Sandwell Children's Trust

Unborn Babies Safeguarding and Planning

PRE-BIRTH PROTOCOL 2022

Contents

1 Introduction

Young babies are particularly vulnerable to abuse, and work carried out in the antenatal period can help minimise any potential harm if there is early assessment, intervention and support.

Unlike many safeguarding situations, the antenatal period gives a window of opportunity for practitioners and families to work together to:

- Form relationships with a focus on the unborn baby;
- Identify risks and vulnerabilities at the earliest stage;
- Understand the impact of risk to the unborn baby when planning for their future;
- Explore and agree safety planning options;
- Assess the family's ability to adequately parent and protect the unborn baby and once the baby is born;
- Identify if any assessments or referrals are required before birth;
- Ensure effective communication, liaison and joint working with all involved and relevant professionals that are working with the family;
- Plan on-going interventions and support required for the child and parent(s);
- Avoid delay for the child where the Public Law Outline threshold is reached

Where risks have been identified, it is important that practitioners do not assume that Midwifery or other Health services are aware of the pregnancy. It is critical that all professionals work together and share information to provide a coordinated response, and appropriate interventions and planning at the earliest opportunity to optimise the outcomes and support for the child and their family.

This procedure sets out how Sandwell Children's Trust (SCT) responds to concerns for unborn babies where vulnerability and risk factors are identified. For further information and guidance on multi-agency roles and responsibilities, the West Midlands Regional Procedures can be found **here**.

Where there is a **late booking or a concealed pregnancy**, the health practitioner must complete an immediate assessment to identify which agencies need to be involved and make appropriate referrals. Where there is evidence of a concealed pregnancy a referral must be made to SCT.

2 Early Intervention and Early Help

Where there are additional support needs identified during the pregnancy, an Early Help Assessment should be completed at the earliest opportunity, helping to identify support and intervention best suited to the family and their needs.

A referral to the Sandwell Unborn Baby Network may also be considered.

Please refer to the **Early Help guidance and strategy** for further information around the completion of assessments.

Providing early help is more effective in promoting the welfare of Children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Working Together to Safeguard Children

3 Involvement of Children's Social Care

Referrals made to SCT are to be made as early in the pregnancy as possible and as soon as concerns have been identified which indicate that the unborn is at risk of harm. It may be that concerns are not known until later in the pregnancy at which point a referral should be made.

In any of the following circumstances a referral **must always** be made:

- There has been a previous unexpected or unexplained death of a child whilst in the care of either parent;
- A parent or other adult in the household is a person identified as presenting a risk, or potential risk, to children. This may be due to domestic abuse, violence, substance/alcohol abuse, mental health or learning difficulties;
- A sibling (or child in the household of either parent) has previously been removed from parental care/previous PLO and/or Court Proceedings;
- Children in the household / family currently subject to statutory planning (Child in Need/Child Protection Plan/Looked After child);
- Where there are serious concerns about parental ability to care for the unborn baby or other children (for example, teenage/young parents who have been/are Looked After and/or with limited support);
- There is a perinatal mental illness that presents a risk to the unborn baby;
- Where there are maternal risk factors e.g. denial of pregnancy, concealed pregnancy, avoidance of antenatal care (failed appointments), non-engagement with necessary services and/or with treatment with potentially detrimental effects for the unborn baby;
- Any other concern exists that indicate the baby may be at risk of significant harm.

See the **referrals procedure** for advice and guidance regarding the process to follow where a professional has concerns about a child/ren. The Thresholds Document also provides important information and safeguarding guidance to consider.

4 Outcome of Referral to Children's Social Care

There are several possible outcomes from a referral to SCT:

1. The unborn baby is deemed to be at risk of significant harm. The unborn baby's needs and those of their family will be considered within the Child Protection process; inviting multi-agency pre-birth assessment and planning;
2. The unborn baby is deemed to be a Child in Need under Section 17. In these circumstances, a multi-agency pre-birth assessment will be completed, led by a social worker to identify the level of need and risk, and the service required to support the child and family;
3. It may be that threshold is not considered met for SCT involvement, but that the family would benefit from support via Multi Agency Early Help Services (see Section 2 for detail);
4. It may be that threshold is not considered to be met for either SCT involvement or Multi Agency Early Help Services. In these instances, the referrer should be signposted to other appropriate agencies /services. This may include recommending an Early Help Assessment is completed and/or a referral to Sandwell Unborn Baby Network (SUBN).
5.

If the referrer disagrees with the outcome of a referral, they can utilise the SCSP resolution and **escalation policy** as appropriate.

All unborn babies who are referred to SCT and meet threshold for a Pre-Birth Assessment will be reviewed by the Multi-Agency Unborn Baby Panel. This Panel meets fortnightly to provide an overview of all unborn babies and to make recommendations to the Social Work Teams. It is expected that social workers and/or managers attend this panel to discuss their allocated child and to follow any recommended actions to ensure that assessment and planning is proactive and timely and that there is no drift or delay.

Notifying the referrer of the outcome of a referral

SCT should notify the referrer about the outcome of their referral, and this would normally be within 72 hours. If the referrer does not receive the information within this timeframe, they can contact SCT directly.

Any child can be re-referred at any point if there are any changes that increase the risk to the unborn baby.

Strategy Discussion

If there is reasonable cause to suspect an unborn baby is likely to suffer significant harm, a Strategy Discussion will be convened. Best practice is for this meeting to take place no later than Day 25 of the Pre-Birth Assessment. However, a strategy meeting can be convened at any point during the assessment.

This will be coordinated and chaired by SCT who will involve all other professionals involved with the family. For further information on Strategy Discussions and the Child Protection process please refer to **Child Protection enquiries**.

The Strategy Discussion will determine if there is evidence/risk of significant harm. If this is the case, then a Section 47 enquiry will be initiated either jointly with Police, or as single agency enquiry, led by SCT to ascertain the level and source of risk to the unborn baby and any others. It will include seeing the mother and any other significant adults as well as seeing and speaking to other children in the family/household.

Outcome of Section 47 Enquiry
Child in Need of Protection

A possible outcome of the Section 47 enquiry may be that there is evidence that the unborn baby is suffering or at risk of suffering significant harm. In these circumstances SCT will convene an Initial Child Protection Conference and will need to consider the most appropriate timing for this to be held. It may be that, where the pregnancy is in the early stages there is sufficient time for assessment and interventions to be provided to address the identified risks prior to birth. In such situations SCT may decide, in consultation with other agencies, to undertake this work and hold a further strategy discussion at a later point in the pregnancy to consider whether the risk of significant harm is still evident. In such circumstances, the unborn child will be subject to a Child in Need plan. This approach must also consider the likelihood of premature birth.

Planning arising from the Strategy Discussion must also include timescales for the completion of the Pre-Birth Assessment, whether attendance at Legal Gateway Panel is required to consider entering Public Law Outline (PLO) and contingency planning around alternative support and care.

Whether the decision following the Section 47 enquiry is to proceed to an Initial Child Protection Conference or hold a strategy discussion later in the pregnancy, the Initial Child Protection Conference must take place **within 15 working days** of the date of the strategy discussion where the decision to proceed to Conference is taken.

The first Review Conference should be scheduled to take place within 1 month of the child's birth or within 3 months of the pre-birth conference whichever is the sooner.

Child in Need

It may be that the unborn child has not been assessed to be at risk of significant harm, but the family would benefit from support to prevent escalation. In such circumstances, SCT would need to determine if threshold is met for Child in Need planning, to work with the family and other agencies to develop an outcome focused Child in Need plan to address identified risk and need. Regular Child in Need multi-agency meetings would be held with the family to review progress with achieving the outcomes. These should happen on at least a 4-6 weekly basis.

On occasion, the Section 47 enquiry and subsequent Pre-Birth Assessment may result in no further action being taken by SCT. It is important that if this is the case, that decision making is clear, defendable and evidence based. Whilst there may be no further action being taken by SCT, it would be expected that as part of the outcome, that there are considerations and discussions with the family around Early Help and SUBN, as well as clear analysis around the decision making.

6 Pre-Birth Assessment

The importance of conducting pre-birth assessments has been highlighted by numerous research studies and Child Safeguarding Practice Reviews (previously known as Serious Case Reviews) which have shown that children are most at risk of fatal and severe assaults in the first year of life, usually inflicted by their carers.

Pre-Birth Assessment is a sensitive and complex area of work. It is important to undertake the assessment during early pregnancy so that the parents are given the opportunity to demonstrate the capacity to change. If the outcome of the assessment suggests that parenting capacity is of concern, there is an opportunity to make clear and structured plans for the baby's future together with support for the parents.

Where threshold has been determined that a Pre-Birth Assessment is required, SCT is the lead agency and this is a Social Work led activity. However, it is imperative that social workers do not conduct assessments in isolation, and work in partnership with the parents and relevant and involved professionals to inform assessments and outcomes for children and families. Professional obligations to participate in and contribute to assessments is set out within Working Together to Safeguard Children literature.

To inform any assessment, it is important to compile a clear history from the parents about their own experiences of being parented and a clear understanding of the family system/network, traditions, culture and identity; mindful of social GGRRAAACCEEESSS. It is imperative that appropriate measures and support are in place for parents where there are communication difficulties/barriers; ensuring that they are able to fully participate within assessment and planning activities and that there is assurance of their understanding.

If the parent/s have experienced social care involvement, it is important that this is explored and understood. If applicable, their views about any previous children who have been removed from their care must be discussed and whether they have demonstrated sufficient insight and capacity to change in this respect requires robust and evidence based assessment. In these situations, previous Court documentation, Judgements and completed assessments should be accessed and considered at an early stage. Consultation with previous and/or current social workers is essential and they should be invited to relevant meetings.

Working with extended families is crucial to the assessment process and achieving positive outcomes for unborn children. A Family Group Conference should be offered and convened for each family, especially where there is a possibility that the parent/s may be unable to meet the needs of the unborn child. Family Group Conferences can enable the families to be brought together to make alternative plans for the care of the child thus avoiding the need for Care Proceedings for that child. Parallel planning and assessment of alternative family carers can prevent delays in Care Planning for the child.

Pre-Birth assessments should be completed within 35 working days and must include a three generational and cultural genogram, demonstrating a robust understanding of the family and networks. A detailed chronology must also be completed, as an effective way of reviewing history, identifying patterns and issues and supporting good risk analysis of likely harm. It is important to not only assess and consider the concerns identified, but also strengths and how the risks can be mitigated.

Please also see Appendix 1. This is a Process Map to be followed and used in conjunction with this guidance.

Factors when considering safety, risk and vulnerability:

Below are areas to consider within any Pre-Birth assessment. This is not an exhaustive list. Please see Appendix 3 for Assessment Triangle.

Parenting Capacity

Explore parental criminal and social care histories, as well as parental insight into the concerns and impact upon the baby-are there any risks such as abuse, neglect, violence, previous children harmed/removed, history of poor engagement, statutory planning or been Looked After themselves?

Explore parent's experiences of being parented, their childhood experiences, and impact. Explore parental relationship histories-any identified risks (such as such as domestic abuse, adults who pose a risk to children, cruelty to animals)? Is there parental insight? Are both parents willing to and are engaged with social care and all relevant professionals?

Age and impact upon level of risk/vulnerability (a child themselves, under 20, immaturity, poor/limited support, are/were Looked After)

6 Pre-Birth Assessment (continued)

Impact of any parental difficulties and disabilities (mental health, post-natal depression, drug and/or alcohol misuse, learning/communication difficulties)

Child's Developmental Needs

Engagement with health services and ante-natal care?

Was the pregnancy planned-explore bond with baby and attitude to unborn baby's needs-are these prioritised?

What are both parent/s expectations of the baby? Are these realistic? What are the parenting plans-joint/co-parent or single parent? Are the parent/s aligned and working together?

Where changes are needed, are parent/s open to and recognise this, in the interests of the baby?

What will the impact of a new baby joining the family be-emotionally, physically, financially?

Family and Environmental Factors

Understanding the family's culture and community-what does this mean for the family, the unborn baby, views of the pregnancy/gender and the level of risk identified?

Quality and impact of relationships and household members, family support and friendships-are these safe, appropriate and protective?

Explore family finances and stability and quality of housing to meet the family's needs. Explore home conditions and preparations for baby's arrival.

If the family have pets, are they well cared for and where risks are presented, are these managed appropriately?

Working with fathers and partners

Fathers play an important role during pregnancy and after.
The National Service Framework (2004) states:

"The involvement of prospective and new fathers in a child's life is extremely important for maximising the life-long wellbeing and outcomes of the child regardless of whether the father is resident or not. Pregnancy and birth are the first major opportunities to engage fathers in appropriate care and upbringing of children." (NSF, 2004).

It is important that all agencies involved in pre and post birth assessment and support, fully consider the significant role of fathers and wider family members in the care of the baby even if the parents are not living together. This should include the father's attitude towards the pregnancy, the mother and new born child and his thoughts, feelings and expectations about becoming a parent.

Information should also be gathered, and checks completed in relation to fathers and partners who are not the biological father at the earliest opportunity to ensure any risk and protective factors can be identified. A failure to do so may mean that practitioners are not able to accurately assess what mothers and other family members might be saying about the father's role, the contribution which they may make to the care of the baby and support of the mother, or the risks which they might present to them.

7 Safeguarding Birth Plan

All unborn babies who are subject to Public Law Outline and/or Child Protection planning will require a Safeguarding Birth Plan.

It is the responsibility of the Social Worker with core group members and involvement of the Named Midwife for Safeguarding, from the first core group meeting to develop a detailed Safeguarding Birth Plan and ensure that it is disseminated to agreed partners and relevant birthing units. This will detail the planning for delivery and the immediate post-natal period, including who should be notified upon the birth of the baby.

The detailed Safeguarding Birth Plan must be completed and disseminated to relevant professionals including the Emergency Duty Service (EDS) no later than week 35 of the pregnancy. Where a Birth Plan is needed, the mother should be encouraged to give birth within a hospital setting however, if a home birth is the desired choice, a pre-birth planning meeting should invite additional consideration around the level of risk and how this will be managed; as well as identifying who can be present.

Every Birth Plan should include roles and responsibilities, contact numbers and names of professionals involved and the agreed arrangements for where the baby is to be discharged to.

It is the responsibility of the Named Midwife for Safeguarding Children to ensure that other health practitioners involved are informed, such as the obstetrician, neonatologist, GP, Health Visitors. The Social Worker is responsible for ensuring other relevant agencies such as EDS and the police are aware of the detail within the plan. All professionals will need to be clear about their role and that of others.

The Safeguarding Birth Plan should be shared with parents unless to do so is felt to put the mother or baby at increased risk of harm. Professionals will need to agree how the plan will be shared with parents and who will lead this conversation.

7 Safeguarding Birth Plan (continued)

Additional Considerations

- Immediately post birth, there may be occasions when either the baby and/or mother will need to stay in hospital for a further period, for example where there are medical needs in relation to the baby. In such circumstance's professionals will need to assess the baby and mother's needs and risks during this period and how these will be met and managed during this period;

- In situations where the mother has been discharged from the birthing unit/hospital and there are safeguarding concerns for the baby, a multi-agency risk assessment and safety plan may need to be made with the parents about family time with their baby in the hospital setting. This will include whether unsupervised contact between parents, other relatives and the baby is allowed;

- For some unborn babies, the pre-birth assessment and planning activities conclude that the baby would be at significant risk of harm if they were discharged home to the immediate family following birth. In these circumstances SCT will consider the best way to safeguard the baby including whether to apply to the Courts for an Order to remove the baby following birth.

- Where the plan is to apply for a Court Order, this will be conveyed to the parent/s at the earliest and most appropriate opportunity. It is however the decision of the Courts whether to grant an Order and so there should be an alternative agreed care and management plan following discharge of the baby by all partners if this situation arises. Where SCT plan to apply for a Court Order at birth, the Police should be invited to the discharge planning meeting to consider any immediate protective action required. The discharge plan will set out where the baby is to be discharged to if not to parental care.

It is important that Health and Midwifery services ensure that any protective action required within the hospital setting is managed following birth of the baby. These arrangements must be included within the Safeguarding Birth Plan, and where the circumstances require, including any protective action that the Police may need to consider.

8 Discharge Planning Meeting

For all babies who are subject to Public Law Outline and/or Child Protection planning, the discharge planning process should be initiated as soon as the mother is admitted/ presents for delivery and all Midwives caring for her should have full access to and knowledge of the Safeguarding Birth Plan.

Following birth, a Discharge Planning Meeting will be required for all babies (including those babies born at home). This meeting should take place ideally 48 hours ahead of the proposed discharge, but certainly no less than 24 hours before. All involved agencies must be invited to attend and should be represented for the meeting to proceed. The convening and timing of the Discharge Planning Meeting and alerting all those required to attend should be a shared responsibility between Health and SCT. The Social Worker will lead the discharge planning meeting.

Professionals that need to be represented:

- SCT Team Manager/Social Worker;
- Paediatric Consultant (or specialist registrar with consultants' consent);
- Named Nurse/Midwife Safeguarding Children;
- Other relevant hospital staff involved in the care of the child/family;
- Health Visitor;
- Other agencies and wider attendance should be considered such as Children's Centre, Young Parents Service, School Nurse, Police, Mental Health colleagues, Learning Disability colleagues, GP and any other key professionals that are able to support the safeguarding of the new-born.

An agreed multi-agency discharge plan will set out arrangements for the care and safety of the child following discharge from hospital into the community and will include SMART actions, to include:

- Details of the child's GP. If they are not registered this should be organised before the child leaves hospital;
- Additional medical investigations requested including timescales for completion;
- Multi-Agency support and monitoring;
- Documentation of any legal orders arising from the admission.

8 Discharge Planning Meeting (continued)

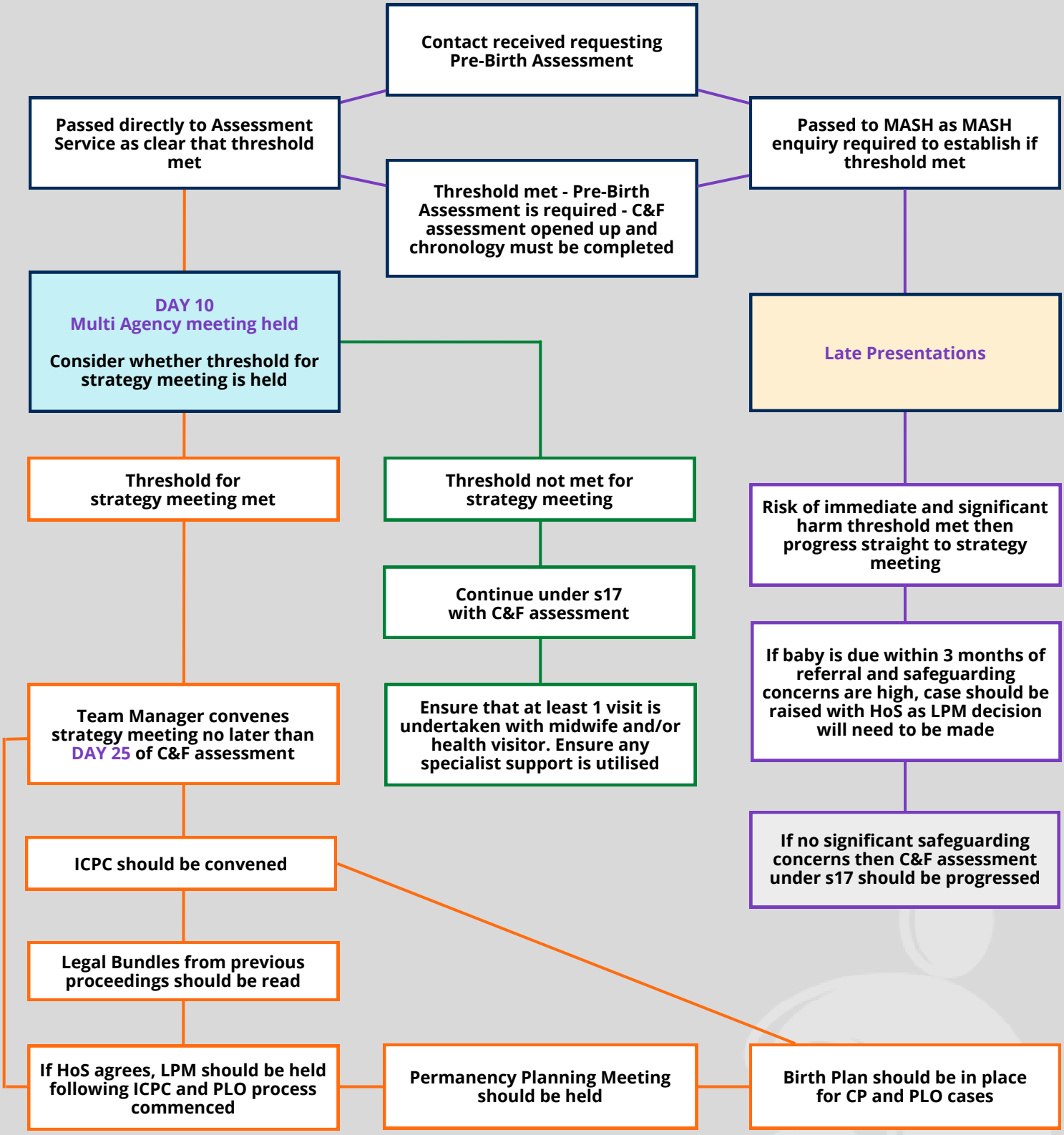
The Social Worker will ensure that the parents and any support person they choose will be informed when and where the meeting will take place. Parents will always be invited unless to do so would present a risk of harm to the child. If this is the case the meeting will need to discuss how and when parents will be informed of the outcome of the meeting.

Where a baby is born prematurely it is reasonable to plan the discharge meeting 7-10 days prior to the earliest likely discharge date. All agencies should aim to agree the baby's discharge as soon as safely and practicably possible.

The newborn baby should not be discharged at weekends or on bank holidays unless there is a consensus that it is safe and reasonable to do so. This should be documented in the child's medical record and discharge plan.

A copy of the Discharge Planning meeting must be placed in the child's social care file and medical notes. See Appendix 2 for suggested template.

Pre-Birth Pathway



Appendix 2 - Discharge Planning Meeting Template

Discharge Planning Meeting Agenda

1. Introductions and purpose of meeting
2. Professionals attending and apologies
3. Clarify name, DOB, address, ethnicity of child and significant family members including other children
4. Agency updates in relation to pre birth, birth and post birth considerations during hospital stay
5. Discharge plans to include:
    - When and to whom baby is to be discharged to
    - Reasons why this is the proposed plan
    - Is parental consent required to implement this plan? If not detail how consent will be dispensed with
    - Consideration of the baby's development and whether or not there are specific medical needs which need to be addressed, including how these will be addressed
    - Who will transfer/transport baby and/or parent/s to proposed address
    - What equipment is required and who will provide this e.g. car seat, clothing, feeding equipment
    - Who and when will parent/s be informed of discharge plan
    - Consider any equality and diversity issues in relation to baby and the family and how these may impact on implementation of plan
    - Contingency plans
6. Consideration of support needs for other siblings, parent/s and significant family members, including how and who will provide this.
7. Where the baby is to be separated from parent/s consider contact arrangements with parents and any siblings following discharge.
8. Consider information to be shared or withheld from parent/s and the reasons for this.
9. Arrangements to inform (including who and when);
    - The community midwife
    - The health visitor
10. Proposed multi agency visiting arrangements following discharge
11. Dates for review of arrangements

Appendix 3 - Assessment Triangle