

Getting It Right For Every Child
Learning Partner

Core component

Maternity Single Agency
Assessment Part I



getting
it right
for every child
in Lanarkshire



Date started:	Date completed:	NHSL Maternity Services SINGLE AGENCY ASSESSMENT PART I (Parental capacity to provide well-being assessment)			Universal services only	
					Additional help from a universal service	
Named Person (full contact details):				Joint working with another agency		
Lead Professional if any (full contact details):				Integrated working/compulsory intervention		
SECTION 1. PERSONAL DETAILS				Summary of any concerns or reason for completing Single Agency Assessment Part I:		
Baby's surname:		Date of booking or first point of contact :		1. Routine		
		Date of birth or due date of delivery:				
Address :				2. Possible additional needs within Health		
Parents/carer 1 name:		Parent/carer 2 name:	Telephone number:			
D.O.B./CHI:		D.O.B./CHI:	Telephone number:			
Address/s if different from above:				3. Need for joint working to make a Request for Assistance		
				Any other information		
SECTION 2. BIRTH			SECTION 3. OTHER CHILDREN (use another sheet)			
I have received information about the baby's birth	Yes	No	Name: D.O.B. Address if different			
There were difficulties during birth which could affect the baby's well-being	Yes	No				
			Information sharing Protocol in place		Yes	No
			Date in Place:	Any reason not in place:		
It is essential that parents have the opportunity to comment on any information you have gathered and recorded and the date this took place				Date:		



SAFE: Capacity to protect from abuse, neglect or harm, at home and in the community	HEALTHY: Capacity to make sure that the child achieves the highest attainable standards of physical and mental health, access to suitable health care and support with any medical issues
Strengths/protective factors ← Well-Being → Developmental needs/adversities	Strengths/protective factors ← Well-Being → Developmental needs/adversities
Antenatal	Antenatal
Postnatal It is not always the same professional who is completing the home visits postnatally and also circumstances can change or new evidence becomes available	Postnatal It is not always the same professional who is completing the home visits postnatally and also circumstances can change or new evidence becomes available
ACHIEVING: Capacity to encourage learning and development with support and guidance in the development of skills, confidence and self esteem, both positive and negative	NURTURED: Capacity to provide a nurturing place to live in a family setting with additional help if needed, both positive and negative
Strengths/protective factors ← Well-Being → Developmental needs/adversities	Strengths/Protective factors ← Well-Being → Developmental needs/adversities
Antenatal	Antenatal
Postnatal It is not always the same professional who is completing the home visits postnatally and also circumstances can change or new evidence becomes available	Postnatal It is not always the same professional who is completing the home visits postnatally and also circumstances can change or new evidence becomes available



ACTIVE: Capacity to ensure that the child is stimulated and has opportunities to engage in activities such as play that will contribute to healthy growth and development	RESPECTED: Capacity to understand the unique characteristics and personality of the baby. Ability to tune in, to listen and hear the baby's attempts to gain attention
Strengths/protective factors ← Well-Being → Developmental needs/adversities	Strengths/protective factors ← Well-Being → Developmental needs/adversities
Antenatal	Antenatal
Postnatal It is not always the same professional who is completing the home visits postnatally and also circumstances can change or new evidence becomes available	Postnatal It is not always the same professional who is completing the home visits postnatally and also circumstances can change or new evidence becomes available
RESPONSIBLE: Capacity to provide structure and boundaries with regular routines for eating, bathing and sleeping	INCLUDED: Capacity to offer extended support with connections to other children and adults within the community
Strengths/protective factors ← Well-Being → Developmental needs/adversities	Strengths/protective factors ← Well-Being → Developmental needs/adversities
Antenatal	Antenatal
Postnatal It is not always the same professional who is completing the home visits postnatally and also circumstances can change or new evidence becomes available	Postnatal It is not always the same professional who is completing the home visits postnatally and also circumstances can change or new evidence becomes available



What is the analysis of this (unborn) baby's well-being? (using the information against well- being indicators)		What are you as a midwife doing to help develop this (unborn) baby's well-being?	
Do you have all the information you need to help develop this (unborn) baby's well-being?		Yes	No
What additional help, if any, may be needed from within maternity services or health?	What additional help, if any, may be needed from professionals in another agency?		
If additional support is identified, do you believe a Single Agency Assessment and Plan (My World Triangle) is required to develop the (unborn) baby's well-being?		YES	NO
If additional support is identified, do you believe an Integrated Assessment and Child's Plan might help to bring all available information and relevant professionals together to develop the (unborn) baby's well-being?		YES	NO
What are the parent's / carer's views about the (unborn) baby's well-being? Parent / Carer 1	Parent / Carer 2		
Name :	Designation:	Signature	Date:
Name and contact details of midwife signing off the well-being assessment if different from above			



GUIDANCE ON INFORMATION REQUIRED IN SINGLE AGENCY ASSESSMENT PART 1 MATERNITY

Date started: From point well-being is considered	Date Completed: End of this phase of assessment	NHSL Maternity Services SINGLE AGENCY ASSESSMENT PART I (Parental capacity to provide well-being assessment)	Universal Services only	
			Additional help from a universal service	

Named Person (full contact details): The midwife – community, hospital or specialist who has taken on the role of Named Person for the (unborn) baby	Joint working with another agency	
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Lead Professional if any (full contact details): Where agencies are already working together with the family before the parent made contact with maternity services for the expectant parent or for another existing child	Integrated working /compulsory intervention This section should be marked according to who is involved with the child/family	
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SECTION 1. PERSONAL DETAILS	Summary of any concerns or reason for completing Single Agency Assessment Part I:
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Baby's surname: The surname will the baby will be known as	Date of booking or first point of contact : The first point of contact with a member of maternity services	4. Routine
	Date of birth or due date of delivery: Estimated from the last date of menstruation	

Address : The expectant mother's address	5. Possible additional needs within Health
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Parents/carer 1 Name: The expectant mother	Parent/carer 2 Name: The other parent/carer	Telephone number:	6. Need for joint working to make a Request for Assistance
D.O.B./CHI: where available	D.O.B./CHI: where available	Telephone number:	

Address/s if different from above:	Any other information
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SECTION 2. BIRTH	SECTION 3. OTHER CHILDREN (use another sheet)
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I have received information about the baby's birth	Yes	No	Name:	D.O.B.	Address if different	A summary of any other important information which the reader can understand at a glance		
There were difficulties during birth which could affect the baby's well-being	Yes	No	Information sharing Protocol in place				Yes	No
			Date in Place:		Any reason not in place:			

It is essential that parents have the opportunity to comment on any information you have gathered and recorded and the date this took place	Date:
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SAFE: Capacity to protect from abuse, neglect or harm, at home and in the community	HEALTHY: Capacity to make sure that the child achieves the highest attainable standards of physical and mental health, access to suitable health care and support with any medical issues
Understanding and acknowledgement of (unborn) baby's right to be protected from harm Living conditions which provide a safe environment Family support to ensure safety Lifestyle issues – i.e. parental drug & alcohol use/ risk taking behaviour Previous child protection activity or social work involvement Evidence of current parenting skills to protect Preparation for parenthood, awareness and understanding of protection from harm such as alcohol/smoking Parenting capacity – skills, abilities, experience	Understanding and acknowledgement of (unborn) baby's right to positive health Parental health awareness and health choices Current parental physical and mental health Actions taken to maximise health of foetus/baby such as attendance at antenatal appointments, baby clinics Engagement with specialist/support services Lifestyle issues, i.e. smoking, alcohol Evidence of current parenting skills
ACHIEVING: Capacity to encourage learning and development with support and guidance in the development of skills, confidence and self esteem, both positive and negative	NURTURED: Capacity to provide a nurturing place to live in a family setting with additional help if needed, both positive and negative
Understanding and acknowledgement of (unborn) baby's right to achieve Engaging with own learning in preparation for parenthood Receptive to parenthood education Parental capacity – learning difficulties, mental health issues etc which impact on learning Evidence of parental learning and development throughout pregnancy to early years Learning environment/types of stimulation offered to baby Regular routines to establish learning patterns such as bath time etc Attachment/bonding and communication with baby Evidence of stress which could impact on unborn baby's brain development	Understanding and acknowledgement of the (unborn) baby's right to be nurtured Living Conditions to provide a nurturing environment Preparation for Parenthood Emotional attachment/bonding / affection with the baby Parental experience of nurture
ACTIVE: Capacity to ensure that the child is stimulated and has opportunities to engage in activities such as play that will contribute to healthy growth and development	RESPECTED: Capacity to understand the unique characteristics and personality of the baby. Ability to tune in, to listen and hear the baby's attempts to gain attention
Understanding and acknowledgement of (unborn) baby's right to be active Parental upbringing/role model Current lifestyle choices in terms of interests, activities, exercise, weight management etc Preparation for parenthood such as attendance at classes Evidence of current parenting skills or experience	Understanding and acknowledgement of (unborn) baby's right to be respected Parental upbringing/role model Engagement with specialist/support services Expectation of involvement in decisions that affect them or (unborn) baby Social/emotional communication skills/abilities verbal and non-verbal Evidence of current parenting skills which respect baby's right as an individual Recognition of individual characteristics and personality of the baby
RESPONSIBLE: Capacity to provide structure and boundaries with regular routines for eating, bathing and sleeping	INCLUDED: Capacity to offer extended support with connections to other children and adults within the community
Understanding and acknowledgement of (unborn) baby's right to be cared for responsibly Appropriate level of preparation for parenthood Reliability e.g. attendance at antenatal appointments Ability to understand and maintain routines, boundaries and structures for the care of the baby Evidence of healthy choices, personal boundaries and self respect Ability to seek support and advice if required e.g. benefits/home care support	Understanding and acknowledgement of (unborn) baby's right to inclusion Consider links to extended family and community Language, communication or cultural issues which may impact on inclusion Capacity issues such as mental health or shy personality which impact on inclusion Geographical location Access to amenities, facilities, resources which provide opportunities to integrate



<p>How is this (unborn) baby's well-being likely to develop? (summary analysis of the parent's capacity to provide well-being)</p> <p>From the information you have gathered, are there any particular issues which are getting in the way of the current or future well-being of this (unborn) baby? Summarise the key issues using your professional knowledge and experience.</p>	<p>What are you as a midwife doing to help develop this (unborn) baby's well-being?</p> <p>What supports are you as a midwife putting in personally to make sure the child's well-being is developing i.e., checks and monitoring, knowledge and information, advice and support either one-to-one or group you are providing, early liaison with public health nurse etc.</p>		
<p>Do you have all the information you need to help develop this (unborn) baby's well-being?</p>		<p>Yes</p>	<p>No</p>
<p>What additional help, if any, may be needed from within maternity services or health?</p> <p>Are there any other services within maternity or wider NHS that could be offered to support the child's well-being such as the Diabetics Clinic</p>	<p>What additional help, if any, may be needed from professionals in another agency?</p> <p>Are there any other services you think may help the (unborn) baby's well-being at this time</p>		
<p>If additional support is identified, do you believe a Single Agency Assessment and Plan (My World Triangle) might help to provide a more detailed picture of the needs of the (unborn) baby?</p>		<p>YES</p>	<p>NO</p>
<p>If additional support is identified, do you believe an Integrated Assessment and Child's Plan might help to bring all available information and relevant professionals together to help develop the (unborn) baby's well-being</p>		<p>YES</p>	<p>NO</p>
<p>What are the parent/carer's views about the (unborn) baby's well-being? Parent/carer 1</p> <p>Parents should be made aware that you are gathering information to make sure the child's well-being will develop. Part of this process must be to ask for the parent's own view on their capacity to develop the well-being of their child and to include their own words and perceptions in this section rather than paraphrasing what they say</p>	<p>Parent/carer 2</p> <p>The ideal time to ask for parent's views is the session which also includes the partner if any. In line with GIRFEC and the Parenting Strategy, midwives should make every attempt to include the other parent's views wherever possible, part of which is to reinforce the crucial role male parents have</p>		
<p>Named Person:</p>	<p>Designation:</p>	<p>Signature:</p>	<p>Date:</p>
<p>Name and contact details of midwife signing off the well-being assessment if different from above:</p>		<p>There will be occasions when personnel change in maternity services and sometimes another practitioner will complete the final stages before signing off the well-being assessment. This should be recorded here</p>	