Swindon LSCB

Unborn Baby Protocol

Working with Parents to Safeguard the Unborn Baby

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1. Introduction

The purpose of this protocol is to provide **all practitioners** with guidance to assist with decision making when undertaking pre-birth assessments and when making a safeguarding referral to children's social care.

Pregnancy and the first year of life is a critical life stage – in the first 18 months of life babies experience a period of incredibly rapid growth and development. An astonishing 700 connections are created in their brains every second as they constantly interpret and learn from the world that is created around them.
Research and experience indicate that very young babies are extremely vulnerable and that in the ante natal period risk assessment and effective planning and supportive intervention will help to minimise harm to the unborn baby.

This protocol is underpinned by the following documents:

- Working Together 2015
- NICE guidance Antenatal and postnatal pregnancy and complex social factors (NICE 2010)
- Healthy Child Programme (DOH 2017)
- Hidden Harm (HO 2003)
- Getting maternity services right for pregnant teenagers and young fathers (Public Health England 2015)
- South West Child Protection Procedures http://www.proceduresonline.com/swcpp/

In addition the learning from two local Serious Case Reviews in 2016 have been considered and the learning identified within this protocol.

Ante natal assessment provides a valuable opportunity to develop a multi-agency approach to supporting families where there are acknowledged vulnerabilities or an identified risk of potential harm to the unborn baby.

During the ante-natal period there is the opportunity for practitioners to:

- Assess **both** parents and their family's ability to protect the unborn baby
- Identify risk factors including that associated with the father
- Understand & clarify the impact of the risk to the unborn baby
- Identification of any supportive factors
- Explore the safety planning options
- Plan on-going interventions
- Avoid delay for the child where a legal process is likely to be needed such as pre-proceedings.
- Be clear about the discharge arrangements from maternity care

2. Early Identification and assessment

It is important that all practitioners are aware of indicators that may suggest a baby could be at risk of harm either before or following birth, or that the family will require a higher level of support in order to parent the child safely.

It is vital that assessments are started as early as possible and that information is shared so that the child and family have the necessary support and best start to family life, thereby minimising the need for child protection intervention

If any service becomes aware of pregnancy or impending parenthood and has a concern for the unborn baby of one of their service users they must inform maternity services of their involvement and highlight any concerns and risks.

Referral to maternity services DOES NOT negate other agencies' responsibility to refer to Children's Social Care if there are significant concerns for the safety of the unborn baby or any other children in the family.

Where it is considered that additional needs exist for an unborn baby then that practitioner is required to assess any risks, discuss the concerns and options with the parents and have a clear plan to achieve positive and sustainable outcomes for the baby. It is important to assist the parents throughout the pregnancy and in making arrangements to enable them to be prepared for the birth and the parenting.

If new concerns are raised or outcomes not achieved then the practitioner may need additional support and will need to consider Team Around the Child (TAC), Child in Need or a Child Protection referral

Unless the mother has booked late or there is a late referral, an Initial Child Protection Conference must be in place by 24-28 weeks of pregnancy.

Throughout the engagement with the parents, all discussions, decisions and actions must be clearly documented in the appropriate agency record. Circumstances must be reviewed regularly to assess risk and consider any further action.

3. Factors when considering the Risk to an Unborn Baby

Below is a list of potential risk factors. Remember 'Multiples Matters', so several risk factors are likely to increase the risk to the unborn baby and increase the level of support needed.

Unborn baby	
Unwanted pregnancy	Inability to prioritise baby's needs
Emotional detachment from pregnancy	No preparation for baby's needs
Poor antenatal care	Premature birth
Concealed pregnancy	Foetal abnormality
Lack of awareness of the baby's needs	Traumatic birth
inappropriate parenting plans	

Parenting Capacity	
Negative childhood experiences	Parents < 20years/Immaturity
Experience of being in care	Communication difficulties
Abuse in childhood, denial of abuse	Mental health/personality health issues
Drug/alcohol misuse	Learning difficulties
Violence/abuse of others	Lack of engagement with practitioners
Abuse/neglect of previous children	History of Postnatal depression
Previous care proceedings	Homelessness/asylum seekers

Learning disability (adult needs be referred for assessment) Known offender against children	No recourse to public funds

Family and Environmental Factors	
Domestic abuse Unsupportive relationship Frequent moves of home Inappropriate home environment Unemployment Change of partner	Relationship disharmony Multiple relationships Lack of support networks Financial difficulties Inappropriate associates Uncontrolled or potentially dangerous animals in the house Mistreated animals

These are examples and not an exhaustive list

3.1 Pregnancy in a young person under the age of 18

The young age of a parent should not automatically be seen as an indicator of risk. However, there are occasions when the young person may have needs which require a further assessment. All young people under the age of 18 will be referred to the Family Nurse Partnership by the midwife.

3.2 Pregnancy in a young person under the age of 16

Practitioners working with a young person under 16 must give consideration to a referral to Children's services as sexual activity under the age of legal consent should always give rise to the consideration of whether the child is suffering or likely to suffer significant harm or has been exploited. These children should always be discussed with the child protection lead in the agency. Under the Sexual Offences Act 2003 penetrative sex with a child under 13 is classified as rape, these cases will always need to be reported to Children's Social Care and a strategy discussion held.

3.3 Fathers

Fathers play an important role during pregnancy and after. The National Service Framework (2004) states *'The involvement of prospective and new fathers in a child's life is extremely important for maximising the life-long wellbeing and outcomes of the child regardless of whether the father is resident or not. Pregnancy and birth are the first major opportunities to engage fathers in appropriate care and upbringing of children.'* (NSF- 2004).
Fathers and extended family members must be included as appropriate in the assessment. Messages from Serious Case Reviews both locally and nationally have informed us of the importance of gaining information about fathers and partners who are not the biological father, at the earliest opportunity to ensure any risks and support can be identified.
It is important to include as a minimum, name, date of birth, address where different from the mother's, relationship to the baby and GP details. Where adult services i.e. mental health, substance misuse, are involved contact details of professionals and consent to contact should be sought.

Where consent to contact services has not been given but the risk to the mother has been identified as potentially high, professionals should consult their named or specialist

safeguarding lead and consideration must be given to sharing information in the best interest of the child.

The South West Child Protection procedures provide useful information and advice for professionals about working and involving fathers:

http://www.online-procedures.co.uk/swcpp/parenting-capacity-families/working-with-men/

A source of information for fathers is the Dad Pad, whilst this is not customised within Swindon you can get further information from: http://www.wiltshire.gov.uk/dadpad.pdf or https://thedadpad.co.uk/ or

4. Levels of Concern

Low Levels of Concern

Initial Contact (Approx 8-12 weeks gestation)

1. If during the initial assessment the health professional (e.g. Midwife or GP) has some level of concern (considering the risk factors in section 3) the family should be informed that there is a need to liaise and possibly refer to other professionals. For example, if the mother discloses drug use then a discussion should be had with the specialist substance misuse midwife,
2. The health professional should discuss any concerns with their manager or with their safeguarding lead professional. They should consider the appropriateness of completing a Safeguarding Mother & Baby risk assessment Notification and/or liaise with other practitioners about the need for an early help assessment
3. The health professional should make an enquiry to the Swindon MASH to ascertain whether there are any children in the family who are subject of a child protection plan
4. Following their 'booking-in' appointment that takes place at approximately 8-12 weeks of pregnancy the midwife may after assessment refer the mother to other support services such as the Family Nurse Partnership, Baby Steps or Pregnancy in Mind.
5. If the family already has an identified social worker, then a referral (RF1) needs to be made to them. The referring health professional must confirm the referral in writing, within 48 hours
6. When concerns have been raised by someone other than the midwife, the early help worker or social care worker involved must (if consent is given by the parent) bring them to the attention of the Safeguarding midwife at Great Western Hospital who will liaise with the appropriate community midwife.

This enables the midwife to continue to monitor and support the family. If consent is not given then professional raising the concern should be advised to speak with their line manager.

Medium Levels of Concern

Initial Contact (Approx 8-12 weeks gestation)

Follow step 1-6 as above

If after the above steps the Community midwife assesses the need for a safeguarding referral, they must inform the Safeguarding Midwife and GP/Consultant Obstetrician if appropriate.
If any other practitioner working with the mother of father makes a referral then they need to follow their internal reporting pathways

NB: It is the responsibility of the professional making the referral to follow up the referral at 72hours if there is no response in that timeframe

High Levels of Concern

This level of concern relates to when there are concerns that an unborn baby may be a 'Child in Need' (section 17 Children Act 1989) or 'in need of protection' (section 47) which means that their basic physical and/or psychological needs will not be met and is likely to impair the child's health or development.

Where initial contact with the pregnant mother is made by professionals primarily working with the adult family members e.g. Police, Probation, Housing or Voluntary Agency, Mental Health, Substance Misuse and Learning Difficulties professionals and there is a medium to high level of concern then Children's Social Care must be notified regarding the unborn baby.

Any professional who has concerns for the welfare of the unborn child must ensure that the midwifery service is aware of the concerns and that any relevant information is passed on in writing.

Once a referral to Children's Social Care has been made the processes are exactly the same as for any child in need/child protection referral. If child protection concerns are identified, a Strategy Discussion will be held, a Section 47 investigation undertaken and if risks unable to be reduced then a Child Protection Conference held.

If necessary, a Child Protection Conference will be held or if deemed Child in Need level then a Plan must be in place between 24 and 28 weeks of pregnancy, unless there is a late referral when plans must be agreed as soon as possible following identification of concerns. It MUST be remembered that there is an increased risk of premature delivery with some of the risk factors identified in Section 3.

Any assessment must include details of the mother's partner, wider social and family history and environmental factors as well as the obstetric history.

For more information on Assessing Need and Accessing Support see the LSCBs Guidance of the same name: http://www.swindonlscb.org.uk/procedures/Pages/Home.aspx

5. Referrals to Children's Social Care (CSC)

Referrals to CSC about unborn babies who may need services should be made early in the pregnancy as soon as concerns have been identified. This can be done as soon as a professional becomes aware of concerns but it may be that concerns are not known until later on in the pregnancy. Early referral enables CSC to assess and plan in a timely way and make a decision as to whether a child is in need, requires protection from significant harm and/or that legal process will need to be initiated.
In any of the following circumstances a referral **must** always be made if:-

- A parent or other adult in the household is a person identified as presenting a risk, or potential risk, to children. This may be due to domestic abuse, substance/alcohol abuse, mental health or learning difficulties.
- Children in the household / family currently subject to a child protection plan or previous child protection concerns.
- A sibling (or child in the household of either parent) has previously been removed from the household temporarily or by court order.
- Where there are serious concerns about parental ability to care for the unborn baby or other children.
- Where 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 significant harm.

Midwives who have concerns should complete a Safeguarding Mother and Baby Risk Assessment Notification and send this to the Safeguarding Midwife.

If practitioners require advice on safeguarding they should contact their line manager and/or named professional for safeguarding. Advice and guidance is also available from http://www.proceduresonline.com/swcpp/swindon/index.html

6. Assessment & Outcomes of the Referral to Children's Social Care

If the decision is made by social care that the level of need does not require a social care assessment to be completed then a decision must be taken as to whether there should be future support through an early help assessment and the referrer must be informed within 72hrs.

It is the responsibility of Children's Social Care to notify the referrer of the outcome of the request for their services. If this is not received within 3 days it is the responsibility of the referring practitioner to check the outcome with Children's Social Care. If the referrer feels that the criteria for Children's Social Care is reached but has been declined they need to contact their named safeguarding practitioners for advice to discuss how to escalate their concerns to Children's Social Care.

If an assessment is deemed necessary by Children's Social Care this must be completed within 45 working days (in line with the single assessment framework). The outcome of the assessment would be one of the following:

a) Child in Need Plan

b) Referral to another agency e.g. for an early help assessment

c) Strategy Discussion

d) No further Action

The referring professional, and the community midwife if not the referrer, will receive a copy of the assessment (if consent given) and/or informed of the outcome of the assessment and follow on support plan where appropriate

If there is reasonable cause to suspect an unborn baby is likely to suffer significant harm, there should be a strategy discussion. This will be led by Children's Social Care, and will involve all other professionals involved with the family. A single assessment is the means by which a section 47 enquiry is carried out.

In cases where Children's Social Care accepts the referral and completes a single assessment to determine whether the unborn baby is a child in need (s17) or is a child in need of protection (s47), whilst the case is open to CSC, they will take the lead responsibility for the coordination of the case.

If the outcome of the assessment is on-going involvement with Child in Need or Child Protection plan these interventions should be when the risks are identified and inform the permanency planning for the unborn baby. They should not be later than 28 weeks of the pregnancy.

In cases of highest risk where an Initial Child Protection Case Conference or Pre Proceedings are required by week 28 the assessment would need to conclude by week 25 so that appropriate actions can be taken. In these cases the assessment would need to begin by week 16 of the pregnancy at the latest.

Throughout pregnancy the midwife and any other practitioner supporting the parents will continue to monitor and support the family. If at any time new concerns are identified or previous concerns resurface then Children's Social Care must be contacted with the new information.

Post-natally the Midwife will again monitor and offer support until handover to the Health Visitor. The Health Visitor will maintain contact with the family and as for all families will take a lead role in assessment and intervention unless the parents are receiving support from the FNP service.

7. Safeguarding Birth Plan

A detailed safeguarding birth plan should be created as soon as safeguarding concerns are identified in consultation with the Safeguarding Midwife and updated as required. This will detail the planning for delivery and immediate post natal period. The detailed Safeguarding Birth Plan is kept on the maternal electronic records where practitioners can access its contents in and out of hours to enable midwives to know how to respond during and post delivery. The Safeguarding Birth Plan must be shared with parents unless to do so is felt to put the mother or baby at increased risk. An agreement must be reached as to how the plan will be shared with parents and this must be documented in both the midwifery and social care records.

The Safeguarding Birth Plan must include (if known) contact numbers and names of professionals involved and the address where the child should go post delivery depending on the risk. Where CSC has the lead professional role, it is the responsibility of the allocated social worker to ensure that CSC 'Out of Hours service' is made aware of the safeguarding plan. It is the responsibility of the Safeguarding Midwife to ensure that other health practitioners involved are informed, for example the obstetrician, neonatologist, GP, Health Visitors (HVs) and other agencies including; police and children's social care safeguarding team. All agencies should know what role they have at this time and be clear about their responsibilities.

Once the baby is born discharge plans should be discussed with Children's Social Care and or other involved agencies and a Discharge Planning Meeting arranged if required.

During mother's pregnancy, there may be a number of occasions when either the baby and / or mother will need to stay in hospital, for example where there are medical risks to the mother or baby. An assessment needs to be completed to ensure that the baby and mother's needs are being met.

The pre-birth risk assessment may conclude that the baby would be at significant risk of harm to stay within the family following birth. In these circumstances Children's Social Care may plan to apply to the courts for an order to remove the baby following birth and this should be conveyed to the mother and father. It is however the decision of the courts whether to grant an order and alternative care and management of the baby will need to be agreed by all partners if this is refused.

Where there is a possibility of Children's Social Care applying for a court order at birth, police should be invited to the pre-birth planning meeting as police protection may be required.

All midwives have a safeguarding responsibility to all babies and will manage the situation to protect the child until Children's Social Care attends the hospital. This may require a police protection order.

All babies subject to a Child Protection Plan **sh**ould be delivered within the hospital setting and a Safeguarding Discharge Planning Meeting must take place as per the protocol.

8. Safeguarding Discharge Planning Meetings

All practitioners must follow the Swindon LSCB Safeguarding Discharge Planning Protocol: Discharge of Children and Young People from Hospital Settings.

The Safeguarding discharge planning process must be initiated as soon as the mother presents for delivery and all Midwives caring for the mother and baby should have full access to and knowledge of the Safeguarding Birth plan.

A safeguarding discharge planning meeting must be agreed between the social worker and the relevant senior midwife. The Safeguarding Midwife should always be consulted.

The relevant senior Midwife will be responsible for arranging the discharge planning meeting, during normal working hours as soon as the baby is born. If the baby is born prematurely it is reasonable to plan the discharge planning meeting for 7-10 days prior to the earliest likely discharge date.

The relevant Senior Midwife needs to ensure that all relevant professionals involved with the child are involved in the discharge planning process, for example, the Community Midwife, the Health Visitor, the Consultant Pediatrician, the Social Worker and the General Practitioner and any other key professionals that are in a position to support the safeguarding of the newborn. Safeguarding Midwife must always be consulted and in the more complex cases may attend.

The relevant Senior Midwife will ensure that the parents and any support person they choose will be informed when and where the meeting will take place.

The social worker will lead the Safeguarding discharge planning meeting where there is a child protection plan in place. If the concerns have been raised at the time of or shortly after birth the relevant Senior Midwife will be expected to lead the meeting.

The newborn baby should not be discharged at weekends or on bank holidays unless there is a consensus of opinion that it is safe and reasonable to do so. This is documented in the child's medical record and multidisciplinary discharge plan.

If a baby is subject to a Child protection plan they must not be discharged unless a Safeguarding DPM has been held or there is written agreement by the Social worker that it is safe to discharge.

All agencies should aim to agree the baby's discharge as soon as safely and practicably possible, which should be no longer than two working days of the baby being medically fit for discharge.

9. References and useful information

Common Assessment Framework DH (2002)
http://www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/caf

The National Service Framework for Children Young People and Maternity Services (2004) DH
https://www.gov.uk/government/publications/national-service-framework-children-young-people-and-maternity-services

South West Safeguarding Procedures
http://www.online-procedures.co.uk/swcpp/

Working Together to Safeguard Children (2015) DH
https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors (2010)
https://www.nice.org.uk/guidance/cg110

Prevention in mind: All Babies Count: Spotlight on Perinatal Mental Health
https://www.nspcc.org.uk/globalassets/documents/research-reports/all-babies-count-spotlight-perinatal-mental-health.pdf

Getting maternity services right for pregnant teenagers and young fathers
https://www.rcm.org.uk/sites/default/files/Getting%20maternity%20services%20right%20for%20pregnant%20teenagers%20and%20young%20fathers%20pdf.pdf