

SLOUGH BOROUGH COUNCIL – EDUCATION AND CHILDREN'S SERVICES

MULTI-AGENCY PRE-BIRTH PROTOCOL**INTRODUCTION**

Research and experience indicate that very young babies are extremely vulnerable to abuse and that work carried out in the antenatal period to assess risk and to plan intervention will help to minimise harm. Antenatal assessment is a valuable opportunity to develop a proactive multi-agency approach to families where there is an identified risk of harm. The aim is to provide support for families, to identify and protect vulnerable children and to plan effective care programmes, recognising the long-term benefits of early intervention for the welfare of the child.

This protocol is written with the objective of having a shared understanding of what causes harm to young babies and a consistent approach to assessment in the antenatal and early postnatal stages (see Appendix A).

The protocol applies the principle of flexible thresholds both for seeking advice from other agencies/professionals and for collaborative work between agencies once it has been identified that there is a likelihood of harm. There needs to be good consistent dialogue between professionals and recognition of the strengths and expertise that individual practitioners bring to the process.

EARLY IDENTIFICATION AND ASSESSMENT

Women who are pregnant may present initially via a number of different professionals, for example GP, hospital antenatal services, community midwifery services, health visitor, or housing officer. Additionally, other health professionals or professionals from another agency may become aware of a pregnancy prior to a formal referral to the obstetric/midwifery services. It is important that all professionals are aware of assessment needs and of routes of referral in order to facilitate engagement care and intervention.

All professionals should be aware of indicators that may suggest a child could be at risk of harm either before or following birth, or that the family will require a high level of support in order to parent the child safely and to promote their welfare. It is vital that assessments are begun in the early antenatal period and the information passed appropriately to relevant professionals. Prior to referral to the Hospital Social Work Service, Child Protection and Intake Team, a consultation needs to take place between professionals already involved (i.e. midwife, GP, health visitor, etc) to ensure that planning for the baby's arrival can be comprehensive and the referral made at an appropriate time. All professionals who have contact with the parents or who provide specialist services should be aware that they may be asked to assist in the assessment and analysis of need or risk.

Any assessment in the early antenatal period should take into account family and social history as well as obstetric history and details of the parents. The assessment should include details, where possible, regarding the mother's partner and their wider family and environment. The depth of an assessment will depend on the individual circumstances surrounding the woman and her family and is a matter of professional judgement of those involved with the client.

Note: This protocol does not apply to mothers who want their baby adopted, where there are no concerns about their potential care. These women should be referred later in pregnancy.

Pregnancy in young person under the age of 18

All professionals, particularly health and education staff who have most contact with pregnant teenagers, have a responsibility to consider the welfare of both the prospective parents and the baby.

The young age of a parent should not automatically be seen as a trigger for child protection. However, all parents under the age of 18 will automatically receive a targeted health visiting service. Young people under the age of 18 can and do parent children appropriately. There are occasions when the parent (the young person) may themselves have needs which may require an assessment under children in need or child protection procedures. In this situation both expectant parents should be assessed and any ongoing issues that relate to the young person rather than the baby should be seen as part of individual but parallel planning.

Any assessment of need should address what support systems exist for the young person/couple and their families. If abuse is suspected a referral needs to be made to the Child Protection and Intake Team (Hospital Social Work Service) and the Police.

RECOMMENDED PROCEDURE

This protocol describes routine contact and two levels of concern following initial contact. The levels are defined below but at any stage during the antenatal process, information may be gathered that may indicate a need to re-define the situation as a higher or lower level of need/concern and in these circumstances appropriate action must be taken.

ROUTINE ANTENATAL CONTACT

The assessment by health professionals identifies that the family will only require core child care/health visiting/midwifery services at this stage. Services will be determined according to need.

See Appendices A, B and C

LOW LEVEL OF CONCERN:

The assessment identifies that the family will require targeted child care/health visiting/midwifery services with limited extra intervention from other agencies.

See Appendices A, B and D

Initial contact made by Midwifery Services/GP

If the initial assessment by a health professional indicates some level of concern, family should be informed of the concern and the need to refer to other professionals/agencies. The only reason for not informing the family of the concerns would be when it is felt that to do so would put the child/unborn baby at a higher level of risk (e.g. because parents may disappear out of the area). Any discussion with other professionals should include information regarding whether the family have been informed and what their response to the concerns have been. The midwife will discuss with the health visitor, GP and other professionals involved with the family as and when appropriate. However, a referral to the health visiting service should be made preferably by 24 weeks gestation. The health visitor will make contact with the family as soon as possible following 24 weeks gestation. The midwife and health visitor should work together to complete an assessment, including other professionals as appropriate. The scope of the assessment will be determined by the health visitor, midwife and other professionals involved with the family. Concerns must be monitored and evaluated and additional advice taken if necessary. At any stage professionals may wish to consult with the Hospital Social Work Service, Child Protection and Intake Team as to whether it would be appropriate to make a referral to the Department. The assessment should identify concerns and plan interventions to reduce risk to the unborn baby. The health visitor will maintain contact with both family and professionals and take a lead role in continuing the assessment and intervention. Services will be determined according to need.

Initial contact made via another professional/agency

If the pregnant woman presents to a professional who is not a midwife and/or a GP (for example a housing or probation officer) and a low level of concern is identified, the midwifery services should be contacted and the scope of further assessment agreed. Following this the process described above should be adhered to.

MEDIUM/HIGH LEVEL OF CONCERN:

Initial contact made by professionals working predominantly with adult family members

Medium/high level of concern exists when there is reason to believe that an unborn baby may be a child in need, or in need of protection, and is unlikely to achieve and maintain a reasonable standard of health and development without high level intervention from a number of different services. When initial contact is made by professionals working predominantly with adult family members (e.g. probation, police, housing officer, voluntary agency) which raises medium or high level concerns, the unborn baby will need to be referred to the Hospital Social Work Service, Child Protection and Intake Team. Professionals can consult beforehand with the Hospital Social Work Team who will offer advice.

However, the Hospital Social Work Service, Child Protection and Intake Team normally expect to see referrals in the following circumstances:

- There has been a previous unexpected death of a child whilst in the care of either parent where abuse/neglect is/was suspected*
- A Parent or other adult in the household is a person identified as presenting a risk, or potential risk, to children*
- Children in the household/family currently subject to a Child Protection Plan or previous Child Protection concerns*
- A sibling (or a child in the household of either parent) has previously been removed from the household either temporarily or by a court order*
- When there is a knowledge of potential risk factors including mental illness, domestic violence, substance misuse*
- Where there are concerns about parental ability to self care and/or to care for the child e.g .unsupported young or learning disabled mother.*
- Where there are maternal risk factors e.g. denial of pregnancy, avoidance of antenatal care (failed appointment), non compliance with necessary services, non compliance with treatment with potentially detrimental effects for the unborn baby*
- Any other concerns that exist that the baby may be at risk of significant harm.*

See Appendix A for additional significant issues. In general there tend to be higher levels of concern where multiple risk factors are present.

If the parent/s has a learning difficulty then the GP and Midwifery should make referrals to the community team for people with learning disabilities (CTPLD) for a common assessment of the pregnant women's needs and capacity for self care and to provide adequate care for the baby. This is in addition to a referral to Social Care.

In some cases relevant records identifying one or more of the above risk factors may only be available to the GP e.g. where an adult has moved frequently. The GP must therefore consider the need for an early referral of the unborn baby when any of the above factors apply to a prospective mother, father or carer.

Pre-birth referrals to Children's Services (Social Care) may have been preceded by an assessment (e.g. a CAF) by professionals working with the parents (health or other adult service providers). However, this must not delay a referral being made and this must occur wherever it is recognized that one of the above criteria should apply.

Children's Services (Social Care) should undertake an initial assessment, unless this has already been undertaken by the referrer e.g. via a common assessment (CAF).

Any professional who has identified a medium/high level of concern before 24 weeks pregnancy, should attempt to liaise with the relevant health professionals if known and ensure they are informed of all relevant information. However, if they are unaware of whom this is, then they should contact the Hospital Social Work Service, Child Protection and Intake Team who will take appropriate action and ensure health professionals are aware.

Early consultation with the Hospital Social Work Service is recommended if high risk/complex issues are identified. In these exceptional circumstances it may be

appropriate to refer to the Hospital Social Work Service, Child Protection and Intake Team at 16 to 20 weeks.

See Appendix B for further details.

Initial contact made by Health professionals who give support to families

In the early antenatal period the midwife must inform the named midwife for child protection within her area, health visitor, GP and other relevant professionals regarding the outcome of her initial assessment and the analysis of risk. Family should be informed of the concern and the need to consult/refer to other professionals/agencies. The only reason for not informing the family of the concerns would be when it is felt that to do so would put the child/unborn baby at a higher level of risk. Any discussion with other professionals should include information regarding whether the family have been informed and what their response to the concerns have been. An early consultation with the Hospital Social Work Service, Child Protection and Intake Team will be necessary in order to take advice regarding referral/intervention. Whilst all professionals should work to the principle of early referral the timing of the referral should be agreed between the Health professionals and Hospital Social Work Service to maximize information gathering and best meet the needs of the unborn child. Early consultation with the Hospital Social Work Service, Child Protection and Intake Team is recommended if high risk/complex issues are identified. In these exceptional circumstances it may be appropriate to refer to the Hospital Social Work Service at 16 to 20 weeks.

The acceptance of the referral by any professional to the Hospital Social Work Service, Child Protection and Intake Team will begin the process of completing an initial assessment. This may require a multi-agency planning meeting to plan the assessment and future short-term intervention including whether a strategy meeting/discussion and/or core assessment is necessary. Professionals involved with the family will need to make an assessment as to whether to involve/inform the family of the meeting at this stage. The initial assessment will involve information and analysis from other agencies/professionals, but may require a more in-depth analysis of risk. The assessment, whether under Section 17 or 47 of the Children Act, must be conducted in accordance with the Framework for the Assessment of Children in Need and their Families.

Multi-Agency Meetings or Strategy Meetings

Children's Services (Social Care) should convene a multi-agency meeting within 10 days of the referral to consider concerns for an unborn baby and to initiate a pre-birth core assessment and any other specialized assessment.

An up to date chronology and genogram must be provided for this meeting.

If it is suspected that the baby may be at risk of significant harm this should be in the form of a Strategy Meeting chaired by a Children's Services line manager and involve a:

- Community Midwife
- Maternity Service Manager
- GP
- Health Visitor
- Police Officer
- Hospital Social Worker

- Other profession as appropriate e.g. obstetricians, mental health services, probation
- Where required, a Legal Advisor

Legal advice should be obtained and recorded, where there have been proceedings on a child in the household of either parent.

The purpose of the Strategy Meeting should be the same of that as any other Strategy discussion and should determine:

- Cause for concern and the potential impact on the care provided to the baby
- Particular requirements of the pre-birth assessment
- Whether a S47 is to be instigated
- Role and responsibilities of the agencies and specialists in the assessment e.g. involvement of expert in substance misuse if applicable.
- Roles and responsibilities of agencies to provide support before and following the birth
- Identity of responsible social worker to ensure planning and communication of information
- Timescales for the assessments and enquiries, bearing in mind the expected date of delivery
- How and when parent/s are to be informed of the concerns
- Required action by ward staff when the baby is born
- Whether there is a need for a pre-birth conference following completion and outcome of assessments

Pre-birth Core Assessment

The aim of a pre-birth assessment is to identify and understand:

- Parental and family history, life style and support networks and their likely impact on the child's behaviour
- The causes of the concerns and their likely impact on the welfare of the baby
- Parental needs
- Strengths in the family environment
- Factors likely to change and why
- Factors that might change and why
- Factors that will not change and why

Please refer to Appendix 1 – Models of Assessment for further details.

The pre-birth core assessments will take approximately thirty five working days to complete.

The Children's Services (Social Care) responsible manager, should decide on the need for a pre-birth child protection conference on the basis of this assessment.

Child Protection Conference

If it is agreed that a child protection conference is necessary this should take place within 15 working days following the final strategy discussion, which should take place at the conclusion of the core assessment. Normally the pre-birth initial child protection conference should be held 10 -12 weeks prior to the expected delivery date but may be held earlier if appropriate e.g. risk of premature birth, concerns mother may leave the area). The aim of the child protection conference is to enable professionals with particular

expertise (even if they are not currently involved with the family), those most involved with the family, and the family itself to assess all relevant information and plan how to safeguard the child and promote his or her welfare. There must be representation from the midwifery services, health visiting and other professionals as appropriate.

Child Protection Plan

The child protection plan must particularly focus on the immediate safety of the child once it is delivered. A plan should be formulated to ensure risk to the child in either the antenatal or postnatal stage is minimised. Hospital staff and the named midwife should be involved with the development of this plan. Liaison between hospital, midwifery and community services should be agreed and a nominated member of staff from the health services should ensure that hospital midwifery staff are aware of the detail of the plan. There may be a need to consider the steps necessary to secure the immediate safety of the child, for example the use of the police or legal options, following legal advice. In the majority of cases parents will have been involved from the outset and will be aware of the level of concern. However there will be a minority of cases where it is assessed that to inform the parents of the involvement of child protection professionals or the plan to remove their child, may put the child at a higher level of risk either before or immediately following birth. Staff at the hospital where the baby is likely to be delivered should be kept informed of the plan and any assessed risk to either the baby or staff. The Emergency Duty Team should also be alerted to the child protection plan to cover situations that may arise out of office hours.

Planning Meeting for Child-in-Need

If an Initial Child Protection Conference is not held, the conclusions and recommendations of the assessment should be discussed with other agencies/professionals and the prospective parent/s, via a multi-agency meeting and a plan agreed to support the parent/s and baby.

Furthermore, staff at Wexham Park Hospital should convene a discharge meeting following the birth. A Hospital social worker (Social Care) will attend this meeting as a matter of course, regardless of whether any further intervention is envisaged from Social Care.

Planning meetings take place within the same timescales as a child protection conferences and the child in need care plan must ensure that the child and family receive the necessary support.

At any stage during the initial or core assessment if concerns increase it may be necessary to convene a child protection or a planning meeting. It is vital that professionals exchange information that is relevant to the safeguarding of the unborn baby.

DOCUMENTATION

All contacts and assessments must be documented in a way that is accessible to colleagues who may be covering for the lead worker. The detail of the assessment and the outcome in terms of the action plans must be readily available. The Hospital Social

Work Service, Child Protection and Intake Team needs to ensure its computer database holds current and complete information about the family.

Formal reports completed for a Pre-Birth Child Protection Conference may be submitted to Court and so professionals completing such reports need to ensure they are prepared in ways that support this process, in the event it is needed. Where possible, if a parent has difficulty understanding the standard report (e.g. parent with literacy problems, learning disabilities, etc) professionals should consider providing reports in alternative formats in addition to the standard format.

Process for Referrals

Referrals to Social Care should be sent to the Customer Service Officer, based at the Town Hall, Bath Road, Slough. External agencies will be required to complete a multi-agency referral form or CAF which provides basic details and information in relation to any concerns or reasons for requesting a service. The referrer will be notified in writing within 24 hours as to the outcome of the referral. Referrals can be made by phone, fax and in person.

Contact Details

Customer Service Officers:

Lyn Marshall (01753) 875591

lyn.marshall@slough.gov.uk

Jane Blakemore (01753) 690898

Jane.blakemore@slough.gov.uk

Fax. No: (01753) 690700

Alternatively the Hospital Social Workers can be contacted on (01753) 690852 or (01753) 690754.

In addition, the Hospital Social Workers will continue to attend the Neo-natal meetings at Wexham Park Hospital on Tuesday morning where individual cases can be discussed further.

Monitoring and Review

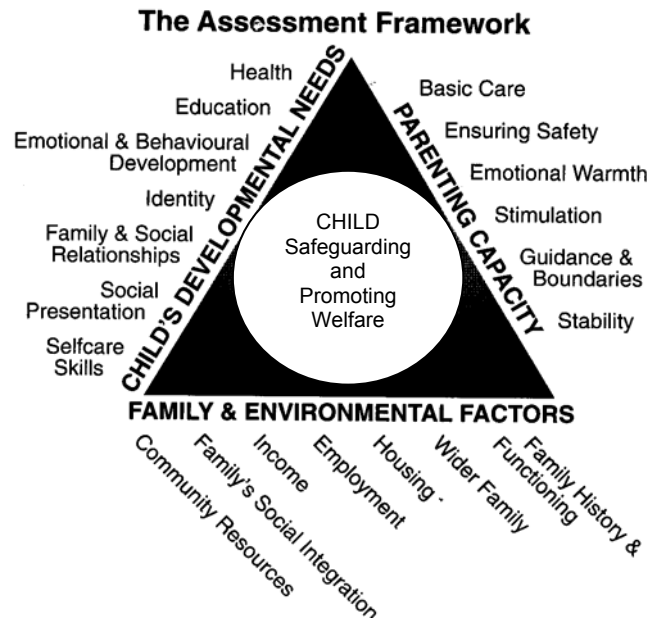
This policy will be reviewed by the Child Protection and Intake Team, Manager on a yearly basis on the date specified on page one of this policy.

Appendix A

Model for Assessment

The assessment should, as well as having components from the individual disciplines, be based upon the Assessment Framework and should include all dimensions of the three domains, including strengths and risk factors.

Antenatal assessment should include both parents and the wider family and environmental factors.



RISK FACTORS TO BE CONSIDERED WHEN UNDERTAKING A PRE-BIRTH/CORE ASSESSMENT OF RISK

Unborn Baby

- Unwanted/concealed pregnancy
- Lack of awareness of baby's needs
- Unattached to unborn baby
- Unreal expectations
- Exhibit inappropriate parenting plans
- Premature birth
- Perceptions – different/abnormal
- Inability to prioritise baby's needs
- Poor antenatal care
- No plans
- Special/extra needs
- Stressful gender issue

Parenting Capacity

- Negative childhood experiences; abuse in childhood
- denial of past abuse
- multiple carers
- Drug/alcohol misuse
- Violence/abuse of others
- Abuse/neglect of previous child(ren)
- Previous care proceedings
- Age – very young parent/immature
- Mental disorders or illness
- Learning difficulties
- Physical disabilities/ill health
- Inability to work with professionals
- Postnatal depression
- Past antenatal/postnatal neglect

Family/Household/Environmental

- Domestic violence
- Violent or deviant network
- Poor impulse control
- Unsupportive of each other
- Frequent moves of house
- No commitment to parenting
- Relationship disharmony/instability
- Multiple relationships
- Not working together
- Lack of community support
- Poor engagement with professional services

Author: K. Chalcraft
Start Date: 1st April 2009
Review Date: 1st April 20

STRENGTHS/PROTECTIVE FACTORS TO BE CONSIDERED WHEN UNDERTAKING A PRE-BIRTH ASSESSMENT OF RISK

Unborn Baby

- No special or expected needs.
- Acceptance of Difference
- Realistic expectations.
- Perception of unborn child normal
- Appropriate preparation.
- Understanding or awareness of baby's needs.
- Unborn baby's needs prioritised.

Parenting Capacity

- Positive childhood
- Recognition and change in previous violent pattern.
- Acknowledges seriousness and responsibility without deflection of blame onto others.
- Full understanding and clear explanation of the circumstances in which the abuse occurred.
- Maturity
- Willingness and demonstrated capacity and ability for change.
- Presence of another safe non-abusing parent.
- Compliance with professionals.
- Abuse of previous child accepted and addressed in treatment (past/present).
- Expresses concern and interest about the effects of the abuse on the child.

Family/Household/Environmental

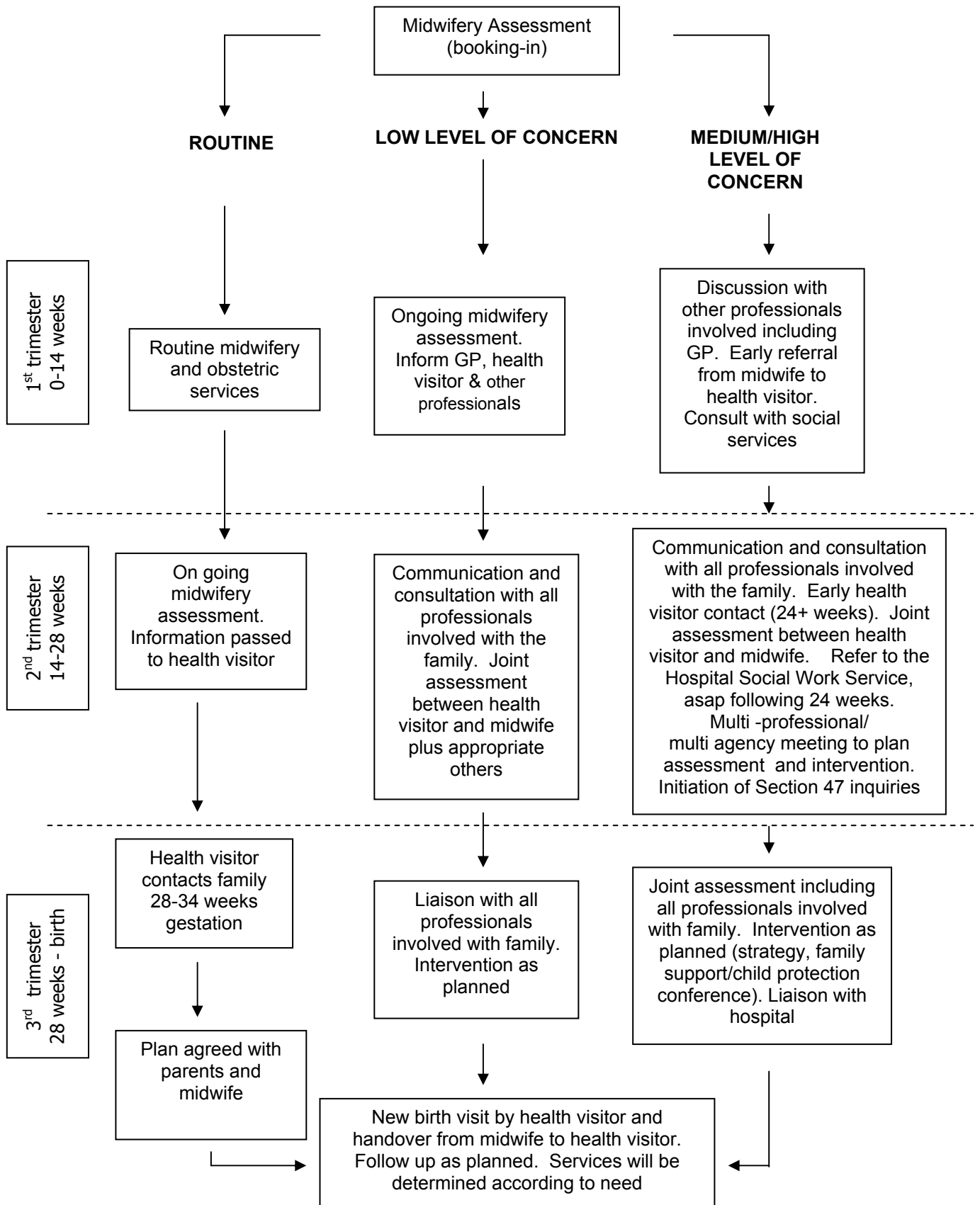
- Supportive spouse/partner.
- Supportive of each other.
- Stable, non-violent.
- Protective and supportive extended family.
- Optimistic outlook.
- Previous efforts to address problem. E.g. attendance at relate, have secured positive and significant changes (e.g. no violence, drugs etc).
- Supportive community
- Optimistic outlook by family and friends.
- Equality in relationship.
- Commitment to equality in parenting.

Non-abusive parent

- Accepts the risk posed by their partner and expresses a willingness to protect.
- Accepts the seriousness of the risk and the consequences of failing to protect.
- Willingness to resolve problems and concerns.

Appendix B

Multi-Agency Pre-Birth Protocol



Information gathered at any stage of the assessment may indicate a need to re-define as a higher or lower level of need/concern

Author: K. Chalcraft

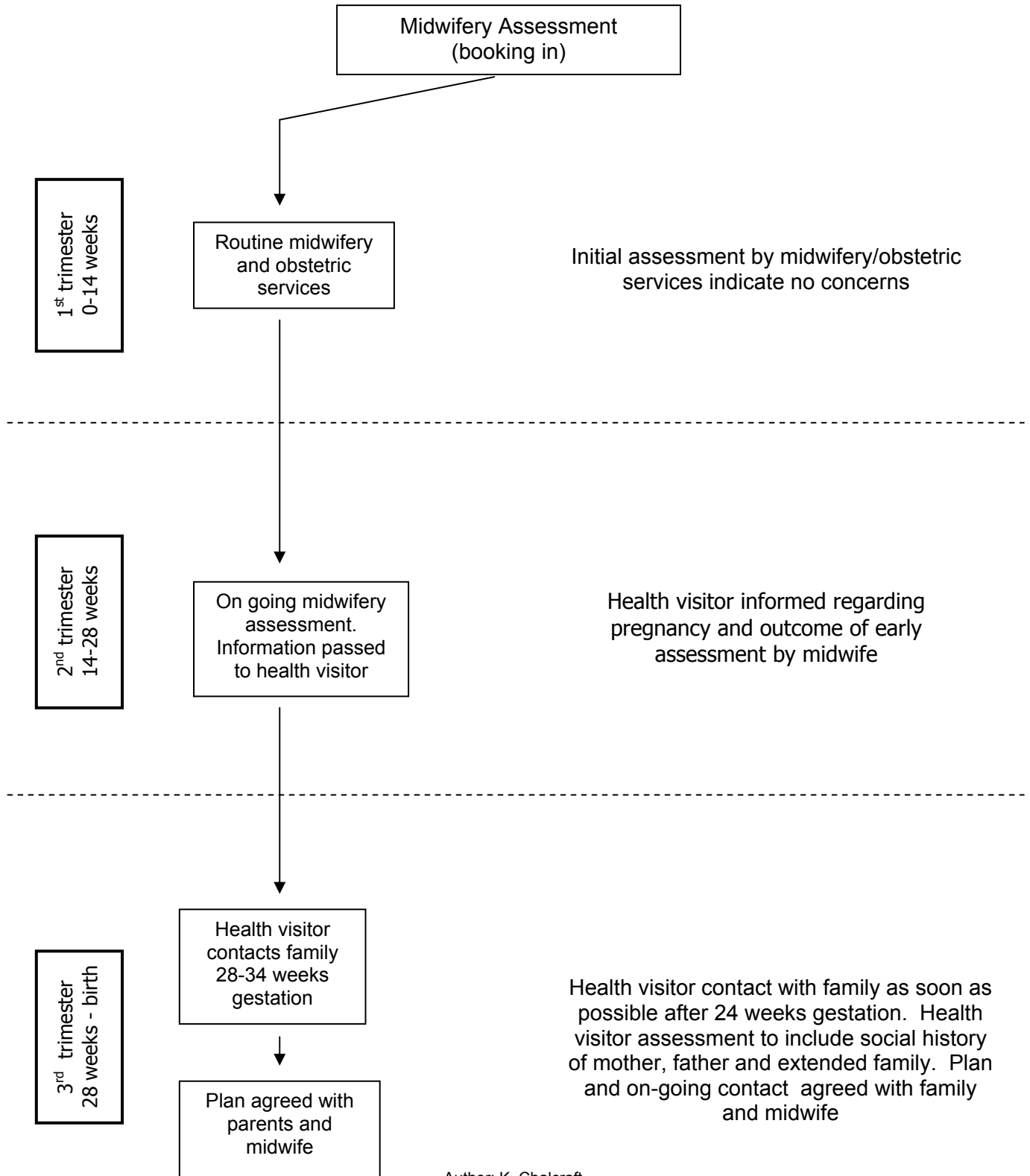
Start Date: 1st April 2009

Review Date: 1st April 2010

Appendix C

ROUTINE

The assessment identified that the family will require core child care/health visiting/midwifery services

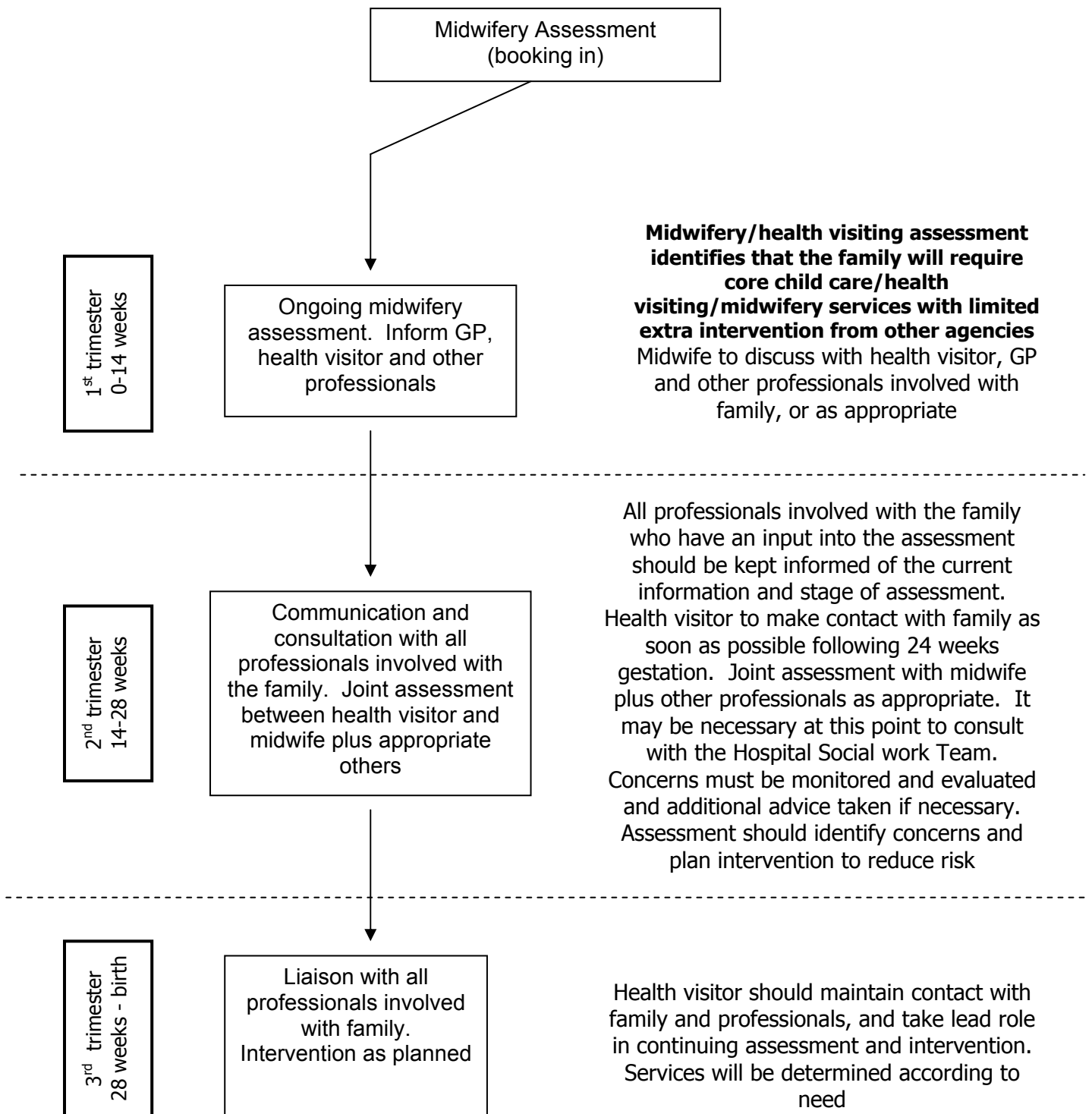


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Appendix D

LOW LEVEL OF CONCERN

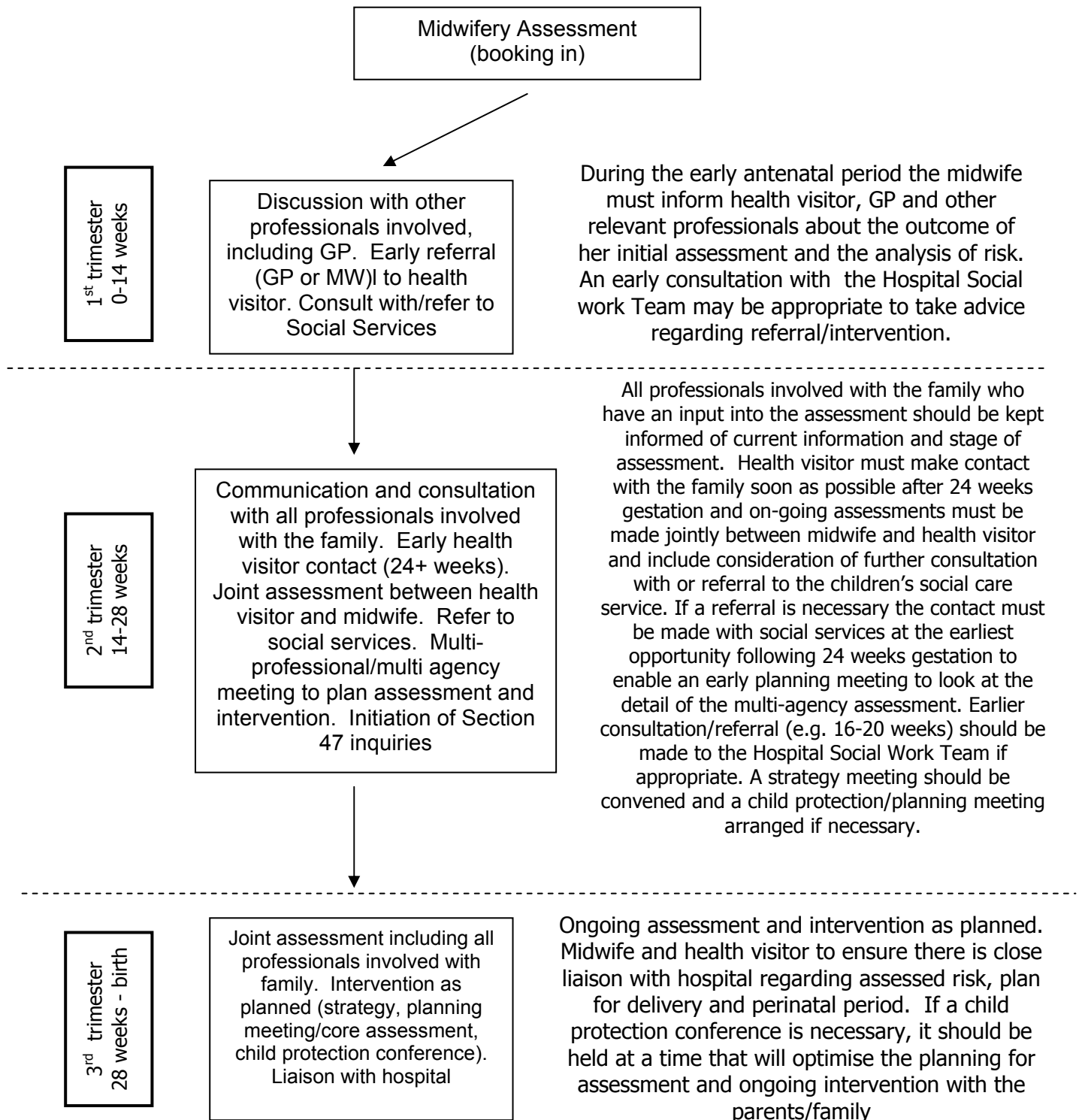
The assessment identified that the family will require core child care/health visiting/midwifery services with limited extra intervention



Appendix E

MEDIUM/HIGH LEVEL OF CONCERN

The assessment indicates that this may be a child in need, or at risk of significant harm, who is unlikely to achieve and maintain a reasonable standard of health and development without high level intervention from a number of different services. There is an indication that there is a likelihood of impairment of health and development.



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Start Date: 1st April 2009
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