

# Pre-Birth Assessment Guidance

## 1. Introduction

This guidance has been designed to help professionals carefully consider a range of themes and issues that may pose a risk to and/or have a negative impact on the unborn child.

Suite of documents:

Guidance Document – Pre-birth assessment

Pre-birth assessment tool

Pre-birth risk assessment checklist

Assessment tools such as the Neglect Toolkit and the Impact of Parental Substance Use (IPSU) can be used in conjunction with this pre-birth tool to help inform the overall assessment.

The tool is underpinned by the principles of Getting It Right For Every Child (GIRFEC) and the United Nations Convention on the Rights of the Child (UNCRC). Both of which focus on children's rights and improving outcomes for children and their families.

The GIRFEC approach is based on an understanding of the wellbeing of a child and tackling identified needs at an early stage. GIRFEC provides a framework for agencies to work together, and in partnership with parents and children, to provide a joined up assessment and plan to meet identified wellbeing and/or protection needs.

Identifying needs at an early stage allows families to receive the right help at the right time to promote and safeguard the child's wellbeing and to support the child's upbringing by his/her parents, where it is assessed as safe to do so.

In the pre-birth context, early multi agency assessment and planning gives parents' time and opportunity to address any identified needs or risks and to access the advice, support or intervention required so they can safely care of their baby.

In circumstances where the assessment indicates a significant risk of harm to the baby, timely assessment and intervention allows for robust multi agency safety planning, including contingency planning if it is assessed that it is not safe for the baby to be in his/her parents care after birth.

A pre-birth assessment should commence no later than 16 weeks gestation, or as soon as possible afterwards, if the notification of pregnancy is late. This assessment tool should be used for all pre- birth assessments, even when parents are known to services and existing children are subject to CP plans or statutory measures through the Children's Hearing System.

A pre- birth assessment should be completed before 24 weeks of pregnancy (or as soon as possible if a late booked pregnancy).

The completed assessment should be signed by the Social Worker and the Team Manager and a copy sent to the CP Coordinator and social work Service Manager with one of the following 3 recommendations: -

- Pre Birth Child Protection Case Conference Required.
  
- Child In Need, Child's Plan Required.
  
- Refer back to Universal Services.

If a Pre-Birth Child Protection Case Conference is required, the pre- birth assessment report will be presented to the Pre-birth Child Protection Case Conference prior to 28 weeks of pregnancy (or as soon as possible afterwards for pregnancies booked in late).

The pre-birth assessment should be completed to a standard that meets the test for evidence in court proceedings (**significant harm/detriment or likelihood of harm**).

When an unborn baby is subject to a Pre-Birth Child Protection Plan, the parents and unborn baby should be seen weekly by the Lead Professional and CP core groups should take place within expected timescales. Good communication should be maintained throughout the pregnancy between Social Work and Midwifery services, along with all other services involved in the Pre-Birth Child Protection Plan.

For children in need and referrals back to universal services, please refer to Section 6 of this guidance (page 12).

## **CRITERIA FOR A PRE BIRTH ASSESSMENT**

**If initial information identifies any of the following circumstances, a pre-birth assessment must be undertaken using the pre- birth assessment tool: -**

- When a 2B Child Protection Notification is received from Health Services for the unborn baby.
- Where the initial assessment information suggests possible risk of significant harm to the unborn 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 previous child has been removed due to abuse, neglect or other risk of Significant Harm; or if the parents currently have a child on the CP register, subject to a CSO or in the permanence process.
- Where a Registered Sex Offender (or someone found by a child protection conference to have abused) has joined a family.
- Where concerns exist about the parents ability to care for and protect a child.
- Where there are professional concerns regarding parenting capacity, particularly where the parents have either severe mental health difficulties or learning disabilities.
- Where there are concerns about parental alcohol and/or substance misuse which may impact on the parent's capacity to safely care for the baby.
- Where there are additional vulnerabilities identified such as very young parents with a limited family support network or one or both parents are care experienced.

**N.B You must be open and honest with the expected parents from the start about the possibility that a pre-birth child protection case conference may be necessary and a CPO and/or referral to the Children's Reporter required at birth depending on the outcome of the assessment.**

## **GUIDANCE NOTES**

**Areas to cover: The following guidance will support the completion of each section of the assessment document.**

### **2.1 Name and DOB of mother and father and Expected Date of Delivery of baby:**

e.g. Unborn Baby .....EDD: 01.01.11

### **2.2 Family Structure/Composition:**

Names, addresses, DOB, relationships with extended family members. If possible this should include a genogram.

### **2.3 Reason for Assessment:**

This should be one of the circumstances set out above.

### **2.4 Sources of Information:**

Include dates of visits to family members and who was seen.

Names of professionals who were consulted along with dates, as well as any records that have been consulted.

### **3.1 Chronology of significant events for unborn baby, parents, siblings (including half siblings)**

Please include any relevant information about parents i.e. episodes of domestic violence, police reports, significant events prior to and during pregnancy. Also provide an overview of relevant information for any other children (of either parent) i.e. CP investigations, periods of CP registration, episodes of being looked after, placed for permanence.

### **Assessment of the parent(s) and the potential risk to the child**

This section will be completed by the Social Worker but they should seek information from a range of other professionals regarding aspects of it.

All parent or carers previous experience of caring for a child will be relevant to the assessment of capacity, risks and needs and the plan of intervention required.

Particular care should, however, be taken when assessing risks where the prospective parents are themselves children i.e. under the age of 18 years or where either parent was care experienced.

Attention should be given to evaluating the quality and quantity of support that will be available within the extended family, 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.

**Questions you should consider:**

- Partner support
- Whether this was a planned or unplanned pregnancy
- Feelings of mother about being pregnant
- Feelings of partner / putative father about the pregnancy
- Any issues about dietary intake
- Any issues about medicines or drugs taken before or during pregnancy
- Alcohol consumption
- Smoking
- Previous obstetric history
- Current health status of other children
- Miscarriages and terminations
- Chronic or acute medical conditions or surgical history
- Mental health history – especially depression and self-harming
- Housing/Finance

**4.1 Relationships**

- History of relationships of parents
- Current status
- Strengths and any risk factors
- Violence?
- Who will be main carer for the baby?
- What expectations do the parents have of each other re: parenting?

Is there anything regarding relationships that may have a significant impact on the welfare or safety of the baby? If so, what?

**4.2 Parents Health**

Consider the factors below for each parent and whether they may impact on their capacity to care for the baby –

- Physical health - any diagnosed issues? Treatment/medication plan in place? Is this being followed? Are any health professionals involved? If so, they should be consulted/involved in the pre- birth assessment.
- Mental health issues – any diagnosis? Treatment/medication plan in place? Is this being followed? Are any health professionals involved? If so, they should be consulted/ involved in the pre- birth assessment.
- Emotional wellbeing (including self-control)
- Knowledge and understanding of the impact any of these factors may have on the parent's daily life and their capacity to safely care of a baby.

Is there anything regarding the parents health that may have a significant impact on the welfare or safety of the baby? If so, what?

### **4.3 Background history of parents**

- Experience of being parented – experience of trauma or neglect?
- Experiences as a child, and as an adolescent
- Education
- Previous employment

Is there anything regarding the parents background history that may impact on the welfare or safety of the baby? If so, what?

### **4.4 Risk factors from parents or anyone else living within the household**

- Has there been any violence in the relationship?
- Violence to others?
- Violence to any child?
- History or current alcohol or substance misuse – are any substance services involved? If so, they should contribute to the pre- birth assessment.
- Chaotic (or inappropriate) life style?

Is there anything regarding these risk factors that may have a significant impact on the welfare or safety of the baby? If so, what?

### **4.5 Do any of the parents have a history of offending?**

- What is the nature and level of offending?
- Has the parent (s) been subject to periods of incarceration or community based Court disposals?
- What is the parent (s) views about the offences, do they accept responsibility for any offences?
- What is the possible impact of the offending on the parent (s) capacity to safely care for a baby?

Is there anything regarding the parents offending profiles that may impact on their capacity to safely care for a baby? If so, what?

### **4.6 Parents current circumstances**

- Unemployment / employment
- Debt
- Inadequate housing / homelessness
- Social isolation

Is there anything regarding the parents circumstances that may have a significant impact on welfare or safety of the baby? If so, what?

#### **4.7 Home conditions**

- Are they chaotic?
- Does the home pose a health risk / unsanitary / dangerous?
- Over-crowded?
- Is the home a temporary one?

Is there anything regarding the home conditions that may have a significant negative impact on the child? If so, what?

#### **4.8 Learning Disability**

- Do any of the parents have a learning disability?
- Has it been assessed/ diagnosed?
- Are any adult LD support services involved?
- What is the parent's understanding of the learning disability?
- How might this impact on the parent's capacity to safely care for a baby?

Is there anything regarding the parents learning disability that may impact on the care and safety of the baby? If so, what?

**If learning disability is an issue, more detailed information and assessment should always be sought from professionals with relevant expertise.**

#### **4.9 Communication**

- Are there any communication issues that may impact on this assessment and/or the parent's capacity to care of the baby?
- English not spoken or understood?
- Deafness?
- Blindness?
- Speech impairment?

Is there anything regarding communication that may have a significant negative impact on the child? If so, what?

**If communication is likely to be a significant issue, more detailed information and assessment should be sought from professionals with relevant expertise.**

#### **4.10 Support network for parents – quality and quantity of support**

- From extended family
- From friends
- From professionals
- From other sources

Is there anything regarding the parents support network that may have a significant impact on the child? If so, what?

#### **4.11 History of caring for children**

- Have any previous children been harmed due to non- accidental or suspected NAI?
- Do any of the parents have any convictions for offences against children?
- Has there been any CP concerns/investigations in the past for older children?
- Has there been previous episodes of CP Registration for older children?
- Have previous children been Looked After at home or accommodated in the past?
- Do older children live out with their parent (s) care through voluntary family arrangements or through Section 11 Kinship Care (Residence) Orders?

Is there anything in the parents' history of caring for children that may have an impact on the parents' capacity to safely care for the baby? If so, what?

#### **When answering the above section, please consider the following:**

- Category and level of abuse
- Ages and genders of children
- What happened and why?
- Is responsibility appropriately accepted?
- What do previous risk assessments say? Take a fresh look at these – including assessments of non-abusing parents.
- What is the parent's understanding of the impact of their behaviour on the child?
- **Think about and outline - What is different now and why?**

#### **4.12 Parents Views about professional involvement.**

- Previously – in any context?
- Currently – regarding this assessment?
- Currently – regarding any other professionals?

Is there anything about the parents' views on professional involvement that may have an adverse impact on the parents capacity to safely care for the baby? If so, what?

#### **4.13 Parents views about the unborn child**

- Are the parents positive about the pregnancy?
- Do the parents have realistic expectations of what having a baby means/ how it will alter their lives?

Is there anything about the parents' views about the unborn baby that may have a significant impact on the parents' capacity to safely care for a baby? If so, what?

#### **4.14 Are parents able to recognise and respond to the needs of the baby and any. potential risks? Consider each parent separately.**

- Do the parents have an understanding of the needs of babies and children as they grow?
- Are the parents able to identify and respond to any risks for a baby? This may be practical in terms of safe care/sterilising equipment/ supervision levels or other risks such as who cares for the baby/ impact of substance use etc?
- Are the parents receptive to support and willing to learn parenting skills?

Is there anything about the parent's ability to recognise and respond to needs and risks that may place the baby at significant risk of harm? If so, what?

#### **4.15 Any other issues that have the potential to adversely affect or benefit the child.**

- Please outline any additional information that has not been covered in other sections that you want to highlight.

## **5. Analysis and conclusion.**

In conclusion, the assessment report should summarise the following issues:

**5.1** Concerns identified.

**5.2** Strengths or protective factors identified.

**5.3** Is there a risk of significant harm for this baby?

**It is crucial to clarify the nature of any risk.**

- What is the risk?
- Who poses the risk?
- In what circumstances might this risk exist?
  
- Be clear how effective any **strengths** or **mitigating factors** are likely to be in reality.

**5.4 If there is a risk of significant harm to the baby, what changes must be made to optimise the well-being of baby?**

**5.5 What changes must be made to ensure an acceptable level of safe care for the baby?**

**5.6 What is the parents' capacity and motivation to address the concerns identified in this assessment? Consider each parent individually and collectively.**

- Do the parents recognise and accept the issues raised in this assessment?
- Have the parents shown a willingness to accept support/engage with services to address issues identified?
- During the assessment process so far, have the parents demonstrated their capacity to develop and change?
- Is there evidence from the previous care of children, to suggest a lack of motivation or capacity to change? ie older children going through or already been placed for permanence away from home?
- Are the parents able to make changes within a timescale that is realistic for the baby?

### **5.7 What intervention and support requires to be in place before birth, at birth and during the post-birth period?**

- Provide details of any potential intervention and supports to the family, informal or formal, who the support is for and whether the support is already in place or pending.
- If support is pending, has a referral been made already and what is the timescale for the service becoming involved?
- Please outline what type and level of support and intervention is recommended or has been agreed and what outcomes you and/or parents hope to achieve through accessing the support/intervention?
- How will you review the impact of the support/intervention?

### **5.8 What is the parent(s) views about the assessment and recommendations?**

- Has the assessment report been shared with the parents?
- What is the parent's views/response to the assessment and recommendations?
- Do the parents have an understanding about what a pre- birth case conference is, who will attend and the type of decisions that can be made at this forum?
- Do the parents have independent advocacy support, If so who? If not, should a referral be considered/made?

### **5.9 Recommendations from assessment**

**There are 3 possible assessment outcomes as outlined below: -**

#### **1. Referral for Pre Birth Case Conference.**

Assessment indicating that the baby may be at risk of (significant harm)

#### **2. The unborn baby may be a Child In Need and a multi-agency Child's Plan is required.**

Child In Need – unmet needs/lower levels risks identified. Baby/family in need of support and intervention. Further assessment required. TAC's meetings can monitor impact of plan.

#### **3. Referral back to Universal Services**

Identified needs can be met by universal services. Refer back to Health Services.

All completed pre- birth assessments and a copy of the proposed pre-birth child's plan, should signed by the Social Worker and Team Manager and sent to the CP Coordinator and Service Manager to review prior to 24 weeks of pregnancy.

## **6. CP Coordinator/Service Manager Decision (outcome of referral)**

The Coordinator or Service Manager will review the assessment and recommendations and make a decision within 7 days. This will be communicated to the Team Manager and Social Worker and the decision will be recorded on the system.

### **6.1 – Pre Birth Case Conference**

If the outcome of the assessment is for a Pre Birth Case Conference to take place, a date will be arranged by the Child Care Review Team prior to 28 weeks of pregnancy. If the unborn baby is made subject to a Child Protection plan, the unborn baby should be seen weekly by the Lead Professional and Core Group meetings should take place within expected timescales.

### **6.2 – Child In Need, Child's Plan Required**

The Team Manager should arrange a Team Around the Child meeting to coordinate a multi- agency Child's Plan. This plan should be reviewed no later than 4 weeks before the birth of the baby.

Once the baby is born, an Integrated Child Assessment and Plan should be completed on a multi -agency basis, coordinated by the social worker as Lead Professional. This assessment should be concluded within 12 weeks of the baby's birth. The Child's Plan should be reviewed and updated at TAC meetings held at regular intervals agreed by the Team Manager and TAC members.

In the event of an escalation of risk, the unborn baby /child can be referred for a Child Protection Case Conference at any time.

### **6.3 – Refer back to Universal Services.**

The outcome of the multi- agency assessment should be shared with partner agencies and the unborn baby and family referred back to Health Services via the Additional Support Midwifery Team. A copy of the assessment and proposed plan should be e mailed to the team who will arrange a planning meeting involving the Social Work Lead Professional.

Midwifery Services will remain involved and once the baby is born (post 10 days) they will be transferred to the Health Visitor as part of the Named Person Service.

In the event of an escalation of risk, the unborn baby /child can be referred back to Social Work Services for a Child Protection Case Conference.