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|  | PRE-BIRTH ASSESSMENT |
| Name of Unborn |  |
| Expected Date of Delivery |  |
| Assessment to be undertaking alongside guidance from Pre-birth Assessment policy where there are additional questions to support each element of the assessment, updated March 2022 and Children’s Services Toolbox which sets out how BCP approaches Pre-birth assessments | |

Family Structure

*(Names, addresses, ages etc. of extended family and potential support should be included*

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| **Details of Unborn Child/ren** | | | | |
| **Name** | **EDD** | **Ethnicity** | **Disability** | **Address** |
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| **Details of Parents** | | | | |
| **Name** | **DOB** | **Ethnicity** | **Address** | **PR - Yes or No** |
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| **Details of any other adults in household** | | | |
| **Name** | **DOB** | **Ethnicity** | **Address** |
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| **Details of Siblings** | | | |
| **Name** | **DOB** | **Ethnicity** | **Address** |
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| **Details of significant others (including partners not living in the home)** | | | | |
| **Name** | **DOB** | **Ethnicity** | **Address** | **PR?** |
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| **Key agencies and professionals who have contributed** | | | | |
| **Name** | **Agency** | **Role** | **Contact Details** | **Date seen/spoken to** |
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| **Dates parents/family members seen** | | |
| **Name of family member** | **Relationship to unborn** | **Date Seen** |
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**Reason for undertaking this assessment/presenting issues?**

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| Reason for undertaking assessment/presenting issues |
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| Assessment plan and timeframe for the assessment to be carried out |
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Lived Experience for the Unborn Child:

*Record the story for the child subject to this assessment. This must include the unborn child's needs.*

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| Timeline and significant events for the unborn child |
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**Antenatal, medical, and obstetric history**

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|  | What are we worried about? | What’s working well? | What needs to happen? |
| Current and previous pregnancies Preparation for parenthood | *Current and previous pregnancies*  *Preparation for parenthood* | *Current and previous pregnancies Preparation for parenthood* |  |
| Health and development of unborn baby | *Poor health behaviours (e.g. smoking; alcohol; substances) Foetal abnormalities* | *Poor health behaviours (e.g. smoking; alcohol; substances)*  *Foetal abnormalities* |  |
| Parental attachment to unborn baby | *Little attachment to unborn baby*  *Poor parental representations*  *Low reflective function* | *Early signs of bonding to infant*  *Improvements in representations and reflective function* |  |
| Parental Health | *Personality Disorder*  *Paranoid Psychosis Learning Disability plus mental illness*  *Denial of problems*  *Lack of compliance* | *Engagement with relevant mental health services*  *Acceptance of support/intervention* |  |

Social history

*(Previous files will be a source of information)*

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|  | What are we worried about? | What’s working well? | What needs to happen ? |
| Parental Experiences | *The nature and quality of family relationships and the type and adequacy of role modelling.*  *Parent experienced maltreatment/trauma as a child*  *Little experience of good parenting (e.g. Care leaver* | *Evidence of understanding about the impact of early life experiences*  *Ability to reflect and work on relevant issues* |  |
| Parenting and parent/  child interaction | *Abuse/suspected abuse of other children (e.g. neglect; growth failure; physical abuse such as burns; fabricated induced illness)*  *Existing children experiencing problems (e.g. attachment / EBD)* | *Acceptance of role in earlier abuse*  *Appropriate feelings of guilt expressed*  *Motivation to parent differently*  *Demonstrated ability to benefit from support to improve existing parenting* |  |
| School experience | *Changes in schooling, moves or exclusions etc?*  *Any other significant events?* | *Reflection on past experiences.*  *Professionals adapting the style of communication and established rapport with parents.* |  |
| Occupational/social/recreational history | *Degree of success in establishing adult relationships*  *Level of responsibility and dependability.*  *Positive leisure activities/hobbies/clubs* | *Anti-social behaviour.*  *Lack of positive role models and poor relationships.*  *Inconsistent employment or engagement with training and activities.* |  |
| Parental conflict | *Extent of parental separations and family bereavements*  *Presence and degree of any parental conflict including physical violence* | *Ability to co-parent and work together. Addressing conflict and seeking solutions together.* |  |
| Parental criminal / anti-social behaviour. | *No of offences & frequency, circumstances and motivation of the offending behaviour*  *Are they entrenched in their behaviour and what does this mean for the expectant baby?* | *Convictions are past and little evidence of continued behaviour.*  *Significant change in lifestyle.* |  |

Current family structure and sources of support

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|  | What are we worried about? | What’s working well? | What needs to happen ? |
| Family | *Family stress*  *Poor home environment*  *Power problems (poor negotiation; autonomy and affect expression* | *Moved away from family*  *Made necessary changes to home or financial circumstances* |  |
| Parental relationship | *How has their relationship developed and changed?*  *Extent of disputes and violence in previous relationships?* | *Committed to each other.*  *Working together and resilience within the relationship* |  |
| Partner (if separate from father) | *No partner support*  *Interparental conflict violence* | *Developed supportive relationship with partner*  *Couple developed conflict resolution skills*  *Discontinuation of violent relationships* |  |
| Parents hopes, aspirations, strengths and talents? | *Able to work together and recognise each other’s strengths and develop areas.*  *Feeling optimistic and hopeful about the future for the baby* | *Low aspirations and mood in relation to baby.*  *Immaturity of relationship and ability to work together* |  |
| Family Support | *Little, limited or risky family members.*  *Poor relationships that increase stress and vulnerability.* | *New support networks.*  *Family Group Conference identifies clear support plan.* |  |
| Social Setting | *Social isolation*  *Lack of social support Violent, unsupportive neighbourhood* | *Moved to a new home*  *Developed new contacts/support with local family centre* |  |

Attitude to previous Interventions

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|  | What we are worried about? | What’s working well? | What needs to happen ? |
| Previous Removal of child or concerns | *Do not accept responsibility for their role in the abuse/neglect.*  *They blame others.*  *They blame the child.* | *Understand and accept the circumstances in which the abuse occurred.*  *Accept responsibility for their role in the abuse/neglect.*  *Engaged with treatment, counselling and education since previous involvement.* |  |
| Parental Attitude to current pregnancy | *Pregnancy not wanted or planned.*  *Result of sexual assault.*  *Unrealistic expectations and plans for the baby* | *Pregnancy planned and wanted.*  *Sought appropriate anti-natal care.*  *Aware and able to prioritise babies needs.* |  |
| Professional | *Refusal to engage with social worker and/or other professionals* | *Ability to sustain a working relationship with professionals*  *Ability to benefit from intervention/services being offered* |  |

Previous Abuse and Acceptance of Responsibility

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|  | What we are worried about? | What’s working well? | What needs to happen ? |
| Ability of the perpetrator to accept responsibility | *Has the perpetrator accepted full responsibility for the abuse?*  *Current attitudes towards the abuse.* | *Full acceptance and addressed issues.*  *Working well with professionals.*  *Agreed safety plan.* |  |

Parents Ability to Protect

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|  | What we are worried about? | What’s working well? | What needs to happen ? |
| Ability of the non-abusing parent to protect. | *Non-abusing parent present.*  *Did the non-abusing parent disclose or conceal?*  *What is the non-abusing parent's position regarding the abuse/conviction both at the time and now?* | *Parent acted protectively and shared concerns.*  *Confidence that will act protectively and sharing current concerns.* |  |
| Vulnerability of the non-abusing partner | *History of violent or abusive relationships.*  *Disability, ill health, or other condition that isolates them.* | *Able to identify, accept and report risks.*  *Ability and evidence of managing risks and working with professionals.*  *Able to understand child’s needs and experience.* |  |

Understanding of expectant baby’s needs and ability to meet them

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|  | What we are worried about? | What’s working well? | What needs to happen ? |
| Expectations of the family | *Are there any social, cultural and racial expectations that pose a risk, e.g FGM?* | *The expectations are clearly understood, defined and accepted and risks are not present or mitigated.* |  |
| Is the family integrated or marginalised | *Family at risk of exclusion, marginalisation, bullying, hate crime* | *Family are accessing support groups and integrated.*  *Good professional and family supports to meet specific needs.* |  |
| Attachment to baby | *Poor history of attachments and role modelling.*  *Mental health/trauma that impacts attachment.*  *Little preparation for the baby.* | *Evidence of attachment and attunement evidence.*  *Planning for the baby with appropriate family support.*  *Engagement with wider community groups, research and preparation.* |  |
| Understanding of babies needs | *Little understanding and cognitive limitations.*  *Previous parenting that was not ‘good enough’.* | *Evidence of understanding of basic needs.*  *Previous good enough parenting.*  *Access to support and preparation work.* |  |
| Home environment | *Lack of stable or suitable accommodation and no history of maintaining this.*  *Hazards in the home.*  *No bedding for the baby.* | *Warm, clean and safe space for the baby.*  *Some equipment ready for babies arrival.* |  |

**Mental Health**

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|  | What we are worried about? | What’s working well? | What needs to happen ? |
| Parental mental health  (parents and/or partner) | *Adverse affects of mental illness on the baby.* | *Good understanding of mental health, coping strategies and engaging with support.* |  |
| Mental health of siblings | *Adverse affects of mental illness on the baby.* | *Ability of parents to protect the baby.*  *Engaged with support.* |  |

Substance and Alcohol Misuse

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|  | What we are worried about? | What’s working well? | What needs to happen ? |
| Type, route, amount, duration and pattern of misuse | *Impact of the direct and indirect impact on foetus and baby.*  *Associated risks from drug misuse.*  *History and lack of engagement with support.* | *Use is being managed or plan of reduction or abstinence.*  *Engaging with professionals.*  *Motivation to change.* |  |
| Substance misuse during pregnancy | *consequences for the baby, e.g., withdrawal symptoms* | *Plan of abstinence in line with medical advise.* |  |
| Motivation | *Motivation to engage with drug and alcohol services?* | *Engaged with services and evidence of improvement.* |  |
| Understanding of effects | *Lack of awareness and understanding of impact on foetus and new born baby.*  *No signs of change in behaviour.* | *Increased awareness and evidence of taking steps to change.*  *Interest in further insight and engagement with services.* |  |

Domestic Abuse and Other Violent Behaviours

*(Risks of domestic abuse increase during pregnancy)*

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|  | What we are worried about? | What’s working well? | What needs to happen ? |
| Nature, frequency and severity of domestic abuse | *Incidences during pregnancy.*  *Increase in any of these during pregnancy or leading up to pregnancy.* | *Reduction in reporting or evidence of incidences.* |  |
| Non-violent parent | *Change in reporting or withdrawal of victim from professionals.*  *Inability to keep self and unborn baby safe.*  *Limited support.* | *Openness of reporting and understanding of impact.* |  |
| Triggers | *Change or increase in triggers to domestic abuse due to involvement of professionals or anxiety/stress.* | *Understanding and identification of triggers.*  *Working with professionals to change and manage behaviour.* |  |

Parent’s Potential for and Motivation for Change

*The Risk Assessment Model ‘Change Tool’ provides clear guidance which should be followed when considering this issue.*

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|  | What we are worried about? | What’s working well? | What needs to happen ? |
| Potential | *What has gone on before.* | *Able to evidence change taking place in other areas of life that have a positive impact.* |  |
| Motivation | *Doesn’t recognise the need for change.*  *States unwilling to make changes needed.*  *Lack of confidence and faith in own ability.*  *Unable to see what is needed.* | *Changes made in some aspects.*  *Voiced desire to change and good role models.* |  |

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| Analysis |
| *A detailed and robust analysis is critical. It is important to recognise that analysis is far more than a description or summary of the assessment. The aim of the assessment is to accurately identify the level of anticipated risk and look at whether this risk is manageable or not. (Calder, p.82 2008).* |
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| **Safety Plan (SMART)** |
| *Safety planning is about setting out how the unborn baby* ***can stay safe and that may also help reduce the risk of future harm****. It will include planning for a future crisis, considering your options, and making decisions about your next steps.* |
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| **Recommendations** |
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| **Name of social worker completing assessment** |
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| **Dates of completion and updates** |
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| **Name of Team Manager approving assessment** |
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| **Date** |
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