

**7 Minute Briefing: Learning from Pre-Birth Assessments**

Date: August 2022

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**5. Key Learning:**

* **Unborn’s subject to CP Plans** that are identified as high-risk there should be no delay in applying the legal framework (20-24 weeks).
* **Birth plan & Discharge planning meetings** to include how discharge of baby will be managed safely once born must include input from health perspective.
* **Supervision and Management Oversight:** should clearly timetable the assessment and intervention, evidencing review of ongoing risk that responds to changes in need or requires escalation. Evidence in supervision of plans being reviewed and proactive in responding to Unborn’s needs.

**6. Must Dos:**

* **An Unborn whose family have previously had a child removed, in care proceedings, or on a CIN/ CP Plan will be referred straight into FST for a Pre-Birth C&F Assessment. Pre-Birth assessments within FST will be completed on a C&F Assessment. This also applies when siblings are already open.**
* **An Unborn that is not previously known to Children’s Services will be referred to the Assessment team to undergo a C&F Assessment. The timescale for this robust assessment is 45 days. This applies to unknown babies with extreme circumstances.**

**2. Key Findings**

**Areas of Development**

* Delay, drift, and confusion in the system when we focus on 20-day assessment in Assessment Team and hand over to FST for “Full” assessment. Potential impact is that no comprehensive assessment is completed before birth to inform our planning and intervention with the family. Results in family repeating their story.
* Not enough planned, purposeful, and recorded intervention leading up to birth.
* When Unborn has older siblings, often their needs are not considered robustly enough and in a timely way.
* For many Unborns this resulted in rushed assessment and planning at the point baby was being born despite practitioners having sufficient time to fully assess and plan.

**1. Introduction**

In 2019, a dip sample took place following a serious injury to a baby where a pre-birth assessment did not take place. Work was undertaken with the CSPA and Assessment to review practice and a plan to update policy. In 2020, the Pre-Birth Child Protection Policy was updated, and as a result and key changes to policy, a multi-agency learning tool and timeline were created*, (attached to briefing*).

In 2021, a focused audit was undertaken of our pre-birth practice and key practice findings led to changes and learning. These have been highlighted in this 7 mins briefing.

**3. Findings continued**

**Good Practice**

* Evidence of increased quality assurance measures and mechanisms in CSPA is making a difference in ensuring that Unborn’s are being identified swiftly.
* Multi-agency partners are referring in sooner and appropriately
* We are in most instances applying CP threshold appropriately

**4. Key Learning:**

* There is no time limit to when an Unborn can be referred to Children’s Services. A C&F Assessment is started as soon as the Unborn is referred.
* C&F Assessments should cover the domains of the assessment tool within the guidance document. This will ensure that the Unborn’s individual needs are assessed and considered separately to any siblings.
* The C&F Assessment will be completed **by 24 weeks gestation,** where sufficient notice has been given, that comprehensively identifies the risks and needs of the baby. Application of threshold and direction of intervention and planning is clear.

**7. Must Dos continued:**

* **A clear and robust C&F Assessment should be completed by week 24 where sufficient notice has been given (example- referral received around 12 weeks.)**
* **The C&F Assessment should be started as soon as an unborn baby is referred (or aware of pregnancy within FST if siblings already open)**
* **Initial conferences to be held aprox. 28-30 weeks (no later), strategy discussions are to be held in weeks 25-27 (Where possible, there should not be a RCPC whilst a baby is unborn- unless required due to legal processes.)**
* **Any psychology assessments should be completed by the ICPC conference date *(assessments typically not undertaken from 32 weeks and 6 weeks post birth)***