

## Pan-Dorset Safeguarding Children Partnership



# Pan-Dorset Protocol for the Protection of the Unborn Child February 2021

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## 1. Scope

This is a Pan-Dorset, multi-agency joint protocol, which particularly applies to Health Services, Children's and Adult Services and Police across Dorset and Bournemouth, Christchurch and Poole (BCP). It should be read following reference to the Pan Dorset Safeguarding Policy, section on [Safeguarding Newborn or Unborn babies](#) (and where relevant, the Policy on [Concealed / Denied Pregnancy](#)).

## 2. Introduction

Research indicates that unborn and young babies are particularly vulnerable to abuse but that work carried out by professionals in the antenatal period can help minimise harm if there is early assessment, intervention and support. Working Together to Safeguard Children (2018) specifically identifies the needs of the Unborn Child.

## 3. Purpose

The purpose of this protocol is to ensure that a clear system is in place for multi-agency response to concerns for the welfare of an unborn child and to maintain timely, clear and regular communication. The agencies most often involved in these responses will be Midwifery, Children's Services, Adult Services, Health Visiting Services and Police.

## 4. Risks

Serious Case Reviews and Child Safeguarding Practice Reviews tell us that babies are the highest risk group for serious injuries from physical or other harm. It is important for professionals to identify factors which will increase the risk of harm to the unborn child. The Pan-Dorset Policies referenced above set out the range of risks related to the unborn child, where mothers, fathers or partners or any other significant member of the household:

- Are involved in risk activities such as substance misuse, including drugs and alcohol.
- Have perinatal/mental illness or support needs that may present a risk to the unborn baby or indicate their needs may not be met.
- Are victims or perpetrators of domestic abuse.
- Have been identified as presenting a risk, or potential risk, to children, such as having committed a crime against children.
- Have a history of violent behaviours.
- Are not able to meet the unborn babies needs e.g. significant learning difficulties and, in some circumstances severe physical or mental disability.
- Are known because of historical concerns such as previous neglect, other children subject to a child protection plan, subject to legal proceedings or have been removed from parental care.
- Are known because of parental involvement as a child or adult with Social Care.
- Are currently 'Looked After' themselves or were looked after as a child or young person.
- Are teenage/young parents.
- Are living in poor home conditions, homelessness, or temporary housing.
- Any other circumstances or issues that give rise to concern

A concealed or denied pregnancy will meet Level 3 or Level 4 of the level of need from the [Pan Dorset Continuum of Need](#) and sections 9 and 10 of this document will be used.

## **5. Fathers / Partners and risk of domestic abuse**

It is essential to capture information about partners and others in the household or in a relationship with the mother. This will include any risk factors (historic or current), which may present risks to the unborn child, e.g. history of violent behaviour, history of harm to children in previous or current relationships, drug or alcohol misuse, mental health problems, care experience or poor experience of childhood etc.

Any assessment must include demographic (to include date of birth and GP details) and medical details of the mother's partner, household members, wider social and family history and environmental factors as well as the obstetric and social history of the mother. Where this is not possible, records must show that attempts have been made and should continue to be made at every contact where possible and recorded. Best practice would be to complete a genogram but this may not always be possible. (A training need has been identified.)

## **6. Screening for domestic abuse**

The National Service Framework for Children, Young People and Maternity Services (DH 2004) states that *'all pregnant women must be offered a supportive environment and the opportunity to disclose Domestic Violence and those local services are trained to respond appropriately'*. This means that on initial booking if the partner is not present, or at another appropriate time, the midwife will raise the issue of domestic abuse and again when appropriate throughout the pregnancy and post-birth. Professionals should be mindful that DA can also be perpetrated by the pregnant mother, fathers and other partners or other family members

If the partner attends each appointment, the risk of Domestic Abuse (DA) should be taken into consideration and the midwife should do her utmost to speak with the woman alone, for example taking the woman out of the room to be weighed. Research informs us that 30% of domestic abuse starts in pregnancy and that domestic abuse is a prime cause of miscarriage or stillbirth ([MMBRACE-UK-2019](#)). A number of pregnant women may need referral to other services. Health Visitors Protocol around DA questions. Health visitors should routinely ask questions about DA when having ante-natal contact with pregnant women. If Health Visitors are unable to ask questions in the presence of a partner, they should try to speak to the woman alone and should be recorded in the records if the question has been asked and if not, why not.

## **7. Pregnant Children and Young People (Teenagers)**

Where a young person under the age of 16 presents as pregnant, contact must be made with the front-door i.e. Children's Advice and Duty Service (ChAD) / Multi-Agency Safeguarding Hub (MASH) as there is a need for a multi-agency referral. For any pregnant young person/father over 16 years old, where vulnerabilities/concerns are identified, a referral to MASH/ChAD must be undertaken.

The Health practitioner who takes the lead for this early assessment will be identified depending on the agencies involved with the young person at the time. The named midwife will liaise with the Health Visitor and other professionals involved with the mother, i.e. Child in Care (CIC) Nurses/(LAC) Advisor, at the point of booking. If the young person is in care, the Health Visitor has a responsibility to notify the CIC health team.

Agencies will have to agree whether the needs of the parent and the needs of the unborn child can be met with one lead professional or whether separate allocation will be more effective in meeting both the parent's and the unborn babies' differing needs. If this relates to a Child in Care or Care Leaver the Pan Dorset Safeguarding Children's Partnership: [Safeguarding Newborn or Unborn babies](#) should be referred to.

## **8. Pan Dorset Continuum of Need**

The [Pan Dorset Continuum of Need](#)<sup>1</sup> will be used by agencies undertaking assessments to understand the level of need and continuum of support for a family who is expecting a baby.

## **9. Early Identification**

All professionals working with families need to be alert to the factors that may indicate a potential risk to the child. They will also be vigilant to parental need that can be addressed or commenced before birth.

Where an agency (e.g. Midwifery, Health Visiting, Children's Services, Early Help Services, Adult Services, etc.) working with a family becomes aware of a pregnancy, and they have concerns, they must ensure that the midwifery service is aware of the concerns and that any relevant information is passed on in writing / secure email, this will include current plans and work with the family members.

Professionals primarily working with the adult family members (e.g. Police, GP, probation, housing or voluntary agencies, mental health, substance misuse and learning difficulty services) who are aware of concerns related to the protection of the unborn baby are integral to this early identification.

Where a Care Leaver is going to become a parent their social worker or Personal Advisor/pathways advisor will discuss and record with their manager any known vulnerabilities and whether a referral for a pre-birth assessment or request for early help assessment is warranted. The discussion and record will also agree a time frame for their Pathway Plan review, considering changes in their circumstances and the different professionals who will be involved. There will not be an assumption of risk to the unborn purely based on parents having been in care themselves, however consideration should be given to the support care leavers may need as a result of their own experiences. (Coram 2015)

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<sup>1</sup> Version 1 October 2019, Review date June 2020

## **10. Midwifery Social Risk Assessment**

It is vital that assessments are started early and that information is shared so that the family have the necessary support and best start to family life, thereby reducing the need for greater levels of intervention.

Midwives will complete an early health assessment, with a focus on social and environmental factors. If a risk to the unborn baby or mother/ family is identified, they will liaise with ChAD/MASH service about those concerns. Midwives will complete a social risk assessment at booking with every pregnant mother using their local tool and guidelines, but in some cases more information may be known by another agency in order to complete an early assessment. Where risks are already clearly identified that meet Level 4 Statutory Services (Pan-Dorset Continuum of Need) a referral should be made to Children's Social Care.

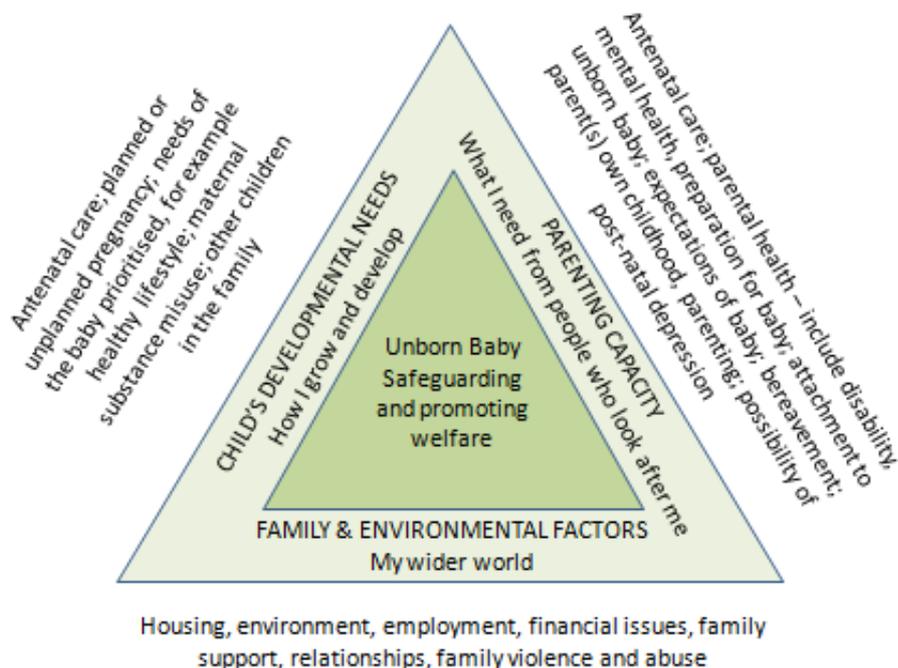
If the family already have an allocated social worker or Lead Professional, then the midwifery team will liaise with the allocated worker working with the family. Children's Social Care should inform Health Visiting, Midwifery Services, Early Help Services and other services of their involvement once the pregnancy is known about.

Health professionals should make an enquiry to the appropriate Social Care (Children's Services) office or Early Help Assessment Coordinator to confirm the status of the case and ascertain whether there are any children from the family who are subject to a child protection plan or to identify any Lead Professional already allocated.

In BCP, the Midwifery Social Risk Assessment for any family where concerns are identified at level 3 or 4 interagency referral will be completed.

In Dorset the Midwifery Social Risk Assessment for any family where concerns are identified at level 3 will be discussed in consultation with the Early Help Hub. For Level 4 there should be a consultation with the ChAD Consultant Social Worker.

**Early Help Assessment Pre-Birth Triangle- Unborn Bay’s needs, Parenting Capacity and Environment:**



Factors when considering the risks to an unborn baby (these are examples and not an exhaustive list):

<b>Unborn baby</b>	
Unwanted pregnancy	Inability to prioritise baby’s needs
Emotional detachment from pregnancy / maternal ambivalence	Poor antenatal care/attendance
Concealed/Denied pregnancy/late booking	No preparation for baby’s needs
Lack of awareness of the baby’s needs	Premature birth
Inappropriate parenting plans	Foetal abnormality

<b>Parenting Capacity</b>	
Adverse childhood experiences	Age - very young/teenager/immaturity
Experience of being in care	Communication difficulties
Abuse in childhood, denial of abuse	Mental health/personality health issues
Drug/alcohol misuse	Learning difficulties
Violence/abuse of others	Lack of engagement with practitioners
Abuse/neglect of previous children	History of Postnatal depression
Previous care proceedings	Asylum seekers/USAC/No recourse to public funds
Learning disability	Exploitation
Known offender against children	Previous Child Protection plans
<b>Family and Environment</b>	
Domestic abuse	Relationship disharmony
Unsupportive relationship	Multiple relationships

Frequent moves of home	Lack of support networks
Inappropriate home environment	Financial difficulties
Unemployment	Inappropriate associates
Change of partner	Uncontrolled or potentially dangerous animals
History of violence	Mistreated animals
Homelessness/unsecure temporary housing	

## 11. Consent

'The Data Protection Act 2018 and General Data Protection Regulations (GDPR) do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children...'

'the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information, including without consent (where in the circumstances consent cannot be given, it cannot be reasonably expected that a practitioner obtains consent or if to gain consent would place a child at risk)' See Working Together to Safeguard Children (Information on Information sharing). [Working Together to Safeguard Children 2018 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/672222/Working-Together-to-Safeguard-Children-2018.pdf)

## 12. Responses to parents / unborn assessed as at Level 4 –Specialist / Statutory

Specialist Services will be required where assessment indicates that an unborn baby may be "in need" (section 17) or at risk of significant harm (section 47) and is unlikely to achieve and maintain a reasonable standard of health and development without the provision of services. At this level the midwife or another professional will make a referral to Children's Social Care and the following will be expected:

- i. Follow the [Pan-Dorset Child Protection Procedures](#). If an assessment is deemed necessary, consideration should be given to a Prebirth assessment. The assessment needs to be proportionate and timely and review of the progress of assessments must bear in mind the need for multi-agency planning for the birth, intervention and support
- ii. If Children's Social Care do not agree that Level 4 has been reached, they should discuss this with the referrer and agree the appropriate level and next steps together. The Continuum of Need should be used. If a consensus cannot be reached, the **Pan-Dorset Multi-agency [Escalation Policy](#)** should be used.
- iii. Whenever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm there should be a strategy discussion involving LA Children's Social Care, Police, health and other parties such as the referring agency to determine the child's welfare and plan timely future action, including whether to commence s47 enquiries. If the unborn is part of a sibling group, the strategy discussion will consider which children will be subjects of any s47 enquiries. Unborn babies will not be included as a subject of a strategy discussion until 12 weeks gestation. However, this will not prevent an assessment commencing as soon as the pregnancy is known about

- iv. Unless there are exceptional circumstances, i.e. late referral, the initial child protection conference (if required) should take place as early as possible post-notification. This enables agencies to have a plan in place ahead of the birth even if there is an early delivery. Professionals involved should always be invited and attend CP conferences for unborn babies.

### **13. Discharge Planning from hospital**

Appropriate plans must be in place pre-birth or at the point concerns are identified for those children who are deemed to be at risk. Where a plan has been agreed pre-birth, there should be a review of these arrangements, following birth, and before discharge, to ensure that circumstances / risks have not changed and that the plan is still fit for purpose.

In exceptional circumstances, there will be a need for new-born babies to be removed from parent's care soon after birth once the relevant legal processes are in place. In these circumstances the parents and baby will not be discharged from hospital without prior consultation with the police and Children's Social Care.

## 14. Further Information

- [Working Together to Safeguard Children 2018 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)
- [MMBRACE-UK-2019](#)
- [NICE Guidance 62 Antenatal Care \(March 2008\)](#)
- [NICE Guidance 110 Pregnancy and Complex Social Factors; a model for service provision for pregnant women with complex social factors \(Sept 2010\)](#)
- [The National Service Framework for Children, Young People and Maternity Services \(DoH, 2004\)](#)
- [NICE Guidance Domestic violence and abuse: multi-agency working](#)
- [Pan Dorset Continuum of Need](#)
- [Escalation Policy](#)
- [Concealed / Denied pregnancy](#)
- [Safeguarding Newborn or Unborn babies](#)
- [Preventing unplanned pregnancy and improving preparation for parenthood for care-experienced young people.pdf \(coram.org.uk\)](#)
- Bath & Northeast Somerset LSCB Multi-Agency Pre-Birth Protocol to Safeguard Unborn Babies (June 2009)