**Appendix B**

**Guidance**

In a High Court judgment (Nottingham City Council v LW & Ors [2016] EWHC 11(Fam) (19 February 2016)) Keehan J set out five points of basic and fundamental good practice with respect to public law proceedings regarding pre-birth and newly born children and particularly where children's social care services are aware at a relatively early stage of the pregnancy.

In respect of assessment, these good practice steps were:

* A risk assessment of the parent(s) should 'commence immediately upon the social workers being made aware of the mother's pregnancy';
* Any assessment should be completed at least 4 weeks before the mother's expected delivery date;
* The Assessment should be updated to take into account 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 the opportunity to challenge the Care Plan and risk assessment.

(See [Care and Supervision Proceedings and the Public Law Outline Procedure, Pre-Birth Planning and Proceedings](https://sthelenschildcare.proceduresonline.com/p_care_supervis_plo.html#pre_birth)).

Whatever legislation the child is assessed under, the purpose of the assessment is always

* To gather important information about a child and family;
* To analyse their needs and/or the nature and level of any risk and harm being suffered by the child;
* To decide whether the child is a child in need (section 17) or is suffering or likely to suffer significant harm (section 47);
* To provide support to address those needs to improve the child's outcomes and welfare and where necessary to make them safe.

**Progressing from Referral to Assessment**

Where the outcome of a Referral is to progress to an assessment in respect of an unborn child the Child and Family Assessment – Pre-Birth option should be chosen, and the appropriate assessment generated within ICS.

The Manager should indicate the timescale for the assessment to be completed. This will involve consideration of the following issues: -

1. Historical information and chronology of involvement
2. Previous Proceedings in respect of older siblings and the need to review the bundle of evidence
3. Complexity of the information and family circumstances
4. Early indications in respect of the parent(s) level of engagement

It is proposed that the Child and Family Assessment – Pre-Birth would commence as soon as the information is received that the Mother is expecting. This would normally be around the 10 to 12 week stage of the pregnancy from the dating scan. However, it is acknowledged that there will be occasions where concerns are such that an assessment should start sooner rather than later. For example, where a Mother has had previous children removed from her care, the earlier the assessment starts the longer the period in which to assess and to establish the right plan and support required to assist in addressing the concerns raised and give the family the opportunity to evidence change and ability to parent the unborn child. It is therefore appropriate to commence an assessment prior to the dating scan.

**Child and Family Assessment – Pre-Birth**

The Child and Family Assessment – Pre-Birth should follow the principles of good practice contained within Working Together to Safeguard Children 2018.

Working Together to Safeguard Children 2018, Assessing Need and Providing Help and the Tri X procedures should be referenced and considered when undertaking the assessment in terms of

* The purpose of the assessment
* The process of the assessment
* Communication
* Focus on the child
* Planning
* Developing a clear analysis
* Contribution of the child and family
* Contribution of agencies involved with the child and family
* Actions and Outcomes
* Timescales
* Regular Review
* Recording
* Principles

The Child and Family Assessment – Pre-Birth must follow the principles and guidance around undertaking a good assessment however there will be other things to consider. For example, a focus on the health of the unborn would be supported via multi-agency working with Health colleagues and would also take into account the Mother’s health and lifestyle which could impact on the unborn child.

The Practice Standards for the Child and Family Assessment should also be maintained. (See appendix C)

**Outcome of Child and Family Assessment – Pre-Birth**

Every assessment should focus on outcomes and deciding which services and support to provide to ensure positive outcomes for the unborn child and consider their best interests.

During the assessment the Social Worker and Manager should determine

* Is this a Child in Need? (section 17 Children Act 1989);
* Is there reasonable cause to suspect that this child is suffering, or is likely to suffer, significant harm? (section 47 Children Act 1989);
* Is this a child in need of accommodation? (Section 20 or Section 31A Children Act 1989).

The outcome of the assessment could be

* No further action;
* Additional support which can be provided through universal services and single service provision or the early help process;
* The development of a multi-agency Child in Need plan for the provision of child in need services to promote the child's health and development;
* Specialist assessment for a more in-depth understanding of the child's needs and circumstances;
* Undertaking a strategy discussion/meeting/a Section 47 child protection enquiry;
* Emergency action to protect a child – this would relate to planning for the birth of the child and the need to initiate legal proceedings.

**PLO and ICPC for Unborn**

Where there are concerns and CSC attend Legal gateway for Pre-Proceedings and this is approved, a Child Protection conference will not be required. Unborn children who fall within this area will be subject to CIN planning and Legal Gateway will track progress of the plan. Where concerns continue after the child is born but CSC are not intending to Issue proceedings the CP conference will be requested after birth. Where PLO pre-Birth agrees to issue at birth, CP conference will not be required.

**Plan**

It is acknowledged that a CIN plan is appropriate and should be considered when undertaking the Child and Family Assessment – Pre Birth, as services should commence when required and would need to be reviewed via an appropriate plan. A multi-agency meeting should be convened at 20 working days to agree the plan and support to be offered.

Where the concerns are such that a Child Protection Plan is considered appropriate, the Strategy Meeting and S47 would need to be completed to convene the Initial Child Protection Conference, the Safeguarding Procedures state: -

*A pre-birth conference is an initial child protection conference concerning an unborn child. Such a conference has the same status as, and must be conducted in a comparable manner to, an initial child protection conference. The timing of the conference should be carefully considered bearing in mind the need for early action to allow time to plan for the birth.*

*Pre-birth conferences should always be convened where there is a need to consider if a multi-agency child protection plan is required. This decision will usually follow from a pre-birth assessment.*

*A pre-birth conference should be held where:*

* *A pre-birth assessment gives rise to concerns that an unborn child may be at risk of significant harm;*
* *A previous child has died or been removed from parent/s as a result of significant harm;*
* *A child is to be born into a family or household that already has children who are subject of a child protection plan;*
* *An adult or child who is a risk to children resides in the household or is known to be a regular visitor.*

*Other risk factors to be considered are:*

* *The impact of parental risk factors such as mental ill health, learning disabilities, substance misuse and domestic violence;*
* *A mother under 18 years of age about whom there are concerns regarding her ability to self-care and / or to care for the child.*

*All agencies involved with pregnant women, where there are concerns about the unborn child, should consider whether there is the need for an early referral to People's Services so that assessments are undertaken as early as possible in the pregnancy.*

***The pre-birth conference should take place at 30 weeks prior to birth / ten weeks before the due date of delivery, so as to allow as much time as possible for planning support for the baby and family. Where there is a known likelihood of a premature birth, the conference should be held earlier.***

*Transfer in conferences should take place when a child who is the subject of a child protection plan, moves from the original LA area to St. Helens area to live there permanently e.g. for a period of more than 3 months. Children’s social care, designated health professionals and the police should be notified promptly.*

*The transfer in conference should receive reports from the original LA, and the original authority should be invited to attend the conference which should take place within 15 working days of the notification. Such a conference has the same status and purpose and must be conducted in a comparable manner to, an initial child protection conference.*

It is noted that should the unborn child be presented at Conference at a very early stage in the pregnancy this would require a review conference at 3 months plus a further review within 20 days of the child being born. This may be excessive for the family and therefore consideration should be given to the timescales for progressing to Initial Child Protection Conference prior to the expected date of birth. It is important however that threshold is considered, and the appropriate plan put in place for the unborn child at the right time.

Whatever the outcome of the Child and Family Assessment – Pre-Birth the assessment should be

* Discussed with the child and family and provided to them in written form. Exceptions to this are where this might place a child at risk of harm or jeopardise an enquiry;
* Taking account of confidentiality, provided to professional referrers;
* Given in writing to agencies involved in providing services to the child with the action points, review dates and intended outcomes for the child stated.