BLACKBURN WITH DARWEN, BLACKPOOL AND LANCASHIRE CHILDREN'S SAFEGUARDING ASSURANCE PARTNERSHIP MULTI-AGENCY PRE-BIRTH PROTOCOL

Introduction

Research[1] 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 harm. A number of local 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.

Purpose

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.

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[2], children and their families.

The protocol applies to residents of the Blackburn with Darwen, Blackpool and Lancashire area. 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.

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[1] For example: 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)

[2] Throughout this protocol the term parents is used to denote a baby's biological parents or those who will act in a parental role following the birth. This may be wider than those with legal parental responsibility. In assessing strengths and concerns, professionals should be aware of a baby's wider family and other support network, with particular reference to other household residents.

Identification of 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 early help procedures should be followed (see Common Assessment Framework, CAF and Early Help).

A referral/ request for support to Children's Social Care for a Pre-Birth Assessment must always be completed if there is a reasonable cause to suspect that the unborn baby is likely to suffer significant harm before, during or after birth (see Recognising Abuse and Neglect).

Information about an unborn child and their parents can only be shared with the informed consent of the parents. This is important, both to comply with legislation and to help families feel that services are working with them and not doing things to them. Only in exceptional circumstances can the need for consent be overridden and then it remains good practice to discuss the referral/ request for support with them (see Information Sharing and Confidentiality).

Examples of concerns about an unborn baby and their parents that may indicate that a multi-agency pre-birth assessment, led by Children's Social Care, should be considered are included in the appendix. These should be balanced with the strengths that are also listed.

Professionals should not lose sight of any safeguarding concerns for the parents (either as children or adults) and these should be acted on accordingly.

Looked After Children and care leavers who are pregnant or going to become a parent

When it is established that a young person in care or care leaver is pregnant or going to become a parent, the referrer must contact the responsible Local Authority in order to identify the young person's allocated social worker or personal advisor. A decision can then be reached about whether a referral for the unborn child should be made. It should not be an automatic decision to make or accept a referral in relation to the pregnancies of all looked after children and care leavers unless the thresholds are met as outlined above. Where the young person resides in a different local authority area to that which is responsible for them as a looked after child or care leaver, the local authority in which the mother resides is responsible for the pre-birth assessment, although this should be completed in close conjunction with their 'home' local authority.

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

- Referrals/ requests for support to Children's Social Care for a multi-agency pre-birth assessment should be made as soon as concerns for the safety of the unborn child become apparent in the pregnancy.[3] Where there is any doubt as to the appropriateness or timing of a referral/ request for support advice should be sought from the duty social worker (see Making a Referral to Children's Social Care). If the referrer has not received an acknowledgement within three working days or an outcome within seven working days, they should contact Children's Social Care again.

- In cases of late presentation and concealed or denied pregnancy referrals/ requests for support should be made as soon as is possible and the subsequent process expedited as far as is possible to meet the needs of the unborn baby (see Concealed and Denied Pregnancy Guidance).

- Referrals/ requests for support about unborn babies should be made by whichever agency identifies the concerns. Multi-agency information sharing, with consent, prior to the referral/ request for support will enable more informed decision making e.g. probation may have concerns about criminality in household members, which midwifery can balance with strengths of which they are aware.

- When a sibling or other child within the household is already subject to a child in need or child protection plan a referral/ request for support for the unborn child should be made as soon as the referrer becomes aware of the pregnancy and a discrete pre-birth assessment in respect of the unborn baby should be undertaken.

- The pre-birth assessment will gather information from all involved agencies, e.g. General Practitioners, Midwifery, Health Visitors, Police etc. It is critical that information is shared promptly and fully to allow for timely decision making.

- During the process of completing a pre-birth assessment, a meeting of all professionals involved may be convened as per multi-agency procedures. This could be strategy meeting (see Section 47 Enquiries) or a multi-agency meeting including the family, held with their informed consent. All professionals should give high priority to attendance at pre-birth assessment meetings if requested. If attendance is not possible, they should ensure that their report is taken to the meeting by another appropriately briefed professional from their agency.

[3] Referrals/ requests for support must be accompanied by the minutes of any earlier multi-agency meetings or the early help assessment/ CAF, if they are available.

- The pre-birth assessment will lead to one of a number of outcomes, including a step down to universal or early help services, a child in need plan, an initial child protection conference or seeking legal advice about the threshold to share parental responsibility or commence the public law outline (PLO) process. Children's social care will ensure that the outcome of the assessment is explained to the parents and involved professionals. Professionals should raise any concerns that they have with the outcome of the assessment. (See: Resolving Professional Disagreements).

  Where a pre-birth Initial Child Protection Conference is required it will be convened as early as is required to meet the family's needs, but not later than 30 weeks' gestation[4]. If the unborn baby is made subject to a Child Protection Plan at that Conference, the first Core Group meeting to agree the child protection plan will be held within ten working days. Core groups will continue to be held at a minimum of four weekly intervals prior to and after the baby's birth. If the unborn baby is not made subject to a Child Protection Plan, Child in Need and early help plans will be considered, with the first meeting for either also held within ten working days.

All professionals should give high priority to attendance at Child Protection Conferences if requested. If attendance is not possible, they should 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 should be shared with parents prior to the meeting. (See Initial Child Protection Conferences).

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

- A plan for the baby's birth and subsequent discharge from hospital will be agreed by all professionals at the first core group meeting and reviewed in all subsequent meetings (occasionally this may be agreed at a later meeting, when the initial child protection conference has been early in the pregnancy).
- The plan should address the following:
  - Consideration of parental choice and plans should a homebirth be deemed clinically safe.
  - How long the baby will stay in hospital. For example, if a baby is showing signs of withdrawal, pre term, then their length of stay will depend on the clinical need of the baby.
  - How long the hospital will keep the mother on the ward taking into account when she is clinically fit for discharge.

[4] In exceptional circumstances this may not be possible (e.g. concealed pregnancy or late presentation) and the initial child protection conference will be held as soon as is practical.

- The arrangements for the immediate protection of the baby if it is considered that there are serious risks posed from parental alcohol consumption, substance misuse; mental ill health and/or domestic violence. Consideration should be given to the use of hospital security, and informing the Police.
- The risk of potential abduction of the baby from the hospital particularly where it is planned to remove the baby at birth.
- The plan for contact between mother, father, extended family and the baby whilst in hospital. Consideration to be given to the supervision of contact – for example whether contact supervisors need to be employed.
- Consideration of any risks to the baby in relation to breastfeeding e.g. HIV status of the mother; medication being taken by the mother which is contraindicated in relation to breastfeeding.
- The plan for the baby upon discharge that will be under the auspices of Care Proceedings, e.g. discharge to parent/ extended family members; mother and baby foster placement; foster care, supported accommodation.
- Consideration should be given to whether or not North West Ambulance Service NHS Trust should be notified to facilitate safe transfer to hospital and effective communication with partner agencies. Information sharing should include an assessment of risk including violence and aggression.
- Contingency plans should also be in place in the event of a sudden change in circumstances.
- Who to contact should the baby be born out of hours.

- 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 and also shared with the Health Visiting service and GP. 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). A children's social care representative will subsequently notify other members of the core group within one working day.

- A children's social care representative 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. (Responsibility for chairing the meeting, recording and distributing a record of the meeting will be determined at the meeting. It is a multi-agency responsibility.)

- Where there is already a clear discharge plan in place, which has been agreed and discussed at a recent core group, and from which there have been no changes, a baby may be discharged without a pre-discharge planning meeting. The potential to discharge without a planning meeting should be agreed at the core group meeting prior to birth and telephone contact should be made with all core group members prior to discharge. Discharge in these circumstances should only occur when it meets safeguarding needs and is in the interests of the baby and parents.

- The existence of a child protection plan does not remove the parents' choice for the birth to be at home or in another location. In these circumstances, the core group will still agree post birth arrangements including for a discharge planning meeting, which may be in hospital or at another venue.

- A children's social care representative 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, or sooner if legal action is being considered.

Babies taken into care

For a small number of babies a decision will be taken prior to their birth that their parents will not be able to safely care for them, irrespective of the levels of support with which they are provided. In these circumstances the baby will be placed with extended family members who have been assessed as able to provide safe care, foster carers, or prospective adoptive parents shortly after birth. The following steps should be applied in these circumstances (which would also apply where the decision was made shortly after birth):

- Children's social care should seek legal advice as soon as the possibility arises that the baby may not be able to remain in the parents' care.

- Decision making, once alternatives to keep the family together have been exhausted, should be as early in the pregnancy as possible in order provide the parents with clarity and to begin planning for the baby's longer term care.

- The parents should continue to be involved in multi-agency planning for the birth and fully understand what to expect following the birth.

- In exceptional circumstances, where children's social care are not able to secure a court order, consideration may be given to the use of police powers of protection.

- The parents should be provided with the opportunity to spend time with their baby following birth and to have a memory box for their baby.

- The social worker should consider how the baby's first few days should be captured for future life story work.

- The parents should continue to be offered multi-agency support, including from the midwife, health visitor and social worker. Particular consideration should be given to supporting the parents' mental health and emotional wellbeing.

- Multi-agency professionals should continue to work together to plan for the baby's future through children looked after reviews. Existing child protection (or child in need) plans will cease.

APPENDIX

Examples of Pre-Birth Strengths

Unborn Baby • Wanted pregnancy • Consistent ante-natal care • No special health needs or known disabilities
Parenting Capacity (see footnote 2) • Positive experiences of parental role models • Previous positive experience of being a parent • Parent with good physical and mental health • No misuse of substances • Any use of substances does not impact on parenting capacity • Appropriate preparation for baby • Realistic expectations of new born baby • Positive attitude to education • Positive family support • Good attendance at health checks and other appointments • Shared parental responsibility • Parent with no additional needs • No significant exposure to trauma in own childhood • Positive acceptance of unborn child • Willing to engage with professionals if needed
Family/ Household/ Environmental • Stable relationships • Positive social networks and support • Positive contact with absent parent • Stable and well managed income • Employed • Stable neighbourhood/community links • Secure tenancy or owner occupier • Acceptable housing standards

Examples of Pre-Birth Concerns

Unborn Baby

- Unwanted pregnancy
- Concealed pregnancy
- Premature birth
- Lack of or inconsistent ante-natal care
- Additional or complex health needs (e.g. disability or substance withdrawal)

Parenting Capacity (see footnote 2)

- Lack of positive parenting role model
- Unresolved childhood trauma
- One or both parents were Looked After Children
- Lack of recognition of impact of own behaviour on others
- Lack of awareness of unborn baby's health needs
- Lack of preparation for new born baby
- Drug or alcohol misuse
- History of safeguarding concerns for previous child(ren), including being taken into care
- Mother under 13 (victim of rape under Sexual Offences Act 2003)
- Mental ill health that could impact on ability to parent
- Learning difficulties that could impact on ability to parent
- Physical disabilities or ill health that could impact on ability to parent
- Lack of engagement with professionals
- Lack of self-care skills
- Domestic abuse
- Mother has undergone or is at risk of FGM
- Health seeking behaviours
- Asylum seekers without recourse to public funds or at risk of deportation

Family/ Household/ Environmental

- Domestic abuse
- Inappropriate social networks
- Inappropriate residents in household e.g. sex offenders or engaged in other criminal activity (this would include houses of multiple occupancy with shared facilities)
- Poor home conditions
- Significant debt
- Frequent moves of house/homelessness
- Relationship difficulties
- Multiple relationships
- Lack of community or family support
- Poor engagement with professional services
- Isolation (physical and social)
- Anti-social behaviour issues
- Criminal activity

- Parent in prison or awaiting sentence where custody is a possible outcome
- Dangerous pets
- Concerns for the safety of either parent as a consequence of sexual or criminal exploitation, or human trafficking/ modern day slavery (whether they are a child or not)

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