



PRE-BIRTH ASSESSMENT TOOL

To be used in conjunction with the pre-birth guidance document and the pre-birth check list.

1.1 Name of social worker/ person completing assessment	
1.2 Date assessment started	
1.3 Date assessment completed	
1.4 SWIS/LIQUID LOGID number:	

2.0 Areas to cover.

2.1	Name of Mother:	
	Name of Father:	
	Mother's Date of Birth:	
	Father's Date of Birth:	
	Expected date of delivery:	
2.2	Household/Family Composition	
	Any siblings or other significant	
	adults living with or going to be	
	actively involved in care of the baby?	
2.3	Reason for assessment	
	5	
	Please list referral source and date	
	referral received as well as brief	
	details of the concerns noted.	
- 1	NAME - 1 - 1 - 1 - 1	
2.4	Who has contributed to the	
	assessment and in what form did this	
	take i.e., telephone discussion/joint	
	home visit or office appointment with	
	one or both parents?	
	Diagon list the names are not and	
	Please list the names, agency, and	
	relationship to	
	parents/siblings/unborn baby	
	PLEASE ENSURE ANY ADULT	
	SERVICES WORKING WITH	
	EITHER PARENT ARE	
	CONSULTED AND CONTRIBUTE	
	TO THIS ASSESSMENT.	





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2.5 INTERAGENCY REFERRAL DISCUSSION (IRD)

In line with the Forth Valley GIRFEC Pregnancy Pathway, an IRD should take place when a child protection notification of concern (2B) referral is received by social work for an unborn baby. This will ensure appropriate information sharing and integrated working at the earliest opportunity to safeguard the unborn baby.

*Please note that an IRD should still take place when older children are open and allocated to Social Work Services.

Please provide the date of the IRD and the names of the participants.

Please add any significant events to the chronology below and refer to any relevant information gathered within the assessment report and your analysis of risk and need.

2.6 Other Children? -

Do the parents together or individually have other children? If so, please note their names and DOB.

Please note that where other children are living in the same household and/or are exposed to similar levels of risk, and there is a recommendation to proceed to a CP Planning meeting, then a written assessment and recommendation is required which takes accounts of each individual child's needs as well as the unborn baby.





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Have any of these children previously, or are currently, on the CP register or are Looked After at Home or Away from Home? Has there been any previous child protection referrals and investigations?

Please add any significant events such as siblings previous/current episodes of registration/being looked after or any child protection investigations to the unborn baby's chronology.

Past or current sibling concerns should be referenced within the assessment and analysis of risk.





3.0 CHRONOLOGY

3.1 Chronology of	Significant Events	for the unborn	baby, parent	ts, or any other
children of either	parent.			

please include any relevant information about parents i.e., episodes of domestic violence, police reports, an overview of relevant information for any older siblings i.e., CP investigations, periods of CP registration, episodes of being looked after etc.

event	Impact/Outcome	Source

4.0 Assessment of the parent(s) and the potential risk to the child

See checklist of questions to consider below:

Partner support
 Whether this was a planned or unplanned pregnancy
Feelings of mother about being pregnant
 Feelings of partner / putative father about the pregnancy
Any issues about dietary intake
 Any issues about medicines or drugs taken before or during pregnancy.





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	Alcohol consumption
	• Smoking
	Current health status of other children
	Chronic or acute medical conditions or surgical history
	Psychiatric history – especially depression and self-harming
	Housing/Finance
4.4	Common of population ships of some of the sound of the state of the st
4.1	Summary of parents' relationships; strengths and any risk factors?
4.2	Do either of the parents have any health issues that may impact on their capacity to care for a baby?
	care for a baby:
4.3	Summary of relevant background history of parents -
	i.e., care experienced, previous periods of incarceration, past trauma etc.
4.4	Are there any risk factors from either/both parents and anyone living within the
	same household as the family?
	i.e. substance misuse, history of violence, domestic abuse.
	Do any of the parents have a history of offending?
4.5	2 and a more a motory of offering i
	If so, what is the parent (s) views about the offences and what is the possible
	impact of the offending on the parent (s) capacity to safely care for a baby?
4.6	Parents Circumstances – Are there any issues/risks that need to be considered in
	this assessment i.e., homelessness, debt, unemployment?





4.7	Home Conditions - Are there any concerns about the home conditions for the baby? Has this been a past issue or is it a current concern?
4.8	Learning disability - does any of the parents have a learning disability that may impact on their capacity to care for a baby?
4.9	Communication – do either of the parents have any communication issues that should be considered as part of this assessment?
4.10	Support Network (formal and informal) – What is the quantity and quality of support available to each of the parents on their own or as a family as a whole?
4.11	What is the parent (s) previous experience of being responsible for caring for children?
4.12	What is the parent (s) views about professional involvement?
7.12	That is the parent (o) viens about professional involvement:





4.13	What is the parent (s) views about the unborn baby?
4.14	Do the parent (s) understand the baby's needs and are they able to respond to and meet those needs? Are parents able to identify and appropriately respond to risks?
4.15	Any there any other issues that have the potential to adversely affect or benefit the unborn baby?

5.0 Analysis and conclusions

	sessment should address the following issues: What are the concerns identified in this assessment?
	what are the concerns identified in this assessment:
5.2 V	What are the strengths and protective factors identified in this assessment?
V V II	s there a risk of significant harm for this baby? t is crucial to clarify the nature of any risk. What is the risk? Who poses the risk? In what circumstances might this risk exist? How effective are any strengths or protective factors likely to be in reality?





5.4	If there is a risk of significant harm to the baby, what changes should be made to optimise the safety and well-being of the baby?
5.5	What changes <u>must be made</u> to ensure the safety and an acceptable level of care for the baby?
5.6	What is the parents' capacity and motivation to make these changes? And, can these changes be made within acceptable timeframes for the baby?
5.7	What support and intervention is required prior to the birth of the baby, at birth and following the birth of the baby?
5.8	What are the parents' views about this assessment and the recommendations?
5.9	Recommendations
	1. Pre-Birth Child Protection Planning Meeting
	Assessment indicating that the Unborn baby may be at risk of significant harm.
	2. Unborn baby may be a <u>Child in Need</u> and a multi- agency <u>Child's Plan</u> is required.





Unmet needs/lower-level risks identified. Family in need of support and intervention. Further assessment required. Child's plan can be monitored and reviewed in TAC meetings.

3. Refer Back to Universal Services

Assessment indicates that there is no role for Social Work Services to be involved. Refer to Health Services to take the lead role. Midwifery will remain involved, and the Health Visitor will provide the Named Person Service following birth (10 days post birth)

Please confirm your recommended option and send the completed assessment, signed off by the Team Manager, to the CP Coordinator for consideration <u>prior to 24</u> <u>weeks of pregnancy</u>.

Please note – The IRD may have made the decision that a PBCPPM is required due to the level of risk.

Геат Manager – s	signature and date
Date received by	/ CP Co-ordinator:
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6.1 Decision:	

Lead Professional – signature and date.....