

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 Children and Families Social Care, 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 an indicator of 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 would-be 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 Children and Families Social Care and 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 Children and Families Social Care referral 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 Children and Families Social Care referral team. Professionals can consult beforehand with the children and families referral team who will offer advice.

However, Children and Families Social Care Services will normally expect to see referrals in the following circumstances: Schedule one offender, substance misusing parents, previous child removed, parent with serious mental health problems, parent with disabilities that have a significant impact on the parent's capacity to live independently without ongoing support', repeated or severe domestic violence. See Appendix A for additional significant issues. In general there tend to be higher levels of concern where multiple risk factors are present.

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 Children and Families Social Care referral team who will take appropriate action and ensure relevant health professionals are aware.

Early consultation with Children and Families Social Care Services is recommended if high risk/complex issues are identified. In these exceptional circumstances it may be appropriate to refer to Child and Families Social Care Services at 20 to 22 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 Children and Families Social Care 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 professional and Children and Families Social Care to maximise information gathering and best meet the needs of the unborn child. Early consultation with Children and Families Social Care Services is recommended if high risk/complex issues are identified. In these exceptional circumstances it may be appropriate to refer to Child and Families Social Care Services at 20 to 22 weeks.

The acceptance of the referral by any professional to the Children and Families Social Care Service 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.

Strategy Discussion/Meeting/Planning Meeting

If following consultation with Children and Families Social Care it is agreed that the child is likely to suffer significant harm, a strategy discussion should take place between children and Families Social Care, the Police, Health (including Midwifery and Health Visiting) and any other relevant agency. Legal advice should be considered if appropriate. The timing of the strategy discussion is a matter of professional judgement and should be agreed by all involved with the family. The purpose of the discussion is to agree whether Section 47 inquiries are required and, if so, to complete these. A decision will be made at the strategy discussion/planning meeting as to whether a family support or child protection conference should be convened. If the family is not aware at this stage of the referral, the strategy discussion must consider how and when the family will be informed. A strategy discussion/planning meeting will further discuss the details of the core assessment which must be completed within 35 working days

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 8-10 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

A decision may be made to convene a planning meeting, to include family and all relevant professionals. A planning meeting should be held if it is assessed that:

- a) there are concerns; but
- b) the concerns are not sufficient to lead to the likelihood of significant harm; and
- c) there is meaningful family co-operation and agreement regarding concerns and the way forward.

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. Children and Families Social Care needs to ensure its computer database holds current and complete information about the family.

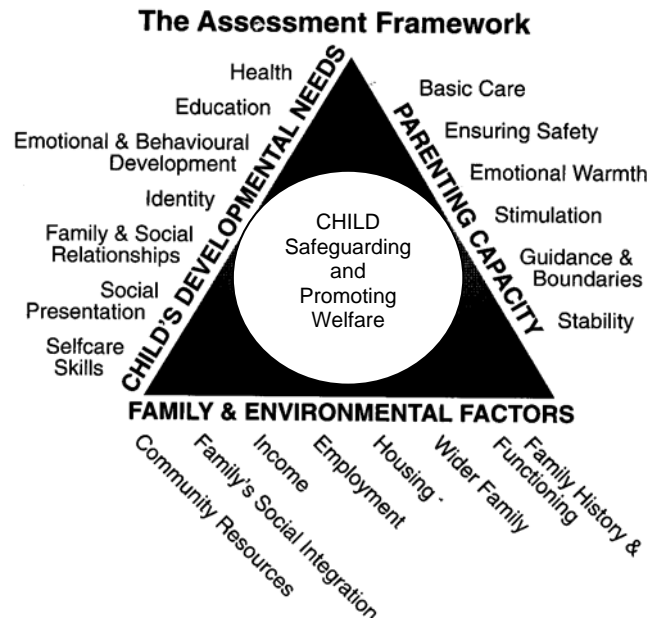
Formal reports completed for a Pre-Birth Child Protection Conference may be submitted to Court and so professionals completing such reports need to ensure they are prepared in ways that support this process, in the event it is needed. Where possible, if a parent has difficulty understanding the standard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

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 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

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

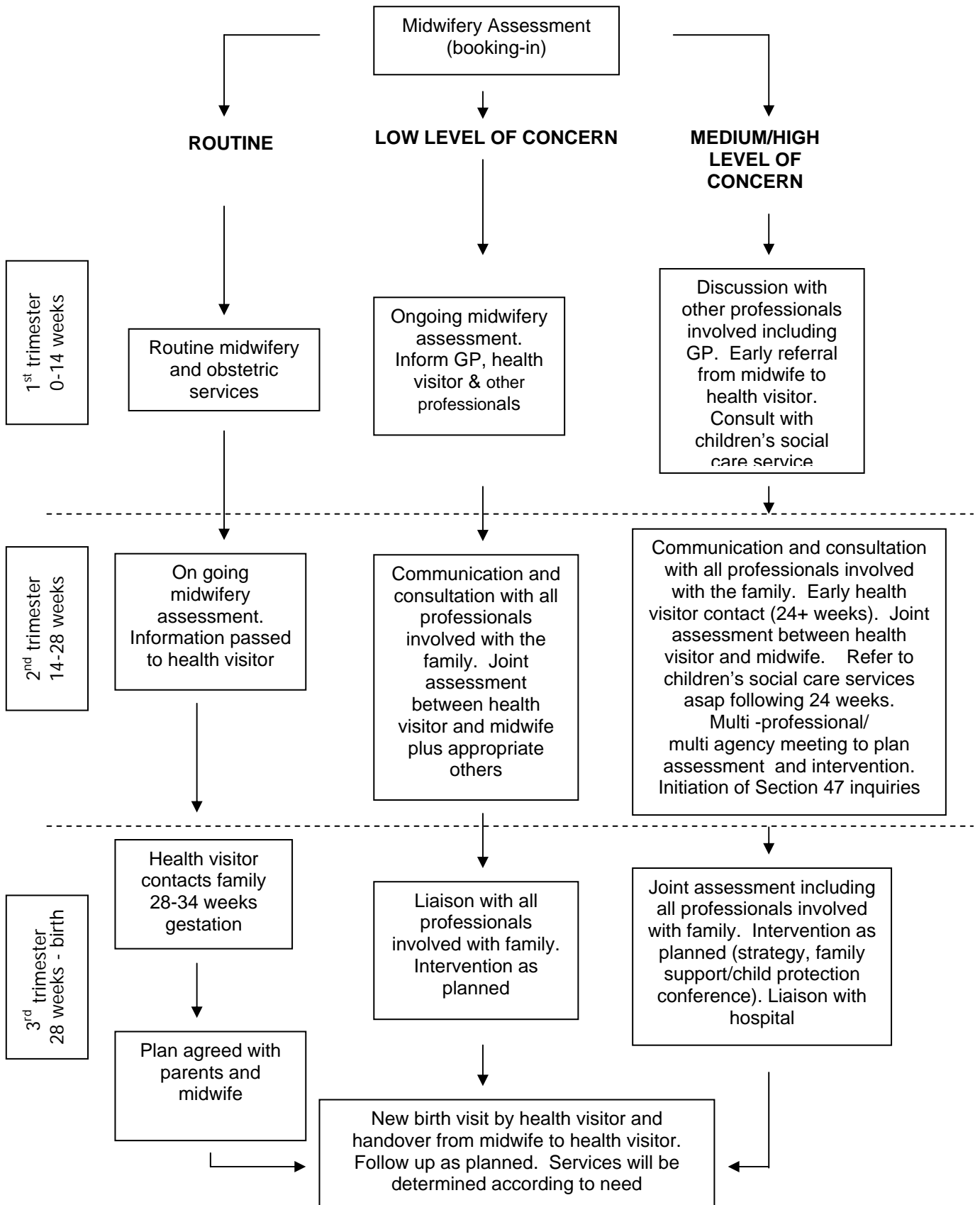
- Supportive spouse/partner.
- Supportive of each other.
- Stable, non-violent.
- Protective and supportive extended family.
- Optimistic outlook.
- Previous efforts to address problem. E.g. attendance at relate, have secured positive and significant changes (e.g. no violence, drugs etc).
- Supportive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

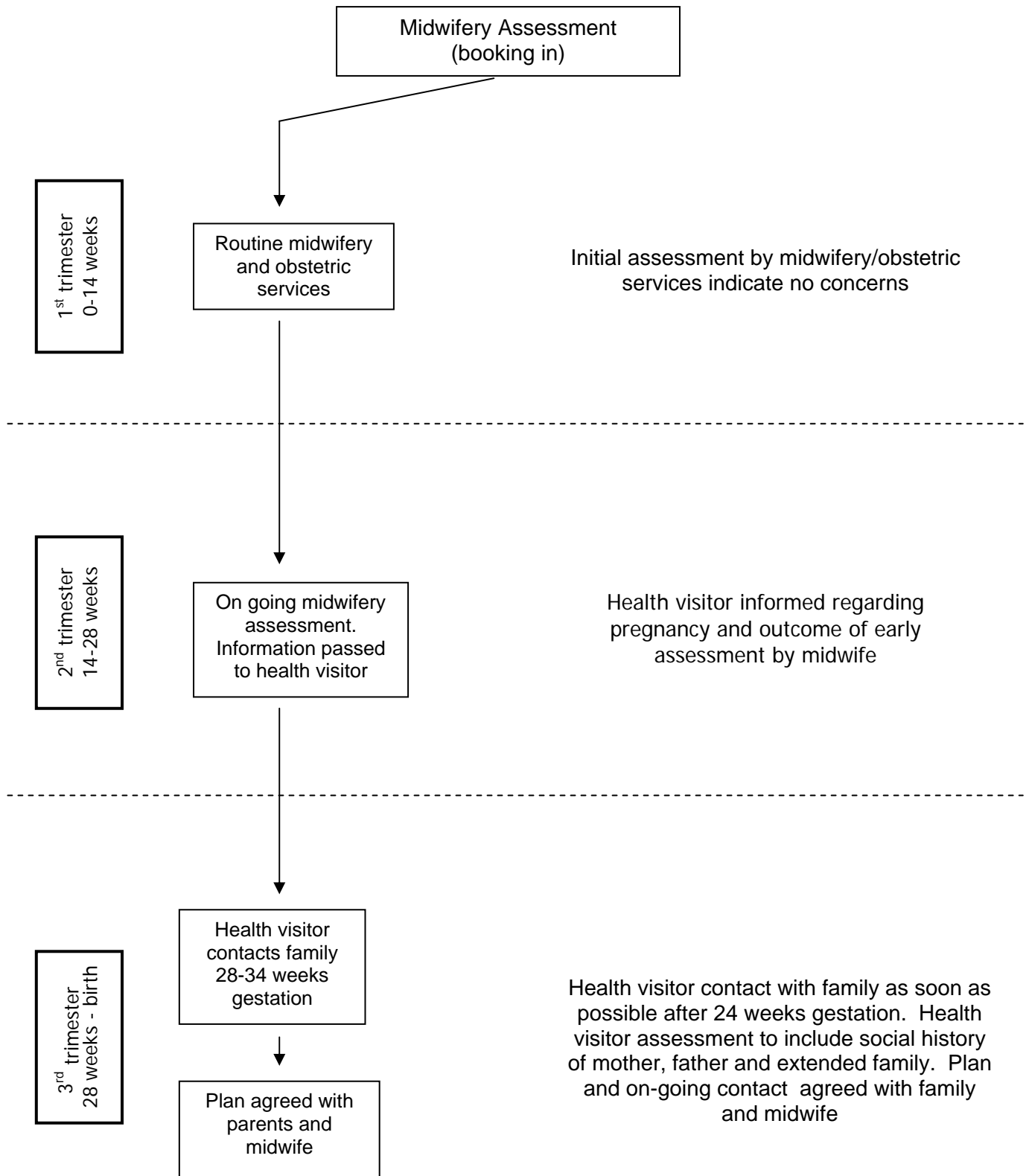


Information gathered at any stage of the assessment may indicate a need to re-define as a higher or lower level of need/concern

Appendix C

ROUTINE

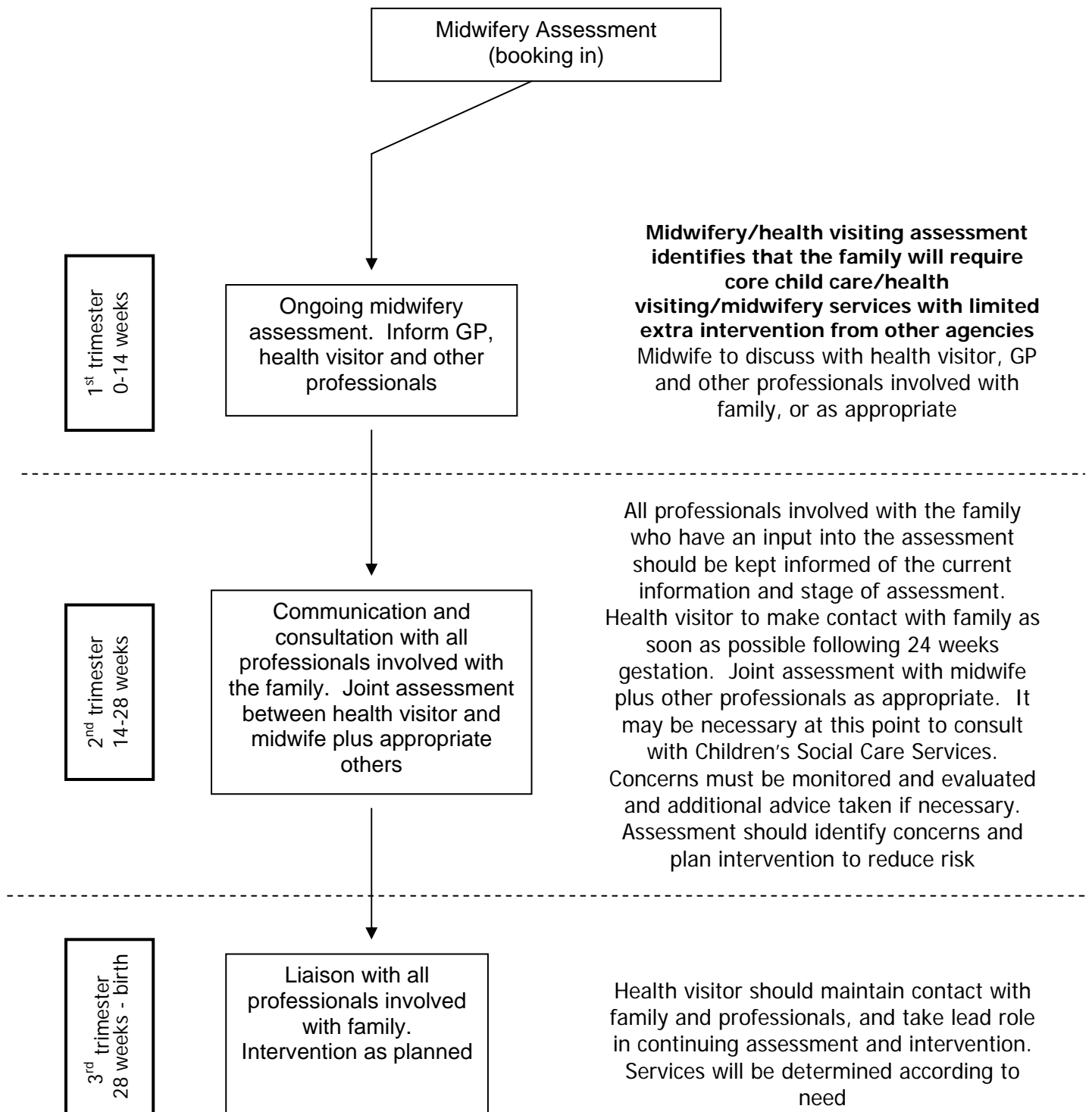
The assessment identified that the family will require core child care/health visiting/midwifery services



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.

