



PRE-BIRTH November 2008

It must be noted that these pre-birth procedures are additional to the core individual case management procedures, not instead of them. They must be read in tandem with the core procedures, and cross referenced as relevant with the Multi-agency procedure for Parents with a Learning Disability. (H) (Note however that as of November 2008 these procedures are the most up-to date, and therefore supersede in regard to timescales and new developments.)

Careful attention must be paid to consent issues throughout.

1. Unborn Babies

1.1 UK law does not afford legislative rights to an unborn baby. However, there are times when agencies or individuals anticipate that prospective parents may need support services to care for their baby, or that the baby may be at risk of significant harm.

1.2 A referral to Children's Social Care must be **made at the earliest opportunity after 16 weeks gestation** to maximise time for:

- A multi-agency Core Assessment to be completed.
- Enabling a healthy pregnancy
- Supporting the parents so that (where possible) they can provide safe care
- Holding a Family Group Conference to engage the family in planning for the expected child, and to identify what support is realistically available from the extended family or friends.
- Early identification of significant relative or family member who might be able to support or provide primary care

2. Recognition and Referral

2.1 Pre-birth referrals to Children's Social Care may have been preceded by an assessment e.g. a CAF by professionals working with the parents (health or other adult service providers). Professionals may already be working with a "preventative plan."

2.2 This process must not delay a referral being made whenever it is recognised that there may be a risk of significant harm to the unborn child.

2.3 A referral must **always** be made as soon as possible after 16 weeks gestation, or **immediately the information comes to light** in the following circumstances:

- There has been a previous unexpected 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
- Children in the household / family currently subject to a child protection plan or previous child protection concerns
- A sibling (or other child in the household of either parent) has previously been removed from the household either temporarily or by court order
- There is knowledge of current, or a history of significant parental risk factors associated with mental illnesses or disorder, domestic violence or substance misuse. **(Hyperlink to procedures for Parents with Drug and Alcohol abuse issues)**
- There are concerns about parental ability to self care and/or to care for the child e.g. unsupported young or learning disabled mother/parents.
- There are maternal risk factors e.g. denial of pregnancy, avoidance of antenatal care (failed appointments), non-co-operation with necessary services, non compliance with treatment with potentially detrimental effects for the unborn baby
- Forced marriage
- Any other concern exists that the baby may be at risk of significant harm: e.g. Female Genital Mutilation

2.4 Where the concerns centre around a category of parenting behaviour e.g. substance misuse, the referrer must make clear how this is likely to impact on the baby and what risks are predicted.

In the above circumstances, delay must be avoided when making referrals in order to:

- Provide sufficient time to make adequate plans for the baby's protection
- Provide sufficient time for a full and informed assessment
- Avoid initial approaches to parents in the last stages of pregnancy, at what is already an emotionally charged time
- Enable parents to have more time to contribute their own ideas and solutions to concerns and increase the likelihood of a positive outcome to assessments
- Enable the early provision of support services so as to facilitate optimum home circumstances prior to the birth

- Identify significant family members who might be able to provide support, and consider the use of a Family Group Conference to facilitate this.

2.5 Every effort should be made to share concerns with prospective parent/s and obtain consent to refer to Children's Social Care, unless this action in itself may place the welfare of the unborn child at risk e.g. if there are concerns that the parent/s may move to avoid contact.

3. Midwifery and Health Visiting services

3.1 Health professionals in contact with pregnant women should routinely assess the needs of the mother and the unborn baby.

3.2 If vulnerability factors have been identified the midwife should:

- Refer to the Health Visiting service by 24 weeks gestation,

And

- Identify whether a CAF has been completed, or whether the parents or other children in the family are already known to Children's Social Care.

If not

- Undertake a CAF gathering information from all other professionals involved with the family to ascertain whether:
 - the unborn baby should be considered by an Early Intervention Panel with a view to appointing a Lead Professional and a Team around the Child,
 - the unborn baby should be referred for an Initial Assessment as a possible Child in Need under the Children Act 1989, to Children's Social Care.

If the previous criteria are fulfilled a referral must be made to social care at 16 weeks gestation, or as soon as this judgement is made, if later than 16 weeks.

4. General Practitioner, Obstetrician

4.1 In some cases relevant records identifying one or more of the above risk factors may only be available on medical records (e.g. where an adult has moved frequently.) The GP or other relevant Doctor must therefore consider the need for an early referral of the unborn baby when any of the above factors apply to a prospective mother, father or carer. These records should also be brought to the attention of the Community Midwife, and/or Health Visitor

5. Children's Social Care

5.1 If there is a decision NOT to undertake an Initial Assessment, when a health professional has referred concerns about an unborn baby, the reasons for this must be evidenced and recorded by the Team manager, and the referrer informed in writing.

5.2 It may be suggested that a CAF is completed.

5.3 If an Initial Assessment is carried out but does NOT lead to a service being offered by Social Care then, with consent, the Initial Assessment can be sent to the Early Intervention Panel for consideration.

5.4 If the midwifery service is not satisfied with the response from Children's Social Care they must raise their concerns with the Named Midwife for Child Protection, or Designated Nurse for Child Protection.

6. Immediate response to late presentation of pregnancy

6.1 An immediate referral must be made to Children's Social Care:

- When a pregnancy has been concealed, or comes to the notice of professionals within a month of the expected delivery date,

AND

- There are concerns related to any of the above circumstances

The multi-agency response must be urgently progressed so that plans are in place for the birth, including contingency plans. (See Child Protection Plans)

7. Multi-Agency Assessment and Planning

7.1 Multi-agency Core Assessment planning meeting for a *child in need* (under Sect 17, Children Act 1989)

7.1.1 If the situation is progressed to a Core Assessment, the relevant team manager will ensure that a multi-agency Core Assessment meeting is held to consider concerns for an unborn baby as part of a pre-birth core assessment (see pro-forma in Appendix).

Those attending should include:

- Community midwife
- G.P.
- Health visitor
- Social worker
- Lead Professional and members of the Team Around the Child, if in place
- Other professions as appropriate e.g. obstetricians, mental health services, Learning Disability services, Drug and Alcohol services, Probation, Police, Learning Disability.

7.2 Strategy Discussion (Hyperlink to Strategy Discussion in main procedures)

7.2.1 If there is evidence, at an early stage, that the threshold for significant harm may be reached, this meeting will be in the form of a Strategy Discussion chaired by the relevant Team Manager.

7.2.2 It is helpful if an up to date chronology and genogram is provided for this meeting.

7.2.3 This strategy discussion should determine.

- Cause for concern and the potential impact on the care provided to the baby, and establishing the whereabouts of any previous children
- Particular requirements of the Pre-birth Core Assessment,
- Role and responsibilities of agencies and specialists in the assessment:
e.g. involvement of expert in substance misuse (H to Drugs and Alcohol procedures), Learning Disability (H to Parents with Learning Disability procedures)
- Role and responsibilities of agencies to provide support before and after the birth
- Identity of responsible social worker to ensure planning and communication of information
- Timescales for the assessments and enquiries, bearing in mind the expected date of delivery
- How, when, and by whom, parent/s are to be informed of the level of the concerns
- The need for a pre-birth Child Protection Conference, or (where this will depend on the outcome of assessments) establish the date by which this decision must be made, given timescales.

7.2.4 All agencies must be aware that the assessment plan must be consistent with standards required for possible court proceedings in the light of the Public Law Outline. (REFERENCE H to the Public Law Outline)

7.2.4 Parents should be informed as soon as possible of the concerns and the need for assessment, except on the rare occasions when medical advice suggests this may be harmful to the health of the unborn baby and/or mother.

7.3. Immediate response to late presentation of pregnancy

7.3.1 If the referral is near the expected delivery date, (i.e. within a month or nearer) a legal advisor may be required and the Strategy meeting should also consider:

- Required action by ward staff, midwife, and doctors when the baby is born.
- Whether a Legal Planning meeting should be called: in very urgent cases the presence of a legal advisor at the Strategy meeting, would also give it the function of a legal planning meeting. See **Contingency planning** (H)
- The Children's Social Care Team Manager must ensure that the agreed plan is passed immediately to relevant community and hospital staff, and sent in writing without delay.
- Health staff must ensure the plan is entered into the mother's records immediately on receipt.

7.4. Pre-birth core assessment

7.4.1 The overall aim of the assessment is to identify and understand:

- Parental and family history, life style and support networks and their likely impact on the child's welfare
- Causes of concerns and their likely impact on the baby's welfare
- Whether there is risk of *significant harm*
- Parental needs
- Strengths in the family environment
- Factors likely to change and why
- Factors that might change, how and why
- Factors that will not change and why

7.4.2 If the Core Assessment identifies the need for sect 47 enquiry/assessment, and concludes that a pre-birth Child Protection Conference is required, the pregnancy must not be seen as a reason to deviate from prescribed timescales.

7.4.3 If the Core Assessment concludes that a “Child in need” plan is required, the initial conclusions and recommendations of the assessment should be discussed with other agencies / professionals and prospective parent/s, via a multi- agency meeting, and a plan agreed to support the parent/s and baby.

7.5 Pre-Birth Child Protection Conference

7.5.1 Whenever it is decided that legal proceedings are required a Child Protection Conference should be held, even if the pregnancy has been concealed, or the referral is made immediately before the birth.

7.5.2 Where a **pre-birth conference** has decided that an unborn child is in need of a Child Protection Plan the name and correct date of birth must be entered into agency records at birth. (including the record/list held of Children with a Child Protection Plan)

7.5.3 The Child Protection Plan will commence **prior** to the birth of the baby.

7.5.4 The Outline Child Protection Plan will:

- Recommend a Family Group Conference if one has not previously been held, unless it is inappropriate.

- Provide clear guidance on the outcomes and actions to be achieved before the birth of the baby.

8.1 The Child Protection Plan

8.1.1 The Core Group will produce the detailed Child Protection Plan with contingency plans to cover unexpected developments when the baby is born.

8.1.2 Legal Advice must be sought by Children's Social Care before any plan is made which involves the possibility of protecting the child by seeking a legal order.

8.1.3 The requirements of the Public Law Outline (H to this in appendix) must be borne in mind in this planning process.

8.1.4 Parents and relevant family members must be informed of the contents of the plan: it is expected that the parents would have a copy of the plan, and have signed it as a written agreement.

8.1.5 If abduction is a possibility the contingency planning for this would not be shared with the family.

8.1.6 The Child Protection Plan should always address the following issues:

- Who can visit the baby, and for how long
- Who can visit the mother and for how long
- Indicate the level of personal care for the baby that mother, father and other family members can undertake.
- What supervision of the mother, is required
- Arrangements for information sharing, absolute clarity for the ward staff about who to update.
- Clear guidance to all involved about action to take if parents refuse to co-operate with the plan or part of the plan.

8.2 A family support plan for working with the parents and baby at home.

8.2.1 There must be a contingency plan in case the situation deteriorates rapidly after the birth.

8.3 With parental agreement, the baby will be placed in alternative care at birth.

8.3.1 There should be a multi-agency meeting at 36 weeks which includes ward staff and any others who may be relevant to the plan immediately after birth. This meeting should ensure that there are plans that predict possible developments when the baby is born, including commencing Care Proceedings, (seeking an Emergency Protection Order or Police Protection) in case parental agreement is withdrawn unexpectedly.

8.4 Care Proceedings are being considered

8.4.1 There should be a multi-agency meeting at 36 weeks which includes ward staff and any others who may be relevant to the plan immediately after birth.

8.4.2 Additional elements for the plan in these circumstances:

Instructions for ward staff, and a multi-agency response plan in case

- the parents attempt to leave the hospital with the baby,
- make threats against the baby or staff,
- the baby is placed at risk in any other way,

8.4.3 Involvement of the police who could, as a last resort in an emergency, make the baby subject to Police Protection.

8.4.4 If there are concerns about abduction, or the threat of violence is high before the birth, the police should be included in any multi-agency planning.

8.4.5 The Emergency Duty Service, and should be sent the plan on all occasions in case an emergency out-of-hours response is required.

8.4.6 All information should be prepared prior to the birth in case the mother/parents and baby go missing. Hospital staff should be aware that they should inform EDS and the police immediately. To circulate the information according to national procedures, the Child Protection Business Support Specialist team and the Designated Manager for Child Protection must be given the information at the first opportunity

9. Immediate response to late presentation or early delivery

- Even when legal action is the immediate plan a Child Protection Conference must be held to establish a multi-agency view that the threshold for risk of significant harm is met, so that from the outset there is a multi - agency plan for Court.
- The Core Group must be established and will meet prior to the birth, and certainly prior to the baby's return home after a hospital birth.
- All the above contingency planning applies, as relevant.

10. Where family plan to move / have moved at any point in the process

10.1 Where there are significant concerns and the whereabouts of the mother are not known, the details must be passed to the Child Protection Business Support Specialist team and the Designated Manager who will ensure that other agencies and local authorities are informed in accordance with the procedures about a missing child, adult or family.

10.2 Where there are significant concerns and the case is being transferred to another local authority, procedures across authorities must be followed. Transfer should not deter the originating authority from initiating or continuing Care Proceedings.