

Assessing capacity to change in high-risk pregnant women: A pilot study

Dr Jane Barlow

Professor of Evidence Based Intervention and Policy Evaluation

University of Oxford

Structure of paper

- Babies at risk of harm – the issues
- Parents under Pressure (PuP) Programme in Children's Social Care
- Pilot study evaluation and case studies

What is going wrong in terms of decision-making about babies at risk of harm?



Prebirth assessment

- Working Together to Safeguard Children (DCSF 2010) – pre-birth assessments necessary; but pregnant mother has right to refuse to engage with statutory interventions/services
- Foetus has no legal rights until 24 weeks
- Lack of guidance (Lushey et al 2016; Hodson 2011)
- Poor quality of pre-birth assessments (Ward 2012) re detail of child's needs and circumstances (e.g. child's development domain of triangle ignored because child not yet born) with focus on the mother

Professional perceptions

- Professional anxiety about pre-birth assessment (Corner 1997)
- Professional Perceptions that it is better to wait until later stages of pregnancy (Hart 2001; 2010; Corner 1997);
- In practice pregnant women often not assessed until as late as 36 weeks;
- Ineffective in terms of developing trusting relationship with parents; or giving them the opportunity to change or develop and prepare for relationship with baby (Ward 2012)

Significant Harm of Infants Study

- Prospective study explored the decision-making process that influenced the life pathways and developmental progress of a sample of very young children who were identified as suffering, or likely to suffer, significant harm before their first birthdays and were then followed until they were three.
- 66% of the babies were identified as being at risk of significant harm before they were born; all but one of the parents who made sufficient changes did so before the baby was six months old
- Of those children who remained with their birth families at age three (around two-thirds), 43% were considered to be at continuing risk of significant harm from parents
- Cases were frequently closed prematurely and later re-opened (Ward et al 2010; 2012)

Aims

- Establish a new care pathway for high risk vulnerable women who would ordinarily be referred into children's social care
- To include intense assessment of capacity to change, and intervention to support parents to change
- To achieve more effective decision-making in terms of removal where this is necessary

PuP in Children's Social Care



OXPUP Care Pathway

ANTENATAL

- Identify high risk families during pregnancy – pre-birth assessments at 18 weeks
- PuP Intervention begins ante-natally for around 4 months
- Assessment of capacity to change conducted

BIRTH

- Assess parent-infant interaction; mother-baby foster placements and concurrent foster care where necessary

NEXT 8 MONTHS

- Continue time-limited intervention and clear goals to be achieved; re-assess 2, 4, 6 months
- Remove infants where there is insufficient improvement before 8 months



Capacity to Change

- 'Cross-sectional assessment of families provides important information about family functioning at one point in time, but is of limited usefulness when the results are equivocal' (Harnett and Dawe 2008)
- What is actually needed at such times is an assessment of a family's **capacity to change**, including an evaluation of the parent's motivation and capacity to acquire parenting skills

Step 1

- A cross-sectional assessment of the parents' current functioning
- Use a range of standardised psychological assessments to supplement other sources of information
- Include an assessment of *parent-child interaction*

Ante-natal assessment

- Pre-birth assessment
Standard pre-birth assessment
- 3 monthly assessment of functioning
Mental health (DASS); Life events Scale (LES); Drug and Alcohol screen; Domestic abuse screen (SARA)
- Reflective function – once during prenatal and once postnatal
Parent Development Interview (PDI)

Postnatal assessment

- As above
- Parent-infant interaction – 3 minute videoclip (CARE-Index)
- Home environment (HOME Inventory)
- Mothers feelings about relationship with baby (Mother-Object relationship Scale)
- Parenting Stress – Parenting Stress Index (PSI)

Step 2

- Specification of **operationally defined targets for change**
- Should include the unique problems facing individual families
- Should involve the use of standardised procedures such as Goal Attainment Scaling – GAS

Level of expected outcome	Goal 1 Decision making	Goal 2 Self esteem	Goal 3 Isolation
Review date:			
Much more than expected (+2)	Makes plans, follows through, modifies if needed, and reaches goal	Expresses realistic positive feelings about self	Actively participates in group or social activities
More than expected (+1)	Makes plans, follows through without assistance unless plan needs changing	Expresses more positive than negative feelings about self	Attends activities, sometimes initiates contact with others
Most likely/expected outcome (0)	Makes plans and follows through with assistance/reminders	Expresses equally both positive and negative feelings about self	Leaves house and attends community centre. Responds if approached
Less than expected outcome (-1)	Makes plans but does not take any action to follow through	Expresses more negative than positive feelings about self	Leaves house occasionally, no social contact
Much less than expected	Can consider alternatives but doesn't decide on a plan	Expresses only negative feelings about self	Spends most of time in house except for formal appointments

Step 3

Implementation of an intervention with proven efficacy for the client group that:

- addresses multiple domains of family functioning;
- is delivered in the home using individualised goals;
- is tailored to address the specific problems of individual families and the achievement of identified targets for change.



Parents Under Pressure (PUP)

- Program developed for families with complex lives; parental substance abuse & mental health problems; emotional dysregulation; involvement in child protection (focus on physical abuse/neglect)
- Home based: **Individually tailored treatment plan** that draws from a “tool kit” – 12 modules; Case management; online tools
- RCT with substance abusing parents of children aged 2-8 years (Dawe and Harnett 2007); compared PUP with standard parenting programme; Significant reductions in parental stress; methadone dose and child abuse potential (significant worsening in the child abuse potential of parents receiving standard care); improved child behaviour problems

PUP Programme

- PUP comprises an intensive, manualized, home-based intervention of twelve modules that can be delivered flexibly in the family home for as long as is needed; each session lasting between one and two hours
- PUP is underpinned by an ecological model of child development and targets multiple domains of family functioning, including the psychological functioning of individuals in the family, parent–child relationships, and social contextual factors.
- Incorporates ‘mindfulness’ skills that are aimed at improving parental affect regulation
- Incorporates a case planning approach with online assessment tools

Modules

- Module 1: Assessment
- Module 2: Checking Out Priorities and Setting Goals
- Module 3: View Of Self as a Parent
- Module 4: Managing Emotions When Under Pressure – teach
- Module 5: Health Check Your Child
- Module 6: Connecting With Your Child: Mindful Play
- Module 7: Mindful Child Management
- Module 8: Managing Substance Use Problems
- Module 9: Extending Support Networks
- Module 10: Life Skills
- Module 11: Relationships
- Module 12: Closure

Step 4

Objective measurement of progress over time including:

- readministration of standardised measures used at baseline;
- direct observation of changes in parent-child interaction;
- evaluation of the parents' willingness to engage and cooperate with the intervention and the extent to which targets were achieved (Harnett 2007)

Oxpup pilot evaluation

- A mixed-methods study was undertaken involving 68 pregnant women referred to children's social care services; 35 allocated to the prebirth care pathway, 33 to usual care.
- Standardised measures of psychological distress, social support and alcohol use were used to assess change in the prebirth pathway.
- Safeguarding outcomes at 12 months were obtained for both groups and in-depth interviews with 20 stakeholders were conducted

Case study 1

- Mum 22 in relationship with a man 24.
- Mum experienced significant childhood trauma.
- Parents relationship abusive, mum and siblings chronically neglected and subjected to long term emotional abuse.
- Mum continued into adulthood with no self care skills. Dirty, unhealthy diet and emotionally withdrawn.
- In relationship with an abuser, 1st child removed due to neglect.

Intervention

- Minimum 3 x a week over a 20 week period.
- Covered life skills (to address dependency on abuser).
- Independent housing secured, benefits reviewed and put in place.
- Personal hygiene/self care skills promoted to increase self esteem.
- Emotional regulation, support to access GP for low mood.
- Relationships to help her to identify and avoid abuse.
- View of self as parent, to look at positive parenting styles and identify the kind of parent she would like to be.
- And much more...

Outcome

- Two weeks before birth of child she opted to leave the accommodation and return to the abusive relationship.
- Within days presented as dirty and unkempt.
- Two admissions to A&E following fainting episodes due to hunger.
- Failure to attend appropriate ante-natal care.
- Low iron, urine infections, weight loss and other health issues ignored, placing self and unborn child at risk.
- Interim Care Order granted at birth and baby removed from mothers care.

Case study 2

- Mum 24 self refers 14 weeks pregnant requesting help to keep her baby.
- 6 previous pregnancy's 1st at age 14.
- 1 ended in miscarriage; 2 abortions; 1 removed at 18 months due to chronic neglect and non accidental injury; 2 removed at birth as she continued inappropriate lifestyle.
- 4 fathers to the children all much older than mum all highly aggressive an all with drug/alcohol dependencies'.
- Left area of her birth and severed links with family, peer and previous abusive relationships.
- Relocated reporting to now be in a loving relationship

Intervention

- Twice weekly sessions over period of 6 months.
- View of self as parent. Very emotional journey to explore her own childhood traumas and to help her understand how to love and be a parent.
- Emotional regulation to help her to move away from guilt and blame. Travelled through denial and recognition and into responsibility in order to begin to forgive herself.
- Connecting to her child, helping her to view the world through the eyes of her daughter. Using her daughter's cues and behaviours to increase parental sensitivity.
- Relationships, to understand not just mother and child but how to be a good partner, and what she should expect and accept from her partners.

Outcome

- Daughter remains in her parents care.
- Connection between mother and daughter is beautiful. Mum is sensitive, caring and in total awe of not just her child, but her relationship with her.
- Mum expresses that she cannot believe how good it feels to be allowed to love and be loved back.
- Mum and dad continue to parent together in a loving and supportive relationship.

Safeguarding outcomes at 12 months

Table 2. Safeguarding outcomes at 12 months for pre-birth pathway and routine care infants

	Pre-birth pathway n = 31		Routine Care n = 29	
Case closed following birth	1	(3%)	9	(31%)
Legal proceedings instituted immediately post birth leading to adoption order at 12 months	8	(26%)	0	(0%)
Safeguarding status: deteriorated	5	(16%)	3	(10%)
Safeguarding status: No change	3	(10%)	12	(42%)
Safeguarding status: improved	13	(42%)	4	(14%)
Still birth	0	(0%)	1	(4%)
Lost to follow up at 12 months	1	(3%)	0	(0%)

Note: Safeguarding status deteriorated indicates either (i) a change from Child in Need to Child Protection Plan or (ii) Child Protection Plan to Legal Proceedings; Safeguarding status improved indicates a change from either (i) Child Protection to Child in Need or (ii) case closed due to no further concerns.

Stakeholder feedback

- I mean the reports that are going to Court are second to none..... That's evidenced already I think by the fact that you know two babies are being placed at four months... permanent decisions are being made at four months old for adoption and you just wouldn't have had that before. That wouldn't have happened (CPT Social Worker)
- 'well our other children were taken [into care] for emotional neglect, me and x would fight, we didn't realise the effect that would have, now with the PUP course [...].....we are still learning, as parents but I am so grateful that we was given this opportunity because without this opportunity we would have been back with the courts and the whole thing would start again' (participating parent)

Acknowledgements

- Sharon Dawe & Paul Harnett - programme developers and evaluators
- Chris Coe - study researcher
- Caroline Newbold & Sandra Curry, Oxfordshire Social Services
Practitioners who made the program work
- Midwifery Social Work team at The John Radcliff Hospital
- The pregnant women who gave time and commitment despite the adversity in their lives.

Publications

- Dawe, S., & Harnett P.H. (2007). Reducing child abuse potential in methadone maintained parents: Results from a randomised controlled trial. *Journal of Substance Abuse Treatment*, 32, 381-390.
- Dalziel. K., Dawe, S. Harnett, H., Segal, L (2015). Cost-Effectiveness Analysis of the Parents Under Pressure Program for Methadone-Maintained Parents. *Child Abuse Review* 25, 317-331.
- Barlow, J., Dawe, S., Coe, C., Harnett, P and Newbold, C. (2015). OxPUP: An evidence-based, pre-birth assessment pathway for vulnerable, pregnant women. *British Journal of Social Work*, 46, 960-973.
- Hatzis, D., Dawe, S., Harnett, P., Barlow, J. (2017). Quality of caregiving in substance-misusing mothers: A systematic review and meta analysis. *Substance Abuse*, 11, 1-15.