

Surrey County Council
Pre-Birth Assessment Guidance

1. Overview/Introduction

This document provides guidance on **how** to complete a Pre-birth Assessment. For details of **when** to carry out a Pre-birth Assessment please refer to Section 5.20 of the Surrey Safeguarding Children Partnership Manual using the link below:

<https://surreyscb.procedures.org.uk/hkply/procedures-for-specific-circumstances/pre-birth-child-protection-procedure/#s1371>

The assessment should concentrate on the risk factors present, parental behaviour and responses and the potential risks to the child

The assessment should be a multi-disciplinary assessment with involvement of health professionals and any other relevant (substance misuse worker/mental health worker/adult services)

The assessment should be completed in the normal C+F assessment template and pay consideration to the DoH assessment framework.

2. Assessment tool:

You would need to begin with an introduction that includes; Family Structure/Composition, the reason for the assessment, your sources of information and a section on ante-natal care and obstetric history (this part should be provided by health professionals involved).

<p><i>Initial areas/questions to consider (in the pre-birth C&F)</i></p>	<ul style="list-style-type: none"> • <i>Was this a planned or unplanned pregnancy and feelings about pregnancy (both parents) what was context/circumstances of conception</i> • <i>Family and friends responses to pregnancy.</i> • <i>Any concerns regarding alcohol/substance use before/during/after pregnancy</i> • <i>Any history of previous miscarriages and terminations</i> • <i>Standard of care and parenting of other children (if there are any)</i> • <i>Partners support/view of pregnancy/relationship status</i> • <i>Issues relating to domestic violence/abuse</i> • <i>Psychiatric history/MH (particularly psychosis, depression and self-harm)</i> • <i>Housing/Finance/Support Network</i>
<p>Meaning of the child</p>	<ul style="list-style-type: none"> • Expectations of what it will mean to become a parent/have a child (ie is this balanced, realistic, focussed on the child's needs etc) • Hopes and fears for the future (within normal limits, balanced, realistic and appropriate) • Practical and psychological preparations for the baby (name choosing, referring to baby, stroking/touching)

	<p>pregnant tummy, wondering about what they might be thinking, feeling etc Sourcing equipment such as cot, pram clothes etc)</p>
Relationships	<ul style="list-style-type: none"> • History of relationships • Current relationship status • Concerns regarding domestic abuse (including coercion and controlling features) • Primary carer • Parenting expectations (of one another)
Social History	<ul style="list-style-type: none"> • Parents own experiences of being parented (and ability to reflect on such) • Any relevant trauma and loss experienced (resolved or unresolved) • Education and employment history
Mental Health	<ul style="list-style-type: none"> • A diagnosed mental illness • Engagement with allocated services and insight into difficulties • Safety plan in place • Personality disorder (or traits of) • Emotional or behavioural difficulties (such as difficulties with self-regulation poor impulse control etc) <p><i>Note: If there are significant mental health difficulties and ongoing contact with mental health professionals they should provide more detailed information/joint assessment.</i></p>
Learning Disability	<ul style="list-style-type: none"> • A diagnosed learning disability or significant learning difficulties (assessed) • Attendance at specialist school provisions • Concerns that information is not being retained, processed, recalled but no diagnosed LD <p><i>Note: If there are significant cognitive impairments assessment should be informed by further information from relevant professionals/joint assessment</i></p>
Domestic Abuse	<ul style="list-style-type: none"> • Experience of in childhood/adolescence • Experience of in previous relationships • Experience of in current relationship • Understanding of impact on unborn child and children • Interventions and support services
Alcohol/Substance Use	<ul style="list-style-type: none"> • History of experiencing parental alcohol/substance use • Parents own alcohol/substance use pre pregnancy and currently • Insight into the effects of alcohol/substance use on unborn child and children • Engagement with support services previously/currently <p><i>Note: If there are continuing issues with regard to substance use and services involved those professionals should provide relevant information/jointly assess.</i></p>

Home Conditions	<ul style="list-style-type: none"> • Are there concerns regarding the home conditions (if so use of home conditions scale) • Are there issues of overcrowding • Stability of housing/is housing appropriate/secure/long-term • Will housing become inappropriate once baby is born.
Support Networks	<ul style="list-style-type: none"> • What support do the parents have from family/friends • What support do the parent(s) have from professionals • What community resources are the parent(s) engaged with (for example Church, Mosque, community centre's previous engagement with professionals) <p><i>Note: Consideration to convening FGC part of the information gathering in terms of support so it is not just self-reports from the parent(s) but evidenced by family members/friends also this is also a good place to start developing the safety plan</i></p>
History of abuse (perpetrator or victim)	<ul style="list-style-type: none"> • Previous convictions against children (by parents or family members/associates of parents) • CP plans/CP concerns Section 47 enquiries • Care proceedings/private law matters • Previous parenting or risk assessments • Acceptance/non-acceptance of findings/responsibility accepted • Support services/interventions
Ability to understand and meet needs of baby	<ul style="list-style-type: none"> • Physically and emotionally able to meet the needs of the baby • Shows an interest in the development of the unborn baby • Has some general knowledge and interest in knowing about child development • Has a general understanding of the basic needs of a baby as well as the attachment/emotional needs of a baby • Can give appropriate examples of the sort of challenges that they may need to prepare for once the baby arrives. • Ability to identify potential 'risk' and how they would respond.

3. Conclusions and Analysis:

General overview of things to consider are as follows;

- Clearly identified strengths and challenges.
- Is there identified risk of significant harm for the baby? What is the risk and who poses it
- In what circumstances might this risk be reduced/increased?
- Will the risks arise before the baby is born, at birth or immediately following birth, Whilst still a baby, as a toddler pre-school or older child
- What changes could be made to lessen the risks and who could make them and how

- How motivated are the parents to make the changes and what is the capacity for change (using guide on change process....at which stage are we at?)

Once the assessment is completed and shared with the expectant parent(s). The following is also helpful to consider

- Were the parents able to accept and acknowledge areas of difficulty and think about possible solutions
- Are the parents willing to engage with support services and professionals and how do they view this support
- Are the parents able to work together as a partnership and do they present appropriate behaviours and attitudes towards one another
- Are the parents able to acknowledge things from other points of view (including professionals)
- How do the parents respond to appropriate challenge and suggestions for improvement/support
- Have the parents already been able to demonstrate good working relationships with other professionals.

Matters to be considered when concluding the Pre Birth Assessment.

- On completion of the assessment is it your view that the risks are so high that the baby cannot safely return home to the care of the parents following hospital discharged as the situation currently stands.
- What protective measures could be put in place to ensure the risks are safely managed?
- Has an FGC taken place which may identify safe adults in the family?
- Are the parents likely to cooperate with family members/ professionals?

If the risks remain so high that the baby cannot safely remain in the care of their parents then consideration to requesting a Legal Planning Gateway Meeting, to be authorised by the Service Manager.