**Risk screening tool – Pre-birth**

This tool should be used as a guide only to whether a Pre-birth Assessment (Early Help Assessment/Child and Family Assessment) or a Pre-Birth Risk Assessment should be completed (click here for template)

**Name of Unborn: ………………………………. EDD: ……………………….**

|  |  |  |  |
| --- | --- | --- | --- |
| Pre-birth Assessment |  | Pre-birth Risk Assessment |  |
| Low/medium risk domestic abuse |  | Medium/high level risk domestic abuse |  |
| Parental mental health problems (depression/anxiety) or mild learning difficulties |  | Severe parental mental health problems (diagnosed disorders/suicidal ideation/post-natal depression) or low cognitive functioning (IQ below 70) |  |
| Parents require support |  | Parent/visitor to home poses a risk to children, including concerns regarding mother’s ability to protect |  |
| Substance misuse (low levels – not impairing functioning) |  | Sibling(s) of unborn subject to Child Protection Plan |  |
| Delayed presentation to antenatal services (not concealed) |  | Previous removal of a child |  |
| Housing issues |  | Previous death of a child in care of parent(s) |  |
| In need of services to help promote health and development of baby |  | Previous concerns regarding Fabricated or Induced Illness by parent(s) |  |
|  |  | Concealed pregnancy |  |
|  |  | Mother who is aged 13 and under |  |
|  |  | Substance misuse where level of drug or level of drug/alcohol use is such as to impact on functioning or likely ability to care for the baby |  |

Name/role of person completing this form: …………………………………………………

Date completed: ……………………………………….