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**PRE-BIRTH GUIDANCE**

**Guidance**

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**St Helens Pre-Birth Guidance**

**INTRODUCTION**

The St Helens Pre-Birth Guidance is focused on the Pan Merseyside Pre-Birth Protocol and the Practice Note 1 of 2022 issued on 9th March 2022 from HHJ Parker, Designated Family Judge for Cheshire and Merseyside.

The Pan Merseyside Pre-Birth Protocol was developed by a multi-agency working group across the Merseyside region. This is a multi-agency protocol and must be followed by all agencies working with unborn children.

The Pre-Birth Protocol seeks ensure that a clear system is in place to develop robust plans which address the need for early support services and identify any risk to unborn children. As outlined within the Pre-Birth Protocol, very young babies are extremely vulnerable, and work undertaken in the antenatal period to assess risk and 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’. Working Together to Safeguard Children 2018 specifically identifies the needs of the unborn child.*

The protocol identifies the need for a multi-agency approach for all children who may be vulnerable and in need of support services from Early Help to level 4 safeguarding concerns.

The Practice Note of His Honour Judge Steven Parker, Designated Family Judge for Cheshire and Merseyside issued 09.03.2022 outlines the procedure to be followed by Local Authorities both pre and post birth. This supports the principles of the Pan Merseyside Pre-Birth Protocol and ensures that the Court, CAFCASS and the Local Authority are working together in a timely manner to consider the need to issue care proceedings at birth.

The Flow Chart attached at the end of the Guidance provides a helpful outline the process where a child is referred by Health colleagues at the 10 – 12 week scan and where this information is identified at an earlier stage.

The focus of this Guidance and Flow Chart is to ensure that where concerns are identified, the unborn child and their parents’ capacity to care for them is assessed as soon as possible. The Child and Family / Pre-Birth Assessment should consider at the mid point CIN meeting whether there are additional concerns which should be considered by Legal Gateway Panel and the unborn baby is on the right plan at the right time, allowing longer time to be able to offer support and achieve positive change and outcomes.

**PAN MERSEYSIDE PRE-BIRTH PROTOCOL**

Where issues or concerns are identified for an unborn child during pregnancy, these should be shared with Children’s Social Care (CSC) at the earliest opportunity in the confirmed pregnancy. The referral needs to ensure that the nature of the issues or concerns are clearly set out.

Where the need relates to a co-ordinated multi-agency support plan to promote the welfare and meet the additional needs of an unborn child, the Multi-Agency Practice Standards - Early Help should be followed.

The protocol clearly states that care must be given to work collaboratively with parents and consent should be obtained prior to the referral being made to CSC however, where the concerns are in respect of safeguarding concerns a lack of consent should not preclude the referral being made.

The Pre-Birth RAG Screening Tool is used to determine the level of risk and should be provided to CSC when making a referral. This is included as an appendix at the end of the protocol.

The Protocol sets out circumstances where a multi-agency assessment should be undertaken. This is not an exhaustive list:

* There are concerns that parent/their partner/potential carer may pose a risk to children (examples may include previous neglect or physical abuse of children, or sexual offences)
* There are concerns regarding parent/their partner/potential carer in terms of their parenting capacity. Such concerns may include mental health problems, learning disability or inability to parent or protect children from harm.
* Parent/ their partner/potential carer has children that have been made subject to a Child Protection Plan, or Care or Supervision Order at any time in the past (or if proceedings are ongoing).
* If the parent is currently a Looked After Child. NB additional issues and vulnerabilities need to be identified in respect of the parent who is a looked after child and not solely based on their looked after status.
* There are concerns re domestic abuse. These could relate to any person who may be involved with the unborn baby.
* There are concerns regarding problematic drug/alcohol misuse of parent/their partner/potential carer.
* There are significant concerns about the lifestyle of partner/their partner/potential carer which would impact on their ability to parent or protect children.
* See Concealed or Denied Pregnancy Protocol if a pregnancy is concealed or denied. In cases of delayed presentation to ante-natal services a referral is not automatic in these circumstances, but must be made if, after consideration of the reason for the delay or concealment, there are concerns about complex/ serious needs or evidence of significant harm. In the absence of these concerns additional support from Universal services may be appropriate.

**ASSESSMENT**

The Protocol identifies that a referral should be made to Children’s Social Care at the earliest opportunity following the dating scan, usually held at 10 – 12 weeks, where the risks indicators are deemed to be at Level 4. However, where a professional becomes aware of a pregnancy and has concerns, this information should be shared at the earliest opportunity.

The local area MASH and individual agency local safeguarding lead must be consulted as part of the referral process.

MASH will respond to the Referrer however, if the referrer has not received an acknowledgement within three working days they should contact MASH again to ensure the referral was received.

Where there is a delayed presentation to maternity services or where concerns are identified after the booking appointment, the referral should be made as soon as possible.

If the referral is accepted by CSC, the assessment should commence in the early antenatal period. This will allow parents the opportunity to show evidence of change. The earlier the assessment is concluded, the sooner any support plan can be put in place.

The Child and Family Assessment must be multi-agency and all relevant agencies asked to contribute.

The Pan Merseyside Pre-Birth Protocol recommends a maximum of 20 days to complete the Child and Family Assessment, and a multi-agency meeting convened as per multi-agency procedures.

In St Helens we complete a Child and Family Assessment which incorporates the Pre-Birth assessment and the maximum timescale for completion is 45 days. The multi-agency mid-point CIN meeting must take place by day 20 of the assessment.

The Pan Merseyside Pre-Birth Protocol clearly indicates that all professionals must give high priority to attending the 20 day meeting. If a professional is unable to attend, they must provide a report and a suitably briefed colleague from their agency requested to attend on their behalf.

The meeting should take account of all professionals’ views and information and will identify the support required to ensure the safety of the baby.

Following the completion of the assessment, there are a number of outcomes possible including:

* No further Action
* Early Help
* Child in Need
* Level 4 – the assessment identifies significant harm indicating that the baby would / may not be safe with their parents

**PLAN**

**Where support is identified as being required under Level 2, a multi-agency Family Action meeting must be considered and held within 10 working days.**

**Where support services are identified at the mid-assessment multi-agency meeting, a multi-agency CIN plan must be developed, within 10 working days and reviewed via 4 weekly CIN reviews held which will enable the partnership to continue to review the concerns and issues raised. This will enable the right support to be provided and agreed goals set and to be achieved prior to the birth of the baby to inform the plan.**

**The CIN reviews should agree the plan for the birth of the baby and the baby’s discharge from hospital and review this throughout the pregnancy to ensure that the right support is in place and will be post birth.**

**As per CSC Procedures, an Initial Child Protection Conference would not be convened until 30 weeks’ gestation. The CIN plan will be in place up to 30 weeks. A strategy meeting should be held to initiate S47 enquiries, and the assessments completed up to that point would inform decision making.**

**If the unborn child is made subject to a Child Protection Plan, the first core group meeting will agree the plan for the birth of the baby and discharge from hospital, will be held within 10 working days.**

**The Child Protection birth / discharge plan must be shared with Maternity Services and will be filed in the maternity records immediately following the Core Group.**

**All professionals invited to attend the Initial (and Review) Child Protection Conference must prioritise their attendance. If they are unable to attend, they must ensure their report is taken to Conference by another suitably briefed professional from their agency. Child Protection Conference Reports will be shared with the parents prior to the conference.**

**Consideration must be given at the mid-assessment meeting as to whether the concerns indicate threshold for pre-proceedings. This would relate to level 4 concerns which clearly indicate the possibility that the parents are unable to safely care for the baby and evidence that care proceedings may be required once the baby is born. If the plan is to seek pre-proceedings, an Initial Child Protection Conference is not required, and the CIN plan can remain in place.**

**Where the unborn child is subject to Pre-Proceedings, the plan must include the arrangements for birth and discharge and a copy of the plan must be filed with Maternity Services. The Pre-Proceedings plan must be mindful of the Court Protocol and timescales for decision making. Please see the Pre-Birth Practice Note information contained later in the Guidance.**

**Discussions between the Team Manager and Conference Chair should take place to consider the threshold and to ensure that the right plan is put in place for the baby both pre and post birth. CIN and Pre-Proceedings plans are only appropriate for unborn children, where the plan is to issue at birth. If decisions are not clear, child protection planning should always be prioritised. Timescales for issuing proceedings should be discussed with the Conference Chair where appropriate. Consideration should also be given to S20 and other orders for example supervision orders and private proceedings.**

**Where the unborn child is subject to Child Protection Plan or Pre-Proceedings Plan, Maternity Services must be provided with a copy of the Safeguarding Birth Plan to ensure that actions and arrangements required at the time of the birth and post birth are clearly understood by Maternity Services.**

**The Pan Merseyside Pre-Birth Protocol does not provide a recommended Safeguarding Birth Plan, and this has been developed and is attached as an appendix below. The Safeguarding Birth Plan will link to the existing plan for the unborn baby and will consider the arrangements for discharge post birth.**

**The Safeguarding Birth Plan should be considered in the CIN review in the early stages of involvement and a plan agreed as to when this will be convened. It is recommended that the Safeguarding Birth Plan and Discharge Meeting is held from week 20 of the pregnancy and reviewed / updated as the plan progresses.**

**For all unborn children, the birth and discharge plan must be uploaded to Documents on ICS and a copy sent to EDT to advise of the arrangements should the baby be born outside core hours.**

**The Pre-Birth Protocol also requires the pre-birth assessment and progress of the plan to be a standing item on individual practitioners’ supervision session and for this to be tracked and monitored by the Team Manager and Senior Managers.**

**BABY’S BIRTH**

**Maternity staff will inform CSC of the baby’s birth immediately, including EDT if born out of hours.**

**The allocated Social Worker must then inform all members of the Core Group of the baby’s birth.**

**If a discharge plan has not been agreed / completed prior to the baby’s birth, for example where there is a concealed or delayed presentation in pregnancy, the allocated Social Worker will organise the Safeguarding Birth Plan and Discharge Meeting as soon as the information is received and prior to the baby’s discharge from hospital. This meeting will confirm the baby’s discharge plan, confirm the placement after discharge (to return home or live elsewhere) and multi-agency professional interventions. The meeting should agree who will chair the meeting, who will record the minutes and who will distribute the minutes. NB this is a multi-agency responsibility. The meeting should agree actions, who is responsible and the timescales for completion.**

**The allocated Social Worker will undertake a home visit to the family within 48 hours of the baby’s discharge from hospital.**

**Where the child is subject to a CIN plan a review should take place within four weeks of the birth of the baby. Where the child is subject to a Child Protection Plan, a Review Child Protection Conference must be held within four weeks of the birth of the child.**

**PRE-PROCEEDINGS / CARE PROCEEDINGS**

**Where the outcome of the Pre-Proceedings plan is to issue care proceedings, the Court Protocol for Unborn children should be followed (see below).**

**Within Pre-Proceedings, parents will be requested to share or nominate family members or close friends, to support a Family Group Conference to explore the support network and to consider the contingency plan should the parents be assessed as unable to care for their child(ren).**

**Please note: The Management Guidance in Public Law Children Cases: March 2022 states that, save in the most exceptional of circumstances, a newborn baby should not be removed from its parents under Section 20 of the Children Act 1989.**

**PRE-BIRTH PROTOCOL RE NEWBORN BABIES (CHESHIRE AND MERSEYSIDE)**

The Practice Note of His Honour Judge Steven Parker, Designated Family Judge for Cheshire and Merseyside (Practice Note No 1 of 2022) issued 09.03.2022 outlines the procedure to be followed by Local Authorities both pre and post birth.

PROTOCOL

1. Referrals to social services should be received from health (predominantly midwifery services) as soon as the pregnancy is confirmed as viable (usually around 12 weeks gestation).
2. A single assessment by social services will consider the pre-birth position.
3. The pre-birth assessment should be completed by week 30 which outlines any key concerns and the tracking of options being considered. This recognises that different LA’s have different positions about an initial child protection conference (‘ICPC’), but all local authorities will be expected to complete this by week 30.
4. The Public Law Outline (‘PLO’) should be started as soon as possible and by week 30 at the latest where there is an indication that care proceedings may be initiated at birth. The local authority should commence this earlier if possible and there are grounds/evidence to do so. The first Pre-Proceedings Meeting (‘PPM’) should be held as early as possible.
5. Any solicitors instructed by the parents will be expected to consider kinship carers with the parents at an early stage and to communicate with the local authority to identify potential carers as soon as possible.
6. A full pre-birth / parenting assessment leading to proceedings should capture all work and intervention up to week 36 (this only gives 6-8 weeks from ICPC). This written assessment must outline local authority care planning plans at birth.
7. The parents should be informed of the likely LA plan no later than week 36.
8. The local authority must give notification to CAFCASS of a planned issue case by week 36 once they have had the first meeting with parents to gain consent to notify. The local authority should complete the template attached and provide an outline timescale for issue where consent gained through pre-proceedings process. The template should be sent under cover of an email stating that the template is provided pursuant to the Newborn Baby Protocol. Notifications should be sent to [AllocationsA9@cafcass.gov.uk](mailto:AllocationsA9@cafcass.gov.uk)
9. The pre-birth PPM should be face to face wherever possible to ensure fair engagement with the parents.
10. It is recognised that concealed or late presentation of pregnancy will impact on the above timescale. General principles will still apply and such cases will still be front-loaded as far as possible*.*
11. The local authority should give notification to the court when the birth is imminent by sending the attached completed template to [LiverpoolDFCPublicLawApps@Justice.gov.uk](mailto:LiverpoolDFCPublicLawApps@Justice.gov.uk) under cover of an email identifying that this is notification of an impending birth pursuant to the Newborn Baby Protocol.
12. Upon birth the local authority should issue proceedings on the day of birth or if Mother gives birth outside working hours, by 12 noon the following working day. The pre-birth assessment should be submitted with the C110A. A concise updating social work evidence template (‘SWET’) must follow as soon as possible, and in any event allowing sufficient time for the representatives for the parent(s) and children’s guardian to take instructions. The SWET can refer to the pre-birth assessment rather than repeating its contents and should deal essentially with updating information and interim care planning. The SWET should not normally exceed 8 sides of A4 paper.
13. In the event that the local authority seek an urgent hearing there should be a concise statement of the reasons why provided either in the C110A or in an accompanying document so that the judge and legal adviser who are allocating and gatekeeping the case have sufficient material to make necessary decisions .
14. The local authorities will continue to work with hospitals to encourage a proportionate approach to discharge of the newborn child(ren), that allows for collaborative approaches to the timing of notification and progress of care proceedings.

**APPENDICES**

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|  | **Title of Document** | **Document** |
| 1 | Pan Merseyside Pre-Birth Protocol |  |
| 2 | Pre-Birth RAG Screening Tool |  |
| 3 | Court Protocol - Practice Note No 1 of 2022 outlines the procedure to be followed by Local Authorities both pre and post birth. |  |
| 4 | Pre-birth Flow Chart |  |
| 5 | **Safeguarding Birth Plan and Discharge Meeting Template** |  |