**Responding to Concerns about Unborn Children**

Read in conjunction with [Unborn Children Pathway](https://trixcms.trixonline.co.uk/api/assets/coventrycs/dcc0eeb3-a1b0-496f-b035-7057a6484a5e/unborn-ch-pathway.docx)



**CONTENTS**

01 Potential Risk to an Unborn Child

02 Purpose for Pre-birth Referral

03 Identifying Risks

04 Pre-birth Referral

05 Referrals Received During Weeks 6 -13 of Pregnancy

06 Referrals Received Post Week 13 of Pregnancy

07 Initiation of Safeguarding Procedures from week 22 of Pregnancy

08 From weeks 32 – 34 of Pregnancy

09 From week 34 of Pregnancy

10 Action Following Birth of Baby

11 Late / Unknown Presentations / Risk of Premature Birth

12 Pregnant Women Who Are Missing

13 Surrogacy

**1. Potential Risk to an Unborn Child**

Working Together 2018 states that ‘assessments for some children - including *unborn children where there are concerns,* will require particular care’. Where a child has other assessments, it is important that these are coordinated so that the child does not become lost between the different agencies involved and their different procedures.

In some circumstances, agencies or individuals can anticipate the likelihood of significant harm to an unborn child. The circumstances, lifestyle and/or personal history of the parents may raise sufficient concern that the needs of the baby might not be met. The situations that require assessment, pre-birth initial child protection conferences (ICPC) and possible public law outline (PLO) are listed in this policy.

This guidance has been developed and seeks to assist professionals when considering safeguarding concerns relating to unborn children. It is designed to help all professionals to carefully consider a range of themes and to identify issues that have potential for having a significant negative impact on the safety and wellbeing of unborn babies.

**2. Purpose for Pre-birth Referral**

The purpose of this procedure is to provide all referring agencies with clear expectations as to how concerns regarding unborn children will be responded to. All agencies involved with pregnant women should consider the need for an early referral to Children’s Services to enable an assessment to be undertaken, and family support services provided as early as possible in the pregnancy. It is important that pregnant women receive timely support from the correct service. All agencies must work together with partners to share information and offer a plan of support.

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. Early intervention is essential in ensuring that unborn babies for whom risks are identified are given the best possible chances and to reduce the need for statutory assessment and intervention. This may be achieved through the Early Help Assessment process, which can be instigated by any professional who considers there is an unmet need, or by a direct referral to another service, e.g. substance misuse services. Practitioners should always discuss their concerns with the pregnant mother, unless to do so would put the unborn child at increased risk of significant harm.

When agencies or individuals anticipate that an unborn baby may be at risk of significant harm, a referral must be made to the Multi Agency Safeguarding Hub as soon as the concerns are identified.

Should practitioners be unsure as to whether they should make a referral, they should discuss their concerns with their line manager or with their designated professional for child protection.

Delay must be avoided when making referrals to:

* + - avoid initial approaches to parents in the later stages of pregnancy, at what is already an emotionally charged time.
    - provide sufficient time for a full and informed assessment.
    - enable parents with their family networks to have more time to contribute their own ideas and solutions to concerns and increase the likelihood of a positive outcome.
    - enable the early provision of support services to facilitate optimum home circumstances prior to birth.
    - provide sufficient time to make adequate plans for baby’s protection where required.

Concerns should be shared with prospective parent/s and any need to refer to Children’s Services should be discussed unless this action in itself may place the welfare of the unborn child at risk e.g. if there are concerns that the mother may be at risk of harm or that the parent/s may move to avoid contact with Children’s Services.

For any referral for support services consent must be gained. If such consent is refused consideration needs to be made on how this affects the identified risk factors for the unborn child. If it is believed that an unborn baby may be at risk of significant harm Section 47 procedures can be triggered which allows for action without consent of the mother.

Workers from agencies whose primary responsibility is to the welfare of the prospective parent may feel worried about the impact of making a referral on the parent’s continued engagement. This may be of particular concern where engagement with their service will be necessary to reduce risks to child (i.e. Drugs and Alcohol Service, Mental Health Services). However, the needs of the unborn child should be paramount.

Professionals from such agencies should discuss their concerns with Children’s Services to consider the most effective way of constructively engaging the parent(s).

**3. Identifying Risks**

In the vast majority of situations during a pregnancy, there will be no safeguarding concerns. However, for some babies it will be clear that a co-ordinated response is required by agencies to ensure that the appropriate support is in place during the pregnancy to best support and protect the baby before and following birth. It may also be necessary to consider the need for particular arrangements to be in place during and immediately following the baby's birth in order to do so.

The following risk factors should alert professionals to consider a co-ordinated response:

* A previous unexplained death of a child whilst in the care of either parent or other adult in the household where abuse or neglect is/was suspected.
* Parental substance misuse (drugs and alcohol) which is likely to impact on the baby’s health, safety or development.
* Perinatal mental illness which is likely to impact upon on the baby’s health, safety or development.
* Victims or perpetrators of domestic violence and abuse in the household
* Where there are significant concerns about parental ability to self-care and/or to care for the child;
* Where there are concerns that a pregnancy is being or has been concealed.
* Where a member of the household is identified as posing a risk, or potential risk to children.
* Families where there is a history of Female Genital Mutilation, Honour-based Violence, Forced Marriage or suspected Trafficking.
* Children in the household/family currently subject to a child protection plan, legal proceedings or have been removed from parents care.
* Where either parent is young, vulnerable and is currently cared for by the Local Authority.
* Where other concerns exist that the baby may be at risk of significant harm.
* a child aged under 16 is found to be pregnant.
* Parents with learning difficulties with limited parenting capacity, particularly where this is inadequate family support.
* Vulnerable parents expecting multiple birth i.e twins or triplets.
* Where siblings have been previously removed from the household by virtue of a court order
* Where there are significant risks as a result of Child Exploitation.

This list is not exhaustive and should not discourage taking action where concerns not listed are identified. More than one risk factor should, of course, heighten concerns.

**4. Working with Fathers**

It is important that all agencies involved in pre and post birth assessment and support, fully consider the significant role of fathers and wider maternal and paternal family members in the care of the baby even if the parents are not living together, and where possible involve them in the assessment. This should include the father’s attitude towards the pregnancy, the mother and newborn child and his thoughts, feelings and expectations about becoming a parent. It should also include the father’s history and previous experience of parenting.

Information should also be gathered about fathers and partners who are not the biological father at the earliest opportunity to ensure any risk factors and support/strength 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. Background Police and other checks should be made at an early stage on relevant cases to ascertain any potential risk factors.

Involving fathers in a positive way is important in ensuring a comprehensive assessment can be carried out and any possible risks and strengths fully considered.

**5. Family Group Conferences**

Family Group Conferences (FGCs) are a key part of our relational approach to practice with children and families in Coventry and they support families to develop their own solutions to the difficulties they and their children are facing. An FGC is a meeting where a child’s wider family and network are supported to come together, talk about the concerns, and make a plan that will address the needs of the child. Every family is individual and unique, and FGCs are a respectful and empowering way of working with parents, children, wider family members and family friends to help them use their own skills, strengths, and personal knowledge to resolve the difficulties they are experiencing.

In Coventry, families whose children might otherwise be separated from their parents (taken into the care of the Local Authority) are entitled to an independent offer of a Family Group Conference and to be supported to develop an alternative solution before such action is taken. Families are supported to develop solutions in circumstances where there is a safeguarding concern.

Where it is safe to do so, Family Group Conferences (FGCs) ***must*** be offered at the earliest opportunity and key points where significant decisions need to be made regarding safeguarding and promoting children’s welfare, unless there are clear reasons not to. The aim is to achieve the best possible outcomes for children - Promoting partnership working between agencies and families will enable more children to stay safely with their families and less needing to become Looked After.

**6. Pre-birth Referral**

Coventry Multi Agency Safeguarding Hub require detailed information within a Multi-Agency Referral Form (MARF) to assist in understanding and prioritising the concerns referred to them.

Referrals to be made to Coventry MASH via a MARF or telephone 02476 788555

All telephone referrals to Coventry MASH should be followed up in writing within 24 hours by completing a [Multi-Agency Referral Form](http://www.staffsscb.org.uk/Professionals/Procedures/Section-Three/Section-Three-Docs/Section-3B-Multi-Agency-Referral-Form.doc)  (MARF) which can be found here: [Coventry](https://www.coventry.gov.uk/mash) MASH

**7. Referral Received During 8 to 12 Weeks of Pregnancy**

Children’s Services will accept referrals in respect of an unborn child as early as the first booking appointment between 8 and 12 weeks where parents and unborn child meet criteria for a service based on the Right Help, Right Time threshold document.

Coventry MASH will make a decision about what services and / or assessment is required. This may include involvement of Early Help services or involvement of Children’s Statutory Services for a Child and Family assessment under section 17/47 Children Act 1989 where it is already known that high risk factors exist.

**8. Referrals Received Post Week 13 of Pregnancy**

If the criteria is met in accordance with Right Help, Right Time threshold document follow the process as above if not already commenced. The Child and Family assessment and planning process should be completed with the parents within 45 days. It is critical to use this time to assess the capacity of the prospective parents and their extended families to meet the needs of the unborn baby, both now and once the baby/babies are born.

On completion of the Children and Family assessment one of the following options can be applied:

* No further action
* Step down to Early Help Service
* Refer to another service / agency
* Undertake a specialist assessment i.e. parenting capacity assessment
* Provide Child In Need services
* Where there are significant safeguarding concerns, initiate child protection procedures

If child protection issues are identified, a strategy meeting should be convened with the professional network at 15 weeks, which must include health and police to agree on further investigation through a Section 47 inquiry if required. If the outcome of the Section 47 is to convene an Initial Child Protection conference, then this should be presented at 18 weeks gestation for a multi agency plan to be developed to reduce the risks.

**9. Initiation of Safeguarding Procedures from week 18 of pregnancy**

Children’s Services need to consider if the child protection plan is likely to be successful and the risk to the unborn significantly reduced.

The Child Protection Plan should specifically include the following details:

* antenatal plans
* admission to hospital and discharge plans
* any visiting arrangements for professionals and family in hospital, both in delivery and maternity wards, and once discharged home
* contact arrangements
* discharge arrangements, particularly if the child is to be discharged to care of the Local Authority and foster carers – this plan is to be formulated in conjunction with Maternity Services

**10. Pre-proceedings process (Under the Public Law Outline)**

If it is assessed that the risk of significant harm to the unborn/new born baby is likely to continue or increase in spite of intervention and support of family and the professional network, a decision needs to be made by the Social Work team at 18 weeks to escalate the family to a Legal Planning Meeting (LPM).

Coventry’s Operational Leads can decide following a Legal Planning Meeting to commence Pre-Proceedings Process (Public Law Outline). This gives parents and carers a final opportunity to engage with Children’s Services and make demonstrable changes which would mean the Local Authority would not need to issue care proceedings at the birth of the child.

During this stage, Children’s Services and other agencies including Health are expected to offer services to enable parents to make the necessary changes. This phase can last for up to 16 weeks and can be extended until the birth of the child.

This entitles the parents to seek free legal advice and support and runs in parallel to any Child Protection Process. All specialist assessments that include psychological, cognitive and capacity assessments need to be completed 6 weeks prior to the expected birth of the baby.

**10. From 30 – 36 weeks of Pregnancy**

Children’s Services reviews the progress of the multi-agency intervention through the Child Protection planning process at three months (30 weeks gestation) following the ICPC. Progress through the Pre-Proceedings Phase of the PLO via presentation to the Legal Planning Review Meeting chaired by an Operational Lead.

The Operational Lead / Strategic Lead will make a decision to issue a ‘Letter of Intention’ to issue care proceedings which will be informed by the progress of the Child Protection Plan and parent (s) engagement during the PLO process. Should the evidence suggest the child once born will continue to suffer significant harm or is likely to suffer significant harm in the future the letter of intention should be shared with the parents and their solicitors during the final PLO meeting prior to birth.

If the plan is to remove the child at birth a multi-agency pre-birth planning meeting needs to be convened to develop this plan by the end of week 36.

**Birth safety plan**.

The purpose of the plan is to ensure the baby’s safety and welfare, at and immediately after birth so that all members of the social work and hospital team are aware of the plans and actions expected. The plan should set out a range of contingency’s following the birth of the child and should include details about any specific family time arrangements whilst the child remains in hospital and plans for removal into Local Authority care, which may involve Police using their powers of Police Protection or the Local Authority applying for Emergency Protection Order/Interim Care Order.

The plan should address:

* Practical arrangements for mother and baby-including post-natal ward monitoring
* Plans for out of hours/emergency birth
* How long the baby will stay in hospital
* How long the hospital will keep the mother on the ward
* The arrangements for the immediate protection of the baby if it is considered that there are serious risks posed
* The risk of potential abduction of the baby from the hospital particularly where the plan is to remove the baby at birth
* The plan for family time between mother, father, extended family, and the baby whilst in hospital. Consideration to be given to the supervision of family time and whether family time supervisors need to be arranged.
* Consideration of any risks to the baby in relation to breastfeeding
* Consideration of plans if baby is abandoned following birth
* Arrangements for legal proceedings/removal
* To plan for the baby upon discharge, where alternative care has been agreed, e.g. discharge to extended family members; mother and baby foster placement; foster care, supported accommodation.
* Contingency plans should also be in place in the event of a sudden change in circumstances.

If significant improvements have been made and sustained and it is believed that the risks to the child have reduced enough for the Local Authority to no longer need to make an application to remove the child at birth, a pre-birth plan can still be developed by week 35 which means the child can remain with their family post birth. A meeting should be held with the parents and their solicitor to end Pre-Proceedings formally once a Pre-birth planning meeting has been convened and a Birth plan put in place. The Child Protection Planning Process will continue until the concerns have reduced to the extent that they can be managed within a family plan.

**11. From 36 Weeks of Pregnancy**

Where court proceedings are planned a social work assessment template (SWET) and care plan needs to be provided to the allocated/senior solicitor so an application and threshold document can be drafted. All other supporting documents / evidence should also be provided in readiness for issuing and redacted as necessary.

**12. Action Following Birth of Baby**

The hospital midwife must inform the allocated Social Worker of the birth of the baby and there must be close communication between all agencies around the time of labour and birth, with the allocated Social Worker informing the allocated/duty solicitor where legal action is planned. The Local Authority Emergency Duty Team will be notified outside of core business hours.

All babies where legal proceedings are planned at birth will be kept in hospital for 2 **working days** to allow the application to be issued and the matter listed for a hearing. (Working days are Monday - Friday not including bank holidays)

In instances where there are immediate safeguarding concerns then emergency protection measures will be implemented including applications for EPO or the involvement of the Police.

Babies who have been exposed to possible drug or alcohol use in-utero will be monitored in line with hospital neonatal guidelines.

Within 1 working day of the Social Worker being notified on the birth they will provide the solicitor an approved and signed SWET and Care Plan.

**Court Application**

Following notification of the birth the legal team will inform the court and CAFCASS that an application will be issued within the next working day. The court will be advised of the parties’ positions and whether there are any immediate matters for consideration e.g. interpreters.

Upon receipt of the signed SWET and Care Plan the legal team will issue the application to Court and request a hearing.

**13.** **Late / Unknown Presentations / Risk of Premature Birth**

These children will be managed on an individual basis between hospital and SW staff subject to the needs of the child and the identified risks. The timeframes for the completion of each part of this guidance set out above will need to be condensed and a decision may be made to issue the ‘letter of intention’ to commence care proceedings without initiating pre proceedings.

**14. Pregnant Women Who Are Missing**

The loss of professional contact with a pregnant woman where there are safeguarding concerns for the unborn baby must always be taken seriously. Once loss of contact is established, the police and line manager should be notified as soon as possible and all agencies should be proactive in making efforts to locate the woman. All actions taken must be recorded. The following procedure should be followed:

* the agency identifying the missing woman should inform their relevant line manager
* measures should be taken to trace the woman informally through family, friends, neighbours etc. as is considered reasonable and appropriate
* information systems should be checked countrywide
* enquiries should be made through other local agencies involved with the woman/unborn child
* In conjunction with the police and family as appropriate, consideration must be given to tracing the woman with the help of the media
* Children’s Services should initiate a strategy meeting, involving the police, midwife and any other relevant agency to develop a plan to locate the woman and put in place measures to safeguard the child when born.
* Children’s Services should give consideration to circulating the woman’s details and the concerns about the unborn baby to other Local Authorities and hospitals if all other avenues have proved unsuccessful.

A nominated individual from Children’s Services will need to take responsibility for circulating to other local authorities.

The Social Worker must provide the following details:

* + woman’s name
  + date of birth
  + description
  + estimated date of delivery
  + name and date of birth of any person the woman may be with.
  + reason for concern
  + other information necessary to raise concern upon encounter, or other identifiable features, particularly where names are unlikely to identify
  + enough information necessary to enable an Emergency Duty Worker to respond appropriately
  + contact points, including out of hours arrangements
  + scope for circulation, i.e. likely destinations
  + planned place of delivery and contact details of Named Midwife for Safeguarding Children within maternity units.
* The progress of plans made at the strategy meeting should be reviewed regularly and the frequency of which should also be agreed at the meeting.

**15. Surrogacy**

The Human Fertilisation and Embryology Act (1990) say that no surrogacy arrangement is enforceable by law. The position remains that a Local Authority needs to make enquiries relating to both surrogate and commissioning parents, when it is known that a baby has been or is about to be born as a result of surrogacy and the treatment has not been undertaken by a licensed clinic.

Local Authorities need to be assured that when the treatment has been undertaken by a licensed clinic, it will have been undertaken in accordance with the Code of Practice published under Section 25 of the 1990 Act and with regard to Section 13(5) which requires account to be taken of the welfare of any child who may be born as a result of the treatment to include both surrogate and commissioning parents.

Arrangements may also have been undertaken on an informal basis and without referral to a licensed clinic for treatment. Where the circumstances of the birth, access to treatment or subsequent arrangements for the baby are not clear, maternity services or Children’s Services will be alerted and a referral to the appropriate Local Authority initiated; this includes the Local Authority of the commissioning parents and assessments completed.

**Appendix 1**

**Coventry Children’s Services Safeguarding Birth Plan and Discharge Template**

**This form is to be completed for all unborn babies who are;**

* + Subject to a Child Protection Plan
  + Subject to pre-proceedings processes (Children’s Services)

|  |  |
| --- | --- |
| 1. **Summary of safeguarding plan** | |
| Unborn baby (state family name) | LCS Reference |
| EDD | Ethnicity |
| Delete as applicable:   * Baby to remain with mother but there are safeguarding concerns * Baby to be separated from mother following birth * Baby to be separated from mother following discharge | |

|  |  |
| --- | --- |
| 2. **Family Information** | |
| Mothers name | Date of birth |
| Home address | |
| Putative Father’s name | Date of birth |
| Home address | |
| Will the putative Father have parental responsibility (i.e. married to Mother or likely to be named on birth certificate) | Yes/No |
| Are there any barriers to communication e.g. language understanding | |
| Are there any specific observation, assessment or support needs for the mother during birth or the post-natal period? | |
| Are there any other children that need considering within this plan? (please detail names, ages, and nature of concern/consideration) | |
| Agreed birthing partner’s name and status | |
| Person(s) who are to be excluded from the maternity unit and reasons why | |
| Names(s) and status of any person(s) who may have access to the maternity unit but whose conduct and behaviour may pose difficulties. State why: | |
| **NB: Any difficult or disruptive behaviour within the hospital will automatically involve the hospital’s security and police and those persons will be removed as per hospital policy.** | |

|  |  |
| --- | --- |
| 3. **Health and Children’s Services professionals** | |
| Name of Hospital and birthing unit |  |
| Named Midwife Team  Contact details |  |
| Named Health Visitor Contact details |  |
| GP/Practice Contact Details |  |
| Named Social Worker Team  Contact details |  |
| Team Manager Contact details |  |
| EDT contact details |  |
| Child Protection Plan | Yes/No |
| Category (tick as applicable)  Physical Sexual Neglect Emotional | |
|  |  |
| Date of CP plan |  |
| Pre-birth assessment completed? | Yes/No |
| Recommendations of completed pre-birth assessment | |
| Public Law Outline meeting? | Yes/No and date |
| Outcome of PLO | |

|  |  |
| --- | --- |
| **Professionals to be notified – including Emergency Duty Team if required** | |
| **On admission to hospital NAME** | **CONTACT DETAILS** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Following birth NAME** | **CONTACT DETAILS** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| 4. **Family time following birth within Hospital** | |
| For Mother | |
| Is supervised family time required? | Yes/No |
| Date of discussion with Named Midwife for Safeguarding |  |
| Outcome of discussion. If contact is to be supervised, please detail the:   * level of supervision required * who will supervise? * reason why contact is to be supervised | |
| For putative Father | |
| Is supervision required? | Yes/No |
| Date of discussion with Named Midwife for Safeguarding | |
| Outcome of discussion. If contact is to be supervised, please detail the:   * level of supervision required * who will supervise? * reason why contact is to be supervised | |
| Family time for any other person (detail names and relationship) | |
| Is supervision required? | Yes/No |
| Date of discussion with Named Midwife for Safeguarding |  |
| Outcome of discussion. If contact is to be supervised please detail the:   * level of supervision required * who will supervise? * reason why contact is to be supervised |  |

|  |  |
| --- | --- |
| **5. The Safeguarding Plan** | |
| Is the child to be separated from the mother following birth? | Yes/No |
| If yes | |
| On delivery suite following birth and transferred to a designated place of safety | Yes/No |
| On discharge from post-natal ward | Yes/No |
| Are there any concerns about the mother’s capacity to consent to the plan?  E.g. mental health issues, learning disability, due to mother’s young age? | Yes (detail)/No |
| Is the plan agreed by the mother? | Yes/No |
| Is the plan agreed by the Father? | Yes/No |
| Evidence of and date of Agreement  **NB: Consent can be withdrawn at any time by any person with parental responsibility** | |
| Where the plan is not agreed or consent is withdrawn detail the contingency plan to safeguard the child upon birth. Please include the names of professionals who will be enacting the contingency plan. | |
| State how lawful authority for the plan will be obtained: | |
| Police Powers of Protection | Yes/No |
| Emergency Protection Order | Yes/No |
| Interim Care Order application | Yes/No |
| **6. DISCHARGE PLANNING** | |
| Is a Discharge Planning Meeting required? | Yes/No |
| Detail the date of the meeting and who will participate: | |
| **Arrangements for discharge** | |
| Is the baby to be discharged from hospital to an alternative carer? | Yes/No |
| If yes: | |

|  |  |
| --- | --- |
| To foster carer? | Yes/No |
| Is the foster carers address to remain confidential? | Yes/No |
| Address of F/C (if confidential please ensure this is not shared with parents/carers) | |
| Discharge to others carers? Please state: | Yes/No |
| Name |  |
| Relationship to child |  |
| Address |  |
| If baby and/or mother are being discharged to another area have maternity services been informed? If not when will this happen? | Yes/No |
| Where mother and baby are to be discharged to home address, detail any action and support required, including who is to provides these and the timescales for doing so. | |
| Any other issues to be noted | |

|  |  |
| --- | --- |
| **6. Distribution of notes** | |
| Date plan given to: | |
| Midwife |  |
| Named midwife for safeguarding |  |
| Health Visitor |  |
| Others (please state) |  |
| Date when plan shared with Mother |  |
| Date when plan shared with putative Father |  |
| If plan not shared with parent/s state reason why |  |
| Date copy signed by Social Worker |  |