CITY OF WOLVERHAMPTON COUNCIL

Response to Request for Information

Reference FOI 000771
Date 11 January 2017

Looked After Children

Request:
Under the Freedom of Information Act 2000, please can you provide the following information?

1. How many looked after children do you have who are currently pregnant?
   Of the 638 LAC on 24/01/2017, none are shown on the NALM G6 classification as being pregnant (after discounting those on the list who have already given birth).

2. How many looked after children have you had who have had children themselves in the last 3 years?
   There have been 27 LAC in the past 3 years who have had children within that timeframe.

3. Of those looked after children who have had children themselves, how many of *their* children have become (i) looked after or (ii) children in need?
   9 of the 27 children born of LAC parents have themselves become LAC; 19 of the 27 children born to LAC parents became CIN. Please note, there are some children who have become both LAC and CIN at various times, so are included in both groups.

4. How many children leaving care for whom you are still responsible are currently pregnant?
   Of the 294 LAC Transition children on 24/01/2017, 9 are shown on the NALM G6 classification as being pregnant (after discounting those on the list who have already given birth).

5. How many children leaving care for whom you are still responsible have had children in the last 3 years?
   The 294 LAC Transition children on 24/01/2017 have 21 children between them that were born in the last 3 years (that is, since 24/01/2014).

6. Of those children leaving care who have had children themselves, how many of *their* children have become (i) looked after or (ii) children in need?
   Out of those 21 children born to LAC Trans parents, 5 of the 21 children have also become LAC; 15 of the 21 children born to LAC Trans parents have become CIN. Please note, there are some children who have become both LAC and CIN at various times, so are included in both groups.

7. Do you have any specific policies relating to support services provided by the authority for looked after children who have become pregnant or who have children? If so please provide us with a copy of any policies? See attached.

8. Do you have any specific policies relating to support services provided by the authority for children leaving care who have been pregnant or have had children. If so, please provide us with a copy of any polices? See attached.

Wolverhampton City Council

Children, Young People and Families

Protocol for Assessing the Needs of LAC/Care Leavers who are Expectant Parents

PURPOSE:
The Purpose of the Protocol is to ensure that the needs of expectant parents and their unborn child are identified and planned for.

Approved by – Children, Young People and Families Management Team (8th May 2013)

Published – May 2013

Review Date – May 2015

Version 1.0

REVIEW LOG			
Date	**Version**	**Comments**	**Approved by**
January 2013	1.0	New Protocol Introduced.	Children, Young People and Families Management Team (8th May 2013)

CONSULTATION
The following people have been consulted on this policy: - **Team Manager (Transition Team)** - **Designated LAC Nurse** - **Designated Midwife** - **Transition Team Personal Advisor** - **Practice Manager Transition Team** - **Children, Young People and Families Management Team**

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1.0 PURPOSE

The purpose of this Protocol is to ensure that the support needs of expectant parents and their unborn child are identified and planned for as necessary. There should be no assumption that simply because a young person is or was looked after by the Local Authority that they will therefore be unable to successfully parent however, we need to be alert to the fact that LAC and Care Leavers are likely to have additional support needs in view of their life experiences and the potential absence of strong family support networks. Where a young person is under 18 or not yet established in their own adult lives then we can draw on what we know about any young person in those circumstances regardless of previous care status as a basis for our need to be alert to additional needs.

2.0 ACTION

2.1 Information sharing

When a Social Worker or Young Persons Advisor becomes aware that a young person is an expectant parent (this applies to the mother and the father) they will notify appropriate health professionals with regards to the statements below:

- If the young person is aged under 16 then the Social Worker must notify by email or a telephone conversation the Looked After Children's Health Team.
- If the young person is aged between 16 and 18 and the young person consents then then Looked After Children's Health Team must be notified by email or over a telephone conversation.
- If the young person is aged between 16 and 18 and the young person refuses to give consent then it is for the worker to make a professional decision as to whether it will be in the best interests of the young person or their unborn child to share the information with the Looked After Children's Health Team.
- If the young person is aged between 18-21 and concerns are identified then a referral should be made directly to Duty and Assessment.

If a young person notifies the Looked After Children's Health Team that they are an expectant parent then the Looked After Children's Health Team will notify the LAC Service in line with the statements above.

2.2 Assessment

If a social worker is the primary worker for the young person they will undertake an assessment to ascertain the parenting capacity of the young person and to consider if a referral to Duty and Assessment Team in respect of the unborn baby is necessary. Where a Young Person's Advisor is the primary worker for the young person the social worker within their 'hub' will complete this assessment

Any assessment should thoroughly consider historical and current circumstances to identify the strengths and risks in respect of the young person's parenting capacity, environmental situation and support networks and consider the

Two fundamental questions identified by Hart (2000) when deciding if a pre-birth assessment is necessary.

- Will the new born be safe in the care of those parents/carers?
- Is there a realistic prospect of these parents being able to provide adequate care throughout their childhood

Where there is reason for doubt about the above a pre-birth assessment is indicated and a referral should be made to the Duty and Assessment Team

Significant risk factors include:

- The presence of domestic violence
- Parental substance misuse
- Non engagement with services
- Evidence of a lack of independent living skills
- Evidence of significant mental health problems
- Evidence that parental learning disability is likely to have a significant impact on the baby's safety.

A referral to Duty and Assessment should always be made where a young person has had a previous child removed from their care, or where there is an attempt to conceal the pregnancy.

Where the assessment concludes that there is no evidence to suggest that a referral to Duty and Assessment for a pre-birth assessment is required consideration should be given to the benefits of developing a 'Team around the Child' via the Common Assessment Framework process to ensure parents are offered appropriate multi-agency support.

3.0 PRINCIPLES

The assessment should be undertaken within a multi-agency approach.

Where it is considered necessary to refer to Duty and Assessment for a pre-birth assessment. This should be done at an early stage of the pregnancy (this must be after the pregnancy has been confirmed) to allow parents time to continue to the pre-birth assessment to increase the likelihood of a positive outcome to the assessment and to allow parents to access support services in a timely fashion.

4.0 GENERAL GUIDELINES

Research studies and serious case reviews have shown that children most at risk of fatal and severe assaults in their first year of life, usually inflicted by their carers.

The importance of compiling a full chronology and family history is particularly important in assessing the risks and likely outcome for the child. Workers should try to compile a clear history from the parents about their own previous experiences in order to find out whether they have any unresolved conflicts e.g. that may impact on their parenting of the child. It is important to find out their feelings towards the new born baby and the meaning the child may have to them. For example, the pregnancy may have coincided with a major crisis in the parents' life, which will affect their feelings towards the child.

It is crucial to seek out information about the fathers/partner whilst conducting assessments and involve to the assessment process and achieving positive outcomes for the unborn child.

Where a young person is placed/living outside of Wolverhampton, the case responsibility for the assessment of the unborn baby should be established at an early stage. This responsibility may lie with the local authority which the mother is living. The Social

Worker should liaise with the relevant authority to establish and outline the roles and responsibilities of each authority.

5.0 OVERALL RISK ASSESSMENT AND CONCLUSIONS

The assessment report should address:

- Concerns identified
- Strengths and mitigating factors identified
- If there is a risk of significant harm for this baby

Where the likelihood and/or potential for significant harm is identified a referral to Duty and Assessment should be made.

Appendix A

Pre-birth assessment tool

Factor	Elevated Risk	Lowered Risk
The abusing parent	• Negative childhood experience including abuse in childhood. Denial of past abuse. • Violence abuse to others • Abuse and/or neglect of previous child. • Parental separation from previous children • No clear explanation. • No full understanding of abuse situation. • No acceptamce of responsibility for the abuse. • Antenatal/Postnatal neglect • Age - very young/immature • Mental disorders or illness • Learning difficulties • Non-compliance • Lackof interest or concern for the child.	• Positive childhood • Recognition and change in previous violent pattern • Acknowledges seriousness and responsibility without deflection of blame onto others. • Full understanding and clear explanation of the circumstances in which the abuse occurred. • Maturity, willingness and demonstrated capacity 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) • Expressed concern and interest about the effects of abuse on the child
Non-abusing parent	• No acceptance for the abuse by partner • Blaming others or the child.	• Accepted the risk posed by their partner and expressed a willingness to protect • Accepts the seriousness of ithe risk and the consequences of failing to protect • Willingness to resolve problems and concerns
Family issues (Marital partnership and the wider family)	• Relationship disharmony/instability • Poor impulse control • Mental health problems	• Supportive spouse/partner • Supportive of each other

	• Violent or deviant network involving kin, friends and 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 relatives or friends available • Family violence • Frequent relationship breakdowns/multiple relationships • Drug or alcohol abuse	• Stable • Protective and supportive extended social networks • Optimistic outlook by friends and family • Equality in relationship • Commitment to equality in parenting
Expected child	• Special or expected needs • Perceived as different • Stressful gender issues	• Easy baby • Acceptance of difference
Parent – baby relationships	• Unrealistic conditions • Concerning perception of baby's needs • Inability to prioritise baby's needs above own • Foetal abuse or neglect including drug or alcohol abuse. • No antenatal care • Concealed pregnancy • Unwanted pregnancy • Unattached to foetus • Gender issues cause stress • Differences between parents toward unborn child • Rigid views on parenting	• Realistic expectations • Perception of unborn child normal • Appropriate preparation • Understanding or awareness of baby's needs • Unborn baby's needs prioritised • Co-operation with antenatal care. • Sought early medical care • Appropriate and regular antenatal care • Accepted/planned pregnancy • Attachment to unborn foetus • Treatment of addiction • Acceptance of difference – gender/disability • Parents agree about parenting.
Social	• Poverty • Inadequate housing	

	• No support networks • A delinquent area	
Future plans	• Unrealistic plans • No plans • Exhibit inappropriate parenting plans • Uncertainty/Resistance to change and no recognitions to changes needed in life style • No recognitions of a problem or need to change • Refuse to cooperate • Disinterested and resistant • Only one parent co-operating	• Realistic plans • Exhibit appropriate parenting expectations and plans • Appropraite expectations of change • Willingness and ability to work in partnership • Willingness to resolve problems and concerns • Parents co-operating equally

Framework taken from an adoption of Martin Calder in 'unborn Children'. A framework for assessment and intervention of R.Corne's 'Pre-birth Risk Assessment: Developing a model for practice.