

Pre-birth assessment tool

Introduction

This tool draws extensively on the work of Martin C Calder as described in 'Unborn Children: A Framework for Assessment and Intervention' in *Assessment in Child Care, Using and Developing Frameworks for Practice* Russell House Publishing 2003.

Assessment is not an exact science, but can be made as sound as possible if it includes the following three elements:

- a) What research tells us about risk factors;
- b) What practice experience tells us about how parents may respond in particular circumstances;
- c) The practitioners' professional knowledge of this particular family.

Particular care should be taken when assessing risks to babies whose parents are themselves children. Attention should be given to:

- a) Evaluating the quality and quantity of support that will be available within the family (and extended family);
- b) The needs of the parent(s) and how these will be met;
- c) The context and circumstances in which the baby was conceived; and
- d) The wishes and feelings of the child who is to be a parent

All child and family assessments should be completed using a signs of safety approach considering with the family what is working well, what people are worried about and what should happen, with consideration of complicating factors.

Pre – Birth Assessment

The list below should not act as an assessment "script" but as a support for conversation and consideration for assessment. The basis of the assessment should be the Department of Health assessment triangle and the considerations are grouped under each of the headings in the Kent child and family assessment form.

Summary of child and family history, including any previous or current professional involvement

Social history

- Experience of being parented (positive/negative memories, main carer, parental relationships)
- Experiences as a child /adolescent (abuse, neglect, care/control issues)
- Education / Employment

Appendix A

- History of abuse as a child (Convictions – especially of members of extended family, CP Registration/subject to CP plan, CP concerns including unsubstantiated allegations, Court findings, Previous assessments)
- Parents' understanding of their own cultural/family narrative around childbirth
- Perceptions of significant others about her being pregnant and how she has handled or responding to these perceptions
- What is the cultural narrative around early pregnancy (teen mum)
- What are the expectations of adults family members, if any and how has she responded to these expectations (Aunties and Uncles)

Communication

- English not spoken or understood/ interpreter required
- Deafness (partial/profound, interpreter required)
- Blindness
- Speech impairment

It is important to ascertain the parents' feelings towards the current pregnancy and the new baby including:

- Is the pregnancy wanted or not?
- Is the pregnancy planned or unplanned?
- Is this child the result of sexual assault?
- Is domestic abuse an issue in the parents' relationship?
- Is the perception of the unborn baby different/abnormal? Are they trying to replace any previous children?
- Have they sought appropriate antenatal care?
- Are they aware of the unborn baby's needs and able to prioritise them?
- Do they have realistic plans in relation to the birth and their care of the baby?

Practitioners should attempt to build up a clear history from the parents of their previous experiences in order to ascertain whether there are any unresolved conflicts and also to identify the meaning any previous children had for them and their feelings towards the unborn baby.

History of being responsible for children

- Convictions re: offences against children
- CP Registration/subject to CP plan
- CP concerns – and previous assessments
- Court findings
- Care proceedings and/or children removed
- Category and level of abuse
- Ages and genders of children
- What happened?
- Why did it happen?
- Is responsibility appropriately accepted?

Appendix A

- What do previous risk assessments say? Take a fresh look at these – including assessments re: non-abusing parents.
- What is the parent's understanding of the impact of their behaviour on the child?
- What is different about now?

It will be particularly important to ascertain the parent(s) views and attitudes towards any previous children who have been removed from their care, or where there have been serious concerns about the parenting practices. Relevant questions might include:

- Do the parent(s) understand and give a clear explanation of the circumstances in which the abuse occurred?
- Do they accept responsibility for their role in the abuse?
- Do they blame others?
- Do they blame the child?
- Do they acknowledge the seriousness of the abuse?
- Did they accept any treatment/counselling?
- What was their response to previous interventions? E.g. genuinely attempting to cooperate or tokenistically compliant?
- What has changed for each parent since the child was abused and/or removed?
- Context and circumstances of conception

In cases where a child has been removed from a parent's care because of sexual abuse there are some additional factors, which should be considered. These include:

- The ability of the perpetrator to accept responsibility for the abuse (this should not be seen as lessening the risk for additional children);
- The ability of the non-abusing parent to protect.

The fact that the child has been removed from their care suggests that there have been significant problems in these areas and pre-birth assessment will need to focus on what has changed and the prospective parent(s) current ability to protect.

Relevant questions when undertaking a pre-birth assessment when previous sexual abuse has been the issue include:

- The circumstances of the abuse: e.g. was the perpetrator in the household?
- Was the non-abusing parent present?
- What relationship/contact does the mother have with the perpetrator?
- How did the abuse come to light? E.g. did the non-abusing parent disclose or conceal; did the child tell; did professionals suspect?
- Did the non-abusing parent believe the child? Did they need help and support to do this?
- What are current attitudes towards the abuse? Do the parents blame the child/see it as her/his fault?
- Has the perpetrator accepted full responsibility for the abuse? How is this demonstrated? What treatment did he/she have?
- Who else in the family/community network could help protect the new baby?
- How did the parent(s) relate to professionals? What is their current attitude?

Appendix A

NB: In circumstances where the sexual abuse perpetrator is the prospective father or is living in the household, where there is no acknowledgement of responsibility, where the non-abusing parent blames the child and there is no prospect of effective intervention within the appropriate time-scale, then confidence in the safety of the newborn baby and subsequent child will be poor.

Circumstances where the perpetrator is convicted of posing a risk to children and is already living in a family with other children, (albeit with social work involvement), should not detract from the need for a pre-birth assessment. In all assessments it is important to maintain the focus on both prospective parents and any other adults living in the household and not to concentrate solely on the mother.

The unborn child's health and development

Ante-natal care: medical and obstetric history (to be provided by midwifery)

- Confirmation of pregnancy (planned or unplanned?)
- First ante-natal appointment
- Engagement with maternity services including GP and midwife-led care (MLC)
- Feelings of mother about being pregnant/feelings of partner/putative father
- Previous obstetric history (including miscarriages, terminations, still birth)

Parenting of the child / young person

Relationships

- History of relationships of adults, current status, positives and negatives
- Violence
- Who will be main carer for the baby?
- Parents expectation regarding each other's parenting capacity

Is there anything regarding "relationships" that seems likely to have a significant negative impact on the child? Detail should be obtained about:

- Nature of any violent/abusive incidents;
- Their frequency and severity;
- Information on what triggers violent incidents;
- The non-abusing/non-violent parent's recognition of the potential risks as a result of the history of or current domestic abuse/violent behaviour.

Dependency on partner

- Choice between partner and child
- Role of child in parent's relationship
- Level and appropriateness of dependency

Behaviour

- Violence to partner and/or violence to others?
- Violence to any child
- Drug misuse and/or alcohol misuse

Appendix A

- Offending behaviour (nature/number of criminal convictions)
- Chaotic (or inappropriate) life style

Abilities of Parent's

- Physical
- Emotional (including self-control)
- Intellectual
- Knowledge and understanding re: children and child care
- Knowledge and understanding of concerns / this assessment

Ability and willingness to address issues identified in assessment

- Violent behaviour
- Drug misuse / alcohol misuse
- Mental health problems
- Reluctance to work with professionals
- Poor skills or lack of knowledge
- Criminality
- Poor family relationships
- Issues from childhood
- Poor personal care
- Chaotic lifestyle

Attitude to professional involvement

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

Is there anything re “attitudes to professional involvement” that seems likely to have a significant negative impact on the child?

Attitudes and beliefs re: convictions / findings (or suspicions/allegations)

- Understood and accepted
- Issues addressed
- Responsibility accepted

Planning for the future

- Realistic and appropriate expectations
- Unrealistic, inappropriate expectations

Specific issues of concern (domestic violence, alcohol and/or substance misuse, chronic mental health difficulties, significant learning difficulties etc.)

- Medicine/drugs – prescribed or otherwise - used before and/or during pregnancy
- Chronic/acute medical conditions or surgical history

Appendix A

- Psycho-social History

Psychiatric history especially depression and self-harming

Mental health (information to be provided by Mental Health Team)

Is there anything regarding “mental health” that seems likely to have a significant negative impact on the child?

- Clarification of mental health status (including hospital admittance)
- Description of illness (depression, schizophrenia, personality disorder, psychosis)
- Consideration of increased risk of abuse by psychotic parents when incorporated into their delusional thinking e.g. “(the baby) is trying to punish me for my sins”
- Non-compliance with medication without medical supervision
- Potential risks in relation to parenting capacity
- Additional concerns posed by both parents having mental health difficulties
- Evidence of difficulties in forming emotional attachments with previous children
- Co-morbidity (with drug/alcohol abuse, domestic abuse, learning difficulties)
- Psychiatric assessment informing practice

Drug and alcohol (information to be provided by Drug and Alcohol services)

Is there anything regarding “drug and alcohol misuse” that seems likely to have a significant negative impact on the child?

- Acknowledgement of the substance/alcohol abuse
- Details of substance used/preference; cost, how is money obtained?
- Storage of drugs, paraphernalia and/or alcohol
- Duration and pattern of usage/addiction (experimental, recreational, chaotic, dependent)
- Health implications and risks(incl. HIV, Hep B and C)
- Engagement with Drug and Alcohol services (committed, tokenistic, realistic etc.)
- Drug/alcohol screening
- Detox (community/residential, success or otherwise)
- Behaviour (presenting as passive, aggressive, resistant to support etc.)
- Extent of involvement in local drug culture
- Is there a drug free parent, supportive partner or relative?

Appendix A

- Could other aspects of drug use constitute a risk to children (e.g. conflict with or between dealers, exposure to criminal activities related to drug use)?

Learning disability (information to be provided by Adult Learning Difficulty Team)

Is there anything regarding “learning disability” that seems likely to have a significant negative impact on the child?

- Joint planning and assessment should take place from the outset
- Consideration of the parent's intellectual functioning (cognitive ability)
- Consideration of the parents' ability to learn to respond to the needs of their child and the time-scale over which this learning is required to take place, will be an important aspect of the assessment
- Psychological factors impacting on parenting ability, e.g., loss, mental illness, emotional issues resulting from trauma
- Functional assessment (living skills assessment) may be required
- Some mothers with learning difficulties may not recognise that they are pregnant, and this should be considered if there are suspicions that they are concealing or have concealed a pregnancy

The unborn child's home and community

Circumstances

- Unemployment / employment
- Finances including benefits, any debts
- Inadequate housing / homelessness
- Court Orders (including any current/historical in relation to previous children)
- Social isolation

Home conditions

- Chaotic (including frequency of people coming and going)
- Children regularly left in care of friends/acquaintances
- Health risks / insanitary / dangerous
- Over-crowded

Support

- From extended family/friends
- From professionals
- From other sources
- Nature of support; available over a meaningful time-scale, likely to enable change, effectiveness in addressing immediate concerns

Appendix A

This list is not exhaustive. There will be particular issues for individual cases that require social workers and other practitioners to gather information about past history and review past risk factors.

Social Worker's analysis of the current situation

A sound analytical assessment will provide a good picture of the child, their parent/s/carers and their story. Use the analysis to give the reader an understanding of why the assessment is being undertaken and be clear about the individual unborn child's needs. Consider the seriousness of the needs identified and be clear about what success will look like and what will happen/impact on the child if the outcomes are not achieved (danger statement). State clearly what work will be done to support the family to make the changes they need to make.

Base these thoughts around a signs of safety approach, what are we worried about? What is working well and what needs to happen? What might 'get in the way' of success (complicating factors).

Use your analysis to show your understanding of the family history and the way that the history may have contributed; include an analysis of what we don't yet know and adopt an open-minded and questioning approach – ie: is this the only way of understanding this? Make explicit the underpinning knowledge (ie: child development knowledge, attachment etc) and the prediction about the likely impact on the child if the identified needs are not met.

Show 'your working'; how you have used the information available to reach certain conclusions? And be free of jargon, especially words and phrases that will mean little to the family.