# 

Bolton Pre-birth Protocol

Date September 2024

**Contents**

[1. Introduction 3](#_Toc178595381)

[2. Purpose 3](#_Toc178595382)

[3. Scope 3](#_Toc178595383)

[4. Identification of Issues or Concerns in Pregnancy 3](#_Toc178595384)

[5. Timescales regarding Assessment and planning where there is a need to refer to Children’s Social Care for a multi-agency pre-birth assessment 5](#_Toc178595385)

[6. Child Protection Conferences re: an unborn baby 6](#_Toc178595386)

[7. Where the plan is to issue care proceedings at birth 7](#_Toc178595387)

[8. Case law 8](#_Toc178595388)

[9. Appendix 1-Screening Tool 10](#_Toc178595389)

[10. Appendix 2 Pathway 11](#_Toc178595390)

[11. Bibliography 12](#_Toc178595391)

# Introduction

Research and experience indicate that very young babies are extremely vulnerable, and that work carried out in the antenatal period to assess risk and to plan intervention will help to minimise potential harm. A number of serious case reviews have been undertaken in respect of babies who became subject to child protection plans prior to birth, or in which the pregnancy was initially concealed. These have highlighted the importance of all agencies acting as early in the pregnancy as they can to assess and intervene to keep the unborn baby safe and increase the likelihood of the birth parents being able to provide safe care.

Antenatal assessment is a valuable opportunity to develop a proactive multi-agency approach to families where there is an identified risk of harm. Working Together (2018) specifically identifies the needs of the unborn child. The purpose of this protocol is to ensure that a clear process is in place to develop robust plans which address the need for early support and services and identify any safeguarding concerns for the unborn baby.

# Purpose

The purpose of this protocol is to ensure that a clear system is in place to develop robust plans which address the need for early support and services and identify any risks to unborn children.

All practitioners have a role in identifying and assessing those families in need of additional support and in sharing information with other agencies where there are safeguarding concerns.

Most pregnancies will not raise safeguarding concerns.

However, in some cases a co-ordinated response by agencies will be required to ensure that the appropriate support is put in place during the pregnancy with the aim of safeguarding the baby before, during and following birth.

# Scope

This joint protocol applies particularly to staff working within Children’s Social Care, Health, and the Police, but is of relevance to all agencies that work with parents, children and their families, including voluntary agencies. If a practitioner becomes aware that a woman is pregnant and they have concerns for the welfare of the mother, unborn baby or any siblings, they should not assume that Midwifery or other local Health services are aware of the pregnancy, or the concerns identified. Each practitioner should follow their agency's safeguarding and child protection procedures and, in complex cases or if they are unsure of the most appropriate response, discuss any concerns with their Safeguarding Lead or contact Children's Social Care Services for advice. This can be done without disclosing the details of the family at this stage.

The protocol applies to residents of Bolton. For women who elect to give birth in this area, but who live in another local authority area the protocol for that area should be followed.

# Identification of Issues or Concerns in Pregnancy

If there is a need for co-ordinated multi-agency support in order to promote the welfare and meet the additional needs of an unborn child, then local area Early Help Procedures should be followed.

A referral to Children’s Social Care must always be completed, at the earliest opportunity in the confirmed pregnancy, when there is a reasonable cause to suspect that the unborn baby is likely to suffer significant harm before, during or after birth.

It is important that the reasons for the assessment are made **clear** **to the parents at the outset** and that there is clarity of understanding between professionals as to the purpose of this assessment process. Care must be given to working collaboratively with parents as a means of drawing together a **balanced assessment** with due consideration of **parental strengths and capacity to change** as well as **areas of concern.** However, it is critical that the needs of the unborn child remain at the centre of the assessment as opposed to those of the parent/s.

There needs to be good consistent dialogue between professionals, recognition of the strengths and expertise that individual practitioners bring to the process and constant focus that the needs of the unborn child are paramount.

Examples of when a multi-agency pre-birth assessment, led by Children’s Social Care, should be considered *(please note, this list is not exhaustive)*:

* *There are concerns that parent/their partner/potential carer may pose a risk to children (examples may include previous neglect or physical abuse of children, or sexual offences)*
* *There are concerns regarding parent/their partner/potential carer in terms of their parenting capacity. Such concerns may include mental health problems, learning disability or inability to parent or protect children from harm.*
* *Parent/ their partner/potential carer has children that have been made subject to a Child Protection Plan, or Care or Supervision Order at any time in the past (or if proceedings are ongoing).*
* *If the parent is currently a Looked After Child.*
* *The expectant mother is a care leaver who may be isolated and vulnerable.*
* *The expectant mother is a child under the age of 13 years.*
* *There has been a previous suspicious unexplained death of a child.*
* *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 has previously been removed from the household either temporarily or by court order.*
* *Where there is knowledge of parental risk factors including substance misuse, mental health needs, Domestic Abuse.*
* *Where there are concerns about parental ability to self-care and/or to care for the child e.g. unsupported young or learning-disabled mother.*
* *Where there are maternal risk factors, e.g. denial of pregnancy, avoidance of antenatal care (failed appointments), non-co-operation with necessary services.*
* *Where there is a concern about chronic neglect that will impact upon the unborn child*
* *Non-compliance with treatment with potentially detrimental effects for the unborn baby, including frequent moves e.g. area to area, hospital to hospital.*
* *Concerns that the mother and or father of the unborn are at risk from honour-based violence.*
* *Concerns that the baby may be subjected to Female Genital Mutilation*
* *There are concerns re domestic abuse. These could relate to any person who may be involved with the unborn baby.*
* *There are concerns regarding problematic drug/alcohol misuse of parent/their partner/potential carer.*
* *There are significant concerns about the lifestyle of partner/their partner/potential carer which would impact on their ability to parent or protect children.*
* *See Concealed or Denied Pregnancy Protocol if a pregnancy is concealed or denied. (In cases of delayed presentation to ante-natal services a referral is not automatic in these circumstances, but must be made if, after consideration of the reason for the delay ,there are concerns about concealment or complex/ serious needs or evidence of significant harm. In the absence of these concerns additional support from Universal services may be appropriate.)*

**Any other concern exists that indicate that the baby may be at risk of significant harm**

# Timescales regarding Assessment and planning where there is a need to refer to Children’s Social Care for a multi-agency pre-birth assessment

A referral must be made at the **earliest** opportunity when there are risk indicators identified in the **Pre-Birth RAG Screening Tool**. The IFD will accept referrals at any stage of pregnancy, however early that might be. Bolton enhanced midwifery service will refer following dating scan, (usually 10-12 weeks). The local area IFD and individual agency local safeguarding lead must be consulted. If the referrer has not received an acknowledgement within three working days from the IFD, they should contact the IFD again to ensure the referral was received.

In the case of a **delayed presentation** **to maternity services** or where concerns are identified after the booking appointment, the referral must be made as soon as is practical to allow subsequent processes to be expedited. Midwifery will refer when any disclosure of domestic violence is made throughout the pregnancy.

If the referral is accepted by Children’s Social Care, it is vital that **assessment begins in the early antenatal period**. Undertaking the assessment during early pregnancy provides parents with the opportunity to show evidence of change. If the outcome suggests that the baby would not be safe with the parents, then the practitioners have the time and opportunity to make clear and structured plans for the baby’s future and set up support for the parents where necessary.

Where pre-birth rag rating tool indicates risk is **HIGH/RED at the outset by IFD,** then the case will be transferred straight to safeguarding service for allocation to safeguarding social worker for **specialist Pre-birth assessment**. This will be case where there have been previous care proceedings and significant previous involvement within the last two years.

The initial C&F assessment will gather information from all involved agencies, e.g. General Practitioners/Maternity Services, housing and Health Visitors using the Pre-Birth RAG Screening Tool.

During the process of completing an **initial information gathering** C**&F assessment within set timescales** (**no longer than one week**) a meeting of all professionals involved must be convened as per multi-agency procedures (Child action meeting). All professionals must give high priority to attendance at this assessment meeting if requested. If attendance is not possible, they must ensure that their report is taken to the meeting by another appropriately briefed professional from their agency. This meeting will identify the support required to ensure the safety of the baby.

The outcome from this meeting will be: **Proceed to Specialist Pre-Birth Assessment/Child-in-Need/Early Help/No Further Action (NFA).**

If the decision is for a specialist Pre-Birth Assessment, this must be completed **within 8 weeks**. During this assessment period child action meetings will continue every **four weeks**. The specialist pre-birth assessment will be triggered by the team manager following authorisation of the information gathering C&F assessment.

On completion of the specialist Pre-Birth Assessment, a multi-agency strategy discussion must take place and a decision made whether to: **progress to Initial Child Protection Conference/Child-in-Need/Early Help/no further action.**

Where a pre-birth Initial Child Protection Conference is required. It will be held within 15 working days of the strategy discussion. The specialist pre-birth assessment will be used as the initial child protection case conference report.

Pre-proceedings & legal gateway support may be sought following the conference if required, **or prior** where specific circumstances are met (care proceedings regarding other children concluded within last 2 years, high risk circumstances, red rag rating).

Pre-proceedings work should commence as early as possible. Pre-proceedings can be initiated for an unborn child and should be held as early as possible, with timescales monitored closely. The identification of needs, and the provision of support, should happen as soon as possible. This may include, but is not limited to, support for the family, grants and housing. Consideration should be given as to whether specialist advice is required about the timing of certain types of assessments, such as psychological assessments.

If the unborn baby is not made subject to a Child Protection Plan, a Child in Need Plan will be considered. If statutory intervention is not felt to be appropriate, a multi-agency early help meeting must be considered and held within ten working days.

In **all cases** the Maternity Service must be provided with a copy of the **Safeguarding Birth & discharge plan**, to inform actions required at the time of the baby’s birth and discharge from the Maternity setting. This plan **(Safeguarding birth & discharge plan[[1]](#footnote-2)**) is to be filed into maternity records (**by 34 weeks or earlier)**.

The **Specialist** **Pre-Birth Assessment** [[2]](#footnote-3)will be a standing item on individual practitioners’ supervision sessions. The progression/planning of Pre-birth assessments must be monitored and tracked by both Team Managers in supervision & Senior Managers in **Pre-birth tracking panel**. *(Pre-birth tracking panel will replace attendance at PLO tracking panel for all pre-birth cases in PLO).*

Whilst babies have a due date of 40 weeks, since Bolton midwifery indicate that the majority of those subject to pre-birth assessment are born prior to this at around 37 weeks gestation, the Bolton pre-birth protocol accounts for this by ensuring all planning and arrangements are in place by 36 weeks gestation.

# Child Protection Conferences re: an unborn baby

All professionals where invited will give high priority to attendance at Child Protection Conferences. If attendance is not possible, they must ensure that their report is taken to the Conference by another appropriately briefed professional from their agency. The conference may not be viable or quorate if professionals are not present. Child Protection Case Conference Reports will be shared with parents prior to the meeting in line with Child Protection Standards.

**When an unborn child is made subject to a child protection plan:**

The midwife (or representative for midwifery services) will ensure that the pre-birth plan is filed in the maternity records within two working days of its completion. A copy will also be sent by the Social Worker to the Emergency Duty Team.

Maternity unit staff will inform Children’s Social Care of the baby’s birth immediately (If out of hours, then the Emergency Duty Team). The named Social Worker will subsequently notify other members of the Core Group.

If a Birth & Discharge Plan has not been agreed and completed prior to the baby’s birth, the named Social Worker will organise the **pre-discharge planning meeting prior to the baby’s discharge from hospital**. This meeting will confirm the baby’s placement after discharge and multi-agency professional interventions will be agreed, recorded and distributed.

The named Social Worker will undertake a home visit within 48 hours of the baby’s discharge from hospital.

The Child Protection Review Conference must be held within four weeks of the birth of the child.

# Where the plan is to issue care proceedings at birth

Where the Local authority plan to issue care proceedings at birth, the social worker will draft the SWET (social work evidence template) along with supporting documents in advance (by 34 weeks), so that short notice is not required by default as a result of avoidable delay in lodging the documents for issue. These documents should be sent to The Local Authority Legal by 34 weeks and shared with the IRO service.

Parents should be aware of the plan to issue care proceedings by this time also, **except in extremis where it is unsafe to do so**, parents should be made aware of the proposed care plan for the baby prior to the birth, so that this can be the subject of clarification and negotiation outside of the court process, and so that there is an early opportunity to consider family alternatives to care, or family support .

Placement options should be considered prior to birth and discussed with parent/s e.g., parent-and-baby foster placements or fostering-to-adopt placements, so as to ensure that early permanence is achieved for babies, as appropriate.

Legal Services will issue on the day of the birth and certainly no later than three working days after the birth (or the date on which the local authority is notified of the birth).

Pre-birth planning in advance should include:

* Ensuring parents have had the opportunity for legal advice prior to birth.
* Consideration to the offer of Bolton Family Group conference service or a family network meeting conducted by the social worker.
* That where possible there is an agreement developed as to both what will happen to the baby upon birth prior to issue and timescales for issue.
* And that notification to Cafcass is made of the likelihood of proceedings. (legal notification of newborn-see appendices)

Applications in respect of newborn babies and young infants should be the subject of strict case management directions and time limits. It is especially important that proceedings in respect of these children have the developmental timetable of the child in mind, and are concluded, whenever possible, within the 26-week limit.

There will however be some cases, particularly relating to first-time parents, where parents are demonstrating their ability to respond in a sustainable manner to the advice and treatment provided to address concerns about their parenting, and where therefore proceedings may need to be extended. This may be particularly relevant in cases where parents are receiving and responding to treatment for drug and alcohol abuse, or young first-time parents who have been placed in parent and baby foster placements.

# Case law

**A High Court judgment[[3]](#footnote-4) sought to provide 'good practice steps' with respect to public law proceedings regarding newly born children and particularly where Children's Services are aware at a relatively early stage of the pregnancy.**

*From previous judgments it is established that: 'At an interim stage the removal of children from their parents is not to be sanctioned unless the child's safety requires interim protection.' (see also*[*Applications for Emergency Protection Orders Procedure, X Council v B Guidance*](https://leedscs.trixonline.co.uk/chapter/applications-for-emergency-protection-orders#x-council-v-b-guidance)*).*

*It continues to be important to ensure for both the child and the parent(s):*

* *Any hearing should be considered a 'fair hearing' commensurate with Article 6 of the Human Rights Act (the right to a fair trial).*
* *The fact that a hospital is prepared to keep a newborn baby is not a reason to delay making an application for an ICO, (the hospital may not detain a baby against the wishes of a parent/s with PR and the capability of a maternity unit to accommodate a healthy child can change within hours and is dependent upon demand).*

*Where a Pre-birth Plan recommends an Application for an ICO to be made on the day of the birth, 'it is essential and best practice for this to occur'.*

Once it has been determined that there is sufficient evidence to make an application for an ICO and removal of a child, any additional evidence (e.g. from the maternity unit) must not delay the issuing of proceedings. Any such information may be 'envisaged and/or provided subsequently'.

**Good Practice Steps**

In all but, 'the most exceptional and unusual circumstances, local authorities must make applications for public law proceedings in respect of newborn babies timeously and especially, where the circumstances arguably require the removal of the child from its parent(s), within at most 5 days of the child's birth':

* The Pre-birth Plan should be rigorously adhered to by social work practitioners, managers and legal departments.
* A risk assessment of the parent(s) should be 'commenced immediately upon the social workers being made aware of the mother's pregnancy’.
* The Assessment should be completed at least 4 weeks before the expected delivery date.
* The Assessment should be updated to consider relevant events pre - and post-delivery where these events could affect an initial conclusion in respect of risk and care planning of the child.
* The Assessment should be disclosed upon initial completion to the parents and, if instructed, to their solicitor to give them opportunity to challenge the Care Plan and risk assessment.
* The Social Work Team should provide all relevant documentation necessary to the local authority Legal Adviser to issue proceedings and application for ICO:
  + Not less than 7 days before the expected date of delivery.
  + Legal Services must issue on the day of the birth and certainly no later than 24 hours after the birth (or the date on which the local authority is notified of the birth).
* Immediately on issue – or before - the local authority solicitor:
  + Should serve the applications and supporting evidence on the parents and, if instructed, their respective solicitors.
  + Should have sought an initial hearing date from the court, or the best estimate that its solicitors could have provided.

**Parents with Learning Difficulties**

Where pre-birth involvement is a result of the mother's learning difficulties causing uncertainty as to her ability to meet the needs of the child once born, the [Court of Appeal in D (A Child) [2021] EWCA Civ 787](https://www.bailii.org/ew/cases/EWCA/Civ/2021/787.html) stressed the importance of effective planning during the pregnancy for the baby's arrival, and of taking adequate steps to ensure that the mother understands what is happening and is able to present her case.

**Section 20 Children Act**

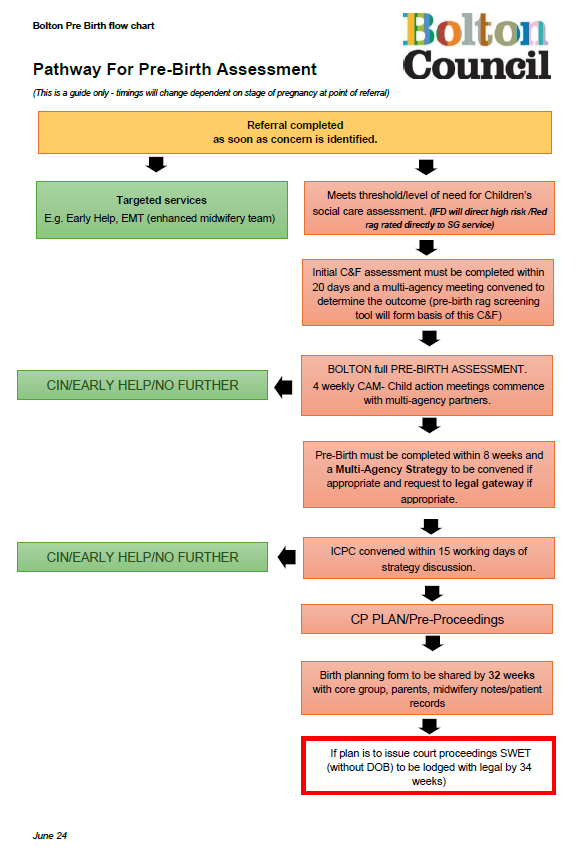
[Management Guidance in Public Law Children Cases: March 2022](https://trixcms.antser.com/api/assets/cs-template/9646d578-d3b4-4191-ae03-feb14043a2bc/case-manag-guidance.pdf?version=0) states that, save in the most exceptional of circumstances, a newborn baby should **not** be removed from its parents under Section 20 Children Act 1989.

# Appendix 1-Screening Tool

A list of tasks with text

Description automatically generated with medium confidence

# Appendix 2 Pathway



# Bibliography

Broadhurst, K., Alrouh, B., Mason, C., Ward, H., Holmes, L., Ryan, M., & Bowyer, S. (2018).

Born into Care: newborn babies subject to care proceedings in England.

The Nuffield Family Justice Observatory: Nuffield Foundation, London. Retrieved from Born into Care Final Report\_10 Oct 2018.pdf (nuffieldfjo.org.uk) and Brandon, M. et al. (2020).

Complexity and challenge: a triennial analysis of SCRs 2014-2017.

Department for Education: London. Retrieved from Complexity and challenge: a triennial analysis of SCRs 2014-2017 (publishing.service.gov.uk)

|  |  |  |
| --- | --- | --- |
|  |  |  |

1. *Currently a standalone word document but will be available as drop-down option in forms on LCS once updated* [↑](#footnote-ref-2)
2. *Currently a standalone word document but will be available as drop-down option in forms on LCS once updated* [↑](#footnote-ref-3)
3. (Nottingham City Council v LW & Ors [2016] EWHC 11(Fam) (19 February 2016)) [↑](#footnote-ref-4)