2025

GSCP Pre-Birth Protocol

Summary: In Gloucestershire, we are committed to a collaborative, proactive approach to improving pre-birth outcomes for children across the county. Our shared vision is to support expectant parents as early and effectively as possible, recognizing that some unborn babies may face greater risks and require more intensive intervention. This strategic protocol aligns with the statutory guidance outlined in Working Together 2023, ensuring that local authorities and their partners have a clear, published framework for assessment and support during the pre-birth period. Key partners include health services, social care, early help, mental health, substance misuse, police, probation, and the voluntary sector. Together, they work to safeguard unborn babies and support families holistically.

Gloucestershire Safeguarding Children Partnership

Pre-Birth Protocol

Contents

Version control

Revision	Date	Comment
2.0	August 2025	Document revision V1.0 has been replaced with this version
2.1	August 2025	Timeframes included within Flowchart

1.0 Introduction

In Gloucestershire, we are determined to work together to make a positive difference to pre-birth outcomes for children in the county. We aim to support all expectant parents as early as possible and at the lowest level whilst acknowledging that for some babies, harm will be greater, and a higher level of support and intervention will be needed.

2.0 Who is involved:

The key agencies in Gloucestershire involved in the identification and intervention to support parents and their unborn baby are:

- Maternity Services
- Primary Care
- Health Visiting
- Children's Social Care
- Early Help
- Adult Mental Health Services (including perinatal mental health)
- CAMHS
- Community Drug and Alcohol Services
- GDASS
- Probation
- Police
- Learning Disability Services
- Nelson Trust
- Community and voluntary sector
- Children and Family Centres

This protocol serves the purpose, detailed in Working Together 2023, that Local Authorities, with their partners, should develop and publish local protocols for assessment. This includes the publication of a Pre-Birth Protocol.

3.0 Principles

The most positive outcomes are achieved if identification and timely intervention happens during the pre-birth period.

Referrals regarding unborn babies should be made without undue delay because late referrals can impact significantly on the ability of the professional group to build relationships with the parents which is the most important element of practice, as well as impacting on the provision of services and support to safeguard the unborn baby.

Lack of comprehensive information is not a reason to avoid or delay a referral where the risk of significant harm is identified.

Professionals need to work with the whole family, mother, father and/or partner, as well as the wider family network and community, to assess, support and intervene at the right level, at the right time.

Where either parent is a child and has an allocated social worker, the unborn baby should have a different social worker allocated to them.

4.0 Making a referral:

Gloucestershire's levels of intervention should be used to consider the unborn baby's needs and help ensure the right service is accessed at the right time. For many vulnerable parents and their unborn babies, their need for support can be met through universal services, or supported by Early Help services.

Where any professional from any agency is concerned about a risk of significant harm to the unborn child (at any stage of pregnancy), a safeguarding referral should be made by completing a Multi-Agency Referral Form (MARF). They will triage this request and redirect to the appropriate service.

In most circumstances, the professional making the referral will have spoken with the parents who will be in agreement that help and support is needed and in agreement with the referral being made.

Where there is a concern of significant harm, the justification of sharing the information is to prevent harm to the child (rather than the justification of consent), but the parents must be informed of the referral.

There are very few circumstances where we wouldn't inform expectant parent/s that a referral is being made for help and support for them, and to help them get ready to be parents. Parents should be included in all discussions about the help and support that they want and need, and anything that has the potential to, or is causing harm to their unborn/baby, and should be helped to understand the process of referral and that an assessment will be completed with them.

There may be an occasion where the mother doesn't wish for the father to be informed a referral is being made due to risk to the mother and unborn and consideration should be given to this when making a referral and the rational for one parent not being spoken to should be clearly set out.

Further information around the sharing of information for safeguarding purposes is provided in the national government information sharing guidance, "Advice for practitioners providing safeguarding services for children, young people, parents and carers."

4.1 Once the referral is received by the front door:

Upon receipt of a referral/request for help, Gloucestershire Children's Services front door, will triage the information provided, determine what actions need to be taken immediately, and redirect the referral to the appropriate service. This may include:

- Asking the referrer to provide further information.
- Making further enquiries via the front door social workers.
- Referring to the Multi-Agency Safeguarding Hub "MASH".
- Referring to Early Help.
- Allocating to a social work team for a pre-birth assessment.
- Continuing support from universal services.
- The Children's Front Door team will update the referrer of the outcome within 5 days.

5.0 Early Help

Early Help support, involving the parents, their network and relevant professionals in "Team Around the Family" meetings can meet need and ensure the parent/parents have the support

needed to meet their baby's needs. This support could come from a range of community support services such as: a Children and Family Centre, a family support worker from a locality early help service, or a midwife as the lead professional.

6.0 Pre-birth assessment

It may be that the decision is made to progress to a "Pre-Birth Assessment." For a comprehensive list of indicators that could identify the need for a pre-birth assessment, refer to the GSCP guidance. A pre-birth assessment is a multi-agency, holistic assessment that considers a child's needs, parenting capacity and family environmental factors. All pre-birth assessments will be completed in line with the Gloucestershire Safeguarding Children Partnership and Gloucestershire Children's Social care online procedures and will include:

- Coordinated and robust multi-agency liaison throughout the antenatal period.
- Active involvement of the midwifery service, health visitors and GPs.
- Involvement of specialist services as required including but not limited to substance or domestic abuse services.
- Involvement from the allocated personal adviser where one or both of the parents is care experienced.

6.1 A pre-birth assessment should always be carried out when:

- A preceding child(ren) has died, and neglect/abuse was a concern though not the cause of death, or the death was in suspicious circumstances, or the child(ren) suffered significant harm (due to abuse or neglect) and have been removed from the care of either parent of the expected baby.
- A sibling of the unborn in the household is subject of a Child Protection Plan
- A sibling of either prospective parent in the same household (where the prospective parent is living at home) is the subject of a child protection plan.
- History of concealed pregnancy.
- Either prospective parent is in the care of the local authority.
- Either prospective parent is under 16 and is the subject of a Child Protection Plan. (Careful consideration should also be given to young people who are prospective parents and have been previously subject to a CPP but this will depend when the CPP was and the reasons for the CPP)
- A pre-birth assessment should also be carried out when one or both of the prospective parents' behaviour or circumstances during the pregnancy suggest that they may be unlikely to safely and adequately care for their baby.

6.2 Examples would include (this list is not exhaustive):

- A parent/couple with no permanent home address, misusing drugs and/or alcohol, or finding it difficult to access ante natal care due to their own vulnerability/history in antenatal care
- Prospective parent(s) with a learning difficulty who need help to care for themselves and cannot manage their own needs adequately or safely.
- Prospective parent(s) with chronic and disabling mental health needs including schizophrenia affective psychosis, severe substance abuse, personality disorder, severe obsessive-compulsive disorder or eating disorder
- High levels of domestic violence (see GDASS guidance for professionals on identifying and responding to domestic abuse.)

- History of the parent(s) indicates concerns that the prospects for the baby being adequately cared for is unlikely (e.g., a history of early abuse, serious violence, unresponsive chaotic engagement to substance misuse treatment, chronic serious psychiatric problems)
- Prospective parent or close family member is a person who poses a risk to children (i.e. they have a conviction of an offence against a child including child neglect, abuse and/or sexual offences).

7.0 Care Leavers

Where either parent is a care leaver and supported by a personal adviser, agencies should be stepping in to provide support pre-birth to enable them to be the best parents they can be. The 'risk and vulnerability matrix' in Liquid Logic for unborn babies' will be completed by the Leaving Care PA, in all circumstances. If there are identified needs and risks to the baby, then a referral for a pre-birth assessment should be completed.

Once the assessment is completed, the level of continuing support will be determined; this could be step down to community support, step down to Early Help, a Child in Need Plan, holding a strategy meeting, or seeking legal advice in certain circumstances.

8.0 Family networks

Exploring the family, friends and community network is essential in all circumstances, to ensure that the network around the family is understood, and the support within it can be identified to empower families to create their own plan. Support such as Family Group Conferencing (FGC) must be explored. The Family Meeting Service undertake FGC's, and the social worker can make a referral.

9.0 Pre-Birth Panels in the localities for unborn babies with a social worker

Each Children's Social Care locality holds a monthly pre-birth panel for unborn babies open to a social worker, which is chaired by the locality group manager, and multi-agency. Attendees include midwifery, the Family Meeting Service, Early Help and the local Children & Family Centre, the Health Visiting Service and other professionals depending on the areas of need in each situation (so for example, the GDASS worker if domestic abuse is present or the Leaving Care PA if a parent is a Care Leaver) Its purpose is to work together to ensure that the right level of support is already in place, the right plan is in place and there is timely progress being made so the right plan can be implemented at birth. The panel requires its members and the unborn baby's social worker to attend and contribute.

10.0 Child protection procedures

At any stage, if there is reasonable cause to suspect that the unborn baby is suffering, or likely to suffer, significant harm, children's social care will convene a strategy discussion in line with GSCP procedures.

The strategy discussion must be a multi-agency meeting and will always involve at a minimum, health practitioners, the police and children's social care. For unborn babies, the strategy discussion should always include the midwifery service and the perinatal mental health professional (if there are worries about metal health and well being). Other possible relevant professionals that may be involved with the family include specialist services such as domestic abuse services, substance misuse services or a care experienced young person's allocated Personal Adviser.

If the information shared during the strategy discussion indicates that there is reasonable cause to suspect that the unborn baby is suffering or likely to suffer significant harm, then a section 47 enquiry will commence. These enquiries should be multi-agency and follow the guidance in the Gloucestershire Safeguarding Children Partnership.

If the concerns about the unborn child are substantiated during this section 47 enquiry, then an initial child protection conference (ICPCC) will be convened in line with Gloucestershire Safeguarding Children Partnership guidance.

The first Review Child Protection Conference should take place within three months of the date of the Initial Child Protection Conference. It is important that the parents' strengths, capacity to change and reduce risk factors for the unborn baby are considered carefully at this conference. In addition, the social worker and partners should work together to ensure that the mother, father, and partners have appropriate and robust support to address their needs and maximise the opportunity to care for their baby when born.

11.0 Legal Planning

At any point, it may be agreed by a Children's Social Care Group Manager that the circumstances meet the threshold to discuss at the Legal Gateway Panel. The Legal Gateway Panel will decide whether the Public Law Outline framework is instigated. Assessment of parents will continue along with support and interventions.

Extended family or friends as alternative carers will continue to be explored within this framework.

12.0 Pre-birth planning meeting

If the unborn baby is the subject of Child Protection and/or Public Law Outline, the plan should include what is going to happen when baby arrives and when baby is ready for discharge. This plan should be constructed prior to baby's birth and with the parents. A meeting will be arranged with parents, and the core professionals prior to baby's birth to formulate this plan.

The purpose of the plan is to ensure the baby's protection and welfare both at, and immediately after birth, so that parents and all members of the hospital team are aware of the plan, actions that are needed and who is responsible for each action.

12.1 The plan must include:

- What support is available to the parents in their communities, what community support network is available to them?
- Practical arrangements for mother and baby, including postnatal ward support.
- A plan for how the social worker will be informed of the birth
- A plan for out of hours / emergency birth
- Contact arrangements for other family members
- Provisional discharge plans and support package
- Parental views towards the birth plan
- Management of any risks on the ward from either parent
- Arrangements for legal proceedings / separation of child, if necessary.

All subsequent Child Protection Conferences and core groups should review this plan, and this should be recorded as part of the minutes of the meetings. Wherever possible, this plan should

be developed by 36 weeks gestation of pregnancy in case baby arrives early and everyone feels prepared.

13.0 After Birth

The hospital midwife must inform the allocated social worker or the Emergency Duty Team (EDT) of the birth of the baby as soon as is reasonably possible, when the baby is subject of CPP or PLO. There must be close communication between all agencies around the time of labour and birth, with the allocated social worker informing the allocated/duty lawyer where legal action is planned. If the mother or father, is a child in care or a care leaver, then their social worker/personal adviser also needs to be informed of the birth.

When the plan for the baby is separation, life story work should start and with consent photographs of baby, mother, father and other family members where appropriate, should be taken. A memory box for both mother and baby will be supplied by the hospital.

The discharge planning meeting wherever possible will take place within 24 hours of the birth. There may be exceptions to this; for example, where there is a plan for separation of baby at birth, with care proceedings needing to be issued and a discharge planning meeting being held following the outcome of the hearing being known. If the birth has taken place out of hours or at the weekend, then EDT will represent Children's Social Care or agreement will be reached to wait until the next working day. The Social Worker must ensure that all relevant agencies are invited to the discharge planning meeting. A written plan for discharge will be constructed. When a baby is coming into care, all aspects of the discharge checklist must be completed. The discharge from hospital protocol for children in care can be found here - https://trixcms.trixonline.co.uk/api/assets/gloucestershirescp/1978f251-5156-4dd2-9165-8b4c536838dc/cic-discharge-protocol-final-version-jan-25.pdf

13.1 Possible outcomes following the birth include:

- Baby remains with the parents with adequate support from local services and family members
- Section 20 – parents agree for child to be looked after by someone else who has been formally assessed. Care under s20 for a baby will only be a short-term plan for a baby until a court hearing can be held.
- An Interim Care Order will be applied for so the Local Authority can share Parental Responsibility (PR) and make decisions, including who looks after the child.

14.0 Resolving concerns or disputes:

Should any disputes arise relating to the implementation of this protocol, concerns should be addressed through conversations between professionals and if necessary in line with Gloucestershire Safeguarding Children Partnership's Escalation Policy.

Pre-Birth Process

Risk Matrix
The 'risk and vulnerability matrix for unborn babies' will be completed for all unborn babies whose parent(s) is/are care experienced. Gloucestershire's levels of intervention should be used to consider the unborn babies needs. For many vulnerable parents and their unborn babies, their need for support can be met through universal services or supported by early help services.

Multi-Agency Referral
Where any professional is concerned about a risk of significant harm to the unborn baby (at any stage of pregnancy but ideally at **8 to 12 weeks**), a safeguarding referral should be made by completing a Multi-Agency Referral form.

Gloucestershire Children's services front door, will triage the information provided, determine what actions need to be taken immediately, and redirect the referral to the appropriate service.

No further action from Children's Services, with parent/s and referrer being informed.

Early Help support, involving the parents, their network and relevant professionals in "Team Around the Family" meetings to ensure that parent/s have the support needed to meet their baby's needs.

A Pre-Birth Assessment commences between **weeks 8 to 12** to consider the child's needs, parenting capacity and family environmental factors which will be completed within 45 working days.

10 to 14 weeks.

A multi-agency Strategy discussion is convened under section 47 of the Children Act 1989.

No further action from Children's Services which includes referrals to other support agencies.

Child in Need planning is provided under section 17 of the Children Act 1989, with first Child in Need meeting taking place within 10 days of the assessment concluding

10 to 14 weeks

A multi-agency strategy discussion is convened under section 47 of the Children Act 1989

If the information shared indicates that there is reasonable cause to suspect that the unborn baby is suffering or likely to suffer significant harm, a section 47 enquiry will commence

If the concerns about the unborn child are substantiated during this section 47 enquiry, then an initial child protection conference will be convened between **17 & 18 weeks**.

At any point, it may be agreed by a Children's Social Care Group Manager that the circumstances meet the threshold to discuss at the Legal Gateway Panel nut no later than **week 22.**