

How to carry out effective pre-birth assessments

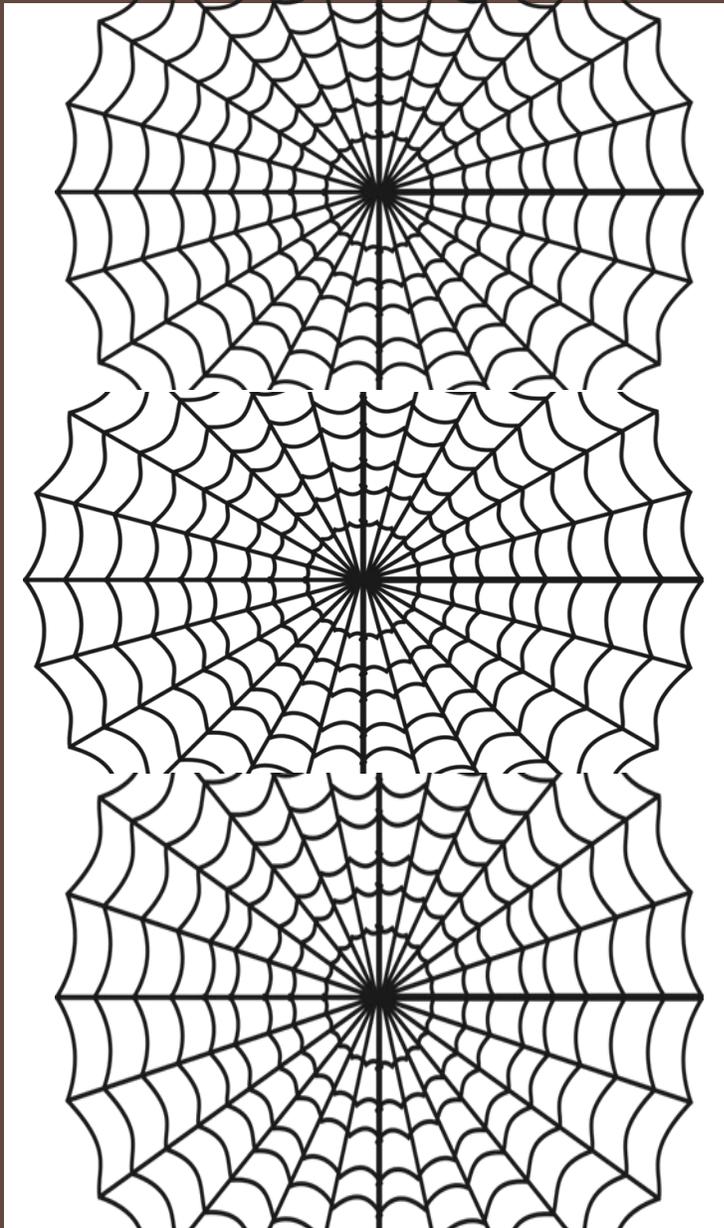


CaTaC Limited

Martin C Calder

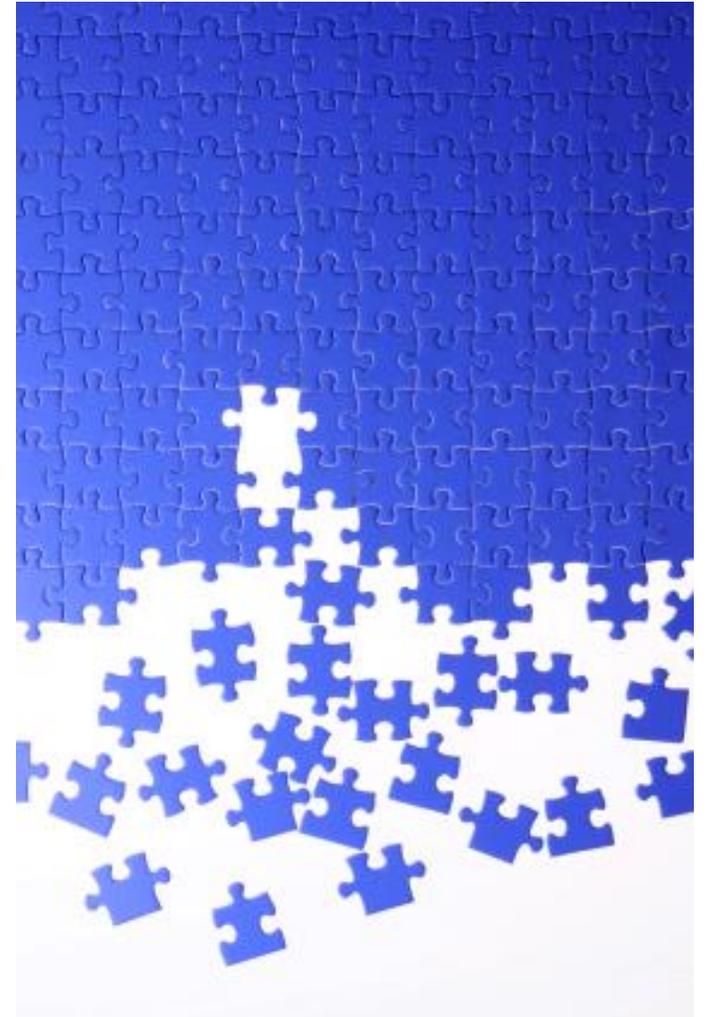
Director, Calder Training & Consultancy
Limited

www.caldertrainingandconsultancy.co.uk



Coverage

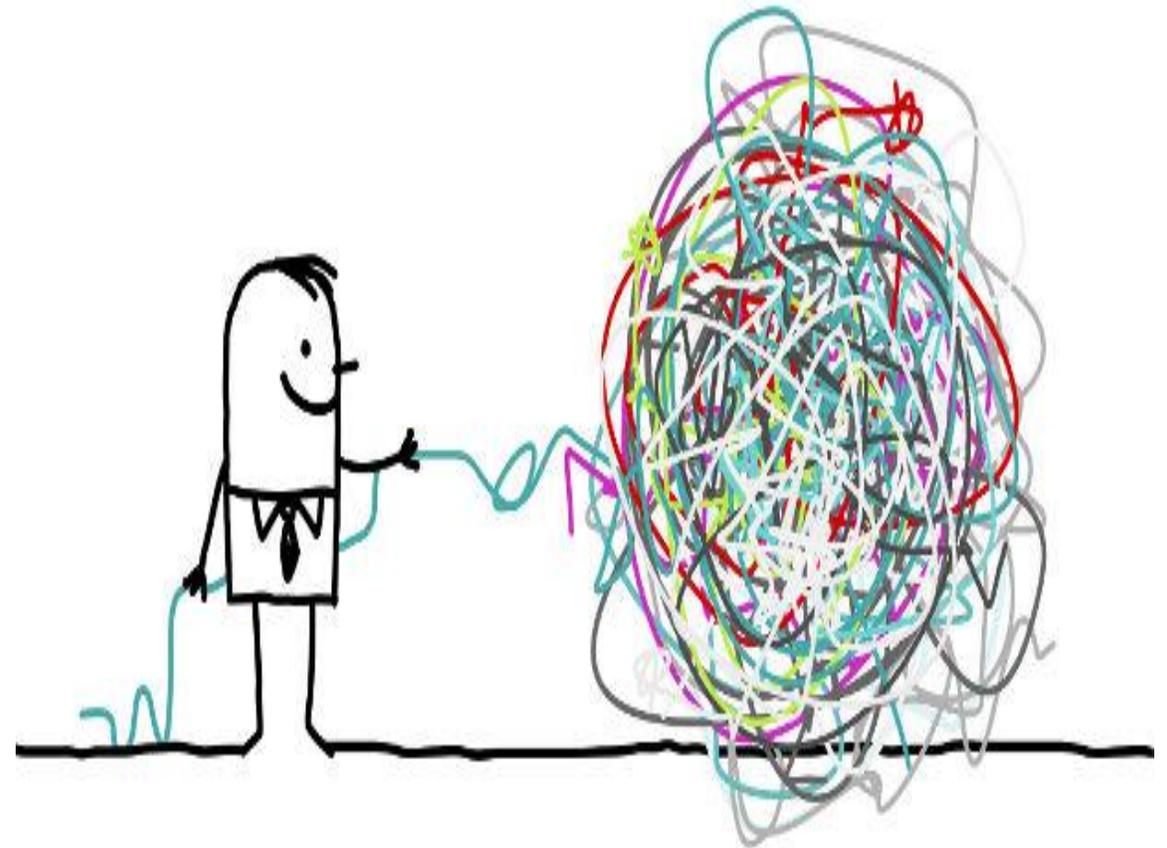
- Examine current context & challenges
- Examine the assessment task
- Introduce a generic template with specific offshoots
- Enhance confidence & competence in analysis
- System Supports



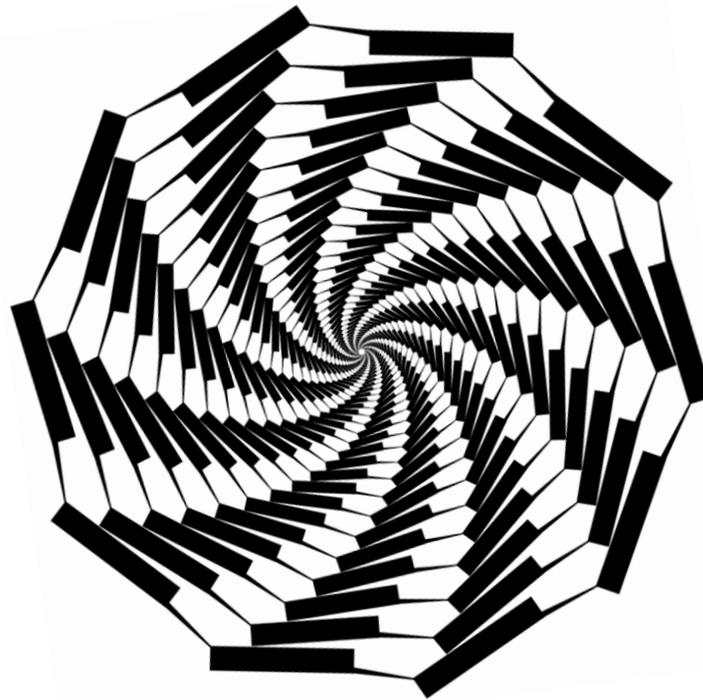
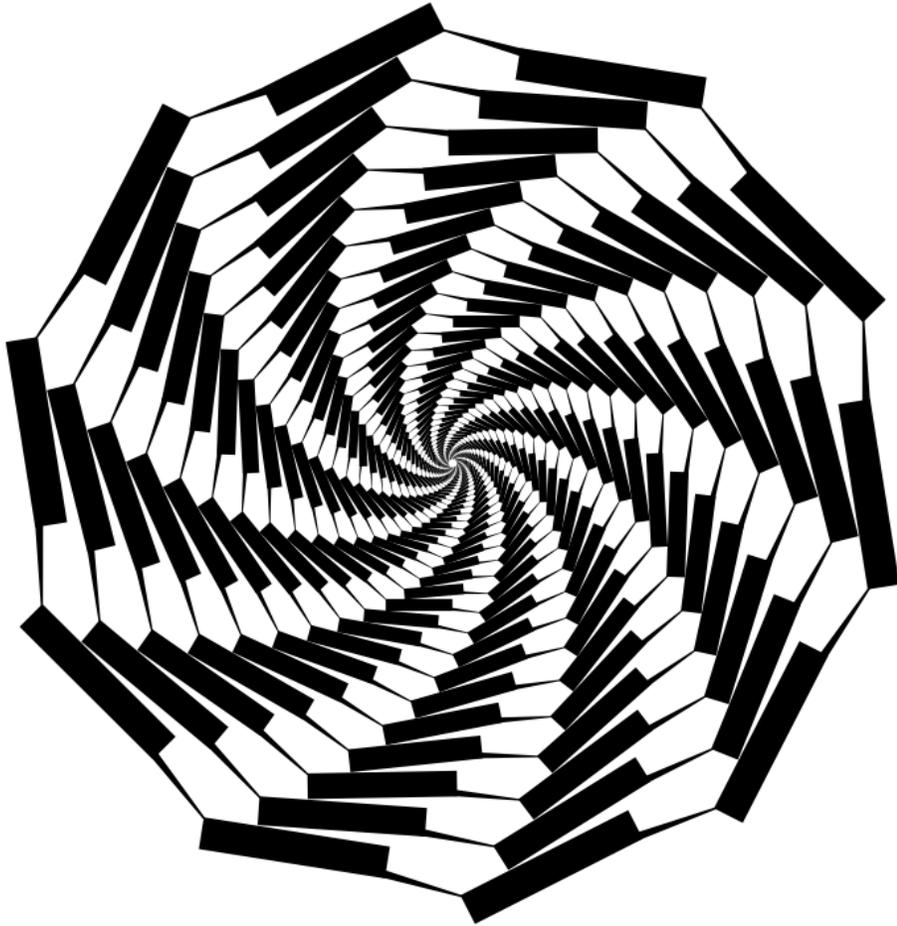
Unpicking the context of our work

If workers have no clarity of task & no clarity of context, then they will struggle to exercise any informed professional judgement

Calder (2015)



Contextual considerations for pre-birth





**“Children are at
most risk in the
first year of life”**

The DOH publication ‘Learning from Past Experience’ looks at Serious Case Reviews between 1998-99 & 2000-2001

Of the 40 children who died, 19 were under 1 year old

12 were less than 4 months old

32 of the 40 were less than 6 years old



**Toxic Trio:
Multiplicity
Matters**

Learning from Past Experience lists the features of families where children died

Of the 40:

- 8 children had poor ante-natal care (i.e. did not attend)
- 18 had parents with mental health problems, mostly depression
- 8 had parents who were in care as children
- 10 had parents known to have displayed violent behaviours in the home
- 14 had parents who misused alcohol or drugs

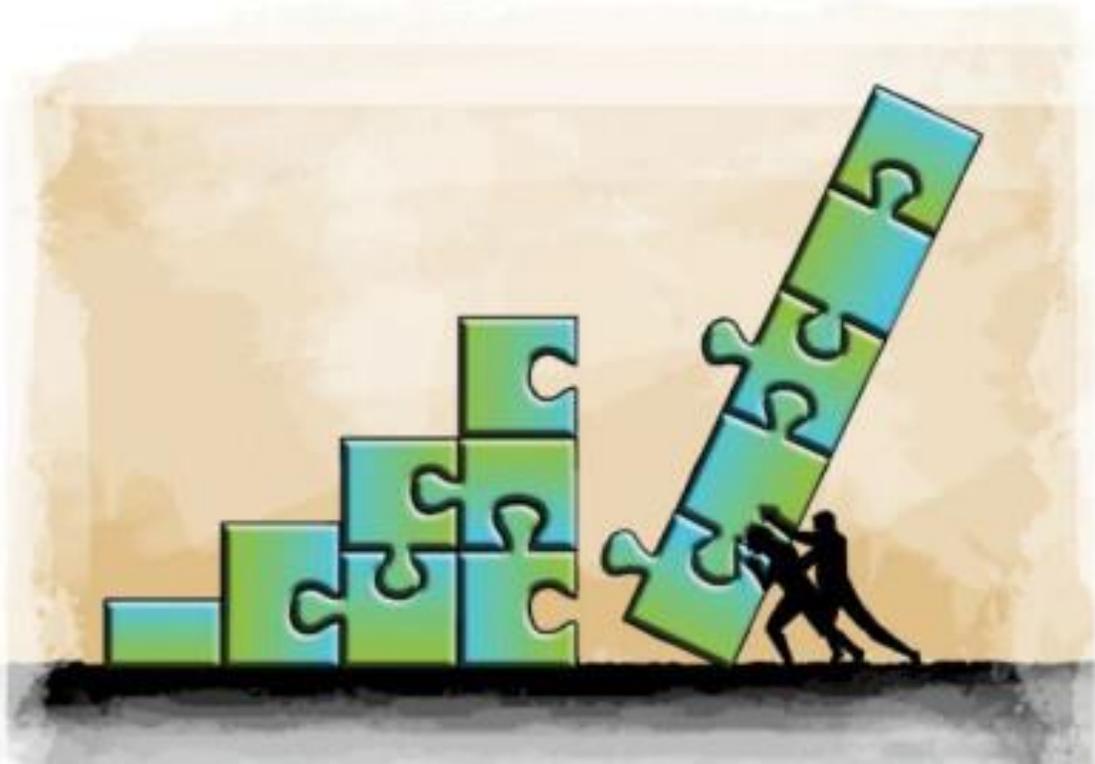
Business is a booming

The number of children removed at birth from their parents was 2000 in 2007

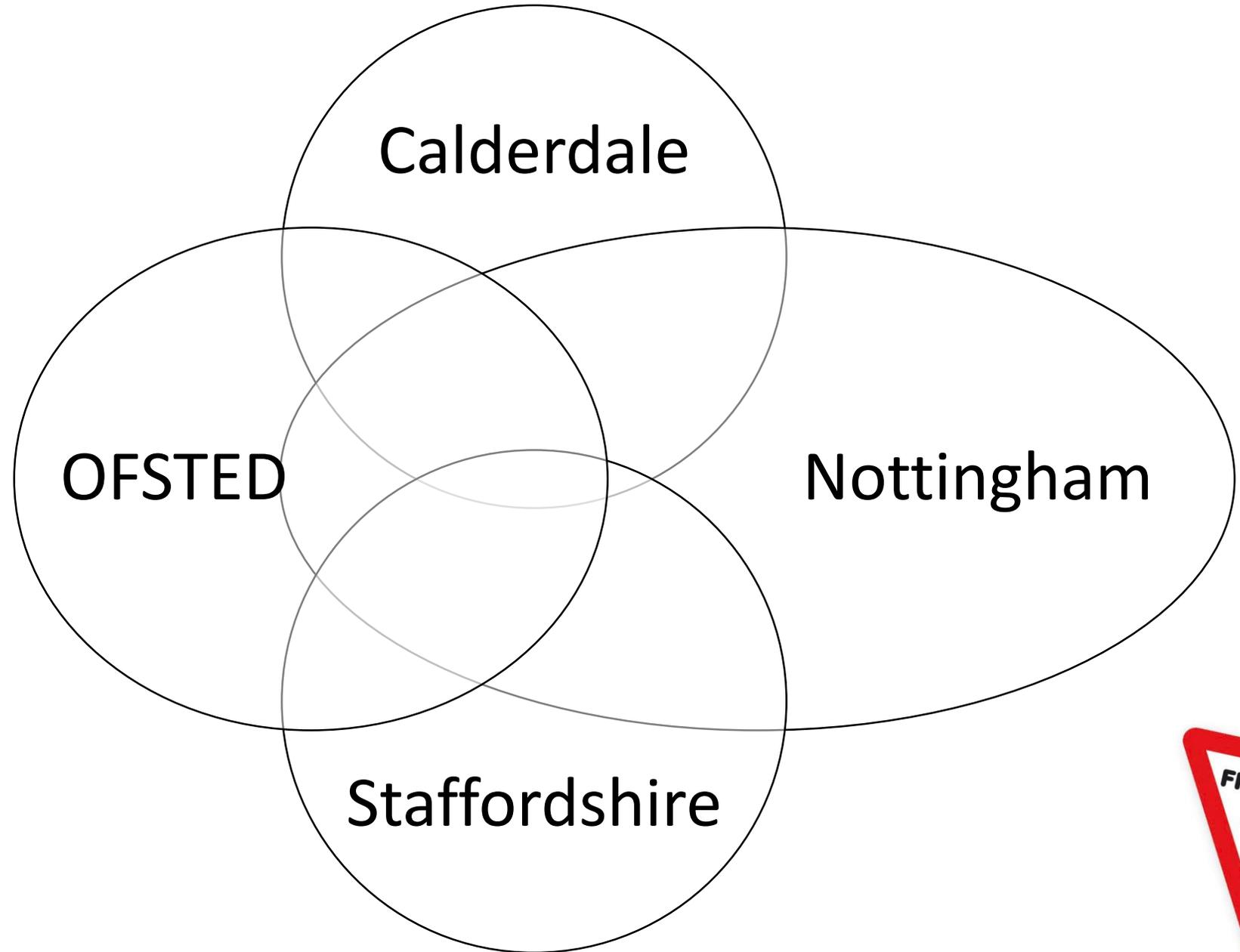
This represents a three-fold increase from a decade earlier

Critics say it relates to the drive to meet adoption targets rather than enhanced risks

The Telegraph
26.8.2007



Emerging challenges



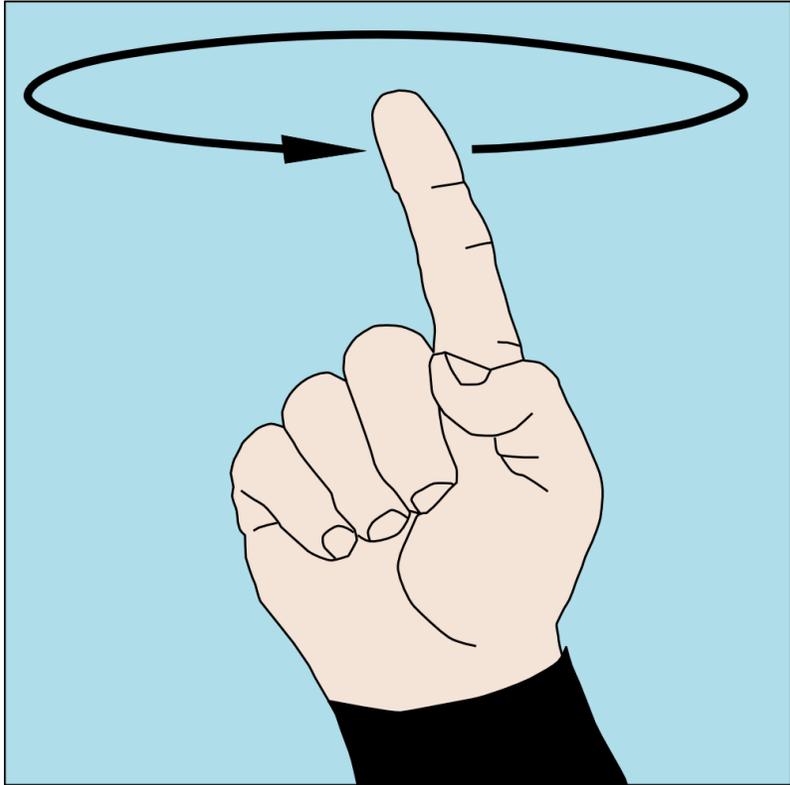
Messages from Serious Case Reviews (OFSTED, 2011)

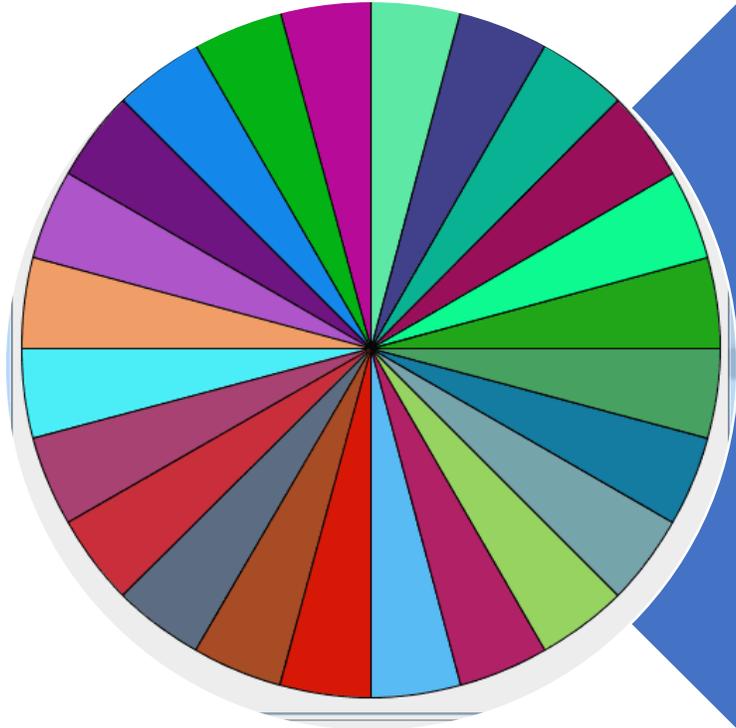
- Ofsted reports have consistently highlighted that babies less than one year old & older children have been the subject of a high proportion of serious case reviews
 - Their 2011 report provided a thematic analysis of 482 serious case reviews that Ofsted evaluated between 1 April 2007 & 31 March 2011 & focused primarily on babies less than one year

Recurring messages

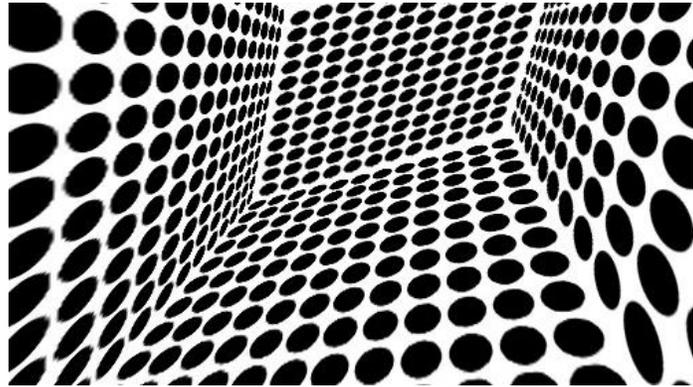
- there were shortcomings in the timeliness & quality of pre-birth assessments
- the risks resulting from the parents' own needs were underestimated, particularly given the vulnerability of babies
- there had been insufficient support for young parents
- the role of the fathers had been marginalised
- there was a need for improved assessment of, & support for, parenting capacity
- there were particular lessons for both commissioning & provider health agencies, whose practitioners are often the main, or the only, agencies involved with the family in the early months
- practitioners' underestimated the fragility of the baby







Recurrent care proceedings



On the opposite side is the concern in relation to recurrent care proceedings (Broadhurst et al, 2015)



Nicholas Crichton recently retired after many years as a judge in the family court



He said: "The work of the family courts for years has been removing the second, the third, the fourth child from the same mother. Not infrequently the sixth, the seventh, the eight



In one case I've removed the 14th and I know two judges that have removed the 15th child from the same mother" (Berg, 2014)



Using data from CAFCASS on cases completed between 2007 - 2013, the research team found that 7,143 birth mothers appeared in 15,645 recurrent care applications concerning 22,790 infants & children

Mothers appearing in recurrent cases are very young
19% are aged 14-19 years of age at first care application &
In 50% of all cases, mothers are aged 24 or less

Work is ongoing to establish what can be learned about fathers in recurrent cases



- The study also found that recurrent care proceedings follow in short succession, most commonly prompted by the birth of another infant
- From this the research team inferred that mothers are pregnant again, either during the first set of proceedings, or shortly after
- In addition, in 42% of cases, the local authority will issue a care application within the first month of an infant's birth

- This pattern raises questions about prevention because mothers will have very little time to effect change between episodes of care proceedings
- This observation is confirmed by the profile of final legal outcomes, which suggests that in only a small percentage of cases, infants or children remained at home or were returned to their birth mothers



Judicial ping pong



Imminent

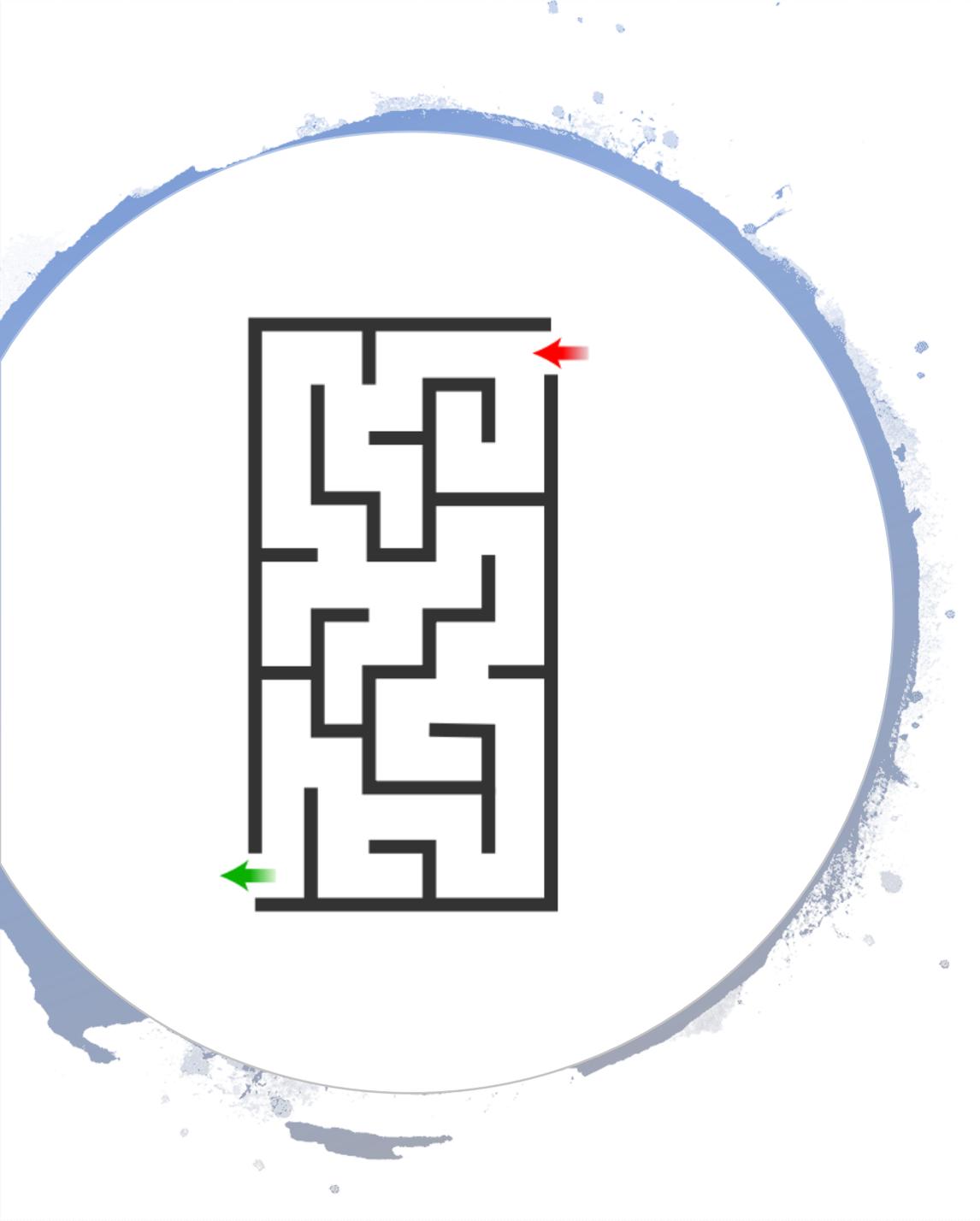


Delay



Personal, Professional & Ethical challenges





**What are the key
PERSONAL,
PROFESSIONAL &
ETHICAL challenges
when asked to
undertake pre-birth
assessments?**



**How they may
impact on you?**

How they may
influence your
decision-making?

Personal



Pregnant currently



Unable to have children self



Emotive nature of work



Playing God



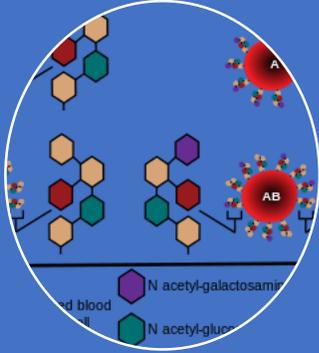
Empathy with the parents



Professional



First
assessment



Type of
assessment?



Bound by
previous
assessments



Concealed
pregnancy*



Time
pressures –
gathering
information
etc.



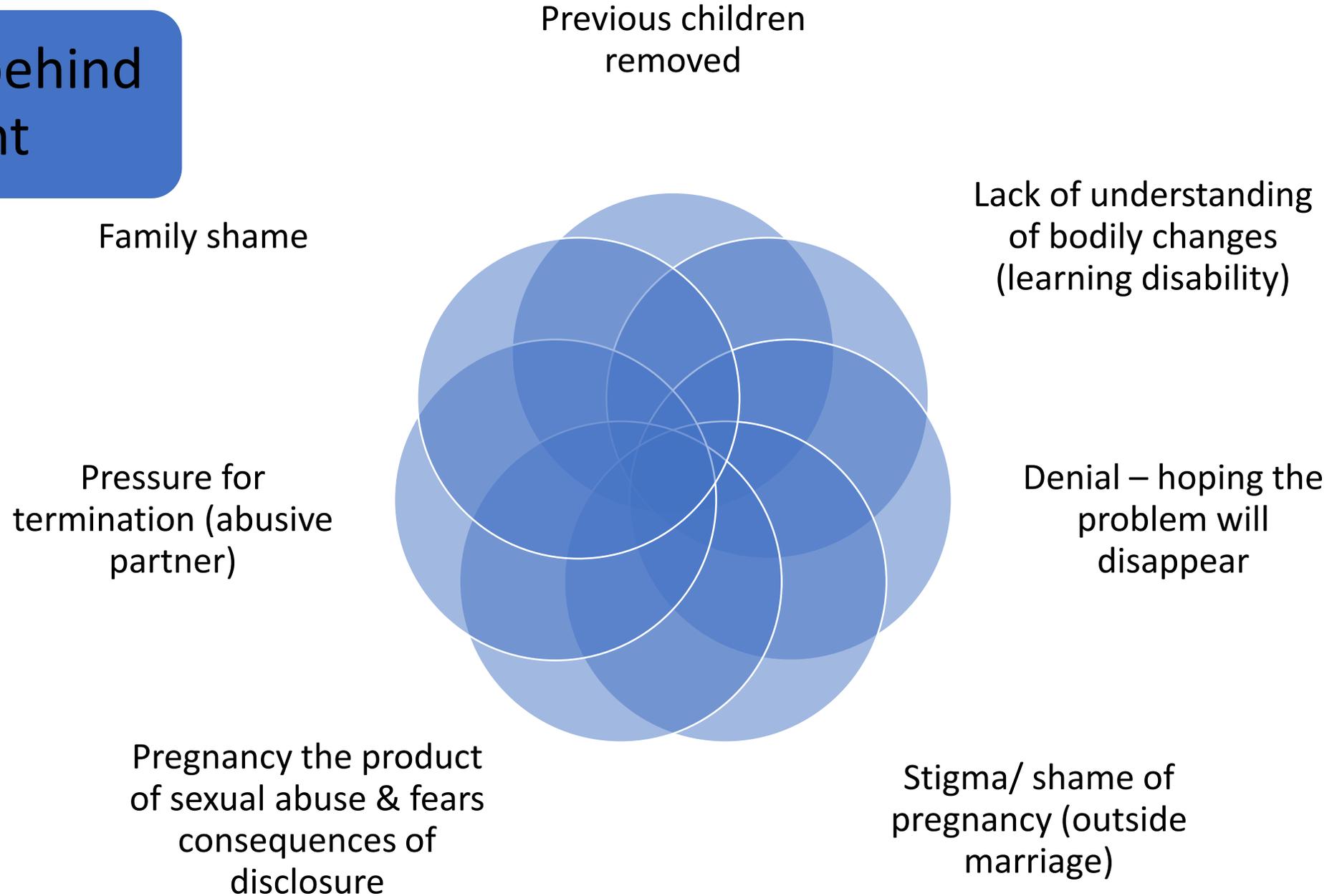
First child –
assessing
hypothetically



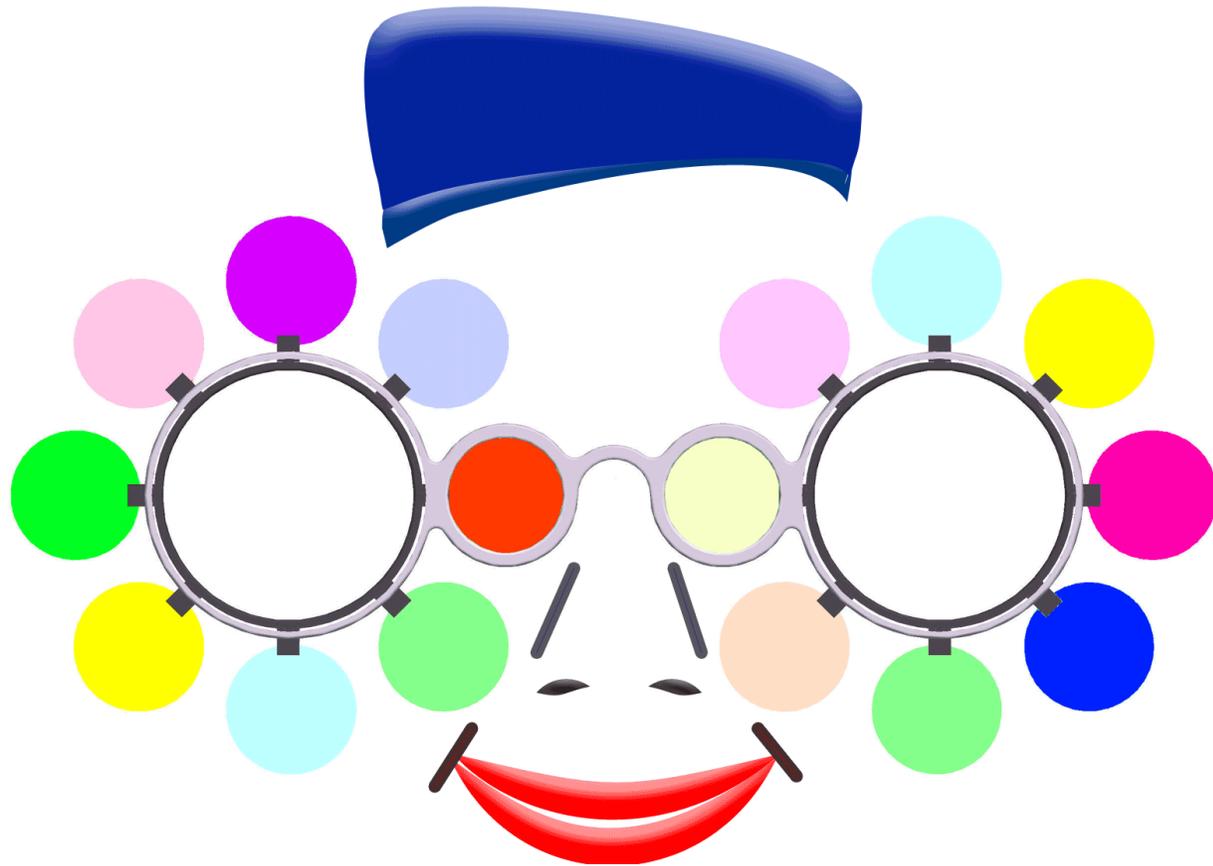
No
standardised
assessment
proforma



*** Reasons behind concealment**



Parental Perception

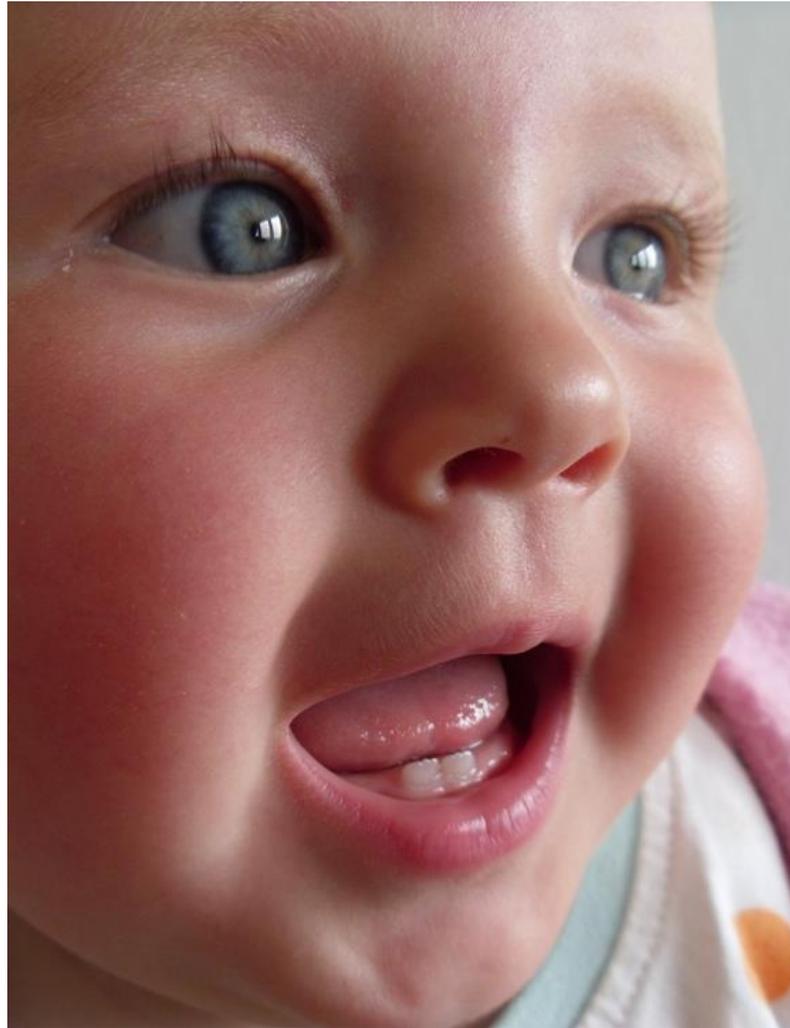


The
assessment
is to decide
whether or
not my baby
can stay
with
me/us...

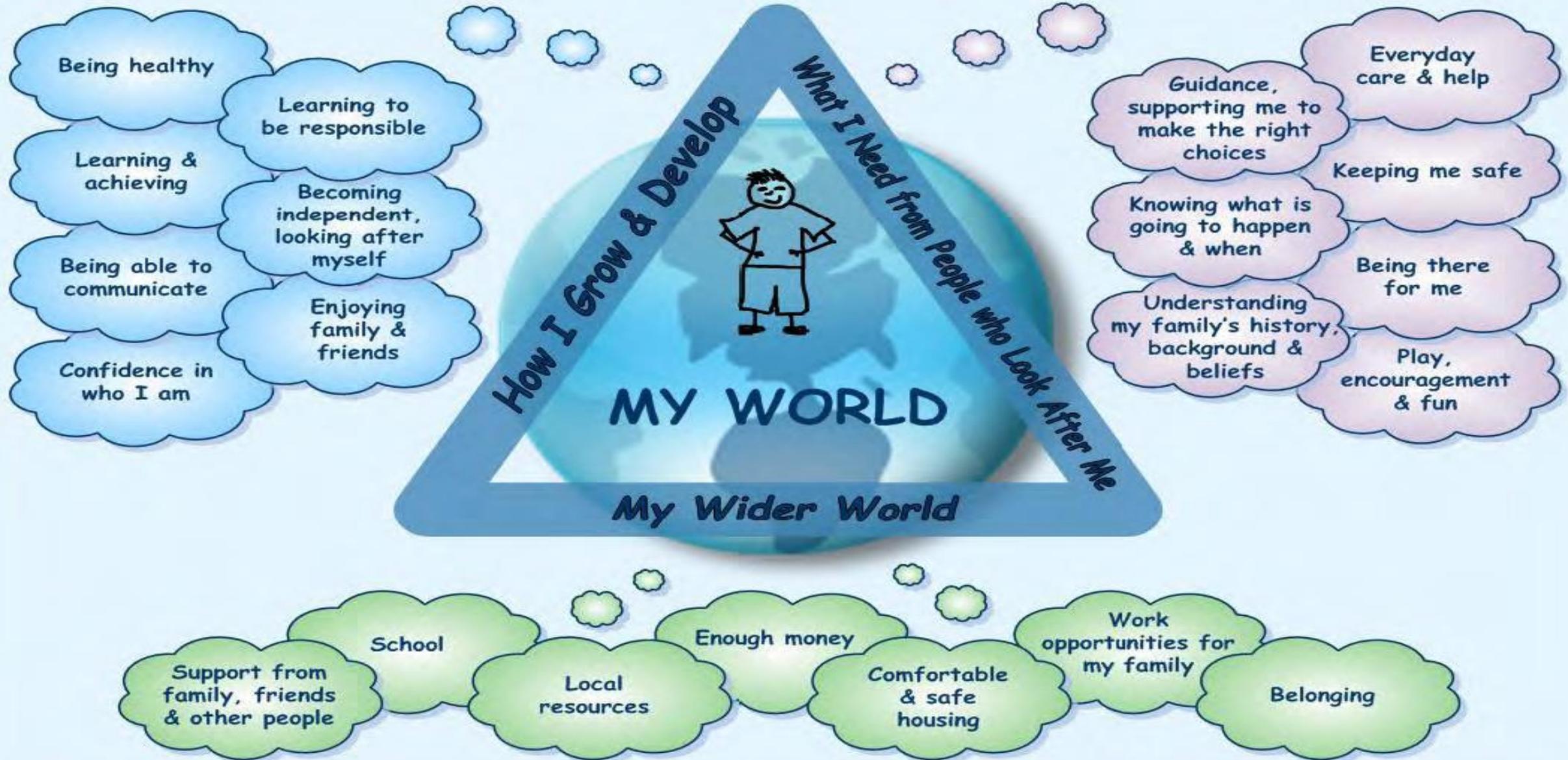


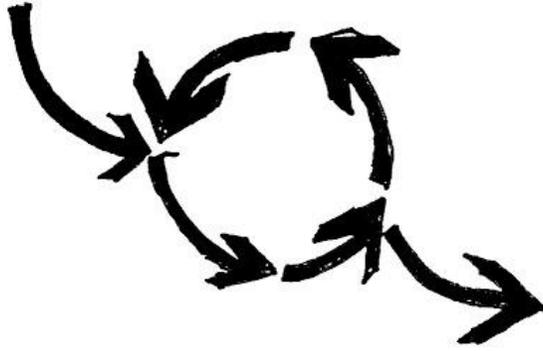
Principles underpinning the work

Baby is the
focus



My World Triangle





Incremental Approach

- Firstly, in universal services
 - then through early help & targeted services if indicated
 - & only to child protection where the risk is real or imminent
- The problem is not only the threshold but the point at which it is applied
- It should be at the outset & not at the endpoint when many cases have been stepped down

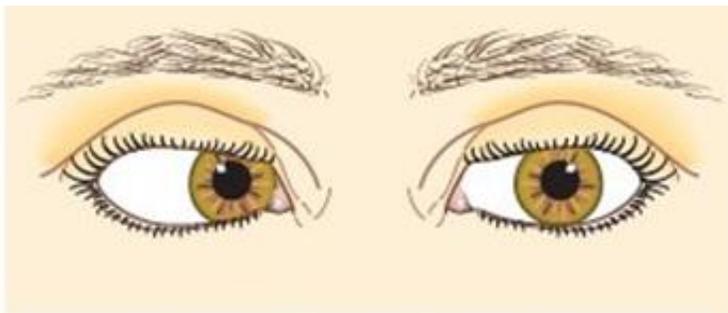


- Premature progression
 - fuels family resistance
 - accelerates anxieties
 - reduces options
-

- whilst reinforcing that the abdication of professional responsibility

- coupled with a failure to exercise professional judgement

- is acceptable



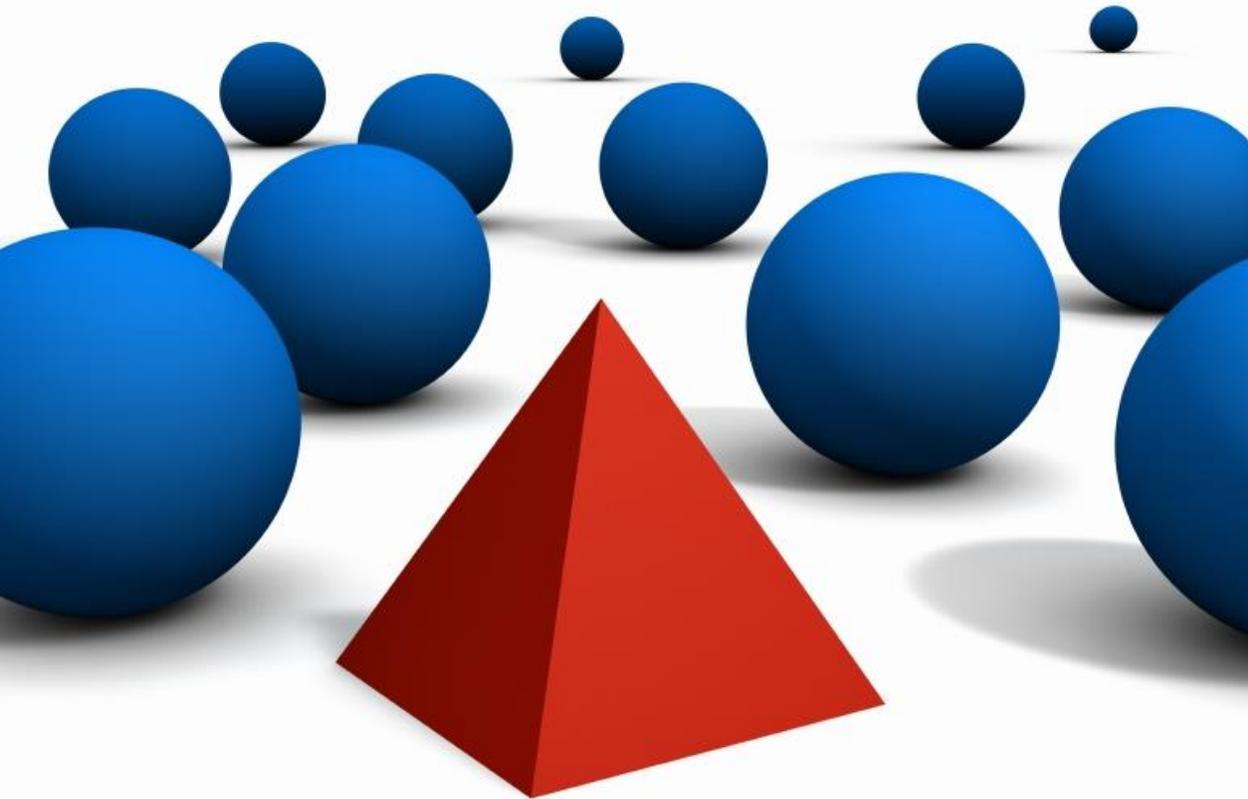


Static

Stable

Dynamic

Differentiating pre-birth & pre-birth risk assessments



The aim is to work with the wider system approach that cases should start from a premise of resolution & support unless concerns about child protection emerge

The earlier in the process an assessment is started then the greater the chances that a supportive as opposed to a protective outcome will be indicated

PURPOSE

PURPOSE

The main purpose of a pre-birth assessment is thus

- to identify what the risks to the new born child may be
- whether the parent(s) have the capacity to change so that the risk can be reduced &
- if so, what supports will be required

Examples where consideration would be given to managing a case via the CAF process could include:

- Parent/s are asking for help & support
- Food, warmth & other basics may not always be available
- Parent/s may struggle without the provision of support/ resources
- Young, inexperienced parents with inadequate support from family/ friends
- Parent/s occupied with other children with additional needs, e.g. disabilities, requiring additional support
- Family dynamics result in levels of instability
- Parent/s struggling to maintain standards of hygiene/ repair with the family home
- Parent/s accruing rent arrears which may jeopardise tenancy if action not taken

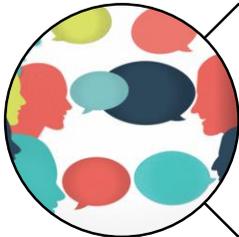
Advantages of a pre-birth assessment



Identify & safeguard the babies most likely to suffer future significant harm



Ensure that vulnerable parents are offered support at the start of their parenting career rather than when difficulties have arisen



Establish a working partnership with the parents before the baby is born



Assist parents with any problems that may impair their parenting capacity

Some potential disadvantages

Parents may disappear or a mother may not come to hospital to deliver the baby

The stress may have an adverse effect on the parents' physical or mental health

A risk that a mother may feel pressurized into harming herself & the unborn baby or terminating her pregnancy

Fear of losing the baby may jeopardise the attachment process between parent & child



Threshold for agreeing whether a pre-birth risk assessment is needed...

Is what?

Who determines?

Who does them & when are they done?

What skills & knowledge are needed to undertake them safely?

Triggering the pre-birth risk assessment

Where previous children in the family have been removed because they have suffered harm

Where a PPRTC (schedule one offender) has joined a family

Where concerns exist regarding the mother's ability to protect

Where there are acute professional concerns regarding parenting capacity, particularly where the parents have either severe mental health problems or learning disabilities

Where alcohol or substance abuse is thought to be affecting the health of the expected baby

Where the expected parent is very young & a dual assessment of their own needs as well as their ability to meet the baby's needs is required



Domestic violence features

Evolving additional considerations

A sibling in the household is/has been on the CPR/ subject to an inter-agency child protection plan

Where the young person is under 16 & Looked After

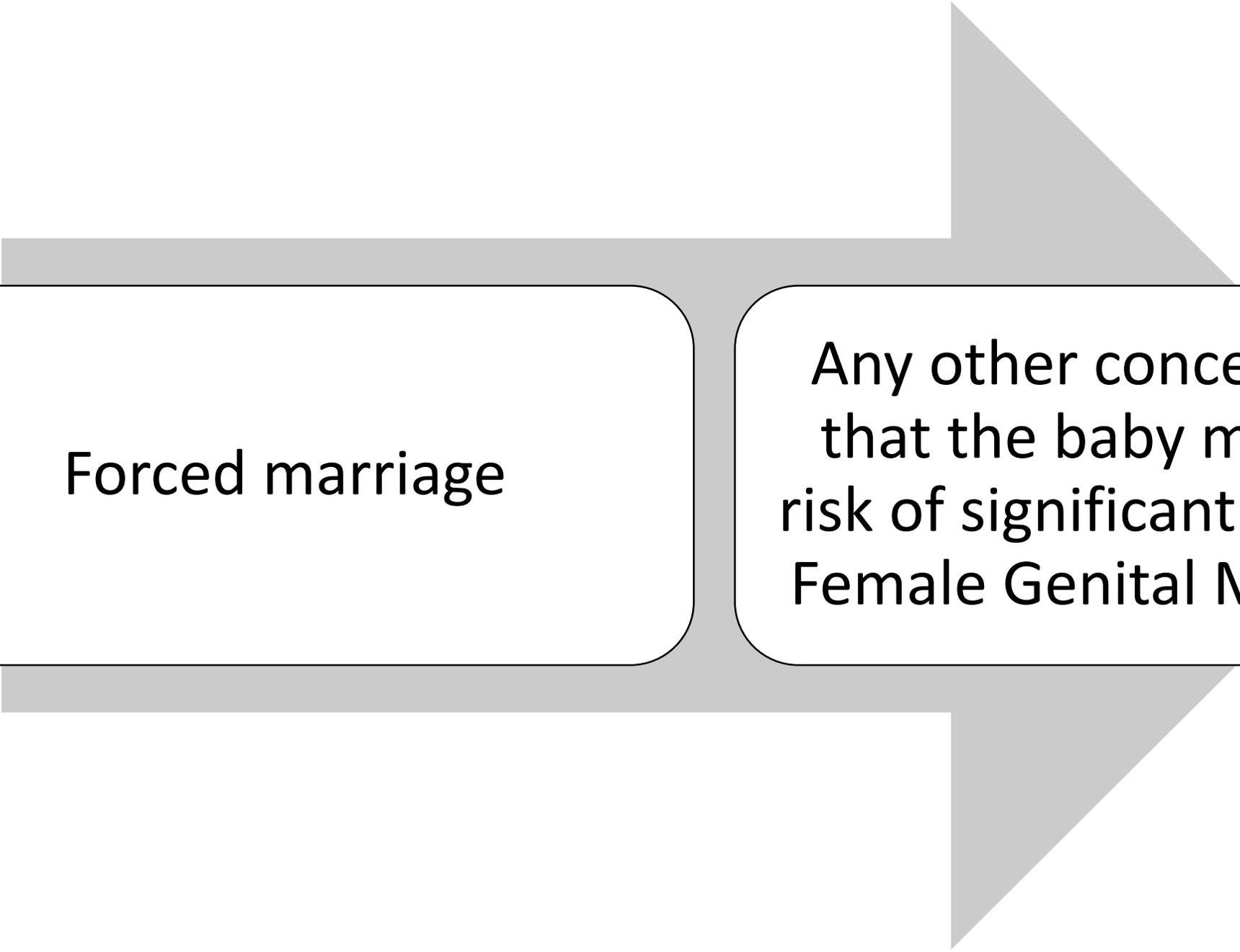
Where any other concern exists that the baby may be at risk of Significant Harm, including a parent previously suspected of fabricating or inducing illness in a child

Where a child under 13 is found to be pregnant

Where the father of the child is under 16

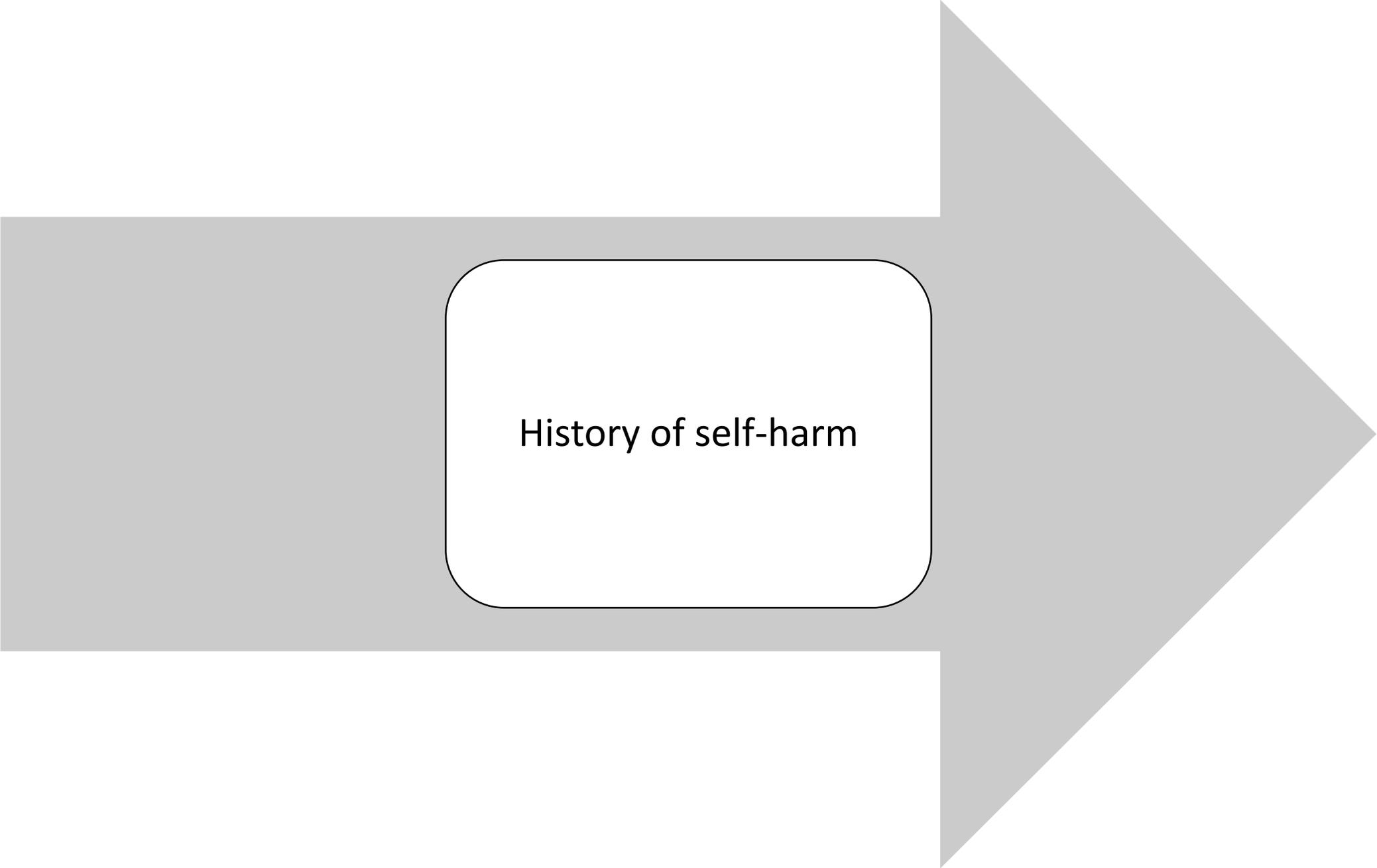
Where either parent is a Looked After child

Where there are maternal risk factors, e.g. denial of pregnancy, avoidance of antenatal care, non cooperation with necessary services, non compliance with treatment, with potentially detrimental effects for the unborn baby.

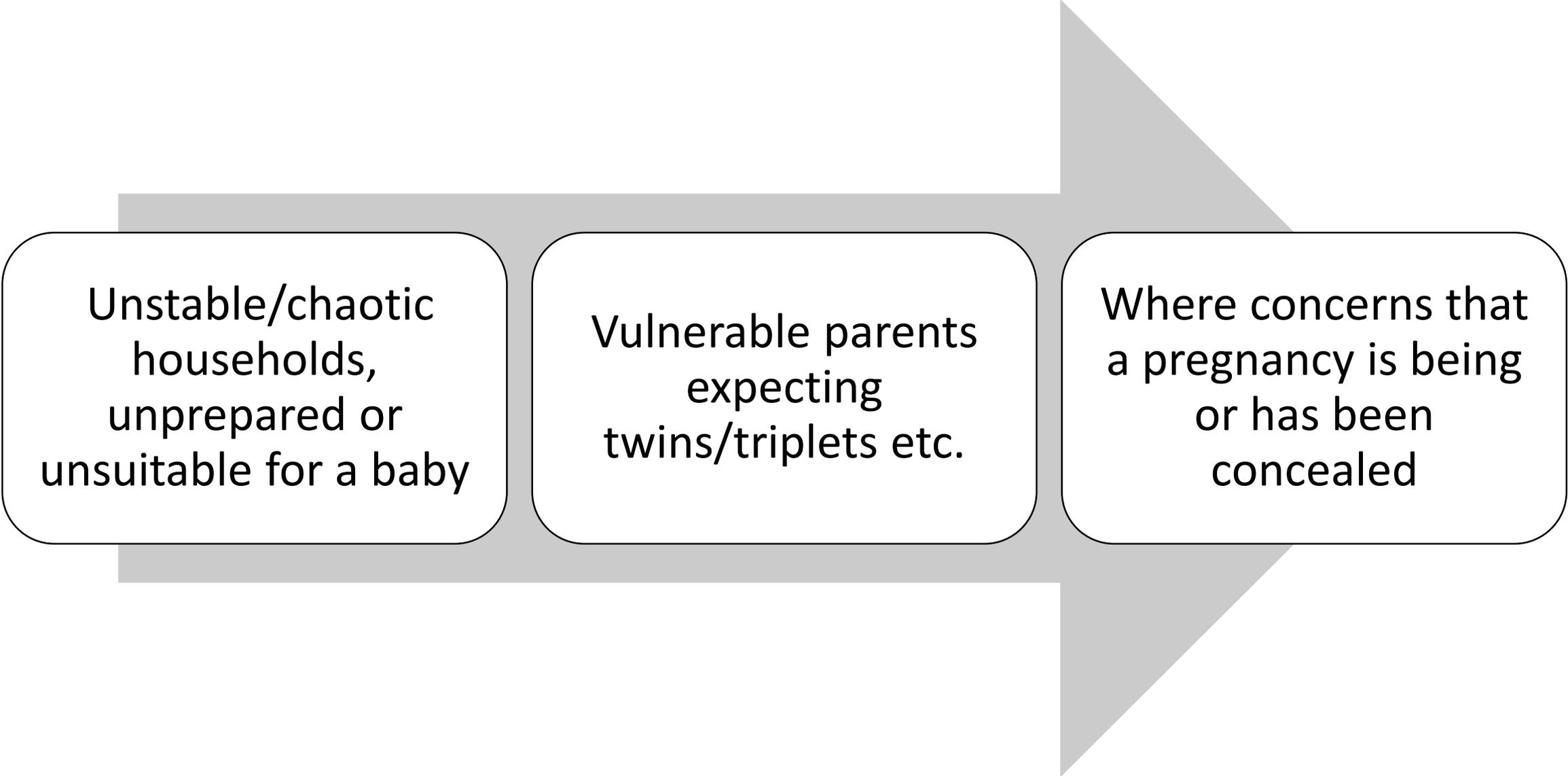


Forced marriage

Any other concern exists
that the baby may be at
risk of significant harm e.g.
Female Genital Mutilation



History of self-harm



Unstable/chaotic
households,
unprepared or
unsuitable for a baby

Vulnerable parents
expecting
twins/triplets etc.

Where concerns that
a pregnancy is being
or has been
concealed

Narrowing v exanding



Viability screening assessment

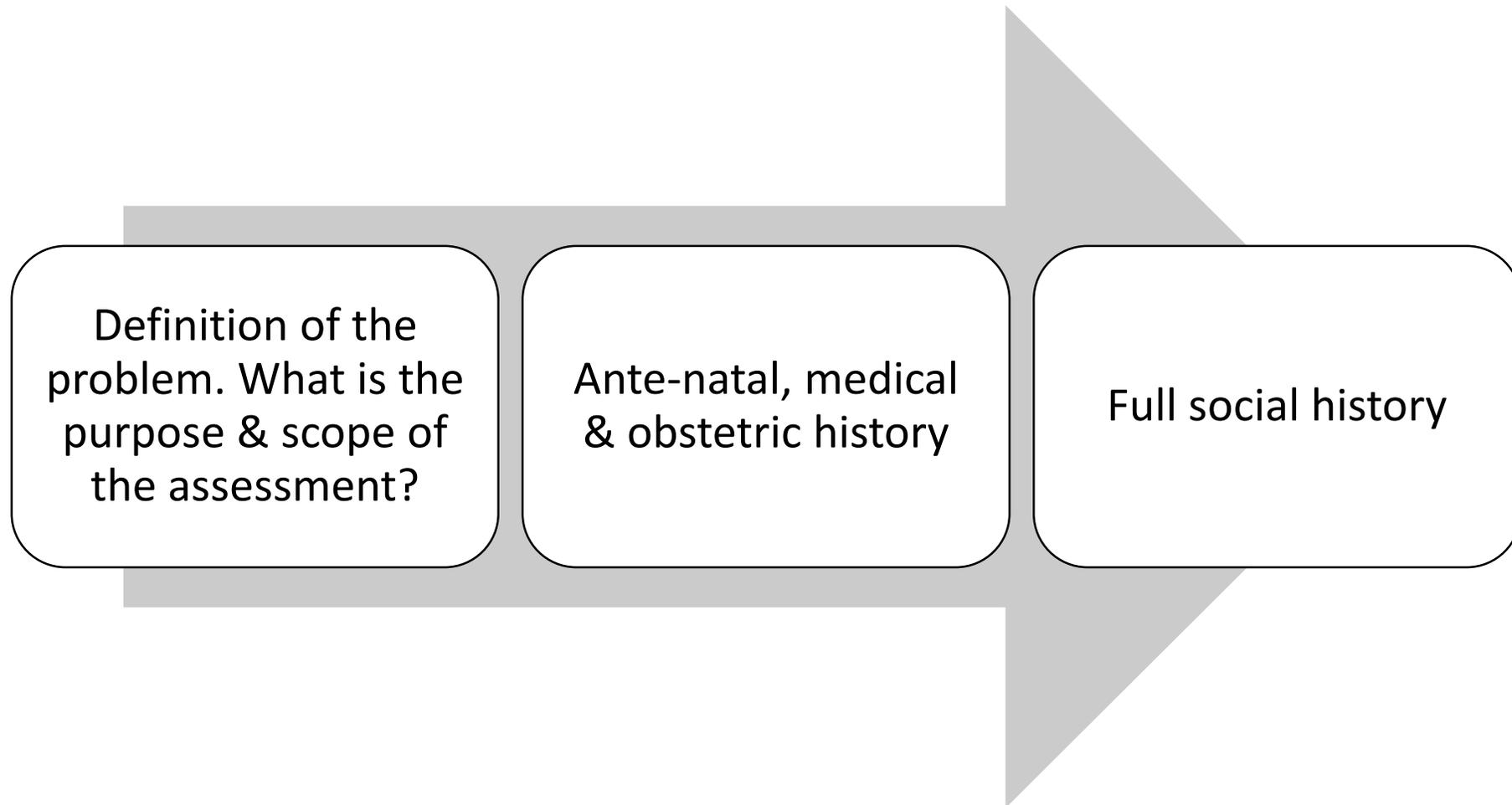
Previous children removed

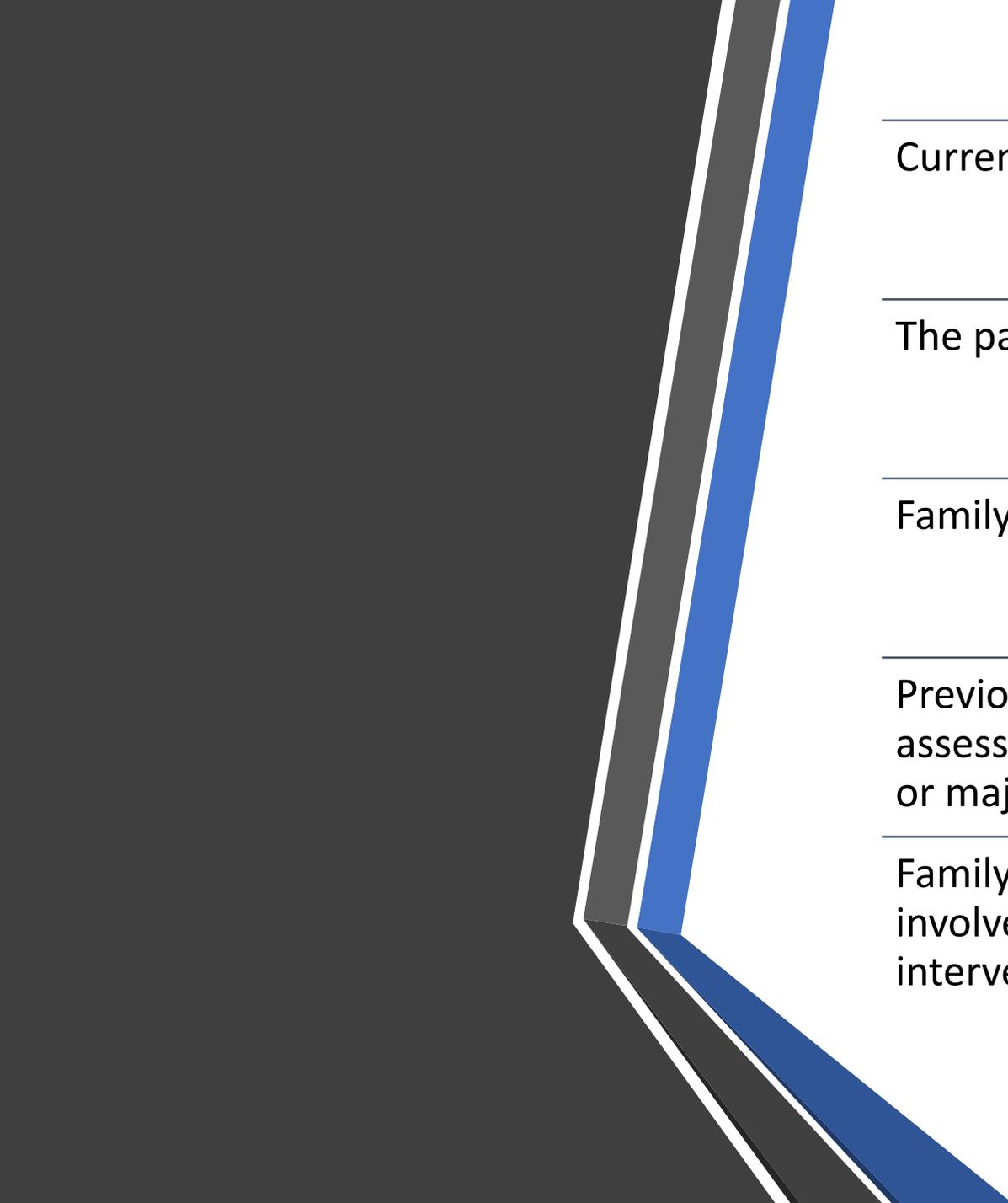


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4 5 6
7 8 9
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Large number of potential extended family carers

A multi-disciplinary framework to guide pre-birth risk assessments (Calder, 2000; 2002; 2008; 2013; 2017, 2018)





Current family structure, extended family & potential support

The parental relationship & family support

Family functioning & strengths

Previous abuse or convictions, including any previous assessments, with any increased acceptance of responsibility or major changes

Family attitudes towards previous action / professional involvement, & ability to engage them in the current intervention process



Assessment of non-abusing parent's ability to protect

Understanding of expected baby's needs & ability to meet them

Future plans & how realistic they are

Alcohol using parents & anticipated health problems

Drug using parents & anticipated health problems

Measuring the family's potential for, & motivation to, change

Determining the way forward: the risk factors



Tailoring the assessment ...

Twin track approach

Originating concerns



Preparation for &
understanding of
expected baby's needs



Initial planning meeting



To collate all the relevant family history



To generate inter-agency chronology



To cross-check consistency of information
provided across time & professional groups

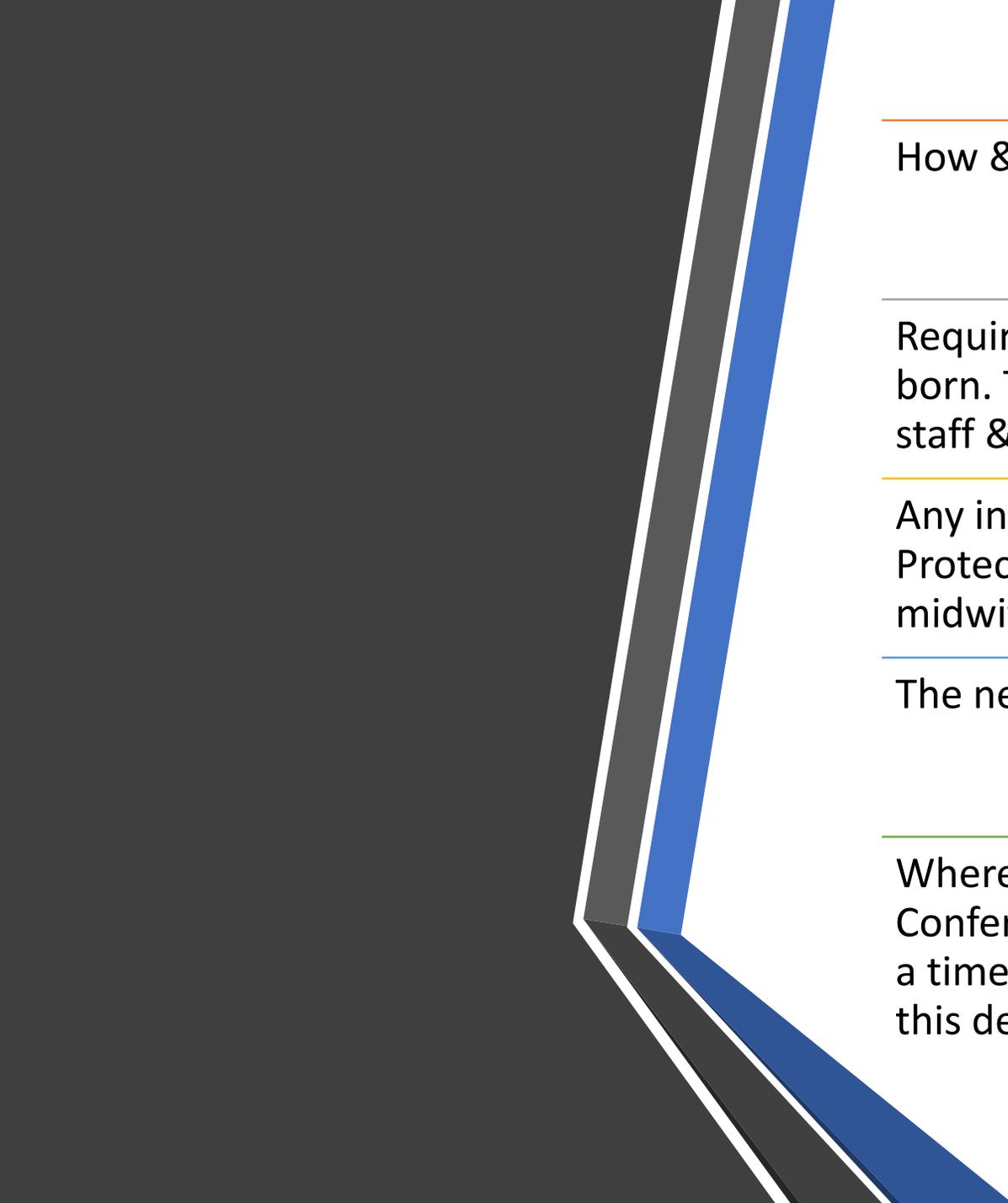


To determine whether a formal pre-birth risk
assessment should be commissioned, & what
form it should take



The purpose of the meeting is the same as that of other Strategy Discussions/ Meetings & should determine

- Whether a Child Protection Investigation & pre-birth risk assessment is required
- Particular requirements of a pre-birth (risk) assessment, including what areas are to be considered
- Role & responsibilities of agencies in the assessment
- Role & responsibilities of agencies to provide support before & after the birth, particularly the role of adult services working with expectant parent/s
- Identity of responsible social worker to ensure planning & communication of information
- Timescales for the assessments & enquiries, bearing in mind the expected date of delivery
- A contingency plan in case of premature labour



How & when the parent/s are to be informed of the concerns

Required action by obstetric team as soon as the baby is born. This includes labour/delivery suite, post natal ward staff & the midwifery service.

Any instructions in relation to invoking an Emergency Protection Order at delivery should be communicated to the midwifery manager for the labour/delivery suite

The need for a pre-birth Initial Child Protection Conference

Where the need for a pre-birth Initial Child Protection Conference will depend on the outcome of assessments, set a timescale for the next Strategy Discussion/Meeting where this decision will be made

Full social
history

Designed to

collect information which will help understand the parents developmental experiences which may be contributing to the identified concerns

whether any contemporary factors might have increased the concerns or risks

as well as being an excellent mechanism for engaging the parents via a routine, non-threatening process

Full social history

complications during the pregnancy & birth

developmental issues, including their milestones

peer & sibling relationships

school performance

family relationships

drug & alcohol abuse

general impulsivity

anger levels

self-esteem

social skills & competence

past psychiatric history

Template for
social history
(Andrews,
2007)



PRE-BIRTH FAMILY

- Circumstances around parents' meeting; nature & extent of their relationship
- Circumstance around conception of client (planned?)
- If parents were married, circumstances of marriage
- Parent's relationships with own parents, in-laws & extended family
- Mother's pre-pregnancy health status (Age? Health conditions? Used tobacco? Used alcohol or drugs?)
- Mother's health during pregnancy (Health care? Complications? e.g., bleeding, illness, toxemia, prescription drugs during pregnancy or birth process, smoking, alcohol or drug use? Suffer injuries during pregnancy? Stress level?)

Family beliefs

- Key family beliefs & principles
- Faith community involvement

Leisure

Typical leisure activities in the family

Family special occasions

What were holidays like? Vacations?

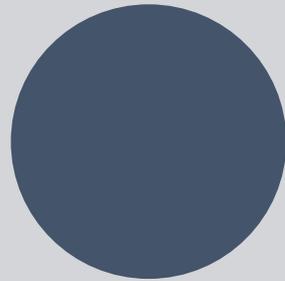
- Signs of alcohol or drug use by child or any family member
- Any major losses or trauma; for example, death of loved one, parental separation, accident, natural disaster



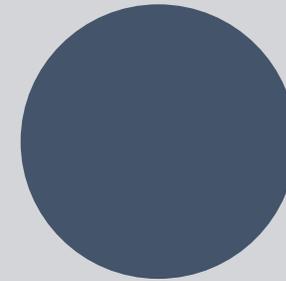
Previous abuse
& convictions

In assessing the previous abuse, workers should consider the following factors:

- The category & level of abuse
- The ages & the gender of children previously removed, & whether there is a predicted pattern of continuing abuse against either a particular sex or age band
- What happened? Why did it happen? What else was happening?



The parents explanation for, & view of, the abuse (then & now), testing the congruence of individual accounts & that of professionals



The ages of the parents at the time maybe relevant now



The acceptance of responsibility for the abuse



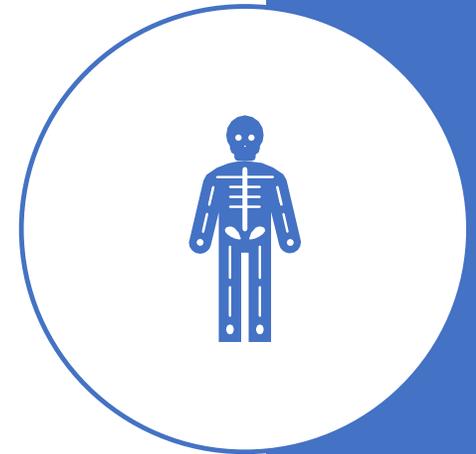
The parents' concern/understanding for the abused child. What understanding do they have of the impact of their past abuse on the child/ren - then, now & possibly in the future?



Any previous assessments, with outcome & recommendations

PPRTC Assessment

- How do we assess sex offenders?
- What tools exist to help us/others in this?
- What areas do we need to consider?





Perpetrator characteristics

- Capacity for denial
- Capacity to deflect responsibility
- Many positive characteristics to outsiders
- THINK THE UNTHINKABLE ...



Man arrested for rape and murder of girlfriend's one-year-old daughter

Joshua Gurto had been on the run from police for three weeks

Natasha Salmon | Saturday 28 October 2017 | 12:48





Assessment of non-abusing parent's ability to protect

- Position regarding the abuse or conviction- immediate & now? What information do they have, & who was this provided by? Can other information (police, medical, judicial) be provided to assist the mother move from her disbelieving position?
- Feelings towards the child- anger, sympathy? Who do they blame, & why?
- Position regarding responsibility for the abuse

Mother's assessment should include

assessment

understanding

support

Assessment of non- abusing parent's ability to protect

Perceived options- do they have enough resources to provide their own solutions?

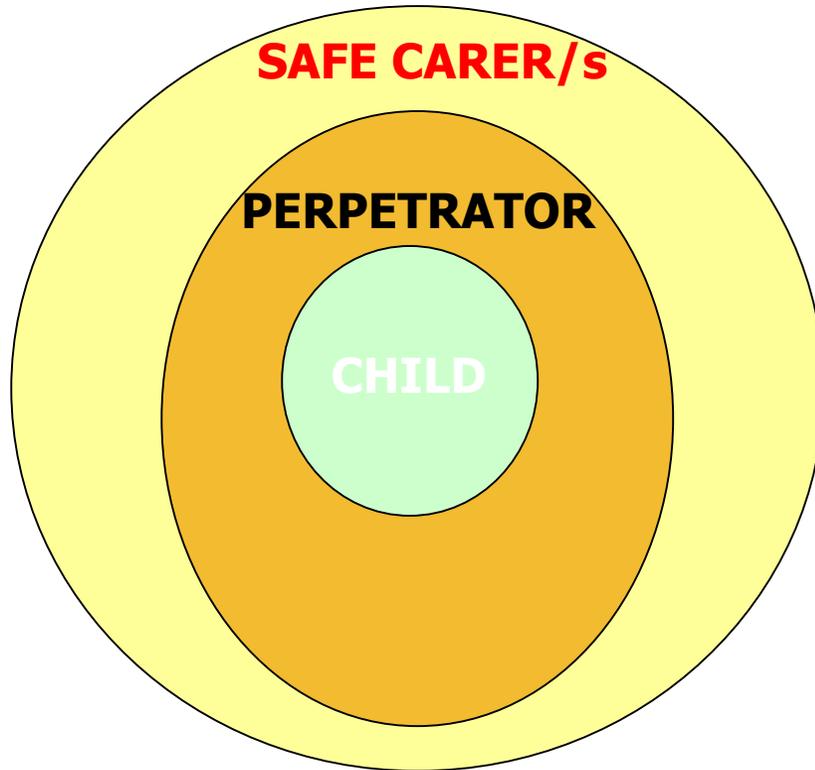
Relationship history - do they have to choose their child or their partner? Are they highly dependent on male partners? Do they have a history of violent & abusive relationships?

Other vulnerabilities- physical disabilities, including hearing & visual impairments, chronic physical illness, psychiatric illness, or any condition which isolates them from independent help.

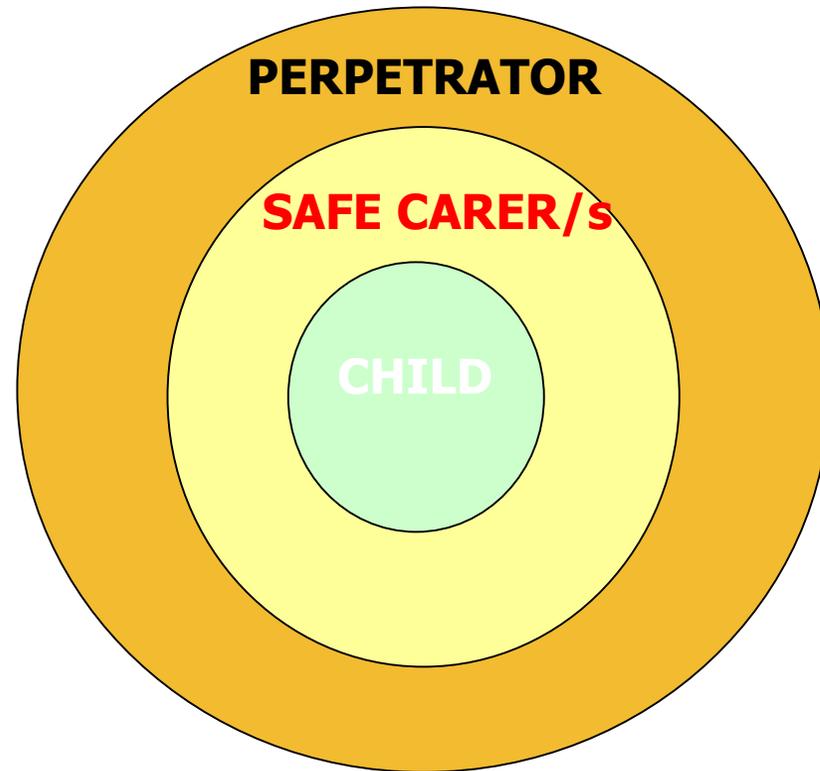
Recognition of future risk situations & their ability to manage them safely for the child.

DISPLACEMENT OF THE SAFE CARER Smith

- **Offender organised system**



- **Safer System**



| Area of assessment | | Continuum of functioning | | | | |
|--|---|---|---------|--|--------|--|
| | | Optimum | ←-----→ | Minimalising | -----→ | Dismal |
| Position regarding child's disclosure | (a) immediately (b) over time | Belief | ←-----→ | disbelieving | -----→ | Denying |
| Feelings towards Children following disclosure | (a) immediately (b) over time | Empathic | ←-----→ | Confused | -----→ | Scapegoating |
| Role in the disclosing process | | Brought concerns to attention of others | ←-----→ | Excluded by others | -----→ | Delays in bringing concerns to light |
| Position regarding responsibility for abuse | (a) immediately (b) over time | Adult/perpetrator responsible | ←-----→ | Apportions blame | -----→ | children seen as responsible |
| Perceived options | (a) immediately (b) over time | Range of protective options perceived | ←-----→ | Limited options perceived and acted on | -----→ | Limited options perceived and not acted on |
| Co operation with statutory rights | optimum Alerts statutory agencies: actively co operates | has good reason to avoid statutory agencies seeks alternative support | ←-----→ | Complies with statutory agencies | -----→ | dismal Refuses to co-operate |

- They are 'expected' to accept the service offered & can be 'judged' by their responses
- Workers own life experiences can influence their expectations of mothers at the point of contact

EXPECTATIONS OF MOTHER'S REACTIONS/ RESPONSES

Motherhood is a complex transition which involves a psychodynamic merge of experiences, beliefs, gains & losses

Genetic

Psychological

Cultural

Sexual

Spiritual

Social

Emotional

Political

Physical

Historical

Maternal Mythology

Pregnancy is a
time of joy

All women
feel well &
'blossom'

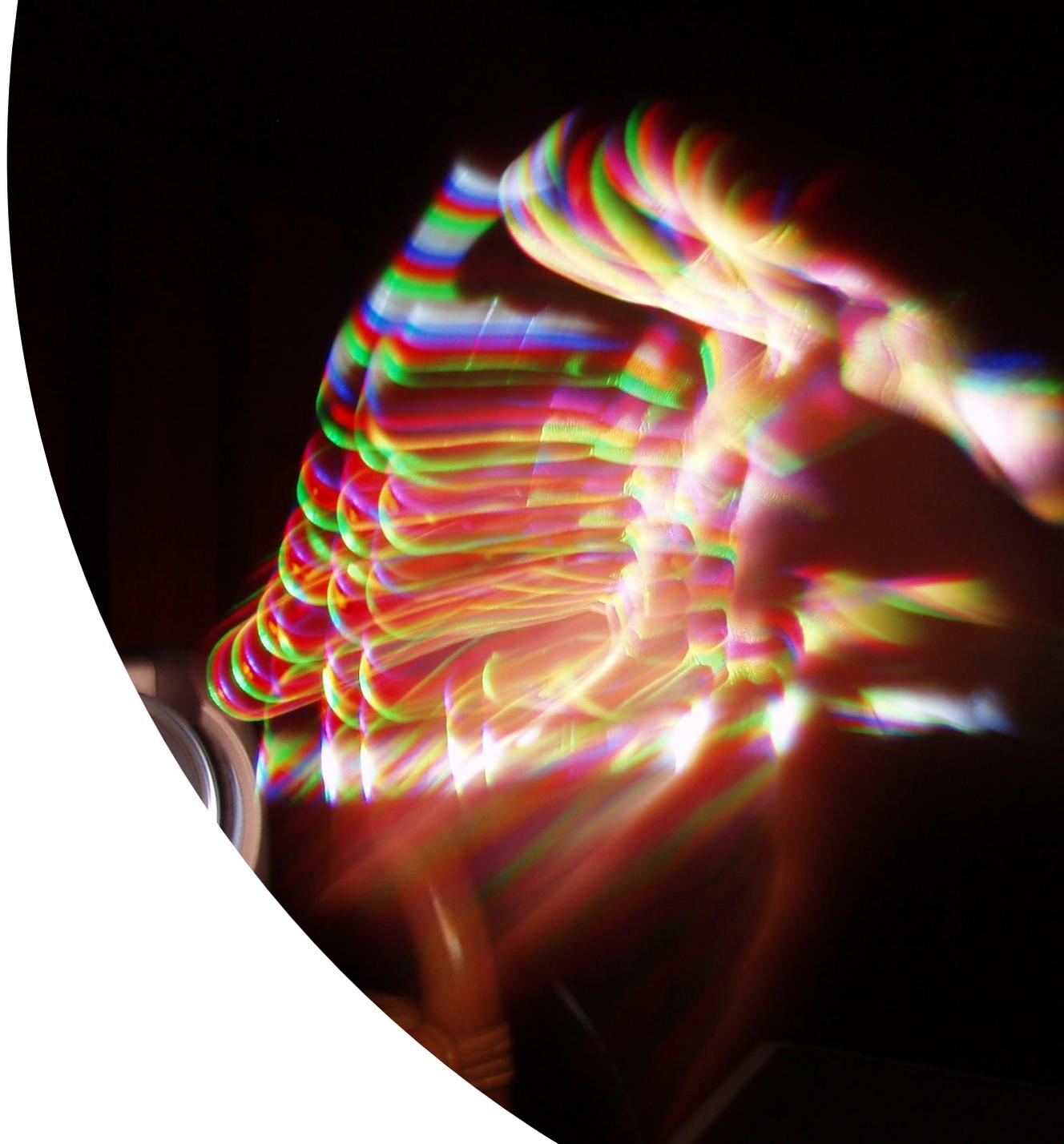
No negative
feelings for
her pregnancy

Every woman
gives birth
'normally'

She will love
her child
immediately

Sexual abuse & the effect on adult personality

- Perception of 'Self' is altered
- View themselves as a 'thing' to be used & abused
- Risk taking behaviours-"If I hurt, I feel"
- Use defence mechanisms
- Personal boundaries are blurred or non-existent
- Pattern of denial, repression, minimization, dissociation-"not really there"
- Prevented from accessing health care





‘Keeping the Secret’

- Huge cost at stake
- Silence to be broken
- Taking my baby away
- I will never be looked at the same again
- My abuser will hurt my baby
- Will my partner abuse my baby?
- Will I abuse my baby?
- Promise at birth



Body memories

Smell sensitivity

Noises

Environment

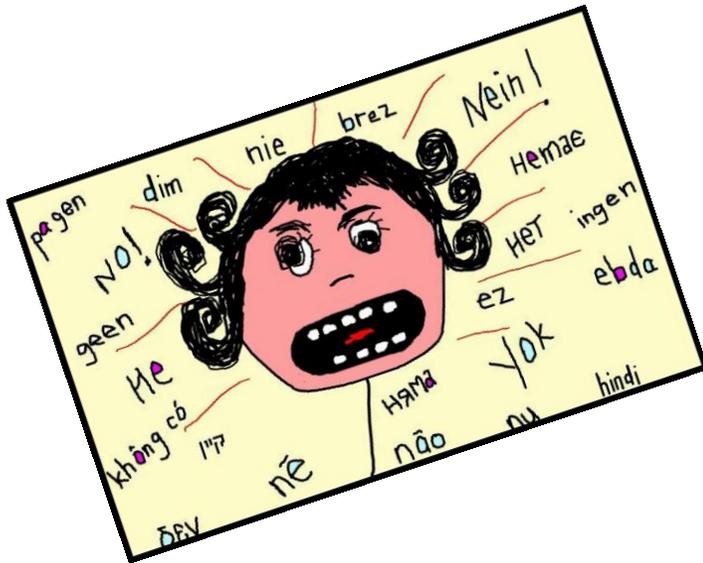
Touch

Pain

Fear

Clock, mirror, furniture
layout

Language-
as cognitive
reminder



- Darling, sweetheart, pet
- ‘Just going to put this inside you’
- ‘Just lubricate my fingers first’
- ‘Lift your bottom up’
- ‘Here’s a tissue to wipe yourself’
- ‘Come on push harder’
- ‘Put your nipple in his mouth’

Post birth



Anxiety about her own health

Birth trauma – Chronic PTSD

Anxiety about blood loss

Afraid of baby being removed/touched

Infant feeding issues

Sense of failure

Avoids cervical screening

Avoids follow health checks

Post-natal depression/illness

Reverts to self-harming behaviours

Identifying & responding to their needs

Someone to talk to: to express trust & belief in them, often for weeks or months afterwards.

Someone to counsel them about their own abuse: as the child's disclosure may have resurrected memories.

To know what happened: as this is essential as well as painful: they need to know the nature, the frequency, extent, the time & place, the child's feelings, etc.

To know they weren't the first mother this had happened to: so they are not alone, & can possibly meet & learn from shared feelings.

To have a break from him: they need space away from the perpetrator in order to gain a perspective, consider their feelings about the relationship, etc.

To be treated as a person: to have their feelings listened to seriously, to feel respected, to be acknowledged when they are present, etc.

To regain control of their lives & minds: particularly where they need to resume control over the day-to-day events & their personal thoughts

To obtain basic information on survival: to embrace new aspects of their life, such as courts, police, treatment, etc.

To understand how the abuse occurred & may be repeated

To make basic life decisions: to move away, separate or divorce their husband, tell people, etc.

To know options regarding contact & custody: both in relation to their partner, but also if the child has been removed from home by the local authority

Understanding of expected baby's needs & ability to meet them

How the parents, individually & together, feel & respond towards their expected baby

The parents' developing sense of attachment to their expected baby

How individuals build relationships & whose responsibility they feel it is

Their understanding of the child's anticipated basic needs & whether they will be able to meet them in a time-scale commensurate with their developmental level

Risk
estimation
Calder (2003)





The abusing parent

Elevated risk

Negative childhood experiences
Abuse in childhood; denial of past abuse
Violence 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
Antenatal/post natal neglect
Age: very young/immature
Mental disorders or illness
Learning difficulties
Non-compliance
Lack of interest or concern for the child

Lowered risk

Positive childhood
Recognition & change in previous violent pattern
Acknowledges seriousness & responsibility without deflection of blame onto others
Full understanding & clear explanation of the circumstances in which the abuse occurred
Maturity
Willingness & demonstrated capacity & ability for change
Presence of another safe non-abusing parent
Compliance with professionals
Abuse of previous child accepted & addressed in treatment (past/present)
Expresses concern & interest about the effects of the abuse on the child



The non-abusing parent

Elevated risk

No acceptance of responsibility for the abuse by their partner

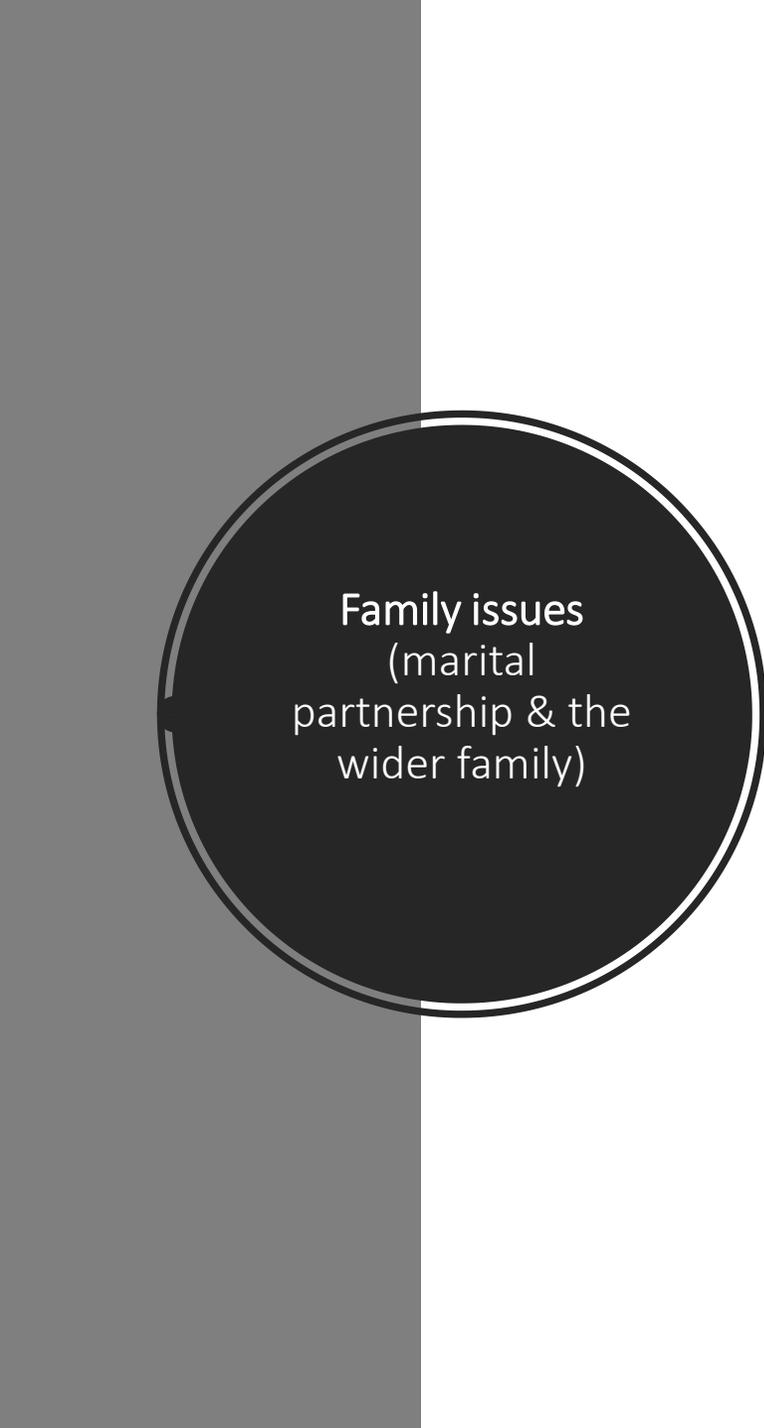
Blaming others or the child

Lowered risk

Accepts the risk posed by their partner & expresses a willingness to protect

Accepts the seriousness of the risk & the consequences of failing to protect

Willingness to resolve problems & concerns



Family issues
(marital
partnership & the
wider family)

Elevated risk

Relationship disharmony/instability
Poor impulse control
Mental health problems
Violent or deviant network, involving
kin, friends & associates (including
drugs, paedophile or criminal
networks)
Lack of support 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 (e.g. Spouse)
Frequent relationship
breakdown/multiple relationships
Drug or alcohol abuse

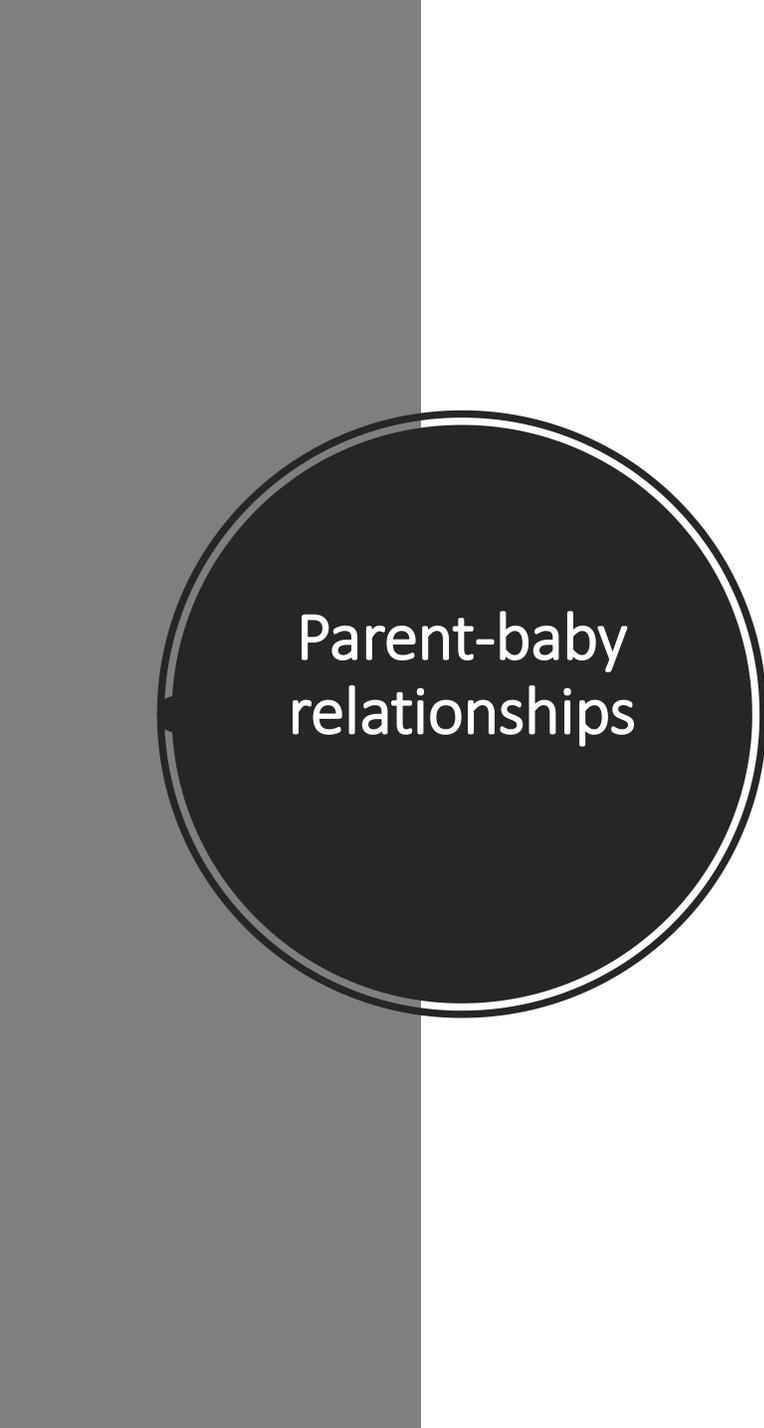
Lowered risk

Supportive
spouse/partner
Supportive of each other
Stable, or violent
Protective & supportive
extended family
Optimistic outlook by
family & friends
Equality in relationship
Commitment to equality
in parenting



Expected
child

| Elevated risk | Lowered risk |
|--|---------------------------------------|
| Special or expected needs Perceived as different Stressful gender issues | Easy baby Acceptance of difference |



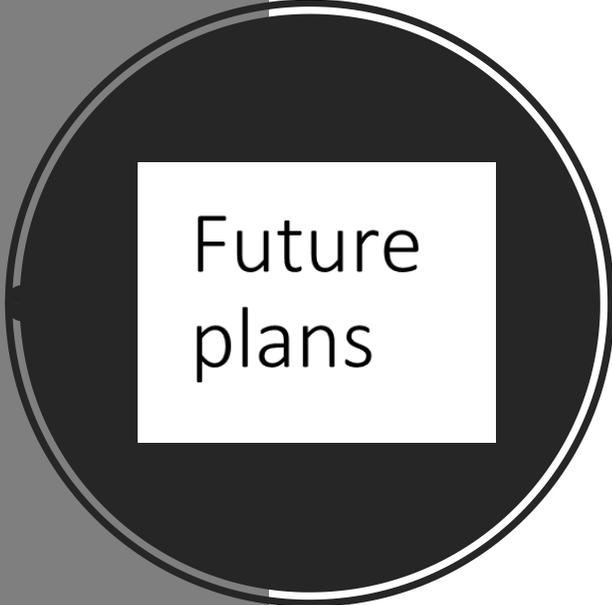
**Parent-baby
relationships**

Elevated risk

Unrealistic expectations
Concerning perception of baby's
needs
Inability to prioritise baby's needs
above own
Foetal abuse or neglect, including
alcohol or drug 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

Lowered risk

Realistic expectations
Perception of unborn child normal
Appropriate preparation
Understanding or awareness of
baby's needs
Unborn baby's needs prioritised
Co-operation with antenatal care
Sought early medical care
Appropriate & regular ante-natal
care
Accepted/planned pregnancy
Attachment to unborn foetus
Treatment of addiction
Acceptance of difference-gender/
disability
Parents agree about parenting



Future
plans

Elevated risk

Unrealistic plans
No plans
Exhibit inappropriate parenting plans
Uncertainty or resistance to change
No recognition of changes needed in lifestyle
No recognition of a problem or a need to change
Refuse to co-operate
Disinterested & resistant
Only one parent co-operating

Lowered risk

Realistic plans
Exhibit appropriate parenting expectations & plans
Appropriate expectation of change
Willingness & ability to work in partnership
Willingness to resolve problems & concerns
Parents co-operating equally

Marriage
of
thresholds



Needs Indicators for Unborn Children

Level 1: Universal

The mother is not accessing ante-natal care, & professional judgement has been made about the impact of this on the pregnancy.

The mother has an eating disorder.

The pregnancy suggests the child is likely to have some health needs.

A parent has some financial difficulties.

The pregnancy requires particular health intervention.

A parent is isolated in the community, & struggling to access services due to specific needs e.g. interpreting services

Level 2: Targeted

The parents are experiencing relationship difficulties, some low-level domestic violence

A parent has mild learning disability.

A parent has self-harmed during pregnancy.

A parent has a mental health problem, but this is well managed & s/he is engaged in treatment.

A parent has a substance misuse difficulty, but this is well managed & s/he is effectively engaging with services.

A parent has had a short period of being looked after as a child.

A parent was subject to child protection concerns as a child.

A parent is between 15 & 18. There may be concerns about sexual exploitation, & specific needs e.g. education.

The pregnancy suggests the baby is likely to have significant health & development needs.

A parent has a significant physical disability or illness that is likely to impact on his or her parenting.

Team around the Family approach will support the mother

Level 3 & 4: Specialist

There is significant domestic violence and/or honour based violence. Mother has experienced Female Genital Mutilation.

There is domestic violence during pregnancy.

A parent has significant mental health difficulties/diagnosis.

A parent has moderate learning disabilities.

A parent has severe learning disabilities.

Both parents have mild or moderate learning disabilities.

A parent has a substance misuse difficulty likely to have a significant impact on the health & development of the baby. The drug or alcohol misuse may be chaotic & there may also be non-engagement with professionals.

A parent has had a child previously removed from their care, has had contact restricted or has a child voluntarily accommodated.

A parent has grown up in care.

A parent is 14 and under. There are likely to be significant concerns about sexual exploitation or abuse.

A parent is someone who may represent a risk to children, or has previously harmed a child. (This would include issues such as a violent history; significant criminal history; sexual offences against adults or children etc).

The baby once born will be living with or having contact with someone who may represent a risk to children (see above).

A sibling is subject to a child protection plan.

There are significant concerns about the home conditions, such that the baby may suffer physical neglect.

An expectant mother is reported missing, where concerns about safety of the unborn

RISK FACTORS TO BE CONSIDERED WHEN UNDERTAKING A PRE-BIRTH ASSESSMENT OF RISK

Unborn Baby

- Unwanted/concealed pregnancy
- Lack of awareness of baby's needs
- Unattached to unborn baby
- Unreal expectations
- Exhibit inappropriate parenting plans
- Premature birth
- Perceptions – different/abnormal
- Inability to prioritise baby's needs
- Poor antenatal care
- No plans
- Special/extra needs
- Stressful gender issue

Parenting Capacity

- Negative childhood experiences;
abuse in childhood
denial of past abuse
multiple carers
- Drug/alcohol misuse
- Violence/abuse of others
- Abuse/neglect of previous child(ren)
- Previous care proceedings
- Age – very young parent/immature
- Mental disorders or illness
- Learning difficulties
- Physical disabilities/ill health
- Inability to work with professionals
- Postnatal depression
- Past antenatal/postnatal neglect

Family/Household/Environmental

- Domestic violence
- Violent or deviant network
- Poor impulse control
- Unsupportive of each other
- Frequent moves of house
- No commitment to parenting
- Relationship disharmony/instability
- Multiple relationships
- Not working together
- Lack of community support
- Poor engagement with professional services

Examples of Pre-Birth Risk Factors Unborn Baby

- Unwanted pregnancy
- Concealed pregnancy
- Premature birth
- Lack of or inconsistent ante-natal care
- Additional/complex health needs (e.g. disability or substance withdrawal)

Parenting Capacity

- Lack of positive parenting role model
- One or both parents were Looked After Children
- Lack of recognition of impact of own behaviour on others
- Lack of awareness of unborn baby's health needs
- Lack of preparation for new born baby
- Unrealistic expectations of new born baby
- Drug/alcohol misuse
- Abuse/neglect of previous child(ren)
- Age – very young (teenage) parents/immature
- Mental ill health that could impact on ability to parent
- Learning difficulties that could impact on ability to parent
- Physical disabilities/ill health that could impact on ability to parent
- Lack of engagement with professionals
- Lack of self-care skills
- Domestic abuse

Family/Household/Environmental

- Domestic abuse
- Inappropriate social networks
- Poor home conditions
- Significant debt
- Frequent moves of house/homelessness
- Relationship difficulties
- Multiple relationships
- Lack of community or family support
- Poor engagement with professional services
- Isolation (physical & social)
- Anti-social behaviour issues/criminal activity
- Dangerous pets

STRENGTHS/PROTECTIVE FACTORS TO BE CONSIDERED WHEN UNDERTAKING A PRE-BIRTH ASSESSMENT OF RISK

Unborn Baby

- No special or expected needs.
- Acceptance of Difference
- Realistic expectations.
- Perception of unborn child normal

- Appropriate preparation.
- Understanding or awareness of baby's needs.
- Unborn baby's needs prioritised.

Parenting Capacity

- 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 and 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.

Family/Household/Environmental

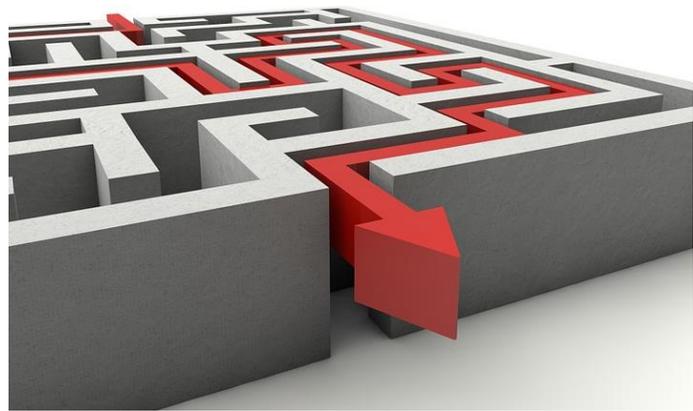
- Supportive spouse/partner.
- Supportive of each other.
- Stable, non-violent.
- Protective and supportive extended family.
- Optimistic outlook.
- Previous efforts to address problem. E.g. attendance at relate, have secured positive and significant changes (e.g. no violence, drugs etc).

- Supportive community
- Optimistic outlook by family and friends.
- Equality in relationship.
- Commitment to equality in parenting.

Non-abusive parent

- 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.



Challenges to
generic outcomes
indicators

Sexual abuse
Physical abuse
Emotional abuse
Neglect
Domestic abuse
Mental health
Substance misuse
Learning disability
Dual disorder





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