

Children's Services – Pre-Birth Practice Guidance



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Swindon Borough Council – Children’s Services Pre-Birth Practice Guidance

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1. Introduction

It is critical that all Children's services have robust procedures in place, both to identify the children with the most need and then to effectively manage their protection.

The purpose of this the pre-birth guidance is to set out the processes by which agencies can agree on a clear, cogent, and proportionate plan to ensure that the child is safe and will continue to be safe when born and should be read in conjunction with Banes, Swindon & Wiltshire Multi agency pre-birth Protocol to Safeguard Unborn Babies, located on the SSP website. The introduction of a Pre-Birth Panel ensures that a multi-agency response is clear and regularly reviewed.

2. Background

The very nature of the work dictates that the most successful preventative action is taken if these children are identified pre-birth. This early warning system can only operate in a meaningful way if there is an agreed interagency commitment to the importance of this area and that professionals work together to assess and manage the response to this high-need group. The aim of this guidance is to ensure that all children born in Swindon are safe.

As prescribed in Working Together (2023) the key agencies in terms of identification and intervention are:

- Childrens Services
- Maternity Services
- Primary Care Services
- Adult Mental Health
- Community Drug and Alcohol Services
- Probation
- Police
- Learning Disability Services.
- Domestic Violence Services

This guidance should support all professionals in identifying risk factors and assist in constructing meaningful plans in partnership with parents that will protect the unborn child from harm.

Early referral (once the pregnancy has been confirmed) and intervention gives prospective parents time to either demonstrate that change has happened and that they can parent the expected child or gives them time to create any change that is needed. Pre-Birth Assessments are critically important and need to be undertaken in a thorough and timely way.

The early identification of risk factors by Midwives at the Maternity booking appointment will often form the basis of the referral to Contact Swindon. Multi-agency working is at the heart of the Pre-Birth Assessment and the identification and management of risk.

Almost half of Child Safeguarding Practice Reviews in all Local Authorities relate to babies under 1 year of age. A Child Safeguarding Practice Review is a multi-agency review that happens when a child dies or is seriously harmed because of abuse or neglect. Babies are entirely reliant on their parents or carers to meet all their needs, and this makes them extremely vulnerable.

Where any professional identifies concerns at **Level 4 of the Right Help Right Time Levels of Need Guidance** a referral should be made to MASH from as early as **12 weeks gestation**.

3. Factors to consider

3.1 The Pre-Birth Assessment

When completing a Pre-Birth Assessment, the 2 questions to be answered are:

- a. Will this new-born baby be safe in the care of these parents/carers?***
- b. Is there a realistic prospect of these parents/carers being able to provide good enough care throughout childhood?***

A Pre-Birth assessment must be completed at the earliest possible point in the confirmed pregnancy and must be finalised no later than 45 days after commencement. The multi-agency Pre-Birth Panel will guide and review the timescale of this assessment. The initial Pre-Birth Panel meeting will be held within two weeks of the referral being received.

Fathers of unborn babies and partners of the parents (if the birth parents are no longer in a relationship and have a new partner) are a crucial part of the Pre-Birth Assessment. A rounded and complete understanding of the circumstances of the child is vital in the understanding of need.

Fathers should be assessed along with the mother, even if the father is not part of the household and may not have day-to-day care of the child. If the parent with whom the baby will live has a partner who is not related to the baby, that person must also be assessed. Gathering all the relevant information from both expectant parents and where relevant, their partners, requires professional curiosity and thoughtfulness. The information must be considered and analysed to establish its relevance to the current circumstances and the known risk issues.

The pre-birth assessment needs to establish family and social supports around the baby and consideration be given to either family network meeting or Family Group conference being convened as part of the assessment process.

Information shared by relatives, neighbours and anonymously, can be particularly significant in determining the likely circumstances faced by an unborn/young baby and should be carefully considered by the assessing Social Worker alongside information from colleagues and professionals.

Sometimes it is possible to understand the likely circumstances (of the baby) very early on in the Pre-Birth Assessment process, for example, where previous children have been removed and there is no indication of parents having made any change in their circumstances. In these situations, the assessment should be completed as soon as possible, and the relevant additional safeguarding processes should be commenced to safeguard the unborn child.

The assessment should consider the prospective parent/s previous parenting, their history of being parented themselves, any history of domestic abuse, drug or alcohol misuse, mental health issues and any other relevant issues that may have a bearing on their parenting capacity and the care that will be given to the baby.

It is also important to consider the capacity of the parent/s to achieve positive change in the issues that give rise to the need and concern. It is important that interventions are put in place whilst the Pre-Birth assessment is being undertaken to ensure that families are empowered to achieve positive change.

A good assessment does not rely only on what the prospective parents report about their circumstances. It is very important to corroborate what they say by talking to extended family and all involved professionals, checking out information, and using professional curiosity.

3.2 What are the known Need Factors which may mean that expectant parents may not be able to care for their baby?

- There has been a previous unexpected or unexplained death of a child whilst in the care of either parent, their partner or other household member.
- A sibling or child has previously been removed from either parent's care during this, or any of their previous relationships by a Local Authority for safeguarding reasons, either temporarily or by court order.
- There are concerns about the parent's or carer's ability to care for themselves and/or to care for the child, for example, no family support, very young parent, or prospective parent with a learning difficulty.
- A parent, adult, relative or regular visitor to the household has been identified as posing a risk to children.
- There are known or suspected domestic abuse issues likely to impact the baby's safety or development.
- The degree of parental substance misuse is likely to affect parenting capacity and baby's safety or development.
- The degree of parental mental illness, learning difficulty or learning disability inclusive of neurodiversity is likely to affect parenting capacity and the baby's safety or development.
- A sibling or child in the household is the subject of a Child in Need or Child Protection Plan.
- A parent or carer has been previously suspected of fabricating or inducing illness in a child or harming a child.
- A child aged 16 years or under is pregnant.
- There are maternal risk factors, for example, denial of pregnancy, avoidance of antenatal care (failed appointments), non-cooperation with necessary services, non-compliance with treatment with potentially detrimental effects for the unborn baby.
- Concealed pregnancy or late booking at or after 24 weeks gestation without a plausible explanation.
- A parent has said that they want to relinquish their baby and then changes their mind.
- Concerns that the mother and/or father of the unborn are at risk from 'Honour Based' Abuse.
- Concerns that the mother has been or that the baby may be subjected to Female Genital Mutilation.
- Parents are at risk of experiencing forced marriage.
- Parents have been identified as being at risk of or experiencing harm outside the home.
- There is a family history of known or suspected sexually harmful behaviors.
- Parents have moved to new local authority areas in an apparent effort to avoid professionals.
- There are significant concerns regarding a parent's home conditions which are likely to impact on the baby's safety or development.
- Either parent is homeless or sleeping rough.

- Any other concern that indicates the baby may be at risk of significant harm.

This list is neither exhaustive nor prescriptive, families are complex. Professionals should always question and be curious about the family's circumstances. The professional taking the information must exercise their professional judgement and discretion in determining the presence, extent of, or absence of concerns, and this may include undertaking risk assessment in accordance with their agency protocols at the time, to arrive at a considered view, which they will then act upon.

Where a prospective parent or carer has a child living with another parent or family member, professionals should be curious about how and why this came about. The arrangement may be formal or informal and may or may not have involved the local authority but is worthy of careful consideration by the Midwife when gathering information and considering whether a referral should be made, and by the Social Worker within the Pre-Birth Assessment.

Most referrals relating to unborn babies will be made by the Midwifery service, however, any professional involved with a family where a woman is pregnant, and the professional has concerns can make a referral to Children's Social Care, and they should discuss this with the family before doing it.

3.3 Especially Concerning Situations

Some family circumstances are especially concerning due to the family history and the fact that the history is unalterable. Some are concerning due to the need to co-ordinate the response with Adult Social Care and tailor the involvement to be sure that parents understand what is happening and why.

Both require a very swift and effective response. These are:

- Unborn babies where the mother, father or parent's partner, or any other adult in the household where the unborn baby would live has had a child who has been subject to care proceedings and for whom the Significant Harm threshold has been crossed with a child in the past. This includes where children have been subject to Supervision Orders.
- Parents or carers have previously cared for a child where there has been an unexplained child death.
- Where the mother, father or the mother's partner, or any other adult or child in the household where the baby will live is a person who poses a risk to a child. They may have been convicted of an offence or suspected of having committed an offence, or they may be prone to violent and unpredictable behaviour.
- Where there are continuing or recently concluded care proceedings for the unborn child's older (full or half) siblings, of either parent, their partner, or the child/ren of any other adult in the household where the unborn baby will live.
- Concealed or denied pregnancies. A concealed pregnancy is one where the parent has not come to the attention of Midwifery Services until 24 weeks of gestation or later.
- Unborn babies where either mother, father, or other prospective carer has a learning difficulty or learning disability inclusive of neurodiversity, which is likely to have a significant impact on parenting capacity and/or the care that the baby could receive from the parent/s.

Birth Assessments should be completed within a tight timeframe which will be established at the multi-agency Pre-Birth Panel. It will then require swift decision making about next steps. Parents cannot change their past, but they can make changes to their present and future and should be given every opportunity and support to do so.

For prospective parents with a learning difficulty or learning disability inclusive of neurodiversity, there is a need to respond swiftly because the process of assessment may take longer owing to the need to co-ordinate with Adult Services, to allow for any reasonable adjustments to the assessment process to be made and for parents to take full advantage of learning opportunities which are designed to support them in their care of their baby.

Where there have been previous care proceedings, the Social Worker must request the court bundle before starting the Pre-Birth Assessment and ensure that they are familiar with the contents of it, paying particular attention to any assessments of parents undertaken in those proceedings, and to the final Judgement and Order.

4. Process

4.1 Early Intervention

Contact Swindon will ensure that the referral process is in place and the Pathway for Early intervention is available for our unborn babies and their families is clear via the locality panels. The Early Help offer will clearly outline services and interventions available at level 3 targeted support.

It is important that families are empowered and supported at the earliest sign of concern to minimize the interventions that are required from statutory services. It is essential that the parents of unborn children are offered the support they need at the right time to stop escalation and where possible to keep children and families together.

Where a pregnancy has been identified to have additional support needs, a midwife or Health Visitor will offer an enhanced service. When those needs are at a level of requiring a targeted service, there will be a number of options for professionals to refer to and for parents to access.

- Step 1:** **The Early Help Assessment (Known as Early Help Conversation.** The lead professional (the most consistent professional in the families life) completes and Early Help Conversation (EHC). This will identify the family, the strengths and areas of weakness and capture the parent and where possible and child's voice.
- Step 2:** **The Plan.** When an EHC has captured the family information a plan will be drawn up that looks at the steps needed to ensure a safe and secure environment for a child to grow in.
- Step 3:** **The Review.** The professional will regularly meet with the family to ensure progress is being made towards the actions in the plan.
- Step 4:** **The Referral.** Should there be a concern that insufficient progress has been made and that the unborn child is at risk without further targeted intervention, a referral should be made to Contact Children and Families(contactchildrenandfamilies@swindon.gov.uk). This will provide a triage service of advice for the next step. This could include and escalation to the MASH where a Pre-Birth Assessment may be required or other statutory interventions or it could be allocated to an Early Intervention Panel.
- Step 5:** **The Panel.** If need for the family is a multi-agency response, Contact Children

and Families will allocate the family to a Locality Panel. A panel of experts within the postcode of the unborn child will meet to assess the ongoing need for targeted services. They will ensure a lead professional is identified if this has not happened to date, they will ensure that the right service is allocated to the family and they will request and Early Help Conversation if one has not been put into place.

Step 6 The Service. The family will receive the targeted support against the plan and reviews will take place to ensure that progress is being made. Any concerns that the family is not making sufficient progress or not engaging with the service could result in a referral to Contact Children and Families Swindon.

4.2 Involvement of Children's Social Care

○ Preventing Drift and Delay in Assessment and Planning

When a Pre-Birth Assessment is required, in certain circumstances and in order to avoid delay, the case allocation should bypass the Assessment (ACP) and be allocated as follows:

Unborn referrals where any child(ren) in the same household are already receiving a service at Level 4 (child in need / child protection / current care proceedings)	Allocated team already working with the family
Unborn referrals with significant prior involvement for children of the same household / of either parent previously subject of care proceedings and/or removed from parents care permanently.	Family Safeguarding Team (FST)
Where older siblings subject to a care order are placed with parents. The unborn referrals should remain in the Assessment and Child Protection Service and not transfer to the Children Looked After Service (CLA), however, it is imperative that we ensure key liaison with the older sibling's social worker.	Assessment and Child Protection Service
In all other cases	Assessment and Child Protection Service

All agencies working with a family have a shared responsibility to safeguard the unborn child and to raise concerns if they identify drift or delay or if they are concerned about decisions that have been made regarding the unborn child. Professionals should use the [Resolution of Professional Disagreements policy](#) to ensure their concerns are fully documented and resolved.

4.3 The Pre-Birth Assessment Stage

All prospective parents whose unborn child is the subject of a Pre-Birth Assessment should be told about all supportive services and adult facing practitioners available to help them to develop their parenting capacity, and they should be supported and encouraged to attend.

Where it is thought that the significant harm threshold has been crossed, the process to convene an Initial Child Protection Case Conference **must** be initiated. There is no benefit to the unborn child or to the parents to delay in these circumstances. This may mean that the

unborn child is subject to a Child-Protection Plan for many months before birth, with the strengths and support of multi-agency engagement, planning and independent formal review processes in place to monitor progress and consider whether any additional safeguarding measures are needed.

A completed Pre-Birth Assessment is required for an Initial Child Protection Case Conference, though not at the Strategy Discussion stage.

Where it becomes clear in the early stages of the Pre-Birth Assessment that there are some significant risks in a case then a Legal Planning Meeting may be initiated before the Pre-Birth Assessment has been concluded. An example of this may be where previous children have been removed, or there has been an unexplained death of a child.

Ideally, the completed Pre-Birth Assessment will be available by the time of the Legal Planning Meeting for consideration in the meeting. It is important to proceed on the basis of minimising delay, and it may be permissible for a Legal Planning Meeting to be held without the Pre-Birth Assessment being concluded in some circumstances, there should be a discussion with Legal colleagues about this. The Pre-Birth Assessment can then be completed during the PLO stage where threshold is met, if that is what the Legal Planning Meeting decides.

Where a Legal Planning Meeting has been agreed upon, the request for this should be made promptly to legal services. The Social Worker must make a referral to the Regional Adoption Agency Family Finding Team if the PLO process is to be initiated, to enable early family-finding considerations.

Within the PLO process, a parent has access to free legal advice and representation, and this can continue for longer than the usual 12-week period that the PLO is engaged, which means that the PLO can continue for longer than 12 weeks if necessary.

The PLO process takes place when the Local Authority is concerned about a child's wellbeing and unless positive steps are taken to address and alleviate those concerns, the Local Authority may consider making an application to the court when the baby is born. The PLO process is therefore the last opportunity for parents to make improvements to their circumstances and parenting before care proceedings are issued. The Social Worker and parents should be mindful that the initiation of the PLO process does not mean that Care Proceedings at birth are inevitable.

The aim should be that the Pre-Proceedings process will conclude no later than week 35 of gestation, by which time a clear plan of intervention or services will have been developed and will be understood by all parties. This means that other than for concealed or denied pregnancy, the Legal Planning Meeting should have been held by week 21 of gestation, which is usually about 9 weeks after the referral. (14 weeks is allowed for this process due to the need to send letters out to parents and to allow time for parents to secure legal advice and representation.)

If an unborn child is in a Pre-Proceedings process (PLO), they should also have a Child Protection Plan, and both processes will work together to achieve positive change for the baby or to make appropriate plans if positive change is not happening.

If the Legal Planning Meeting outcome is that Pre-Proceedings are to be commenced, it is important to establish possible alternative caregivers for the baby. A referral if it hasn't already been completed must be made for a **Family Group Conference** at this stage, to identify any people who may be willing and able to provide permanent care for the baby. This step is vital if any subsequent court proceedings find that the parent/s cannot care for the child and an alternative permanent arrangement is needed.

When possible, alternative carers have been identified, the Social Worker will conduct a **Viability Assessment** of them. The purpose of a Viability Assessment is to determine whether a full Fostering or Special Guardianship Assessment has any prospect of being successful.

The Child in Need, Child Protection, and Public Law Outline processes are governed by other policies and procedures in Swindon, and these should be referred to by the Social Worker and their Team Manager to ensure that they are being adhered to.

4.4 Concealed or Denied Pregnancy

A concealed pregnancy is one where the expectant parent does not have a booking visit with Midwifery Services by 24 weeks of gestation.

In the case of a concealed or denied pregnancy, the ambition of developing a clear plan by week 35 of gestation is already compromised due to the late presentation. This means that the Pre-Birth Assessment must be commenced immediately and completed within the timeframe set at the multi-agency Pre-Birth Panel. It is important to stress that even in these circumstances, corroboration of available information from agencies, relatives, partners, neighbours and any anonymous sources must still be included to ensure there is a well-rounded assessment.

There are some explanations for apparent concealment that do not necessarily indicate need; for example, the prospective parent/s have recently arrived in the UK and do not speak English and were unaware of the need to present to Midwifery services. Professionals should be curious and thoughtful about the reasons given for delay.

Where there are concerns that the reasons given for concealment are not compelling or believed, or the parent/s circumstances or history is concerning, this will become apparent in the very early stages of the Pre-Birth Assessment and immediate consideration must be given to convening a Strategy Discussion and where agreed, Initial Child Protection Case Conference, and Legal Planning Meeting. A clear plan of service or intervention must be developed before the baby is born.

4.5 Prospective Parents with Care Experience

Prospective parents who are care experienced and under the age of 25 must be given every possible support by services to prepare for and care successfully for their child. If they are between the ages of 21 and 25 and are eligible for service under the Leaving Care Act 2000, they are entitled to the support of a Personal Advisor if they wish to have it. If they are under 21, they will already have an allocated Personal Advisor. Not all care experienced young people are eligible for service under the Leaving Care Act, and contact should be made with the Leaving Care Service to clarify eligibility. The Local Authority where the young person was in care is the Local Authority that is responsible for providing the Leaving Care Service, this may be different to the Local Authority where the young person now lives.

All expectant Care Experienced young people should be offered a Pre-Birth Assessment as some may feel that this is a supportive measure. Where there are no apparent risks, and the parent/s do not wish to be referred for an assessment, this wish should be respected.

If a Care Experienced person who is expecting a baby (whether the mother or the father) has some concerning circumstances such as those outlined above, then they should be referred for assessment by any relevant professional, and they should be informed that they have been or will be referred and that there may be an assessment. Care Experienced prospective

parents will have the same consideration of risks and possible referral as any other prospective parent.

In common with any other Pre-Birth Assessment, the assessment must consider the other parent and any partner as they will have a parenting role alongside the Care Experienced person.

Where the Care Experienced prospective parent is 19 or under, they should be encouraged to take advantage of the additional support given by the Family Nurse Partnership.

The outcome of a Pre-Birth assessment may be that concerns/support needs are not significant enough to warrant further intervention and therefore support should continue at a targeted and universal level for the family.

All Care Experienced prospective parents should be informed about support services such as parenting programmes and courses to support them in gaining knowledge and skills to inform their parenting. These evidence-based programmes are available via Targeted Support.

4.6 Prospective Parents with a Learning Difficulty, Learning Disability inclusive of Neurodiversity

For parents with a learning difficulty or learning disability, inclusive of neurodiversity, it is vital to ensure that they understand what is happening and why. It may be necessary to make reasonable adjustments to assessment materials, written information, and course content to ensure that parents are not disadvantaged in any way.

It is a legal requirement under the Human Rights Act 1998 that parents should be able to participate fully in the process.

A prospective parent in these circumstances should have access to an Advocate and contact should be made with Adult Social Care Services to secure this at the earliest opportunity, providing the prospective parent wants this to happen. In the case of a prospective parent who is currently in care, advocacy services are available via the Looked after Children Service.

A prospective parent with learning difficulty is also entitled to an assessment of their support needs as a parent, even when there is no formal diagnosis, and a referral should be made to Adult Social Care at the earliest opportunity, providing that the prospective parent wants this to happen. Prospective parents with a learning disability are also entitled to an Advocate if they wish, and a referral to Adult Social Care should be made for this also. Children's Services should work together with Adult Services to ensure that the assessment fully considers the support needs of the prospective parents and the needs of the child.

All prospective parents with a learning disability must be informed about parenting support groups and evidence-based courses available from Targeted Support services. It may be that providers of these services will have to make reasonable adjustments to the content to ensure that it is accessible to parents and enables them to take full advantage of it.

If the decision making for a prospective parent with a learning difficulty means that official communications such as Pre-Proceedings letters must be sent, these must be written in an accessible form so that the parent is able to understand it.

These measures take time and thought. It is important to ensure early referral and provision of services so that prospective parents can take best advantage of them to safely and have the time that they need to learn about being a parent and how to care for their baby.

Practitioners should refer to The Good Practice Guidance on Working with Parents with a Learning Disability, amended 2021.

Link

<https://www.anncrafttrust.org/wp-content/uploads/2021/08/FINAL-2021-WTPN-UPDATE...>

4.7 Pre-Birth Panel

The Pre-Birth Panel is a part of a pathway to ensure that activity is coordinated, information is shared and the safety plan is quality assured. The main purpose of the Panel is to oversee the presented pre-birth assessments, the progress and implementation of the pre-birth work with the aim to prevent drift and delay by obtaining multiagency information, identifying and tracking how the concern/needs to the unborn or new born child would be mitigated.

In the event of any emergencies or where urgent actions are required, the allocated team should not delay action whilst waiting case discussion at the Pre-Birth Panel. The responsibility for the decision making and implementation of planning remains with each individual agency. Where there are any concerns around the decision making or implementation planning, these will be recorded in the panel notes and efforts will be made to resolve at the panel at the first instance, however, if unsuccessful escalation processes should be used.

This Panel aims to:

- Improve decision making and pre-birth social work practice across Childrens Services and Early Help, to ensure children receive the appropriate level of support.
- Ensure pre-birth assessments are timely to allow sufficient time to make adequate plans to safeguard the baby and support the parents to achieve positive changes.
- Ensure the planning for the unborn baby is proportionate.
- Support effective sharing of information and multi-agency working.
- Early permanency is considered.

The panel should include:

- Children's Services – Service Manager
- Safeguarding Leads, Maternity
- Representative from Early Help Service
- Health Visiting Service representative
- Team Manager and Social worker (will attend to present)
- Adult Services / Care Leaving Services where appropriate
- Court Progression Officer if appropriate
- Family safeguarding adult workers where appropriate

Frequency:

- Panel members will meet fortnightly, for up to 2.5 hours per session. If the Panel members agree that regularity of meetings and timings should change they can agree this within the group (for example, following the launch of the panel, the panel can meet weekly until the current backlog is cleared up).

Meeting Format:

Children's Services Service Manager to chair.

In the absence of a Named Midwife Safeguarding the panel is not quorate.

Agenda items are compiled one week before the meeting and the pre-birth tracker to be updated by the Panel coordinator during each panel meeting. This is to be shared with all members one week before the meeting.

Social Care to present the key details of the case, associated risks/needs and allow for open discussion to be held at panel.

In cases where high risk concerns are prevalent, unborn to be reviewed at each key gestation trigger to ensure that appropriate interventions are in place, **for example** 14 weeks' gestation, 21 weeks gestation (after completion of pre-birth assessment) and 35 weeks gestation.

The panel should ensure that the social worker has presented a multi-agency plan (including contingency plan) should to the panel so that all agencies are aware of the plan prior to birth. For all unborn babies on a child protection and some child in need plans a pre-birth planning meeting must be held, this can be achieved within a core group or child in need review meeting at least one month prior to birth. See appendix A for template. It is the responsibility of midwifery services to ensure that this is communicated and shared with hospital delivery services, so that they are also aware of the plan ahead of delivery.

Decision Making

Where possible, the decision regarding threshold will be achieved via consensus within the panel. If a consensus cannot be reached, the decision remains with the children's services team. The decision will be recorded on the child's file as a management decision/discussion case note with a heading of: **PRE-BIRTH PANEL**. The formal minutes of the meeting will be recorded in the documents section of Care Director and categorised as: **(PRE-BIRTH PANEL)**.

Staff are reminded to make their own notes on actions and recommendations on attendance.

Clear timescales are to be agreed and actions recorded on the tracker for follow up.

Pre-Birth Panel tracker

Panel coordinator will have the responsibility to update the pre-birth panel tracker after each panel. The pre-birth tracker will include unborn baby details, parent's details, case responsibility, bullet point presentation of risk factors, action plan / care plan endorsed by the panel and three QA steps to support learning. These are

- Unborn was referred into Children's Services as early as 12 weeks
- Pre-Birth was completed at 21 weeks
- Agreed multi-agency birth plan is in place at second panel

4.8 Multi-Agency Monitoring of Pre-Birth Assessments and unborn babies

Where a Pre-Birth Assessment is currently being conducted, or where this has concluded with a Child in Need (CIN) Plan, these cases will be worked in the same way as every other case from a multi-agency perspective. The Pre-Birth Assessment is being completed in a timely way

and due consideration is being given to all relevant factors.

Where the Pre-Birth Assessment concludes with a Child Protection Plan and/or Legal Planning Meeting resulting in Public Law Outline (PLO), unborn babies are subject to decision-making via the Child Protection or PLO process.

4.9 Discharge Planning Meetings

Discharge Planning Meetings must happen for all babies who are the subject of a Child Protection Plan or the Public Law Outline. They are not routine for Children in Need, but there may be some circumstances where inter-agency service co-ordination is required to ensure a safe discharge from hospital, and a Discharge Planning Meeting would be advisable in these circumstances. These circumstances may, for example, relate to the provision of specialist medical equipment at home for the child or the mother, or if some concerns have only just emerged which may mean there is a need for further decision making about an appropriate level of intervention for the family.

The discharge planning process should be initiated as soon as the mother is admitted to hospital or presents for delivery and all Midwives caring for her should have full access to and knowledge of any concerns. Following the birth and prior to discharge from the Maternity Unit a Discharge Planning Meeting must be held. This meeting should be convened by the Social Worker in conjunction with the Maternity staff.

The new-born baby should not be discharged at weekends or on bank holidays unless there is a consensus between Health and Social Care colleagues that it is safe and reasonable to do so. This should be documented in the child's medical record and discharge plan. It is important that the baby's home environment should be seen as close to the discharge as possible to ensure suitability. There should be careful consideration when the weather is unusually cold, and attention should be paid to the travel and household heating arrangements if the child is to be discharged during those times.

Members who should be present:

- Parents (unless there are exceptional circumstances)
- Community midwife
- Postnatal Ward Staff
- Social Worker
- Foster carer (where appropriate)
- Wider family (where appropriate)
- Health Visitor
- Other agencies who may need to be involved should be considered, dependent on the circumstances, such as School Nurse, Police, Mental Health colleagues, Learning Disability colleagues, GP, Local Authority Legal Team, and any other key professionals that are able to support the safeguarding of the new-born child.

An agreed multi-agency discharge plan will set out arrangements for the care and safety of the child following discharge from the hospital into the community and will include actions, timescales and responsibility for actions.

Where required, advocates and or language communication interpreters should be made available to the parents throughout the process.

See appendix B – SSP Multi-agency Pre-Birth Protocol to safeguard Unborn Babies

5. Summary of key points.

The key principles and aims of this guidance are:

- The undertaking of an early, comprehensive pre-birth assessment and Safeguarding Birth Plan.
- Fathers must be part of the Pre-Birth Assessment process. If there is more than one putative father, all must be part of the pre-birth assessment process.
- All adults including the mother's partner and any relatives who will be involved in the care of the child should be part of the Pre-Birth Assessment.
- All prospective parents whose child is the subject of a Pre-Birth Assessment should be supported and encouraged to attend any interventions to enhance their parenting capacity and to inform consideration about their capacity to change.
- Information given to Children's Services from neighbours, family members or from anonymous sources will be taken seriously, discussed with parents, and given very careful consideration in the same way as information from professionals.
- Prospective parents with a learning difficulty or who have previously been cared for by a Local Authority will be provided with an Advocate at an early point and will have an assessment of their support needs as a parent if they wish. This will help to ensure that they are not disadvantaged in any way during the process.
- All risks to unborn children will have been comprehensively assessed and responded to well in advance of the birth and the outcome shared with parents.
- All babies in Swindon will be safely cared for when they are born.

Appendix 1: Integrated Care Pathway



