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## 1. INTRODUCTION

Research and experience indicate that very young babies are extremely vulnerable to abuse and that work carried out in the pre-birth period to assess risk and plan intervention will help to minimise harm (Brandon 2016). Serious case reviews emphasise the vulnerability of babies. Statistically, one third of serious case reviews in England relate to babies under the age of 1 year, with babies being seven times more likely to be killed than older children (ONS, 2015).

A common finding in these case reviews was that there had been failings in the pre-birth assessment process and consequently in resulting actions. Shortcomings included circumstances where no pre-birth assessment had been carried out or others whereby the assessment was delayed, over-optimistic and/or of poor quality. There were frequent examples of ways in which the risks resulting from the parents' own needs were underestimated, whether these needs related to drug or alcohol misuse, a history of being looked after, abuse suffered during childhood or being the victim of domestic abuse as an adult. Some reviews found that there had been too much emphasis on the mother's needs at the expense of a focus on the baby, either during the antenatal period or after the birth (Ofsted 2011).

Despite the complexity of this work, there is no clear national statutory guidance for social workers on pre-birth assessment or safeguarding, other than an acknowledgement that planning may need to take place before birth. Although no legal action under the Children Act 1989 can be started until a child has been born, when there are safeguarding concerns regarding an unborn child, local authorities and related agencies can intervene during pregnancy; for example, by undertaking a pre-birth assessment. The purpose of a pre-birth assessment is to identify any potential risks to the child, assess whether the parents can make changes so that the identified risks can be reduced and if so, what support they will need to achieve these changes.

This guidance aims to provide information about the purpose of a pre-birth assessment, and the circumstances in which one needs to be considered, as well as providing clarity about the process and timescales in which the assessment should take place and guidance on good practice. This guidance should be read together with Local Safeguarding Children Board Pan-Sussex procedures, particularly the Pre-Birth Child Protection Procedures.

## 2. RECOGNITION AND REFERRAL

In considering the need for a pre-birth assessment, Hart (2010) asks two fundamental questions:

1. Will this new-born baby be safe in the care of these parents/carers?
2. Is there a realistic prospect of these parents/carers being able to provide adequate care throughout childhood?

During the antenatal period all professionals have a responsibility to promote the welfare of the unborn child and to consider the risks of potential harm to the child in utero as well as factors which may pose a risk once they are born. Any concerns should be identified and addressed as early as possible to maximise time for full assessment, enabling a healthy pregnancy and supporting parents so that where possible they can provide safe care to their baby. It is recognised that early referrals to social care will result in more detailed and well-planned assessments which can inform the child's plan.

Where an unborn baby is considered to be at risk of significant harm or likely to be in need of services from Children's Social Care when born, partners should make an immediate, timely referral to

Children's Social Care. For the majority of cases the most appropriate and proportionate point to make a referral is at 12 weeks gestation, when the pregnancy has been confirmed through an ultrasound scan. However, there will be circumstances in which earlier referral is appropriate if a pregnancy is confirmed or suspected, given the importance of early assessment and intervention particularly in the most complex situations. In these cases, upon allocation, the practice manager should consider with the social worker what level of intervention is appropriate at the very early stages of pregnancy. If the referral is received very early in pregnancy, particularly where risks are not substantiated or the pregnancy is not confirmed, MASH may request that partner agencies for example health or Early Help Services monitor and support the expectant parents until an appropriate point of referral (e.g. 12 weeks gestation).

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

- If a previous child/young person has died unexpectedly, and the cause of death is a result of anything other than 'natural causes', or has suffered a serious unexplained injury in the care of one or both expectant parents;
- If a previous child has been removed from either parent via Care Proceedings due to abuse or neglect or other risk of significant harm, or if they have a current child who is the subject of Care Proceedings or within the Public Law Outline (PLO) process;
- If the parents have a child living with them who is currently the subject of a Child Protection Plan;
- Where a person who has been convicted of an offence against a child or is believed by professionals to have abused a child, has joined the family;
- If either parent has requested to relinquish the child upon birth;
- Where there are significant concerns about parental ability to self-care and/or to care for the child;
- If for any reason (in addition to the above) it is possible that the mother and new-born will need to be separated at birth.

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

- If the pregnancy has been concealed or denied, or if there has been an avoidance of antenatal care or non-cooperation with healthcare with a potentially detrimental impact on the unborn baby;
- If either parent is under 16 years of age; in these circumstances' consideration should always be given to whether a dual assessment of parents' own needs is required as well as an assessment of their ability to meet their baby's needs;
- If either parent is currently a Child Looked After;
- If either parent is or has been eligible for Leaving Care Services, the unborn should be referred to the MASH for the case to be reviewed although it is acknowledged that this may not lead to a pre-birth assessment in all cases. A pre-birth assessment should be carried out in circumstances whereby there are recent or current issues which could impact on the parents' parenting capacity. For example, complex attachment or emotional difficulties, placement instability or homelessness, substance misuse or alcohol problems, mental health difficulties, criminal offending, exploitation or any other factors which could impact their ability to provide safe care. The decision about how to proceed will be made by MASH and recorded on the unborn's file;
- Where there are concerns about domestic abuse in either the present or previous relationship(s) of either expectant parent;

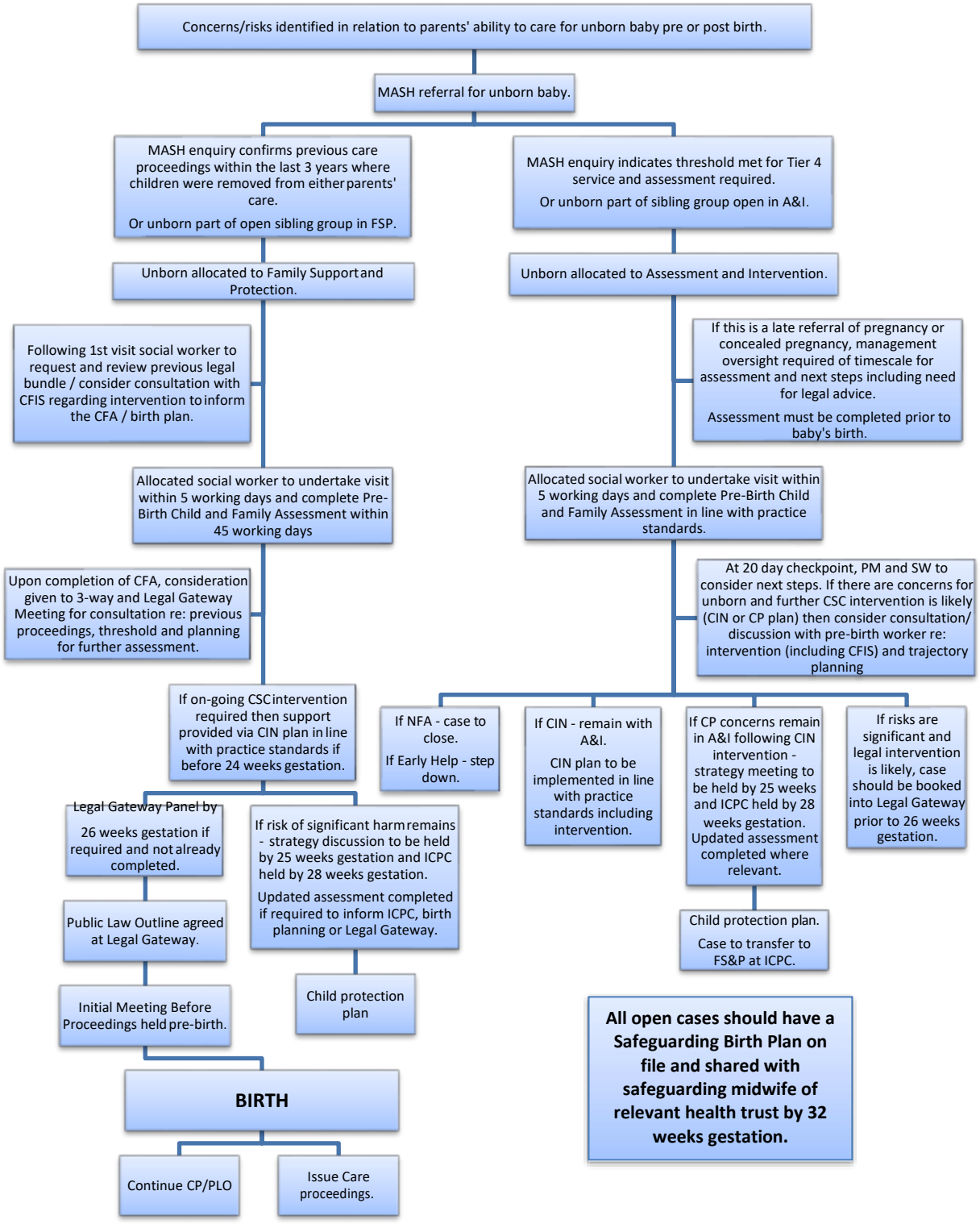
- Where either parent has difficulties with their mental health which are likely to have a significant impact on their parenting capacity or the baby's safety or development;
- If either parents' alcohol or substance use is likely to have a significant impact on the baby's safety and development, either directly or as a result of the impact of this substance use on parenting capacity;
- Where either parent has a learning disability which may have a significant impact on their parenting capacity and baby's safety or care received;
- Where there are concerns about the expectant parents' capacity to adequately care for their child because of a physical disability or illness;
- If either parent has previously been suspected of fabricating or inducing illness in a child;
- If either parent or members of their network have convictions or have been subject of criminal investigation for offences of either a violent or sexual nature;
- Where there are any other concerns which indicate that the baby may be likely to suffer significant harm in their parents' care.

**The presence of one or more of these factors does not automatically require assessment but they highlight the need to consider the known predisposing factors to child abuse or neglect.**

The West Sussex Continuum of Need provides a framework for professionals who are working with children, young people and their families. It aims to help professionals identify when a child may need additional support to achieve their full potential through a graduated response from universal, early help, targeted early help or specialist services. It describes a continuum of help and support which addresses need across the spectrum of children's ages, needs, family functioning and the environment they live in. It also provides descriptors for each level of need, giving examples of some of the indicators that suggest a child or young person may be in need at each level of support.

The link above takes you to the full Continuum of Need document and should be used alongside the Pre-Birth Assessment process and guidance to consider what level of assessment and support is most appropriate for the family.

## 3. WORKFLOW




All referrals from a professional or member of the public regarding a concern about an unborn baby need to be made to West Sussex Multi Agency Safeguarding Hub (MASH). The MASH will then consider the referral in line with the West Sussex Continuum of Need document and the identified criteria for considering when a pre-birth assessment is required.

The MASH will undertake relevant information sharing to determine the next steps required. As part of their information gathering, it is expected that MASH will ensure that the estimated date of delivery (EDD) is confirmed where possible and documented on the child's file prior to sending through for assessment, as well as the father's details where known and the details of any other significant adult in the home. The MASH should seek consent for the assessment from the expectant parent(s). If a pregnancy is unconfirmed, efforts should be made by professionals to confirm the pregnancy and EDD, however it is recognised that this is not always possible e.g. in cases of concealed pregnancy or expectant parents in chaotic circumstances. If the clear professional view following observations is that mother is pregnant, the referral must be accepted.

The MASH decision may be to offer targeted early help support or they may consider that a level 4 assessment is required and recommend a Child and Family Assessment. The MASH decision should include clear rationale of how the information and risk factors were considered and how the evidence has been used to reach this outcome. If it is decided that a level 4 assessment is required, MASH will outcome the referral for a Child and Family Assessment (CFA) and this will normally be allocated to the **Assessment and Intervention Service** (see flow chart above).

If the expectant parents are young parents, MASH should confirm that they have been offered the Young Parents Pathway as this is a service available to any young parent in West Sussex.

However, if the MASH enquiries confirm that there have been previous care proceedings within the last three years whereby children were removed from either parent's care, *or the parents have requested to relinquish the baby*, the case will be allocated directly to the **Family Support and Protection Service** (see flow chart above) to complete the Child and Family Assessment and relevant next steps.

At the point of allocation, the Practice Manager should provide oversight of the allocation and an assessment plan. The Child and Family Assessment should be started immediately and completed within 45 working days.

If not already completed, social workers should inform parents of the referral, seek consent for agency checks, arrange an initial visit within 5 working days and inform the professional network of social work involvement. In order to inform the work and plan the assessment and intervention, social workers should request any files relating to previous care proceedings from legal at the earliest point if this is relevant. As part of the assessment, social workers should compile a chronology to include any information from archived files, legal bundles or files from other local authorities.

If the Child and Family Assessment concludes that the unborn baby and expectant parents would benefit from further social care support as part of a Child and Family Plan (child in need), the plan should be implemented by the allocated social worker in line with the team's practice standards in relation to child in need work.

If the assessment identifies that the unborn child is suffering or is likely to suffer Significant Harm (child protection), a strategy discussion should be held ideally by 25 weeks gestation with a view to holding an Initial Child Protection Conference (see below for child protection processes) and consider a Legal Gateway Meeting if necessary. If at this point the case remains in the Assessment and Intervention Team, it should be added to the transfer list to move to Family Support and Protection. The Family Support and Protection team should be prepared to allocate this case from conference and start working with the family immediately following the conference.

If the assessment was completed following an early referral of pregnancy to social care and the conclusion is that there is a risk of significant harm to the baby but it is before 24 weeks gestation, the outcome of the Child and Family Assessment will need to be for a Child and Family Plan which should be implemented in line with practice standards, including consideration of more frequent visiting to reflect the level of concern. If the child protection concerns remain after 24 weeks despite the child in need intervention, a strategy discussion should be arranged and the process above followed.

**3.1 CONCEALED PREGNANCY, LATE BOOKING OR NON-ENGAGEMENT WITH ANTENATAL CARE**

Professionals should adhere to the Pan-Sussex procedures in relation to concealed pregnancy or late booking of pregnancy, found online here.

Concealment may be an active act or a form of denial where support from relevant health professionals is not sought. A concealed pregnancy is when:

- A person knows they are pregnant but does not tell anyone or;
- A person appears genuinely unaware that they are pregnant.

A late booking is defined as presenting for maternity services **after 20 weeks**. It is important to remember that unless the woman has genuinely not been aware that she is pregnant, she has still concealed her pregnancy up until the point she has accessed antenatal care. A booking appointment with a midwife should be around 10 weeks (NICE 2008). A person who presents to antenatal care late in their pregnancy should be assessed by maternity services at the booking appointment and potential risks highlighted and considered in relation to safeguarding the unborn baby and any other children within the household or family.

Late booking can be the result of a person presenting for a termination of pregnancy but unable to have this procedure as the pregnancy is over 24 weeks. Professionals need to consider the reasons for presenting late to termination services, associated risk factors, and level of support needed when the person continues with an unwanted pregnancy including their psychological support needs. Consideration should be given to a MASH referral.

If the MASH receives a referral for a concealed pregnancy or late booking of pregnancy, consideration should be given to holding a strategy discussion in the MASH to determine appropriate next steps, particularly where there is an indication of a risk of significant harm to the baby or where urgent planning needs to take place to safeguard the child. Where there is concealment of pregnancy, there can be risks to the child's health and development in utero as well as postnatally. There are many reasons why a person may conceal their pregnancy or not engage with antenatal services, some of these reasons will result in heightened risk to the child and should be considered by a multi-agency network. A Pre-Birth Assessment would not always be indicated in these cases, but it should always be considered, particularly in those parents where any of the above criteria apply or where the parent appears to be leading a transient lifestyle where contact with services is being actively avoided.

**3.2 RELINQUISHED BABIES**

The term 'relinquished child' is used to describe a child, usually a baby or at a pre-birth stage, whose parents are making the choice of adoption for the child. Statutory adoption guidance sets out a process to be followed in the case of relinquished children under the age of six weeks.

If a request is made by parents to relinquish their child upon birth, a referral should be made to MASH. If this request is clear at the point of referral, the case should progress directly to Family Support and Protection as a Pre-Birth Child and Family Assessment. The allocated social worker should contact the Adoption Team upon allocation to ensure a coordinated approach to providing the information gathering and counselling process which needs to take place during the pre-birth period. The initial visit must take place jointly. Social workers should read the West Sussex Relinquished Children guidance and procedures available here, as well as the associated guidance and procedures.

If during the course of a Pre-Birth Child and Family Assessment within the Assessment and Intervention Team, the parents make the decision to relinquish their baby, the social worker should make arrangements for a joint visit with the Adoption Team. The case should remain with the allocated social worker until the Child and Family Assessment is completed, before transferring to the Family Support and Protection team with the agreement of the FS&P Group Manager.

**4. CHILD PROTECTION PROCESSES AND LEGAL PLANNING PRE-BIRTH**

Pan-Sussex procedures highlight that in some circumstances, agencies or individuals can anticipate the likelihood of significant harm to an expected baby. In these cases, a pre-birth strategy discussion should be held **by 25 weeks gestation** to consider the appropriate next steps.

The meeting will be chaired by a social care line manager and should involve the social worker for unborn baby (and parent if applicable); police; community and/or safeguarding midwife; health visiting service; and other involved professionals e.g. adult mental health services, probation, housing, drug and alcohol services, etc.

The purpose of the meeting is the same as that of other strategy discussions and should determine whether a s47 enquiry is necessary and whether the case should progress to an Initial Child Protection Conference. The meeting should also determine any specific requirements of the resulting assessment, how and when the parents will be informed of the concerns and the roles and responsibilities of the involved agencies both in the assessment and in providing ongoing support before and after the birth of the child, including any required action by ward staff if baby was to be born prior to any further planning being in place.

A Pre-Birth Initial Child Protection Conference (ICPC) should take place ideally at least 3 months before the due date of delivery (**by 28 weeks gestation**) in order to allow as much time as possible for planning support during the pregnancy and following the birth of the baby. Where there is a known likelihood of a premature birth, the conference should be held earlier, however the conference should generally not be held prior to 24 weeks gestation. A pre-birth conference has the same status and purpose as any other ICPC and must be conducted as such.

The child protection plan should be reviewed at a Review Child Protection Conference (RCPC) scheduled to take place no later than 12 weeks (3 months) from the ICPC, ideally before the child is born. Consideration may need to be given by the chair to convening an RCPC sooner than 3 months after the ICPC if this is likely to fall close to the child's estimated date of delivery. If the decision at the first RCPC is for the unborn or new-born child to remain subject to a child protection plan, consideration should be given to convening an earlier further RCPC (i.e. within 3 months of the child's birth or first review) given the vulnerability of a new-born baby and importance of the early days of their life.

A Pre-Birth Child Protection 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 where children are already subject to a Child Protection Plan;
- A person identified as presenting a risk, or potential risk, to children resides in the household or is known to be a regular visitor.

Other risk factors to consider include:

- The impact of parental risk factors such as mental ill-health, learning disabilities, substance misuse and domestic violence;
- A mother for whom there are concerns regarding her ability to self-care and/or to care for the child or to protect the child from potential harm caused by a known person.

If the decision is made that the child requires a Child Protection Plan, this plan should be outlined in the conference and commenced immediately. The Core Group must be established and is expected to meet within 10 working days of the conference and certainly prior to the baby's discharge from hospital.

If the case requires legal planning, a discussion should be held with the relevant level of management and the process followed to book a **Legal Gateway Meeting.** Most cases should be heard at Legal Gateway **no later than 26 weeks**, late notifications of pregnancy should be progressed at the earliest opportunity if threshold is considered to be met.

The Legal Gateway Meeting will advise on whether threshold is met for either PLO or proceedings and if so whether there is evidence to support a care plan for separation, parent and child placement or a community-based plan of support. Timescales for a Meeting Before Proceedings should be agreed within the Legal Gateway Meeting. At the point of the local authority agreeing, in principle, that the grounds or threshold for care proceedings exist and that they are likely to issue such proceedings if the situation does not change, the local authority must send the parents a letter. This should set out the Local Authority's concerns and expectations for the parents in order to try to prevent a need to enter court proceedings.

If expert assessments are being commissioned pre-birth (e.g. as part of PLO) these should be timetabled to be completed and reports received at the latest by **36 weeks gestation**; bearing in mind that some assessments (e.g. cognitive or psychological assessments) will need to take place prior to 34 weeks gestation or not until six weeks after the child's birth.

If it has been determined that there is evidence to make an application for an Interim Care Order or other relevant order at birth, the social work team should be prepared to issue proceedings in a timely way once the baby is born. The social worker should start to compile their evidence including updating the chronology and writing the initial court statement and care plan at the earliest opportunity. A referral to Placement Finding and the Supervised Contact team should be made once the decision to issue proceedings is made and a care plan agreed.

**4.2 PRE-BIRTH GOOD PRACTICE STEPS**

In a High Court judgment (Nottingham City Council v LW & Ors [2016] EWHC 11(Fam) (19 February 2016)) Keehan J set out five points of basic and fundamental good practice steps with respect to public

law proceedings regarding Pre-Birth and newly born children and particularly where Children's Services are aware at a relatively early stage of the pregnancy.

In all but 'the most exceptional and unusual circumstances, local authorities must make applications for public law proceedings in respect of new-born babies timeously and especially, where the circumstances arguably require the removal of the child from its parent(s), within at most 5 days of the child's birth'.

In respect of assessment, these good practice steps were:

- The pre-birth plan should be rigorously adhered to by social work practitioners, managers and legal departments;
- A risk assessment of the parent(s) should 'commence immediately upon the social workers being made aware of the mother's pregnancy';
- Any assessment should be completed at least 4 weeks before the mother's expected delivery date;
- The assessment should be updated to consider relevant events pre - and post-delivery where these events could affect an initial conclusion in respect of risk and care planning of the child;
- The assessment should be disclosed upon initial completion to the parents and, if instructed, to their solicitor to give them the opportunity to challenge the Care Plan and risk assessment.
- The social work team should provide all relevant documentation necessary to legal to issue proceedings and application for an Interim Care Order:
    - Not less than 7 days before the expected date of delivery;
    - Legal Services must issue on the day of the birth and certainly no later than 24 hours after the birth (or the date on which the Local Authority is notified of the birth). Where a pre-birth plan recommends an application for an Interim Care Order is to be made on the day of the birth, 'it is essential and best practice for this to occur.

**4.3 SAFEGUARDING BIRTH PLANS**

All unborn children open to Children's Social Care should have a Safeguarding Birth Plan on file and shared with health colleagues prior to the expected date of delivery. Where there are safeguarding concerns, this should be developed and shared **by 32 weeks gestation**. The parents should be aware of and, wherever possible, involved in the development of this plan.

The birth plan should follow the template found here, which has been agreed by safeguarding midwifery services across all three of the health trusts covered by West Sussex (SASH Surrey and Sussex Healthcare NHS Trust, Western Sussex Hospitals NHS Trust and Brighton and Sussex University Hospitals NHS Trust).

For children made subject to a Child Protection Plan, good practice would be for this plan to be devised and agreed at the first Core Group meeting. The plan should be uploaded to Mosaic and clearly case noted so that information can be accessed by the Emergency Duty Team (Out of Hours Service) and shared with, at a minimum, the relevant safeguarding midwife for the hospital where the mother plans to deliver.

The plan must recognise that hospitals should not be considered a place of safety and are not secure settings; therefore if the risks to the child are so high that they would be at immediate risk of harm from their parents once born, contingency plans must be put in place including consideration of the role of police in taking Police Protection. If 24/7 supervision is required of the parents with their baby

on the ward, specific arrangements will need to be made as it is unlikely that this will be provided by midwives on the unit.

**4.4 DISCHARGE PLANNING MEETINGS**

It is expected that a discharge planning meeting will normally take place for all children subject of a Child Protection Plan prior to their discharge from hospital. In some circumstances a clear discharge plan may have been agreed in advance between the social worker and hospital.

**4.5 CHILDREN WHO MAY BE BORN AT HOME OR IN OTHER AREAS**

Expectant parents can be fearful of social care intervention and may try to conceal the birth of their baby from professionals either by giving birth at home or by moving to another local authority. If the social worker considers that this may be a risk, the social worker and relevant safeguarding midwife should agree to complete a 'Safeguard Alert' following the template here, which can be distributed internally within the health trust, to bordering maternity units, to the South East Coast Ambulance Service or to other health trusts regionally or nationally. Information must be provided detailing if it is suspected that the child may suffer or be likely to suffer Significant Harm (i.e. is subject of a Child Protection Plan), is currently subject to a s47 enquiry or if the local authority intends to apply to the courts to remove the baby at birth. It may be necessary for a strategy discussion to be held in order to ensure that all relevant agencies are aware of the risk, including the police. In the event of an expectant mother going missing once an unborn child is subject of a Child Protection Plan, consideration should be given to making a missing person report to the police.

**4.6 INFANT REMOVAL AT BIRTH**

There is currently no guidance outlining roles and responsibilities when removing infants from parents' care, however it is widely accepted that in addition to having an inevitable impact on attachment and bonding, the experience of separating an infant at birth from their mother, father and wider family is an acutely distressing and traumatic experience for all concerned, including involved professionals. Available literature recognises that mothers who experience the removal of a baby at birth experience deep-felt grief, guilt and shame; and there are similarities drawn between the experiences of women who have an infant removed at birth and those whose babies have died (Mason et al 2019).

Every situation should be assessed on an individual basis, however at a minimum there must be clear communication between the social worker, the midwife in charge of the mother's care and where possible the mother and/or father, to identify in advance an appropriate place and who will facilitate the separation of baby from their parents.

Where possible, parents should be given the opportunity to have some choice in who they will hand the baby to at the point of separation and whether they leave the hospital before or after the baby is removed. Where possible, photographs should be taken of the mother/father and baby together and mementoes from hospital provided both for the baby's life story work and for the parents.

Women who have experienced recurrent care proceedings (more than one child removed from their care) in West Sussex can receive support from PAUSE. PAUSE aims to give women the opportunity to

pause and take control of their lives, breaking a destructive cycle that causes both them and their children deep trauma. Further information is available online here.

**4.7 EARLY PERMANENCE FOR CHILDREN**

Where the local authority has determined that there is sufficient evidence that the baby would not be safe in their parents' care once born and there is a plan to issue care proceedings, consideration needs to be given to the parallel permanence plans for the child in order to reduce unnecessary changes of carer once they are born. Viability assessments of family and friends should be undertaken in the first instance during the pre-birth period and in the absence of suitable family placements, consideration must be given to whether the child is suitable for an Early Permanence (Fostering for Adoption) placement so that assessment and planning can take place as early as possible.

Fostering for Adoption protects children from experiencing multiple moves within the foster care system. It provides children with good quality, uninterrupted and consistent care whilst detailed assessments of their birth family are completed, and the Court decides on the plan for the child. Consistent care for the child reduces possible future harm and it supports the child in developing healthy attachments. If the pre-birth assessment indicates that the child is likely to need to be placed outside of their family, the social work team should make a decision as to whether a fostering for adoption placement or placement with siblings previously adopted would be appropriate for the child and discuss this with the adoption team.

**5. THE PRE-BIRTH CHILD AND FAMILY ASSESSMENT**

**5.1 GENERAL PRINCIPLES**

A pre-birth assessment must be of sufficient depth to inform future care planning but should be proportionate to the family circumstances. The assessment should be carried out in line with the principles of the Signs of Safety framework; considering and understanding the danger, harm, strengths and safety within the family and their networks. The use of shared and clear language within Signs of Safety should allow expectant parents and their families to fully understand what worries people have about their potential care of their baby, and what can be done to reduce those worries both during pregnancy and once their baby is born.

The pre-birth assessment should be completed using the Pre-Birth Assessment option within the Child and Family Assessment episode on Mosaic.

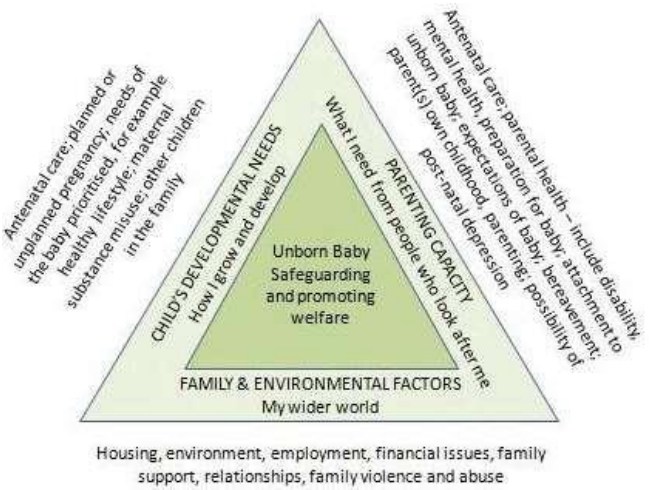
The assessment must identify and understand:

- any risks to the unborn child whilst in utero or once born, including any worries about the parents' capacity to meet their needs of their baby;
- whether the parents can recognise these worries and are motivated and able to work with professionals to reduce them;
- what support parents may need to achieve positive change;
- whether parents have been able to access any support or intervention, and whether this has achieved any sustained change;
- and, if the assessment concludes that the parents are not able to safely care for the child, what is the proposed plan for the child's care.

The pre-birth period should be thought of as a unique opportunity for change and the assessment needs to be started early during the pregnancy so that the parents are given the opportunity to show that they can change. For some parents, pregnancy and birth can provide the 'tipping point' for them to make significant changes to their lifestyle. For others, it may not be possible for them to manage parenthood alongside their own needs, however a robust pre-birth assessment including the contribution of an effective multi-agency network should provide an opportunity to make clear and structured plans for the baby's future together with support for the parents.

### 5.2 UNDERTAKING A PRE-BIRTH CHILD AND FAMILY ASSESSMENT

The domains of the 'framework for assessment of children in need' should be considered in undertaking the assessment, although proportionality needs to be applied to make it meaningful to each child and families' situation. A pre-birth assessment may concentrate more on aspects of parenting capacity and wider environmental factors. However, the adapted assessment triangle below demonstrates how 'child's developmental needs' can be applied to unborn children, including considering the child's needs in utero and immediately after birth.




#### 5.2.1 CHILD'S DEVELOPMENTAL NEEDS

For an unborn child, consideration must be given to antenatal care received including when the booking interview took place, mother's attendance at appointments, any medical complications or concerns and any genetic inheritance issues. The assessment should include an analysis of the meaning of the child to both parents and their role within their family; including was this a planned or unplanned pregnancy and do the parents have realistic plans in relation to the birth and care of their baby? The social worker should consider whether the unborn baby's health and development is being prioritised, for example is there maternal substance or alcohol use, or is mother maintaining a healthy lifestyle and considering the impact of her own actions on her growing baby. It is important to understand whether there is any evidence of pre-natal attachment between the parents and their unborn baby or whether this needs to be supported through the provision of available interventions, for example those provided by the Child and Family Intervention Service (CFIS), Family Nurse Partnership or Young Parents Pathway.

### 5.2.2 PARENTING CAPACITY

The assessment needs to consider any significant adult in the child's life. Research has highlighted that despite the need for fathers to be assessed more fully, a problem of marginalisation of birth fathers in pre-birth proceedings remains (Masson and Dickens 2015). Ward and colleagues (2006) advise that careful assessment of fathers should be undertaken as to whether they may pose a risk to a child or may act as a protective factor resulting in a child being able to remain within their birth family. It may be that the putative father is not involved but there is a new partner who intends to raise the child, which could create risk or protective factors to both the unborn and subsequently the newborn child.

The assessment will need to include an exploration and analysis of the parents' parenting capacity, including an analysis of their insight into any identified issues and their capacity to change. In order to achieve this, the assessment may explore the following areas.

**a) Parents' social history and family background and the impact of their experiences on their parenting capacity:**

In order to understand the background for the family, social workers should review and analyse any records (including archives) for each parent and relevant family members. In addition to reading files, social workers should try to compile a history and narrative from the parents' themselves about their understanding of their previous experiences. As Dan Siegel (2010) writes, "*The best predictor of a child's security of attachment is not what happened to his parents as children, but rather how his parents made sense of those childhood experiences*". The analysis of the narrative information should give the reader an understanding of any significant events and what they might mean for the parents or their new baby.

***ACTIONS:*** Upon allocation, request any archived files including paper archives and previous court bundles; these can be requested by embedded administrators. Arrange to view files in any other local authority and start to construct an impact chronology of key events from the previous history, including information from other agencies. Gather a narrative or timeline from parents about their life and their experiences of being parented.

**b) Parents' ability to understand and meet the needs of the child:**

The assessment will need to consider each parent or carer's parenting capacity and understanding of a children's practical and emotional needs once they are born and throughout their lives. It is important to establish whether the parent can hold the child in mind and emotionally attune to their needs. Consider whether there is anything additional impacting the parents' ability to understand and meet the needs of the child e.g. a learning need or emotional dysregulation. Social workers should consider what expectations the parents have of each other in terms of parenting and how they will be able to work together.

***ACTIONS:*** Direct work with parents to ascertain their understanding of children's needs. If significant gaps are identified, consider referrals to other specialist services or a child and family worker to provide practical parenting advice and support. Consider whether specialist support or assessment is

required e.g. PAMS for parents with diagnosed learning disabilities or Family Nurse Partnership for young parents.

**c) Factors which may impact parenting capacity:**

Often parents may have the knowledge and skills to meet their child's needs, but they are not able to consistently put these into practice due to their own needs or external factors. Consider whether there are any factors affecting the parents' parenting capacity or capacity to identify and appropriately respond to any risks. For example, substance misuse, mental health difficulties, learning disability, physical disability, domestic abuse or a history of trauma. These factors in themselves would not necessarily mean that a parent could not care for their child, however the assessment will need to consider what the impact of these factors would be on the child in utero or once they are born if these issues are not resolved.

***ACTIONS:*** If concerns are identified, consider next steps. Are parents able to recognise the concerns and what support do they need to address them. Consider referrals to specialist agencies if not already open to services e.g. CGL, peri-natal mental health. Are any specialist assessments required to inform the pre-birth planning for example cognitive assessment, psychiatric assessment, hair strand testing?

**d) History of being responsible for children:**

By reading any records and speaking with parents, social workers should ascertain whether they have any history of being responsible for children and whether there have been any concerns about their previous care of children. For example, child protection plans, allegations of harm or previous care proceedings.

Many children referred pre-birth are referred as a result of issues relating to parents' care of previous children. If a child has previously been removed from parents' care, this suggests that there have been significant deficits in parenting capacity and the pre-birth assessment will need to focus on what has changed and the prospective parents' current ability to care for and protect their child from harm.

Even if there have been children recently removed from parents' care, the parents' ability to meet the needs of their unborn child may need to be reassessed. Calder (2000, p18) 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.". Particular attention should be given to whether there is a new partner or family member in the home and whether they may offer additional safety.

***ACTIONS:*** Read any files, including archives and legal bundles and discuss the history with parents. If there is any history of concerns, establish parents' views about this and whether they demonstrate any insight into this. Construct a clear chronology of any history of assessments and interventions previously provided and the outcome, for example if there were expert assessments undertaken as part of previous care proceedings, have parents engaged in any support which had been previously recommended? If so, are there any evidenced changes and have these been sustained? Consider whether a referral to the Child and Family Intervention Service for pre-birth intervention is appropriate; particularly if there have been previous care proceedings and some indication of positive change.

**e) Motivation and capacity to change:**

It is not enough to simply identify risks as part of the assessment, a social worker will also need to make efforts to support parents to address identified risks and achieve safety before this baby is born. They will need to consider the parents' attitude to professional involvement, their ability and willingness to address any of the issues identified in the assessment and their motivation and capacity to make any changes.

Research has shown that the capacity to mentalise directly correlates with a parent's ability to reflect as a parent on the needs, wishes and feelings and intentions of their baby. Mentalisation is the ability to understand oneself and others on the basis of what is going on inside us; in order to change and do things differently, a parent will need to mentalise their child's experiences. For example, the social worker should try to understand what the parents' view is on any harm that their children have suffered and their sense of responsibility with regards to that harm. Do the parents accept responsibility for their own actions, and have they been able to take up offers of support? If parents have taken up offers of support, have they been able to work with services to make and sustain any changes?

***ACTIONS:*** Ask questions to consider whether parents are ready and able to change. What is the parents' view of their parenting skills, for example are they able to identify their own strengths and weaknesses? Are they able to mentalise their children's experiences? Is there evidence of genuine motivation or issues of disguised compliance? Consider a referral to services such as CFIS who can support parents to make and sustain changes.

**5.2.3 FAMILY AND ENVIRONMENTAL FACTORS**

**a) Family and friends' network:**

The assessment must consider the child's safety in its whole family context, not just in relation to their parents' parenting capacity alone. As part of the assessment, a family network meeting should be held to consider what support and safety will be available for this child and what support is available to parents. The assessment should address whether support is likely to be available over a meaningful timescale and whether it is likely to enable change and effectively address the concerns.

***ACTIONS:*** Hold a family network meeting to establish support and safety plan. If concerns are significant, consider viability assessments of proposed family or friends who could care for the baby if it is not safe for them to remain with their parents.

**b) Professional network:**

In addition to the family network, consider the support available from professionals or other sources. Research has highlighted the importance of midwifery and adult-based professionals in the process of pre-birth assessment, particularly in relation to supporting parents' engagement in the process. During pregnancy, parents are often working closely with a number professionals and the role of health colleagues such as midwives or Family Nurse Partnership is crucial as they are in a position to form a supportive relationship with the mother to enable her to recognise the importance of ensuring the baby is safe. In addition to supporting the family, working effectively with a multi-agency network can provide rich information to inform the assessment.

***ACTIONS:*** Ensure that all agencies are aware of your involvement from point of referral and establish a regular means of communication; for example, an email and/or regular meetings. Request details and/or a chronology of agencies' involvement with the parents to inform your assessment and find out what support can be offered during pregnancy and what this will also look like once the baby arrives. Consider whether any additional referrals are needed to target identified needs.

**c) Environmental factors:**

The assessment also needs to consider environmental factors such as housing and home conditions, employment and financial stability. Consider whether the parents have practically prepared for the child; if they cannot meet or understand the need for a safe and warm home environment for a new-born baby, it may be the case that they will struggle to meet the child's more complex, emotional, psychological and social needs.

***ACTIONS:*** Liaise with parents and professionals to understand any environmental factors which might impact on the child.

### 5.3 PARTICULAR VULNERABILITIES RELATING TO UNBORN/NEW-BORN BABIES

Social workers should be mindful of the heightened risks associated with pregnancy and to unborn children, as well as the particular vulnerabilities of new-born children. For babies, pregnancy and the first months of their life are crucial to begin to lay the foundations for their future. Babies under six months can be more fragile than an older child and are at greatest risk of non-accidental head injury for example caused by shaking or abusive head trauma; this can have long term implications for children including blindness, brain damage or even death (NSPCC 2014). For parents, it is also a time of significant adjustment, as well as potential vulnerability and stress. Reder, Duncan and Lucey's (2003) seminal research paper proposed that the process of becoming a parent is a high-risk period for adults with a history of disrupted care and trauma. They showed that on becoming pregnant the mother's residual conflicts and unresolved trauma heavily influences her attitudes both towards the pregnancy and unborn baby and these may become triggered by the care needs of the child after birth.

**Domestic abuse:** Women's Aid indicates that domestic abuse can either begin, or increase, when women are pregnant. Domestic abuse in pregnancy can pose serious physical and emotional risks to the health of both victim and child. There may also be an indirect impact on parent's attendance at antenatal care, or increased difficulties with their mental health which could 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.

**Alcohol and other drug use:** Drug or alcohol use 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 foetal alcohol syndrome (FAS). 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). New-born children exposed to substance use in utero will need to be monitored for symptoms of withdrawal in hospital.

**Mental health:** Anxiety and depression during pregnancy can increase the risk of parental postnatal depression, which in turn can make it harder for parents to provide warm, sensitive and responsive care after the baby is born. Parents who take prescribed medication for a psychiatric illness may have

fears about the impact on the unborn child. Medical review of medication may be needed in order to allay parents' fears, and prevent premature cessation of medication, which could increase the risks of parental mental illness reoccurring.

**Multiple complex problems:** Many parents who are referred in pregnancy may be referred as a result of all those categories mentioned above, sometimes known as a "toxic trio". Parental substance use, parental mental illness and domestic abuse combined will have a potential detrimental impact on all aspects of a child's health and development. Cases involving multiple complex problems such as these cannot be effectively worked by a single agency and cooperative working with other professionals is vital to capturing a full picture of the risks for the unborn baby.

**Housing and homelessness:** While this is an issue for children of all ages, it is a factor of special importance for young babies (Ofsted 2014). The quality of housing itself can be an additional stressor for new parents and frequent moves between different temporary accommodation can make it more difficult for services such as midwifery and health visiting to provide a consistent service and monitoring of baby's development at a crucial time in their lives.

**Parents with learning disabilities:** Parents with a learning disability may require additional support in order to understand and access antenatal care. If there is a query over a parents' cognitive ability, a learning disability screening tool should be carried out as soon as this concern is identified so that appropriate support can be put into place, which may include a cognitive assessment. The West Sussex Learning Disabilities Parenting Team can offer advice and consultation, in addition to undertaking cognitive assessments and should be referred to early in pregnancy where there is a suspected learning disability. The pre-birth assessment should focus on how the learning disability may impact on the adults' ability to parent and the provision of appropriately tailored services and support that may assist them to do so; it should also consider the level of family support available to the parents. It may be appropriate to refer for a PAMS assessment to be undertaken as part of the pre-birth assessment. Social workers should be familiar with the Working Together with Parents Network update of the DoH/DfES - *'Good practice guidance on working with parents with a learning disability*' available here. Even in the absence of a diagnosed learning disability, if a social worker has concerns about a parents' level of understanding or their cognitive capacity, they will need to adjust their approach and ensure they are working in line with the good practice guidance in order to enable parents to engage with the process.

**Young parents:** Most young parents will be able to safely care for their child with the support of their naturally connected network or with the support of trusted professionals. However, we know that young women who become pregnant as teenagers are often vulnerable and teenage fathers are often excluded from support or involvement with their unborn child. Teenagers who become parents may have more difficulty accessing education and training or social activities than young people who are not parents. Consequently, their children may be exposed to greater social deprivation and disadvantage. Professionals need to offer coordinated support to these young parents in order to help them become the best parents that they can be.

Attention should be given to evaluating the quality and quantity of support that will be available within the extended family and friends' network, the needs of the parent(s) and how these will be met, the context and circumstances in which the baby was conceived, and the wishes and feelings of the child (or children) who are to become parents.

Young parents in leaving care services are likely to experience similar difficulties to those faced by all young parents, however they may be less likely to have consistent positive adult support and more

likely to have to move. Young people who have been in local authority care may have experienced trauma or adverse childhood experiences which, if unresolved, could impact their ability to provide safe care. If the prospective parent is a Child Looked After or Care Leaver, then attention should be paid to their long-term plan and how assessing for independence should incorporate the thinking of 'independence with responsibility for a child'. It is expected that if a young parent is open to another social work team (either as a Child Looked After or care leaver), the initial visit should take place jointly with the unborn baby's social worker in order to re-assess the young person's own needs in conjunction with the assessment of their ability to safely parent their unborn child.

All expectant young parents in West Sussex should be offered support through the Young Parents Pathway, information about this can be found by following the link here. Vulnerable young parents may also be eligible for the support of the Family Nurse Partnership. This should be considered early in pregnancy as it will need to be commissioned by 28 gestation and can provide comprehensive support and intervention to the infant and parents for up to two years post-birth.

### 5.4 ANALYSIS AND CONCLUDING THE ASSESSMENT

Assessment and intervention should not be undertaken in isolation of each other and the pre-birth assessment should evidence any change from referral to the point of concluding the assessment. If the pregnancy is referred at an early point (e.g. 12 weeks) there will need to be an on-going assessment of change from the point of referral to birth, for example through the child protection process. The social worker's analysis should give the reader an understanding of why the assessment has been undertaken and should be clear about the individual unborn child's needs as well as the needs of their parents. Careful analysis of the information gathered should be a shared process with other agencies, particularly midwives or specialist services, to ensure that a robust and evidence-based assessment is formed with a clear plan of how the child's needs will be met.

The analysis should state clearly what the worries are and what the likely impact on the child will be if nothing changes. It should outline the work that has been undertaken and what still needs to be done to support the family to make the changes that they need to make, based on a Signs of Safety approach. It should include an analysis of the parent's capacity to make the necessary changes to be able to safely care for their child. The analysis should demonstrate an understanding of the family history and the way that the history may have contributed to the current situation.

Throughout the pregnancy, the social worker will have been working with the parents, extended family and friends and other agencies to identify any potential harm, complicating factors and any safety or strengths which could mitigate against future harm. This means that in advance of the baby's birth, the social worker should be able to identify whether they consider that the baby will be at risk of significant harm once they are born, and if so why. If the baby is not considered to be at risk of significant harm, the social worker should be able to clearly conclude why this is and what the family plan is to care for the baby. If the baby is considered to be at risk of ongoing harm, the social worker will need to be clear about why a family and friends involved safety plan to protect the child has not been successful or had the desired impact and should make recommendations regarding who could safely care for the baby when it is born and any proposed next steps e.g. a Child Protection Conference, Legal Gateway Meeting or proposal to issue care proceedings.

Links to related documents:

WS Safeguarding Birth Plan Jan 2020

Maternity Safeguard Alert Template

Screening Tool for Learning Disabilities

Young Parents Pathway 2020

Learning Disability Good Practice Guidan

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| Review / Contacts / References | |
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