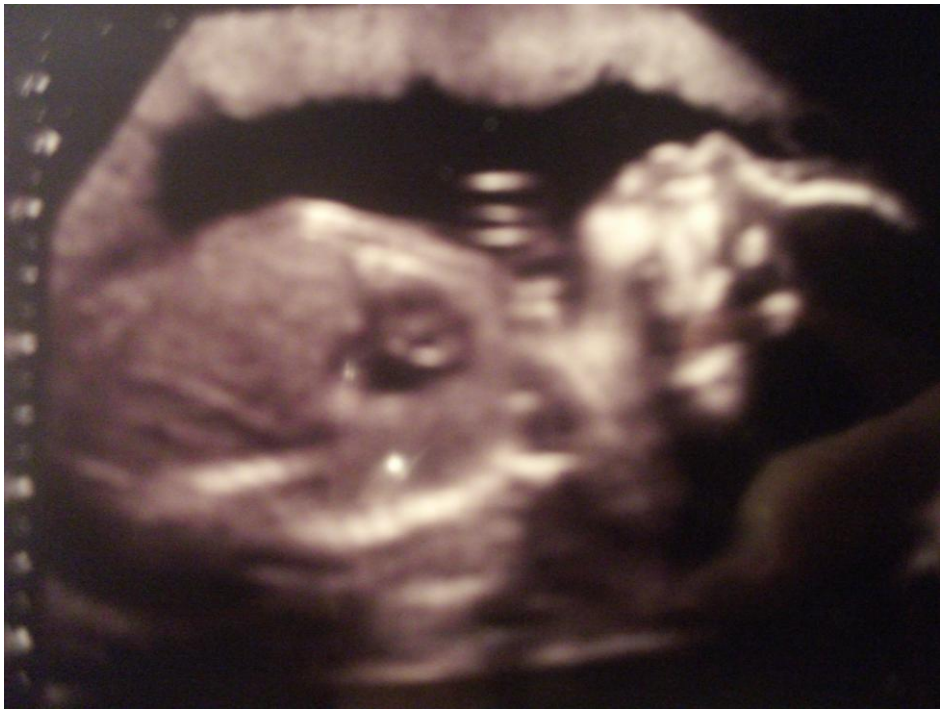
Wiltshire Safeguarding Children Board (WSCB) Multi agency Pre-birth Protocol to Safeguard Unborn Babies

December 2013



Unborn Baby at 20 weeks

Prevention and protection are everybody's business.
By working together we can transform the life chances of the most vulnerable babies.

Salisbury NHS Foundation Trust

Great Western Hospitals NHS Foundation Trust

Wiltshire Safeguarding Children Board

NHS

Wiltshire Council
Where everybody matters

Young babies are particularly vulnerable to abuse, and work carried out in the antenatal period can help minimise harm if there is early assessment, intervention and support. This multi-agency protocol sets out how to respond to concerns for unborn babies, emphasising clear and regular communication.

The aim of this protocol is to enable practitioners to work together with families to safeguard unborn babies where vulnerability and risk indicators are identified. It provides an agreed process between Health, Children's Social Care and relevant other agencies on the planning, assessment and actions required to safeguard the unborn baby.

The National Service Framework for Children, Young People and Maternity Services (2004) recommends that Maternity Services and Children's Social Care have joint working arrangements in place to respond to concerns about the welfare of an unborn baby and his/her future, due to the impact of the parents' needs and circumstances.

Unlike many safeguarding situations, the antenatal period gives a window of opportunity for practitioners and families to work together to:-

- Form relationships with a focus on the unborn baby
- Identify risks
- Understand the impact of risk to the unborn baby.
- Explore safety planning options
- Assess the family's ability to adequately parent and protect the unborn baby
- Identify if any assessments or referrals are required before delivery; for example the use of Common Assessment Framework (CAF) or alternative assessments agreed locally.
- Plan on-going interventions.
- Avoid delay for the child where a legal process is likely to be needed such as pre-proceedings

When risks have been identified, it is important that practitioners engage in early intervention and planning to optimise the outcomes and support for the family. It is essential in safeguarding children that practitioners share information and they should refer to the cross-government guidance on how to share information: *Information Sharing: Guidance for practitioners and managers* 2008.

The protocol applies to **all professionals** who have identified any concerns for the unborn baby and provides a robust framework for responding to safeguarding concerns and safe planning by practitioners working together, with families, to safeguard the baby at birth.

In the vast majority of situations during a pregnancy, there will be no safeguarding concerns. However, in some cases it will be clear that a co-ordinated response is required by agencies to ensure that the appropriate support is in place during the pregnancy. It may also be necessary to consider the need for particular arrangements to be in place during and immediately following the baby's birth.

Where there is a late booking or a concealed pregnancy the practitioner should complete an immediate assessment in order to identify which agencies need to be involved and make appropriate referrals.
www.online-procedures.co.uk/swcpp/procedures/initial-assessment/knowledge-hub/childrens-development/unborn-baby-protocol/concealed-pregnancy-guidance/

The following Risk Factors should alert professionals to consider a co-ordinated response:

Mothers, Fathers or Partners or any other significant member of the household;

- Are involved in risk activities such as substance misuse, including drugs and alcohol.
- Have mental health support needs.
- Are victims or perpetrators of domestic abuse.
- Have been identified as presenting a risk, or potential risk, to children, such as having committed a crime against children
- Have a history of violent behaviours.
- Are not able to meet the unborn baby's needs e.g. significant learning difficulties and in some circumstances severe physical disability.
- Are known because of historical concerns such as previous neglect, other children subject to a child protection plan, subject to legal proceedings or have been removed from parental care.
- Are known because of parental involvement as a child or adult with Children's Social Care.
- Are currently 'Looked After' themselves.
- Are teenage/young parents.
- Are living in poor home conditions, homelessness or temporary housing.
- Any other circumstances or issues that give rise to concern.

Early Intervention and Common Assessment Framework (CAF)

Other agencies may have the first contact or be aware that a woman or the partner of a man with whom they are working, is pregnant or about to become a principal carer. These may be workers in Learning Disabilities, Mental Health, Sexual Health Services, Women's Aid, Drug and Alcohol Services, Police, Probation, Leaving Care Teams, Housing and Adult Safeguarding.

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.

If practitioners require advice on safeguarding, they should contact their manager and/or their named practitioner for safeguarding.

If the parent was under 18 at the point of conception, the young mother must be offered a CAF by her Midwife, see the 'Wiltshire Common Assessment Pathway (CAF) Pathway for Expectant Young Mums'. The CAF provides an opportunity for multi-agency early intervention to support the mother. For more details and a copy of the pathway go to the WSCB website: www.wiltshirelscb.org/professionals/resources-guidance

In the early stages of the pregnancy, the Midwife must assess the strengths, risks and needs of the family and where there are concerns for the welfare of the unborn baby consider completion of a CAF to ensure that services and TAC are in place or referral to Children's Social Care (CSC) is made. Advice and guidance is available from the South West Child Protection procedures about Low, Medium and High level concerns:

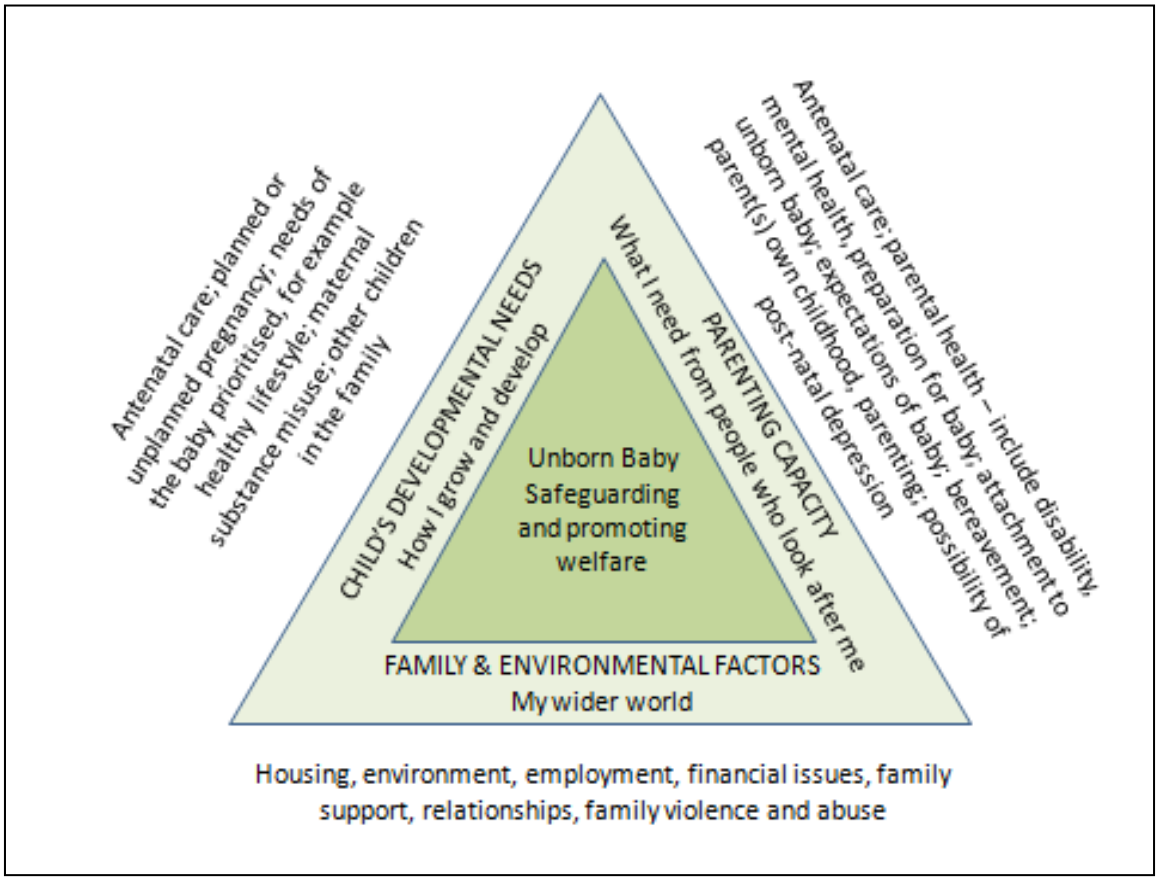
http://www.online-procedures.co.uk/swcpp/procedures/initial-assessment/knowledge-hub/childrens-development/unborn-baby-protocol/

All discussions, decisions and actions should be clearly documented in the appropriate agency record. Circumstances must be reviewed regularly to assess risk and consider any further action.

Providing early help is more effective in promoting the welfare of Children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years

It is important for practitioners to remember that a CAF or alternative assessment is not required where it has been identified that the unborn baby has already met the threshold of being at significant risk of harm**. This does not prohibit all agencies contributing to safeguarding risk assessment.**

Pre-Birth Triangle - *Unborn Baby, Parenting Capacity and Family and Environment:*



Factors when considering the Risk to an Unborn Baby:

These are examples and not an exhaustive list

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

Parenting Capacity	
Negative childhood experiences	Age - very young/teenager/ 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	No recourse to public funds
Known offender against children	

Family and Environment	
Domestic abuse	Relationship disharmony
Unsupportive relationship	Multiple relationships
Frequent moves of home	Lack of support networks
Inappropriate home environment	Financial difficulties
Unemployment	Inappropriate associates
Change of partner	/Uncontrolled or potentially dangerous animals
History of violence	Mistreated animals

Working with fathers

It is important that all agencies involved in pre and post birth assessment and support, fully consider the important role of fathers for their baby. 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/

Involvement of 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 where necessary take actions to instigate legal proceedings to safeguard the baby following birth.

It's never too early

• Promoting informed choices and resilience *pre-conception* creates the conditions for families to thrive.

• The *antenatal* period is a vital stage in child development and in preparation for parenthood.

In any of the following circumstances a referral **must** always be made if:-

- There has been a previous unexpected or unexplained death of a child whilst in the care of either parent.
- 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, violence, 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, concealed 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.

Referrals should be consistent with the guidance in *Working Together to Safeguard Children 2013.* Advice and guidance is available from the South West Child Protection procedures about *Working Together* and Wiltshire Pathways provides important information about thresholds for safeguarding children:

http://www.online-procedures.co.uk/swcpp/procedures/working-together-2013/

http://www.wiltshirepathways.org/UploadedFiles/Thresholds_for_safeguarding_children_FINALv2.pdf

Outcomes of the Referral to Children's Social Care

CSC may assess that the threshold for their services has not been met, however they may signpost the referrer to other appropriate agencies /services. This may include recommending a CAF is completed. If the referrer does not feel that the CSC decision is appropriate they must seek advice from their named practitioners for safeguarding - see WSCB Escalation policy:

http://www.wiltshirelscb.org/images/stories/pdfs/WSCB-Escalation-Policy-June-2013.doc

Practitioners must re-refer any case if they become aware that there has been significant change that increases the risk to the unborn baby.

It is the responsibility of CSC 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 CSC. If the referrer feels that the criteria for CSC is reached but has been declined they need to contact their named practitioners for advice to discuss how to escalate their concerns to CSC. In cases where CSC accepts the referral and completes a single assessment to determine whether the unborn baby is a Child in Need (Section17 Children Act 1989) or is a Child in Need of Protection (Section 47 Children Act 1989), whilst the case is open to them, they will take the lead responsibility for the coordination of the case. This does not mean that other professionals do not work with the family whilst CSC are involved.

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 CSC, 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. www.wiltshirelscb.org/images/stories/pdfs/WSCB-Strategy-and-S47-Joint-Protocol-June-2013-v1.doc

One of the possible outcomes of the section 47 enquiry may be to convene an Initial Child Protection Conference. The aim of the conference is to ensure all the information is brought together and analysed, and should be held within 15 days of the strategy discussion/meeting. If the child protection conference decides that the child is likely to suffer significant harm in the future, a child protection plan will be agreed. It is the responsibility of the midwifery practitioner who attends the initial child protection conference to ensure that a new or existing safeguarding birth plan is agreed/written in conjunction with the named midwife for safeguarding and disseminated to agreed partners and relevant birthing units.

There is no optimum time for an Initial Child Protection Conference for an unborn baby. It should be at a point that risks are identified and inform permanency planning for the unborn baby but should not be later than week 28 of the pregnancy.

Safeguarding Birth Plan

A detailed safeguarding birth plan must be created as soon as safeguarding concerns are identified in consultation with the Named Midwife for Safeguarding Children (NMSC) and updated as required. This will detail the planning for delivery and immediate post natal period. Where there are concerns about a family, irrespective as to whether the unborn baby is subject to a Common Assessment Framework, Child In Need or child protection plan, a Safeguarding Birth Plan should be agreed. The detailed Safeguarding Birth Plan must be kept 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 should be shared with parents unless to do so is felt to put the mother or baby at increased risk and agreement reached as to how the plan will be shared with parents.

The Safeguarding Birth Plan should 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 have the lead professional role, it is the responsibility of the allocated social worker to ensure that CSC 'Out of Hours service' are made aware of the safeguarding plan. It is the responsibility of the Named Midwife for Safeguarding Children 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.

Appendix One provides guidance for practitioners on the information required for a Safeguarding Birth Plan and is a useful tool at any other meeting where a safety plan is being developed.

Plans for discharge for babies identified by this protocol are usually made at the birth planning meeting. Where this has not occurred discharge plans should be discussed with CSC and or other involved agencies and a pre-birth Discharge Planning Meeting arranged if required.

Each individual case where there are any concerns around the risk to the baby must be assessed individually and multi-agency agreement reached before the birth wherever possible.

During the stay of mother and baby, 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 baby. An assessment needs to be completed to ensure that the baby and mother's needs are being met.

In situations where the mother has been discharged from the birthing unit and there are additional risks to the baby, an assessment needs to take place about the parents' contact with their baby in the hospital setting. For some babies, where there are safeguarding concerns, a multi-agency risk assessment and safety plan may need to be agreed with the parents about their contact in the hospital setting.

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 CSC may plan to apply to the courts for an order to remove the baby following birth and this should be conveyed to the mother. 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 CSC applying for a court order at birth, police should be invited to the pre-birth planning meeting as police protection may be required.

Midwives have a safeguarding responsibility to all babies and will manage the situation to protect the child until CSC attends the hospital. This may require a police protection order.

All babies subject to a Child protection Plan should be delivered within the hospital setting and a Discharge Planning Meeting must take place before the baby leaves hospital.

Discharge Planning Meetings

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

A discharge planning meeting should be agreed between the social worker and the relevant senior midwife. The Named Nurse and Named Midwife for Safeguarding Children 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 Paediatrician, the Social Worker, the Named Nurse / Unit Lead for Safeguarding, the General Practitioner and any other key professionals that are in a position to support the safeguarding of the newborn.

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 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.

All agencies should aim to agree the baby's discharge as soon as safely and practicably possible.

Appendix Two provides guidance for practitioners on the information required for a Discharge Planning Meeting.

References and useful information

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

Information Sharing: Guidance for practitioners and managers (2008) DH
http://www.devon.gov.uk/information_sharing_guidance_for_practitioners___managers.pdf

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 (2013) DH
http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children

Wiltshire Hidden Harm Working Protocol
http://www.wiltshirepathways.org/UploadedFiles/Hidden_harm_working_protocol_final.pdf

APPENDIX ONE

Generic Check List for Safeguarding Birth Planning

CONSIDERATION	YES/NO	PLAN	IF ACTION REQUIRED – WHO IS RESPONSIBLE?
Can mother have unsupervised contact with the baby once born?			
How long can mother remain in hospital after birth?			
Is there anybody who cannot have unsupervised contact?			
Is there anybody who should not be present at the birth?			
Are there any reasons why the mother should not have contact with the baby at birth?			
Are there any concerns about the partner?			
Are there any mental health concerns?			
Does mother or partner have a Learning Difficulty/Disability?			
Are there any issues regarding drug or alcohol abuse?			
Is the baby likely to have withdrawal symptoms?			
Are there any barriers to communication?			
Is there a likelihood of a home birth or mother attending a different hospital? If the answer is Yes – Alert other hospitals and ambulance service.			
Will Police Protection be required?			
Are the Local Authority planning to apply for and Emergency Protection Order/Interim Care order?			
Is the Local Authority going to accommodate under Section 20 of the Children Act 1989?			
If parents have agreed to Section 20, what is the contingency if they withdraw consent after birth?			
When will the Emergency Duty Team be advised of the plan and who will do this?			
Does hospital security need to be informed of plan- if so who will do this?			

Have parents been provided with a copy of the birth plan, if not when will they be?			
If the birth plan cannot be shared, why not and who has agreed this? (usually via legal advice)			
Have all agencies been advised of the plan?			
Is a pre discharge planning meeting required?			
Any other information?			

APPENDIX TWO

Generic List for Safeguarding discharge plan
To be completed by Appropriate Senior Midwife arranging Meeting

Name of Mother **D.O.B** **Hospital Number**

Name of Baby **D.O.B** **Hospital Number**

Consideration	Yes/No	Plan	If action required who is responsible/
Is the baby going home with Birth Mother?			
Is the baby going to a mother and baby foster placement or residential placement?		What is the discharge address for the baby?	
Is the baby going directly to a foster placement?			
Are there any ongoing medical needs for the baby?		What are these?	
Does there need to be a discharge planning meeting?			
Have you invited: Community midwife Health visitor Social worker Paediatrician GP Named Nurse and/or Named Midwife Safeguarding Children Parents and their supporter if applicable Do you need to		Name, date invited and contact number. Are they attending?	

invite? Drug worker NICU nurse Mental health worker? Any other relevant worker			
Is there a safety plan in place?			
Is the discharge address within the geographical area of the maternity service?		**If no, where is in?**	
Has the community midwife been informed of discharge?			
Is there a clear multi-agency visiting plan in place?			
Has the health visitor been informed of discharge?			
Are there any further meetings required prior to discharge from maternity services at 10 days			
Any other information?			

Name of person completing form

Designation

Date Completed