

**PRE BIRTH ASSESSMENT PRACTICE FRAMEWORK**

This framework is designed to be used as a guide for Social Workers undertaking pre-birth risk assessments highlighting areas that need to be considered assessing potential risk to an unborn – new born baby. The assessment should be completed by a qualified Social Worker with support by Family Assessment Workers who will focus on preparation for the baby and parental understanding and ability to meet the needs of the baby.

Hart (2000) indicates that there are 2 fundamental questions when deciding whether a pre-birth assessment is required;

* will this new-born baby be safe in the care of these parents/carers?
* is there a realistic prospect of these parents/carers being able to provide adequate care throughout childhood?

These questions provide the criteria and threshold for undertaking a pre-birth risk assessment. Where it is determined that such an assessment is required this framework should be used.

Whilst undertaking an assessment of risk, consideration should also be given to the ability of parents to make changes and what support will be required in order for parents will require. Appendix 1 provides a risk matrix to support decision making.

Each sub-section should have its own analysis focusing on impact to the child, these can then be drawn together within the final section of the report as the final analysis, forming a balancing exercise when considering the assessment recommendations.

**1. Relationships**

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

Analysis - Is there anything regarding “relationships” that seems likely to have a significant negative impact on the child?

1. **Abilities**

* Physical?
* Emotional? (including self control)
* Intellectual?
* Knowledge and understanding re children and child care?
* Knowledge and understanding of concerns

Analysis - Is there anything regarding “abilities” that seems likely to have a significant negative impact on the child?

1. **Social history**

* Experience of being parented?
* Experiences as a child? And as an adolescent?
* Education?
* Employment?

Analysis - Is there anything regarding “social history” that seems likely to have a significant negative impact on the child?

1. **Behaviour**

* Violence to partner?
* Violence to others?
* Violence to any child?
* Drug misuse?
* Alcohol misuse?
* Criminal convictions?
* Chaotic (or inappropriate) life style?

Analysis - Is there anything regarding “behaviour” that seems likely to have a significant negative impact on the child?

If drugs or alcohol are a significant issue and where parents are open to the Drug and Alcohol Recovery Service more detailed assessment should be sought from colleagues there to consider the impact of substance misuse on parenting capacity.

1. **Circumstances**

* Unemployment / employment?
* Debt?
* Inadequate housing / homelessness?
* Criminality?
* Court Orders?
* Social isolation?

Analysis - Is there anything regarding “circumstances” that seems likely to have a significant negative impact on the child?

1. **Home conditions**

* Chaotic?
* Health risks / unsanitary / dangerous?
* Over-crowded?

Is there anything regarding “home conditions” that seems likely to have a significant negative impact on the child?

1. **Mental Health**

* Mental illness?
* Personality disorder?
* Any other emotional/behavioural issues?

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

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

1. **Learning Disability**

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

If learning disability is likely to be a significant issue, more detailed assessment should be sought from professionals with relevant expertise. Consideration should also be given as to the cognitive functioning of parents and whether a specialist cognitive functioning assessment should be completed.

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

1. **Support**

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

Analysis -Is there anything regarding “support” that seems likely to have a significant negative impact on the child?

Consider whether the support likely to be available over a meaningful time-scale?

Is it likely to enable change?

Will it effectively address any immediate concerns?

Consider whether a referral for a Family Group Conference should be made.

1. **History of being responsible for children**

* Convictions re offences against children?
* CP Registration?
* CP concerns – and previous assessments?
* Court findings?
* Care proceedings? Children removed?

Analysis - Is there anything regarding “history of being responsible for children” that seems likely to have a significant negative impact on the child?

If so - also consider the following:

* 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?

1. **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?

1. **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?

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

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

Analysis - Is there anything regarding “attitudes and beliefs” that seems likely to have a significant negative impact on the child?

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

1. **Attitudes to child**

* In general?
* Re specific issues?

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

1. **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?

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

Analysis - Is there anything regarding this that seems likely to have a significant negative impact on the child?

1. **Ability to understand and meet needs of baby**

Analysis - Is there anything regarding this that seems likely to have a significant negative impact on the child? (See addition Tools for assessing preparation, understanding and ability to meet the needs of a baby)

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

1. **Ability to understand and meet needs throughout childhood**

Analysis - Is there anything regarding this that seems likely to have a significant negative impact on the child?

It will usually be appropriate to consult with relevant Health professionals re this section.

1. **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?

Analysis -Is there anything regarding “ability and willingness to address issues” that seems likely to have a significant negative impact on the child?

It will usually be appropriate to consult with other professionals re this section.

1. **Any other issues that have potential to adversely affect or benefit the child.**

* One or more parent aged under 16?
* Context and circumstances of conception?
* Is the pregnancy wanted or not?
* Is the pregnancy planned or unplanned?
* Is this child the result of sexual assault?
* Is severe domestic violence an issue in the parents’ relationship?
* Is the perception of the unborn baby different/abnormal? Are they trying to replace any previous children?
* Have they sought appropriate ante-natal care?
* Are they aware of the unborn baby’s needs and able to prioritise them?
* Do they have realistic plans in relation to the birth and their care of the baby?

1. **Planning for the future**

* Realistic and appropriate?

**Overall Risk Assessment and Conclusions**

Use should be made of the risk assessment matrix below described below. In bringing together the analysis from each section, the final risk assessment and conclusion should address the following points;

1. What concerns have been identified
2. What strengths or mitigating factors have been identified.
3. Is there a risk of significant harm for this baby?

Where risk of significant harm has been identified, the assessment should clarify the nature of risk detailing what the risk is, who or what poses the risk and in what circumstances the risk is likely to occur. The effectiveness of the strengths or mitigating factors should then be considered and whether in reality they are sufficient enough to reduce the risk.

The assessment should detail whether this risk will arise:

* before the baby is born?
* at or immediately following the birth?
* whilst still a baby (up to 1 year old)?
* as a toddler? or pre-school? or as an older child?

**If there is a risk of significant harm to the child:**

1. What changes must be made to ensure safety and an acceptable level of care for child?
2. How motivated are the parent’s to make changes?
3. How capable are the parent’s to make changes? And what is the potential for success?

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

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

**Recommendations**

The risk assessment should then make a clear and evidence based recommendation regarding what needs to happen next.

Appendix 1

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| **Framework for Practice – Risk Estimation 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 abuse on the child. |

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| --- | --- | --- |
| 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 relationship** | * 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 |
| **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 |