

# Pre-Birth Assessment Practice Guidance



About this document

Title:	Pre-Birth Assessment
Purpose:	To provide additional guidance to social workers on pre-birth assessment.
Written By:	Michelle Hayden-Pepper, Interim AD FSCP and CWD
Approved by:	Senior Management Team
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## **Introduction**

The guidance aims to assist social workers and their managers when undertaking a pre-birth assessment using the single assessment framework. In Lambeth we endeavor to keep children safely together with their families, we do this by ensuring that families receive the skilled support they need to help them change and look after their children safely. This is underlined with an ethos that supports social workers in undertaking relationship-based practice. Approaching families with empathy, compassion and creativity, Lambeth social workers will use relationship-based systemic approach to transform lives. We seek to remain balanced in our judgment and to understand fully both the strengths that families have, and the risks. Of course with each and every case the welfare of the child is paramount.

Historically in pre-birth planning there have been concerns about the relative lack of urgency, and this has to varying degrees extended through all processes, the lack of urgency of professionals making pre-birth referrals, completion of pre-birth assessments, putting support plans into place, and convening pre-birth conferences where appropriate. It appears that it may be inherent in the psychology of pre-birth work that workers think they have much more time than they actually have. Very importantly, pre-birth work often seems typified by a rule of optimism (Most expectant mothers slow down, are calmer, and experience physiological changes that protect the unborn child etc), engagement and co-operation from the expectant mother during the pre-birth period can obscure/affect the assessment of potential risk to the child once the child is born. Babies are extremely vulnerable in the first 6-9 months of their lives.

This practice guidance and risk assessment tool should be used in conjunction with the Pan London Safeguarding procedures (see below for the link). For professionals undertaking pre-birth assessments it is essential that all pre-birth referrals should be made as early as possible to enable pre-birth assessment to be started preferably before 20 weeks.

In addition, given the complexity of pre-birth assessment and the potential for increased risk it is important to use the full 45 days for an assessment of this nature, it is expected that pre-birth assessments will be full and thorough assessments with all aspects highlighted within the policy, guidance and risk assessment tool to be fully utilised.

The London Child Protection Procedures and Guidance are available at

<http://www.londoncp.co.uk/>

## **Timing of Referral, Concealed Pregnancy and Late Referral**

Referrals about unborn babies should be made wherever possible by the 12th week of pregnancy. This is particularly important where there is a significant parental history of very poor parenting/neglect including current and/or previous child protection concerns relating to other siblings.

The following are fundamental areas of enquiry when undertaking a pre-birth assessment.

- Will this new-born baby be safe in the care of these parents/carers?
- Is there a realistic prospect of these parents/carers being able to provide adequate care throughout childhood
- Risk factors;
- Strengths in the family environment;
- The factors likely to change, the reasons for this and the timescales.

### **Unknown or concealed pregnancy and late referrals**

If there is a concealed pregnancy or late referral these timescales may not be possible, however the pre-birth assessment should start immediately that the pregnancy is known to give maximum time to gather all information about family current situation and history from local authority and partner records. High risk situations where mothers may have had previous children removed, in care or adopted need to be considered as high risk and multi-agency planning needs to be robust putting out appropriate alerts.

### **Children in Care and Care Leavers**

Where Children in Care or care leavers are pregnant, the unborn child should be referred promptly where threshold is considered to be met for a referral, in order for an allocated social worker for the baby to undertake a pre-birth assessment in close liaison with the Children in Care social worker. The allocated social worker for the child will hold case responsibility for the unborn child, therefore leaving the worker for the parent/s to continue with their support advice and guidance.

Where it is not felt threshold for a separate assessment is needed PA's should have an appropriate support plan in preparation for the birth.

**The timeline for undertaking an assessment incorporates the recommendations of Working Together 2015 which states:**

“Decision points and review points involving the child and family and relevant professionals should be used to keep the assessment on track. This is to ensure that help is given in a timely and appropriate way and that the impact of this help is analysed and evaluated in terms of the improved outcomes and welfare of the child.”

**Pre-Birth Assessment Requirements**

**The Pre-Birth assessment will:**

- The assessment should commence by 12 weeks of pregnancy in order to ensure that a full and thorough assessment is undertaken and the social worker has the time to build a meaningful relationship with the family.
- It is considered good practice for pre-birth assessments to utilise the full 45 days to assess, and thereafter early help and planning can be put in place.
- Focus on Strengths and Concerns within the family, on the family history, and on partners who are, or have been involved with the family including previous children.
- Build good relationships with the family, especially the expectant mother, using strength based approach, relationship based practice and gain an understanding of the family systems.
- Consider what support the expectant mother and partner will require and find avenues for this support.
- To engage support from wider family, consider Family Group Conference early in the assessment process where necessary, and identify the support needed for the family in order to safely parent the child.

The essence of good pre -birth work has to be the quality of the multi-agency involvement and partnership working. This is particularly relevant in relation to pre-birth work. The GP, Midwife, the health Visitor all have critical roles to play in relation to vulnerable expectant mothers.

**Analysis, Planning and Post-Birth Planning**

**Analysis**

Analysis within the assessment will evaluate all of the strengths and the risks within the family and extended networks. It will consider the information shared from all partner agencies in order to formulate a clear understanding of the support required, or protection needed, and will include the information from previous social care

involvement, and any other expert assessments and all previous relevant public and private proceedings.

The analysis will inform a clear and specific plan, either Child in Need or Child Protection as required, which will be shared with parents and partners and will inform the specific birth and post-birth plan.

In a minority of cases where there are multiple risk factors and/or the parents' ability to care for a newborn baby are extremely limited, plans for who will care for the baby post-birth must be considered. It is also important that social workers think about long term stability for the child at this stage.

Planning for a permanent alternative/adoption should be considered at this stage, where the prognosis is very poor and/or as a parallel plan where further assessments may prove to be negative.

Parents with complex difficulties, often those who have had very poor experiences in the form of abuse in their own childhood, who may have substance misuse, learning difficulties and/or mental health difficulties and those who do not have support from their own family may demonstrate a poor prognosis of being able to meet the needs of children. Social workers should approach respectfully and sensitively to all parents and within that context develop assessments that are evidence based, with robust analysis, having clear recommendations.

Given that newborns are the most vulnerable children, it may be absolutely the right thing in certain circumstances, where concerns are high of parents' ability to meet the needs of a baby, for the baby to be live with foster carers whilst a community based assessment of parents takes place.

## **Planning**

Whilst a Child in Need Plan is likely to be the initial plan for the unborn, where there are increased concerns for the baby a Child Protection Investigation (section 47 Children Act 1989) will need to be undertaken in order for the conference to be held when the expectant mother is 24-28 weeks pregnant.

A Child in Need Meeting, or Child Protection Conference will be convened at the end of the assessment, with the family and agency partners, for discussion and agreement as to the way forward to ensure that agency partners are clear about what needs to be in place. The midwife, GP and Health Visitor must be invited when a child protection conference is convened.

A discharge planning meeting will be convened for all Child Protection cases. Consideration will be given by the multi-agency professionals regarding the need for a pre discharge planning meeting with Child in Need cases.

If there are concerns raised through the referral and assessment process, and a decision is made to convene a legal planning meeting, there also needs to be a CP conference convened. This should be part of the contingency plan should the court

not grant an order although this should not hold up proceedings when time is limited. In addition if a previous child has been removed from the parent/s, or is not living with parent/s due to child protection concerns a child protection conference must be considered. These decisions should be made clear within the analysis of the single assessment. The child protection conference must be convened from 24 weeks of the pregnancy. The legal planning meeting should be held by 32 weeks of the pregnancy allowing time to formulate the plans for the baby when born.

A clear contingency plan will need to be formulated pre-birth which considers all factors proposed by the family and the views of the other professionals involved.

### **Post Birth Plan**

A Post-Birth Plan should be in place prior to the birth of the baby and consider the following questions:

- What needs to be in place for baby to go home?
- Where will baby go home to?
- Which professionals need to visit?
- Which day is each person going to visit?
- Does the child need to be seen every day or is it necessary to do an unannounced visit, and what is the contingency plan?
- What family support needs to be in place?
- What have family members agreed to do?
- Is the family part of the visiting schedule?
- Are there any contact issues?
- If so, what are arrangements for contact – days, times, who supervising if necessary?
- Expectations and process for reporting concerns in and out of working hours
- How long the plan is in place for and when it will be reviewed
- All the information collected from answering the questions above should be written out clearly so expectations/ instructions are known to all parties.

A Child in Need meeting or Child Protection Conference to be convened within 4 weeks of birth to review the post birth plan and consider with the family and the multi-agency group what further support is required.

