**DUDLEY PRE-BIRTH ASSESSMENT GUIDANCE**

This guidance is designed to help professionals to carefully consider a range of issues that could have a significant negative impact on the unborn baby and should be used when completing the Pre Birth Assessment on Liquid Logic. Please be mindful to focus on strengths as well as difficulties.

The word "parent" should be loosely interpreted as appropriate to mean the natural mother and father, the mother's partner, anyone with parental responsibility, and anyone else who has or is likely to have day-to-day care of the child. It is crucial to involve everyone and engage everyone who is a potential parent or carer in the assessment.

This tool draws extensively on the work of Martin C Calder - as described in "Unborn

Children: A Framework for Assessment and Intervention".

**PART ONE**

**1. Dates of Home Visits**

Ensure all home visits are clearly recorded. Record dates, who was present and where it took place.

**2. Consent**

Gain written consent from both parents for the assessment.

**3. Barriers to the Assessment being carried out (if not addressed at the start of the assessment it could have implications)**

• Parental disability. Consider the appropriateness of any venue or the need for a signer for example;

• Any parental learning difficulty. This should be assessed and assessment methods tailored to the needs of the parent;

• Any need for an advocate to support a parent;

• Issues around culture, gender, ethnicity.

**4. Reason for Assessment**

Set out clearly the reason why a pre-birth assessment is being carried out. This may include the following:

• There has been a previous unexpected death of a child whilst in the care of either parent where abuse /Neglect is/was suspected;

• A parent or other adult in the household is a person identified as presenting a risk, or potential risk, to children;

• Children in the household / family currently subject to a Child Protection Plan or previous child protection concerns;

• A sibling (or a child in the household of either parent) has previously been removed from the household either temporarily or by court order;

• There is knowledge that parental risk factors e.g. domestic violence, mental illness / impairment or substance misuse may impact on the unborn baby or child's safety or development;

• There are concerns about parental ability to self care and/or to care for the child e.g. unsupported young or learning disabled mother;

• There are maternal risk factors e.g. denial of pregnancy, avoidance of antenatal care (failed appointments), non-co-operation with necessary services, non compliance with treatment with potentially detrimental effects for the unborn baby;

• Any other concern exists that the baby may be at risk of suffering Significant Harm, including a parent previously suspected of fabricating or inducing illness in a child.

• Either parent is a Child Looked After by the Local Authority

**5. Analytical Chronology**

This should be completed within Liquid Logic and considered within the assessment.

**6. Information from Partner Agencies**

Record the outcome of the Multi Agency Planning Meeting at the point of the assessment commencing. Gain information/views of partner agencies when completing the pre-birth assessment, particularly Early Help professionals, Midwife services, and other Local Authorities (in the case of families that have a history of moving around). **Consider joint visits**.

Midwife/health professionals should be able to provide the following information:

**Basic details:**

• Name, age, date of birth, and address of mother;

• Next of kin;

• Marital status;

• Occupation.

**Assessment issues**

• Are there any aspects that seem likely to have a significant negative impact on the child? If so, what, and how?

• Strength of relationship?

• Family structure and support available (both maternal and paternal)?

• Whether pregnancy is planned or unplanned?

• Feelings of mother about being pregnant?

• Feelings of father about the pregnancy?

• Dietary intake - and related issues?

• Medicines or drugs - whether or not prescribed - taken before or during pregnancy?

• Alcohol consumption?

• Smoking?

• Current health of other children?

• Miscarriages and terminations?

• Chronic or acute medical conditions or surgical history?

• Psychiatric history - especially depression and self-harming?

**PART TWO**

**7. Parents’ Behaviour**

**(When discussing any possible domestic abuse speak to each parent alone)**

Consider:

• Violence to partner;

• Violence to others;

• Violence to any child;

• Drug misuse. Specialist assessment should be considered if drug use is significant (medicines or drugs/smoking - whether or not prescribed - taken before or during pregnancy);

• Alcohol misuse/ consumption;

• Criminal convictions;

• Chaotic (or inappropriate) life style;

• Is there anything regarding ‘behaviour’ that seems likely to have a significant negative impact on the child.

**8. Health**

• Previous obstetric history;

• Current health status of other children;

• Miscarriages and terminations;

• Chronic or acute medical conditions or surgical history;

**9. Parents’ mental health**

• Mental illness, psychiatric history, depression and self-harming;

• Personality disorder;

• 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 are the issues;

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

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

• Convictions re offences against children;

• Child Protection concerns - and previous assessments;

• Court findings (if so obtain legal bundles/assessments and information, including that from other authorities involved);

• Care proceedings and children previously removed;

• Is there anything regarding the parents 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;

• Under what circumstances 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.

**11. History of abuse as a child**

Convictions - especially of members of extended family:

• Child Protection concerns;

• Court findings;

• Previous assessments;

• Is there anything regarding the ‘history of abuse’ as a child that seems likely to have a significant negative impact on the child.

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

Are they:

• Understood and accepted;

• Have previously identified issues been addressed;

• Is responsibility accepted;

• 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 professionalswith appropriate expertise.

**13. Attitudes to the baby**

• Is there anything regarding the attitudes to the child that seems likely to havea significant negative impact on the child?

• Whether pregnancy planned or unplanned;

• Feelings of father about the pregnancy;

**14. Dependency on partner**

• Able to prioritise child over partner;

• Role of child in parent’s relationship;

• Level and appropriateness of dependency;

• Is there anything regarding the ‘dependency on partner’ that seems likely to have a

significant negative impact on the child.

**15. Parents’ abilities**

• Physical;

• Emotional including self control;

• Intellectual;

• Knowledge and understanding re children and child care;

• Knowledge and understanding of concerns / this assessment;

• Is there anything regarding the parents’ ‘abilities’ that seems likely to have

a significant negative impact on the child.

**16. Communication**

• English not spoken or understood;

• Hearing impairment or deafness;

• Sight impairment or 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.

**17. 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.

**18. 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.

**19. 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?

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

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

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

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

**PART THREE**

**22. Genogram Information**

Complete a GENOGRAM with names and dates of birth, incorporating both the maternal and the paternal families (and, if possible obtain addresses). This can be used to identify the family’s support network for Family Group Conferences, and also potential carers for Viability Assessments.

**23. 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;

• Is there anything regarding relationships that seems likely to have a significant negative impact on the child.

**24. Social history**

• Experience of being parented;

• Experiences as a child for both parents? And as an adolescent;

• Education;

• Employment;

• Is there anything regarding the social history of either parent that seems likely to have a significant negative impact on the child.

**25. 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; have you used the Graded Care Profile 2 to assess the level of potential neglect? What was the outcome?

• Evidence of preparation for the baby eg moses basket, bottles and steriliser, clothes, nappies.

**26. Circumstances**

• Unemployment/ employment;

• Finances / debt;

• Inadequate housing / homelessness;

• Criminality;

• Court Orders;

• Social isolation;

• Is there anything regarding circumstances that seems likely to have a significant negative impact on the child.

**27. Support (consider Family Group Conference)**

• 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;

• Is support likely to be available over a meaningful time-scale;

• Is it likely to enable change;

• Will it effectively address any immediate concerns?

**PART FOUR**

**28. Evidence based risk assessment, analysis and conclusion**

Ensure this is evidence based and specific.

Ability and willingness to address issues identified in the assessment

• Violent behaviour;

• Drug misuse;

• Alcohol misuse;

• Mental health problems;

• Reluctance to work with professionals;

• Poor skills or lack of understanding and knowledge;

• Criminality;

• Poor family relationships;

• Issues from childhood impacting now;

• Poor personal care;

• Chaotic lifestyle;

• Is there anything regarding the prospective parent’s ability and willingness to

address issues that seems likely to have a significant negative impact on the child.

• Are there any other issues that have the potential to adversely affect or benefit the child?

**What are the strengths and is there a risk of significant harm. (See Appendix A)**

It is crucial to clarify the nature of any risk, what that risk is, where it comes from, and from whom - and to be clear how effective any strengths or mitigating factors are likely to be in reality.

Critically, workers need to identify whether this risk will arise:

• before the baby is born;

• at or immediately following the birth;

• whilst still a baby (up to 1 years old);

• as a toddler, pre-school or as an older child.

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

should ideally be made to optimise the well-being of child? What changes must be made to ensure safety and an acceptable level of care for child? How motivated are the parents to make changes? How capable are the parents to make changes? And what is the potential for success?

• Consider specifically if parents are looking to care for baby separately, or together.

**29. Recommendations**

**Planning for the future**

• Plans are specific, impacted focussed and timebound, with clear points for review.

• Consider the need for pre/post birth and discharge plans.

**Annex A – Risk Estimation**

Framework taken from an adaptation by Martin Calder in 'Unborn Children: A Framework for Assessment and

Intervention' of R. Corner's 'Pre-birth Risk Assessment: Developing a Model of Practice'.

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| **Factor** | **Elevated Risk** | **Lowered Risk** |
| **The abusing parent** | • Negative childhood experiences, | • Positive childhood; |
| inc. abuse in childhood; denial ofpast abuse; | • Recognition and change in previous violent pattern; |
| • Violence abuse of others; |  |
| • Abuse and/or neglect of previous child; | • Acknowledges seriousness andresponsibility without deflection of blame onto others; |
| • Parental separation from previous children; | • Full understanding and clear explanation of the circumstancesin which the abuse occurred; |
| • No clear explanation |  |
|  | • Maturity; |
| • No full understanding of abusesituation; | • Willingness and demonstrated capacity and ability for change; |
| • No acceptance of responsibility forthe abuse; | • Presence of another safe non- abusing parent; |
| • Antenatal/post natal neglect; |  |
|  | • Compliance with professionals; |
| • Age: very young/immature; |  |
| • Mental disorders or illness; | • Abuse of previous child accepted and addressed in treatment(past/present); |
| • Learning difficulties; |  |
| • Non-compliance; | Expresses concern and interest about the effects of the abuse on |
| • Lack of interest or concern for the child. | the child. |
| **Non-abusing parent** | • No acceptance of responsibility for the abuse by their partner; | • Accepts the risk posed by their partner and expresses a willingness to protect; |
| • Blaming others or the child. | • Accepts the seriousness of the risk and the consequences of |



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|  |  |  |  | failing to protect; |
|  |  |  | • | Willingness to resolve problems and concerns. |
| **Family issues** |  |  |  |  |
| **(marital partnership** | • | Relationship | • | Supportive spouse/partner; |
| **and the wider family)** |  | disharmony/instability; | • | Supportive of each other; |
|  | • | Poor impulse control; |  |  |
|  |  |  | • | Stable, or violent; |
|  | • | Mental health problems; |  |  |
|  | • | Violent or deviant network, | • | Protective and supportive extended family; |
|  |  | involving kin, friends andassociates (including drugs, paedophile or criminal networks); | • | Optimistic outlook by family and friends; |
|  | • | Lack of support for primary carer/unsupportive of each other; | • | Equality in relationship; |
|  | • | Not working together; | • | Commitment to equality inparenting. |
|  | • | 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. |  |  |
| **Expected child** | • | Special or expected needs; | • | Easy baby; |
| • | Perceived as different; | • | Acceptance of difference. |
| • | Stressful gender issues. |  |  |
| **Parent-baby** |  |  |  |  |
| **relationships** | • | Unrealistic expectations; | • | Realistic expectations; |
|  | • | Concerning perception of baby's |  |  |

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|  |  | needs; | • | Perception of unborn child normal; |
|  | • | Inability to prioritise baby's needs above own; | • | Appropriate preparation; |
|  | • | Foetal abuse or neglect, including alcohol or drug abuse; | • | Understanding or awareness of baby's needs; |
|  |  |  | • | Unborn baby's needs prioritised; |
|  | • | No ante-natal care; |  |  |
|  |  |  | • | Co-operation with antenatal care; |
|  | • | Concealed pregnancy; |  |  |
|  |  |  | • | Sought early medical care; |
|  | • | Unwanted pregnancy identified disability (non-acceptance); | • | Appropriate and regular ante-natal care; |
|  | • | Unattached to foetus; |  |  |
|  |  |  | • | Accepted/planned pregnancy; |
|  | • | Gender issues which cause stress; | • | Attachment to unborn foetus; |
|  | • | Differences between parents towards unborn child; | • | Treatment of addiction; |
|  | • | Rigid views of parenting. | • | Acceptance of difference- gender/disability; |
|  |  |  | • | Parents agree about parenting. |
| **Social** | • | Poverty; |  |  |
| • | Inadequate housing; |  |  |
| • | No support network; |  |  |
| • | Delinquent area. |  |  |
| **Future plans** | • | Unrealistic plans; | • | Realistic plans; |
| • | No plans; | • | Exhibit appropriate parenting expectations and plans; |
| • | Exhibit inappropriate parenting plans; | • | Appropriate expectation of change; |
| • | Uncertainty or resistance to change; | • | Willingness and ability to work in partnership; |
| • | No recognition of changes needed in lifestyle; | • | Willingness to resolve problems |

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• No recognition of a problem or a need to change;

• Refuse to co-operate;

• Disinterested and resistant;

• Only one parent co-operating.

and concerns;

• Parents co-operating equally.

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