Children's Safeguarding and Family Help

Pre-birth assessments and working with expectant parents: policy and practice guidance for social workers

Camden's Children and Learning Directorate uses relational practice as the foundation for all our work. Our integrative relational practice framework is based on our values, and to designed to help achieve the Directorates purpose: to work with children, families and communities to make a positive, lasting difference to their futures, so they have the best start in life.

We recognise the impact of structural inequalities on the lives of the children and families we work with and as a service we will embrace inclusive, anti-discriminatory and anti-racist practice based on our values and our mission to champion social justice.

Our practice framework centres on honest and compassionate relationships with those we serve and with each other. It is an expectation that all Directorate policies and procedures are implemented in line with our practice framework, and that any actions within policies and procedures reflect its ethics, values and practice expectations.

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1 Introduction

- Sometimes social workers and the professional network may have concerns about the welfare of an unborn child. This may be because the mother's lifestyle during pregnancy could be negatively impacting on the development of the foetus, or because there are concerns about whether parents will be able to care for the child adequately once born.

- Although an unborn child has no legal status, CSFH still has a duty to act on any concerns held by the professional network relating to the unborn child's welfare prior to birth in order to support parents to care for their child and to use child protection procedures where there is a risk of significant harm to the foetus.

- This policy and guidance sets out the procedures for social workers to assess and intervene as early as possible with a view to working with parents during pregnancy in order to plan for the child's future care so that their safety and welfare and be ensured.

2 CSFH policy

- Information from safeguarding practice reviews shows that new-born babies under a year old are more vulnerable to harm and most likely to suffer serious or fatal injuries, often inflicted by carers, and in particular by male carers.

- To ensure children receive the best care possible in the crucial first two years, where there are concerns about an unborn child, CSFH will work with expectant parents in order to assess levels of harm, including future harm, and make informed decisions on the child's future care in a timely manner.

- CSFH will support parents to care for their child where assessment shows this is in the child's interests. Where there are real concerns about future care, CSFH will explore alternative care arrangements, using Family Group Conferences to identify a suitable Kinship carer or considering other routes to permanence.

3 Referral to CSFH

Where members of the professional network have concerns about the welfare of an unborn child they will be asked to refer the case to the Contact Service. For details of multi-agency working please see the CSCP guidance *Pre-birth assessments and working with expectant parents.* CSCP-guidance-on-pre-birth-assessments.pdf

Cases will be dealt with under the Contact Service/MASH protocol and social workers will allocate a RAG rating:

- **Green RAG rating**: Some prospective parents may require additional support with preparing for their child's birth and settling into the parenting role and may not reach the threshold for a statutory social work service from CSFH. These cases will be referred to a suitable Early Help Service for support.

- **Amber/Red RAG rating**: Where there are concerns about the unborn child's welfare, cases will be referred to the MASH team to decide on whether the level of risk and establish whether the child is a child in need and the case meets the threshold for a CSFH service. Cases that meet the threshold will be allocated to a Family Intervention team to carry out a pre-birth assessment.

4 Pre-birth assessments

Pre-birth assessments can help social workers with the following tasks:

- identifying sources of harm to the unborn child and helping to predict future harm

- assessing parental capacity for change and the likely timeframe for change

- enabling work with parents that helps them reflect on the pregnancy and how the child's birth will affect them

- identifying support parents may need to help strengthen parenting capacity including providing them with opportunities to learn parenting skills so they are able to meet the child's needs once born

- planning for the child's care and making decisions on interventions to keep the child safe in the present as well as long-term decisions on the child's future care.

Pre-birth assessments should gather evidence of the parents' ability to meet their child's ongoing and future needs and what support they may need to do so. For some cases, the assessment may indicate that the child cannot remain living with parents and that decisions need to be made on alternative care arrangements.

Social workers should use the pre-birth risk assessment tool available at: pre-birth-assessment-tool.pdf

5 When to carry out a pre-birth assessment

Pre-birth assessments should be carried out whenever there are concerns about how the mother's lifestyle may be impacting on the development of the unborn child and/or there are concerns about whether the parents will be able to care for the child once born.

Pre-birth assessments should be considered where:

- a previous child of the parent has suffered significant harm or died unexpectedly in their care
- a previous child has been removed from the parent's care either by public or private proceedings
- a sibling of the child is looked after or subject to care proceedings
- a sibling in the household is or was subject to a child in need or child protection plan
- the parent or another adult in the household is known to pose a risk to children
- either parent is subject to a child in need or child protection plan or is a looked after child or care leaver
- the mother is a child under the age of 16
- the parent's lifestyle and behaviour during pregnancy may harm the unborn child or raises concerns about future care of the child. Risk factors include:
    - high levels of substance misuse
    - chronic and disabling mental health problems

- high levels of domestic abuse
- homelessness and chaotic lifestyles
- parent has a learning disability
- parent has a previous history of neglect or abuse
- one parent is thought to be a risk to children
- a concealed pregnancy* or failure to engage with ante-natal services
- the mother has undergone female genital mutilation and is expecting a female child and there are concerns about the child.

If a decision is made not to proceed with a pre-birth assessment, the reasons for this must be recorded on the MOSAIC case record.

Concealed/denied pregnancy

Mothers may conceal or deny their pregnancy and may not seek medical care or book in with ante-natal services, and this may put the health and wellbeing of the mother and child at risk. Where a mother is found to be more than 24 weeks pregnant and the pregnancy has been concealed up to that point, or social workers suspect that a woman is pregnant but is concealing or denying the pregnancy, the Concealed Pregnancy Protocol should be followed. CSCP-Concealed-pregnancy-protocol-2022.pdf

6 Timescales for pre-birth assessments

- To ensure there is enough time to take any necessary action to safeguard the unborn child and for case planning and decisions on the best permanence options for the child's care, pre-birth assessments should be started by the 20th week of the pregnancy and ideally will be completed by the 24th week of the pregnancy.

- Pre-birth assessments can be started at 8 weeks gestation or at the point MASH are notified of the pregnancy. This is particularly relevant in circumstances, where there are long-standing concerns about the mother's parenting capacity.

- When working with pregnant service users, social workers should be aware of working within the time constraints of the pregnancy and must try to establish the estimated delivery date (EDD) as this will dictate timescales and priority of actions.

- Where the case has entered the PLO social workers should refer to section 3 of the *Care and supervision proceedings and Public Law Outline* policy for details of timescales. Care and Supervision Proceedings and the Public Law Outline

7 Child protection cases

Where there are child protection concerns, social workers should follow the London Safeguarding Board child protection procedures

- A pre-birth case conference **must** be held where:
  - a pre-birth assessment gives rise to concerns that an unborn child may have suffered, or is likely to suffer, significant harm;
  - a previous child has died or been removed from parent/s as a result of significant harm;
  - a child is to be born into a family or household that already has children who are subject of a child protection plan;
  - an adult or child who is a risk to children resides in the household or is known to be a regular visitor.

- A pre-birth case conference **should be considered** where:
  - there are parental risk factors such as mental ill health, learning disabilities, substance misuse and domestic abuse.
  - the mother is under 18 years of age and there are concerns regarding her ability to self-care and / or to care for the child.

- The strategy meeting should be held following completion of the pre-birth assessment and held at the hospital where the mother is booked in to give birth.

- The pre-birth assessment will form the report to the initial child protection conference, which should be held within 15 working days of the strategy meeting.

- A pre-birth conference should be convened by the 28th week of the pregnancy. If it is not possible to hold a conference prior to the birth the social worker should convene a conference at the earliest opportunity.

- Where possible the core group should meet before the birth and this meeting will function as the birth planning meeting (see section 1.7).

- A review case conference or core group meeting should be held within 10 days month of the child's birth (or 20 days if the mother is not medically fit to attend) and all relevant health professionals should be present. This meeting will also function as the discharge planning meeting.

8 Birth planning meeting

A birth planning meeting should take place at the 37th week of the pregnancy for any CSFH case where a pre-birth assessment has been carried out and there are high levels of concern.

The meeting should be attended by the professional network (or members of the core group where a child protection plan is in place) and the parents in order to plan for the child's birth. For child protection cases the birth planning meeting may take place at the same time as a core group meeting.

The meeting should be convened by the social worker and should cover the following:

- agreeing roles and responsibilities in relation to the birth
- considering what actions will be needed to safeguard the child whilst in hospital (including when hospitals should involve the police)
- contact arrangements
- any risk of the family absconding or the child being abducted
- whether alerts need to be sent to other local authorities or hospitals
- arrangements for hospital staff to contact CSFH and others on the child's birth
- any plans to apply for an interim care order or pursue care proceedings once the child is born.

Where a child will be removed at birth, social workers and the professional network should ensure that a clear plan how this will be carried out is in place and is shared with parents. The professional network should also ensure that support is available to the parents to help them deal with the emotional impact of the removal.

9 Discharge planning meeting

- A discharge planning meeting should take place whenever a new-born child who is known to CSFH is to be discharged from hospital. The purpose of the meeting is to plan for the child on leaving the hospital and ensure their safety and welfare continues to be promoted, and that plans are in place to continue to support the family. For child protection cases, this will normally take place at the same time as the core group meeting.

- The discharge planning meeting should be convened by the social worker and the relevant midwife and/or the named midwife for safeguarding at the hospital. The meeting should be attended by the professional network (or core group where a child protection plan is in place) including those who will provide services for the child and the parent on discharge, including the community midwife and the health visitor.

- The meeting should look at:

    - whether a safety plan/contingency plan is in place
    - where the child is to be placed with foster carers or with the mother in a mother and baby placement for assessment, what arrangements have been made for this
    - where the child and mother will be going home, the suitability of the living arrangements
    - whether adult services are in place to support the parents
    - whether services are in place to meet the child's medical needs
    - arrangements for visiting the child and parents at home or in placement.

- If the child was made subject to a child protection plan prior to birth, the discharge planning meeting will also take place alongside a core group meeting and will review the child protection plan prior to the child returning home, and a review child protection conference should be convened within one month of this meeting.

10 Care proceedings

- Where a case involving an unborn child has entered the PLO social workers should follow the guidance set out in section 3 of the *Care and supervision proceedings and Public Law Outline* policy. [Care and Supervision Proceedings and the Public Law Outline]

- Where care proceedings are being considered in child protection cases, the conference chair must be made aware of this. Pre-birth case conferences or the birth planning meeting may need to look at how the child will be kept safe immediately after birth, and a discharge planning meeting should be held once the baby is born.

- Where care proceedings are being considered, the social worker and team manager should discuss convening a legal planning meeting and referring the case to the Care Pathways Panel for a decision on whether or not to enter the Public Law Outline or commence proceedings. The conference chair's view will be sought and presented at panel.

- Social workers should refer to the Care Pathways terms of reference and the PLO and pre-proceedings policy for further guidance. It should be noted that where care proceedings will be instigated, the letter before issue should be sent out by the 24th week of pregnancy. Care proceedings | Children's Policy & Practice Hub

- In cases where it is not possible to fully assess potential parenting capacity prior to birth, social workers may wish to carry out a further assessment once the child is born and may want to consider using a parent and child placement to facilitate this. Further details are available in the *Parent and child placement* policy. parent-and-child-placements-policy.pdf

11 Practice issues

Multi-agency working

- Pre-birth assessments need to be carried out in a collaborative manner, using all available information from other professionals, particularly midwives and professionals from adult services who are working with either parent. This is to ensure that there is a balanced assessment that gives as clear a picture as possible of parenting capacity and the child's future life if they remain in their parent's care.

- Where adult services such as mental health, substance misuse or learning disabilities are working with a parent it is essential that information is requested from the parent's keyworker or social worker. Consent from parents to share this information will not be needed but parents should be informed in advance that information will be sought.

- Where appropriate, police checks should be taken out, particularly for fathers who are not engaging with the assessment process in order to assess risk.

Engaging parents

- Engaging both parents is a crucial part of pre-birth assessments, and it is particularly important that they are fully aware of the concerns, why the assessment is being carried out and what the potential outcome may be.

- Research shows that trauma-informed practice and a relationship based working approach that is respectful, empathetic and non-judgmental can lead to better parental engagement.

- In some cases, expectant mothers may not disclose the identity of the father or do not want him to be contacted. Fathers should be involved in all assessments even where the parents are no longer in a relationship, unless there is strong evidence of risk to the mother or child by doing so.

- Social workers will need to liaise closely with their manager to discuss this, and the manager should record the reasons for not involving fathers on the MOSAIC case record.

- Research suggests that pregnancy can often be a trigger for mothers to address lifestyle issues and the pregnancy may be a window of opportunity for social workers to engage with mothers to affect change.

- However, social workers need to be aware that some parents are likely to be worried that their child may be removed from their care, especially where this has happened in the past. Social workers should be honest from the outset of what the likely outcomes may be and what the parents need to do to reduce concerns. It is essential that parents are given a clear plan as to what will happen during the pregnancy and beyond and the timescales that actions will be taken in.

- It is likely that prospective parents will be supported by members of the extended family and if this is the case, their contribution must be included in the assessment process. Social workers may also consider using a Family Group Conference to help the family discuss concerns and put a plan of support in place for the parents, or to identify a potential alternative carer.

- At all times, social workers should consider the impact of the mother's culture and how this may affect family and community attitudes towards the pregnancy.

Missing or transient parents

- Social workers should be aware of the risk of parents going missing during the assessment and professionals such as midwives should be asked to report where a mother has not attended ante-natal appointments.

- If a pregnant mother goes missing during a section 47 enquiry or whilst the unborn child is subject to a child protection plan, social workers should refer to the division's missing children procedures and make the appropriate notifications in line with the procedure. missing-children-social-work-procedures.pdf

- The Quality Assurance Business Support Officer will also send out a notification to other local authorities and hospitals where the mother may present.

- Where an expectant mother moves to another local authority after a pre-birth assessment has begun, social workers should continue with and complete the assessment and transfer the case on completion.

Closure and step down

Cases in which a pre- birth assessment has been undertaken should not close or be stepped down to Early Help until at least 8 weeks after the baby has been born. The closure and step down of these cases should be finalised at a multi- agency meeting which should include the health visiting service. For further details on step-down please see the *Step down to Early Help procedures:* step-down-to-early-help-procedures.pdf

12 Areas for assessment

A pre-birth assessment should identify:

- risk factors;
- family history and functioning;
- information about the father of the baby;
- strengths in the family environment;

- factors likely to change, reasons for this and timescales.

When carrying out pre-birth assessments, social workers will need to analyse risks to the child and predict parent's ability to care for the child following the birth. The following are associated risk factors for pre-birth assessments and should be the focus of enquiry:

Social history

- Parent's previous history and their own experiences of childhood and parenting will have an impact on their parental capacity. Parents with unresolved issues from childhood may have difficulty meeting the child's needs. Their history may also impact on their attitude towards the child and therefore their ability to emotionally bond.

- The social history should also include parent's cultural and religious expectations for their baby including ethnic identity, how they will support their baby's developing identity and how their own identities and cultural expectations influence their parenting style.

- A full chronology should be prepared covering the parent's childhood, education and employment and significant relationships. It is also important that social workers to obtain information about the extended family and gain an understanding of the capacity to support parents.

- In order to ensure that a full social history is taken, social workers should check MOSAIC and archives to see if the family are known and ensure that all records covering any previous CSFH involvement are read.

- Social workers will need to pay attention to the circumstances under which previous children have been removed and the parent's views on the removal to ascertain whether the parent has accepted this and their own role in the child's removal.

- Also crucial will be both parents' attitudes to the current pregnancy and their expectations of caring for the child in the future. It may be necessary to look into the circumstances of the pregnancy, for example if it is a result of rape.

- Where children were removed from the parent's care due to abuse, assessment needs to focus on the abusing parent's understanding of the circumstances and the extent to which they take responsibility. Assessment

should also look at the extent to which the non-abusing parent will be able to protect the child.

Mental health

- Although parental mental ill-health need not necessarily affect children, serious mental health problems and a history of non-compliance with medication are an indication of risk regarding the future care of the child. This is particularly the case where the mental illness may involve the parent incorporating the child into delusional thoughts.

- Poor parental mental health may affect the parent's ability to form an emotional bond with the baby and may lead to a poor relationship with the child. Poor mental health may also affect parent's ability to provide adequate physical care for the baby and pregnancy and childbirth itself can trigger mental health difficulties.

- Close joint working with mental health services is vital in these cases and social workers should refer to the joint working protocol. It is essential that mental health services are able to contribute to any assessment of parenting capacity and to gain a long-term prognosis for the parent. childrens-services-and-adult-mental-health-joint-working-protocol-2023.pdf

Substance misuse

- Where parents have substance misuse issues, advice should be obtained from the designated child protection midwife or the specialist substance misuse midwifery service based at UCLH as to the likely impact on the unborn baby and following birth. Where parents are receiving treatment, their substance misuse worker should contribute to the assessment.

- Assessment will need to explore:

    - substances used
    - patterns of use
    - history of use and levels of dependency
    - how use is managed in terms of caring for a child
    - evidence of parent becoming incapacitated or psychotic through substance use
    - willingness to attend treatment
    - consequences for the unborn child of continued use during pregnancy

  - parental understanding of the impact of substance misuse on the unborn and/or new born child
  - impact of substance misuse on other children in the household.

- Social workers should refer to the CSFH/substance misuse services joint working protocol for further information. cssw-early-help-and-substance-misuse-services-joint-working-protocol.pdf

Domestic abuse

- Current and historical incidents of domestic abuse should be carefully evaluated during assessment in order to consider the potential impact on the child.

- Assessment should look at:
  - the nature of the incidents
  - their frequency and severity
  - what triggers the incidents
  - the extent to which the adults involved acknowledge the problem or seek to minimise.

- Research shows that domestic violence can increase in frequency and seriousness during pregnancy and shortly after birth, especially where the child is hard to care for. Social workers should make sure any history of domestic violence is shared with health professionals working with the parents so that the network can be vigilant to incidents.

- Social workers should refer to the CSFH *Domestic abuse* policy for further guidance. cssw-domestic-abuse-policy.pdf

Learning disabilities or additional needs

- Parents with a diagnosed global learning disability will be known to the Camden Learning Disability Service (CLDS) and social workers should check MOSAIC and contact the CLDS for details on 020 7974 3737 or email clds@camden.gov.uk.

- It is an expectation that social workers work jointly with the allocated CLDS social worker in order to arrange support for the parents. Please refer to the *Working with parents with additional needs* protocol for details. working-with-parents-with-additional-needs-protocol.pdf

- Some expectant parents may present as having additional needs that may impact on their ability to parent effectively but will not have a global learning disability and consequently will not be eligible for a service from the CLDS. In these cases social workers should make a referral to the Adult Social Care Safeguarding and Support team via localitydutyteam@camden.gov.uk.

Other factors

Other risk factors identified in research include:

- history of ante-natal depression
- a child who is hard to care for, ie: difficulties feeding/sleeping
- the child is perceived as unwanted or appears to be rejected by parents
- lack of support networks
- external triggers that increase stress on parents such as relationship breakdown, unemployment, losing their home
- other adults residing in the home who have not been part of the assessment but who may potentially be a cause for concern, for example a non-biological parent or step-parent
- involvement in criminal or gang activity which may bring risk through associates visiting the home or coming into contact with the family.

Analysis

- Analysis of assessment information will need to address these issues:
    - Should the child remain in the parent's care once born?
    - Are parents able to make the necessary changes in order to care adequately for the child and will these changes happen prior to birth?
    - Will the parents be able to care for the child in the long term?

- Outcomes of assessments should consider:
    - What action is needed to protect the child now?
    - What action is needed to ensure the child's future care?

- Analysis should look at parental strengths and weaknesses and any recurring patterns of parental behaviour in order to assess parental capacity to meet the child's needs in the present and future and whether there is enough motivation and a capacity to change.

- Social workers should be aware that the time constraints inherent in working with expectant mothers may mean it is not possible to build a good working

relationship with parents and this may impact on the social worker's ability to measure meaningful change.

13 Under 18's and care leavers

- Teenagers who become pregnant are at a high risk of missing out on education and employment opportunities and are more likely to experience economic disadvantage and social exclusion. Pregnancy may also adversely affect their health and limit their social interactions. This in turn can affect outcomes for their children.

- Pregnant teenagers will often require a high level of support from their own parents, and where the mother is looked after or leaving care, Camden will need to provide this support as a corporate parent. Camden's policy is to ensure young mothers are supported to care for their child, where this is consistent with the child's welfare, whilst still making the most of their educational and employment opportunities.

- However, Camden has a duty to safeguard the welfare of both the parent and the child and may carry out a pre-birth assessment where the mother is considered vulnerable or there are known risks and concerns that may impact on the safety and welfare of the mother and child.

- A pre-birth assessment **must** be carried out where:
    - the parent is under the age of 16
    - the parent is looked after
    - there are concerns about CSA or CSE.

- If the mother is looked after or a care leaver placed in another borough, that borough will be responsible for carrying out the pre-birth assessment.

- For looked after children or children who are known to CSFH, the pre-birth assessment must be carried out by a social worker other than the allocated social worker. For care leavers the assessment must be carried out by a qualified social worker from the Corporate Parenting service.

14 Recording the assessment

- The child and family assessment record available on MOSAIC should be used to carry out a pre-birth assessment. Specific guidance on what areas need to be covered is given at the relevant sections of the assessment record.

- Where a mother becomes pregnant again whilst the family is receiving a service from CSFH, the allocated social worker can choose to assess the unborn child's needs via an updated assessment or to repeat the assessment of the whole family, depending on how the child's imminent birth will impact on the family and children's needs.

Appendix 1 Framework for practice – risk estimation

Factor	Elevated risk	Lowered risk
The abusing parent	• Negative childhood experiences, including abuse, denial of past abuse • Violence or abuse of others • Abuse and /or neglect of previous child • Parental separation from previous children • No clear explanation • No full understanding of abuse situation • No acceptance of responsibility for the abuse • Ante-natal/post natal neglect • Age: very young/immature • Mental disorders or illness • Learning difficulties • Non-compliance • Lack of interest or concern for the child	• Positive childhood • Recognition and change in previous violent pattern • Acknowledges seriousness and responsibility without deflection of blame onto others • Full understanding and clear explanation of the circumstances in which the abuse occurred • Maturity • Willingness and demonstrated capacity to ability for change • Presence of another safe non-abusing parent • Compliance with professionals • Abuse of previous child accepted and addressed in treatment (past/present) • Expresses concern and interest about the effects of the abuse on the child
The non-abusing parent	• No acceptance of responsibility for the abuse by their partner • Blaming others or the child	• Accepts the risk posed by their partner and expresses a willingness to protect • Accepts the seriousness of the risk and the consequences of failing to protect • Willingness to resolve problems and concerns
Family issues	• Relationship disharmony/instability • Poor impulse control • Mental health problems • Violent or deviant network involving kin, friends and associates (including drugs, paedophile or criminal networks)	• Supportive partner • Supportive of each other • Stable • Protective and supportive extended family • Optimistic outlook by family and friends • Equality in relationship

	• Lack of supports for primary carer/unsupportive of each other • Not working together • No commitment to equality in parenting • Isolated environment • Ostracised by the community • No relative or friends available • Family violence • Frequent relationship breakdown/multiple relationships • Drug or alcohol abuse	• Commitment to equality in parenting
Expected child	• Special or expected needs • Perceived as different • Stressful gender issues	• Easy baby • Acceptance of difference
Parent-baby relationship	• Unrealistic expectations • Concerning perception of baby's needs • Inability to prioritise baby's needs above own • Foetal abuse or neglect, including drug and alcohol abuse • No ante-natal care • Concealed pregnancy • Unwanted pregnancy • Identified disability (non acceptance) • Unattached to foetus • Gender issues which cause stress • Differences between parents towards unborn child • Rigid views of parenting	• Realistic expectations • Perception of unborn child normal • Appropriate preparation • Understanding or awareness of baby's needs • Unborn baby's needs prioritised • Co-operation with ante-natal care • Sought early medical care • Appropriate and regular ante-natal care • Accepted/planned pregnancy • Attachment to unborn child • Treatment of addiction • Acceptance of difference – gender/disability • Parents agree about parenting

Social	• Poverty • Inadequate housing • No support network • Delinquent area	
Future plans	• Unrealistic plans • No plans • Exhibit inappropriate parenting plans • Uncertainty or resistance to change • No recognition of changes needed to lifestyle • No recognition of a problem or need to change • Refuse to co-operate • Disinterested and resistant • Only one parent co-operating	• Realistic plans • Exhibit appropriate parenting expectations and plans • Appropriate expectation of change • Willingness and ability to work in partnership • Willingness to resolve problems or concerns • Parents co-operating equally