



# **PRE-BIRTH PROTOCOL**

## **POLICY AND PROCEDURE**

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# Harrow LSCB Pre-Birth Protocol

## Introduction

**Research and experience indicate that babies are extremely vulnerable to significant harm and that work carried out in the pre-natal period can assist to minimise risk and harm, and plan appropriate intervention. Although the legal status of an unborn baby is limited, the duty to safeguard remains a priority. This protocol takes guidance from, and does not supersede, the London Child Protection Procedures, Working Together 2010, Maternity Matters, the Antenatal and Post Natal NICE guidance, and the Child Health Promotion Programme.**

1. This protocol has been written to aid in the assessment of any vulnerable woman, who is pregnant, and the assessment of the putative, prospective father and/or partner, where there are safeguarding concerns or where there are specific complex issues that may require intensive support, such as the likelihood of the baby being born with specific health / learning / disability needs.
2. The circumstances where a pre-birth assessment may be necessary are not prescriptive and can be triggered by one or a number of factors. Typically the situations where a pre-birth assessment will be necessary are where some or all of the following factors are present, and would normally lead to an Initial pre birth Child Protection Conference:
  - Substance misuse;
  - Domestic Violence;
  - Where the mother and/or father are looked after or care leavers;
  - Where there have been previous children removed;
  - Parental mental ill health;
  - Learning Disability;
  - Complex physical disability/poor parental health;
  - Where older siblings are subjects of a child protection plan;
  - The conception took place before the young person's 13<sup>th</sup> birthday (this must be Section 47 Enquiries for the mother and father if also a minor);
  - The young person has not reached her 16<sup>th</sup> birthday and the father is of similar age (consideration must be given to a section 47 enquiry for the mother/father running alongside this process);
  - Where there has been evidence of previous terminations from early adolescence – with or without parents' involvement;
  - Previous concerns regarding sexual abuse in the family or of the young person making and then withdrawing similar allegations;
  - The mother or father are sex offenders;
  - Concerns that the pregnancy has been caused by abuse, (i.e. incest, sexual abuse/exploitation);
  - Lack of contact with ante-natal services or concealed pregnancy;
  - Concerns that the mother may be at risk of honour based violence;
  - Where the parent wants to place the baby for adoption at birth.

## Assessment Process

3. If all cases referred to, or currently being worked with, have one or more of the issues outlined above, at 13 weeks gestation or as soon as the pregnancy is known about if after 13 weeks

gestation, a multi-agency pre-birth planning meeting must be convened by the service working with the mother, which will follow child protection processes. Enhanced support would be planned for the mother. In cases that are new or have been closed by Children's Services this will be the MASH (Multi Agency Safeguarding Hub). For pregnancies of existing service users this process will begin with the social worker for the mother. See below.

4. The unborn baby must be opened onto the agency's appropriate electronic systems with the referral and an Initial Assessment completed prior to the meeting. At all pre-birth multi agency assessment planning meetings the following must be invited:
  - The mother
  - The father / partner
  - Maternal and Paternal Grandparents (if applicable)
  - Team Manager – Chair
  - Social Worker/Young People's Services worker
  - Midwife
  - GP
  - Proposed health visitor
  - Teenage pregnancy worker, if applicable
  - Substance misuse worker
  - Other involved professionals- i.e. Youth Offending Team, Probation, Connexions, Psychiatrist if the parent has mental health problems, Adult Services, etc.
5. The purpose of this meeting is to discuss the issues of concern and to consider what pre-birth action is required. This could be a combination of information gathering, sharing and monitoring, provision of pre-birth education programmes such as parenting support, budgeting etc. Housing for the family will also be considered as will a frank outlining of any child protection issues either currently in place or emerging. The planning meeting should also take into account any likelihood of a need for the mother to be admitted to a mental health unit before or after the birth, and care arrangements for the baby.
6. The father or partner, should also be assessed as the protective parent, if there are concerns for the mother, so that a timely parallel assessment takes place. There may be a need for wider kinship assessments for placement after birth. DNA testing can be planned, if likely to be required, as soon as possible after birth, subject to legal considerations being met.
7. It is important that all attendees are able to take part effectively in the meeting, so issues of interpretation, Braille translations, advocacy services if the parent has a learning disability, or any other methods required in order to enable participation must be considered in good time for the meeting.
8. If a child protection investigation is seen as required then see section 3 below.
9. The outcome of the meeting will be a completion of a core assessment and a review pre-birth planning meeting at 26 weeks. The second meeting will consider the assessment, progress made and whether the threshold has been reached to call a pre-birth Child Protection Conference, to continue with child in need support, plan for relinquishment for adoption at birth, or to end involvement.

## **Child Protection Enquiries<sup>1</sup>**

10. If a child protection investigation leading to a Conference is required then the second pre-birth planning meeting will be converted into a strategy meeting with an outcome of section 47 assessment. The core assessment outcomes will form the basis of the conference report preceded by a summary section 47 enquiry form.

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<sup>1</sup> See London Child Protection Procedures version 3

11. Child protection conference must take place at least 10 weeks prior to the expected delivery date (EDD), earlier if a premature birth is expected, or if notification is late, as soon as possible prior to the EDD.
12. In all cases, should a child protection investigation be considered for the unborn baby and the case of the mother is a long term case, or the mother (and father / partner) are looked after, the case of the unborn baby must be allocated to a different social worker and overseen by a different manager within the same Children's Services service.
13. Provided in Appendix 1 is a pre-birth checklist to aid in preparation for the birth of an unborn baby subject to a child protection plan. This should be placed on the mother's medical notes and on a separate file for the baby in the neo natal unit, as well as on other agency files, such as GP, health visitor, Social Worker.

## **Children in Care who become Parents**

14. Young people who are in care who become parents will need to be subject to the above processes, however a young person's legal status is not sufficient to undertake a pre-birth assessment.
15. All involved professionals will still have to evidence the vulnerability factors and risks posed by the parents towards the baby when it is born.
16. Foster carers and/or other carers must be involved in the pre-birth assessment and be provided with tasks in the action plan which aide the assessment process.
17. Where the father is also a young person in care then he must be involved and assessed as a parent alongside the mother taking into consideration his capacity to care for the baby, either as a partner or as a carer in his own right.
18. If the parents are presenting as a couple or are intending on living together or becoming married and want to provide care jointly for their baby then any placement must promote this option and care arrangements must reflect this.
19. Or if the above is not possible due to assessment evidence, (not due to financial constraints), then the foster carer/placement service must be identified in advance of the baby being born.
20. The status of the mother/father and baby must be made clear. Is the mother/father accommodated Section 20 Children Act 1989. An automatic presumption that the baby is in care is not appropriate. The mother/father must agree Section 20 status.
21. If the placement is made under Section 20 Children Act 1989 then the mother/father retain parental responsibility for the baby and as such can overrule any decisions made by the carer. It is important that a written agreement and care plan is formulated prior to the birth of the baby that has been agreed.
22. If there are child protection concerns then the matter must be subject to the Public Law Outline process that can have as a contingency a route to legal proceedings.
23. If the baby is made subject to an Interim Care Order (S31 CA 1989) then the principles pre-placement outlined above must be followed. The primary decision maker for the baby in placement is the carer and not the mother or father.
24. The care plan must stipulate issues such as monitoring requirements for the carer and must stipulate what is being monitored in a way that the parents can understand.

## **Child in Need Support**

25. If the meeting does not consider that an initial pre-birth child protection conference is required, then consideration needs to be made as to whether a child in need plan is made. If this is decided then a child in need plan will need to be made as an outcome of the child in need meeting episode.

## **Cases where Children's Services involvement is not required**

26. If the meeting decides that there are no grounds for continued involvement of children's services then the meeting will make recommendations that will form the basis of a Common Assessment Framework plan where, with parental consent, the situation can be monitored. If the parents do not want this support then their decision is final should this be judged to be a reasonable decision to have made.
27. Please see flow chart (Appendix 2).

## **Adoption by Parental Consent**

28. In some cases the parent may decide that they wish to place their baby for adoption at birth. In these cases the concurrent planning and adoption services will need to be involved at the point at which adoption is requested by the mother.
29. The assessment will need to consider the position of the mother covering the same themes as set out in section 1 above and the subsequent core assessment should reflect that these discussions have taken place.
30. In the case of minors, (under 12), a child cannot provide informed consent for placing for adoption at birth. The child's parent is also unable to provide consent on their behalf. As stated above any child who is pregnant and under 12 must be dealt with through child protection procedures.
31. If the parent is a young person over 12, then consent to placing for adoption can be given however careful consideration needs to be made as to how best to provide counselling, a simple referral to a counsellor as is the case for most adults who relinquish their babies will, in the majority of cases, not be seen as sufficient in subsequent adoption proceedings.
32. Parents of young people over 12 cannot provide consent to place the baby for adoption at birth. If there is any coercion being placed upon the young person by their parents this will need careful assessment and consideration. In some cases this may lead to accommodation or instigating child protection procedures to protect both mother and unborn baby.
33. The pre-birth core assessment will need to also cover the following areas:
  - If safe to do so, consideration of other birth family members, (these enquiries will require consent and it may not be in anyone's interest to pursue this course of action however in subsequent proceedings it is prudent to have evidence of this discussion with the birth mother.);
  - Counselling for the mother and if involved father;
  - It is important that the parents are encouraged to write and provide pictures that the baby can eventually have;
  - Identification of a birth partner, if the mother is isolated this is of particular importance;
  - If there are safeguarding concerns for the mother, then provision of housing of the mother during the later stages of her pregnancy will be essential.

34. The planning meeting at 26 weeks to consider the core assessment and pre-adoption plan and make provision for care planning to come into effect at the time of birth. This will include notifications to the hospital, updates re: foster placement and transport arrangements.
35. A life story book to be started for the baby at this point with the social worker and other appointed workers taking photos of parents, other family members if appropriate and of the local area where the parents live.
36. See separate guidance on the placement of babies for adoption with the consent of their parents.