**PRE-BIRTH ASSESSMENT TOOL**

**To be used in conjunction with the pre-birth guidance document and the pre- birth check list.**

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| **1.1 Name of social worker/ person completing assessment** |  |
| **1.2 Date assessment started** |  |
| **1.3 Date assessment completed** |  |
| **1.4 Case number** |  |

**2.0 Areas to cover**

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| 2.1 | Name of mother:  Name of father:  Mother’s Date of Birth:  Father’s Date of Birth: |  |
|  | Expected date of delivery: |  |
| 2.2 | Family Composition |  |
| 2.3 | Reason for assessment |  |
| 2.4 | Who has contributed to this assessment?  Name, agency, relationship to parents/siblings/unborn baby |  |

**3.0 CHRONOLOGY**

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| **3.1 Chronology of Significant Events for the unborn baby, parents or any other children of either parent.**  **please include any relevant information about parents i.e. episodes of domestic violence, police reports, an overview of relevant information for any older siblings i.e. CP investigations, periods of CP registration, episodes of being looked after etc.** | | | | |
| **Date of Entry** | **Date of event** | **Event** | **Impact/Outcome** | **Source** |
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**4.0 Assessment of the parent(s) and the potential risk to the child**

See checklist of questions to consider below:

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|  | * 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 * Housing/Finance |
| **4.1** | **Summary of parents relationships; strengths and any risk factors?** |
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| **4.2** | **Do either of the parents have any health issues that may impact on their capacity to care for a baby?** |
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| **4.3** | **Summary of relevant background history of parents -**  **i.e. care experienced, previous periods of incarceration, past trauma etc** |
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| **4.4** | **Are there any risk factors from either/both parents or anyone living within the same household as the family?**  **i.e. substance misuse, history of violence, domestic abuse.** |
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| **4.5** | **Do any of the parents have a history of offending?**  **If so, what is the parent (s) views about the offences and what is the possible impact of the offending on the parent (s) capacity to safely care for a baby?** |
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| **4.6** | **Parents Circumstances – Are there any issues/risks that need to be considered in this assessment i.e. homelessness, debt, unemployment?** |
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| **4.7** | **Home Conditions - Are there any concerns about the home conditions for the baby?**  **Has this been a past issue or is it a current concern?** |
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| **4.8** | **Learning disability - does any of the parents have a learning disability that may impact on their capacity to care for a baby?** |
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| **4.9** | **Communication – do either of the parents have any communication issues that should be considered as part of this assessment?** |
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| **4.10** | **Support Network (formal and informal) – What is the quantity and quality of support available to each of the parents on their own or as a family as a whole?** |
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| **4.11** | **What is the parent (s) previous experience of being responsible for caring for children?** |
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| **4.12** | **What is the parent (s) views about professional involvement?** |
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| **4.13** | **What is the parent (s) views about the unborn baby?** |
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| **4.14** | **Do the parent (s) have an understanding of the baby’s needs and are they able to respond to and meet those needs? Are parents able to identify and appropriately respond to risks?** |
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| **4.15** | **Any there any other issues that have the potential to adversely affect or benefit the unborn baby?** |
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**5.0 Analysis and conclusions**

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| The assessment should address the following issues: | |
| **5.1** | **What are the concerns identified in this assessment?** |
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| **5.2** | **What are the strengths and protective factors identified in this assessment?** |
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| **5.3** | **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?**  **How effective are any strengths or protective factors likely to be in reality?** |
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| **5.4** | **If there is a risk of significant harm to the baby, what changes should be made to optimise the safety and well-being of the baby?** |
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| **5.5** | **What changes must be made to ensure the safety and an acceptable level of care for the baby?** |
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| **5.6** | **What is the parents capacity and motivation to make these changes?**  **And, can these changes be made within acceptable timeframes for the baby?** |
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| **5.7** | **What support and intervention is required prior to the birth of the baby, at birth and following the birth of the baby?** |
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| **5.8** | **What are the parents’ views about this assessment and the recommendations?** |
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| **5.9** | **Recommendations**   1. **Pre Birth Case Conference.**   **Assessment indicating that the Unborn baby may be at risk of significant harm.**   1. **Unborn baby may be a Child In Need and a multi- agency Child’s Plan is required.**   **Unmet needs/lower level risks identified. Family in need of support and intervention. Further assessment required. Child’s plan can be monitored and reviewed in TAC meetings**   1. **Refer Back to Universal Services**   **Assessment indicates that there is no role for Social Work Services to be involved. Refer back to Health Services to take the lead role. Midwifery will remain involved and the Health Visitor will provide the Named Person Service following birth (10 days post birth)** |
|  | **Please confirm your recommended option and send the completed assessment, signed off by the Team Manager, to the CP Coordinator and Locality Service Manager for consideration prior to 24 weeks of pregnancy.** |

**Lead Professional – signature and date……………………………………………………..**

**Team Manager – signature and date…………………………………………………………**

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| **6. CP Co-ordinator/Service Manager Decision** |

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| **Date received by CP Co-ordinator/Service Manager:** | |  |
| **Date reviewed by CP Co-ordinator/Service Manager:** | |  |
| **6.1 Decision:** |  | |