**Pre-birth/ discharge planning meeting – no later than 32 weeks. Placement Request to be submitted to PMS following Gateway and all care options to be available to the Court.**

**On decision to issue S31 proceedings at Gateway, SWET, Care Plan and evidential documents to legal no later than week 35. Share papers with legal and their representative no later than 7 days before due date.**

**Detail of care options to be made available to the Court and ahead of first hearing.**

Initial CIN Meeting within 10 days

**Gateway and consideration for PLO – by week 22.**

**Pre-Birth Assessment to be shared with   
parents for the PLO Meeting. 1st PLO meeting by 26 weeks.**

**Pre-Birth Parenting Assessment**

**For**

**[parents name(s)]**

**In respect of**

**Baby …….**

**EDD**

**N number**

**By**

**[SW name]**

**Northamptonshire Children’s Trust**

**[ Team name]**

**[Date]**

1. **Personal Details of Parents**

|  |  |  |
| --- | --- | --- |
|  | **Parent 1** | **Parent 2** |
| Full name |  |  |
| Previous names |  |  |
| Date of birth |  |  |
| Address |  |  |
| Telephone number(s) |  |  |
| Nationality |  |  |
| Ethnicity |  |  |
| Languages spoken |  |  |
| Has an interpreter been used during the assessment? |  |  |
| Religion |  |  |
| Has a PNC check been completed? Please state date requested |  |  |
| Has there been any drug or alcohol testing? If so please state date and outcome |  |  |
| Was the parent known to the local authority prior to this episode? |  |  |
| Is the parent known to any other local authority?  Details and dates |  |  |
| State any other assessments completed in respect of the parent |  |  |
| Has the parent got learning disabilities? |  |  |

1. **Cultural Genogram and Ecomap***: -*
2. **Family/Friend’s Network**

Include involvement with any Family Network meetings and subsequent Safety plans and dates when IVAs have been completed with outcomes

Include any extended family considered as support/ carers? who has been assessed/ ruled out/ going forward to further assessment/ capacity in which they can assist etc

|  |
| --- |
|  |

1. **Sources of Information**

|  |
| --- |
| * Assessment meetings and significant dates:- |
|  |

1. **Background/History**

|  |
| --- |
| * **Background and history of each parent and the child**   Please set out for each parent – history of being parented, any concerns that have been evident in their childhood/ young adulthood (including peer relationships which may have been positive/ negative/ exploitative) and the impact of this on their understanding of parenting.  Risks apparent from their lifestyle, and how these might be alleviated – what support is available  Education – any needs arising – what does that mean in relation to assessment undertaken, understanding of concerns  Health – any intervention from health services, any ongoing health needs that impact on care of the child, or will require any additional support  For all of the above and any additional needs please focus on the impact on the child |
|  |

1. **Identification of Risk / Protective Factors**

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| --- |
| Risks include current / present dangers and those any identified impending dangers to an unborn child based on the above table.  **Current / Present Risk:** Immediate, significant, and observable severe harm or threat of severe harm occurring at the present time.  **Impending Risk:** Danger and risk may not exist at this present moment or be an immediate area of concern, but a state of danger exists and may be predicted to be likely to occur in the future / is evidenced to have occurred in the past.  **Vulnerability:** Factors which increase the potential risk of harm to an unborn child;  How will the risks be alleviated/ what are the protective factors that can be identified for the child, what support would be needed to be put in place to enable the protective factors to adequately support and protect the child/ family  Ensure you capture protective factors and not just risks – recognise the positives  Focus on impact on the child |
|  |

1. **Unborn Baby Assessment:**

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| --- |
| ASSESSMENT TO COVER/INCLUDE THE ASSESSMENT FRAMEWORK AS PER BELOW   * Health of the parents –   + - Physical health     - Mental Health     - Additional needs * Unwanted pregnancy * Concealed pregnancy (if relevant);   + Concealment may be an active act or a form of denial where support from appropriate carers and health professionals is not sought.   + Late Presentation of Pregnancy: When a woman does not inform a health professional of pregnancy until 20weeks or over * Awareness of baby’s needs; * Awareness of unborn baby’s health; History of Premature birth/birth complications/drug withdrawal etc. * Parental expectations / perception of new born baby; * Parenting plans; * Antenatal care; * Paternity and Putative Father’s views and involvement – consider absent father |
|  |

1. **Parenting Capacity Assessment:**

|  |
| --- |
| ASSESSMENT TO COVER/INCLUDE THE ASSESSMENT FRAMEWORK AS PER BELOW   * Childhood experiences and background until now: -   + Positive childhood;   + Multiple carers, including LAC/Leaving Care   + Life experiences * Relationships   + Past relationships (family and extra-familial/ peer)   + Relationship between parents   + Consider new relationships   + Age of parent – young parent   + Engagement with professionals * Emotional Warmth * Ensuring Safety/Understanding of risks * Drug/alcohol misuse; * Abuse/neglect of previous child; * Domestic Violence; * Offending history * Understanding of Local Authority Concerns |
|  |

1. **Family/Household/Environmental:**

|  |
| --- |
| ASSESSMENT TO COVER/INCLUDE THE ASSESSMENT FRAMEWORK AS PER BELOW   * Culture and identity (please identify for each member of the family); * Employment * Accommodation – Consider Frequent moves or house/homelessness; home conditions * Finances * Understanding of Neglect * Understanding of care needs both now and throughout childhood |
|  |

1. **Overall risk assessment/ analysis**

|  |  |  |
| --- | --- | --- |
| |  | | --- | | **Summary of information informing the overall Analysis, Risk and Recommendations** **outcome:,**  The analysis of assessment report should include:  • Concerns/themes identified within the assessment. What are the main issues?  • Is the child at risk of significant harm? If so, from what or whom?  • Strengths within the family that can alleviate the concerns or the impact of the concerns.  • Changes made during the assessment period as a result of the support accessed.  • Comment on parent’s ability to meet the child’s needs and protect them now but also as the child’s needs change. Does the parent show the ability to be flexible as the child grows older and becomes more independent? Comment on the risk that the child may or may not be exposed to at different age stages in their lives.  • If there is a continuing risk; what needs to change or improve in order to alleviate this risk and to optimise the wellbeing of the child? What needs to happen for the risk to be manageable and the care to be acceptable (considering whether the child has been identified as needing ‘good enough’ or ‘better than good enough’ care).  • Understanding on the part of the parent of the concerns. An understanding of the impact of the concerns on the child.  • Assess the willingness, motivation and capacity to actively change things.  • What is the potential for the success of such change in terms of the parents’ ability to maintain such change?  • What is the timescale for such a change – is this within the child’s timescale?  • Outline all of the possible outcomes – return home; live with family; permanency outside of the family. Provide an analysis of the impact of the child on each of these options.   * Is this good enough and why? | |  | |

1. **Recommendation:**

|  |
| --- |
| * What does this family need for the child to be safeguarded? * Consideration of non statutory services ? * Consideration at a Child Protection Conference? * Consideration of legal advice, or Looked After Children Procedures? * If legal proceedings are recommended, what is your recommendation for placement of baby or separation * Safety Plan details * What plan are you recommending and why ? |
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| --- |
| Signatures |
| Worker’s Name:  signature: |
| Date: |
| Team / Service Manager’s Name: |
| Comments |
| signature: |
| Family member name(s)  Comments from each |
| Family Signature(s) |

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