Planning and Delivery of Pre-birth Assessment

Guidance for practitioners

Written by:

Jeanette Hill, Service Manager, Shropshire Council Sharon Magrath, Named Midwife for Safeguarding

Dawn Adams, Health Visitor

Date written: October 2016

Approved by: Shropshire Safeguarding Children Board

Dave approved: November 2016

Version: V1

Last revised: November 2016

Review date: October 2019

Contents:

Appendices:

Multi Agency pre-birth planning Guidance

1. Context

This guidance is for all professionals involved with families' prior to birth. It is of particular relevance to those involved in conducting pre-birth assessments.

The guidance is intended to inform timely and clear planning assessment where parent(s) are engaged and supported throughout the ante-natal period and immediately after birth. Identifying the needs of and potential risks to the unborn child at the earliest possible stage reduces the likelihood of last minute intervention around the time of birth and enables help and support to be provided.

This guidance should be read in conjunction with Shropshire's Safeguarding Board's Child Protection Procedures and Threshold Document.

2. Purpose

The main purpose of a pre-birth assessment is to identify:

- The nature and level of risks to the newborn; and
- Level of support required to parent (s) in order to ensure a safe and protective environment for the newborn

3. Principles

- Assessment of risks should be undertaken in a timely way utilising multi-agency collaboration. (See Appendix 2 –Timeline)
- Parental engagement and contribution are central to any assessment to increase professional's understanding of past concerns and key influences which will encourage individualised family support planning.

4. Assessment considerations (taken from Martin Calder, 2008, A Framework for Conducting Pre-birth Risk Assessments, P: 4)

'A core assessment' (known locally in Shropshire as Social Work Assessment) 'should always be commissioned when there appears to be a risk of significant harm to an unborn baby. The question regarding at what point in the pregnancy child protection procedures should be invoked to consider the foetus is a complex one. There is an argument for suggesting that the earlier in the pregnancy the better, to enable

appropriate preventative action. This might be in relation to the foetus itself, if the lifestyle of the mother is placing the integrity of the foetus at risk - e.g. through some form of substance abuse – as early intervention provides much opportunity of reducing such harm. Alternatively, the action might be in relation to planning protection for after the birth - if it is assessed that there is a need to provide particular support services or a change of living accommodation when the child is born. In most circumstances, the earlier the plans can be made to do this the better. Other action might be in relation to assessing the parent's ability to care for the future child appropriately – and the longer the time available for such a period of assessment the more thorough and comprehensive such an assessment can be. However, there do remain powerful ethical arguments against early intervention, not least of which centres on the possible impact of such intervention on considerations by the mother about seeking a termination of the pregnancy (within 24 weeks in the UK at the present time, under the Abortion Act (1967), (Barker, 1997).'

5. Initial Contact Stage

Compass (via FPOC 0345 6789021) will be responsible for screening all pre-birth referrals. These will be reviewed within 24 hours of receipt, and Compass will progress those, which meet the criteria for children's social work assessment, to a referral if appropriate.

If the assessment (undertaken by the Assessment Team) concludes that the unborn child and family has needs at Level 4 of Shropshire's Level of Need Threshold, the work will transfer to the appropriate Case Management Team, for implementation of the child's plan, working closely with multi-agency professionals.

The Compass Team's involvement will conclude at the point of allocation to the Assessment Team.

If on screening of the referral an immediate strategy and safeguarding plan is required, Compass will co-ordinate the Strategy discussion/meeting, and the appropriate Assessment Team Manager should attend.

If it is considered that there are needs at Level 3 or below within the Level of Need Threshold, Compass will signpost to other appropriate agencies to ensure that early help and support are in place, this can be

done via the Early Help Social Worker (within Compass) who can support the lead professional to develop an appropriate plan of support, if required.

It is important that the expected date of delivery (EDD) is ascertained from the referrer at the point of referral and recorded as appropriate.

Consent from the parent will be required where immediate child protection concerns are not identified.

The details of the father of the child and/or the male partner of the mother must also be obtained and recorded.

6. Assessment Stage

Pre-birth Assessments should be considered on all pre-birth referrals where the following factors are present:

- There has been a previous unexplained death of a child whilst in the care of either parent.
- A parent or other adult in the household, or regular visitor, has been identified as posing a risk to children
- A sibling is the subject of or has been on a Child Protection Plan.
- The parent is or has been a Looked After child and where concerns have been identified.
- A sibling has previously been looked after voluntarily or via court proceedings.
- Domestic violence is known to have occurred.
- The degree of parental substance misuse is likely to have a significant impact on the baby's safety or development.
- There are issues of concealed/denied pregnancy which may be pertinent to the assessment.
- The degree of parental mental illness/impairment is likely to have a significant impact on the baby's safety or development
- There are concerns about parental maturity and ability to self-care and look after a child.
- The degree of parental learning disability is likely to have a significant impact on the baby's safety

- There are concerns about a parent's capacity to adequately care for their baby because of the parent's physical disability
- Any other concern exists that the baby may be likely to suffer Significant Harm including, a parent previously suspected of fabricated or inducing illness in a child.

The presence of one of these factors does not automatically require assessment but they highlight the need to consider the known pre-disposing factors to child abuse.

The above list is not definitive and further discussion should take place with the Senior Social Worker within Compass if required.

7. Child Protection Route

Where there is a professional dispute regarding referrals and thresholds, the escalation policy should be used via the relevant line manager.

7.1 Strategy Meetings

It is important that the potential risks to the unborn child are flagged up as early as possible to inform effective planning and in order to gather information at an early stage.

If it is evident at the point of referral or during at the completion of an Assessment (with Assessment Team) that there are reasonable grounds to believe that the unborn child may be likely to suffer Significant Harm, a multi-agency Strategy meeting must be convened. This is particularly urgent where the referral has been received after 24 weeks gestation or where there has been an attempt to conceal the pregnancy.

Social workers and managers should refer to the SSCB policy in relation to the purpose and agenda for Strategy Meetings.

Where previous children have been removed by a Local Authority and continue to be Looked After, the allocated social worker from the relevant authority/team must be invited to the Strategy Meeting in order to provide relevant background information and history.

Where Care Proceedings have been previously initiated, the Social Worker should ensure that details of the proceedings, including any assessment that has informed the court are requested from the relevant local authority's legal team.

Any cases involving parental mental health services should as a minimum have a mental health services manager or mental health Nurse included as members of the strategy meeting; Drug and Alcohol services should attend all cases where parents are known to misuse substances.

The Strategy Meeting should consider initiation of the system of 'alerts' if it is thought that the baby may be born outside of Shropshire or there is risk of abduction.

Hospital alerts should be initiated by the Named Midwife at Shropshire.

7.2 Late Bookings and Concealed Pregnancy

For the purposes of this guidance, late booking is defined as relating to women who present to maternity services after 13 weeks of pregnancy.

There are many reasons why women may not engage with ante-natal services or conceal their pregnancy, some of or a combination of which, may result in a heightened risk to the child.

Some of the indicators of risk and vulnerability are noted below. Again, this list is not exhaustive.

- Previous concealed pregnancy
- Previous children removed from the mother's care
- Fear that the baby will be taken away
- History of substance misuse
- Mental health difficulties
- Learning disability
- Domestic violence and interpersonal relationship problems
- Previous childhood experiences/poor parenting/sexual abuse
- Poor relationships with health professionals/not registering with a GP

It is important that careful consideration is given to the reason for concealment, assessing the potential risk to the child and convening a strategy meeting without delay.

Any plan arising from a Strategy Meeting should decide on the following:

- Timescales for completion of an assessment
- The Multi Agency named professionals
- Contingency planning
- The need for an Initial Child Protection Conference
- Whether the Public Law Outline process should be commenced or a plan made to initiate proceedings/the work to be reviewed by the authority's legal representative.

7.3 Parental Non-Engagement

There are many reasons why expectant mothers may fail to engage with the assessment, some of which relate to the factors outlined above. It is extremely important that parental non-engagement does not become the reason for delaying the assessment and the development of multi-agency plans for the birth of the baby.

A review strategy meeting will be triggered in the event of:

- Disengagement from ante-natal process to include Midwifery and Obstetric Consultant
- Disengagement with other involvement to including Mental Health/Substance misuse or other agency Support.

7.4 Pre-birth Child Protection Conferences

If it is decided that a pre-birth Child Protection Conference should be held it should take place as early as is practicable, and **NO** later than 28 weeks to allow as much time as possible for planning support to the baby and family.

Where there is a known likelihood of a premature birth, the Conference should be held earlier.

Confirmation of any Obstetric concerns for the pregnancy should be confirmed with the lead health professional involved.

7.5 Child Protection Plan

If a decision is made that the baby needs to be the subject of a Child Protection Plan, the plan must be outlined to commence prior to the birth of the baby, and the plan circulated to all key professionals.

The Core Group must be identified and should meet prior to the birth for the Pre - birth meeting and development of the hospital birth plan. The social worker should develop the plan in conjunction with the named midwife/ obstetrician.

Where an initial Child Protection case conference has been held, the meeting should be in keeping with the Child Protection Plan and include the Core Group members.

The decisions of this meeting should be recorded within the patient's electronic records by the named Community Midwife who will ensure that the Midwifery team is fully conversant with the plan for the child.

The purpose of the meeting is to make a detailed plan for the baby's protection and welfare around the time of birth so that **all** members of the hospital health team are aware of the plans.

The agenda for this meeting should address the following:

- How long the baby will stay in hospital; depending on health of Mother and Newborn.
- How long the hospital will keep the mother on the ward (it is essential that if mother and newborn are fit and well-Imminent discharge is accommodated).
- The arrangements for the immediate protection of the baby if it is considered that there are serious risks posed by parents. Serious consideration should be given at this point as to whether the criteria are met for an Emergency Protection order. If there is increased risk of immediate harm or abduction at birth; consideration should be given to the use of Police powers in advance of an Emergency Protection order being obtained.
- Consideration should be given to funding for hospital security; information from the Family Protection Unit should be requested and in cases where there are security concerns for staff and patients; a multi-agency security meeting should be held as matter of urgency prior to the expected due date of the baby.

- The risk of potential abduction of the baby from the hospital, particularly where it is planned to remove the baby at birth. Issue a police incident number on the birth plan as an additional security measure
- The plan for contact between mother, father, extended family and the baby whilst in hospital.
- Consideration to be given to the supervision of contact – C**hildren's services are responsible for providing supervision for contact.**
- The Plan for the baby upon discharge if Care Proceedings are planned e.g. discharge to parent/extended family members, mother and baby foster placement; foster care, supported accommodation. A detailed time frame for this to happen must be stipulated in the hospital birth plan.
- Concerns about an unborn of a parent woman who intends to have a home birth, the Ambulance Service Lead should be invited to attend the Birth Planning meeting.
- The Emergency Duty Team should also be notified of the birth and plans for the baby.
- A copy of the Plan should be given to all participants and the parents.

7.6 Review Child Protection Conference

The first Review Conference should take place within three months of the date of the Pre-birth Conference.

8. Birth and Discharge of a New-born Baby

The hospital birth plan will clearly state which professionals should be contacted at the time of birth. Clear documentation regarding the parent (s) interaction with their child and observed parenting skills, including basic care of the new-born should be included.

In cases where Care Proceedings are likely to be initiated or where the unborn child has been the subject of a Child Protection Plan, the allocated Social Worker or Duty Social Worker should visit the hospital on the next working day following the birth. The Social Worker should meet with the maternity staff prior to meeting with the mother and baby to gather information and consider whether there are any changes needed to the discharge and protection plan.

If a decision has been made to initiate Care Proceedings in respect of the baby, the allocated social worker must keep the hospital updated about the timing of any application to the courts. This should be processed at the earliest convenience. The lead midwife should be informed immediately before the outcome of any application and placement for the baby. A copy of any court orders obtained should be forwarded immediately to the hospital.

Important to note that in the absence of an order (EPO or Interim Care Order) the local authority is not in a position to determine when or to whom the baby can be discharged.

Where there is an expectation that proceedings (EPO or Care Proceedings) are to be initiated at birth where the plan is to remove the baby from the care of parents on discharge, Legal Services **MUST** be informed of the birth without delay by Children's Social Work (allocated worker, manager, or duty worker).

9. Pre-Birth Planning and Proceedings

Considering Care and Supervision Proceedings at a pre-birth stage and when a child is newly born remains challenging for a number of reasons.

A High Court judgment (Nottingham City Council v LW & Ors [2016] EWHC 11(Fam) (19 February 2016)) has sought to provide 'good practice steps' with respect to public law proceedings regarding newly born children and particularly where Children's Services are aware at a relatively early stage of the pregnancy.

From previous judgments it is established that: ‘At an interim stage the removal of children from their parents is not to be sanctioned unless the child's safety requires interim protection.' (See also **Applications for Emergency Protection Orders Procedure, X Council v B Guidance**.)

It continues to be important to ensure for both the child and the parent(s):

- Any hearing should be considered a ‘fair hearing' commensurate with Article 6 of the Human Rights Act (the right to a fair trial);
- The fact that a hospital is prepared to keep a newborn baby is not a reason to delay making an application for an ICO, (the hospital may not detain a baby against the wishes of a parent/s with PR and the capability of a maternity unit to accommodate a healthy child can change within hours and is dependent upon demand);
- Where a Pre-birth Plan recommends an Application for an ICO to be made on the day of the birth, ‘it is essential and best practice for this to occur'.

Once it has been determined that there is sufficient evidence to make an application for an ICO and removal of a child, any additional evidence (e.g. from the maternity unit) must not delay the issuing of proceedings. Any such information may be ‘envisaged and/or provided subsequently'.

Good Practice Steps

In all but, ‘the most exceptional and unusual circumstances, local authorities must make applications for public law proceedings in respect of new born babies timeously and especially, where the circumstances arguably require the removal of the child from its parent(s), within at most 5 days of the child's birth':

- The Pre-birth Plan should be rigorously adhered to by social work practitioners, managers and legal departments;
- A risk assessment of the parent(s) should be ‘commenced immediately upon the social workers being made aware of the mother's pregnancy';
- The Assessment should be completed at least 4 weeks before the expected delivery date;

- The Assessment should be updated to take into account relevant events pre - and post delivery where these events could affect an initial conclusion in respect of risk and care planning of the child;
- The Assessment should be disclosed upon initial completion to the parents and, if instructed, to their solicitor to give them opportunity to challenge the Care Plan and risk assessment;
- The Social Work Team should provide all relevant documentation (see **Appendix 6**) necessary to the Local Authority Legal Adviser to issue proceedings and application for ICO:
    - Not less than 7 days before the expected date of delivery;
    - Legal Services must issue on the day of the birth and certainly no later than 24 hours after the birth (or the date on which the Local Authority is notified of the birth).
- Immediately on issue or before - the Local Authority solicitor:
    - Should serve the applications and supporting evidence on the parents and, if instructed, their respective solicitors;
    - Should have sought an initial hearing date from the court, or the best estimate that its solicitors could have provided.

9.1. Subsequent births where proceedings have previously been held.

Legal advice and any information they may hold will be sought in circumstances where a pre-birth assessment is being undertaken and the child will be the second or subsequent child and previous child (ren) have been removed. In most cases it is expected that this will lead to the convening of a legal planning meeting, at the earliest opportunity in the pre-birth assessment process to enable the timely sharing of information which can help to inform outcome of assessment.

Legal advice, whether obtained through discussion or legal planning meeting, must be clearly and fully recorded on the child's case file.

10. Parents Who Are Care Leavers or Who Are Looked After By The Local Authority

When it is established that a young person in local authority care or a supported care leaver is pregnant, the referrer must liaise with the young person's allocated social worker, consideration will need to be given as to whether an assessment on the unborn baby is required or not. This needs to be recorded clearly within a supervision and as a management decision on carefirst. Where the outcome is that an assessment is required, a separate social worker within the same team will be identified to complete the separate assessment. This is to ensure the unborn child has an independent social worker from their parent (s) own allocated social worker should any conflict of interest arise. However, there will be some cases where it is agreed that the assessment of the unborn can be undertaken by the parent(s) allocated social worker if this is in the interest of the young adult and unborn and rationale needs to be identified where this decision is made. This might be for example where there is a likelihood that the assessment will result in an early help plan and engagement of the parent and the established relationship between them and their social worker would help to complete a good quality and timely assessment of the unborn.

It should not be an automatic decision to complete a pre-birth assessment in relation to the pregnancies of all care leavers unless the thresholds are met as outlined above. An early help assessment/webstar must be completed in all other cases.

The Independent Reviewing Officer should be up to date with the assessment process. If the decision is made that the unborn baby will be made the subject of a Child Protection Plan, then both the planning meeting and the review meeting must be chaired by the Independent Reviewing Officer concurrently.

If the young persons' placement is outside of Shropshire, the service must refer the unborn baby to the relevant Multi Agency Safeguarding Hub /Duty social work team.

In practice, this is an area where there can sometimes be disputes regarding case responsibility. It is therefore important that case responsibility is negotiated at an early stage by managers.

Appendix 1

The Planning and Delivery of Pre-Birth Assessment

1.1 The purpose of this flowchart is to ensure that a clear system is in place to respond to concerns for the welfare of an unborn child. The flowchart should be followed in conjunction with Shropshire's Safeguarding Children's Board policy.

1.2 Concerns for the welfare of an unborn child include:

- Concerns that the parent/carer's current behaviour, e.g. known mental health concern or substance misuse or chaotic lifestyle poses a threat to the unborn baby.
- Concerns that the parent/carer may not be able to care for the baby to an acceptable standard, e.g. significant learning difficulty, previous neglect or other children subject to child protection plans or have been removed from parental care.
- Concerns that the behaviour of the father (or any other person) poses a threat to the unborn baby, e.g.: domestic abuse or known allegation or conviction for offences against children under 18 years of age.
- Concerns that the behaviour of the father (or any other person) will impact on the ability of the mother to care for the baby to an acceptable standard.

1.3 The presence of one of these factors does not automatically require referral but they highlight the need to consider the known pre-disposing factors to child abuse.

1.4 Where a social worker is involved with a young person or care leaver who becomes pregnant, they should liaise with the relevant midwifery service. They also need to consider, and discuss with their manager, whether an assessment of the unborn child is appropriate, the outcome of this decision is to be clearly recorded with rationale and if the decision to progress to a pre-birth assessment is made then consideration about whether an separate social worker is required or not.

1.5 Where there is a professional dispute regarding referrals and thresholds, the escalation policy should be used via the relevant line manager.

Appendix 2 - Timeline

Unborn Baby Flowchart

12 – 16 weeks: Referral made to Compass by midwife via **FPOC 0345 6789021**. Compass will acknowledge receipt of referral and communicate the decision on the next course of action within one working day to the health professional.

12 – 25 weeks: Social Work Assessment completed (if threshold met), regarding the unborn child and any other children in the family, within 45 working days of the referral and signed off by a manager.

If recommendation is that a Strategy Discussion is held due to risk of significant harm, a strategy discussion with police, and any other key health professionals will be held and where necessary an Initial Child Protection Conference to be convened within 15 working days.

23 – 28 weeks: Initial pre-birth CP Conference is held by 28 week at the latest, wherever possible.

Assessment of extended family members, who could be kinship carers, if relevant, will begin at this point.

26 – 32 weeks: Where appropriate the case will be presented to a legal planning meeting for a decision on whether the pre-proceedings process should begin. Where appropriate, a Public Law Outline (PLO) meeting will be convened.

28 – 32 weeks: Pre-birth hospital planning meeting held, Hospital birth Plan completed and agreed with all parties.

Appendix 3

Pre-birth Hospital Management Plan

Undertake risk assessment within governance framework

a) Names of agreed birthing partners.

b) Names of any persons to be excluded? State reason

c) Names of any person who may have access to the Maternity Unit but whose conduct and behaviour may pose difficulties / risks. State reason. How is this risk to be managed?

d) Personnel to be notified (include EDT if required)

1. On arrival at hospital

2. Birth of baby

Appendix 4

Post birth of the baby plan

a) Detail plans of contact arrangements between mother / father / baby following birth whilst in hospital.

b) Are there any restrictions on who can visit the baby? Yes/No

Details

c) Is contact is to be supervised – Yes/ No ?

If YES - by whom?

Has funding been agreed?

Details of Supervision Programme, names of supervisees etc to be documented clearly below :-

d) Detail the support / observation required clearly stating if the arrangements are different for the mother and father.

Appendix 5

Discharge Plans

a) Does a planning meeting need to be held prior to discharge?

b) Does the social worker need to visit the baby or birth mother before discharge?

c) Is the baby to be discharged home with the mother? Yes/ No

Discharge address.

Details of support plan.

d) If the baby is to be discharged to an alternative carer, will the birth parents be given theirdetails?

e) Baby to be discharged to alternative carer.? Yes / No

(If parents are not to be given this information this should be excluded from parents copy)

Name and Address and contact number of alternative carers:-

Transport arrangements to alternative carers address.

f) Any other relevant information (e.g. what is the plan if the birth parents wish to remove the baby from hospital?)

g) Are their any staff safety issues in the community post discharge?

Should any problems arise with the safety of the baby, staff etc. and Police assistance is required contact the police by dialling 101.

Cc Named Midwife for Safeguarding Children

Named Community Midwife

Named Nurse Safeguarding Children

Public Protection Unit

EDT

Parent(s)

GP

Health Visitor

Appendix 6

Local Authority Documentation

Documents to be filed with the Court

The following documents must be attached to the application filed with the court **on Day 1**:

- The social work Chronology;
- The social work statement and Genogram;
- Any current Assessment relating to the child and/or the family and friends of the child to which the social work statement refers and on which the local authority relies;
- The Care Plan;
- Index of Checklist documents.

Documents to be Served on the Other Parties (but not filed with the court)

On Day 2 the local authority must serve on the other parties (but must not file with the court unless expressly directed to do so) the application form and annex documents as set out above, together with the 'evidential checklist documents'. These are evidential and other documents which already exist on the local authority's files, including:

- Previous court orders (including foreign orders) and judgments/reasons;
- Any assessment materials relevant to the key issues, including capacity to litigate, Section 7 or Section 37 reports;
- Single, joint or inter-agency reports, such as health, education, Home Office and Immigration Tribunal documents.

Documents to be Disclosed on Request by any Party

- Decision-making records, including:
    - Records of key discussions with the family;
    - Key local authority minutes and records for the child;

- Pre-existing Care Plans (e.g. Child in Need Plan, Looked After child plan and Child Protection Plan;
- Letters before proceedings;
- Any issued as to jurisdiction/international element should be flagged with the court.

Principles

In the revised Public Law Outline, both the filing and service of documents is more focused, with a concentration on what is relevant, central and key, rather than what is peripheral or historical. Local authority materials are expected to be much shorter than previously, and they should be more focused on analysis than on history and narrative. Even if there has been local authority involvement with the family extending over many years, both the social work Chronology and the summary of the background circumstances as set out in the social work statement must be kept appropriately short, focusing on the key significant historical events and concerns and rigorously avoiding all unnecessary detail.

Documents must be recent - restricted to the most recent, limited to those from the last two years. Documents need not be served or listed if they are older than two years before issue of the proceedings, unless reliance is placed on them in the local authority's evidence.

Documents must be focused and succinct.

The social work Chronology is a schedule containing:

- A succinct summary of the length of involvement of the local authority with the family and in particular with the child;
- A succinct summary of the significant dates and events in the child's life in chronological order, i.e. a running record up to the issue of the proceedings, providing such information under the following headings:
    i. Serial number;
    ii. Date;
    iii. Event-detail;
    iv. Witness or document reference (where applicable).

- The social work statement is to be *limited* to the following evidence:
    - Summary:
        - The order sought;
        - *Succinct* summary of reasons with reference as appropriate to the Welfare Checklist.
    - Family:
        - Family members and relationships especially the primary carers and significant adults / other children;
        - Genogram.
    - Threshold:
        - Precipitating events;
        - Background circumstances:
            - Summary of children's services involvement. This must be cross-referenced to the Chronology;
            - Previous court orders and emergency steps;
            - Previous assessments.
        - *Summary* of Significant Harm and / or likelihood of significant harm which the local authority will seek to establish by evidence or concession.
    - Parenting capacity:
        - *Assessment* of child's needs;
        - *Assessment* of parental capability to meet needs;
        - *Analysis* of why there is a gap between parental capability and the child's needs;
        - Assessment of other significant adults who may be carers.
    - Child impact:
        - Wishes and feelings of the child(ren);
        - Timetable for the child;

        - Delay and timetable for the proceedings.
    - Permanence and contact:
        - Parallel planning;
        - Realistic placement options by reference to a welfare and proportionality analysis;
        - Contact framework.
    - Case management:
        - Evidence and assessments necessary and outstanding;
        - Any information about any person's litigation capacity, mental health issues, disabilities or vulnerabilities that is relevant to their capability to participate in the proceedings;
        - Case management proposals.

The local authority materials must be succinct, analytical and evidence-based. Assessment and analysis are crucial. They need to distinguish clearly between what is fact and what is professional evaluation, assessment, analysis and opinion, and between the general background and the specific matters relied on to establish ‘threshold'.

Threshold Statement

‘Threshold Statement' means a written outline by the legal representative of the local authority in the application form, of the facts which the local authority will seek to establish by evidence or concession to satisfy the threshold criteria under s31(2) of the Children Act 1989, limited to no more than 2 pages.

Local Authority Case Summary

A document prepared by the Local Authority legal representative for each case management hearing in the prescribed form.

Case Analysis

A written (or, if there is insufficient time, an oral) outline of the case from the perspective of the child's best interests prepared by the Children's Guardian or Welsh family proceedings officer for the CMH or FCMH (where one is necessary) and IRH or as otherwise directed by the court,

incorporating an analysis of the key issues that need to be resolved in the case including:

- A threshold analysis;
- A case management analysis, including an analysis of the timetable for the proceedings, an analysis of the Timetable for the Child and the evidence which any party proposes is necessary to resolve the issues;
- A parenting capability analysis;
- A child impact analysis, including an analysis of the ascertainable wishes and feelings of the child and the impact on the welfare of the child of any application to adjourn a hearing or extend the timetable for the proceedings;
- An early permanence analysis including an analysis of the proposed placements and contact framework, by reference to a welfare and proportionality analysis;
- Whether and if so what communication it is proposed there should be during the proceedings with the child by the court.

Parents' Response

A document from either or both of the parents containing:

- In no more than two pages, the parents' response to the Threshold Statement;
- The parents' placement proposals including the identity and whereabouts of all relatives and friends they propose be considered by the court;
- Information which may be relevant to a person's capacity to litigate including information about any referrals to mental health services and adult services.

Appendix 7

Substance Misuse Family Matrix (Working with complex needs families matrix © Adfam)

1. Each question in Part 1 and Part 2 should act as a prompt for exploration with the service user.
2. Total the number of scores at the bottom of each response column. This will show the clusters of high, medium and low risk, as well as mitigating signs of safety.

Part 1
Impact of Substance Use

1. What is the usual impact of your substance misuse?	Insignificant alteration of mood or thought	Significant alteration of mood or thought	Awake but out of it/ "off your face"	Unconscious or asleep
Is there any change in the amount and frequency of your substance use?	Recent abstinence (Minimum of 2 weeks)	Decrease in either amount or frequency of alcohol use	Staying the same	Increase in the amount and frequency in previous months
What is your pattern of substance use?	Currently abstinent	Binge/chaotic use	Daily at specific times (i.e. evenings)	Daily and consistently
How do you ensure safe use?	All care always taken to ensure safety of self and others	Reasonable care taken	Generally careful but not always responsible	Use is risky or chaotic (i.e. drink/use with anyone, anywhere)
What is the usual context of your substance use?	Within safe limits	In presence of non-users	Concurrently with other users	Alone
How long have you been using substances?	Less than three months	Between three months and one year	Between one and two years	More than two years
How would you describe your relationship to substances?	Highly controlled	Copes with periods of abstinence	Completely dependent, afraid of running out or having nothing	Desperate – any substance, any way
ADD THE NUMBER OF MARKED SQUARES IN				

EACH COLUMN				

Part 2

How old is the youngest child for whom the parent/carer is responsible?	12 years or older	Between 4 and 12 years	Between birth and 4 years	Alert, pregnant or breastfeeding
Are there any additional needs/complications?	None	Minor disability or chronic illness in child or carer	Severe disability or chronic illness in child or carer	Mental illness or impaired cognitive functioning in carer
Where are the children during using episodes?	Child is always in care of known, trusted, non-using adult	Child never in the drinking/using context	Child assumed to be able to look after themselves	No arrangements made
Who does the parent and child live with?	Supportive non-using partner/family	Alone with the child and close to support networks	Alone with the child	With partners who also uses alcohol/drugs.
What is the impact of the parents substance use on the family finances?	No drink/drug related debts	Find it hard to manage, borrowing to see through the week	Debts building up	Eviction threatened, utilities cut off, serious debt problems/owe drug suppliers and being threatened
What support networks does the parent/carer have?	Practically and socially supported by community, friends or family	Socially isolated but uses child focused community based amenities	Estranged from family and community	Contacts limited to drinking and drug taking friends.
How is the parent coping with the stresses of daily life?	Feel in charge	Life is tough but there are some wins	Life is a constant struggle, anxious to a point of needing medication	Feel overwhelmed depressed. Other problems should as DV also a factor
How does the parent feel towards making change in substance use?	Wanting to change	Contemplating/ preparing to deal with issues – cut down etc.	External coercion but parent does not agree there is a problem	Statutory requirement to attend and client unwilling to participate
How does the parent see the child/children affecting their substance use?	Child is cited as reason to deal with issues	Child needs always met before drinking /using drugs	Child perceived as difficult, parenting as a burden	Presence or behaviour of child seen as a reason or trigger for drinking/using drugs

Does the parent/carer think their substance use or lifestyle has affected their children?	Child's physical and emotional needs are always met	Carer concerned about physical or emotional harm or neglect of child	Child's physical needs and emotional needs are compromised, carer shows little concern	Child previously apprehended or hospitalised because of abuse, neglect, or sexual abuse.
ADD THE NUMBER OF MARKED SQUARES IN EACH COLUMN				

Safety/ Risk Categories	**Signs of Safety**	**Low Risk**	**Medium Risk**	**High Risk**
Totals Part 1				
Totals Part 2				
Totals				

The total scores should be used as a guide only. All workers should use their professional judgment to determine the action they take following the screening.

Actions

Signs of Safety – Inform the parent/carer of services available through either the local Children's Centre's, Young Carer's group and/or other services that may be of interest/benefit. Continue to monitor situation and reassess it as and when significant changes take place within family.

Low risk – Identify any services that can alleviate any of the issues presenting that could escalate risk. Inform the parent/carer of groups and services available through Children's Centre's, CABs, Young Carer's etc etc.. Continue to monitor situation and reassess as and when significant changes take place within the family.

Medium Risk –Contact customer service team and request social work consultation. Undertake agreed course of action.

High Risk- This is a potential safeguarding issue. Contact customer service team for referral into initial contact team.