

Bradford Multi-Agency Protocol for Pre-Birth Assessments and Interventions

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1. Introduction

This protocol has been developed to support agencies and practitioners in their decision making and assessment processes when working with a pregnant woman, her partner and family.

The aim of this protocol is to ensure that all unborn babies with additional needs are identified as early as possible and ensure that appropriate and timely services are delivered in an integrated manner.

UK Law does not legislate for the rights of the unborn baby. In some circumstances, agencies or individuals are able to anticipate the likelihood of Significant Harm with regard to an expected baby.

During the ante-natal period all professionals have responsibility to promote the welfare of the mother and unborn baby.

Such concerns should be addressed as early as possible to maximise time for:

- Full assessment, including establishing the whereabouts of any previous children;
- Enabling a healthy pregnancy;
- Supporting the parents so that (where possible) they can provide safe care.

This protocol must be read in conjunction with the Bradford's Safeguarding Children Procedures and Threshold document; these are located on www.bradfordscb.org.uk

2. Recognition and Referral

Where agencies or individuals anticipate that prospective parents may need support services to care for their baby, agencies need to consider whether an Early Help Assessment is needed in the first instance. When an expectant mother is age 16 – 18 an Early Help Assessment should always be considered. This should be completed soon after the expectant mother has booked in with the Midwife. The Early Help Assessment may lead to the Team around the family meeting being called and the Family Action Plan delivered.

If it is considered that the baby may be at risk of Significant Harm, a Referral to Children's Social Care or the MASH (Multi-Agency Safeguarding Hub) must be made as soon as possible after 12 weeks of pregnancy. Children's Social Care will create the LCS (Local Children's System – electronic case file) record for the child at 12 weeks gestation. If concerns about the unborn child come to light prior to 12 weeks gestation, the referrer will be asked to refer at the appropriate time (at 12 weeks). Children's Social Care

will track the unborn children who have been referred prior to 12 weeks, to ensure that they have been followed up after 12 weeks. The GP (General Practitioner) and midwifery services are critical to making referrals.

All agencies involved with the expectant mother should consider the need for an early referral to Children's Social Care Services so that assessments are undertaken and family support services provided as early as possible in the pregnancy.

Using the Signs of Safety framework the referrer should clarify as far as possible their concerns in terms of how the parents' circumstances and/or behaviours may impact on the baby and what risks are predicted. It is important that the referrer considers the possible risk to the unborn child of both parents, or mother and partner, or father and his partner, even if they are not living together.

Referrals must always be made in the following circumstances (referrals should be followed up in writing within 48 hours);

- Where there has been a previous unexplained death of a child whilst in care of either parent;
- Where a parent or other adult in the household is a person identified as posing risk, or potential risk, to children;
- Where children in the household/family are currently subject to Child Protection Plan or where there have been previous child protection concerns;
- Where a sibling has previously been removed from the household either temporarily or by Court Order;
- Where there is Domestic Abuse issues;
- Where the degree of parental substance misuse is likely to impact significantly on the baby's safety or development;
- Where the degree of parental mental illness/impairment is likely to impact significantly on the baby's safety or development;
- Where there are significant concerns about parental ability to self-care and/or to care for the child e.g. unsupported, young or learning disabled mother;
- Where any other concerns exists that the baby may be at risk of Significant Harm, including a parent previously suspected of fabricating or inducing illness in a child;
- Where either parent of the unborn child is under 16;
- Where either parent is or was Looked After Child;
- Where there are maternal risk factors, e.g. denial of pregnancy, avoidance of antenatal care, non-compliance with treatment, with potentially detrimental effects for the unborn baby;
- Where there are concerns about Female Genital Mutilation (FGM) in the family, particular attention to be paid to women who may have fear of using Health services (refer to FGM protocol);
- Where there are concerns about Child Sexual Exploitation (CSE).

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

Delay must be avoided in making Referral 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 birth.

Concerns should be shared with the prospective parent(s) and where possible consent be obtained to refer to Children's Social Care Services unless this action in itself may place the welfare of the unborn child at risk e.g. if there are concerns that the parent may move to avoid contact.

3. Response

All Pre-Birth Referrals to Children's Social Care Services, which meet the threshold for referral, should be subject to a Pre-Birth Assessment and a Multi-Agency Strategy/Planning meeting should be held in all circumstances outlined in Section 2, Recognition and Referral.

The need for a Section 47 Enquiry should be considered and if appropriate, initiated at the multi-agency strategy/planning meeting held as soon as possible following receipt of the Referral. The expected delivery date will determine the urgency for the meeting.

Consideration of the need for a Section 47 Enquiry should follow the procedures as described in Strategy Discussion and Section 47 Enquiries.

All pregnant Looked After Children and or Care Leavers will be subject to a multi-agency formally recorded Strategy Discussion in order to determine the need to progress or not to a formal Pre-Birth Assessment.

4. Pre-Birth Multi-Agency Strategy/Planning Meeting

The meeting should take place as outlined above. The meeting should be chaired by Children's Social Care Services Team Manager and involve:

- GP;
- Police;
- Social Worker for children and either parent;
- Named Clinical Midwife;
- Health Visitor / Family Nurse Practitioner;
- School Nurse;
- Family Support Worker – Children's Centre;
- Looked After Children's Nurse;
- CSE Hub Worker (if involved);
- Paediatrician (if involved);
- Other professionals as appropriate e.g. Barnardos, NSPCC, CAMHS, mental health services, Targeted Early Help, learning difficulties/disabilities services, probation, substance misuse professionals.

The purpose of the meeting is the same as other strategy discussion/meeting and should determine:

- Whether a Section 47 Enquiry is required;

- Role and responsibilities of agencies to provide support before and after the birth, particularly the role adults services working with expectant parent(s);
- Identify the responsible social worker to ensure planning and communication of information;
- A contingency plan in case of premature labour;
- How and when the parent(s) are to be informed of the concerns;
- Required action by obstetric team as soon as the baby is born. This includes labour/delivery suite, post natal ward staff and midwifery service;
- Safeguarding Birth Plan, social worker lead on completing the plan;
- Where appropriate the Child in Need Plan;
- The need for a Pre-Birth ICPC (Initial Child Protection Case Conference).

The parent(s) should be informed as soon as possible of the concerns and the need for assessment, except on the rare occasions when medical guidance and advice suggest that this may be harmful to the health of the unborn bay and/or mother.

5. Pre-Birth Section 47 Enquiry and Assessment

In undertaking a Pre-Birth Section 47 Enquiry and Assessment the Children's Social Care Services, the Police and relevant other agencies must follow the Strategy Discussions and Section 47 Enquiries Procedures. This must include representation from the maternity service and if relevant the neo natal services.

The overall aim is to identify and understand;

- Parental and family history, lifestyle and support networks and their likely impact on the child's welfare;
- Risk factors;
- Parental needs;
- Strengths in the family environment;
- Factors likely to change and why, including timescales;
- Factors that might change, how and why, including timescales;
- Factors that will not change and why, including timescales.

The Section 47 Enquiry/Assessment must include consideration of both parents, any potential carers for the child and the partners of both parents.

The Section 47 Enquiry/Assessment must make recommendations to the reconvened Multi-Agency Strategy/Planning meeting regarding:

- If there is concern that the baby will suffer Significant Harm at birth, referral to Legal Gateway Panel must be made, without delay to progress effective care planning for the unborn child;
- The need for a Pre-Birth ICPC. This decision will be confirmed at reconvened Multi-Agency Planning meeting. The Conference should be held where possible at least 12 weeks prior to the expected delivery date or earlier if premature birth is likely;
- The need for services to be offered as a Child in Need as determined by the intervention plan within the Pre-Birth Assessment.

6. Baby may be born at Home

The local Health Services and Children's Social Care have a duty to contact any relevant agencies if they have concern about an unborn child.

If it is suspected that a child may be born at home, planned or unplanned or delivered prior to arriving at the hospital a referral should be made to the YAS (Yorkshire Ambulance Service) by the responsible Community Midwife.

Information should be shared with YAS if there are concerns that the child may suffer or be likely to suffer Significant Harm, or is currently subject to a Section 47 Enquiry and/or an Assessment, or subject to a Child Protection Plan.

Information must be shared with YAS if a decision has been made to apply to remove the baby at birth, and agreement reached the social worker and YAS as to where the baby should be taken.

It is important to update the YAS of any known changes of personal details that would assist them to further identify the mother they will be dealing with.

7. Pre-Birth Initial Child Protection Case Conferences

A Pre-Birth Conference is an Initial Child Protection Case Conference concerning an unborn child. Such a conference has the same status and proceeds in the same way as other Initial Child Protection Case Conference, including decisions about the Child Protection Plan, and must be conducted in a comparable manner to an Initial Child Protection Case Conference.

Pre-Birth Conferences should always be convened where there is a need to consider if a Child Protection Plan is required.

Some examples of circumstances when Pre-Birth Conference should be considered;

- a) This decision will usually follow from a Pre-Birth Assessment and a Conference should be held;
- b) Where a Pre-Birth Assessment gives rise to concerns that an unborn child may be at risk of Significant Harm;
- c) Where a previous child has died or been removed from parent(s) as a result of Significant Harm;
- d) Where a child is to be born into a family or household which already have children who are subject of a Child Protection Plan;
- e) Where a person known to pose a risk to children resides in the household or is known to be regular visitor;
- f) Other risk factors to be considered are:
 - The impact of parental risk factors such as mental ill-health, learning disabilities, substance misuse and domestic violence;
 - A mother under sixteen about whom there are concerns regarding her ability to care for herself and/or to care for the child.

Timing of Pre-Birth Conference

The Pre-Birth Conference should take place by the time expectant mother is 28 weeks pregnant, so as to allow as much time as possible for planning support for the baby and family.

Where there is a known likelihood of a premature birth, the Conference should be held earlier.

Attendance

The key agencies involved with the child and parents must attend the Conference. It is important that this Conference makes an informed decision about whether or not the child should remain in the parents' care and draws up protection plans that link to either decision.

In addition to those who normally attend an Initial Child Protection Conference, midwifery, relevant neonatal, Children's Centres, CSE Hub, School Nursing Team, Paediatrician and support services must be invited. Please refer to section 4 for full list of professionals to be considered.

Parents or carers should be invited as they would be to other Child Protection Conferences and should be fully involved in plans for the child's future.

Decision

If a decision is made that the unborn child should be made subject to a Child Protection Plan, the main cause for concern must determine the category of abuse or neglect under which the decision is made and the Child Protection Plan must be outlined to commence prior to the birth of the baby.

The Conference should consider whether the case needs to be presented to the Legal Gateway Panel to consider PLO or other legal routes.

The [Core Group](#) must be established and meet if at all possible prior to the birth, and certainly prior to the babies return home after a hospital birth.

If a decision is made that an unborn child requires a Child Protection Plan, this should be recorded, including the child's name (or 'baby', if not known) and expected date of delivery, pending the birth. The Senior Midwife must notify the [Lead Social Worker](#) of the name and correct birth date following the birth. If this takes place out of hours, then the Senior Midwife must inform that Emergency Duty Team, who will then notify the [Lead Social Worker](#) by the beginning of the next working day. The [Lead Social Worker](#) must then ensure that **the name and correct birth date is notified** to the Designated Manager following the birth.

If the child is resident outside of the area at birth, the Local Authority in whose area the child is resident must be advised that the child is in their area and is the subject of a Child Protection Plan.

Appendices

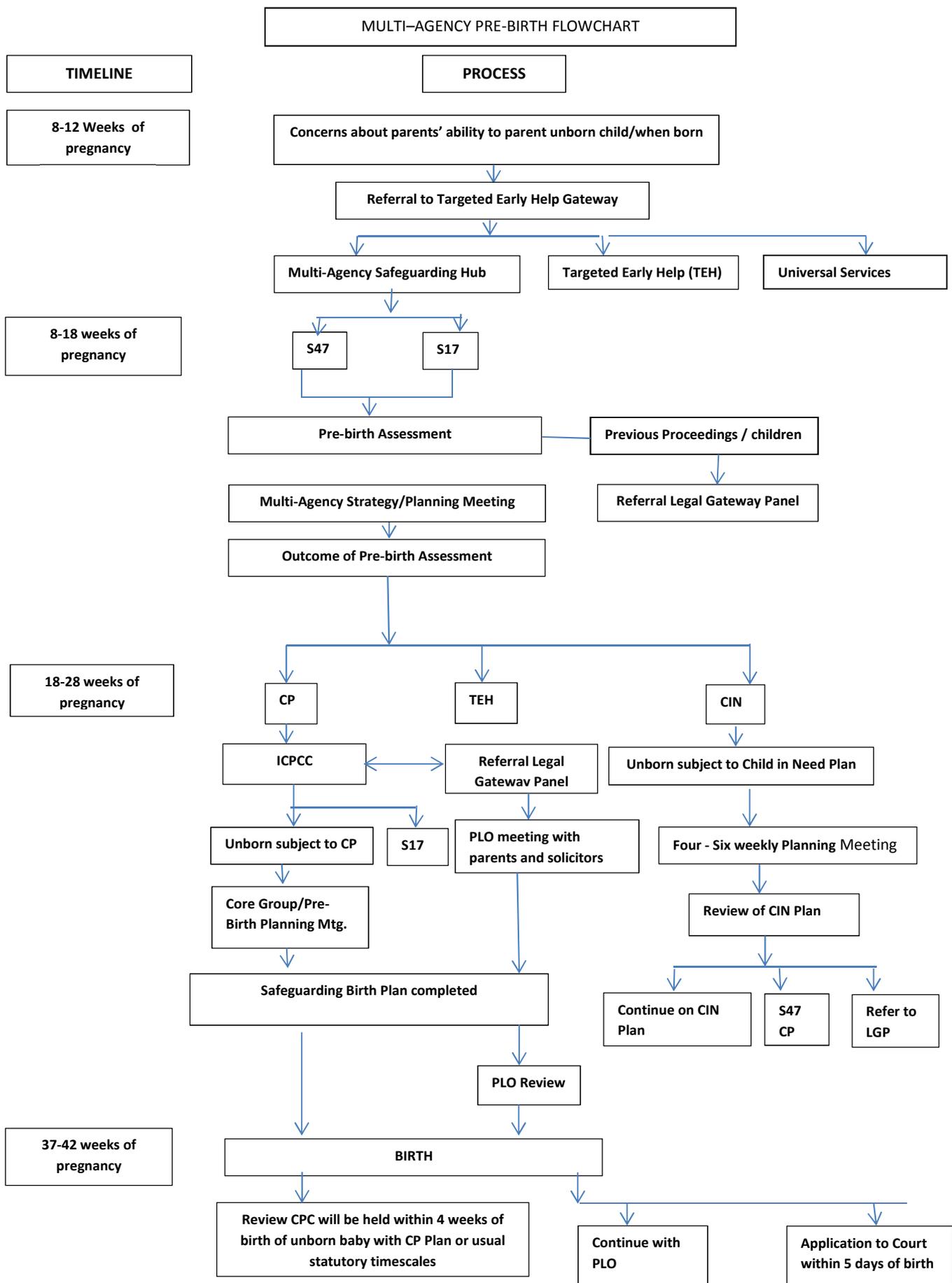
Appendix 1: Pre-Birth Assessment and Intervention Timeline

Appendix 2: Pre-Birth Assessment and Intervention Flowchart

Appendix 1: Pre-Birth Assessment and Intervention Timeline

Pregnancy	Recommended activity
6-12 weeks	Booking appointment with the Community Midwife service. Where appropriate and in accordance with Bradford's Threshold of Need, Midwife or other agency to undertake Early Help Assessment and if necessary, convene Team Around the Family (TAF) in order to implement Family Action Plan.
From 12 weeks	<p>If criteria are met in line with the Threshold of Need, refer to Children's Social Care. Where appropriate, Pre-Birth Assessment begins, the Pre-Birth Assessment to be completed within maximum of 45 days. If unborn baby has siblings, who are already open to Children's Social Care, unborn baby's record to be created at approximately 12 weeks and Pre-Birth Assessment commenced.</p> <p>Multi-Agency Strategy/Planning meeting to take place.</p> <p>Children's Social Care to consider in appropriate a referral to the Legal Gateway Panel, however if either parent had previous children removed from their care or had been subject to care proceedings a referral must made to the Legal Gateway Panel.</p>
16 - 24 weeks	<p>Referral to specialist health services or specialist midwife completed, if mental health issues or substance misuse are identified. If required, referral to Learning Disability Services or Advocacy Service completed.</p> <p>Pre-Birth Assessment is finalised. If the Pre-Birth Assessment has identified that baby is likely to suffer significant harm, Children's Social Care to consider initiating Initial Child Protection Conference (ICPCC) and referral to the Legal Gateway Panel.</p>
24-28 weeks	Initial Child Protection Case Conference to take place by 28 th weeks gestation. Children's Services to ensure that child is referred to the Legal Gateway Panel, if Legal Proceedings are considered.
30-36 weeks	Child Protection Plan to be implemented and Safeguarding Birth Plan to be completed.
37-42 weeks	Baby born.

Appendix 2: Pre-Birth Assessment and Intervention Flowchart



Principles for Good Practice:

- Early assessment & early support increases the likelihood of good outcomes.
- Good assessments & effective plans require multi-agency involvement.
- Suggested timescales are for guidance – all decisions, plans & intervention should be informed by thorough assessment & analysis, to reflect levels of risk and need.
- Permanency planning starts at the point of referral and it should be considered throughout the process.