MERSEYSIDE
PRE-BIRTH PROTOCOL

September 2019

Knowsley Safeguarding Children Board

SEFTON Local Safeguarding Children Board

Wirral Safeguarding Children Partnership
Supporting Families Enhancing Futures

Liverpool Safeguarding Children Partnership LSCP

St.Helens Safeguarding Children Board

Merseyside Pre-Birth Protocol

1. 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 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. One review identified a lack of recognition on the part of some key workers and decision makers who failed to recognise that significant harm was already being caused to the unborn child which resulted in poor decisions being made.

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.

2. 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.

3. Scope

This multi-agency 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.

4. 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 assessment, led by Children's Social Care, should be considered *(please note, this list is not exhaustive)*:

- There are concerns that a 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 a 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.
- A 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.
- 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 the parent/their partner/potential carer.
- There are significant concerns about the lifestyle of a 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 or concealment, there are concerns about complex/ serious needs or evidence of significant harm. In the absence of these concerns additional support from universal services may be appropriate.

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

- A referral must be made at the earliest opportunity, following dating scan, (usually 10-12 weeks) when there are risk indicators at Level 4 of the LSCB Level of Need, as identified in the Pre-Birth RAG Screening Tool. The local area MASH and individual agency local safeguarding lead must be consulted. If the referrer has not received an

acknowledgement within three working days from the MASH, they should contact the MASH 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.
- If the referral is accepted by Children's Social Care it is vital that the Child & Family, (C&F) 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.
- The C&F assessment will gather information from all involved agencies, e.g. General Practitioners/Maternity Services and Health Visitors using the Pre-Birth RAG Screening Tool.
- During the process of completing a C&F assessment within set timescales (no longer than 20 days) a meeting of all professionals involved must be convened as per multi-agency procedures. 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 Pre-Birth Assessment/Child-in-Need/Early Help/No Further Action (NFA).
- If the decision is for a Pre-Birth Assessment, this must be completed within 12 weeks. The unborn must remain on a Child-in-Need Plan during this assessment.
- On completion of the 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 convened at 30 weeks gestation and held within 15 days of the strategy discussion. If the unborn baby is made subject to a Child Protection Plan at that Conference, the first Core Group meeting to agree the plan for the birth of the baby and the baby's discharge from hospital will be held within ten working days.
- This plan is to be filed into maternity records immediately following this meeting. Pre-proceedings & legal gateway support may be sought following the conference if required. This must also be included in the Safeguarding Birth Plan. 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 Plan, to inform actions required at the time of the baby's birth and discharge from the Maternity setting.

- The Pre-Birth Assessment 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 & Senior Managers.

6. 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 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. (Responsibility for chairing the meeting, recording and distributing a record of the meeting will be determined at the meeting. This is a multi-agency responsibility.)
- 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.

APPENDIX

Pre-Birth RAG Screening Tool Questionnaire

Note

A / R = risk can be Amber or Red, depending upon individual circumstances

R – LSCB Level of Need 4

A = LSCB Level of Need 3

G = LSCB Level of Need 1/ 2

	Risk level (**R**ed / **A**mber / **G**reen)
Unborn baby	
Unwanted pregnancy	R
Concealed pregnancy	R
Lack of or inconsistent ante-natal care	A
Additional/complex health needs (e.g. disability or substance withdrawal)	A
Parenting Capacity	
Lack of positive parenting role model	A
One or both parents were Looked After Children	A
Lack of recognition of impact of own behaviour on others	R
Lack of awareness of unborn baby's health needs	R
Lack of preparation for new born baby	A
Parental Drug/alcohol misuse	A / R
Abuse/neglect of previous child(ren)	R
Age – very young (teenage) parents/immature	A
Mental ill health that could impact on ability to parent	A / R
Learning difficulties that could impact on ability to parent	A / R
Physical disabilities/ill health that could impact on ability to parent	A
Lack of engagement with professionals	A / R
Lack of self-care skills	A / R
Domestic abuse	A / R
Family/Household/Environmental	
Mother has undergone FGM *(consider PAN Merseyside FGM Protocol)*	R
Mother victim of Human Trafficking /Modern Slavery	R
Mother has been a victim of CSE	R
Inappropriate social networks	A / R
Poor home conditions	A
Significant debt	A / R
Frequent moves of house	A / R
homelessness	A / R
Relationship difficulties	A / R
Lack of community or family support	A
Poor engagement with professional services	A / R
Isolation (physical and social)	A

Anti-social behaviour issues/criminal activity	A / R
Dangerous pets	R

Pre-Birth Protective Factors Unborn Baby	**Please tick where applicable**
Wanted pregnancy	
Consistent ante-natal care	
No special health needs or known disabilities	
Parenting Capacity	
Positive experiences of parental role models	
Previous positive experience of being a parent	
Parent with good physical and mental health	
Controlled/monitored use of substances	
No misuse of substances	
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	
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 owned occupier	
Acceptable housing standards	
Positive acceptance of unborn child	
Willing to engage with professionals if needed	

PATHWAY FOR PRE-BIRTH ASSESSMENT

(This is a guide only - timings will change dependent on stage of pregnancy at point of referral)

Referral completed following dating scan (10-12 weeks)

Or as soon as concern is identified following scan

Targeted Services
E.g. Early Help

Meets Level of Need for Children's Social Care Assessment

C & F Assessment- must be completed within 20 days, and a Multi-Agency meeting must be convened to determine outcome. (Pre-Birth RAG screening tool will form basis of C&F Assessment)

CIN/EARLY HELP/NO FURTHER ACTION

PRE-BIRTH ASSESSMENT

Unborn to remain on CIN plan during pre-birth assessment & commence CIN meetings every 4 weeks.

Pre-Birth must be completed within 12 weeks and a **Multi-Agency Strategy** to be convened if appropriate and request to legal gateway if appropriate

CIN/EARLY HELP/NO FURTHER ACTION

ICPC will be convened at 30 weeks gestation (held within 15 days of the strategy discussion)

CIN/EARLY HELP/NO FURTHER ACTION

CP PLAN/Pre-Proceedings

Safeguarding Birth Plan to be written following first core group (or sooner dependant on gestation) and attached to maternity records by 32 weeks