Safeguarding Procedures on Pre-Birth

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1. Introduction

This procedure applies to all practitioners who have identified any concerns for an unborn baby and provides a framework for responding to safeguarding concerns and safe planning by practitioners working together, with families, to safeguard the baby.

Recent local Serious Case Reviews identified that practice on safeguarding children prior to birth and following birth where there were safeguarding concerns requires improvement in a number of areas including compliance to procedures, understanding and application of thresholds, multi-agency involvement, involvement of the father, etc. This pre-birth procedure provides a framework and pathway/flowchart guidance for practitioners to consider when safeguarding an unborn child as early as possible. Research shows that parents are more likely to engage in the pre-birth assessment process at an early stage, therefore where it is anticipated that prospective parents may need intensive support services to care for their baby, or that the baby maybe at risk of significant harm a referral to social care should be made immediately.

Young babies are particularly vulnerable to abuse, and early identification/assessment and support work carried out during the antenatal period can help minimise potential risk of

harm to the unborn child. Timely assessments should lead to robust planning for the safety and wellbeing of the baby.

All professionals/practitioners have a role in identifying and assessing families in need of additional support or where there are safeguarding concerns. In most situations there will be no safeguarding concerns during the mother's pregnancy, however, in some cases a co-ordinated response from agencies will be required to ensure that appropriate support is in place during pregnancy to safeguard the child before ad following birth. Practitioners when they become aware of the pregnancy and of any safeguarding concerns in relation to the mother, unborn child or siblings should consider the action they need to take to consider their safety.

Practitioners should consider whether the baby following birth will be safe in the care of the adults who will be significant in the baby's daily care always to include mother, father or partners. Consideration should be given to whether they will be able to care for the child throughout the child's childhood.

The antenatal period provides a window of opportunity for practitioners and families to work together to:

- Form relationships with a focus on the unborn baby;
- Identify risks and vulnerabilities at the earliest stage;
- Understand the impact of risk to the unborn baby when planning for their future;
- Explore and agree safety planning options;
- Assess the family's ability to adequately parent and protect the unborn baby and the baby once born;
- Identify if any assessments or referrals are required before birth; for example Early Help intervention/assessments agreed locally;
- Ensure effective communication, liaison and joint working with adult services that are providing on-going care, treatment and support to a parent(s);
- Plan on-going interventions and support required for the child and parent(s);
- Avoid delay for the child where a legal process is likely to be needed such as Pre-proceedings, Care or Supervision Proceedings in line with the Public Law Outline.

Each professional should follow their agency's child protection procedures and discuss concerns with their safeguarding lead/named/designated professional for safeguarding.

2. Risks

- Parental risk factors that may indicate an increased risk to an unborn child and which may mean that a pre-birth assessment is required;
- Involvement in risk activities such as substance misuse, including drugs and alcohol;
- Perinatal/mental illness or support needs that may present a risk to the unborn baby or indicate that their needs may not be met;
- Victims or perpetrators of domestic abuse;
- Identified as presenting a risk, or potential risk, to children, such as having committed a crime against children;
- A history of violent behaviours;
- May not be able to meet the unborn baby's needs e.g. significant learning difficulties and in some circumstances severe physical or mental 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;
- Known because of parental involvement as a child or adult with Children's Social Care;
- Currently 'Looked After' themselves or were looked after as a child or young person (care leavers);
- A history of abuse in childhood;
- Young parents; children under 14 years should always be referred to Children Social Care;
- Recent family break up and social isolation/lack of social support;
- Any other circumstances or issues that give rise to concern.

The list is not exhaustive and, if there are a number of risk factors present, then the cumulative impact may well mean an increased risk of significant harm to the child. If in doubt, professionals should seek advice about making a referral.

Delay must be avoided when making referrals in order to:

- Provide sufficient time to make adequate plans for the baby's 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 unless there is immediate risk of significance harm;
- 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.

3. Working with Fathers

Fathers play an important role during pregnancy and after. The National Service Framework for Children, Young People and Maternity Services (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).

It is important that all agencies involved in pre and post-birth assessment and support, fully consider the significant role of fathers and wider family members in the care of the baby even if the parents are not living together and, where possible, involve them in the assessment. This should include the father's attitude towards the pregnancy, the mother and newborn child and his thoughts, feelings and expectations about becoming a parent.

Information should also be gathered about fathers and partners who are not the biological father at the earliest opportunity to ensure that any risk factors can be identified.

A failure to do so may mean that practitioners are not able to accurately assess what mothers and other family members might be saying about the father's role, the contribution which they may make to the care of the baby and support of the mother, or the risks which they might present to them. Background Police and other checks should be made at an early stage on relevant cases to ascertain any potential risk factors.

Involving fathers in a positive way is important in ensuring a comprehensive assessment can be carried out and any possible risks fully considered.

4. When to Refer

When any professional becomes aware that a woman (or the partner of a man with whom they are working) is pregnant and they are of the view that there will be a need for additional support for the unborn child who will be vulnerable due to the circumstances of their service user, they should inform maternity services of their service involvement and highlight any vulnerabilities they have identified.

Where a professional is concerned that an unborn child or other children in the family may be at risk of, or suffering, harm, they should seek advice from their agency Safeguarding Lead without delay who will consider whether to refer to Children's Social Care.

Where agencies or individuals anticipate that prospective parents may need support services to care for their baby or that the baby may be suffering or likely to suffer Significant Harm, a referral to Children's Social Care Services must be made as soon as the concerns are recognised. Referrals must be made to avoid delay and to ensure that the family receive appropriate services.

Where the concerns centre around an aspect of parenting behaviour, for example substance misuse, the referrer must make clear how this is likely to impact on the baby and what risks are predicted.

A pre-birth referral should always be considered where:

- There has been a previous unexplained death of a child whilst in the care of either parent;
- A parent or other adult in the household has been convicted for violent conduct;
- The mother, father or a sibling in the household has a Child Protection Plan;
- The mother, father or a sibling has previously been removed from the household by court order or Accommodated as a result of concerns regarding Significant Harm;
- The degree of domestic violence (see **Domestic Abuse/Violence Procedure**) known to have occurred is likely to significantly impact on the baby's safety or development. Unborn babies and those under 12 months old are particularly vulnerable to violence. Practitioners who become aware of any incident of domestic violence in a family with a child under 12 months old (even if the child was not present) or in families where a woman is pregnant, should make a Referral to **Children's Social Care Services**. For more information see **Referrals Procedure**. All professionals must confirm verbal and telephone referrals in writing within 24 hours of being made;
- The degree of parental substance misuse is likely to significantly impact on the baby's safety or development;
- The degree of parental mental illness/impairment is likely to significantly impact on the baby's safety or development;
- There are serious concerns about the prospective parents' ability to care for themselves and/or to care for the child, for example where the parent has no support and/or has learning disabilities;

- Any other concern exists that the baby may be suffering or likely to suffer **Significant Harm**, including a parent previously suspected of having Fabricated or Induced Illness in a child (see **Fabricated or Induced Illness Procedure**), or a prospective parent who has been the subject of fabricated or induced illness as a child themselves.

Concerns should be shared with prospective parent/s and consent obtained to refer to Children's Social Care Services 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 with social workers or other professionals.

See also **Information Sharing Procedure** and **Appendix 1: Information Sharing Agreement for the Purposes of Safeguarding Children**.

5. Action to be Taken

In the relation to a pre-birth Strategy Discussion (see **Strategy Discussions Procedure**), this should involve the case-holding midwife and midwife specialist for safeguarding, relevant practitioners including health visitors (it is important that health visitors are involved in the planning for safeguarding the unborn child and mother at the outset).

All agencies should be involved in the development of a safeguarding risk assessment where undertaken. Any risk assessments should be completed as early as possible and before the expected delivery date (see **Appendix 1: LLR LSCB Pre-Birth Pathway Flowchart**). Assessment, support and decision making should as early as possible and ensure that the assessment informs planning for the safety of the unborn child, and also gives the parents the opportunity to understand what need to change and gain support to increase the safety of the baby, (see **Appendix 1: LLR LSCB Pre-Birth Pathway Flowchart** for timescale).

See your agency's local assessment procedure: **Leicester; Leicestershire; Rutland**.

When a pregnancy is revealed the key question is "why has this pregnancy been denied or concealed"? The circumstances in each case need to be explored fully with the expectant mother and appropriate support and guidance given to her. Where possible a pre-birth Assessment should be undertaken led by Children's Social Care and if necessary **Initial Child Protection Conferences Procedure, Pre-Birth Conferences** convened to manage any concerns for the safety of the unborn child. For further information on concealed and denial of pregnancy see the **Concealment and Denial of Pregnancy Procedure**. For information on children and families who go missing see the **Children and Families Who Go Missing Procedure**.

In relation to parents' rejection to medical advice, Children's Social Care Services should be consulted where parents appear to be refusing intervention to reduce the risk of vertical

transmission. Such refusal may be due to a number of reasons, for example cultural beliefs, concerns about bonding, or in order to maintain confidentiality about HIV status. The referral should be actioned as soon as concerns become evident due to the fact that appropriate interventions are time-limited.

6. Pre-Birth Conference

A Pre-Birth Conference is an Initial Child Protection Conference (see **Initial Child Protection Conference Procedure**) concerning an unborn child. Such a conference has the same status and purpose and must be conducted in a comparable manner to an Initial Child Protection Conference.

Pre-Birth Conferences should be convened following Section 47 Enquiries, where there is evidence that the child is suffering or is likely to suffer significant harm and where there is a need to consider if a **Child Protection Plan** is required.

This decision will usually follow from a pre-birth Assessment and a conference should be held where:

- A pre-birth assessment gives rise to concerns that an unborn child may be suffering or likely to suffer **Significant Harm**, e.g. there needs to be an assessed risk of parental engagement and the impact on the unborn child from parental mental health, learning difficulties, substance misuse and domestic abuse;
- A previous child has died or been removed from parent/s as a result of Significant Harm;
- A child is to be born into a family or household which already have children who are the subject of a Child Protection Plan;
- A person known to pose a risk to children resides in the household or is known to be a regular visitor;
- A mother under sixteen about whom there are concerns regarding her ability to care for herself and/or to care for the child.

All agencies involved with the expectant mother should consider the need for an early referral to the local Children's Social Care Services team so that assessments are undertaken and family support services provided as early as possible in the pregnancy. If the expectant mother is a **Looked After Child** and is placed out of authority, the pre-birth assessment and Child Protection Conference procedures for the unborn child should be conducted as per **Children Moving Across Boundaries Procedure, Inter-Area Arrangements**.

7. Timing of Pre-Birth Conferences

Also see: **Appendix 1: LLR LSCB Pre-Birth Pathway Flowchart**.

The initial Pre-Birth Conference should take place as early as possible, by 26 weeks of gestation, to allow as much time as possible for planning support for the baby and family. If there is any late identification of risk in relation to the unborn, then the pathway to conference should be expedited and be compliant as much as possible with the pathway/flowchart.

If legal advice is required this should be initiated as early as possible in the planning process to ensure that the parents have the opportunity to reduce risk.

The Public Law Outline sets out streamlined case management procedures for dealing with public law children's cases. The aim is to identify and focus on the key issues for the child, with the aim of making the best decisions for the child within the timetable set by the Court, and avoiding the need for unnecessary evidence or hearings. This should be considered as part of the Child Protection Conference.

Clear plans need to be in place for the birth of the baby and immediate safeguarding prior to 32 weeks of pregnancy wherever possible.

8. An Unborn Child with a Child Protection Plan

If a decision is made that the unborn child should be made subject to a Child Protection Plan, the main cause for concern must determine the Category of **Significant Harm** and the Child Protection Plan must be outlined to commence prior to the birth of the baby.

The multi-agency **Core Group** to take place within 10 working days after the ICPC and within 28 days of the review conference.

If a decision is made for an unborn child to have a Child Protection Plan, the child's name (or 'baby', if not known) and expected date of delivery should be sent to the list (of children with a Child Protection Plan) administrator (Children Subject to a Child Protection Plan) pending the birth. The Lead Social Worker must then ensure that the name and correct birth date is notified to the list administrator following the birth.

If the child is resident outside of the area at birth, the local authority in whose area the child is resident must be advised that the child is in their area and is the subject of a Child Protection Plan.

A Pre-Birth Professionals (Safety) Planning Meeting for the hospital admission no later than 32 weeks (as soon as possible if it is a late referral and labour is imminent prior to the Estimated Date of Delivery (EDD)). A Plan should be agreed and notified to all professionals

in writing. This plan should include arrangements for labour, time at hospital, recording observation of the parents, safe discharge plan and other risk factors to be managed.

The following is a guide for areas to consider that practitioner should consider when creating a safety plan:

- Proposed discharge arrangements;
- Contact while in hospital;
- Supervision required in hospital and who will carry this out;
- Envisaged timescales for hospital stay;
- Observations required and recording;
- Risk factors and actions to take to limit these;
- Actions to take should the safety plan require updating/ changing or it is not adhered to.

9. Frequency

Where an unborn child has been identified as requiring a Child Protection Plan at a Pre-Birth Conference, the first Review Conference should be scheduled to take place within 6 weeks of the child's birth or within 3 months of the Pre-Birth Conference whichever is the sooner.

An early Review Conference should be considered in the following circumstances:

- Where there is a further incident or allegation of Significant Harm to a child with a Child Protection Plan;
- If the **Child Protection Plan** is failing to protect the child or if there are significant difficulties in carrying out the Plan;
- Where there is a significant change in the circumstances of the child or family not anticipated at the previous conference and with implications for the safety of the child;
- Where the previous Conference was inquorate.

10. Further Information

Information Sharing: Guidance for practitioners

The National Service Framework for Children Young People and Maternity Services (DoH, 2004)

NICE guidelines [CG192] Antenatal and postnatal mental health: clinical management and service guidance

NICE Guidelines [CG37] - Postnatal Care up to 8 weeks After Birth

Working Together to Safeguard Children