

# Devon Pre-Birth Assessment Procedures

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## 1. Introduction

In Devon we endeavour to keep children together with their families where safe to do so, we do this by ensuring that families receive the skilled support they need to help them make the necessary changes to enable them to look after their children safely. This is underpinned with an ethos that supports social workers in undertaking relationship-based practice, approaching families with empathy, compassion and creativity. We seek to remain balanced in our judgment and to understand fully both the strengths that families have, the areas for improvement and risks with the welfare of the child remaining as paramount.

The aim of this procedure is to inform a sustained and early approach to a pre-birth assessment in which parents are engaged and supported throughout the ante-natal period. Identifying the needs of and potential risks to the unborn child at the earliest possible stage avoiding the likelihood of last-minute activity around the time of birth and the consequent distress to the family.

The purpose of this procedure is to:

- Clarify what is meant by pre-birth assessments, their purpose and circumstances of use.
- Provide the basis for consistent and sustained approach to pre-birth assessment when the focus is on engaging and supporting parents throughout the ante-natal period with a plan post birth of the baby
- Ensure time is available to identify the needs and potential risks to the unborn child and to avoid the possibility of last-minute emergency response at the time of the birth.
- Set out procedures to inform and guide practitioners and managers as they undertake pre-birth work with families.

## 2. Early approach to Pre- Birth Assessments

It is essential that pre-birth planning is undertaken in a timely manner, that includes, all professionals making early pre-birth referrals, completion of pre-birth assessments before the baby is born, putting support plans in place, and convening pre-birth conferences where appropriate.

Early referrals should be encouraged to ensure the following:

- The Assessment process starts as early in the pregnancy as is possible. Being mindful that the baby may be born earlier than anticipated therefore allowing enough time to conduct the Assessment and put in place the appropriate Plan.
- Liaison with the Midwife regarding the progress of the pregnancy and identify any specific needs and any changes to the anticipated expected date of delivery.
- Parental engagement and contribution to the assessment to increase professional's understanding of past and current concerns and key influences which will encourage an individualised family support plan
- Parents have time to contribute their ideas and solutions to increase the likelihood of a positive outcome to the assessment.
- Early Help and Support services can be provided in a timely manner.
- Family Group Conference or Family Network meetings are held as early as possible to identify support networks
- Consideration and involvement of specialist partner agencies in the context of Domestic Abuse, Mental Health and Substance Misuse where concerns have been raised regarding these issues with the parents of the unborn baby.

- Late referrals receive the highest level of priority.
- The Involvement of fathers, current partners, ex partners if father, same-sex partners and other adults living in the household in the process of assessment to explore their potential role in supporting caring for the child and identifying any concerns that they may pose
- Needs are identified and assessed during pregnancy, consideration is given to a 'step up or step down' approach so children and families are supported by the most appropriate services.
- Triangulation and analysis of information gathered from the parents, family, and all other sources to inform the assessment and decision making.
- Contact and continuing dialogue is maintained with all other professionals involved to understand how the professional network is working with the parent/family, who is best placed to provide specialist support to the parent/family, with a constant focus on ensuring the needs of the child are paramount and to avoid misunderstanding/miscommunication.
- Consent issues are not a barrier to intervention, if consent is not being given why is that, always remaining curious.
- Recording of social work visits are focused and purposeful – naming where visits took place, purpose, focus and outcome of visit, (e.g., in the home/office/park etc) who was present, recording should be succinct, meaningful, and capturing the key points with an analysis of information and intervention and next steps.
- Where we are unable to engage parents during the pre-birth assessment that this triggers timely escalation and discussion with a manager and consideration is given to what steps need to be taken to progress the assessment.

### **3. Purpose of Pre-Birth Assessment**

The purpose of a pre-birth assessment is to:

- Identify any potential risks to the new-born child and what interventions need to be undertaken to safeguard the baby from significant harm or likelihood of significant harm
- Assess the parenting capacity, including the capacity to make necessary changes.
- Ensure parents are offered support at the start of their parenting career rather than when difficulties arise
- Assess whether the parent(s) are able to make the necessary changes so that the identified risks can be reduced and if so, what supports they will need.
- Establish a collaborative working partnership with parents before the baby is born and that they understand the purpose of the pre-birth assessment and feel safe to engage
- Assess the wider family network and existing strengths, that can support parents to reduce risk and identify where parenting capacity can be strengthened through regular and consistent support
- A clear plan of intervention and support to the family during pregnancy and once baby is born.

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

There needs to be good consistent dialogue between professionals, recognition of the strengths and expertise that individual practitioners bring to the process and interventions to support the parents with a constant focus on the needs of the unborn child.

#### Principles to follow when undertaking a pre-birth assessment:

- Pre-birth assessments should be undertaken with a multi-agency approach.
- Each new pregnancy, where there are, or may be, significant concerns regarding the unborn child, must be the subject of a new pre-birth assessment

Assessments must consider a review of history and previous involvement with children's services this must include:

- a review of documents where a Legal Order has previously been made and/or legal proceedings undertaken
- the transcript of that hearing and/or Court attendance note capturing the final hearing, where available
- the judgement from the Fact-Finding hearing where a child has suffered non-accidental injury or other abuse
- assessments undertaken in previous proceedings noting any expert recommendations or intervention for the parent
- the outcome of previous legal proceedings and the actions required to address the concerns
- enquiries with any other Local Authority (LA) where the family have lived and the history with that LA
- up to date chronologies to identifying key issues, and patterns to support decision making
- clear evidence of interventions to support the parent/s

#### 4. Referral Pathways

All professionals in contact with pregnant mothers should routinely assess the needs of the mother and unborn baby, gathering as much information as possible and make timely referrals to ensure the right support is offered and identify when a pre-birth assessment is required.

Pre-birth contacts will be screened, and relevant checks undertaken by the MASH on the same day and a decision made as to whether it meets the level of need for a pre-birth assessment to be undertaken. At the point of referral, the following information should be sought from the referrer:

- The estimated due date (EDD) of the baby.
- Details of the father and/or partner should be ascertained.
- The presenting concerns such as mental health, substance misuse or learning difficulties or any other concerns.
- Any other pertinent health information
- Identify what support the parent may require (Early Help/Targeted or a statutory response).

Decisions will be based on the presenting information and history to determine the level of need. The management oversight should outline the rationale for the decision.

The young age of a parent should not automatically be seen as an indicator of risk, but there are occasions where the young person themselves has needs which requires assessment under either Child in Need or Child Protection Process. If a young parent is made subject to a Child Protection or Child in Need plan they should be allocated a Social Worker in their own right and not the same Social Worker as the Unborn Baby.

It is essential to undertake the pre-birth assessment as early as possible in the pregnancy, as this:

- provides parents with sufficient opportunity to identify the support and interventions that they need
- show progress of the plan, what has been achieved, or if further support or changes are required
- will enable the identification and completion of any specialist and/or risk assessments and interventions (if required) to be undertaken
- ensures that the assessment is robust and holistic prior to the birth of baby.

Consent should be sought, and referrers should ensure that they have discussed the referral with parent/s and seek consent unless there are concerns that would place the unborn child at risk. If the referrer is not satisfied with the response from Children's Social Care, they should raise their concerns with their Designated Person for Child Protection and consider escalating their concerns using the Escalation Policy.

Where the decision is made that no further action should be taken at this stage the referrer should be informed of the decision and rationale and be advised of alternative support where appropriate.

One of the following outcomes of the request for support should be identified:

### Universal Support

Concerns that do not meet the Levels of Need for a safeguarding response can be referred or signposted with the agreement of the parent:

- For advice and support

### Early Help, Targeted Support

The MASH will undertake relevant checks to determine the level of need and refer to:

### Vulnerable Pregnancy Pathway Meeting

If the decision is to refer the mother to the Vulnerable Pregnancy Pathway Meeting the MASH will send the contact directly to the relevant locality Vulnerable Pregnancy Panel.

The Vulnerable Pregnancy Meeting will consider the support required and signpost for advice and guidance, refer on to the Early Help Triage Panel, or if further information is shared that indicates the parent requires a statutory intervention and would benefit from a pre-birth assessment the Vulnerable Pregnancy Panel will step up to statutory services via the MASH.

### Referral to Children's Social Care and who should undertake the Prebirth Assessment

Pre-birth assessment should be completed for families where there are concerns regarding parenting capacity, as early into the pregnancy as possible, ideally 12 weeks gestation onwards. If a request is made before 12 weeks this should still be accepted, as the longer we have to work with and support the family the improved likely outcomes for the child. E.g.

if a mother in using drugs or alcohol we need to support her as early in the pregnancy as possible to prevent harm to the unborn baby. The earlier into the pregnancy this work can be completed the more time we have to work with parents to prepare for baby and start to address and provide support regarding the identified concerns.

Once checks have been undertaken by the MASH they will send through to the following teams:

### Initial Response Team to undertake Pre- birth Assessment

Initial Response Teams will be responsible for undertaking pre-birth assessments for those unborn babies where the risks are unknown, or where it is unclear from the referral information if there will be an ongoing statutory role. These will be families where there is no previous significant or worrying history.

### Children and Families Team

In order to reduce the number of social workers that the parents have contact with and changes in teams, pre-birth assessments where it is likely there will be an ongoing role for statutory services will go direct to the children & families' team.

C&F Teams will undertake the prebirth assessment in the following scenarios:

- For all unborn babies who have a sibling open within the team.
- In current care proceedings with siblings of the unborn
- Previous children have been subject to a child protection plan
- **Where there is any significant history or harm or deficit in parenting which would likely place the unborn at risk of significant harm.**
- Where a Registered Sex Offender or offender of another type of crime against a child (or someone found by a child protection conference to have abused) has joined a family/is the parent.
- Where there are acute professional concerns regarding parenting capacity, particularly where the parents have mental health difficulties or learning disabilities.
- There is a history of violent behaviour, including domestic violence.
- Where alcohol or substance abuse is thought to be affecting the health of the expected baby and is one concern amongst others.
- Where the expected parent is under 16 years of age and/or is a Child in Care or is a Care Experienced young person where there are concerns, including their ability to parent the baby, a dual assessment of their own needs as well as their ability to meet the baby's needs may be required. Please note a Care Experienced young person should not automatically be seen as requiring a prebirth assessment unless there are concerns regarding their ability to parent the baby.
- If a previous child/young person has died unexpectedly in the care of the parents and the cause of death is a result of anything other than 'natural causes'
- If a parent has previously been suspected of fabricating or inducing an illness in a child
- Always if for any reason (in addition to the above) it is possible the mother and newborn will need to be separated at birth and Children Social Care will be part of the planning (not including a parent's request to relinquish the baby for adoption) in order to complete a good quality holistic assessment

## Outcomes of a pre-birth assessment

- The Pre-birth assessment can be used to progress an unborn baby to CP conference where significant concerns continue, and it is felt that the newborn baby will be at risk of significant harm.
- The Pre-birth assessment can be used to progress an unborn to a Child in Need service where the level of need for on-going interventions are required to support the parenting and on-going needs for the unborn.
- The Pre-birth assessment has an outcome where concerns are allayed and/or can be managed under a Team around the Family (TAF) monitored by a Lead professional.
- The pre-birth assessment has an outcome of progress to Legal Planning Meeting (LPM).

## Strategy Discussion

It is imperative that any potential risks are highlighted early to inform effective planning and gather information at an early stage. If there are reasonable grounds it may be necessary to hold a strategy discussion/meeting depending on the severity of the referral information, or whilst undertaking the pre-birth assessment where further information has been gathered. The need for a Section 47 enquiry should be decided at the strategy meeting which should be held within statutory timescales.

A Strategy meeting should always be held in the following circumstances and need for a legal planning meeting considered (this is not an exclusive list):

- Always if a previous child has been removed via Care Proceedings.
- Always if they have a current child who is the subject of Care Proceedings or within Public Law Outline process or subject to a Child Protection plan.
- Always if a previous child/young person has died unexpectedly in the care of the parent(s) and the cause of death is a result of anything other than “natural causes”.
- Always if for any reason (in addition to the above) it is possible the mother and newborn will need to be separated at birth and Children Social Care will be part of the planning (not including a parent’s request for adoption).
- Where there is a known or potential risk to the child due to reported offending behaviour including anti-social behaviours, drug and alcohol misuse, domestic abuse, violence, and reports of sexual risk (should always be considered and assessed regardless of conviction)
- Where there are acute professional concerns regarding parenting capacity, particularly where the parents have either mental health difficulties or learning disabilities.

## Child Protection Conference

If it is agreed that a child protection conference is required, this should take place within 15 working days following the initial strategy discussion.

The aim of the pre-birth child protection conference is to enable professionals with expertise to be involved, those currently involved with the family and the family themselves to plan how to safeguard the unborn baby and promote his or her welfare and identify what support the family will need to achieve this.

The social worker will be responsible for completing the pre-birth assessment and the implementation of the prebirth child protection plan.



## Legal Planning Meetings

At all stages of the prebirth assessment, consideration must be given to holding a legal planning meeting if concerns for the unborn increase and:

- Always if a previous child has been removed via Care Proceedings.
- Always if they have a current child who is the subject of Care Proceedings or within Public Law Outline process or subject to a Child Protection plan.
- Always if a previous child/young person has died unexpectedly in the care of the parent(s) and the cause of death is a result of anything other than “natural causes”.
- Always if for any reason (in addition to the above) it is possible the mother and newborn will need to be separated at birth and Children Social Care will be part of the planning (not including a parent’s request for adoption).

## Management oversight and supervision

**Management oversight and supervision are critical in the planning of Pre-Birth Assessments, at the point of allocation and the timescales for completion and must consider the timing of the referral and EDD. Early notification of a pregnancy will enable a thorough and robust assessment of the unborn’s needs and that of the parents. Pre- birth assessment should be planned and started as soon as the case is allocated and not wait to be undertaken nearer to the EDD.**

### 5. Involving Children and Families

Some parents will be aware of possible difficulties in caring for their child and may seek help from various agencies, while others may be referred because of concerns identified.

Care must be given to working collaboratively with parents as a means of drawing together a balanced assessment with due consideration of parental strengths and capacity to change as well as areas of concern. It is essential that the needs of both the unborn child and parents are considered. A referral to the Family Group Conference Team should be made as early as possible in the pre-birth planning process to ensure adequate safety and support are in place.

Hart (2000) states that the positives of undertaking a pre-birth assessment is that it provides an opportunity to:

- **Identify** and **safeguard** the babies most likely to suffer future significant harm;
- Ensure that **vulnerable parents** are offered support at the start of their parenting career rather than when difficulties have arisen;
- Establish a working **partnership with parents** before the baby is born;
- **Assist parents** with any problems that may impair their parenting capacity.

How we work with parents during the pre-birth stage is essential in achieving good outcomes for children, therefore early assessment and intervention and engagement with the parents is critical.

There are many reasons why expectant mothers and fathers may not engage with the assessment process, this should not be a barrier to undertaking the assessment and making multi agency plans and contingency plans for the birth of the baby.