

DUNDEE CITY COUNCIL

**REPORT TO: SOCIAL WORK AND HEALTH COMMITTEE -
24TH NOVEMBER 2008**

**REPORT ON: RE-DESIGN OF SERVICES IN DUNDEE FOR UNBORN BABIES
AND BABIES UNDER THE AGE OF ONE**

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 574 - 2008

1.0 PURPOSE OF THE REPORT

To inform the Committee:

- 1.1 Of the outcome of a review undertaken in Dundee of the needs of unborn babies and babies under the age of one, whose parents' ability to provide them with safe and appropriate care and nurturing is compromised because of any of a range of identified parental issues, such as substance misuse, mental health needs or learning disability.
- 1.2 Of the proposals for a re-designed service which will provide a more integrated, effective and multi-agency response to the needs of all unborn babies, and babies under the age of one, who are the subjects of professional concern.

2.0 RECOMMENDATIONS

It is recommended that the Committee:

- 2.1 Note the contents of the review report.
- 2.2 Approve the proposals contained in the review report.
- 2.3 Instruct the Director of Social Work to work with partner agencies to ensure the implementation of the proposed actions contained in the report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Initial work has been undertaken to identify the staffing requirements and financial costs of establishing the proposed new service. However further more detailed work is required with partner agencies before confirming staffing and budgetary requirements for the new service. The current budget for the New Beginnings Team is £129,450 which is mainly funded from the Changing Children's Services Fund contained within the Social Work Budget. It is proposed that this funding is reinvested in the new service, together with any additional funding identified from other sources, subject to the proposal satisfying the commissioning intentions of the Integrated Children's Services Planning Group.

4.0 MAIN TEXT

- 4.1 Research and local experience has shown that parents whose parenting capacity is compromised by factors such as substance misuse, mental health issues or learning disability, require integrated multi-agency professional services and supports to enable them to work towards change, and meet their children's needs safely and appropriately.
- 4.2 A holistic, family centred approach to assessment and the provision of supports and services is required, and an agreement across all agencies regarding both children's and parents' identified needs. Central to such an approach is agreement between agencies as to the roles and responsibilities each of the agencies carry, in order to deliver integrated, proportionate and timely responses to meeting these needs.
- 4.3 In Dundee there is clear evidence provided by a range of indicators that there are high levels of need and risk for a significant number of unborn babies and babies under the age of one, whose parents' ability to provide them with appropriate care and protection is compromised by such parental factors.
- 4.4 In 2005 the New Beginnings Team was set up in response to such needs and risks presenting to the unborn babies of substance using women and their partners. The New Beginnings service is now a well-established and effective partnership project involving Midwifery, Social Work Children's Services and Addictions Services.
- 4.5 The improvements in multi-agency working effected through the Project, and the positive outcomes achieved for many of the families involved, has suggested that this integrated approach to assessment and service provision should be widened to include all unborn babies and babies under the age of one, who are the subject of professional concern
- 4.6 The purpose of the review was to bring forward proposals for a re-designed service which will provide a more integrated, effective and multi-agency response to the needs of all unborn babies and babies under the age of one, who are affected by compromised parenting. The overarching aim of the service redesign is to provide timely, proportionate and effective responses that improve outcomes for unborn babies, and babies under the age of one, their parents and families.
- 4.7 The review report lays out proposals for a redesigned multi-agency framework, protocol, pathway and service for unborn babies and babies under the age of one where there are identified concerns.
- 4.8 This proposed redesigned service will effectively create a new one door access point for multi-agency services for this most vulnerable group of children and families. It will also focus additional resources on the needs of this user group and will relieve pressures on other parts of the system.
- 4.9 The following are the key service redesign proposals being put forward in the review report:
- 4.9.1 Agree a framework for the identification of levels of children's needs.
- 4.9.2 Develop a multi-agency Unborn Baby and Babies under the Age of One Protocol to provide multi-agency guidance and a governance framework.

- 4.9.3 Agree a multi-agency unborn baby and babies under the age of one pathway (aligned to child and adult care pathways, policies and procedures) that is adopted by all agencies.
- 4.9.4 As part of the multi-agency unborn baby and babies under the age of one pathway adopt the use of Pre-birth and Young Child Assessment Meetings.
- 4.9.5 Revise Child Protection Procedures to reflect these changes.
- 4.9.6 Develop an integrated unborn baby and babies under the age of one assessment framework.
- 4.9.7 Establish a multi-agency team within a multi-agency service delivery model.
- 4.9.8 Agree that the multi-agency team's initial remit will be restricted to unborn babies and babies under the age of one.
- 4.9.9 Agree that the new service be reviewed after one year of operation and that the multi-agency team's remit may be extended to include children up to the age of three, taking into account the team's capacity and the availability of resources.
- 4.10 The review report is attached and the proposals being put forward have been given support from a number of key stakeholders, including key partners in children's services and adult services, in Health, Social Work and the voluntary sector.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

There are no major issues.

6.0 CONSULTATION

- 6.1 The Chief Executive, Depute Chief Executive (Support Services), Depute Chief Executive (Finance) and Head of Finance have been consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

- 7.1 None.

Alan G Baird
Director of Social Work

DATE:
7 November 2008

RE-DESIGN OF SERVICES IN DUNDEE FOR UNBORN BABIES AND BABIES UNDER THE AGE OF ONE WHERE PARENTING CAPACITY IS COMPROMISED

1 Remit of Service Review

- 1.1 This review considers the needs of unborn babies and babies under the age of one, whose parents' ability to provide them with safe and appropriate care and nurturing is compromised because of any of a range of identified parental issues, such as substance misuse, mental health, learning disability or domestic abuse.
- 1.2 The purpose of the review is to bring forward proposals for a re-designed service which will provide a more integrated, effective and multi-agency response to the needs of all unborn babies and babies under the age of one, who are the subject of professional concern. The overarching aim is to provide timely, proportionate and effective responses that improve outcomes for unborn babies, and babies under the age of one, their parents and families.
- 1.3 Specifically, the review focuses on the following:
 - Evidence from research
 - Dundee context
 - Aims and objectives
 - Key performance measures
 - Proposed service re-design and recommendations
 - Proposed multi-agency team and staffing requirements
- 1.4 This paper lays out proposals for a re-designed multi-agency framework, protocol, pathway and service for unborn babies and babies under the age of one where there are identified concerns. This proposed re-designed service will effectively create a new one door access point for multi-agency services for this most vulnerable group of children and families. It will also focus additional resources on the needs of this user group and will relieve pressures on other parts of the system.
- 1.5 The review has taken account of a range of research findings, and these have informed the proposals contained in this report (See Appendix 1). The proposed needs identification framework (See Appendix 2) is based on that put forward by Tony Morrison (2007).
- 1.6 Initial consultation regarding possible re-design options has taken place to date with a range of stakeholders, including key partners in children's services and adult services, in Health, Social Work and the voluntary sector.

1.7 The following service re-design proposals have been given initial support from a number of key professionals in the multi-agency network. It would be the plan to circulate this paper for wider consultation, once approved by the DAAT/CYPPC Sub Group

2.0 Evidence from Research

2.1 Research indicates that parents' capacity to provide their children with safe and appropriate care can be adversely affected by a number of different factors. Such factors include low socio-economic status, unemployment, homelessness, and social isolation or exclusion.

2.2 However parenting capacity can also be significantly compromised by parental factors such as problematic or chaotic substance misuse, mental health needs, learning needs, domestic abuse or a combination of any of these.

2.3 It is known that parents with such needs are at greater risk of being economically and socially disadvantaged than other groups. It also known that those with co-morbidity of such parental factors as substance misuse and mental health needs, often experience complex social problems.

2.4 At the same time parents' own experiences in childhood can have a significant impact on their ability to provide good care for their children. There can also be concerns about the risk of compromised parenting capacity for young women who become pregnant under the age of 16 years. This is a particular concern if they or their partners are young people who are, or have been, accommodated by the local authority and have experienced disrupted and traumatic childhoods.

2.5 Research indicates that parents whose parenting capacity is compromised by any of such parental factors require integrated multi-agency professional services and supports to enable them to work towards or achieve change, and therefore meet their children's needs safely.

2.6 It is essential therefore to undertake risk and needs assessments pre-birth, and where there is a cause for concern about the safety or welfare of a baby under the age of one. In addition we need to ensure integrated responses at every stage, to minimise the negative impact of such parental factors on the unborn baby or babies under the age of one.

2.7 A holistic, family centred approach to assessment and the provision of supports and services is advocated, and an agreement across all agencies regarding both children's and parents' identified needs, as well as the roles and responsibilities each of the agencies carry in order to deliver proportionate and timely responses to meet these needs.

- 2.8 The literature proposes that all agencies should undertake single agency information gathering and needs identification (single agency screening assessment) to determine the level of children's needs within a tiered approach to responses and services.
- 2.9 The research evidence also advocates the provision of holistic services targeted at those families where there are complex problems and an identified cause for concern in respect of the unborn or babies under the age of one.
- 2.10 Such holistic services would bring together adult services including addiction, mental health and learning disability services, and social work services to children and families, with the aim of undertaking integrated assessment and care planning, and providing integrated packages of supports and interventions designed to meet the range of needs identified.
- 2.11 In summary the research findings are clear that there is a collective responsibility for all agencies to ensure that unborn babies and babies under the age of one are protected from harm. The imperative is to work towards the development of a multi-agency integrated framework, protocol, referral pathway and service, delivered at the earliest point in pregnancy for unborn babies, and as soon as there are significant concerns identified for babies under the age of one and their families.
- 2.12 Appendix 1 provides a more detailed outline of the evidence from research that has informed the proposals contained in this report.

3.0 Dundee Context

- 3.1 In Dundee City the majority of pregnant women and their partners receive the support they need through pregnancy and the birth from universal health services
- 3.2 For a smaller number of unborn babies, agencies identify 'causes for concern'. Such identified concerns may relate either to a risk of significant harm (in need of protection), or to the child being 'in need' and his/her parents requiring additional services to enable them to meet the child's needs.
- 3.3 Within this group there are a proportion of unborn babies for whom a cause for concern is identified because parental capacity is negatively affected by the range of parental factors already identified.
- 3.4 In 2005 the New Beginnings Team was set up in response to such needs and risks presenting to the unborn babies of substance using women and their partners. The New Beginnings service is now a well-

established and effective partnership project involving Midwifery, Social Work Children's Services and Addictions Services.

- 3.5 The improvements in multi-agency working effected through the Project, and the positive outcomes achieved for many of the families involved, has suggested that this integrated approach to assessment and service provision should be widened to include all unborn babies and babies under the age of one, who are the subject of professional concern.

4.0 AIMS AND OBJECTIVES

4.1 The principal aims of this service re-design are:

- To reduce the harm to children by ensuring there is the most effective treatment or services to parents; and
- To provide integrated multi-agency responses, key processes and tasks to identify and meet the needs of unborn babies, babies under the age of one and their parents and families, where they are identified as being Acute (level 4), Complex and Compromised (Level 3b), or Complex (some level 3a). (See Appendix 2)

4.2 The service re-design aims to deliver the following outcomes:

- a. Unborn babies and babies under the age of one develop healthily without their health being compromised by parental behaviours.
- b. Children, from birth, grow up healthy and reach their potential.
- c. Children, from birth, remain in their parents' care where they receive safe and positive parenting.
- d. Where 'c' is not appropriate, children have their needs met by their extended birth families where they receive safe and positive parenting.
- e. Where neither 'c' nor 'd' is appropriate, children have their needs met by alternative carers (temporarily or permanently) where they receive safe and positive parenting.
- f. Parents have improved physical, emotional and cognitive health and well-being and personal development.
- g. Parents or carers improve and more effectively fulfil their parenting capacity.
- h. Where 'd' or 'e' has taken place, children are returned to the care of their parents where they receive safe and positive parenting.

- 4.3 These outcomes will be achieved by establishing a multi-agency framework and protocol, with integrated key processes and resources, and a re-designed multi-agency service.
- 4.4 The new framework with agreed referral pathways will ensure the earliest identification and initial assessment of need and risk, together with the planning and implementation of appropriate and proportionate responses for all unborn babies and babies under the age of one, their parents and families, where there are concerns.
- 4.5 Where the needs identified are considered to be Complex, Complex and Compromised, or Acute, the new service will undertake work with parents and their partners, and where appropriate, other family members. Multi-agency assessments will be completed to determine the level of need and risk in respect of unborn babies and babies under the age of one in their individual family contexts, and integrated care plans and services put in place, designed to minimise risk and improve outcomes.
- 4.6 The key indicators that will be used to identify whether these outcomes are being achieved are:
- Improved identification and assessment of need and risks early in pregnancy, or early in the lives of children under the age of one.
 - Increase in the proportion of unborn babies and children under the age of one being maintained within the Child in Need response, rather than a Child Protection response.
 - Reduction in the number of unborn babies and children under the age of one at risk of significant harm and subject to Child Protection Procedures.
 - Reduction in the number of children requiring to be removed at birth or in the first year of their lives (subject to Child Protection Orders, Section 25, or Section 22/regulation 14 emergency placements, under Children (Scotland) Act 1995) for child protection reasons.
 - More effective multi-agency care planning and service delivery, through intensive, integrated, and personalised services provided to promote adult change and positive outcomes for parents and children, pre and post-birth.
 - Increased awareness and assessment of children's needs by adult service workers.

4.7 The key outcome performance measures to be used will include:

- Stage in pregnancy or age of child when 'causes for concern' are identified
- Level of engagement with relevant agencies by parents where there is an identification of 'cause for concern'
- Number of unborn baby pre-birth Child Protection need and risk assessments, and number of Child Protection need and risk assessments in respect of children under the age of one
- Number of unborn baby Child Protection case conferences, and case conferences held in respect of babies under the age of one
- Number of children being born with significant health issues, or identified in first year of life as having health issues, as a result of parental behaviours
- Number of children being removed at birth, or in their first year of life
- Number of post-birth Child in Need conferences
- Number of babies and babies under the age of one who have identified unmet needs

5.0 RECOMMENDATIONS

5.1 **Recommendation 1: Agree a framework for identification of levels of children's needs**

Appendix 2 shows a proposed continuum of children's needs adapted from a needs framework put forward by Tony Morrison (2007).

It is recommended that this framework for identifying levels of need is adopted for use by all those delivering services for unborn babies and children under the age of one, where parenting capacity is compromised.

5.2 **Recommendation 2: Develop a multi-agency Unborn Baby Protocol to provide multi-agency guidance and a governance framework.**

It is recommended that the CYP/DAAT develops a multi-agency unborn baby and babies under the age of one protocol that is adopted by all agencies. This will provide guidance on key processes, assessment and decision-making, intervention and resource allocation,

to meet the needs of unborn babies and babies under the age of one and their parents/carers, where there is an identified cause for concern.

A task group should be established to undertake the development of this protocol, the content of which must be aligned to child and adult care pathways, policies and procedures. Agencies' own protocols, existing and new, should also be aligned to this multi-agency protocol.

5.3 Recommendation 3: Agree a multi-agency unborn baby and babies under the age of one pathway (aligned to child and adult care pathways, policies and procedures) that is adopted by all agencies.

It is recommended that the CYPPC/DAAT adopts an integrated unborn baby and babies under the age of one pathway within the unborn baby and babies under the age of one protocol. This must be consistent with the principles of GOPR, GIRFEC, Hidden Harm, Domestic Abuse, Changing Lives, the agreed Child Protection Procedures and other multi-agency screening, and decision-making meetings.

5.4 Recommendation 4: As part of the multi-agency unborn baby and babies under the age of one pathway adopt the use of Pre-birth and Young Child Assessment Meetings

It is recommended that the CYPPC/DAAT adopts the use of pre-birth and young child assessment meetings (PBYCAMs) as part of the multi-agency pathway. These multi-agency meetings will consider the needs of vulnerable pregnant women/ parents with young babies and other family members and will consider potential risk of harm to the baby involved. One of their main purposes will be to put in place multi-agency pre- and post-birth plans for unborn babies, and plans for babies under the age of one.

5.5 Recommendation 5: Revise Child Protection Procedures

It is recommended that Child Protection Procedures (multi and single agency) are revised to take account of:

- the changes outlined in recommendations 1-4
- particular challenges posed by parental factors (causes for concern) in risk assessments; and
- the relationship between PBYCAM and IRD.

5.6 Recommendation 6: Develop an integrated unborn baby and babies under the age of one assessment framework.

It is recommended that the CYPPC/DAAT develops and adopts a multi-agency unborn baby and babies under the age of one assessment framework, including appropriate need and risk assessment tools and report formats. Consideration should be given to use of the current or

amended CP1 assessment report format used within Child Protection processes.

5.7 Recommendation 7: Establish a multi-agency team within a multi-agency service delivery model.

It is recommended that the following service re-design is adopted in order to address the aims and outcomes outlined on page 9 of this document. This service re-design will improve the delivery of integrated key processes and resources, ensuring early identification and assessment of needs, as well as timely, appropriate and proportionate responses.

6.0 Proposed Core Team

6.1 It is recommended that a core team of key professionals, including midwifery, health visitor, child care and adult care social work, and addictions staff is established. The diagram attached at Appendix 3 shows the proposed multi-agency core team staffing requirements and budgetary costs.

It is recognised that it is difficult at this stage to be accurate about the exact staffing requirements of such a team. The proposed staffing numbers attached are based on the assumption that the initial remit for the Team will be restricted to unborn babies and babies under the age of one. It would be the intention to extend the age range to include young children up to the age of three, depending on the Team's capacity and available resources in the future.

Whilst it is recommended that the core team be co-located, it is acknowledged that each agency's professionals must also maintain links to their own management structure for professional supervision and resource allocation.

6.2 Midwifery

It is recognised that, for the majority of pregnant women, early identification of needs takes place through their contact with universal health services. For a small number of unborn children these services identify causes for concern.

Midwifery assessments are vital elements within this process. The contact with midwifery services is crucial to good health outcomes, as well as early relationship building and ensuring good links to other health services, for unborn babies, newborns and their families. It is essential that Midwifery staff are included in the team for all of these reasons.

6.3 Public Health Nursing

The contribution of public health nurses to the identification of needs and causes for concern in babies and young children is an essential

component of the proposed multi-agency team. Public Health Nurses also play an important role in assessing the health and social needs of babies and young children. It is proposed therefore that a Public Health Nurse post be established within the core team.

6.4 Social Work Services

The achievement of best outcomes through the process of change for adults and children only takes place where there is effective joined-up working, resource allocation, and clarity of roles and responsibilities, both at the front-line and by senior management. Qualified Social Workers have a distinctive and unique role to play in assessment, care planning, review and monitoring activities, and in co-ordinating links with other services.

The staff of the Family Support Service have an important role to play in assessing parenting capacity, in providing programmes to improve parenting skills and safe caring, and in linking families to locally based Family Support Teams.

The contribution of adult services workers in social work is integral to the protection of children. Within any integrated approach, where it is identified that parenting capacity is compromised, there is a need to work to promote positive change. Adult services workers play an essential role in helping to improve the stability of the adult, thereby enhancing parents' ability to successfully meet their children's needs. This will be achieved when the issues impacting on the parent's capacity, such as chaotic substance misuse or mental health are stabilised, but there may also be a need to provide parenting advice, guidance and support to improve a parent's understanding of, and ability to meet their child/ren's needs, both pre and post birth.

They provide specialist adult care services to substance misusing adults, those with mental health issues, or those with learning disabilities. They also provide emotional support and psychological interventions, as well as a variety of treatment intervention programmes and/or practical community based support services.

6.5 Addictions Workers

Analysis of the service statistics for the New Beginnings Service show a significant increase in the numbers of women involved in poly and chaotic substance misuse. The numbers of women whose substance misuse has not been stabilised during pregnancy have also increased. For the babies involved this has resulted in a significant increase in the numbers requiring treatment for withdrawal at birth. It has also meant that it has been difficult to work constructively with the women involved on any change programme to prepare them for their role as parents.

The inclusion of Addiction Workers in the core team brings understanding of the impact of substance misuse on parenting capacity, and expertise in assessment and treatment, harm reduction

and relapse prevention, thus minimising risk for the unborn or babies under the age of one.

6.6 Team Manager

The core team requires appropriate management capacity to lead, manage, supervise and support staff. The Team Manager will also have the responsibility to co-ordinate integrated working within the team and develop the service in line with the agreed framework, protocol, response pathways and child protection procedures.

As the service aims to ensure that both children in need and child protection activity can be undertaken within procedural guidelines, and also reduce the duplication of multi-agency meetings and processes, this person requires to be a Qualified Social Worker at Team Manager level.

6.7 Clerical Assistant

The above team requires administrative, minute taking and clerical support. The establishment of a Clerical Assistant post in the team will provide these services, as well as the capacity to set up and maintain performance management, improvement and reporting systems.

6.8 Links with Mainstream Agencies

It is crucial to strengthen the interconnections between and contributions of members of the core team, other mainstream social work teams, including Criminal Justice, and other agencies, such as Health, Housing and the voluntary sector.

Within a co-ordinated approach, targeted parenting support services should be provided by the Social Work Department's Family Support Teams or voluntary sector agencies, such as Aberlour Outreach Project or Children First. Targeted service provision to this group of service users can be considered within the Social Work Department's Family Support Service Review taking place this year and within the Service Level Agreement reviews (for 2008/2009 commissioned services) with the voluntary sector organisations involved.

Evidence from Research

- 1 Research indicates that parents' capacity to provide their children with safe and appropriate care can be adversely affected by a number of different factors. Such factors include low socio-economic status, unemployment, homelessness, and social isolation or exclusion.
- 2 However parenting capacity can also be significantly compromised by parental factors such as problematic or chaotic substance misuse, mental health needs, learning needs, domestic abuse or a combination of any of these.
- 3 It is known that parents with such needs are at greater risk of being economically and socially disadvantaged than other groups. It also known that those with co-morbidity of such parental factors as substance misuse and mental health needs, often experience complex social problems.
- 4 The fact that the co-morbidity of such factors as substance misuse and mental health needs is on the rise is an issue of concern, not only because of the increased risks for the individual involved, but also because of the impact of compromised parenting capacity on the unborn baby or young child for whom he/she is responsible for providing care.
- 5 Parents' own experiences in childhood can also have a significant impact on their ability to provide good care for their children. For unborn babies and young children whose older siblings have been the subject of child protection concerns in the past (and may also have been accommodated by the local authority) there is a need to consider whether the risk factors which lead to the concerns in relation to siblings remain, and continue to present a risk to the safety or welfare of the unborn baby or young child involved.
- 6 There are also concerns about the risk of compromised parenting capacity for young women who become pregnant under the age of 16 years. This is a particular concern if they or their partners are young people who are, or have been, accommodated by the local authority. The concerns for the capacity of such young parents to provide safe and appropriate parenting for their babies relate to their experience of disrupted and traumatic childhoods. But the level of concern can be increased if young parents' own vulnerability and lifestyle is further compounded by any of the other parental factors already identified, such as substance misuse or learning needs.
- 7 Research indicates that parents whose parenting capacity is compromised by any of such parental factors require integrated multi-agency professional services and supports to enable them to work

towards or achieve change, and therefore meet their children's needs safely.

- 8 Babies and young children in particular are extremely vulnerable to abuse, and therefore work carried out to assess risk and to plan intervention will help to minimise such harm. Early intervention and the right kind of support for unborn babies, newborns and very young children, and the adults responsible for providing them with care and protection, can often mean that a child can remain with his/her parents, where there might otherwise been a risk of the child having to be accommodated. (Hidden Harm).
- 9 Research evidence indicates that good outcomes for babies and young children are strongly linked with adult health and well-being. There are a range of parental factors relating to health, cognition, or behaviour, which can have negative influences on the unborn baby, and on young babies and children. For instance extreme cases of maternal alcohol abuse may result in foetal alcohol syndrome. Also, recent studies have suggested that there is a strong correlation between parental mental illness, defined to include substance misuse, and fatal child abuse (Falkov 1996; Reder and Duncan 1999: in *The Child's World*, DoH, 2001).
- 10 It is essential therefore to undertake risk and needs assessments pre-birth, and where there is a cause for concern about the safety or welfare of a baby or young child. In addition we need to ensure integrated responses at every stage, to minimise the negative impact of such parental factors on the unborn baby or young child.
- 11 It is vital for these reasons that assessments should commence early in the ante-natal period, or as soon as a cause for concern is identified. Throughout such assessments there should be effective communication between all relevant professionals, and ongoing partnership working with parents during pregnancy and in the early post natal period. This should "help us move from a reactive, crisis-led response to a more considered, proactive, and needs led response" (Calder 2003).
- 12 For unborn babies early and sensitive intervention is also indicated for other important reasons. It is essential to ensure that the mother has the opportunity and appropriate time to become emotionally attached to her unborn baby (*Farmer and Owen 1995*).
- 13 It is also clear that pregnancy and an uncertain future can have a significant impact on parents, particularly the mother (*O'Hagan and Dillenburger 1995*). Pregnancy creates a valuable window of opportunity for change for both parents and other family members, and the provision of appropriate supports and services can help maximise the potential for positive change during this critical period. Importantly undertaking a pre-birth risk and needs assessment during pregnancy

provides the parents with an opportunity to demonstrate to the professionals involved in the child protection network that they have the capacity for change (*Pre-birth Risk Assessment in Child Protection: Study by R Cooper, SW Monographs*).

- 14 Similarly parents with very young children need effective support and intervention, where there have been identified concerns about attachment or there are current needs or risks to the child relating to compromised parenting.
- 15 The research evidence into disability and parenting shows that "the presence or absence of social support would seem to be more important than the presence or absence of a disability in terms of the implications for parenting capacity.....The larger, more recent and more helpful the support network reported by mothers.....the better their psychological well-being and the greater likelihood of positive parenting experiences." (Kroese et al 2002)
- 16 Therefore a holistic, family centred approach to assessment and the provision of supports and services is advocated, with engagement with fathers/partners in the assessment and care planning process being of particular importance.
- 17 The research also indicates that in order to achieve joined-up service responses, there must be an agreement across all agencies regarding both children's and parents' identified needs, as well as the roles and responsibilities each of the agencies carry in order to deliver proportionate and timely responses to meet these needs.
- 18 The literature advocates that all agencies should undertake single agency information gathering and needs identification (single agency screening assessment) to determine the level of children's needs within a tiered approach to responses and services.
- 19 The research evidence would further support the provision of holistic maternity services targeted at those women where there are complex problems and an identified cause for concern in respect of the unborn child. Such holistic services would bring together adult services including addiction, mental health and learning disability services, and social work services to children and families, with the aim of undertaking integrated assessment and care planning, and providing integrated packages of supports and interventions designed to meet the range of needs identified.
- 20 In summary the research findings are clear that there is a collective responsibility for all agencies to ensure that unborn babies and young children are protected from harm. The imperative is to work towards the development of a multi-agency integrated framework, protocol, referral pathway and service, delivered at the earliest point in

pregnancy for unborn babies, and as soon as there are significant concerns identified for young babies and their families.

Continuum of Children's Needs

Level 1: All children - Ensuring that all children are receiving universal services.

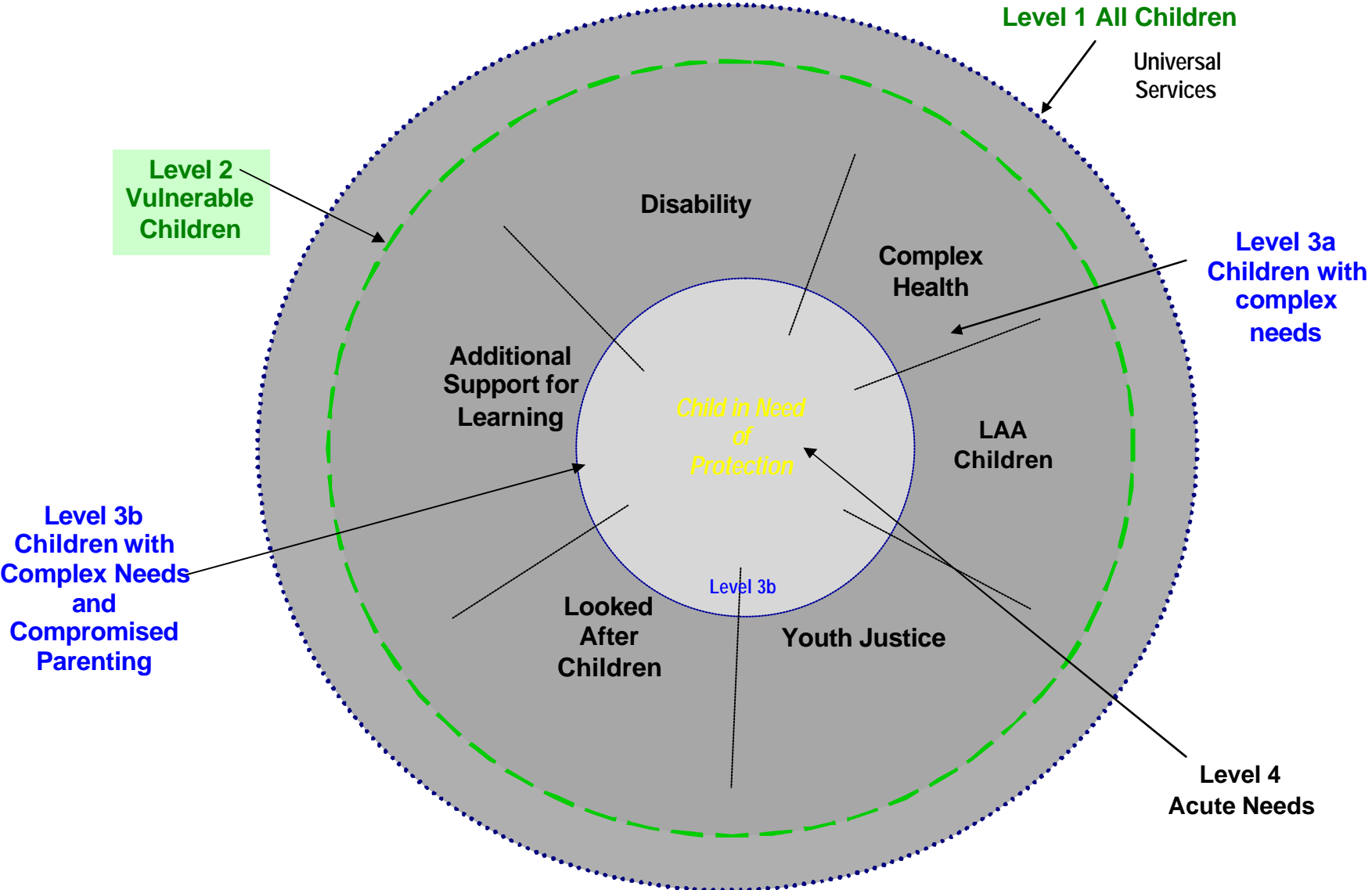
Level 2: Vulnerable Children/Children with Additional Needs - Children from households where the carer is under stress, which may affect their child's health and development.

Level 3a: Complex Needs - Children whose health or development is being impaired or there is a high risk of impairment (*Children with Disabilities or Complex Health.*)

Level 3b: Complex Needs and Compromised Care - Domestic Abuse (VAW), Substance Misuse, Offending, Mental Health problems.

Level 4: Acute Needs - Children experiencing significant harm or likelihood of significant harm. Looked after and accommodated children.

Children's Needs



PROPOSED CORE TEAM AND BUDGETARY COSTS

Appendix 3

Staffing Complement:

Posts	Budgetary cost 2008/2009 £
1 FTE Team Manager	tbc
1 FTE GS1/2	tbc
	tbc

Social Work

3 FTE Children's Social Workers	tbc
1 FTE Adult Services Social Worker	tbc
1 FTE Senior Family Support Worker	tbc

Health

1 FTE Midwife	tbc
1 FTE Public Health Nurse	tbc
1 FTE Addictions Worker	tbc

PROJECT INCOME	2008/2009 £	2009/2010 £	2010/2011 £	Total
Grant Requested from DAAT	tbc			
Mainstreamed Funding	tbc			
Provided 'in kind'	tbc			