

Unborn Pathway and Pre-Birth Assessment Guidance

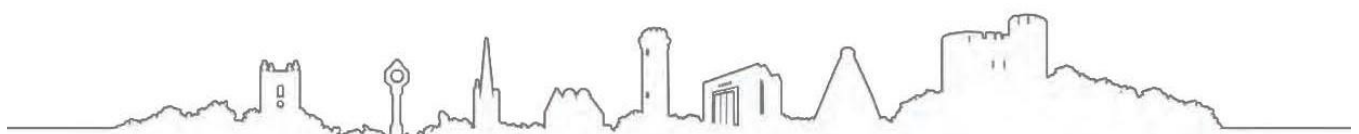
Contents	Page
1. Introduction to Pre-Birth Assessments	1
2. Early Information	2
3. Identifying Concerns, Sharing Concerns, Timescales	2
4. Completing Pre-Birth Assessments Guidance and Timescales	3
5. Pre-Birth Assessment - Practice Tips	4
6. Initial Child Protection Conference for Unborns and Timescales	5
7. Legal Gateway Panel and Timescales	6
8. Hospital Management Plan and Discharge Planning	6
9. Birth and Discharge of Baby	7
10. Pregnancy of Young People in Care	7
11. Pre-Birth 'Good Practice' steps	8
12. Appendix 1- Unborn Referral Process Map	9

1. Introduction to Pre-Birth Assessments

Prospective parents may need additional support during a pregnancy, or support providing care to their baby. In some circumstances, it may be anticipated that the unborn baby is suffering or at risk of suffering significant harm. If there is evidence to indicate this, a Pre Birth Assessment is required.

The Children Act 1989 introduced significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect are all categories of Significant Harm. Harm is defined as the ill treatment (includes sexual abuse and forms of ill treatment which are not physical) or impairment of health (physical or mental health) and development (physical, intellectual, emotional, social, or behavioural development). This definition was clarified in the Adoption and Children Act 2002 so that it may include, "impairment suffered from seeing or hearing the ill treatment of another" as another form of harm.

Sometimes a single, violent episode may constitute significant harm, but more often it is an accumulation of significant events, both acute and longstanding, which interrupt, damage or change the child's development. Harm can be determined significant by comparing a child's health and development with what might be reasonably expected of a similar child. Although there is no absolute criteria for determining whether or not harm



is significant, Local Authorities, Police, Education, and Health Agencies work with family members to assess the child and their circumstances, and a decision is made based on an analysis of the evidence gathered and professional judgement. In Dudley Children's Services, the [Significant Harm Checklist](#) is used to support this decision-making.

Suspicious or allegations that a child is suffering or likely to suffer Significant Harm should result in an Assessment incorporating a Section 47 Enquiry.

2. Early Information

Most pregnancies are identified within the first 3 months of gestation, and key information is collated during the booking interview with the Midwife. The Midwife will be able to assist women in making informed choices about the care they receive, advise on the suitability of their choices, and consider if there are any concerns for the unborn child. Other professionals involved with pregnant women still need to be mindful of safeguarding issues, and should undertake their own assessment of risk – it should not be assumed that the parents are known to midwifery services.

3. Identifying Concerns, Sharing Concerns, and Timescales

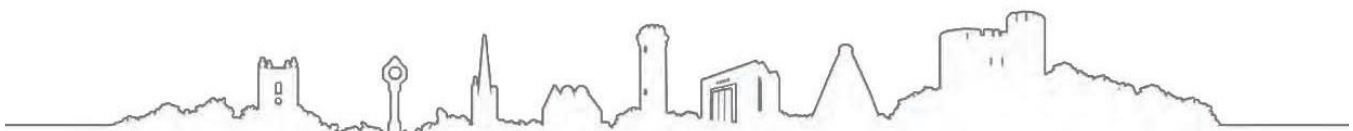
If professionals are concerned that the unborn baby may be suffering or at risk of suffering Significant Harm, a Multi Agency Referral Form (MARF) should be made to the Multi Agency Safeguarding Hub (MASH) at **12 weeks gestation**. If referrals are received before this, advice will be given to re-refer concerns back to the MASH at the point the pregnancy reaches 12 weeks gestation, and Early Help support may be considered.

The referral should be completed at the earliest opportunity in order to:

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

Listed below are circumstances which indicate an increased risk to an unborn child, where a referral to the MASH should be made:

- Where previous children in the family have been removed because they have suffered harm;
- A sibling has previously been removed from the household either temporarily or by Court Order;



- A child in the household is the subject of a Child Protection Plan;
- A parent or other adult in the household, or regular visitor, has been identified as posing a risk to children;
- Either parent is a Looked After Child or they are known to Children's Social Care;
- A child is under the age of 16 years and found to be pregnant;
- Either or both parents are under 18 years of age;
- If the pregnancy is denied or concealed;
- Where there are concerns regarding domestic violence and abuse;
- Either or both parents have mental health problems;
- Either or both parents have a learning disability;
- Either or both parents abuse substances, alcohol or drugs;
- Any other concerns exist that the baby may be at risk of significant harm, including a parent previously suspected of fabricating or inducing illness in a child or harming a child;

4. Completing Pre-Birth Assessments Guidance and Timescales

A Pre-Birth Assessment should take place when there is evidence to indicate the unborn child may be suffering or at risk of suffering significant harm. The Pre-Birth Assessment should commence as early as 12 weeks, but no later than 20 weeks, into the pregnancy. It is important to undertake the Assessment during early pregnancy so that the parents are given the opportunity to demonstrate their capacity to change. If the outcome of the Assessment suggests that parenting capacity is affected in a negative way, there is then sufficient time to make clear and structured plans for the baby's future, together with support for the parents.

A Pre-Birth Assessment is a sensitive and complex area of work, as parents may feel anxious about their child being removed from them at birth. It is hence important professionals work restoratively with parents to create respectful and trusting relationships, maintaining a highly supportive, responsive, and also challenging approach, enabling families to build upon and recognise their strengths and improve their circumstances.

The Pre-birth Assessment should be completed within 45 days of the start date. The timescale for the completion of the Pre Birth Assessment will be dependant upon the gestation of the pregnancy and the level of risk surrounding the pregnancy.

The Pre Birth Assessment should be completed using Dudley's [Pre Birth Assessment Guidance](#), which has been developed using the work of Martin C Calder as described in "Unborn Children: A Framework for Assessment and Intervention". The guidance is designed to help professionals to carefully consider a range of issues that could have a significant, negative impact on the child. The Pre Birth Assessment should be completed on the Pre Birth Assessment Template on Liquid Logic.

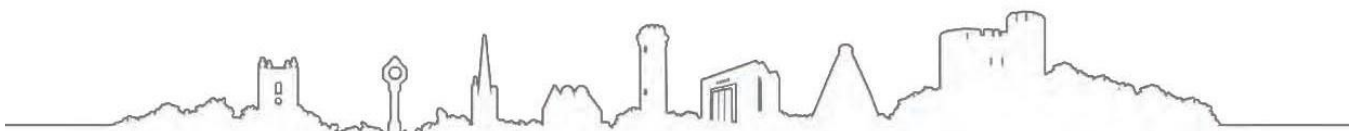
The Pre Birth Assessment should conclude with a recommendation around whether the unborn child is able to safely remain in their parent/s care; whether a Child in Need Plan is required; whether a Child Protection Plan is required; or whether legal advice is sought to initiate the Pre Proceedings stage of the Public Law Outline process, or Care Proceedings (for guidance on Public Law Outline processes please see [CPP Practice Guidance: Public Law Outline](#)).



5. Pre Birth Assessments - Practice Tips

As stated above, the Pre Birth Assessment should be completed using Dudley's [Pre Birth Assessment Guidance](#), which has been developed using the work of Martin C Calder as described in "Unborn Children: A Framework for Assessment and Intervention". Here are, however, a list of practice tips to support you when completing Pre Birth Assessments.

- Compiling a full chronology and family history is important in terms of assessing the risks and likely outcomes for the child. Where there have been previous children in the family removed, the previous Court documents such as copies of Final Court Judgements and Assessment Reports should be accessed at an early stage.
- Social Workers should try to compile a clear history from both parents about their previous, personal experiences in order to find out more about their emotional, social, and psychological histories, and whether they have any unresolved conflicts that may impact on their parenting of the child. It is important to find out their views around previous children being removed too, and whether they have demonstrated sufficient insight and capacity to address difficulties, move on, and create meaningful and sustainable change.
- Find out the parent's feelings towards the unborn baby, and the meaning the child may have for them. For example, the pregnancy may have coincided with a major crisis in the parent's life, which could potentially impact upon their feelings towards the child.
- A genogram of the family network should be compiled. Genograms are useful in identifying key people and wider support networks for the family who may be involved in safety planning for the child. These people can attend any potential Family Group Conferences (FGC), and may be identified as potential alternative carers for the child.
- Working with extended families is crucial to the assessment process and achieving positive outcomes for unborn children. Consideration should always be given to convening Family Group Conferences in any case where there is a possibility that the parent may be unable to meet the needs of the unborn child. Family Group Conferences can enable families to be brought together to make alternative plans for the care of the child, thus avoiding the need for Care Proceedings. Parallel Viability Assessments of family members can prevent delays in care planning for the child.
- It is crucial to seek information about fathers /partners whilst conducting assessments and to involve them in the assessment process. They too will have family members and support networks who could be invited to Family Group Conferences, and who may be identified as potential alternative carers for the child. Background Police checks and other checks should be made at an early stage to ascertain any potential risks.
- It is important that Social workers do not carry out Pre Birth Assessments in isolation. Working closely with professionals such as Midwives, Health visitors, Family Support Workers, substance misuse / mental health / learning disability support professionals, is crucial. Remember, multi agency working is not just about professionals sharing information. It's about professionals working together to assess risk and make decisions. What are the professionals' views about the potential risks faced by the baby? What are the professionals' views about parenting capacity, and the quality of care the parent/s can offer?



A Pre-birth Assessment Tool is attached in the Appendix to help Social Workers and partner agencies consider the key questions to address when undertaking assessments (see Appendix A: CPP Pre-Birth Assessment Tool).

6. Initial Child Protection Conference for Unborns and Timescales

When a Pre-Birth Assessment gives rise to concerns that there is reasonable cause to suspect that an unborn child may be suffering or at risk of suffering significant harm, an Initial Child Protection Conference should be held from **20 weeks of pregnancy**. Where older siblings have been subject to a Child Protection Plan, the same Independent Reviewing Officer should be allocated to the unborn baby.

An Initial Child Protection Conference should always be held;

- Where a previous child has died or been seriously injured or been removed from parent(s) as a result of significant harm.
- Following assessment, where a child is to be born into a family or household where there are already children subject to a Child Protection Plan.
- Following assessment, where a person known to pose a risk to children resides in the household or is known to be a regular visitor.
- Where there is a mother under the age of 16 years where there are concerns regarding her ability to care for herself and/or to care for the child.

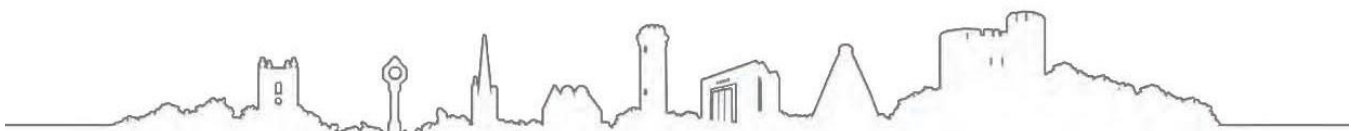
Other risk factors which should be considered are:

- The impact of parental risk factors such as mental ill health, learning disabilities, alcohol and/or substance misuse and domestic violence and abuse, as well as non-attendance, lack of engagement or recurring lapses, evidence of superficial compliance, or persistently not recognising the impact of parental risk factors on the child's needs and potential consequences.

Following the Initial Child Protection Conference, regular Core Group Meetings should take place within statutory timescales to review the effectiveness of the Child Protection Plan (for guidance on Child Protection Processes please see the [CPP Child Protection Processes and Practice Requirements Guidance](#)). Professionals should meet prior to the birth of the child to discuss the Pre Birth Hospital Management Plan and the Baby Discharge Plan, and these plans should be recorded on the Pre Birth Hospital Management Plan and the Baby Discharge Plan forms on Liquid Logic. Further guidance is included below.

An agreement is to be set out for Conference attendees that Child Protection Plans should not be ended for unborn babies prior to them being born, as the birth is a significant change in itself, and therefore risk can emerge. A Review Child Protection Conference is to be held **4 weeks** after the baby has been born due to the birth being a significant change in the family's circumstances.

Children's Services should be notified of the child's name and correct birth date following the child's birth, and this should be recorded on Liquid Logic.



7. Legal Gateway Panel and Timescales

Where there are concerns that a child is suffering or likely to suffer significant harm, and they may be unable to remain in the care of their parents, the case should be presented to Legal Gateway Panel from 22 weeks of pregnancy. The purpose of this is to seek legal advice as to whether the Threshold Criteria has been met to explore alternative legal options, or to initiate Pre Proceedings or Care Proceedings.

Pre Proceedings

If the decision is made to enter the Pre Proceedings stage of the Public Law Outline process, then a Letter Before Proceedings should be completed by the Social Worker and delivered to the parents within 3 – 5 working days of the panel's decision; and the initial Pre-Proceedings Meeting should take place within 10 working days from the date of the Letter Before Proceedings being delivered. Pre Proceedings should be seen as the final window of opportunity for the family to make the changes needed to improve the situation for the child within a legal context, and it is hence important timescales are adhered to. This will give the family the time they need to work with professionals, and for the Local Authority to explore all options to avoid initiating Care Proceedings. At this point, the Local Authority should have completed all of the assessments necessary to present a clear evidence base and care plan for the child for the Court. This includes commissioning specialist assessments.

Care Proceedings

In situations where it is agreed Care Proceedings should be initiated, Social Workers should be mindful that the child's case will also need to be presented at the Achieving Early Permanence Panel, which aims to identify the right Permanence Plans for children, and to enable early planning ([CPP Permanency Planning – Practice Guidance](#)).

8. Hospital Management Plan and Discharge Planning

The purpose of the Hospital Management Plan and Discharge Planning Meeting is for professionals to be clear about their roles and responsibilities, and to agree a multi-agency plan to safeguard the baby once born. The allocated Social Worker should attend this meeting, and the plan should be recorded on the child's file on Liquid Logic.

The agenda for this meeting should address the following:

- How long the baby will stay in hospital. If a baby is showing signs of withdrawal, then their length of stay will depend on the clinical needs of the baby;
- Consideration of any risks to the baby in relation to breastfeeding e.g. maternal drug use;
- The arrangements for the immediate protection of the baby, if it is considered that there are serious risks posed from parental alcohol consumption, substance misuse, mental ill health and / or domestic violence. Consideration should be given to the use of hospital security / informing the Police if required;
- The risk of potential abduction of the baby from the hospital, particularly where it is planned to remove the baby at birth / upon discharge from hospital;



- The plan for contact between mother, father, extended family and the baby whilst in hospital;
- Any plans for the baby upon discharge that will be under the auspices of Care Proceedings, e.g. discharge to parents / extended family members, mother and baby residential / foster placement, placement in foster care;
- Contingency plans in the event of a sudden change in circumstances;

The Children's Emergency Duty Team / Out of Hours Service should also be notified of the birth and plans for the baby.

9. Birth and Discharge of Baby

Children's Social Care should be notified of the birth of the baby as soon as possible. In cases where legal action is proposed or where the unborn child has been the subject of a Child Protection Plan, the allocated Social Worker should liaise with the Lead Midwife for Safeguarding to gather information and consider whether any changes needed to the discharge and protection plan. The allocated Social Worker should visit the baby and parents in accordance with the agreed Child Protection Plan and Birth Plan.

Ward staff should keep a record of any visitors to the child and details of any concerns that emerge whilst on the ward. This could be important information for child protection planning, or potential evidence needed for Proceedings.

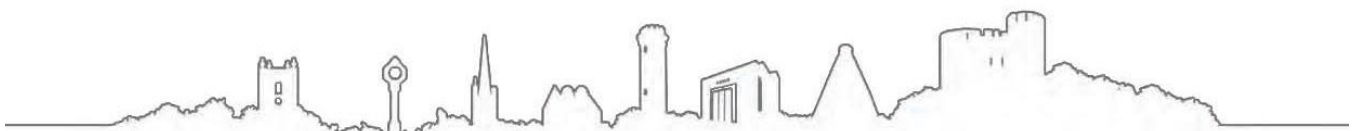
If a decision has been made to initiate Care Proceedings in respect of the baby, the Social Worker should keep the Lead Midwife for Safeguarding / Hospital up dated about the timing of any application to the Courts. A copy of any Orders obtained should be made available immediately to the hospital if they are not being discharged that same day.

PLEASE NOTE: The application to court can only be made once the baby is born and this application needs to be timely. If there are immediate child protection concerns prior to the Order being granted, then the Social Worker is to contact the Police.

10. Pregnancy of Young People in Care

When it is established that a young person in care or a supported Careleaver is pregnant, the referrer should contact the MASH and engage in a consultation. A decision can then be reached about the assessment process - it should not be an automatic decision to complete a Pre-Birth assessment in relation to the pregnancies of all Care Leavers. If there is reasonable cause to suspect that the unborn baby is suffering or likely to suffer significant harm (Section 47 Children Act 1989), then a Strategy Meeting should be convened, and the relevant staff from the Children in Care teams should be included. If the young person's placement is out of borough, the Children's Social Care Service should refer the case of the unborn baby to the relevant Local Authority's Contact and Referral Team.

The Strategy Meeting will consider risk/need in the context of the young person being pregnant, and plans will be agreed accordingly.



10. Pre-Birth 'Good Practice' steps

In a High Court judgment (Nottingham City Council v LW & Ors [2016] EWHC 11(Fam) (19 February 2016), Keehan J set out five points of basic and fundamental good practice steps with respect to public law proceedings regarding pre-birth and new born children, particularly where Children's Services are made aware at an early stage of a pregnancy.

1. Any birth plan should be rigorously adhered to by Social Workers, Managers and Local Authority legal departments;
2. A Risk Assessment of the parents should in this case have been commenced immediately upon the Social Workers being made aware of the mother's pregnancy, with the assessment completed at least 4 weeks before the expected date of delivery, and updated to take account of relevant pre and post delivery events, and the Assessment should have been disclosed forthwith to the parents and, if instructed, to their solicitors;
3. The Social Work Team should provide all relevant documentation to the legal department no less than 7 days before the expected date of delivery; the legal department must issue the application on the day of birth and, in any event, no later than 24 hours after birth (or, as the case may be, after the date on which the local authority is notified of the birth);
4. Immediately upon issue, if not before, the application and supporting documents should be served on the parents and, if instructed, their Solicitors;
5. Immediately upon issue, the local authority should seek an initial hearing date on the best time estimate that can at that point be provided.

Dudley's Centre for Professional Practice have also developed a Pre-Birth Assessment Tool to accompany this guidance.

Please visit the CPP Website for further useful information:

<https://www.dudleycpp.org.uk/>



Appendix 1

