

PAN-LANCASHIRE MULTI-AGENCY PRE-BIRTH PROTOCOL

Introduction

Research and experience indicate that very young babies are extremely vulnerable and that work carried out in the antenatal period to assess risk and to plan intervention will help to minimise harm. A number of local serious case reviews have been undertaken in respect of babies who became subject to child protection plans prior to birth, or in which the pregnancy was initially concealed. One review identified a lack of recognition on the part of some key workers and decision makers who failed to recognise that significant harm was already being caused to the unborn child which resulted in poor decisions being made.

Antenatal assessment is a valuable opportunity to develop a proactive multi-agency approach to families where there is an identified risk of harm. Working Together (2015) specifically identifies the needs of the unborn child.

Purpose

The purpose of this protocol is to ensure that a clear system is in place to develop robust plans which address the need for early support and services and identify any risks to unborn children.

Scope

This joint protocol applies particularly to staff working within Children's Social Care, Health and the Police, but is of relevance to all agencies that work with parents, children and their families.

Identification of Issues or Concerns in Pregnancy

If there is a need for co-ordinated multi-agency support in order to promote the welfare and meet the additional needs of an unborn child, then early help procedures should be followed. See: [Common Assessment Framework](#).

A referral to Children's Social Care for a Pre-Birth Assessment must always be completed if there is a reasonable cause to suspect that the unborn baby is likely to suffer significant harm before, during or after birth. See: [Recognition of Significant Harm](#).

Examples of when a multi-agency pre-birth assessment, led by Children's Social Care, should be considered (*please note, this list is not exhaustive*):-

- There are concerns that parent/their partner/potential carer may pose a risk to children (examples may include previous neglect or physical abuse of children, or sexual offences – see Appendix).
- There are concerns regarding parent/their partner/potential carer in terms of their parenting capacity. Such concerns may include mental health problems, learning disability or inability to parent or protect children from harm. See Appendix.
- Parent/ their partner/potential carer has children that have been made subject to a Child Protection Plan, or Care or Supervision Order at any time in the past (or if proceedings are ongoing).
- There are concerns re domestic abuse. These could relate to any person who may be involved with the unborn baby. See: [Domestic Violence and Abuse](#).
- There are concerns regarding problematic drug/alcohol misuse of parent/their partner/potential carer. See: [Children of Alcohol Misusing Parents](#) and [Children of Drug Misusing Parents](#).
- There are significant concerns about the lifestyle of partner/their partner/potential carer which would impact on their ability to parent or protect children (see Appendix for example indicators).
- Concealed pregnancy or delayed presentation to ante-natal services. A referral is not automatic in these circumstances, but must be made if, after consideration of the reason for the delay or concealment, there are concerns about complex/ serious needs or evidence of significant harm. In the absence of these concerns additional support from Universal services may be appropriate.

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

- In general referrals to Children's Social Care for a multi-agency pre-birth assessment should be made at 16 weeks gestation.¹ Where there are multiple high risk indicators, there may be a need to refer cases before 16 weeks (for example, previous children removed, or children currently subject to Child Protection Plans). In such cases, advice should be sought from the duty social worker (see: [Making a Referral to Children's Social Care](#)). If the referrer has not received an

¹ Referrals must be accompanied by the minutes of any earlier multi-agency meetings, if they are available.

acknowledgement within three working days, they should contact Children's Social Care again.

- The pre-birth assessment will gather information from all involved agencies, e.g. General Practitioners and Health Visitors. It is critical that information is shared promptly and fully to allow for timely decision making.
- During the process of completing a pre-birth assessment, a meeting of all professionals involved must be convened as per multi-agency procedures. See: [Section 47 Enquiries](#). All professionals should give high priority to attendance at pre-birth assessment meetings if requested. If attendance is not possible, they should ensure that their report is taken to the meeting by another appropriately briefed professional from their agency.
- Where a pre-birth Initial Child Protection Conference is required it will be convened before 30 weeks gestation². If the unborn baby is made subject to a Child Protection Plan at that Conference, the first Core Group meeting to agree the plan for the baby and the baby's discharge from hospital will be held within ten working days. If the unborn baby is not made subject to a Child Protection Plan, a Child in Need Plan will be considered. If statutory intervention is not felt to be appropriate, a multi-agency early help meeting should be considered and held within ten working days.
- In the case of a delayed presentation to maternity services or where concerns emerge after 16 weeks gestation, the referral should be made as soon as is practical to allow subsequent processes to be expedited.

All professionals should give high priority to attendance at Child Protection Conferences if requested. If attendance is not possible, they should ensure that their report is taken to the Conference by another appropriately briefed professional from their agency. The conference may not be viable or quorate if professionals are not present. Child Protection Case Conference Reports should be shared with parents prior to the meeting. See: [Initial Child Protection Conferences](#).

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

- The midwife (or representative for midwifery services) will ensure that the pre-birth plan is filed in the maternity records within two working days of its completion. A copy will also be sent by the Social Worker to the Emergency Duty Team.

² In exceptional circumstances this may not be possible (e.g. concealed pregnancy or late presentation).

- Maternity unit staff will inform Children’s Social Care of the baby’s birth immediately (If out of hours, then the Emergency Duty Team). The named Social Worker will subsequently notify other members of the core group.
- The named Social Worker will organise the pre-discharge planning meeting prior to the baby’s discharge from hospital. This meeting will confirm the baby’s placement after discharge and multi-agency professional interventions will be agreed, recorded and distributed. (Responsibility for chairing the meeting, recording and distributing a record of the meeting will be determined at the meeting. It is a multi-agency responsibility.)
- The named Social Worker will undertake a home visit within 48 hours of the baby’s discharge from hospital.
- The Child Protection Review Conference must be held within four weeks of the birth of the child, or sooner if legal action is being considered.

APPENDIX

Examples of Pre-Birth Risk Factors

Unborn Baby

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

Parenting Capacity

- Lack of positive parenting role model
- One or both parents were Looked After Children
- Lack of recognition of impact of own behaviour on others
- Lack of awareness of unborn baby's health needs
- Lack of preparation for new born baby
- Drug/alcohol misuse
- Abuse/neglect of previous child(ren)
- Age – very young (teenage) parents/immature
- Mental ill health that could impact on ability to parent
- Learning difficulties that could impact on ability to parent
- Physical disabilities/ill health that could impact on ability to parent
- Lack of engagement with professionals
- Lack of self-care skills
- Domestic abuse
- Mother has undergone FGM
- Mother victim of Human Trafficking /Modern Slavery
- Mother has been a victim of CSE

Family/Household/Environmental

- Domestic abuse
- Inappropriate social networks
- Poor home conditions
- Significant debt
- Frequent moves of house/homelessness
- Relationship difficulties
- Multiple relationships
- Lack of community or family support
- Poor engagement with professional services
- Isolation (physical and social)
- Anti-social behaviour issues/criminal activity
- Dangerous pets

Examples of Pre-Birth Protective Factors

Unborn Baby

- Wanted pregnancy
- Consistent ante-natal care
- No special health needs or known disabilities

Parenting Capacity

- Positive experiences of parental role models
- Previous positive experience of being a parent
- Parent with good physical and mental health
- Controlled/monitored use of substances
- No misuse of substances
- Appropriate preparation for baby
- Realistic expectations of new born baby
- Positive attitude to education
- Positive family support
- Good attendance at health checks and other appointments
- Shared parental responsibility
- Parent with no additional needs

Family/Household/Environmental

- Stable relationships
- Positive social networks and support
- Positive contact with absent parent
- Stable and well managed income
- Employed
- Stable neighbourhood/community links
- Secure tenancy or owned occupier
- Acceptable housing standards
- Positive acceptance of unborn child
- Willing to engage with professionals if needed

Protocol agreed: March 2017