Stoke-on-Trent and Staffordshire Safeguarding Children Board

Responding to Concerns about Unborn Children

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1 Potential Risk to an Unborn Child

Working Together 2018[1] 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 (ICPC) and possible public law outline (PLO) are listed in Section 5 of this policy.

2 Purpose for Pre-birth Referral

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. All agencies involved with pregnant women should consider the need for an early referral to Children and Family Services, Children's Social Care (CSC) so that assessments are undertaken, and family support services provided as early as possible in the pregnancy. It is important that pregnant women receive timely support from the correct service. All agencies must work together with partners to share information and offer a plan of support.

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.

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 Team as soon as the concerns are identified.

Should practitioners 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 professional for child protection.

Working Together to Safeguard Children (2018), Chapter 1: Assessing need and providing help pg25

Delay must be avoided when making referrals to;

- avoid initial approaches to parents in the later 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 baby's protection.

Concerns should be shared with prospective parent/s and any need to refer to Children's Social Care services 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. If it is believed that an unborn baby may be at risk of significant harm Section 47 procedures can be triggered which allows for action without consent of the mother.

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).

3 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 Child Arrangement Orders (formally known as Residence Orders) made to other family members.
- parents where contact with previous children is prohibited or supervised through a court order.
- parents who have offended against children or otherwise are demonstrably a 'risk to children'
- domestic abuse – all forms
- substance misusers including those not engaging with treatment or 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 multiple births i.e. twins/triplets

- 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.

4 Pre-birth Referral

Children’s Social Care require 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 your local Children’s Social Care First Response.

All telephone referrals to Children’s Social Care should be followed up in writing within 48

hours by completing a Multi-Agency Referral Form (MARF) which can be found on the Boards websites.

5 Referral Received During 6 to 13 Weeks of Pregnancy

Children's Social Care will accept referrals in respect of an unborn child as early as the first booking appointment where parents and unborn child meet criteria for a service based on the Boards Threshold of Need document.

The First Response Team will make a decision about what services and / or assessment is required. This may include involvement of Early Help services or involvement of Children's Social Care for pre- birth assessment under section 17/47 Children Act 1989 where it is already known that high risk factors exist; which may include:

- Where the parent is a care leaver and there are significant concerns about the future care given to the baby.
- Where there has been previous unexplained death of a child whilst in the care of either parent
- Where a parent or other adult in the household is a person identified as posing a risk, or potential risk to children
- Where children in the household are currently subject to a child protection plan
- Where siblings have been previously removed from the household by virtue of a court order
- Where there are already known issues of parental substance misuse which are likely to impact on the unborn/ newborn baby's safety and development.
- Where there are already known issues of Domestic Abuse or Parental Mental Ill Health which are likely to impact on the unborn/ newborn baby's safety and development.
- Where there are concerns about the parent's ability to meet their own needs and thus care for a child. (This may include unsupported, young parents, those with learning disabilities, Parents under 16, and parents who are or were a child Looked After by a Local Authority.)
- Where there are maternal risk factors, such as denial of pregnancy and/or non-compliance with treatment.
- Where there are significant risks as a result of Child Sexual or Criminal Exploitation

6 Referrals Received Post Week 13 of Pregnancy

If the criteria are met in line with the Threshold Levels of Need, follow the process as above if not already commenced. The Pre-Birth assessment / analysis and planning

process should be completed with the parents within 40 days. It is critical to use this time to assess the capacity of the prospective parents and their extended families to meet the needs of the unborn baby, both now and once it is born.

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

- No further action
- Step down to Early Intervention Service
- Refer to another service / agency
- Undertake a specialist assessment i.e. parenting assessment
- Provide Child in Need services
- Where there are significant safeguarding concerns, initiate child protection procedures

If Child Protection issues are identified, a Child Protection strategy meeting should be convened with the professional network, which must include health and police to agree on further investigation if required. A decision will be made to convene an initial child protection conference in order to manage the child protection risk if the significant harm threshold is met.

Through whichever route the referral has progressed, the aim should be to hold a strategy meeting with all relevant professionals involved to coordinate multi- agency support at 22 weeks gestation.

7 Initiation of Safeguarding Procedures from week 22 of pregnancy

Children's Social Care need to consider if the child protection plan is likely to be successful and the risk to the unborn significantly reduced.

The Child Protection Plan should specifically include the following details;

- antenatal plans
- admission to hospital and discharge plans
- any visiting arrangements for professionals and family in hospital, both in delivery and maternity wards, and once discharged home
- contact arrangements
- discharge arrangements, particularly if the child is to be discharged to care of the Local Authority and foster carers – this plan is to be formulated in conjunction with Maternity Services

If it is assessed that the risk of significant harm to the unborn/new born baby is likely to continue or increase in spite of intervention and support of family and the professional

network, a decision needs to be made to escalate the case to Legal Gateway Meeting (LGM) to decide if the only way to secure the safety and welfare of the child once born is to initiate care proceedings.

Local Authority Head of Service/Safeguarding Strategic Manager can decide to commence Pre-Proceedings Process (Public Law Outline). This gives parents and carers a 'last chance' to engage with Children's Social Care and make demonstrable changes which would mean the Local Authority would not need to issue care proceedings at the birth of the child.

During this stage Children's Social and other agencies including Health are expected to offer services to enable parents to make the necessary changes. This phase can last for up to 12 weeks and can be extended until the birth of the child.

This entitles the parents to seek free legal advice and support and runs in parallel to any Child Protection Process. All specialist assessments that include psychological, cognitive and capacity assessments need to be completed 6 weeks prior to the expected birth of the baby.

8 From 32 – 34 weeks of Pregnancy

Children's Social Care reviews the progress of the multi-agency intervention through the Child Protection planning process and progress through the Pre-Proceedings Phase of the Public Law Outline via presentation to the Legal Gateway Meeting.

The Head of Service / Strategic Manager will make a decision to issue a 'Letter of Intention' to issue care proceedings will be informed by the progress of the Child Protection Plan and parent (s) engagement during the Public Law Outline process. Should the evidence suggest the child once born will continue to suffer significant harm or is likely to suffer significant harm in the future the letter of intention should be shared with the parents and their solicitors during the final Public Law Outline meeting prior to birth.

If the plan is to remove the child at birth a multi-agency pre-birth planning meeting needs to be convened to develop this plan by the end of week 34.

Birth safety plan. The purpose of the plan is to ensure the baby's protection and welfare, at and immediately after birth so that all members of the social work and hospital team are aware of the plans and actions expected. The plan should set out a range of contingency's following the birth of the child and should include detail about contact with family whilst the child remains in hospital and plans for removal in to Local Authority care, which may involve Police using their powers of Police Protection or the Local Authority applying for Emergency Protection Order/short notice Interim Care Order.

The plan should address:

- Practical arrangements for mother and baby-including post-natal ward monitoring
- Plans for out of hours/emergency birth
- How long the baby will stay in hospital
- How long the hospital will keep the mother on the ward

- The arrangements for the immediate protection of the baby if it is considered that there are serious risks posed
- The risk of potential abduction of the baby from the hospital particularly where the plan is to remove the baby at birth
- The plan for contact between mother, father, extended family and the baby whilst in hospital. Consideration to be given to the supervision of contact and whether contact supervisors need to be arranged
- Consideration of any risks to the baby in relation to breastfeeding
- Consideration of plans if baby is abandoned following birth
- Arrangements for legal proceedings/removal
- To plan for the baby upon discharge, where alternative care has been agreed, e.g. discharge to extended family members; mother and baby foster placement; foster care, supported accommodation;
- Contingency plans should also be in place in the event of a sudden change in circumstances.

If significant improvements have been made and sustained and it is believed that the risks to the child have reduced enough for the Local Authority to no longer need to make an application to remove the child at birth, a pre-birth plan can still be developed by week 35 which means the child can remain with their family post birth. A meeting should be held with the parents and their solicitor to end Pre-Proceedings formally once a Pre-birth planning meeting has been convened and a Birth plan put in place. The Child Protection Planning Process will still continue.

9 From 34 Weeks of Pregnancy

Where court proceedings are planned a social work assessment template (SWET) and care plan needs to be provided to the allocated/senior solicitor so an application and threshold document can be drafted. All other supporting documents / evidence should also be provided in readiness for issuing and redacted as necessary.

10 Action Following Birth of Baby

The hospital midwife must inform the allocated social worker of the birth of the baby and there must be close communication between all agencies around the time of labour and birth, with the allocated Social Worker informing the allocated/duty solicitor where legal action is planned. The Local Authority Emergency Duty Team will be notified outside of core business hours.
All babies where legal proceedings are planned at birth will be kept in hospital for 2 working days to allow the application to be issued and the matter listed for a hearing. (Working days are Monday - Friday not including bank holidays)

In cases where there are immediate safeguarding concerns then emergency protection measures will be implemented including applications for Emergency Protection Order (EPO) or the involvement of the Police.

Babies who have been exposed to possible drug or alcohol use in-utero will be

monitored in line with hospital neonatal guidelines.

Within 3 working hours of the social worker being notified on the birth they will provide the solicitor an approved and signed social work assessment template (SWET) and Care Plan.

Court Application
Following notification of the birth the legal team will inform the court and Children and Family Court Advisory and Support Service (CAFCASS) that an application will be issued within the next 3 hours. The court will be advised of the parties' positions and whether there are any immediate matters for consideration e.g. interpreters.

Upon receipt of the signed social work assessment template (SWET) and Care Plan the legal team will issue the application to Court and request a hearing within 48hours. The Court should list within this timeframe.

11 Late / Unknown Presentations / Risk of Premature Birth

These cases will be managed on an individual basis between hospital and Social Work staff subject to the needs of the child and the identified risks. The timeframes for the completion of each part of this guidance set out above will need to be condensed and a decision may be made to issue the 'letter of intention' to commence care proceedings without initiating pre proceedings.

12 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
- Children's Social Care 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 from Children's Social Care 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 within maternity unit.

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.

13 Surrogacy

The Human Fertilisation and Embryology Act (1990) say that no surrogacy arrangement is enforceable by law. The position remains that a Local Authority needs to make enquiries relating to both surrogate and commissioning parents, when it is known that a baby has been or is about to be born as a result of surrogacy and the treatment has not been undertaken by a licensed clinic.

Local Authorities need to 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 to include both surrogate and commissioning parents.

Arrangements may also have been undertaken on an informal basis and without referral to a licensed clinic for treatment. Where the circumstances of the birth, access to treatment or subsequent arrangements for the baby are not clear, maternity services or Children's Social Care will be alerted and a referral to the appropriate Local Authority initiated; this includes the Local Authority of the commissioning parents and assessments completed.

Appendix 1

Local Safeguarding Birth Plan and Discharge Template

This form is to be completed for all unborn babies who are;

- Subject to a child protection plan
- Subject to a pre-birth assessment (Children's Social Care)
- Subject to pre-proceedings processes (Children's Social Care)

1. Summary of safeguarding plan	
Unborn baby (state family name)	Care First Reference
Expected Due Date	Ethnicity
Delete as applicable: • Baby to remain with mother but there are safeguarding concerns • Baby to be separated from mother following birth • Baby to be separated from mother following discharge	

2. Family Information	
Mothers name	Date of birth
Home address	
Putative Father's name	Date of birth
Home address	
Will the putative Father have parental responsibility (i.e. married to Mother or likely to be named on birth certificate)	Yes/No
Are there any barriers to communication e.g. language understanding	

Are there any specific observation, assessment or support needs for the mother during birth or the post-natal period?
Are there any other children that need considering within this plan? (please detail names, ages, and nature of concern/consideration)
Agreed birthing partner's name and status
Person(s) who are to be excluded from the maternity unit and reasons why
Names(s) and status of any person(s) who may have access to the maternity unit but whose conduct and behaviour may pose difficulties. State why:
NB: Any difficult or disruptive behaviour within the hospital will automatically involve the hospital's security and police and those persons will be removed as per hospital policy.

3. Health and social care professionals	
Name of Hospital and birthing unit	
Named Midwife Team Contact details	
Named Health Visitor Contact	
GP/Practice Contact	
Named Social Worker Team Contact details	
Team Manager	
Emergency Duty Services contact	
Child Protection Plan	Yes/No
Category (tick as applicable) Physical ☐ Sexual ☐ Neglect ☐ Emotional ☐	
Date of Child Protection Plan	
Pre-birth assessment completed?	Yes/No
Recommendations of completed pre-birth assessment	
Public Law Outline meeting?	Yes/No and date
Outcome of Public Law Outline meeting	

Professionals to be notified – including EDS if required	
On admission to hospital NAME	CONTACT DETAILS
Following birth NAME	CONTACT DETAILS

4. Contact following birth within Hospital	
For Mother	
Is supervised contact required?	Yes/No
Date of discussion with Named Midwife for Safeguarding	
Outcome of discussion. If contact is to be supervised, please detail the: • level of supervision required • who will supervise? • reason why contact is to be supervised	
For putative Father	
Is supervision required?	Yes/No
Date of discussion with Named Midwife for Safeguarding	
Outcome of discussion. If contact is to be supervised, please detail the: • level of supervision required • who will supervise? • reason why contact is to be supervised	
Contact for any other person (detail names and relationship)	
Is supervision required?	Yes/No
Date of discussion with Named Midwife for Safeguarding	
Outcome of discussion. If contact is to be supervised please detail the: • level of supervision required • who will supervise? • reason why contact is to be supervised	

5. The Safeguarding Plan	
Is the child to be separated from the mother following birth?	Yes/No
If yes	
On delivery suite following birth and transferred to a designated place of safety	Yes/No
On discharge from post-natal ward	Yes/No
Are there any concerns about the mother's capacity to consent to the plan? E.g. mental health issues, learning disability, due to mother's young age?	Yes (detail)/No
Is the plan agreed by the mother?	Yes/No
Is the plan agreed by the Father?	Yes/No
Evidence of and date of Agreement NB: Consent can be withdrawn at any time by any person with parental responsibility	
Where the plan is not agreed, or consent is withdrawn detail the contingency plan to safeguard the child upon birth. Please include the names of professionals who will be enacting the contingency plan.	
State how lawful authority for the plan will be obtained:	
Police Powers of Protection	Yes/No
Emergency Protection Order	Yes/No
Interim Care Order application	Yes/No
6. DISCHARGE PLANNING	
Is a Discharge Planning Meeting required?	Yes/No

Detail the date of the meeting and who will participate:	
Arrangements for discharge	
Is the baby to be discharged from hospital to an alternative carer?	Yes/No
If yes:	

To foster carer?	Yes/No
Is the foster carers address to remain confidential?	Yes/No
Address of Foster Carer (if confidential please ensure this is not shared with parents/carers)	
Discharge to other carers? Please state:	Yes/No
Name	
Relationship to child	
Address	
If baby and/or mother are being discharged to another area have maternity services been informed? If not, when will this happen?	Yes/No
Where mother and baby are to be discharged to home address, detail any action and support required, including who is to provides these and the timescales for doing so.	
Any other issues to be noted	

6. Distribution of notes	
Date plan given to:	
Midwife	
Named midwife for safeguarding	
Health Visitor	
Others (please state)	
Date when plan shared with Mother	
Date when plan shared with putative Father	
If plan not shared with parent/s state reason why	
Date copy signed by Social Worker	