**Pre-birth Risk Assessment**

Name of Unborn:

Estimated date of delivery:

Social Worker:

Social Worker’s details: *Qualification, Social Work England registration, place of work and experience*

Date:

*Note: This template is not a definitive list of what should be included but a guide to help in completing a Pre-birth Risk Assessment. Sections can be deleted or added as appropriate.*

**Reason for Assessment**

*Include: Brief details of why a detailed Pre-birth Risk Assessment is required and any previous assessments prior to this one e.g. Early Help Assessment, Child and Family Assessment, Cognitive Assessment, etc.*

**Family Composition**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to Unborn** | **DOB** | **Address** (*if safe to disclose)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Genogram**

*Include: Immediate and wider family.*

*Consider: It would be helpful to highlight any potential carers. Is there anything regarding family structure/background that seems it will be likely to have significant negative impact on the parents or child?*

**Sources of Information**

*Include: Dates and details of any visits or contact with parents or wider family; information from professionals or agencies; number of planned sessions and dates; records/documents reviewed; any other relevant information. Dates and source need to be included.*

*Consider: Is there any information/evidence that you would have liked to receive but didn’t and rationale why.*

**History of Parents/ Partners**

Mother

Father

Partner

*Include:*

*Parents’ own experiences as a child and adolescent (positive and negative); previous trauma and adverse childhood experiences; experience of being parented*

*Previous parenting experience*

*Previous relationships*

*Criminal history or violence: history of violence to adults; previous criminal offences, arrests, cautions and convictions*

*Previous allegations of abuse of a child; previous/current involvement with social care (Children’s/Adult Services) including details of any removals or child protection concerns. Obtain records from other local authorities, look at history, obtain court documents within care proceedings, if possible. Review allegation/proceedings; level of allegation; outcome; parents’ understanding of this.*

*Refer to previous records and triangulate evidence given by parents. Obtain information from other local authorities, Police National Computer records and other countries, if applicable.*

*Previous interventions/services to address any violence or offences.*

*Consider:*

*Parents’ view of any concerns and willingness to engage in services to address concerns. Parents’ views of previous and current professional involvement.*

**Ante-natal Care, Medical and Obstetric History**

*In consultation with health professionals, midwifery services and GP.*

*Include:*

*Details of pregnancy and engagement with services to date*

*Health of unborn and any risks which could impact on baby when born or as the child develops (smoking, substances, poor diet)*

*Health of mother and issues that may cause a risk to Unborn.*

*Consider:*

*Issues which could impact on delivery date (e.g. use of substances leading to premature delivery)*

*Type of delivery and impact of this (e.g. impact of caesarean on mother’s ability to care for baby following discharge)*

*Risks to foetus which could impact on birth and development post-birth*

*Health issues will impact on level of parenting required or level of hygiene required in the home*

*Impact of issues such as substance and alcohol misuse, smoking, parental illness.*

*Impact of any issues on level of attendance at health appointments*

*Parents’ views of known health or developmental issues with foetus or risk of issues due to behaviours during pregnancy*

**Parents’ relationship/ Relationship with partner**

*Include:*

*Current status of relationship*

*Length of relationship and stability*

*Details of how they met*

*Strengths of relationship*

*Domestic abuse / functioning – how often, what level, previous engagement with services to address conflict/domestic abuse.*

*Expectations of each other e.g. joint/sole parenting*

*Dependency on each other/one partner support or conflict about each other’s views. How do they resolve conflict?*

*Other factors in the relationship which may impact on their parenting.*

*Consider:*

*Impact of the above on stability of relationship. How realistic are parents?*

*Contingency planning if relationship ends*

*Risks to child if there are relationship issues now and in the future*

**Current issues likely to affect ability to parent**

*Consider: Mental health; alcohol/ drug use; learning disability, lifestyle; parent(s)’ health; communication issues*

*Include:*

*What is the prevalence of this issue?*

*To what extent does it impact on that parent’s ability to function?*

*How will this impact on the parenting of the baby? To what extent will the pressure of this baby impact the parent’s ability to parent?*

*Mental health – Does the parent have a diagnosis? Is this mild or severe? Are they accessing services and/or medication? Are they and have they always been compliant with prescriptions or therapy? Does the LA need a psychological/psychiatric assessment? – if so consider this early*

*Alcohol/ substance misuse – What evidence is available? (tests/observations/hearsay); what interventions/services are in place and what has been the success of this?*

*Health - Do parents maintain their own health? Is self-neglect an issue?*

*Learning Disability - What evidence is there of a learning disability? (Cognitive assessment, EHCP, school records)*

*What support will the parent(s) need?*

**Understanding of the baby’s needs (pre and post birth)**

*Include:*

*Attachment to bump; how parent talks about baby (negative labels can denote a lack of attachment; observations of parents responses to baby in utero (e.g. when baby kicks)*

*Parents’ ability to mentalise with the unborn child, levels of empathy*

*Views of pregnancy. Planned/unplanned pregnancy. Are parents excited or anxious?*

*Child’s anticipated needs (health, development, disability, possible cognitive difficulties – use knowledge of impact of diet, trauma prior to birth and parents’ information to consider this)*

*Parents’ understanding and knowledge of what baby needs to develop emotionally and physically*

*Support likely to be required to help parents understand and gain knowledge prior to birth*

*Safer sleeping must be discussed*

*Consider:*

*Assessment may need to take a practical form, such as using a doll and making up bottles of milk.*

*Other professionals, such as Open Access and baby groups may be able to support with assessment.*

*Triangulate evidence from various source.*

*How likely is it that the parents will be able to manage the needs of this baby and what are you basing that on?*

**Ability to protect baby**

*Include:*

*Non-abusing parent - what is the view of what the abusing parent/partner has done? Is there resistance to accept the evidence/facts? Would this parent prioritise the baby over their partner?*

*Abusing parents - Is there any acceptance of responsibility or an understanding of what could have been done differently? What has changed and to what extent? What’s the potential for change?*

*What are the risks if nothing changes?*

*Consider:*

*What work/interventions have been done with either parent on accepting the risks and mitigating against them?*

NB. Remember that children are at higher risk of abuse from a step-parent. This needs to be factored into assessing risk.

**Other circumstances**

*Include: Employment, finances, housing, home conditions, suitability for baby/child.*

*Is there anything that can be done pre and post-birth to improve any issues identified?*

*Consider: Impact on child pre and post birth of any of these issues.*

**Support**

*Include: Existing support, wider family, friends, services. What support is available and when? Is this at a level which is sufficient?*

*Consider: What would be required to mitigate risks and to help parents to care for the baby? What support is needed prior to birth to ensure the health, development and safety of the unborn?*

**Analysis**

*Include: General analysis from your assessment.*

**Risks identified and mitigation of risk**

*Explore risks and analyse each one, considering the impact on the child if nothing changes. Is there any support, services or training that can be put in place to mitigate risk? What are parents’ views of the risks and what is their willingness to make changes.*

*Consider factors such as: neglect, physical or mental health, previous criminal behaviour, substance or alcohol misuse, smoking, previous harm to children or involvement with Integrated Children’s Services, parents’ previous experience during childhood.*

*How will this impact on the child?*

|  |
| --- |
| Risk: *name risk* |
| Analysis of risk: |
| Impact on child: |
| Parents’ views and willingness to change: |
| What could mitigate the risk? (support/services/family/changes) |
| What will happen if nothing changes? |

*Repeat table with each new risk*

**Conclusion**

*Be clear about your conclusion and why.*

**Plan**

*What should happen next? What is the plan moving forward?*

*What level of service/intervention is required? (e.g. Early Help, Child Protection, Public Law Outline). Do not make recommendations for legal action, as this would need to be discussed in a Legal Planning Meeting.*

*Pre-birth and discharge plan – Is this needed? When will this be completed (in partnership with family and professionals), if there is a specific risk which will need to addressed in the plan state it here (e.g. sex offender will not be allowed into the hospital)*