**Specific Assessments**

**Pre-Birth**

**Introduction**

As practitioners, we know from experience and research that unborn children and babies are very vulnerable to neglect and abuse by virtue of their age. They are solely reliant on their care giver to meet their needs, to keep them healthy and meeting developmental milestones. Although the legal status of an unborn child is limited, the duty to safeguard remains a priority. If there is reasonable cause to suspect a child is at risk of harm before birth or following birth, it is appropriate to take action to identify risks and coordinate support.

**Purpose**

A pre-birth assessment should be used to identify need, respond to risk, and strengthen family support, ahead of the birth.

Hart, (2009) states that there are two fundamental questions when deciding whether a pre-birth assessment is required:

* Will the new-born baby be safe in the care of parents/identified carer?
* Is there a realistic prospect of parents/carers being able to provide adequate care throughout childhood?

Pre-birth assessments should be conducted where one or more of the listed vulnerabilities are present, this is not an exhaustive list.

* A parent or other adult in the household, or regular visitor, has been identified as posing a risk to children.
* A sibling or child in the household is the subject of a Child Protection Plan or Child in Need Plan.
* A sibling or child has previously been removed from the household either temporarily or by court order.
* The parent is a Child Looked After.
* Domestic abuse is indicated.
* The degree of parental substance misuse is likely to impact significantly on the

baby’s safety or development.

* The degree of parental mental illness/impairment is likely to impact significantly on the baby’s safety or development.
* The degree of parental learning disability is likely to have a significant impact on the

baby’s safety or development.

* There are concerns about a parent’s capacity to adequately care for their baby

because of the parent’s physical disability.

* There are significant concerns about parental ability to self-care and/or to care for the

Child.

* Any other concern exists that the baby may be at risk of significant harm including a

parent previously suspected of fabricating or inducing illness in a child.

* A child under the age of 13 is found to be pregnant.
* There has been a previous unexpected or unexplained death of a child whilst in the

care of either parent.

* There are maternal risk factors e.g. denial of pregnancy, failed appointments, non-cooperation with necessary services, non-compliance with treatment with potentially detrimental effects for the unborn baby**.**

**Timescales/Pathways**

Antenatal care begins as soon as the pregnancy has been confirmed, and once a pregnancy is confirmed a booking interview is arranged. A booking interview with the Community Midwife takes place usually between 8-12 weeks gestation, it is at this interview that the Midwife is able to assist women in their choices for childbirth and ensure they are informed of all the options available to them. Additionally, the booking interview provides opportunity for the Midwife to collate information and assess health and social needs considering appropriate pathways of care and support.

Midwifes should refer pregnancies to the Front Door from 12 weeks gestation, if accepted for level 4 intervention the Pre-Birth Assessment should commence from 12 weeks gestation, allocated within a Family Safeguarding Team. Pregnancy is already a stressful time for expectant mothers, it is therefore important to undertake the Assessment during early pregnancy to;

* Enable the early provision of support services to facilitate optimum home circumstances prior to the Birth.
* Enable the parents to have more time to contribute their own ideas and solutions to concerns, and increase the likelihood of a positive outcome to assessments in line with restorative practices.
* Avoid initial approaches to the parents in the last stages of pregnancy, at what is already an emotionally charged time.
* Provide sufficient time for a full and informed assessment.
* Provide sufficient time to make adequate, robust, and effective plans for the baby's protection if required.

Pre-Birth Assessments will be recorded on a standard Child Young Person’s Assessment within LCS. See attached practice support guidance when completing the assessment.

**Child Protection**

When a Pre-Birth Assessment identifies that there is reasonable cause to suspect that an unborn child may be suffering or at risk of suffering significant harm, an Initial Child Protection Conference should be held from **20 weeks of pregnancy.** Where older siblings have been subject to a Child Protection Plan, the same Independent Reviewing Officer should be allocated to the unborn baby to allow for consistency. Professionals should meet prior to the birth of the child to discuss the Pre-Birth Hospital Management Plan and the Baby Discharge Plan.

An Initial Child Protection Conference should always be held in these circumstances;

* Where a previous child has died or been seriously injured or been removed from parent(s) as a result of significant harm.
* Following assessment, where a child is to be born into a family or household where there are already children subject to a Child Protection Plan.
* Following assessment, where a person known to pose a risk to children resides in the household or is known to be a regular visitor.
* Where there is a mother under the age of 16 years where there are concerns regarding her ability to care for herself and/or to care for the child.

Where there are concerns that a child is suffering or likely to suffer significant harm, and they may be unable to remain in the care of their parents, the case should be presented to Legal Gateway Panel from **22 weeks of pregnancy.** The purpose of this is to seek legal advice as to whether the Threshold Criteria has been met to explore alternative legal options, or to initiate Pre-Proceedings or Care Proceedings.

**Pre-Proceedings**

If the decision is made to enter the Pre-Proceedings stage of the Public Law Outline process, then a Letter Before Proceedings should be completed by the Social Worker and delivered to the parents within 3 – 5 working days of the panel’s decision; and the initial Pre-Proceedings Meeting should take place within 10 working days from the date of the Letter Before Proceedings being delivered. Pre-Proceedings should be seen as the final window of opportunity for the family to make the changes needed to improve the situation for the child within a legal context, and it is hence important timescales are adhered to. This will give the family the time they need to work with professionals, and for the Local Authority to explore all options to avoid initiating Care Proceedings. At this point, the Local Authority should have completed all of the assessments necessary to present a clear evidence base and care plan for the child for the Court. This includes commissioning specialist assessments.

**Care Proceedings**

In situations where it is agreed Care Proceedings should be initiated, Social Workers should be mindful that the child will also need to be presented at the Achieving Early Permanence Panel, which aims to identify the right Permanence Plans for children, and to enable early planning.

**Completing a Pre-Birth Assessment- Practice tips**

**Complete an impact chronology**- Compiling a full chronology and family history is important in terms of assessing the risks and likely outcomes for the child, the chronology should explore all past events for the parents/family.

**Genogram-** A genogram of the family network should be complied. Genograms are useful in identifying key people and wider support networks for the family who may be involved in safety planning for the child. These people can attend Family Group Conferences (FGC) and may be identified as potential alternative carers for the child. Working with extended families is crucial to the assessment process and achieving positive outcomes for unborn children. Consideration should always be given to convening Family Group Conferences in any case. Family Group Conferences can enable families to be brought together to make alternative plans for the care of the child and plans of safety.

**Parenting history/capacity-** Social Workers should compile a clear history from both parents about their previous, personal experiences in order to find out more about their emotional, social, and psychological histories, and whether they have any unresolved conflicts that may impact on their parenting of the child. It is important to find out their views around previous children being removed too, and whether they have demonstrated sufficient insight and capacity to address difficulties, move on, and create meaningful and sustainable change.

**Exploration of the pregnancy-** Find out the parent’s feelings towards the unborn baby, and the meaning the child may have for them. For example, the pregnancy may have coincided with a major crisis in the parent’s life, which could potentially impact upon their feelings towards the child.

**Involving fathers-** It is crucial to seek information about fathers /partners whilst conducting assessments and to involve them in the assessment process. They too will have family members and support networks who could be invited to Family Group Conferences, and who may be identified as potential alternative carers for the child. Background Police checks and other checks should be made at an early stage to ascertain any potential risks.

**Multiagency working-** It is important that Social Workers do not carry out Pre-Birth Assessments in isolation. Working closely with professionals such as Midwives, Health visitors, Family Support Workers, substance misuse / mental health / learning disability support professionals, is crucial. Remember, multi-agency working is not just about professionals sharing information. It’s about professionals working together to assess risk and make decisions. What are the professionals’ views about the potential risks faced by the baby? What are the professionals’ views about parenting capacity, and the quality of care the parent/s can offer? What are the impacts on the baby?

**Hospital Management Plan and Discharge Planning**

The purpose of the Hospital Management Plan and Discharge Planning Meeting is for professionals to be clear about their roles and responsibilities, and to agree a multi-agency plan to safeguard the baby once born. The allocated Social Worker should attend this meeting, and the plan should be recorded on the child’s file on Liquid Logic. The agenda for this meeting should address the following:

* How long the baby will stay in hospital. If a baby is showing signs of withdrawal, then their length of stay will depend on the clinical needs of the baby; Consideration of any risks to the baby in relation to breastfeeding e.g. maternal drug use.
* The arrangements for the immediate protection of the baby, if it is considered that there are serious risks posed from parental alcohol consumption, substance misuse, mental ill health and / or domestic violence. Consideration should be given to the use of hospital security / informing the Police if required.
* The risk of potential abduction of the baby from the hospital, particularly where it is planned to remove the baby at birth / upon discharge from hospital.
* The plan for family time between mother, father, extended family and the baby whilst in hospital.
* Any plans for the baby upon discharge that will be under the auspices of Care Proceedings, e.g. discharge to parents / extended family members, mother and baby residential / foster placement, placement in foster care.
* Contingency plans in the event of a sudden change in circumstances; The Children’s Emergency Duty Team / Out of Hours Service should also be notified of the birth and plans for the baby.

**Birth and Discharge of baby**

Children’s Social Care should be notified of the birth as soon as possible. In cases where legal action is proposed or where the unborn child has been the subject of a Child Protection Plan, the allocated Social Worker should liaise with the Lead Midwife for Safeguarding to gather information and consider whether any change is needed to the discharge and protection plan. The allocated Social Worker should visit the baby and parents in accordance with the agreed Child Protection Plan and Birth Plan. Ward staff should keep a record of any visitors to the child and details of any concerns that emerge whilst on the ward. This could be important information for Child Protection planning, or potential evidence needed for Proceedings. If a decision has been made to initiate Care Proceedings in respect of the baby, the Social Worker should keep the Lead Midwife for Safeguarding / Hospital updated about the timing of any application to the Courts. A copy of any Orders obtained should be made available immediately to the hospital if they are not being discharged that same day.

PLEASE NOTE: The application to court can only be made once the baby is born and this application needs to be timely. If there are immediate child protection concerns prior to the Order being granted, then the Social Worker is to contact the Police.

**Prison Mother & Baby Admissions**

Some mothers find themselves serving custodial sentences prenatal and postnatal, in some circumstances it will be appropriate for the mother and baby to remain together, accommodated in the Prison Mother and Baby Unit. The mother must apply for admission to the Prison Mother and Baby Unit, children are permitted up to 18 months of age, thereafter, care arrangements outside of custody must be made. The application will be heard at an admissions board, where it is decided if the admission is within the best interests of the child. Prior to the admissions board a Social Worker should undertake a Child and Young Person Assessment, specifically focusing on the issue of admission, to determine whether the provision will meet the need of the child and will be in the best interests of the child. The Social Worker should attend the admissions board to share their finding of the Child and Young Person Assessment, to support the findings of the board.

Further reading on Prison Mother and Baby Units and Admissions Boards, can be found here; <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1119733/Applications_to_mother_and_baby_units_in_prison_-_how_decisions_are_made_and_the_role_of_social_work.pdf>

Dudley’s Centre for Professional Practice have also developed a Pre-Birth Assessment Tool to accompany this guidance.

Please visit the CPP Website for further useful information:

 <https://www.dudleycpp.org.uk/>