Safeguarding unborn children: pre-birth assessment protocol

Introduction

This guidance has been developed to support all practitioners using the Walsall Safeguarding Children Board Procedures in relation to safeguarding unborn babies and, in particular, managing risks following birth.

It is intended that this guidance will provide a comprehensive framework which can be applied consistently.

This guidance is aimed at all practitioners working with pregnant women, but in particular Social Care and midwifery staff.

The majority of Assessments undertaken for pregnant women will result in provision of support and services to facilitate the newborn returning home to his or her family.

This guidance also provides specific information in relation to the removal and accommodation of babies where there are child protection concerns, either shortly after their birth or following discharge from hospital.

The guidance should assist in planning appropriate safeguarding activity but does not replace the need to consult with line managers and partner agencies and to seek legal advice. This should therefore be used in conjunction with supervision, reviews, Child Protection Conferences and Public Law Outline processes.

The guidance must be read in conjunction with the rest of the Walsall Safeguarding Children Board procedures.

Definitions

A pre-birth assessment is a proactive means of analysing the potential risk to a new born baby when there are concerns about a pregnant woman and, where appropriate, her partner and immediate family. This is especially relevant, as research studies have shown that children are most at risk of fatal or severe assaults in the first year of life, usually inflicted by their carers.

Early identification and assessment of needs, concerns and risks is crucial to providing additional or intensive support or safeguarding strategies for unborn babies. The aim is to provide the right level of intervention as early as possible to ensure baby's needs are met and they are safe from harm.

Early intervention and support can prevent situations from worsening and requiring more intrusive intervention and when there are safeguarding concerns or significant risks of harm, it can also prevent delay for any future permanency strategy.

It is imperative that assessment begins in the early anti-natal period if parents are to be provided with support and opportunities to make any necessary changes to enable them to exercise their parental responsibilities in a nurturing, caring and safe manner. If the outcome suggests the baby will not be safe irrespective of any intervention then practitioners have time to make clear plans for the baby's future and set up support for the parents where necessary.

Hart (2000) outlines the advantages of pre birth assessments as providing an opportunity to:

- Identify and safeguard babies possibly most likely to suffer significant harm;
- Ensure that vulnerable parents are offered support at the start of their parenting career rather than when difficulties have arisen;
- Establish a working partnership with parents before the baby is born;

- Assist parents with any problems that may impair their parenting capacity.

Pre-birth assessment refers to assessment prior to the birth of the baby and the completion of a Single Assessment and/or a Section 47 Enquiry depending upon the level of concern for the unborn.

The term 'removal' applies to cases where Court Orders have been granted (Emergency Protection Order or Interim Care Order) It also applies to circumstances where children have been made the subject of Police Protection.

The term Accommodation applies to cases where a child is placed following the signing of an agreement under Section 20 of the Children Act 1989. Please note that any consent must be 'informed'.

Early Recognition, Help and Support

Central to early recognition, assessment and support is good interagency working.

Women who are pregnant may present initially to a number of different agencies for example housing, educational establishment, GP, anti-natal services and it is important that when there are concerns, support needs or Child Protection concerns this information is responded to in a manner appropriate to the level of concern.

When women who are pregnant make contact with agencies, practitioners should refer to their agency records to establish whether information held raises any concerns, for example housing may know that there has been a lack of stable accommodation. In addition when meeting with parents they should consider not only what information they share but also their presentation or behaviour for example, they may appear unkempt or unsuitably dressed for the time of year, or they may be tearful or angry. It is important that these concerns are given due consideration as to what support is required.

Pregnant women and their families may only require additional advice and support from the agency or agencies currently involved in these instances the practitioner and their line manager should satisfy themselves that the issue has been addressed and there are no further support needs, concerns or risks.

All agencies should be able to provide families with information about their local children's centre and where appropriate and in consultation with them assist them in making contact. Young parents age 19 or under in their first pregnancy and under 25 weeks pregnant should be referred to the Family Nurse Partnership (FNP). This should be discussed with the parent and referral agreed with them. Particular consideration should also be given to when there will be a multiple birth and impact of this on the family.

Practitioners should give consideration as to whether:

- There are concerns about progress or wellbeing;
- Needs are unclear and not being met;
- Needs are broader than their service can address.

Where it has been identified that the parent/s may need additional support to meet the needs of their unborn child, an **Early Help Assessment (EHA)** should be considered as the means to the early identification of needs/strengths and the support required. An EHA can be initiated by any of the practitioners from agencies involved with the pregnant woman and her family and this practitioner will become the Lead Professional. The lead professional should contact **Childrens Services MASH** who will identify the relevant **EHA Area Coordinator** to jointly undertake the **EHA**. The EHA area coordinator is responsible for presenting the EHA to the Family Support Panel for quality Assurance. In all instances midwifery services should be invited and contribute to the

EHA to ensure ante-natal assessments and interventions are integrated. Clarification of current service involvement with the pregnant woman, birth father, current partner and the unborn baby's sibling/s must be made. Liaison between services must take place to ensure that a holistic assessment of needs and strengths is achieved and a comprehensive multi agency action plan involving the pregnant woman and her family is agreed. It is important that there is liaison with both the pregnant woman's GP as well as the birth father's GP.

Advice and guidance can be obtained from the EHA area coordinator or if the threshold is unclear through Children Services Multi Agency Screening Team.(MASH) The following are examples of where an EHA may be initiated to provide early support and help:

- Parent(s) who are asking for help and support;
- Young parent(s) under the age of 18 or with limited support from family/friends, including care leavers. Professionals should always liaise with the Transition and Leaving Care service regarding care leavers;
- Families whose dynamics result in levels of instability;
- Parent(s) struggling to maintain standards of hygiene/repair with the family home;
- Families in poverty or where food, warmth and other basics may not always be available;
- Families where the advent of a new baby may exacerbate existing difficulties;
- Families with housing issues which places them at risk of homelessness or are currently homeless;
- Parent(s) with low level mental health issues or with learning difficulties, where it is considered this may impact on parenting.

Given the relatively short timescales of a pregnancy any decisions regarding the effectiveness and impact of the EHA needs to be tightly managed. If the services involved with the family believe that they cannot meet the needs of the pregnant woman and her family or additional services are required but unknown, the EHA should be discussed with the **EHA Area Coordinator**. Progress of the action plan to date should be reviewed and there should be an explicit discussion about whether the EHA remains the most appropriate way to meet the unborn baby's needs or if escalation to Children Services is required.

If it becomes evident at any point of the EHA process that the EHA is not having the desired impact because a parent is not engaging with the plan or a more intensive plan is required, or steps need to be taken to safeguard the unborn child, a referral should be made to **Children Services** without delay. Any professional working with expecting parents who has concerns in relation to the welfare of the unborn baby must discuss and analyse them with her/his line manager or supervisor and the EHA Area Coordinator. At any stage professionals may wish to consult with **Children Services MASH** about the appropriateness of a referral. Practitioners need to analytically review progress and be open to lowering or raising levels of intervention; 'One of the most common, problematic tendencies in human cognition... is our failure to review judgements and plans-once we have formed a view on what is going on, we often fail to notice or dismiss evidence that challenges that picture' (Fish, Munro and Bairstow 2009).

Pre birth assessments are a very emotive area of work for all practitioner and may invoke a sense of "parents should be given a chance" practitioners must be wary of this position as the Children Act1989 is clear that there are grounds for intervention if there is a likelihood of significant harm and that the needs of the child (in these situations unborn) are paramount.

In the Voice of the Child (2010), summary report by Ofsted into lessons learnt from Serious Case Reviews highlighted; 'how practitioners need to be alert to how acute awareness of the needs of parents can mask children's needs'.

Hart (2000) indicates that there are two fundamental questions when deciding whether a pre birth assessment is required;

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

Where there is reason for doubt, a pre birth assessment is indicated.

Care Planning

This guidance covers a range of care planning options that may be available to manage/safeguard risks to babies at birth. This includes safeguarding arrangements for babies remaining in their parents' care and those where there is risk of Significant Harm who require alternative care arrangements. In particular, the following stages should be followed:

- Initial referral to the Multi Agency Screening Team (MASH) (usually at around 12 weeks of pregnancy, following initial dating scan);
- MASH will consider if Early Help is an option to support this unborn child and ensure they can safely remain in their birth family;
- Single Assessment to be undertaken if, on the basis of the referral, the unborn is considered by MASH to be at potential risk or in potential need of support;
- Section 47 Enquiry if the unborn is considered to be at imminent risk of harm and mother is approaching 26 weeks+ gestation. If concerns are substantiated then an Initial Child Protection Conference will be convened;
- Transfer to SFS if the Single Assessment has determined the unborn will be in need of support via a Child In Need Plan, or if a pre-birth Single Assessment is needed to clarify concerns and risks. This may then result in a Child In Need Plan or an Initial Child Protection Case Conference being convened;
- If the birth of the child is imminent and concerns are grave then Legal advice will be sought by either IRS or SFS. If the threshold of Significant Harm is met then plans may be made to remove the child via Court Order or initiate the Public Law Outline;
- A Pre birth planning meeting should take place immediately prior to the birth of the baby.

Initial Referral to Social Care MASH

Any professional working with expecting parents who has concerns in relation to the welfare of the unborn baby must discuss and analyse them with her/his line manager or supervisor.

If it appears that there is a risk of Significant Harm to the unborn baby, a referral must be made to MASH. At any stage professionals may wish to consult with MASH about the appropriateness of a referral.

Any health professional (e.g. GP) who has concerns and is uncertain about the appropriate action should discuss the concerns with the 'named doctor' or 'named nurse' for child protection in her/his Trust.

Concerns should be shared with prospective parent/s and they should be informed of the referral to MASH, unless this action in itself may place the welfare of the unborn child at risk e.g. if there are concerns that the parent/s may move to avoid contact. Information provided by the referring agency should follow the Framework for the Assessment of Children in Need and their Families format (se Walsall Multi Agency Referral Form – MARF to facilitate its inclusion in a Single Assessment).

Child care concerns which do not reach the threshold for social care should be considered in the context of Early Help and the Early Help Assessment. MASH will advise if referrals do not meet the Threshold for Social Care involvement and sign-post to the Early Help co-ordinators who will support agencies around the early help process.

Referral to Children's Services

All agency practitioners can seek advice and guidance at any point in the process from **Children Services MASH** if they are unclear or have any doubts as to whether their level of intervention is sufficient to meet the needs of the unborn baby.

Where there are concerns about the parents capacity to meet the needs of baby when he /she is born or if the baby may be at risk of significant harm, a referral to Children Services should be made at the earliest opportunity to allow sufficient time for a full and informed assessment, enable appropriate interventions and support, and allow time to make plans for the baby's protection.

A referral to Childrens Services must be made in the following circumstances:

- When a EHA has not achieved any or insufficient progress;
- There has been previous unexpected death of a child whilst in the care of either parent where abuse /neglect is/was suspected;
- A parent or other adult in the household is a person identified as presenting a risk, or potential risk, to children;
- Children in the household / family currently subject to a Child Protection Plan or previous child protection concerns;
- A sibling (or a child in the household of either parent) has previously been removed from the household either temporarily or by court order;
- There is knowledge that parental risk factors e.g. domestic violence, mental illness / impairment or substance misuse may impact on the unborn baby or child's safety or development;
- There are concerns about parental ability to self care and/or to care for the child e.g. unsupported young or learning disabled mother;
- There are maternal risk factors e.g. denial of pregnancy, avoidance of antenatal care (failed appointments), concealment, non-co-operation with necessary services, non compliance with treatment with potentially detrimental effects for the unborn baby;
- Any other concern exists that the baby may be at risk of suffering significant harm, including a parent previously suspected of fabricating or inducing illness in a child;
- Either parent is a Looked After Child. Life experiences do not always equip them sufficiently to take on parenting responsibilities without additional support and this requires assessment alongside the TLC service.

If agencies or individuals anticipate that prospective parents may need support services to care for a baby or that s/he may be at risk of Significant Harm, a referral to MASH must be made at the earliest opportunity and if possible following the initial dating scan at 12 weeks gestation once the pregnancy has been confirmed.

Delay must be avoided when making referrals in order to:

- Provide sufficient time to make adequate plans for protection;
- Provide sufficient time for a full and informed assessment;
- Avoid initial approaches to parents in the last stages of pregnancy, at what is already an emotionally charged time;
- Enable parents to have more time to contribute their own ideas and solutions to concerns and increase the likelihood of a positive outcome to assessments;
- Enable the early provision of support services so as to facilitate optimum home circumstances prior to the birth;
- Identify significant family members who might be able to provide support and consider the use of a Family Group Conference to facilitate this.

Referral must **always** be made for a pre-birth assessment in any of the following circumstances:

- There has been a previous unexpected death of a child whilst in the care of either parent where abuse /Neglect is/was suspected;
- A parent or other adult in the household is a person identified as presenting a risk, or potential risk, to children;
- Children in the household / family currently subject to a Child Protection Plan or previous child protection concerns;
- A sibling (or a child in the household of either parent) has previously been removed from the household either temporarily or by court order;
- There is knowledge that parental risk factors e.g. domestic violence, mental illness / impairment or substance misuse may impact on the unborn baby or child's safety or development;
- There are concerns about parental ability to self care and/or to care for the child e.g. unsupported young or learning disabled mother;
- There are maternal risk factors e.g. denial of pregnancy, avoidance of antenatal care (failed appointments), non-co-operation with necessary services, non compliance with treatment with potentially detrimental effects for the unborn baby;
- Any other concern exists that the baby may be at risk of suffering Significant Harm, including a parent previously suspected of fabricating or inducing illness in a child.
- Either parent is a Looked After Child.

Where the concerns centre around a category of parenting behaviour e.g. substance misuse, the referrer must make clear how this is likely to impact on the baby and what risks are predicted.

All pregnant girls under the age of sixteen should be referred to Children's Services or the Police CAIU whenever abuse and exploitation has been suspected.

In some cases, relevant records identifying one or more of the above risk factors may only be available to the GP e.g. where an adult has moved frequently. The GP must therefore consider the need for an early referral of the unborn baby when any of the above factors apply to a prospective mother, father or carer.

MASH Response to Referrals

MASH will screen all contacts and forward referrals to IRS for assessment as appropriate.

IRS will undertake a Single Assessment on all pre-birth referrals if, on the basis of the referral, the unborn is considered by IRS to be at potential risk or in potential need of support.

A Social worker from the Initial Response Service will be allocated to carry out a Single Assessment. This should begin at around week 12 of the pregnancy. This assessment is critical as it will inform all future care planning for the child. The allocated worker should access all records on the MOSAIC system relating to this family and consider historical concerns as they relate to all family members and as contained within social care files held by Walsall and any other Local Authority.

A Section 47 Enquiry/Single Assessment containing the pre birth assessment should always be undertaken when there appears to be any risk of Significant Harm to the unborn baby. This decision may be made at any point in the assessment process; however, if concerns remain following the completion of a Single Assessment or an Early Help Assessment then this piece of work should ideally commence around 18 weeks of pregnancy. If the Section 47 Enquiry concludes the unborn child is at risk of Significant Harm, an Initial Child Protection Conference should be held. This conference will be held at around 21 weeks of pregnancy and no later than 4 weeks before the expected date of delivery. The Section 47/Single Assessment will be

completed by IRS if the mother is approaching or over 26 weeks pregnant at the point of referral. It will be completed by SFS if the mother is much earlier in pregnancy.

Pre Birth Assessments

This section draws extensively on the work of Martin C Calder - as described in 'Unborn Children: A Framework for Assessment and Intervention' 2003.

The word 'parent' should be loosely interpreted as appropriate to mean the natural mother and father, the mother's partner, anyone with Parental Responsibility, and anyone else who has or is likely to have day to day care of the child. It is crucial to involve everyone who is a potential parent or carer in the assessment. When completing the assessment, workers should access legal advice as appropriate and should endeavour to fully engage the mother and birth father (if known). Any other significant adults and young people who live with the mother or birth father must also be included in the pre birth assessment. The assessment should assess potential support as well as potential risk.

To ensure clarity of assessment and equality of access to services the assessing social worker should consider:

1. Any language barrier. Interpreters should be used if necessary;
2. Parental disability. Consider appropriateness of any venue or the need for a signer for example;
3. Any parental learning difficulty. This should be assessed and assessment methods tailored to the needs of the parent;
4. Any need for an advocate to support a parent;
5. Issues around culture, gender, ethnicity.

Views of partner agencies should be sought when compiling the Pre Birth assessment. Assessors should view Social Care files pertinent to the family and should enquire of other authorities if the family has a history of moving around. The assessment will contain a clear analysis of risk together with reasoned recommendations for support. It will be signed and approved by a team manager. The recommendation will be discussed with the parents and workers should ensure that they are clear with regard to reasoning and expectation. Parents and carers will be given a copy of the completed assessment. In addition to the above assessment it is also an expectation that the worker will prepare a detailed chronology.

Information Required From Midwife / Health Professional as Part Of A Pre Birth Risk Assessment:

The central question is whether there is anything in the medical and obstetric history that seems likely to have a significant negative impact on the child - and if so, what? Are there any aspects of any of the following items that seem likely to have a significant negative impact on the child? If so, what, and how? The following are areas for consideration, but not an exhaustive list:

- Partner support;
- Family structure and support available (or potentially available or not available);
- Whether pregnancy planned or unplanned;
- Feelings of mother about being pregnant;
- Feelings of partner / putative father about the pregnancy;
- Dietary intake - and related issues;
- Medicines or drugs - whether or not prescribed - taken before or during pregnancy;
- Alcohol consumption;
- Smoking;
- Previous obstetric history;
- Current health status of other children;

- Miscarriages and terminations;
- Chronic or acute medical conditions or surgical history;
- Psychiatric history - especially depression and self-harming.

Pregnancy can create special circumstances/influences for both parents, which need to be accommodated and understood by all professionals who come into contact with these families. Pregnancy will have a major impact on some people's lives and will affect both behaviour and relationships. Pregnant women's health and their responses to external factors often change in pregnancy - and the physiological, emotional and social influences that both cause and are affected by these changes can have a direct impact on their behaviour and health and how they manage in key relationships.

Particular care should be taken when assessing risks to babies whose parents are themselves children. Attention should be given to a) evaluating the quality and quantity of support that will be available within the family (and extended family), b) the needs of the parent(s) and how these will be met, c) the context and circumstances in which the baby was conceived, and d) the wishes and feelings of the child who is to be a parent.

The following sections should be included in pre-birth assessments in line with the Framework for the Assessment of children In Need and their families:

CHILD'S DEVELOPMENTAL NEEDS - this section should include information relating to health, education, emotional and behavioural development, identity, family and social relationships, social presentation.

Consider if this baby is likely to have any particular vulnerabilities which might predispose them to risk of harm or increase their care and support needs e.g. a disability; born drug dependent; born prematurely; history of parental alcohol use that may impact on the health of the baby; low birth weight.

PARENTING CAPACITY - this section should include information relating to basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability. What risk factors are present and what might be the likely impact on this particular child? Do the parents have any particular areas of strength or difficulties?

Areas to specifically consider:

Parent's Behaviour

- Violence to partner;
- Violence to others;
- Violence to any child;
- Drug misuse. Specialist assessment should to be considered if drug use is significant;
- Alcohol misuse;
- Criminal convictions;
- Chaotic (or inappropriate) life style;
- Is there anything regarding 'behaviour' that seems likely to have a significant negative impact on the child.

Parent's mental health

- Mental illness;

- Personality disorder;
- Any other emotional/behavioural issues;
- Is there anything regarding 'mental health' that seems likely to have a significant negative impact on the child? If so, what are the issues;
- If mental health is likely to be a significant issue, more detailed assessment should be sought from professionals with relevant expertise.

History of being responsible for children

- Convictions re offences against children;
- Child Protection Registration;
- Child Protection concerns - and previous assessments;
- Court findings;
- Care proceedings and children previously removed;
- Is there anything regarding the parents 'history of being responsible for children' that seems likely to have a significant negative impact on the child.

If so - also consider the following:

- Category and level of abuse;
- Ages and genders of children;
- What happened;
- Under what circumstances did it happen;
- Is responsibility appropriately accepted;
- What do previous risk assessments say. Take a fresh look at these - including assessments re non-abusing parents;
- What is the parent's understanding of the impact of their behaviour on the child;
- What is different about now.

History of abuse as a child

Convictions - especially of members of extended family:

- Child Protection Registration;
- Child Protection concerns;
- Court findings;
- Previous assessments;
- Is there anything regarding the 'history of abuse' as a child that seems likely to have a significant negative impact on the child.

Attitudes and beliefs re convictions or findings (or suspicions or allegations)

Are they:

- Understood and accepted;
- Have previously identified issues been addressed;
- Is responsibility accepted;
- Is there anything regarding 'attitudes and beliefs' that seems likely to have a significant negative impact on the child;

- It may be appropriate to consult with the Police or other professionals with appropriate expertise.

Attitudes to the baby

- In general and re: specific issues;
- Is there anything regarding the 'attitudes to child' that seems likely to have a significant negative impact on the child?

Dependency on partner

- Able to prioritise child over partner;
- Role of child in parent's relationship;
- Level and appropriateness of dependency;
- Is there anything regarding the 'dependency on partner' that seems likely to have a significant negative impact on the child.

Parent's abilities

- Physical;
- Emotional including self control;

- Intellectual;
- Knowledge and understanding re children and child care;
- Knowledge and understanding of concerns / this assessment;
- Is there anything regarding the parents 'abilities' that seems likely to have a significant negative impact on the child.

Communication

- English not spoken or understood;
- Hearing impairment or deafness;
- Sight impairment or blindness
- Speech impairment;
- Is there anything regarding 'communication' that seems likely to have a significant negative impact on the child;
- If communication is likely to be a significant issue, more detailed assessment should be sought from professionals with relevant expertise.

Learning Disability

Is there anything regarding 'learning disability' that seems likely to have a significant negative impact on the child? If learning disability is likely to be a significant issue, more detailed assessment should be sought from professionals with relevant expertise.

Attitude to professional involvement

- Previously - in any context;
- Currently - regarding this assessment;
- Currently - regarding any other professionals;

- Is there anything re attitudes to professional involvement that seems likely to have a significant negative impact on the child.

Ability to identify and appropriately respond to risks

Is there anything regarding this that seems likely to have a significant negative impact on the child.

Ability to understand and meet needs of baby

Is there anything regarding this that seems likely to have a significant negative impact on the child.

Ability to understand and meet needs throughout childhood

Is there anything regarding this that seems likely to have a significant negative impact on the child.

EXTENDED FAMILY AND ENVIRONMENTAL FACTORS (section should include information relating to immediate and wider family history and functioning, housing, employment, income, family social integration, community resources).

Areas to specifically consider:

Relationships

- History of relationships of adults;
- Current status;
- Positives and negatives;
- Violence;
- Who will be main carer for the baby;
- What are the expectations of the parents re each other re parenting;
- Is there anything regarding relationships that seems likely to have a significant negative impact on the child.

Social history

- Experience of being parented;
- Experiences as a child? And as an adolescent;
- Education;
- Employment;
- Is there anything regarding social history that seems likely to have a significant negative impact on the child.

Home conditions

- Chaotic;
- Health risks / unsanitary / dangerous;
- Over-crowded;
- Is there anything regarding home conditions that seems likely to have a significant negative impact on the child.

Circumstances

- Unemployment/ employment;
- Debt;
- Inadequate housing / homelessness;
- Criminality;
- Court Orders;
- Social isolation;
- Is there anything regarding circumstances that seems likely to have a significant negative impact on the child.

Support

- From extended family;
- From friends;
- From professionals;
- From other sources;
- Is there anything regarding 'support' that seems likely to have a significant negative impact on the child;
- Is support likely to be available over a meaningful time-scale;
- Is it likely to enable change;
- Will it effectively address any immediate concerns.

SUMMARY, ANALYSIS AND RISK ASSESSMENT

Ability and willingness to address issues identified in the assessment

- Violent behaviour;
- Drug misuse;
- Alcohol misuse;
- Mental health problems;
- Reluctance to work with professionals;
- Poor skills or lack of knowledge;
- Criminality;
- Poor family relationships;
- Issues from childhood;
- Poor personal care;
- Chaotic lifestyle;
- Is there anything regarding the prospective parents ability and willingness to address issues that seems likely to have a significant negative impact on the child.

Planning for the future

- Is realistic and appropriate.

What are the strengths and is there a risk of significant harm.

It is crucial to clarify the nature of any risk, what that risk is, where it comes from, and from whom - and to be clear how effective any strengths or mitigating factors are likely to be in reality.

Critically, workers need to identify whether this risk will arise:

- Before the baby is born;
- At or immediately following the birth;
- Whilst still a baby (up to 1 year old);
- As a toddler, pre-school or as an older child.

If there is a risk that the child's needs may not be appropriately met what changes should ideally be made to optimise well-being of child? What changes must be made to ensure safety and an acceptable level of care for child? How motivated are the parent's to make changes? How capable are the parent's to make changes? And what is the potential for success?

The Public Law Outline (PLO)

Depending upon the outcome of the assessment it may be appropriate to invoke the Public Law Outline. This would be appropriate in circumstances where parental cooperation, further assessments or written agreements would be required to prevent removal at birth. If a Care Plan of removal is unequivocal the PLO is effectively superfluous and parents should be directed to a solicitor who can advise and assist and represent in court as necessary. In these circumstances, a decision may be taken not to convene an Initial Child Protection Conference given the plan for removal at birth.

The first PLO meeting is known as a Legal Planning Meeting (LPM).The meeting takes place at Legal Services. The worker should attend with his/her manager and a pro forma should be completed in advance (*appending copies of any assessments). The purpose of the meeting is to share information, assess available evidence and determine whether or not the threshold is met for Care Proceedings following the birth.

At the PLO Legal Planning Meeting a social worker must ensure that the impact of any learning difficulty has been explored. A capacity assessment is recommended at this stage. This will inform the court should proceedings be required as to the need for the Official Solicitor to be invited to act for the parent. If learning difficulties are significant it would appropriate to refer the parent to Adult Social Care and to consider signposting the parent to a support agency such as MENCAP

If the threshold are met for Care Proceedings, a decision is then made as to whether or not a further meeting known as a **Pre Proceedings Meeting (PPM)** would assist in securing evidence and cooperation thereby avoiding removal and commencement of proceedings or securing an indication that consent to Section 20 accommodation will be forthcoming.

The Pre Proceedings Meeting takes place at the Essington Road Offices of Social Care. Parents are invited to attend with their legal representatives. Meetings are minuted and efforts made to secure agreement as to any further assessments. It is envisaged that such a meeting may be appropriate from about 21 weeks of pregnancy. Workers may also wish to consider suggesting drug/ alcohol testing or cooperation with external agencies as part of any written agreement following a PPM.

Initial Child Protection Conference (ICPC)

It is recommended that this be convened at about week 26 of pregnancy once all assessments have been completed and the unborn child is known to be 'viable'. Workers should have a clear plan with clear recommendations as to how a child may be safeguarded (NB no Orders can be obtained until the child is actually born).

It is essential that the ICPC has a clear focus on the outcome for the child and:

- Makes a clear recommendation for the Child Protection Plan (if required) and any future meetings (i.e. Core Group, Legal Planning Meeting (if not already held), Discharge Planning Meeting);
- Provides clarity on the specific safeguarding issues in relation to the baby, including any that present an immediate risk on birth and recommendation as to how such risks should be managed;
- Makes clear recommendations in relation to any requirement to separate the mother and baby at birth including the timing and where the baby will be accommodated;
- Details the legal basis for any proposed separation of mother and child (Interim Care Order, Emergency Protection Order, Section 20 accommodation);
- Agrees how consent will be discussed with parents and by whom and how this will be confirmed;
- Support for the parents.

Developing a Child Protection Plan or a Child in Need Plan

If it is agreed that a Child Protection Plan is provided for the unborn baby, a Core Group Meeting must take place (see below).

Where the Initial Conference did not agree to provide a Child Protection Plan for the unborn baby, or where an Initial Conference was not held but the baby has being in need of support, a Child in Need Plan will be devised.

Core Group Meetings

The Initial Core Group Meeting should be held within 10 working days of the Initial Child Protection Conference. The purpose is to add detail to the Child Protection Plan. The Child Protection Plan should inform the Pre Birth Planning Meeting. It is essential to hold a series of meetings and to scrutinise planning to avoid ambiguity. Particular care should be taken to ensure representation of relevant agencies including maternity ward / midwifery in all cases and police / legal if the plan involves the removal of the baby at birth.

As with other Core Groups, members will be expected to provide written reports to the Review Case Conference.

Pre Birth Planning Meeting

This should be convened by the allocated worker. It should include all partner agencies midwifery, health visitor, named nurse, Emergency Duty Team (EDT).

Parents should be invited and supported to attend.

The purpose of the meeting is to carry forward plans from the ICPC or the Legal Planning Meeting. The meeting will involve assessment of risk, information sharing and practical planning of events following the birth. In cases where the child is to return home subject to a Child Protection Plan, this may include identifying the pattern of visiting. In cases of removal, this may include the practical arrangements for parental separation, plans for contact, placement of the baby.

Birth Protection Plan (where a child is to be removed)

Where there is a plan of removal, a birth Protection Plan will be agreed at the above meeting. It will contain:

1. A summary of child protection risks;
2. Proposed legal status of the child post birth;
3. Whether consent (informed) has been forthcoming;
4. If the plan is removal, how will this take place? (see legal context below);
5. What contact arrangements will be put in place for parents and extended family;

6. What will happen if the child is born out of hours;
7. What will happen if the child is born away from the hospital;
8. An agreement for a social worker to meet the mother after the birth but prior to the removal of the baby, to revisit the details of the Birth Protection Plan and sign Section 20 paperwork;
9. Contingency plans;
10. Support for family.

All documentation must be explained fully to the mother. EDT and neighbouring hospitals should also be briefed.

Legal Context

Babies can only be removed or Accommodated away from their mother's care in the following circumstances:

1. By written, informed consent of the mother following birth (Section 20Children Act 1989);
2. By the Police usingPolice Protection (Section 46 Children Act 1989);
3. With a Court Order (Emergency Protection Order- section 44 Children Act 1989 orInterim Care Order- section 38 Children Act 1989);
4. In exceptional circumstances, with a Wardship Order (inherent jurisdiction of the Court);
5. Please note that in the absence of any of the above, any person (e.g. social worker or health professional) may always intervene if necessary to protect a child from immediate violence.

In addition Health professionals should be aware that section 3(5) of Children Act 1989 provides that any person who has care of a child is permitted to do 'what is reasonable' in all circumstances to promote the child's welfare. This section would apply to medical circumstances rather than child protection concerns.

Risk factors to be considered when determining whether a child should remain in mother's care while in hospital are as follows:

1. Risk of physical harm;
2. Risk of significantNeglect through inappropriate handling or feeding or inadequate supervision to the extent that the child would suffer harm;
3. Concerns that parents may seek to leave the hospital with the baby;

   AND

   A professional judgement based on a full assessment that it is not possible to manage these risks in any other way.

If a child is born away from hospital, for example at home, the same principles apply in relation to assessment, separation and legal responsibilities as for births in hospital. It is particularly important in these circumstances that clear actions are documented prior to the birth.

Consent - Who can provide consent to accommodation?

- A mother;
- Fathers with Parental Responsibility.

Only one parent is required to consent although it is always good practice to consult with both.

Prior to the birth

The social worker needs to obtain mother's signature on the Pre Birth consent to accommodation form. Care must be taken to explain the implications and ensure that informed consent is given. This should be done as far in advance of the birth as possible once the pre birth assessment is complete. The closer to the birth the more likely the consent may be deemed not to be informed.

Father's views on accommodation must also be sought even if they do not have Parental Responsibility.

Contact arrangements should also be determined and clarified.

Following the birth

The social worker and other practitioners must acknowledge that a mother may consent to the Birth Protection Plan prior to birth but may change her mind after the birth. She may have signed all relevant forms but she can change her mind at any point. If this occurs then an EPO/ ICO will be required (provided that the threshold is met).

The timing of the accommodation and revisiting the issue of Section 20 consent with mother following birth are sensitive issues. It is important that any signed consents are available at the time of birth.

When Family Plan to Move / Has Moved

When there are significant concerns and the whereabouts of the mother are not known, Social Care must inform other agencies, especially midwifery services and hospitals, and other local authorities in accordance with procedures about children who go missing.

If there are significant concerns and the case is being transferred to another local authority, any delay in transfer, or the family's whereabouts being unknown, should not deter the originating authority from initiating or continuing Care Proceedings.

Multi-agency pre-birth protocol flowchart

This guidance has been developed to support all practitioners using the Walsall Safeguarding Children Board Procedures in relation to safeguarding unborn babies and, in particular, managing risks following birth.

- Child protection checklist at pre-birth case conference or strategy meeting
- Multi-agency pre-birth protocol flowchart