



Dudley Safeguarding Children Board

Responding to Concerns about Unborn Children

Potential Risk

Potential Risk to an Unborn Child

Working Together 2015 states that 'Assessments for some children - including *unborn children where there are concerns*, will require particular care. Where a child has other assessments it is important that these are coordinated so that the child does not become lost between the different agencies involved and their different procedures.

However the timescale of pregnancy does not always readily fit with multi agency safeguarding procedures, with the duty to investigate (Section 47 Children Act 1989), or with the timescales associated with the Framework for the Assessment of Children in Need.

In some circumstances, agencies or individuals are able to anticipate the likelihood of significant harm to an unborn child. The circumstances, lifestyle and/or personal history of the parents, may raise sufficient concern that the needs of the baby might not be met.

The situations that require assessment, pre-birth initial child protection conferences and possible public law outline working are listed in Section 4 of this policy.

Referral & Assessment

Pre-birth Referral and Assessment

The purpose of this procedure is to provide all referring agencies with clear expectations as to how responses to concerns be met. The Single Point of Access for the (MASH team receive many referrals relating to pregnant women from a range of agencies at different stages of pregnancy. It is important that pregnant women receive timely support from the correct service area. All agencies must work together with partners to share information and offer a plan of support even if the threshold for Children's Social Work Services has not been met in line with Dudley Safeguarding Board (DSCB) Threshold document. The Early Help Assessment and team around the child should be utilised where it is considered appropriate.

If the mother is aged under 13 years a referral must be made to Children's Social Care. Penetrative sex with a child under the age of 13 years is classed as statutory rape and there is a presumption that a Strategy Meeting will take place under these procedures.

Early intervention is essential in ensuring that unborn babies for whom risks are identified are given the best possible chances and to reduce the need for statutory assessment and intervention. This may be achieved through the Early Help Assessment process, which can be instigated by any professional who considers there is an unmet need, or by a direct referral to another service, e.g. substance misuse services. Practitioners should always discuss their concerns with the pregnant mother, unless to do so would put the unborn child at increased risk of significant harm or the referrer in an unsafe situation.

All professionals involved with pregnant women where there is concern about the well being of the unborn child or who considers there is an unmet need should give

consideration to undertaking an Early Help Assessment. Where the Early Help Assessment identifies the need for coordinated support services then a referral to the Single Point of Access Team should be considered so that assessments are undertaken and family support services are provided as EARLY AS POSSIBLE in the pregnancy. Individual cases will then be considered as appropriate to ensure that timely safeguarding action takes place, in line with Dudley's Thresholds Framework (December 2015).

When agencies or individuals anticipate that an unborn baby may be at risk of significant harm, a referral must be made to children's social care, via the MASH team from the 12th week of pregnancy determined by scan so the woman's estimated delivery date is known.

Should practitioners be at all unsure as to whether they should make a referral to the MASH team, they should discuss their concerns with their line manager or with their designated or named professional for child protection.

Delay MUST be avoided when making referrals in order to:

- avoid initial approaches to parents in the last stages of pregnancy, at what is already an emotionally charged time;
- provide sufficient time for a full and informed assessment;
- enable parents to have more time to contribute their own ideas and solutions to concerns and increase the likelihood of a positive outcome;
- enable the early provision of support services so as to facilitate optimum home circumstances prior to birth;
- provide sufficient time to make adequate plans for the baby's protection.

Concerns should be shared with prospective parent/s and any need to refer to the MASH team should be discussed unless this action in itself may place the welfare of the unborn child at risk e.g. if there are concerns that the mother may be at risk of harm or that the parent/s may move to avoid contact with children's social care. This is a 'Risk of flight' and a discussion with relevant agencies to assess the risk to determine if a maternity alert is required and the level of its dissemination. Children's services are responsible for this action.

For any referral for support services consent must be gained. If such consent is refused consideration needs to be made on how this affects the identified risk factors for the unborn child. For further guidance see the Information Sharing Protocol and discuss verbally with the MASH team

Workers from agencies whose primary responsibility is to the welfare of the prospective parent may feel worried about the impact of making a referral on the parent's continued engagement. This may be of particular concern where engagement with their service will be necessary to reduce risks to child (i.e. Drugs and Alcohol Service, Mental Health Services). However, the needs of the unborn child will be paramount.(Children Act 1989)

and the best interests of the unborn's siblings will also be taken into account. The welfare of the child must always be the priority and not adult focused.

Workers from such agencies should discuss their concerns with children's social care to consider the most effective way of constructively engaging the parent(s).

Identifying Risks

Serious Case Reviews and other child death enquiries over many years have identified a range of risk factors which should alert professionals to the possibility that a child or unborn baby may be at risk. Many of these factors can be identified prior to birth and should form the basis for referral. The most significant are:-

- parents where previous children have been removed from their care. (Including Child Arrangement Orders made to other family members).
- parents who have offended against children or otherwise are demonstrably a 'risk to children.
- Persons who Pose a Risk to Children (PPRC)
- domestic abuse.
- parents deemed to be co operating but are not complying (disguised compliance)
- substance misusers not cooperating with treatment (or not engaging with specialist services).
- parents with learning or untreated mental health difficulties with limited parenting capacity, particularly where there is inadequate family support.
- parents with a history of abuse and/or neglect during childhood
- Those presenting concerning behaviour/attitude towards pregnancy and support services. (Including those who have been or are currently 'looked after' by the Local Authority)
- unstable/chaotic households, unprepared or unsuitable for a baby.
- young vulnerable parents.
- PREVENT/modern day slavery / CSE/FGM/Trafficked
- vulnerable parents expecting twins/triplets etc.
- where there are concerns that a pregnancy is being or has been concealed.
- young vulnerable parents who are currently looked after by the local authority.

This list is not exhaustive and should not discourage taking action where concerns not listed are identified.

More than one risk factor should, of course, heighten concerns.

Referral for an unborn child

Dudley's Children's Social Care and the MASH team need detailed information to assist in understanding and prioritising the concerns referred to them. The person receiving the referral will ask for the following details:

- prospective parents names and dates of birth
- the expected date of delivery
- address(es)
- names of any previous children and dates of birth
- details of any other family members or significant people connected to the household
- the details of the concerns
- whether the family is aware that the referral is being made
- details of any other professionals involved who may have relevant information about the concerns.
- details of any historical significant events

Referrals should be made securely using the DSCB Multi-agency Referral Form (MARF) to: Dudley's Children's Social Care Single Point of Access (SPA) by email on SPA_Team@dudley.gcsx.gov.uk. Tel: 0300 555 0055 EDT 0300 555 8574

On receipt of a referral where there are potential safeguarding concerns, Dudley Children's Social Care will make a decision within 24 hours as to how the case will proceed and inform the referrer in writing of the outcome of their feedback within the agreed timescales.

Referral Received During the First 12 Weeks of Pregnancy

The MASH will accept referrals in respect of the unborn child (ren) as early as the first booking appointment should concerns arise. If a professional working with the mother has concerns for the unborn child and/ or the mother a referral should be made for additional support at any point during pregnancy.

The MASH will not accept any referrals in relation to unborn children prior to 12 weeks of pregnancy. Unless the mother is a child herself and there are safeguarding concerns for her.

The MASH will implement the Early Help Assessment Pathway. This will include the completion of an Early Help Assessment and ongoing support to the pregnant woman and her family.

The outcome of this work will determine whether a referral to children's social care is required and the timing of this referral.

In the following circumstances the MASH will automatically step up the case for the completion of Child Social Work Assessment between 12-20 weeks of pregnancy depending on the seriousness of the situation.;

- where siblings are subjects of child protection plans
- where siblings have been placed in local authority care or are subject to care proceedings
- where siblings have been placed with alternate family or friends.
- parents who have offended against children or are an assessed risk to children
- where a parent is currently 'Looked After' by the local authority.

All high risk unborn cases held will need to be tracked on a weekly basis so that the timely step up of cases can take place to ensure effective Public Law Outline planning and child protection planning as appropriate.

In these high risk situations Early Help will continue to offer support to the family.

This process ensures that those unborn children and their families, who may potentially require additional support, are given an opportunity to receive targeted intervention from universal and targeted services prior to the more intrusive Social Work activity. It will also ensure that those unborn children where clear risks have been identified are met with the appropriate level of intervention in a timely manner. .

If the existing package of support is deemed sufficient to meet the unborn child's needs once born no step up will take place and the case will remain the responsibility of the Early Help Assessment Team

Referrals Received post 12 weeks of pregnancy

All referrals received by the SPA beyond the first 12 weeks of pregnancy or those 'stepped up' from the Early Help assessment team, where there is a risk that the unborn child's safety and welfare may be compromised upon arrival, will be forwarded immediately to MASH

Please refer to the flowcharts at the end of this procedure.

High risk cases requiring PLO planning and/or specialist assessments will commence at 12 weeks of pregnancy. All other cases requiring assessment and/or Child Protection planning will commence at 20 weeks of pregnancy, or sooner if circumstances require it. The unborn child social work pre birth assessment will commence at 20 weeks at the latest for cases where there is a potential risk to the child.

Any referral received after 20 weeks of pregnancy where there are concerns which identify potential risk to the unborn child will progress straight to child social work assessment with a view to initiating section 47 procedures from 28 weeks pregnancy, with full and detailed lateral checks and strategy discussion/meeting. This will include those women under the following categories:

- late booker
- concealed pregnancy
- asylum seeker and migrants who may not be aware of the antenatal pathway

The overall aim of the pre-birth assessment is to:

- gain an understanding of the parents' past history, life style and previous support networks, and how these factors may impact on the child's welfare;
- identify risk factors which may indicate a likelihood of the child suffering significant harm; and
- identify the parents' needs and whether they have effective current support networks.
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On completion of the pre-birth assessment one of the following options can be applied:

- no further action;

- step down to Early Help following a period of handover
- request targeted services via the local children's centre ;ie family support worker
- refer to another service or agency
- provision of Child In Need Services
- undertake a specialist assessment i.e. parenting assessment;
- where there are significant safeguarding concerns, initiation of Child Protection Procedures, to notify the midwife by 28 weeks gestation of the transfer of the case from the Initial assessment team to the care management team.

In some cases the concerns may warrant removal from the birth parent(s)' care and court action will be necessary in these cases.

From 22 weeks of pregnancy the case may be presented to Legal Gateway Meeting to allow for timely, effective pre -birth planning, and pre court proceedings to be completed. This allows the case to be prepared for court proceedings should they be required at birth. Early presentation at Legal Gateway Meeting is essential to allow for the coordination of any assessments, including specialist assessments if they are required prior to the birth of the child. All specialist assessments that include psychological, cognitive and capacity assessments need to be completed 6 weeks prior to the birth of the baby.

From 24 weeks gestation a decision should already be made to convene a pre-birth initial child protection conference, if the pre-birth assessment identifies that the unborn child may be at risk of significant harm.

All assessments must be completed within a maximum of 45 working days and all relevant agencies informed of the assessment outcome.

Cases that are not progressing to Section 47 enquiries and do not require child protection planning but require child in need planning will still require multi agency planning. A multi-agency planning meeting should take place at 28 weeks of pregnancy to start planning for the babies arrival and to formulate an initial child in need plan which should be reviewed prior to the baby's birth.

Assessment of Parents

Where vulnerable young people under the age of 18 years present as parents, consideration must be given to assessing them as Children in Need in their own right

Initiation of Safeguarding Procedures

Where the parent/s do not consent to an assessment, or where the concerns clearly indicate a likelihood of significant harm, then section 47 (duty to investigate) procedures should be initiated. An assessment will be undertaken and section 47 enquiries will be undertaken as appropriate.

Where case records exist, including those held by other local authorities, either because there have been concerns about a previous child, or because one or both of the parents were previously looked after, or otherwise had significant agency involvement, the social worker should plan to view the information as soon as possible in line with the Child Social Work Assessment timescales.

Following the strategy discussion with the outcome of 'section 47 and assessment' a strategy meeting should, if time permits, be planned for 28 weeks pregnancy and should involve midwifery, health visitor and any other agencies involved, unless circumstances dictate an earlier strategy discussion/meeting is required. The reasons for late referral should be clearly identified as this may be relevant to the assessment. Midwives should be invited and participate in all strategy discussions and meetings that take place.

Where possible the social worker should complete the information gathering stage of the pre birth assessment prior to the multi-agency strategy meeting or strategy discussion.

Multi-Agency Strategy Meeting

Through whichever route the referral has progressed, the aim should be to hold a strategy meeting with all relevant professionals involved at around 28 weeks into the pregnancy to coordinate multi-agency support. This should be chaired by a Team Manager within Dudley's Children's Social Care Service.

Please note babies do not always deliver on their due date and may arrive prematurely.

Strategy discussions/Meetings

The meeting should explicitly consider the need for an Initial Child Protection Conference. If all professionals attending the meeting agree that this is not required, a Child in Need plan may be drawn up with a review planned according to the needs of the family. However should there be disagreement among professionals about potential risks, then an initial child protection conference should be convened

Where it is clear that an Initial Child Protection Conference will be necessary, a strategy discussion or meeting with relevant agencies should confirm this at around 28 weeks pregnancy.

If the referral is received after 30 weeks pregnancy a multi-agency strategy meeting must be convened as soon as possible. The strategy discussion will make the decision to proceed to an initial child protection conference. Each strategy meeting or discussion should be formally recorded.

Should the baby arrive early a strategy meeting will need to take place and fully consider any hospital discharge arrangements.

Once the final decision is made to convene an Initial Child Protection Conference (which should be at 24 weeks pregnancy or as soon as possible thereafter) there are 15 working days in which to complete the single assessment and convene an initial child protection conference.

The Role of the Putative Father/Partner

It will be essential to check out at an early stage the role that the father and/or any current partner will play in the child's life and to include them in the assessment as appropriate. Whether or not the father/partner will have parental responsibility should not influence the decision about their involvement in the assessment, and full agency checks should be completed on any adults who will have substantial care of the child.

All practitioners should be alert to the possibility of domestic abuse when a partner attends all appointments with professionals with the mother and is reluctant to allow her to be seen alone

Pre-birth Child Protection Conferences

Purpose

A pre-birth conference is an Initial Child Protection Conference concerning an unborn child.

Thresholds for Conference

Pre-birth conferences should always be convened where there are concerns that an unborn child may be at risk of significant harm and there is a need to consider if an inter-agency child protection plan is required.

Such a conference should have the same status, and proceed in the same way, as other

initial child protection conferences, including decisions about a child protection plan. Child protection review conferences should also proceed in the same way.

A pre-birth conference should be held:

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

Time of Conference

The pre-birth initial child protection conference should take place as soon as practical and no later than 24-28 weeks gestation so as to allow as much time as possible for planning support for the baby and family. Where there is a known likelihood of a premature birth, the conference should be held earlier. Where there is a late notification after 28 weeks the conference must be convened immediately.

Attendance

Parents or carers should be invited as they would be to other child protection conferences and should be fully involved in plans for the child's future. All relevant professionals involved with the family both pre-birth and post delivery must be invited to attend.

The social worker must ensure that an invitation is sent to the community midwife, health visitor/ Family Nurse Partnership(FNP) if the criteria are met, Specialist Midwife Vulnerable Women (SPMWW) and the Named Midwife at the maternity service at the hospital where the baby will be delivered. The invitations must be sent individually as one invitation to midwifery services is insufficient as they are in different departments.

All professionals should give high priority to attendance at pre-birth conferences if requested and in all incidences provide a written report for the Chair. Professionals who normally attend a child protection conference must be invited, and any agency involved with the parents (Drugs/Alcohol Services, Mental Health, Disability Service, Probation, and Leaving Care).

Local authority legal services should be invited where legal action is being considered or where legal advice may be required.

Decision Making

If a decision is made that the child needs to become the subject of a child protection plan, the category must be determined by the main risk factor. The name included on a child protection plan should be 'unborn baby', followed by the **mother's** family name and

the expected date of delivery. The Specialist Midwife Vulnerable Women or the Named Midwife will ensure that a flag will be highlighted on the mothers IT hospital record and this flag will be transferred to the baby once delivered

If the parents have not attended the conference, they should be made aware of the outcome at the earliest opportunity, unless to do so would put the child at further risk of significant harm.

Child Protection Plans

The child protection plan should specifically include details around the birth such as:

- antenatal plans
- pre birth planning meeting arranged if part of the child protection plan
- admission to hospital and discharge plans
- any visiting arrangements for professionals and family in hospital, both in delivery and maternity wards, and at home
- contact arrangements and supervision of parents if required
- discharge planning meeting to be arranged by the SPMWVW or the Named Midwife
- discharge arrangements in detail if the baby is to be discharged to fostercare
- clear recommendations in relation to any legal advice/action to be taken.

The core group must be established and meet immediately after the conference where possible and no later than 10 working days of the conference. Further meetings should be held prior to discharge of the baby and within 14 days of the child's birth. **As part of the child protection plan every initial child protection conference should record a recommendation about whether the child can safely return home with the parents**

If it is recommended that the baby should not be discharged to the care of the parent(s), Children's Social Care will need to seek legal advice to ensure the baby's ongoing protection and for this information and the plan to be clearly recorded in writing and shared with all key professionals involved. This should be immediately filed in the mother's records.

If any person is deemed to be a risk to the baby, mother and/or staff, a decision must be taken as to whether or not they can be present at the birth, or visit the child and mother. If it is agreed they can visit, a written statement must include the need for supervision and who will be responsible for this.

All minutes of the meetings will be forwarded by secure e mail to the Specialist Midwife Vulnerable Women and the Named Midwife.

Timing of Child Protection Review Conference

The first child protection review conference will follow normal child protection review conference procedures.

Pregnant Women Who Are Missing

The loss of professional contact with a pregnant woman where there are safeguarding concerns for the unborn baby must always be taken seriously. Once loss of contact is established, the Police and line manager should be notified as soon as possible and all

agencies should be proactive in making efforts to locate the woman. All actions taken must be recorded.

The following procedure should be followed:

- The agency identifying the missing woman should inform their relevant line manager
- Measures should be taken to trace the woman informally through family, friends, neighbours etc as is considered reasonable and appropriate. Information systems should be checked countrywide and national alerts placed through Health and Children's Services
- Enquiries should be made through other local agencies involved with the woman/unborn child
- In conjunction with the Police and family as appropriate, consideration must be given to tracing the woman with the help of the media
- Children's Social care should initiate a strategy meeting, involving the Police, midwife and any other relevant agency to develop a plan to locate the woman and put in place measures to safeguard the child when born. A maternity alert will be generated by children's services and disseminated to appropriate local/regional/national localities

A nominated individual will need to take responsibility for circulating other local authorities. The social worker must provide the following details:

- woman's name
- date of birth
- description
- estimated date of delivery
- name and date of birth of any person the woman may be with.
- reason for concern
- other information necessary to raise concern upon encounter, or other identifiable features, particularly where names are unlikely to identify
- enough information necessary to enable an Emergency Duty Worker to react appropriately
- contact points, including out of hours arrangements
- scope for circulation, i.e. likely destinations
- planned place of delivery and contact details of Named Midwife for Safeguarding Children.

Where there may be reason to believe that the woman has left the country, contact may be made with International Social Services (020 7735 8941)

References

Working Together 2015

Children Act 1989 and 2004

Children and Families Act 2014

Dudley Group Foundation Trust Maternity CP policy (2014)

Unborn Children High Risk / Public Law Outline Cases - Timeline - Weeks of Pregnancy



Unborn Children Not High Risk, but CP Cases Timeline-Weeks of Pregnancy

