

SAFEGUARDING UNBORN AND NEW-BORN BABIES:

PRE-BIRTH ASSESSMENT & INTERVENTION



WHY IS IT IMPORTANT?

Very young babies are extremely vulnerable to abuse. Statistically, a third of serious case reviews in England relate to babies under the age of 1 year, with babies being 7 times more likely to be killed than older children. Babies under 6 months old 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 death. For babies, pregnancy and the first months of their life are crucial to begin to lay the foundations for their future.

For some parents, pregnancy and infancy provides 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. This often cannot be fully tested until the baby has arrived, but pregnancy is a good place to start.

Fundamentally, we need to know:

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 to the baby throughout their childhood? (Hart 2010)

KEY MESSAGES

- By virtue of their vulnerability, the needs of unborn/new-born babies are different to those of older children whose parents face the same difficulties. Unborn/new-born babies are entirely dependent on their caregivers; they cannot defend themselves or tell us when something is wrong.
- Early assessment, intervention and planning are vital. We need to work with parents during pregnancy to address and reduce concerns **before** the baby is born.
- We must think about **permanence** from the very beginning; what is the parallel plan if we cannot reduce the risks for this baby?
- A child protection plan does not necessarily equate to safety for a baby and there needs to be a clear plan for how the network is safeguarding the baby.
- **Multi-agency** working is essential to ensure there is a shared analysis and understanding of risk.
- Everyone should be aware of the risks to babies' safety from co-sleeping, particularly where there are concerns about alcohol or other drug use, or prescribed medication which can act as a sedative.
- Insight and motivation to change does not always equate to **capacity** to change.

FACTORS AFFECTING THE PARENTING OF UNBORN AND NEW-BORN CHILDREN

Domestic abuse: Research shows that DA can begin or increase when women are pregnant. DA in pregnancy poses physical and emotional risks to the victim and the unborn child, and babies are particularly vulnerable to being caught in the crossfire given their reliance on their caregivers. The extent to which the abusive partner also poses a direct threat to the child needs to be considered.

Alcohol and other drug use: Drug or alcohol use in pregnancy poses developmental risks to the unborn child such as pre-term delivery, low birth weight or neonatal withdrawal symptoms and foetal alcohol syndrome (FAS). 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).

Mental health: The perinatal period is a vulnerable time for women with existing mental illnesses, as well as being associated with an elevated risk of developing a new serious mental illness particularly in the early weeks following delivery. 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.

Multiple complex problems ("toxic trio"): Parental substance use, 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 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. If multiple complex problems are present, SCR's have shown this substantially increases the risk.

Parents with learning disabilities: These parents may require additional support in order to understand and access antenatal care. The pre-birth assessment should focus on how the learning disability may impact on the adults' ability to parent throughout the child's life, 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. If there is evidence of or an indication of likelihood of learning difficulties, Good Practice guidance must be followed from the outset.

Young parents: Most young parents will be able to safely care for their child with the support of their naturally connected network and trusted professionals. However, attention should be given to evaluating the quality and quantity of support available; 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 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 but may also be less likely to have consistent positive adult support. YP 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. However, being Care Experienced in itself is not necessarily a risk factor and we need to be clear about why we are worried, and sensitive in the language that we use. If these YP have been in our care, we have a responsibility to provide them with the highest level of support to safely care for their children.

Housing and homelessness: 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.

Previous care proceedings: 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.

Other risks: Consideration needs to be given to the people in the child's network who may pose a risk for example those who have convictions or have been suspected of violent or sexual crimes.

FOR FURTHER INFORMATION PLEASE SEE PRE-BIRTH ASSESSMENT GUIDANCE ON TRI-X OR CONTACT SPECIALIST PRE-BIRTH SOCIAL WORKER