

Pre-Birth Procedures

Referral

Where multi-agencies professionals or individuals anticipate that prospective parents may need services to support them caring for their baby or that the unborn child is likely to suffer, significant harm a referral to Children and Families Local Authority must be made **as soon as concerns are identified** and the pregnancy has been confirmed by Midwifery.

A referral should be made at the earliest opportunity in order to:

- Provide sufficient time to make adequate plans for the baby's protection;
- Provide sufficient time for a full and informed assessment;
- Avoid initial approaches to parents in the last stages of pregnancy, at what is already an emotionally charged time;
- Enable parents to have more time to contribute their own ideas and solutions to concerns and increase the likelihood of a positive outcome for the baby;
- Enable the early provision of support services prior to the birth.

The referrer should clarify their concerns in terms of how the parent's circumstances and/or behaviours may impact on the baby and what risks are predicted.

Concerns should be shared with prospective parent/s and they should be informed that a referral is to be made to Children and Families Local Authority, if by sharing this information it places the welfare of the unborn child at risk e.g. if there are concerns that the parent/s may move to avoid contact with investigative agencies this should be discussed with Children and Families Local Authority via MASH screening. If the referral is for Early Help support then consent should be obtained from the prospective parent/s.

A referral is made to Children and Families Local Authority MASH who will progress the referral to the correct service for a Pre-birth Assessment; Early Help, Social Care Locality or Social Care LAC Permanence (this is in circumstances where we have information that previous children are Looked After or Court Proceedings have previously been undertaken)

Pre-birth assessment

A pre-birth Single Assessment should be undertaken on all pre-birth referrals as early as possible, **preferably before 20 weeks gestation**, where:

- A parent or other adult in the household, or regular visitor, has been identified as posing a risk to children;
- A sibling in the household is subject of a child protection plan;
- A sibling has previously been removed from the household either temporarily or by court order;
- The parent is a looked after young person;
- There are significant domestic violence concerns ;
- The degree of parental substance misuse is likely to impact significantly on the baby's safety or development;

- There are significant concerns about parental ability to self-care and/or to care for the child e.g. unsupported, young or learning disabled mother;
- Any other concern exists that the baby may have suffered, or is likely to suffer, significant harm including a parent previously suspected of fabricating or inducing illness in a child or harming a child;
- A child aged under 13 is found to be pregnant.

The initial Pre-birth assessment should conclude around 20 weeks gestation and a recommendation made within the assessment whether the unborn baby is at risk or likely risk of significant harm. If the recommendation that the unborn baby is at risk of significant harm then Child Protection Procedures are to be instigated.

Pre-birth Strategy Meeting/Discussion and Section 47 enquires

If the pre-birth assessment at 20 weeks gestation indicates that the unborn baby is at risk or likely risk of significant harm then the need for a section 47 enquiry should be considered. A strategy meeting should be held as soon as possible following the assessment or if the referral is after 26 weeks gestation at receipt of the referral. The expected date of delivery will determine the urgency of the meeting.

The strategy meeting must decide:

- Whether a section 47 enquiry and further pre-birth assessment are required;
- What further areas are to be considered for assessment;
- Who needs to be involved in the process.;
- What is the current safety plan for baby;
- If legal advice is needed to be sought and whether the Local authority need to enter into the public law.

The parents should be informed as soon as possible of the concerns and the need to progress into section 47, except on the rare occasions when medical advice suggests this may be harmful to the health of the unborn baby and/or mother. The section 47 enquiry must make recommendations regarding the need, or not, for a pre-birth Child Protection Initial Conference and if legal advice is needed to be sought at this junction.

Pre-birth Child Protection Conferences

A pre-birth conference is an initial child protection conference concerning an unborn child. Pre-birth conferences should always be convened where there is a need to consider if a multi-agency child protection plan is required. This decision will follow from a section 47 enquiry and pre-birth assessment.

The Pre-Birth Initial Child Protection Conference should take place within 15 days of the strategy meeting. This should be at 24 weeks gestation or prior to 26 weeks gestation and at least 10 weeks before the due date of delivery.

A pre-birth conference should be held where:

- A pre-birth assessment gives rise to concerns that an unborn child is at risk of or likely to suffer significant harm;
- A previous child has died or been removed from parent/s as a result of significant harm;
- A child is to be born into a family or household that already has children who are subject of a child protection plan;
- An adult or child who is a risk to children resides in the household or is known to be a regular visitor.

Other risk factors to be considered include:

- The impact of parental risk factors such as mental ill health, learning disabilities, substance misuse and domestic violence;
- A mother under 18 years of age about whom there are concerns regarding her ability to self-care and/or to care for the child.

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

Pre- Proceedings Legal Outline (PLO) alongside Child Protection Planning

If the pre-birth assessment completed by 20 weeks gestation indicates that the child is a risk of significant harm which requires a legal framework around planning and may result in the potential removal of baby following birth to safeguard them a Legal Gateway Planning Meeting (LGPM) should be held at 22 weeks gestation.

Essential paperwork is to be submitted 48 hours in advance of the LGPM which should include the current pre-birth single assessment, chronology, genogram and LGPM form and where the recommendation is Pre Proceedings PLO the draft Letter before Proceedings and draft Contract of Expectations.

If threshold is met to enter into PLO a solicitor will be allocated to each case and available for consultation and will attend the initial PLO meeting. The PLO is to be a maximum of 12 weeks pre-birth.

During the PLO Process a full pre-birth parenting assessment is to be completed and written up as a standalone document. This is alongside viability assessments and any other expert assessments / testing to inform care planning.

The timescales for the Pre-Birth PLO process is highlighted in the table below. A total of 3 PLO meetings will be held.

All unborn babies who enter PLO should be presented to Initial Child Protection Case Conference to run alongside PLO.

Attendance at Child Protection Case Conference

The key agencies, including the case-holding midwife or representative involved in the birth and post-natal care of the child must attend the conference. It is important that this conference makes an informed decision around the safety plans for baby and draws up a safety plan that links to the current danger and safety statements.

In addition to those who normally attend an initial child protection conference, the following should also be present:

- Community midwife;
- General Practitioner (GP);
- Health visitor;
- Relevant support services such as a drugs or alcohol worker must be invited;
- 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.

An Unborn Child with a Child Protection Plan

The Core Group must be established with core professionals and meet 4 weekly following the ICPC. The 1st core group meeting should discuss the pre-birth plan which should include who will support mother at the hospital, any restricts round visiting, hospital observations and whether additional support is required the safeguard baby. The safety plan should be developed and updated at each core group.

A Pre-Birth Planning Meeting should be held on the hospital ward four weeks prior to the Estimated Date of Delivery (EDD). The safety plan should be confirmed and notified to all professionals in writing.

If Care Proceedings are issued to safeguard baby following birth then the application should be made to Court within 24 hours of birth. Baby may be required to stay in hospital up to 48 hours whilst the Court order is sought to safeguard baby. If baby is required to remain in hospital longer than 48 hours longer then this should be with the agreement of midwifery.

A discharge planning meeting should be held following the birth of baby and prior to mother and baby leaving hospital care, this meeting will agree the safety plan and visiting pattern of professionals upon discharge.

The first Child Protection Review Conference will be scheduled to take place within 6 weeks after the birth or within 3 months of the Pre-Birth Conference, whichever is the sooner.

Gestation Period	Pre-Birth Planning	
0-12 weeks	Referrals and self-referrals are held in MASH calendar until 12 weeks	
12 weeks	Referral to be rescreened by MASH <ul style="list-style-type: none"> Contact made with midwifery to confirm pregnancy Early Help, Social Care Locality or Social Care LAC Permanence for allocation Pre-birth single assessment to be commenced 	
16 weeks	CIN Meeting <ul style="list-style-type: none"> Gather / share information as part of the single assessment Develop safety plan Family network to be established 	
20 weeks	Pre Birth Single Assessment completed and sent to Team Manager for authorisation. This is an initial pre-birth assessment which considers previous history and current circumstances. <ul style="list-style-type: none"> Recommendation made gather / share information as part of the single assessment Develop safety plan Family network to be established 	
21 weeks	Strategy Meeting to be convened where the outcome of the pre-birth single assessment is that there is threshold for likely risk of significant harm. <ul style="list-style-type: none"> The meeting is to establish whether unborn baby is at risk or likely risk of significant harm and if a section 47 is required. The S47 should determine if the case should progress to ICPC and if legal advice should be sought with a view to entering the PLO process. 	
22 weeks	LGPM to be convened <ul style="list-style-type: none"> Threshold for PLO to be determined Pre Birth Parenting Assessment to commence. 	
24 weeks	ICPC <ul style="list-style-type: none"> A decision around Child Protection Planning to be determined Child Protection Plan to be outlined 	1st PLO meeting <ul style="list-style-type: none"> Contract of Expectation agreed and plan of intervention
26 weeks	1st Core Group <ul style="list-style-type: none"> Pre-birth plan should be developed to include who will support mother at the hospital, any restricts round visiting, hospital observations and whether additional support is required the safeguard baby. 	
30 weeks	2nd Core group <ul style="list-style-type: none"> The safety plan should be developed and updated at each core group 	2nd PLO meeting <ul style="list-style-type: none"> Review of Contract of Expectation agreed
No Later than Week 32	EPP meeting to be convened <ul style="list-style-type: none"> To determine suitability for EPP. All genogram and viability assessment need to be complete by this time. 	
34 weeks	1st Review Child Protection Case Conference <ul style="list-style-type: none"> Pre-birth Parenting Assessment to be completed and written up as a standalone document to be filed to Court (if proceedings to be initiated). 	
35 weeks	Attend PLO panel for permission to issue care proceedings at birth (if this is the outcome of the PLO / Pre-birth parenting assessment) <ul style="list-style-type: none"> Decision made whether to make an application to the courts to safeguard baby at birth 	
36 weeks	Pre-Birth Planning meeting at the hospital <ul style="list-style-type: none"> Safety plan to be agreed and shared with hospital midwifery 	Final PLO Meeting to be held <ul style="list-style-type: none"> Care plan of the Local Authority from birth shared with the parents and their solicitors.
Term	Discharge Planning meeting <ul style="list-style-type: none"> This meeting will agree the safety plan and visiting pattern of professionals upon discharge. 	
6 weeks after birth	Subsequent review conference <ul style="list-style-type: none"> If baby become LAC , consideration to ceasing the CP plan will be made at the LAC review . 	