Pre-Birth Assessments:
Guidance, Checklist and Tool

**Summary:** Guidance on when to undertake a preventative assessment with a family where there is an unborn child. Including Pre-birth checklist and Tool.
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Guidance for Pre Birth Assessments

To be read in conjunction with Chapter 25, Berkshire Local Safeguarding Children Boards, Child Protection Procedures.

Why should you do a pre-birth assessment?

Pregnancy can be a time of great stress and anxiety, and/or provide the “tipping point” for a realisation that parents’ lifestyle and relationships need to change in order to accommodate the needs of a child, particularly in circumstances when a parent has been struggling with drug and alcohol use (McKintosh & McKeganey 2002).

Recent evidence on the levels of damage caused in utero, and in early months, means that the immediate post-birth period can be crucial in terms of the child’s optimal development and the opportunity to form secure attachments between parent/carer and child (Sunderland 2006, Allen 2011).

A preventative assessment that can more accurately predict risks post-partum should be considered the ultimate in early intervention to assess the level of neglect or ill treatment a newborn infant may be subjected to.

However, the reason for conducting a thorough pre-birth assessment is not just to ensure the child’s safety, but also to ensure that parents who are vulnerable and/or in difficulties, receive the kind of support and services they require in order to be able to parent effectively.

In what circumstances should you assess? These include:

Parents who have had a previous child removed (or who have previous children no longer living with them).

Parents with mental health problems: Parents, especially those with a diagnosed mental illness who are receiving drug treatment, and including mothers with a history of post-natal depression, should be considered for a pre-birth assessment.

Parents with drug and/or alcohol problems: Drug or alcohol misuse in pregnancy can pose serious developmental problems to the unborn child, such as pre-term delivery, low birth weight, or in severe cases neonatal withdrawal symptoms and foetal alcohol syndrome.

Parents where there is a history of domestic abuse: Domestic abuse in pregnancy can pose severe physical risks to the health of both mother and child.

“The toxic trio:” Many parents who are referred in pregnancy may come under several categories mentioned above, recently dubbed the “toxic trio”. Parental substance misuse, parental mental illness and domestic abuse combined will have potential ill effects on all aspects of a child’s health and development.

Parents with a learning disability: A learning disability should not preclude a person from becoming a parent. It may depend on the severity of the disability, the level of family support and services available.

Young parents: It is arguable whether a pre-birth assessment is indicated purely on the grounds of youth, and each case would need to be considered on its merits, depending on: whether any of the factors above were present; the level of support from extended family; and the extent to which the young parents themselves may have suffered abuse as a child, for example are they care leavers?

Mothers who have received little or no antenatal care (because of concealed pregnancy; late presentation; or failure to attend appointments and engage with...
antenatal services): A pre-birth assessment would not always be indicated in such circumstances, but should always be considered, particularly in those mothers where any of the above criteria applied, or the parent appeared to be leading a transient lifestyle where contact with services appeared to be actively avoided.

What do workers need to think about assessing in depth? - Assessment Framework and Signs of Safety

The domains in the “Framework for Assessment of Children in Need” apply to pre-birth assessments as well as other social work assessments. A pre-birth assessment may concentrate much more on aspects of parenting capacity and wider environmental factors, than the child’s needs, but the child’s needs in utero, and immediately after birth, will need to be considered. A Danger Statement should be made to identify key areas of concerns and risk. Attention should then be paid what has worked well, what needs to change, and score 0 - 10, deciding and evidencing in your analysis whether there is no need to intervene (score of 10) or whether there are sufficient concerning factors to indicate that this baby would be at risk of severe harm (0 - 4). The factors that the social worker should consider assessing in depth may include the following:

- Practical preparation for the child
- Preparedness for both birth and child
- Parental ambivalence
- Ability to tolerate stress, crying, deal with conflicting advice and the strong feelings that parenting may provoke

Partnership relationship

Pre-birth assessments have a strong focus on the mother, but in terms of the potential risks and protective factors it is essential that both parents are part of the assessment.

Ability to protect

An assessment will be required if an adult in contact with the unborn child has had previous convictions either against children, or against adults that involve physical violence, domestic violence, or sexual assault.

Risk factors may include:

- History indicating inability to care for previous children.
- Patchy compliance with substance misuse treatment.
- Both parents using drugs.
- Poor home conditions unsuitable for a child.
- No physical preparations made for child in terms of equipment etc by 30 weeks.
- Pregnancy unplanned.
- Parents’ relationship relatively new.

Protective factors may include:

- Mother has acknowledged her previous poor parenting and has made arrangements for her previous children to be safely cared for.
- Both parents acknowledge that their current home conditions are unsuitable for a baby.
- Good support from extended family, which understands the risks and nature of the parents’ difficulties and can significantly reduce risks to the new born.
• Mother’s full engagement in antenatal care.
• Full parental co-operation with substance misuse treatment and testing.
• Experienced multi-disciplinary team who communicate well and can form an effective core group.
• Pre-birth assessment started early enough in the pregnancy that both parents are able to make required changes prior to birth.
• Authoritative social worker able to be honest with parents about changes that are required pre-birth, with parental realisation of consequences if changes were not made.
• Child born at full-term, with good birth weight.
• Breast feeding may reduce severity of possible drug withdrawal in baby, and increased feelings of parental self efficacy and promote good attachment.

Importance of good multi-disciplinary working/information sharing:
There may be an increased need for reliable information from other professionals, particularly midwives, adult mental health and drug misuse services, and in cases where there have been documented incidents of domestic violence, probation and the police.
A clear understanding of why previous children were removed is needed in order to make an assessment of whether the past is a reliable predictor of future harm (Calder 2000).
In addition, a specialist assessment may be required where there are drug and alcohol issues to look at drug use and treatment options. Similarly when a parent has a mental illness or learning disability, information should be sought from adult services to help inform the assessment.

Timescales: When should you begin the assessment, and when should it end?
Although a pregnancy may be confirmed at eight to ten weeks, it must be considered as to whether it is practical or sensitive to begin a social work pre-birth assessment at this stage. Health procedures indicate that 12 weeks could now be considered as the starting point for pre-birth assessments.
It is important to start the pre birth assessment as early as is appropriate and practicable in order to maximise the time for work to be undertaken, and possible changes made, prior to the birth. (Remember to also think about support that the Edge of Care Service could provide and the care pathway for women who have had previous children taken into LA Care.) A birth plan should be completed by 36 weeks at the latest and in place well before the baby is born.
Ensure all partner agencies involved are aware of these plans, including arrangements for post-natal care and assessment after delivery.

What if the conclusion of the pre-birth assessment is that the child should be removed at birth?
In rare cases where the assessment concludes that the parents are unable to meet their child’s needs or the baby is believed to be in immediate danger from the parents, then there may be a plan for the child to be removed at birth. Hart (2009) points out that the plan needs to be precise and consider all eventualities, for example, the child being born out of office hours, or in a different city, so that alerts can be put in place early enough, and are effective in both protecting the child, and minimising unnecessary distress to the parent.
What happens post-birth?
A pre-birth assessment is not a complete assessment, but just the beginning of a process, and there will need to be continuing assessment of the child’s needs and parental capacity once the child is born.
For some parents pregnancy and birth do indeed provide the “tipping point” for them to make the changes to their lifestyles that they have been trying to implement for so long. For others, their ability to tolerate the demands of parenthood, as set against the management of their own needs, is just too much, but hopefully the risks identified in a thorough pre-birth assessment, and the contribution of an effective multi-disciplinary team will mean that any potential harm to the child is minimised.

Reference:

January 2013
APPENDIX 1

PRE-BIRTH ASSESSMENT CHECKLIST


All Pre-Birth Assessments must reference the Assessment Framework, Signs of Safety and the NICE guidance below:

Unborn Baby

- Unwanted/concealed pregnancy;
- Perceptions;
- Awareness of baby's needs;
- Ability to prioritise baby's needs;
- Awareness of unborn baby's health;
- Antenatal care;
- Parental expectations of new born baby;
- Planning;
- Parenting plans;
- Special/extra needs;
- Premature birth.

Parenting Capacity

- Childhood experiences;
- Age - very young parent/immature:
  - Positive childhood;
- Mental disorders or illness:
  - Multiple Carers;
- Learning difficulties;
• Recognition of effects of own behaviour on others;
• Physical disabilities/ill health;
• Inability to work with professionals;
• Drug/alcohol misuse;
• Cultural issues;
• Abuse/neglect of previous child(ren);
• Positive mental health.

Family/Household/Environmental

• Domestic abuse;
• Relationship disharmony/instability;
• Violent or deviant network;
• Multiple relationships;
• Poor impulse control;
• Not working together;
• Unsupportive of each other;
• Lack of community support;
• Frequent moves of house/homelessness;
• Poor engagement with professional services;
• No commitment to parenting.

References:
APPENDIX 2

PRE-BIRTH ASSESSMENT TOOL

(Taken from North Yorkshire Safeguarding Children Board)

1. Introduction

This assessment tool is designed to help professionals to carefully consider a range of themes and to tease out issues that have potential for having a significant negative impact on the child.

The word “parent” should be loosely interpreted as appropriate to mean the 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 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".

2. The Tool

2.1 Family Structure

Names, addresses, ages etc. Extended family and potential support should be included.

2.2 Ante-Natal Care: Medical and Obstetric History

Antenatal care begins as soon as the pregnancy has been confirmed and midwives continue care in the postnatal period for at least 10 days following birth. A booking interview with the community midwife takes place ideally between 8-12 weeks gestation. This is usually in the woman’s home or at the GP’s surgery. It is at this interview that the midwife is able to assist women in their choices for childbirth and ensure they are informed of all the options available to them.

Women are given choices in early pregnancy of lead professional and place of birth:

- Midwife-led care (MLC) means the midwife is the lead professional. All antenatal care would be conducted in the community and is often shared with the General Practitioner (GP). Women would have the choice of giving birth in the hospital under MLC or at home with midwives in attendance.
- GP led care is less frequently offered and again all antenatal care is conducted in the community and is shared between GP and community midwife. The place of birth is rarely at home with the GP in attendance so most GP births occur in a low-risk hospital environment.
- Consultant led care is offered to women who have recognised health risk factors or who choose to see the Consultant Obstetrician and his/her team. These pregnancies require additional surveillance both pre-birth and in labour. Care is shared between the community midwife, GP and a hospital
Consultant and the team consisting of midwives and doctors specialising in care of high risk pregnancy. Delivery of the baby will take place in the hospital.

The booking interview is a time of collection of information and an opportunity for the midwife and mother to plan her care in pregnancy. It is an ideal time for the midwife to assess health and social needs of families and to consider packages of care and support suitable for individual needs.

Antenatal appointments are arranged to suit the individual clinical needs of the mothers and the initial choices may change if complications of pregnancy arise. A collaborative approach between all health professionals is encouraged with direct midwife referral to obstetrician being available at all times.

In the case of home births all postnatal care is provided in the home by the community midwife. For births in hospital - with either the midwife, GP or obstetrician as the lead professional - initial postnatal care is provided by midwives and support staff on the maternity wards. Hospital stays are getting shorter with many women going home within a few hours of birth but generally 12-48 hours are the more normal lengths of stay. On transfer home care is undertaken by the community midwife for at least 10 days following the birth. Care can be extended to up to 28 days if a particular clinical or social need is identified. Liaison between the Health Visitor and community midwife usually takes place during the antenatal period with Health Visitors making contact with the mother in pregnancy. Following the birth of the baby most Health Visitors arrange a primary visit within 21 days of the birth, which coincides well with the handover of care from the midwives.

2.3 Assessment of parents and potential risks to the child

Pregnancy can create special circumstances/influences for both parents, which need to be accommodated and understood by all professionals who come into contact with these families. Pregnancy will have a major impact on most parent's lives and can affect both behaviour and relationships. Pregnant women's health and their responses to external factors often change in pregnancy - and the physiological, emotional and social influences that both cause and are affected by these changes can have a direct impact on their behaviour and health and how they manage in key relationships.

2.4 Information required from midwife / health professional as part of a pre birth risk assessment

This section should be completed by an appropriate Health Professional. The central question is whether there is anything in the medical and obstetric history that seems likely to have a significant negative impact on the child? And if so, what?

2.5 Some basic details:

- Name, age, date of birth, and address of mother.
- Next of kin
- Marital status
- Occupation
2.6 Assessment issues

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

- Partner support?
- Family structure and support available (or potentially available or not available)?
- Whether pregnancy planned or unplanned?
- Feelings of mother about being pregnant?
- Feelings of partner / putative father about the pregnancy?
- Dietary intake - and related issues?
- Medicines or drugs - whether or not prescribed - taken before or during pregnancy?
- Alcohol consumption?
- Smoking?
- Previous obstetric history?
- Current health status of other children?
- Miscarriages and terminations?
- Chronic or acute medical conditions or surgical history?
- Psychiatric history - especially depression and self-harming?

3. Assessment of the parents and the potential risk to the child

This section will usually be completed by the Social Worker - but they will need to draw on help from a range of other professionals regarding some aspects of it.

Particular care should be taken when assessing risks to babies whose parents are themselves children i.e, under the age of 18 years. Attention should be given to a) evaluating the quality and quantity of support that will be available within the family (and extended family), b) the needs of the parent(s) and how these will be met, c) the context and circumstances in which the baby was conceived, and d) the wishes and feelings of the child who is to be a parent.

3.1 Relationships

- History of relationships of parents?
- 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? If so, what?

3.2 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 "abilities" that seems likely to have a significant negative impact on the child? If so, what?

3.3 Social history

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

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

3.4 Behaviour

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

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

If drugs or alcohol are a significant issue, more detailed assessment should be sought from professionals with relevant expertise.

3.5 Circumstances

• Unemployment / employment?
• 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? If so, what?

3.6 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? If so, what?

3.7 Mental Health

- Mental illness?
- 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?

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

3.8 Learning Disability

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

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

3.9 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 so, what?

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

3.10 Support

- 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? If so, what?

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

Is it likely to enable change?

Will it effectively address any immediate concerns?
3.11 History of being responsible for children

- Convictions re offences against children?
- CP Registration/ Child Protection Plan?
- CP concerns - and previous assessments?
- Court findings?
- Care proceedings? Children removed?

Is there anything regarding "history of being responsible for children" that seems likely to have a significant negative impact on the child? If so, what?

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?

3.12 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? If so, what?

3.13 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? If so, what?

3.14 Attitudes and beliefs re convictions or findings (or suspicions or allegations)

- Understood and accepted?
- Issues addressed?
- Responsibility accepted?
Is there anything regarding “attitudes and beliefs” that seems likely to have a significant negative impact on the child? If so, what?

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

3.15 Attitudes to child

- In general?
- Re specific issues?
- Expectations of what having a baby means/ how it will alter their lives?

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

3.16 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? If so, what?

3.17 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?

3.18 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?

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

3.19 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?

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

3.20 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?

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

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

3.21 Any other issues that have potential to adversely affect or benefit the child e.g. one or more parent aged under 16? Context and circumstances of conception?

3.22 Planning for the future

• Realistic and appropriate?

4. Overall risk assessment and conclusions

Use should be made of the “Framework for assessment” described below.

The assessment report should address the following issues:

1. Concerns identified
2. Strengths or mitigating factors identified.
3. Is there a risk of significant harm for this baby?

It is crucial to clarify the nature of any risk - of what? from whom? in what circumstances? etc - and to be clear how effective any strengths or mitigating factors are likely to be in reality

4. Will this risk arise:
   a. Before the baby is born?
   b. At or immediately following the birth?
   c. Whilst still a baby (up to 1 year old)?
   d. As a toddler? or pre-school? or as an older child?

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

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

If there is a risk of significant harm to the child...

6. What changes must be made to ensure safety and an acceptable level of care for child?
7. How motivated are the parents to make changes?
8. How capable are the parents to make changes? And what is the potential for success?
5. Framework for practice: Risk Estimation

This framework was 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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<thead>
<tr>
<th>Factor</th>
<th>Elevated Risk</th>
<th>Lowered Risk</th>
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<tbody>
<tr>
<td>The abusing parent</td>
<td>- Negative childhood experiences, inc. abuse in childhood; denial of past abuse&lt;br&gt;- Violence abuse of others.&lt;br&gt;- Abuse and/or neglect of previous child&lt;br&gt;- Parental separation from previous children&lt;br&gt;- No clear explanation&lt;br&gt;- No full understanding of abuse situation&lt;br&gt;- No acceptance of responsibility for the abuse&lt;br&gt;- Antenatal/post natal neglect&lt;br&gt;- Age: very young/immature&lt;br&gt;- Mental disorders or illness&lt;br&gt;- Learning difficulties&lt;br&gt;- Non-compliance&lt;br&gt;- Lack of interest or concern for the child</td>
<td>- Positive childhood&lt;br&gt;- Recognition and change in previous violent pattern&lt;br&gt;- Acknowledges seriousness and responsibility without deflection of blame onto others&lt;br&gt;- Full understanding and clear explanation of the circumstances in which the abuse occurred&lt;br&gt;- Maturity&lt;br&gt;- Willingness and demonstrated capacity and ability for change&lt;br&gt;- Presence of another safe non-abusing parent&lt;br&gt;- Compliance with professionals&lt;br&gt;- Abuse of previous child accepted and addressed in treatment (past/present)&lt;br&gt;- Expresses concern and interest about the effects of the abuse on the child</td>
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<tr>
<td>Non-abusing parent</td>
<td>- No acceptance of responsibility for the abuse by their partner&lt;br&gt;- Blaming others or the child</td>
<td>- Accepts the risk posed by their partner and expresses a willingness to protect&lt;br&gt;- Accepts the seriousness of the risk and the consequences of failing to protect&lt;br&gt;- Willingness to resolve problems and concerns</td>
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<tr>
<td>Family issues (marital partnership and the wider family)</td>
<td>- Relationship disharmony/instability&lt;br&gt;- Poor impulse control&lt;br&gt;- Mental health problems&lt;br&gt;- Violent or deviant network, involving kin, friends and associates</td>
<td>- Supportive spouse/partner&lt;br&gt;- Supportive of each other&lt;br&gt;- Stable, or violent&lt;br&gt;- Protective and supportive extended family&lt;br&gt;- Optimistic outlook by family and friends</td>
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<td></td>
<td>Expected child</td>
<td>Parent-baby relationships.</td>
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<td></td>
<td>(including drugs, paedophile or criminal networks)</td>
<td>(including drugs, paedophile or criminal networks)</td>
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<td></td>
<td>- Lack of support for primary carer /unsupported of each other</td>
<td>- No realistic expectations</td>
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<td></td>
<td>- Not working together.</td>
<td>- Concerning perception of baby's needs</td>
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<td>- No commitment to equality in parenting</td>
<td>- Inability to prioritise baby's needs above own</td>
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<td></td>
<td>- Isolated environment</td>
<td>- Foetal abuse or neglect, including alcohol or drug abuse</td>
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<td></td>
<td>- Ostracised by the community</td>
<td>- No ante-natal care</td>
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<td>- No relative or friends available</td>
<td>- Concealed pregnancy</td>
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<td></td>
<td>- Family violence (e.g. Spouse)</td>
<td>- Unwanted pregnancy</td>
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<td>- Frequent relationship breakdown/multiple relationships</td>
<td>- Identified disability (non-acceptance)</td>
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<td>- Drug or alcohol abuse</td>
<td>- Unattached to foetus</td>
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<td>- Gender issues which cause stress</td>
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<td>- Differences between parents towards unborn child</td>
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<td>- Rigid views of parenting</td>
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<td>- Equality in relationship</td>
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<td>- Commitment to equality in parenting</td>
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<td>- Easy baby</td>
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<td>- Acceptance of difference</td>
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#### Future plans

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<thead>
<tr>
<th>No support network</th>
<th>Unrealistic plans</th>
<th>Realistic plans</th>
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<tbody>
<tr>
<td>Delinquent area</td>
<td>No plans</td>
<td>Exhibit appropriate parenting expectations and plans</td>
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<td></td>
<td>Exhibit inappropriate parenting plans</td>
<td>Appropriate expectation of change</td>
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<td></td>
<td>Uncertainty or resistance to change</td>
<td>Willingness and ability to work in partnership</td>
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<td></td>
<td>No recognition of changes needed in lifestyle</td>
<td>Willingness to resolve problems and concerns</td>
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<td></td>
<td>No recognition of a problem or a need to change</td>
<td>Parents co-operating equally</td>
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<td></td>
<td>Refuse to co-operate</td>
<td>Only one parent co-operating</td>
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<td></td>
<td>Disinterested and resistant</td>
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<td></td>
<td>Only one parent co-operating</td>
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6. The way ahead

Detailed plans must be made on the basis of the above assessment. These plans must include taking, or making every effort to take, all necessary action to protect a baby from any assessed risk of significant harm before, during or immediately after the birth. This should normally be done under Child Protection procedures, and/or by ensuring safety by obtaining a court order.