

7 - Minute Learning Summary

Wandsworth Safeguarding Child Protection Multi-agency Pre Birth Assessments & Pre-Birth Child Protection Guidance 2021-23

Purpose and Scope of the Guidance

The WSCP seeks to ensure that all professionals are clear and well informed about their safeguarding responsibilities; that they know when and how to refer vulnerable unborn children and are clear when assessments and child protection conferences are required. This briefing is intended to ensure that responses are timely and have the required urgency, as it is recognised that practitioners working with pre-birth situations may think that they have more time than they actually have. Where agencies or individuals anticipate that prospective parents could need support services to care for their baby, or that the baby may have suffered, or be likely to suffer, significant harm, a referral to Wandsworth Children's Social Care (WCSC) must be made as soon as the concerns are identified.

1. Recognising risks for Unborn Children

Where there are concerns about the safety and welfare of an unborn child, a pre-birth assessment must be undertaken as early as possible, so that all relevant professionals can plan effectively to promote the baby's welfare following birth.

2. Information for Health Professionals

Health professionals, including adult mental health professionals, particularly midwives, are most likely to be in contact with an expectant parent and therefore in a key position to recognise risk factors. General practitioners are responsible for meeting the parent's health needs and should share relevant information with the network about any factors that may affect the parent's parenting capacity. If a child is known to WCSC, midwives and obstetricians should notify the allocated social worker as soon as the baby is born or the Emergency out of hours team, if child is born out of hours.

3. Pre-Birth Referral

The roles of the GP and the midwifery services are critical in relation to making appropriate referrals to Children's Services. They are likely to identify vulnerable pregnant parents, particularly in relation to domestic abuse, substance misuse, mental ill-health, young parents, and Children Looked After. Where any agency or individual considers that a prospective parent may need support services to care for their baby, or that the baby may be at risk of significant harm, then they must refer to Children's Services as soon as the concerns are identified. Referrals should be made to the Multi Agency Safeguarding Hub (MASH). Professionals making a referral, should complete the Multi-agency Referral Form (MARF). Within 24 hours the MASH will make a decision and notify the referrer. If the case meets the threshold for social work intervention because the unborn child may be a child in need or at risk of harm, the referral will be passed on to a social work team for a pre-birth assessment. If the case does not meet the threshold, it will be passed on to the early help service.

6. Pre-Birth Assessment

If the assessment shows that the unborn child is likely to be a child in need once born, the assessing social worker will convene a Child in Need meeting within two weeks of completing the pre-birth assessment. The meeting should be attended by all the professionals working with the child and family and will draw up the child's plan. When domestic abuse is a concern during pregnancy a referral to the Multi Agency Risk Assessment Conference (MARAC) should also be made.

7. Pre-Birth Child Protection Conference

The London Child Protection Procedures suggest that a professionals' or strategy meeting should be convened as soon as practicable following the receipt of a referral, and that the expected date of the delivery (EDD) will determine the urgency for the meeting. Consideration of the need to initiate a S47 enquiry should follow the procedures described in the Child Protection Enquiries Procedure. A pre-birth child protection conference (The initial child protection conference concerning an unborn child) should always be convened where there is a need to consider if a multi-agency child protection plan is required for an unborn child. This decision will usually follow from a pre-birth assessment. The pre-birth conference should take place as soon as practical and at least 10 weeks before the due date of delivery, to allow as much time as possible for planning support for the baby and family. Where there is a known likelihood of a premature birth or there is a very high level of concern, the conference should be held earlier.

8. Discharge planning Meeting

Where a new born child, known to Wandsworth Children Social Care, is to be discharged from hospital, the allocated social worker, in consultation with the professional network, should convene a discharge from hospital planning meeting to ensure that it is safe for the child to be discharged from the hospital and that plans are in place to continue to support the family. Discharge Planning Meeting template to be used. **(where a Pre birth / CP plan is in place a discharge meeting MUST be convened)**

9. Resolving Professional Differences

In the event that professionals or agencies have any disagreements in connection with this policy, this will be resolved under the WSCP escalation policy and can be found on the WSCP Website.

1. When assessing risk, midwives should gather relevant information about the parents during the booking in appointment and consider whether any aspects of any of the following issues may have a significant impact on the child and if so how:

- Support from partners
- Family structure and if support is available or not
- Whether the pregnancy is planned or not
- The feelings of the parent's, partner of the pregnancy
- The parent's dietary intake and any related issues
- Any medicines or drugs, whether prescribed, taken before or during pregnancy
- Alcohol consumption
- Smoking
- Previous obstetrics history
- The current health status of other children
- Any miscarriages or terminations
- Late booking
- Refugee status
- Any chronic or acute medical conditions of surgical history
- The parent's psychiatric history, especially depression and self-harming
- Whether the parent has been subjected to Female Genital Mutilation and if medical intervention required to enable the parent to safely deliver the baby.

3. Consent

Consent to share information by the parents should not be a barrier to the professional network and guidance should include advice about how to overcome any barriers which may arise as a result of consent issues.

Under GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so.

2. Professionals should make a referral to Wandsworth MASH for a pre- birth assessment in the following situations:

- A previous child of the parent has suffered significant harm and has been removed from the parent's care or died in suspicious circumstances
- A sibling is subject to care proceedings or is looked after
- A sibling in the household, or if parents live in separate households, is or was subject to a child protection plan
- The parent or another adult in the household is known to pose a risk to children
- The parents are under the age of 18 and/or is a care leaver and is vulnerable
- The parent's lifestyle and behaviour during pregnancy may harm the unborn child or raises concerns about future care of the child. Some areas of risk and not totally exclusive:
 - Substance misuse that may impact on parenting
 - Parent has enduring and/or severe mental ill health
 - Domestic abuse and family violence that may impact on parenting – (could be just DVA experienced during pregnancy which is known to have a negative impact on the unborn development related to the mother's raised cortisol levels)
 - Homelessness and chaotic lifestyles that may impact on parenting
 - Parental learning disabilities that may impact on parenting
 - The unresolved impact of parents own experience of being abuse
 - One parent is thought to be a risk to children
 - A concealed pregnancy or failure to engage with ante- natal services
 - FGM risk assessment indicates that the baby may be at risk.

4. Where the potential child protection concerns are related to the prospective parent's mental health, drug/alcohol use, learning disability or physical disability, then the Adult Services workers have a key role in relation to referral to Children's Services. It is very important to refer such prospective parents to Children's Services at the earliest opportunity in order to:

- Provide enough time to make adequate plans for the baby's protection which may include child protection conference or legal proceedings.
- Provide enough 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 circumstances prior to the birth.
- Provide enough time to mobilise protection from within the family's own resources.
- Enable the early provision of support services to facilitate optimum home circumstances prior to the birth

5. A pre-birth assessment should be undertaken on all pre-birth referrals as early as possible, preferably before 20 weeks, and when appropriate, a strategy meeting / discussion held, where:

- A parent or other adult in the household, or regular visitor, has been identified as posing a risk to children (see Risk Management of Known Offenders)
- 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 child
- There are significant domestic violence or abuse issues in the household
- The degree of parental substance misuse is likely to impact significantly on the baby's safety or development
- The degree of parental mental illness / impairment 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 parents
- 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 (see Safeguarding Sexually Active Children and Safeguarding Children from Sexual Exploitation)
- If assessment shows that the unborn child is likely to be a child in need once born, the assessing social worker will convene a Child in Need meeting within two weeks of completing the pre-birth assessment. The meeting should be attended by all the professionals working with the child and family and will draw up the child's plan.
- The London Child Protection Procedures suggest that a professionals' or strategy meeting should be convened as soon as practicable following the receipt of a referral, and that the expected date of the delivery will determine the urgency for the meeting.

Consideration of the need to initiate a S47 enquiry should follow the procedures described in the Child Protection Enquiries Procedure. (London CPP 3.1)

6. Pre-birth child protection conference

A pre-birth child protection conference should always be convened where there is a need to consider if a multi-agency child protection plan is required for an unborn child. This decision will usually follow from a pre-birth assessment: 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
- A previous child has died or been removed from parent/s care as a result of significant harm
- A child is to be born into a family or household that already has children subject of a child protection plan.
- An adult or child who is at risk to children resides in the household or is known to be a regular visitor
- The impact of parental risk factors such as mental ill-health, learning or physical disabilities, substance misuse and domestic abuse, raise concerns that the unborn child may be at significant risk of harm
- A parent under 18 years of age about whom there are concerns regarding their ability to self-care and /or to care for the child.

Impact

The following 3 questions are suggested to promote discussion:

1. What are your key thoughts and reflections?
2. How can we ensure the learning is embedded and how will we know this?
3. How can we integrate the learning into team or service improvement plans?

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7. Discharge planning Meeting

The meeting will be convened by the social worker and the relevant midwife and/or the named midwife for safeguarding at the hospital. The meeting should be attended by all relevant professionals involved in providing services for the child and parent on discharge, including the community midwife, health visitor, family nurse partnership and GP. The meeting should look at:

- Whether a safety plan/contingency plan is in place
- Where the child is to be placed with foster carers or with parents in a parent and baby placement for assessment and arrangements discussed at the meeting
- Where the child will be going home, the suitability of the living arrangements
- Where there is disagreement between medical staff and parents on the discharge plan, this should be escalated to the safeguarding professionals within the agency prior to discharge.

In the event that professionals or agencies have any disagreements in connection with this policy, this will be resolved under the WSCP escalation policy and can be found on the WSCP Website https://wscp.org.uk/media/1329/inter_agency_escalation_policy-v2.docx