**Pre-Birth Assessment Plan**

**Who is involved - Family and friends**

**Professionals**

* List professionals and contact details

**Consent**

* Has the appropriate consent been obtained?
* Why has consent not been obtained?

**Circumstances**

**Family history/chronology and how this informs the current assessment**.

This will include information obtained from parent(s) around their own childhood history. This should include a chronology. Tools to support Recent life events questionnaire and a genogram.

**Relationships**

* History of relationships of parents
* Current status
* Positives and negatives
* Violence
* Who will be main carer for the baby?
* What expectations do the parents have of each other re: parenting?

**Is there anything regarding “relationships” that seems likely to have a significant negative impact on the child? If so, what?**

**Social history**

* Experience of being parented
* Experiences as a child, and as an adolescent
* Education

**Is there anything regarding “social history” that seems likely to have a significant negative impact on the child? If so, what?**

**History of being responsible for children**

* Are there any convictions for offences against children?
* CP Registration/ Child Protection Plan
* CP concerns – and previous assessments?
* Court findings?
* Care proceedings? Children removed?

**History of abuse as a child**

* Convictions – especially of members of extended family?
* CP Registration
* CP concerns
* Court findings
* Previous assessments

**Is there anything regarding “history of abuse” that seems likely to have a significant negative impact on the child? If so, what?**

**Previous agency involvement and how this informs the current assessment**:

* If the family is known to Social Care this information will be gathered from previous professionals and the social care records.

**Social Workers Assessment of Child's Needs**

**Child's developmental needs**:

**Antenatal Care: Medical and Obstetric History**

Antenatal care begins as soon as the pregnancy has been confirmed and midwives continue care in the postnatal period for at least 10 days following birth. Once a pregnancy is confirmed the relevant health professional should consider the circumstances set out above and refer to Children’s Services if relevant.

Women are given choices in early pregnancy of lead professional and place of birth:

* Midwife-led care (MLC) means the midwife is the lead professional. All antenatal care would be conducted in the community and is often shared with the General Practitioner (GP). Women would have the choice of giving birth in the hospital under MLC or at home with midwives in attendance.
* GP led care is less frequently offered and again all antenatal care is conducted in the community and is shared between GP and community midwife. The place of birth is rarely at home with the GP in attendance so most GP births occur in a low-risk hospital environment.
* Consultant led care is offered to women who have recognised health risk factors or who choose to see the Consultant Obstetrician and his team. These pregnancies require additional surveillance both pre-birth and in labour. Care is shared between the community midwife, GP and a hospital Consultant and the team consisting of midwives and doctors specialising in care of high risk pregnancy. Delivery of the baby will take place in the hospital.

The booking interview is a time of collection of information and an opportunity for the midwife and mother to plan her care in pregnancy. It is an ideal time for the midwife to assess health and social needs of families and to consider packages of care and support suitable for individual needs.

Antenatal appointments are arranged to suit the individual clinical needs of the mothers and the initial choices may change if complications of pregnancy arise. A collaborative approach between all health professionals is encouraged with direct midwife referral to obstetrician being available at all times.

In the case of home births all postnatal care is provided in the home by the community midwife. For births in hospital - with either the midwife, GP or obstetrician as the lead professional - initial postnatal care is provided by midwives and support staff on the maternity wards.

Hospital stays are getting shorter with many women going home within a few hours of birth but generally 12-48 hours are the more normal lengths of stay. On transfer, home care is undertaken by the community midwife for at least 10 days following the birth. Care can be extended to up to 28 days if a particular clinical or social need is identified.

Liaison between the Health Visitor and community midwife usually takes place during the antenatal period with Health Visitors making contact with the mother in pregnancy. Following the birth of the baby most Health Visitors arrange a primary visit within 21 days of the birth, which coincides well with the handover of care from the midwives.

**Health**

* This section should be completed in conjunction with the Health Professional. The central question is whether there is anything in the medical and obstetric history that seems likely to have a significant negative impact on the child.
* Is the child developing as they should, if not, why not?
* Is the parent engaging with antenatal care?
* Is the parents’ health impacting on the developing child, drugs, eating disorder, alcohol use, gestational diabetes etc?

**Education**

* What’s the parents’ views on education and development, how do they plan to promote this?
* Opportunities for play and social interaction with other children, during development.
* Nursery rhymes, toys, play.
* Where did the parents go to school, what is their education history?

**Emotional & behavioural development**

* Comment on appropriateness of responses between child and care giver, what are the parents’ feelings towards the pregnancy.
* Have parents experienced any trauma in their lives that could impact on the care given and the emotional development of the baby.

**Culture & Identity**

* What culture are the family? What culture will be promoted for the baby? How will these needs be met?

**Relationships/Family members**

* History of relationships of parents.
* Current status, are parents' relationship?
* Positives and negatives.
* Any violence?
* Who will be main carer for the baby?
* Will the father be named on the birth certificate? – Who will hold PR.
* What expectations do the parents have of each other re: parenting?
* Composition of household, who is within the extended unit to provide support?
* Is there anything regarding “relationships” that seems likely to have a significant negative impact on the child? If so, what?

**Social Presentation**

* What is the presentation of parents?

**Self-Care Skills**

* Are parents self-sufficient? Do they rely on others for care/to meet need?
* If they rely on other for elements of care, how will this impact care of baby?

**Social Workers Assessment of Parenting Capacity**

A range of tools can be used here including, maternal and paternal antenatal attachment scales, depression anxiety and stress scale. (Please see resource tool folder for further tools).

Particular care should be taken when assessing risks where the prospective parents are themselves children i.e, under the age of 18 years and in particular if they are themselves Children in Care. Attention should be given to evaluating the quality and quantity of support that will be available within the extended family, the needs of the parent(s) and how these will be met, the context and circumstances in which the baby was conceived, and the wishes and feelings of the child (or children) who are to become parents.

If the prospective parent is a Child in Care then attention should be paid to their long term plan and how assessing for independence should incorporate the thinking of ‘independence with responsibility for a child’.

**Basic Care**

Think about abilities.

* What preparations have been made for the child? Can parents talk through the basic care tasks of a baby ie, bathing, making a bottle, changing.
* What are the physical care needs? How will these be met?
* What are the emotional care needs? How will these be met?

**Is there anything regarding “abilities” that seems likely to have a significant negative impact on the child? If so, what?**

* It may be appropriate to consult with Health professionals re this section.

**Emotional Warmth**

* Attitude to child
* In general
* Re specific issues
* Expectations of what having a baby means/ how it will alter their lives

**Is there anything regarding “attitudes to child” that seems likely to have a significant negative impact on the child? If so, what?**

**Stimulation**

* What opportunities will be offered to the child? How does the parents see themselves engaging with the child?

**Guidance and Boundaries**

* Ability to understand and meet needs throughout childhood
* How will the parent adapt and change their parenting to meet the changing/emerging needs of the child?

**Is there anything regarding this that seems likely to have a significant negative impact on the child? If so, what?**

**Stability**

* Is the parenting relationship stable? If not how will this impact?
* Is the parenting predictable and perceived to be stable?
* Is the home environment stable?

**Parenting Risks**

* Partner support
* Whether this was a planned or unplanned pregnancy
* Feelings of mother about being pregnant
* Feelings of partner / putative father about the pregnancy
* Any issues about dietary intake
* Any issues about medicines or drugs taken before or during pregnancy
* Alcohol consumption
* Smoking
* Previous obstetric history
* Current health status of other children
* Miscarriages and terminations
* Chronic or acute medical conditions or surgical history
* Psychiatric history – especially depression and self-harming

**Behaviour**

* Has there been any violence in the relationship?
* Violence to others?
* Violence to any child?
* Drug misuse?
* Alcohol misuse?
* Criminal convictions?
* Chaotic (or inappropriate) life style?

**Is there anything regarding “behaviour” that seems likely to have a significant negative impact on the child? If so, what?**

* If drugs or alcohol are a significant issue, more detailed assessment should be sought from professionals with explicit experience in these fields.

**Mental Health**

* Mental illness? How is this controlled?
* Any other emotional/behavioural issues?

**Is there anything regarding “mental health” that seems likely to have a significant negative impact on the child? If so, what?**

* If mental health is likely to be a significant issue, more detailed assessment should be sought from professionals with relevant expertise.

**Learning Disability**

* Diagnosis, how does this impact the parent?

**Is there anything regarding “learning disability” that seems likely to have a significant negative impact on the child? If so, what?**

* If learning disability is likely to be a significant issue, more detailed assessment should be sought from professionals with relevant expertise.

**Communication**

* English not spoken or understood?
* Deafness?
* Blindness?
* Speech impairment?

**Is there anything regarding “communication” that seems likely to have a significant negative impact on the child? If so, what?**

* If communication is likely to be a significant issue, more detailed assessment should be sought from professionals with relevant expertise.

**If there has been previous abuse of a child, please consider:**

* Category and level of abuse
* Ages and genders of children
* What happened?
* Why did it happen?
* Is responsibility appropriately accepted?
* What do previous risk assessments say? Take a fresh look at these – including assessments re non-abusing parents.
* What is the parent’s understanding of the impact of their behaviour on the child?
* What is different about now?

**Attitude to professional involvement.**

* Previously – in any context?
* Currently – regarding this assessment?
* Currently – regarding any other professionals?

**Is there anything re “attitudes to professional involvement” that seems likely to have a significant negative impact on the child? If so, what?**

**Attitudes and beliefs re convictions or findings (or suspicions or allegations)**

* Understood and accepted?
* Issues addressed?
* Responsibility accepted?

**Is there anything regarding “attitudes and beliefs” that seems likely to have a significant negative impact on the child? If so, what?**

* It may be appropriate to consult with the Police or other professionals with appropriate expertise.

**Dependency on partner**

* Choice between partner and child?
* Role of child in parent’s relationship?
* Level and appropriateness of dependency?

**Is there anything regarding “dependency on partner” that seems likely to have a significant negative impact on the child? If so, what?**

**Ability to identify and appropriately respond to risks?**

**Is there anything regarding this that seems likely to have a significant negative impact on the child? If so, what?**

**Ability and willingness to address issues identified in this assessment.**

* Violent behaviour
* Drug misuse
* Alcohol misuse
* Mental health problems
* Reluctance to work with professionals
* Poor skills or lack of knowledge
* Criminality
* Poor family relationships
* Issues from childhood
* Poor personal care
* Chaotic lifestyle

**Is there anything regarding “ability and willingness to address issues” that seems likely to have a significant negative impact on the child? If so, what?**

* Think about motivational interviewing and cycle of change.

**Family and environmental factors**

**Child / young persons living arrangements**

* Who currently resides in the household and how are they related? What is the plan for when the baby is born.

**Please identify any absent significant family members. (Please identify any absent significant family members)**

* This section should cover absent family members but also include family members that could be contacted to offer support and possibly a home for the Unborn baby if required. Note here whether a family meeting has taken place or is being planned. If not, why not?

**Home and Community**

**Home conditions**

* Does the accommodation have basic amenities and facilities appropriate to the age and development of the child?
* Does the home pose a health risk / unsanitary / dangerous?
* Over-crowded?
* Is the home a temporary one or is it a foster placement with an uncertain long term plan?

**Is there anything regarding “home conditions” that seems likely to have a significant impact on the child? If so, what?**

   
**Child / young persons living arrangements**

Circumstances:

* Unemployment / employment- Past and present
* Debt
* Inadequate housing / homelessness
* Criminality
* Court Orders
* Social isolation

**Is there anything regarding “circumstances” that seems likely to have a significant negative/positive impact on the child? If so, what?**

**Support – quality and quantity**

* From extended family
* From friends
* From professionals
* From other sources

**Is there anything regarding “support” that seems likely to have a significant negative impact on the child? If so, what?**

* Is support likely to be available over a meaningful timescale?
* Is it likely to enable change?
* Will it effectively address any immediate concerns?

**Planning for the future**

* Realistic and appropriate support in wider network? Impact on the child.

**Family views - Who was seen?**

**Detail the Parent/carer participation in this assessment**:

* Are the parents/carers able to express their views and wishes?
* Who gave their view?
* Record different types of communication.
* If anyone who should have been contacted and did not participate, what efforts were made to contact them?

**What do you think needs to happen next?**

This section needs to clearly state what the parents would wish to happen throughout the remainder of the pregnancy, immediately after birth and when the baby is discharged from hospital.

It should also include their long-term views, for example whether they wish for the baby to remain in their care/ to stay within a mother and baby unit. This section should also include:

* Their understanding of the concerns
* What they feel are their strengths?
* What risks there are if any/what they are worried about?
* What they intend to do to ensure their baby is safe and well cared for/what they feel needs to happen.
* What support they would like and where they would like to get that support from, including community resources.

**Social worker's analysis**

**What has happened? (How have we worked WITH the family):**

* What has been done as part of intervention so far?
* What has been the effect on the child and family (should outline current risks/issues as well as strengths and areas of improvement)?

**What needs to happen next?:**

Bullet points the needs of the family and what support we can give for each point.

Consideration should be given to the following options:

* Whether the unborn can be closed/signposted to universal services
* Early help intervention
* Child in Need
* Whether a strategy discussion is required to progress to Initial Child Protection conference.
* Legal gateway meeting/begin PLO process/initiate care proceedings

If further social care intervention is required, permanency planning should be considered at the earliest stage.

Work restoratively with parent(s) in terms of gaining their views on what needs to happen.

**Analysis**

**The analysis should include the following:**

1. Concerns identified

2. Strengths or mitigating factors identified.

3. Is there a risk of significant harm for this baby?

It is crucial to clarify the nature of any risk. What is the risk? Who poses the risk? In what circumstances might this risk exist? Be clear how effective any strengths or mitigating factors are likely to be in reality.

4. Will this risk arise:

a) Before the baby is born?

b) At or immediately following the birth?

c) Whilst still a baby (up to 1 year old)?

d) As a toddler? or pre-school? or as an older child?

If there is a risk that the child’s needs may not be appropriately met.

5. What changes should ideally be made to optimise well-being of child?

If there is a risk of significant harm to the child?

6. What changes must be made to ensure safety and an acceptable level of care for the child?

7. How motivated are the parents to make changes? (Consider Prochaska & DiClemente Cycle of change)

8. How capable are the parents to make changes? And what is the potential for success?

The following framework is adapted from Martin Calder in “Unborn Children: A Framework for Assessment and Intervention” of R. Corner’s “Pre-birth Risk Assessment: Developing a Model of Practice”. This is used to help to identify the level of risk to the unborn baby.

|  |  |  |
| --- | --- | --- |
| **Factor** | **Elevated Risk** | **Lowered Risk** |
| **The abusing parent** | • Negative childhood experiences, inc. abuse in childhood; denial of past abuse  • Violence abuse of others.  • Abuse and/or neglect of previous child  • Parental separation from previous children  • No clear explanation  • No full understanding of abuse situation  • No acceptance of responsibility for the abuse  • Antenatal/post natal neglect  • Age: very young/immature  • Mental disorders or illness  • Learning difficulties  • Non-compliance  • Lack of 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)  • Expresses concern and interest about the effects of the abuse on the child |
| **Non-abusing parent** | • No acceptance of responsibility for the abuse by their partner  • Blaming others or the child | • Accepts the risk posed by their partner and expresses a willingness to protect  • Accepts the seriousness of the 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  • 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 relative or friends available  • Family violence (e.g. Spouse)  • Frequent relationship breakdown/multiple relationships  • Drug or alcohol abuse | • Supportive spouse/partner  • Supportive of each other  • Stable, or violent  • Protective and supportive extended family  • Optimistic outlook by family and friends  • 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 expectations  • Concerning perception of baby’s needs  • Inability to prioritise baby’s needs above own  • Foetal abuse or neglect, including alcohol or drug abuse  • No ante-natal care  • Concealed pregnancy  • Unwanted pregnancy identified disability (non-acceptance)  • Unattached to foetus  • Gender issues which cause stress  • Differences between parents towards unborn child  • Rigid views of 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 ante-natal 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 network  • Delinquent area |  |
| Future plans | • Unrealistic plans  • No plans  • Exhibit inappropriate parenting plans  • Uncertainty or resistance to change  • No recognition of changes needed in lifestyle  • No recognition of a problem or a need to change  • Refuse to co-operate  • Disinterested and resistant  • Only one parent co-operating | • Realistic plans  • Exhibit appropriate parenting expectations and plans  • Appropriate expectation of change  • Willingness and ability to work in partnership  • Willingness to resolve problems and concerns  • Parents co-operating equally |