**Guidance Regarding the Assessment**

**of Infants in Intake**

**September 2022**



**Background**

Infants and babies, owing to their complete dependence on adult care and lack of physical reserves, are especially vulnerable to harm because of neglect (Safer Care Victoria). Infants are totally dependent upon the availability of consistent and responsive care from specific adults for the adequate development of their basic human capacities and to address any complications/special needs related to their health and/or disability*[[1]](#endnote-1)*. Further, they are often not visible in the community nor do they have the capacity to alert others outside their immediate family to any concerns.

Co-sleeping, infant prematurity with accompanying low birth weight, and parental substance use are key risk indicators requiring careful consideration when making an assessment decision regarding an infant in Intake.

**What do we need to consider when assessing infants in Intake?**

**Seek** as much information as possible, across the seven SAFER essential information categories, with particular attention to the following possible risk indicators: (**Note**: for an infant under 1 year, consider contacting the birth hospital)

* Infant prematurity\*
* Low birth weight\*
* Withdrawal
* Feeding/sleeping difficulties
* Sleeping arrangements\*
* Prolonged/frequent crying or absence of crying (an essential element of baby’s communication)
* Birth complications
* Birth defects/ complex health or disability care needs?
* Poor attachment/bonding
* Special Care Nursery admission
* Is there known parental substance use\*
* Is there Family Violence (and is the infant a source of increased conflict between parents?)
* Was the pregnancy planned, unplanned, the result of sexual assault?
* Capacity of parent to provide safe and adequate care, to prioritise the infant’s needs
* Are there any known parental mental health concerns?
* Engagement with ante and postnatal care
* Family/professional support system
* Parents’ motivation to make change
* Extent of parental engagement with supports and services
* Unborn reports/ multiple reports
* History of abuse/neglect (including shaking), child death or having a child removed
* Meaning of the child to the parents (links to attachment/bonding)- does the parent view the infant as problematic/demanding? Has anyone discussed safe sleeping with the parents?

\*Prematurity, low birth weight, co-sleeping and parental substance use are known risk factors associated with Sudden Infant Death Syndrome (SIDS).

Once you have **sought** and **sorted** your information, your **analysis** will assist you to determine your risk assessment. Considerations for analysis include:

* How do any identified risk factors impact on the infant’s immediate and long term physical and emotional safety?
* When was the infant last seen and by whom?
* Can the parent provide safe and adequate care?
* If parental substance use is a known risk factor, the impact of this on parenting capacity and provision of safe and appropriate care?
* Impact on developmental progress now and probability of same for future (cumulative harm)

1. <https://perspectives.waimh.org/wp-content/uploads/sites/9/2017/05/PositionPaperRightsInfants_-May_13_2016_1-2_Perspectives_IMH_corr.pdf> [↑](#endnote-ref-1)