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## **Section 4C**

### **Staffordshire Safeguarding Children Board**

### **Responding to Concerns about Unborn Children**

## Potential Risk

### Potential Risk to an Unborn Child

Working Together 2013<sup>1</sup> 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 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 concerns regarding unborn children will be dealt with. First Response and Local Support Teams 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<sup>2</sup> for Specialist Safeguarding Service has not been met. The Early Help Assessment and team around the child should be utilised where appropriate in accordance with the Continuum of Need Framework.

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.

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 Local Support Team should be considered so that assessments are undertaken and family support services are provided as early as possible in the pregnancy. Cases will then be stepped up by the Local Support Team to children's social care as appropriate to ensure that timely safeguarding action takes place.

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<sup>1</sup> Working Together 2013, Chapter 1: Assessing need and providing help pg 20 p35

<sup>2</sup> For further support with understanding thresholds please refer to the Staffordshire Safeguarding Children Board website [www.staffsscb.org.uk/procedures](http://www.staffsscb.org.uk/procedures)

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, First Response Service from the 12<sup>th</sup> week of pregnancy.

Should practitioners, adults' and children's be at all unsure as to whether they should make a referral, 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 children's social care First Response Service 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.

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.

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 should be paramount.

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 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 Residence Orders made to other family members).
- parents who have offended against children or otherwise are demonstrably a 'risk to children.'

- domestic abuse.
- 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 within childhood 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.
- 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**

Staffordshire children's social care, First Response Service 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 to be made to: Staffordshire Children's Social Care First Response Service.  
Tel: 0800 1313 126**

All telephone referrals to Staffordshire children's social care, First Response Service should be followed up in writing within 48 hours using the [Multi Agency Referral Form](#) which can be found on the Staffordshire Safeguarding Children Board website under Section 3 of the Policies and Procedures page: Managing Individual Cases.

On receipt of a referral where there are potential safeguarding concerns, Staffordshire Children's Social Care, First Response Service will make a decision within 24 hours as to how the case will proceed.

### **Referral Received During the First 12 Weeks of Pregnancy**

Local Support Teams will accept referrals in respect of unborn children 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.

Specialist Safeguarding Teams will not accept any referrals in relation to unborn children prior to 12 weeks of pregnancy.

The Local Support Team will implement the Early Antenatal Help Pathway. This will include the completion of a 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 Local Support Team will automatically step up the case to the Local Specialist Safeguarding Unit (SSU) 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 within the Local Support Teams will be tracked and monitored through 'in reach' working across the Local Support Team and Specialist Safeguarding Unit 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 the LST coordinator, following discussion with the SSU Team Manager, will be responsible for initiating the step up of the case to the SSU as appropriate between 12-20 weeks of pregnancy so that pre birth assessments can commence. Even where cases have stepped up to the SSU, LST 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 upon arrival no step up will take place and the case will remain the responsibility of the Local Support Team.

### **Referrals Received post 12 weeks of pregnancy**

All referrals received by the First Response Team beyond 12 weeks of pregnancy or those 'stepped up' from the LST, where there is a risk that the unborn child's safety and welfare may be compromised upon arrival, will be forwarded immediately to the local Specialist Safeguarding Unit. Depending on the level of risk the child social work assessment will either commence immediately or following a brief period of intervention and implementation of the antenatal pathway by the LST. Intervention by the Specialist Safeguarding Unit will commence at between 12 and 20 weeks of pregnancy. 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. The unborn child social work 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.

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.

On completion of the pre-birth assessment one of the following options can be applied:

- no further action;
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- step down to LST following a period of handover
- request targeted services via the local children's centre;
- 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

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From 22 weeks of pregnancy the case may be presented to Legal Gateway Meeting to allow for effective pre birth planning, pre court proceedings. 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 28 weeks gestation onwards a decision could 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 babies birth.

## **Assessment of Parents**

Where vulnerable young people 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 invoked. 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.

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.

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 Staffordshire's children's social care service.

Within Staffordshire Safeguarding Procedures, parents do not normally attend strategy meetings. However, given that a strategy meeting about an unborn child is unlikely to involve a criminal offence against a child, it may be reasonable for parents who are fully cooperative with professionals to attend part or all of such meetings. Where parents are hostile and/or uncooperative the normal procedure for strategy meetings for professionals only should apply. Professional agreement should be reached regarding potential parental attendance in advance of the meeting.

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 agreed.

It may be clear at this point that an initial child protection conference will be necessary, in which case a telephone strategy discussion with relevant agencies should confirm this at around 28 weeks pregnancy.

If the referral is received after 30 weeks pregnancy, there may be insufficient time for a multi-agency strategy meeting. The strategy discussion will make the decision to proceed to an initial child protection conference. Each strategy meeting or discussion should be formally recorded.

Once the final decision is made to convene an initial child protection conference at around 28 weeks pregnancy or as soon as possible thereafter there are 15 working days in which to complete the assessment and convene an initial child protection conference.

## **The Role of the 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.

Social workers 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. Working Together 2013 states that 'the

involvement of relevant professionals from any health services the child or family members are receiving as a minimum should be involved.<sup>3</sup>

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.

### **Time of Conference**

The pre-birth initial child protection conference must be held between 30 and 32 weeks gestation or as soon as possible thereafter. This is to allow as much time as possible for planning support for the family.

### **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, the maternity service at the hospital where the baby will be delivered and health visitor. 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. 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).

If attendance is not possible, they should ensure that another professional from their agency takes the relevant information or that the information is presented to the Chair of the conference in report form. The conference may not be viable if relevant professionals are not present.

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 key worker must update the ICS system with the child's name and date of birth as soon as they are notified.

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.

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<sup>3</sup> Working Together 2013, Chapter 1 Assessing need and providing help, pg 33.

## **Child Protection Plans**

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

- antenatal plans
- 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
- discharge arrangements; in particular if the child is to be removed – how this will be done and a plan shared with the hospital
- clear recommendations in relation to any legal advice/action to be taken.

The core group must be established and meet within 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 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 seek legal advice. If children's social care cannot, or decide not to, take action to stop the child being discharged home with the parent(s) a core group meeting must be held within five working days of this decision and a review child protection conference held within 2-3 weeks.

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.

## **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
- 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
- Vulnerable Children and Corporate Parenting Division should give consideration to circulating the woman's details and the concerns about the unborn baby to other local authorities and hospitals if all other avenues have proved unsuccessful. This should be regarded as a last resort.

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).**

- The progress of plans made at the strategy meeting should be reviewed regularly and the frequency of which should also be agreed at the meeting.

The 'Children Who Go Missing From Care or From Home and Vulnerable Missing Families' states that plans should be reviewed monthly. This may be appropriate during the earlier stages of pregnancy, however as the estimated date of delivery draws nearer, or if there is believed to be a likelihood that baby will be premature, the members of the strategy meeting may need to plan to reconvene more frequently.

## Surrogacy

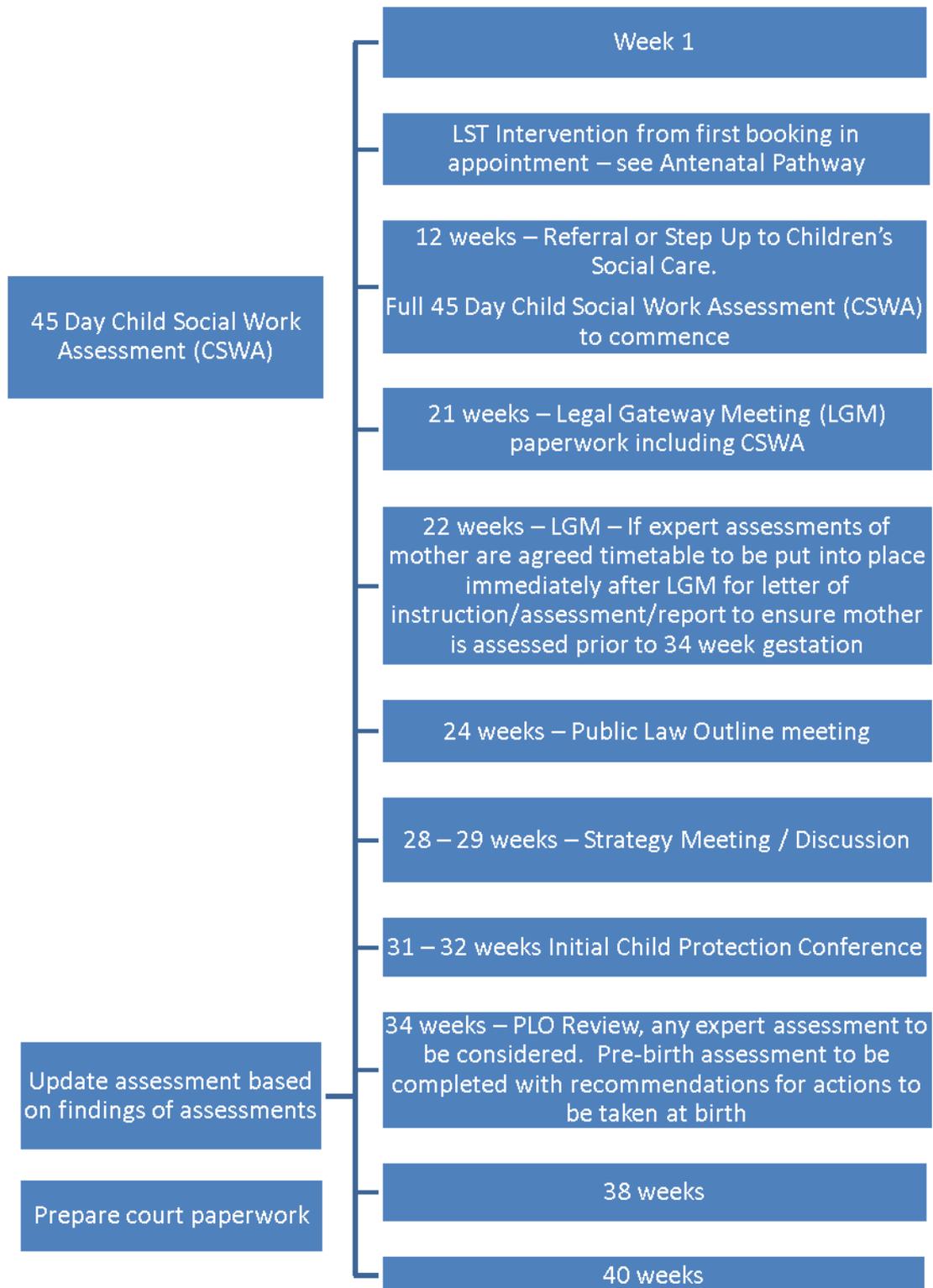
The Human Fertilisation and Embryology Act (1990) says that no surrogacy arrangement is enforceable by law. The position remains that a local authority needs to make enquiries when it knows that a baby has been or is about to be born as a result of surrogacy so as to be satisfied that the baby is not, or will not be, at risk as a result of the arrangement. However, local authorities can be assured that when the treatment has been undertaken by a licensed clinic, it will have been undertaken in accordance with the Code of Practice published under Section 25 of the 1990 Act and with regard to Section 13(5) which requires account to be taken of the welfare of any child who may be born as a result of the treatment.

Arrangements may also have been undertaken on an informal basis without referral to a licensed clinic. Where the circumstances of the birth or subsequent arrangements for the baby are not clear, hospital or social work staff may be alerted. Under the Children Act 1989, an emergency protection

order will not be available unless Section 44(1)(a) is satisfied. In other situations where the local authority has been unable to satisfy itself that the child is not at risk, the local authority responsibility for checking the wellbeing of the child arise where no licensed treatment centre has been involved. (Local Authority Circular LAC (94)25)

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



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

