**Terms of Reference**

**Unborn Baby Panel**

**Updated: 01.02.22**

The Unborn Baby Panel is an early opportunity track and monitor the wellbeing and safety of vulnerable children at the pre-birth stage.

**Aims and Scope of the Unborn Baby Panel:**

The objective of the panel is to ensure that unborn children known to Children’s Social Care get the right help at the right time and that a proportionate response is being made to the assessed needs. The Panel will consider all unborn children that are referred into Children’s Social care via MASH. All unborn children will be referred into the panel immediately following a referral into MASH being made.

The panel will take place fortnightly and will be chaired by the Head of Service for the Front Door and Operational Services and Deputy Chaired by the Service Manager for Regulated Services.

The panel will consider factors such as Children’s Social Care involvement with other children in the family as well as existing concerns as noted in the referral into MASH. Factors considered should include, previous care proceedings, previous child protection planning, previous child in Need planning alongside any current identified safeguarding risks. Protective factors and family strengths will also be considered.

The panel will be attended by individual children’s social workers and team managers.

**Memberships of the Panel:**

Head of Service Front Door and Operational - Chair

Service Manager, Regulated Services

Family Group Conference Manager

Specialist Midwife for Safeguarding (Health)

Designated Health Visitor (Health)

Placements Service Manager

Head of Service for SARs by exception

ATM for Early Help/ Targeted Help

Representatives from any other partner agency deemed relevant with regards to any particular child/family

**Panel Format**

The children’s social worker will be expected to attend the panel and provide a comprehensive narrative relating to the child assessment and current plan. It is recognised that the assessment/plans will at the initial review be in their infancy. Nevertheless, the chronology for the family and genogram will be reviewed and SMART plans agreed to inform a panel review within 4 to 6 weeks whereby the unborn child will be booked back into panel.

At the first review there is an expectation that a full needs and risk assessment has been completed to fully inform any panel decision making required and next steps to be taken to ensure safe multi-agency discharge planning in in place prior to the child’s birth. On occasion it is accepted that a 2nd review may be needed to fully inform a view in respect of ongoing care planning. It may also be the decision at the initial panel that a further review is not required as the care planning is proportionate to the needs of the unborn child and clear safe mufti-agency planning is in place.

Next steps may include (but not exhaustive):-

* Convene a care planning meeting;
* Convene a Family Group Conference
* Convene a strategy meeting with a view to initiating s47 investigations that may result in Child Protection Planning;
* Refer to Legal Gateway Panel with a view to Initiate PLO pre-proceedings;
* In exceptional circumstance, refer to Legal Gateway panel with a view to issuing for care proceedings at birth;

All tasks defined within the next steps should be SMART, restorative and multi-agency in nature.

**Working principles**

* Support the principles of prevention and early intervention – supporting families in parenting their children to secure good long-term outcomes and maximise life chances by drawing upon existing strengths and support within the family network.
* Prioritise outcomes for vulnerable children at the outset of their lives.
* Ensure children are getting the right help at the right time.
* To problem solve amongst partners and agencies.
* To support families in a shared way between agencies and practitioners.
* Take an evidence-based approach to the planning, design and commissioning of our services to ensure that children and young people’s needs are met at the earliest possible stage.
* To work towards establishing permanency at the earliest possible point in a child’s life.

The decisions made at the panel will result in Panel oversight being added to the child’s record within 24 hours by the business support administrator taking the minutes in the meeting. The minutes to include summary discussion, concerns and SMART actions.

**Roles and responsibilities of partners**

As noted above, there is a requirement for partners to attend panel to provide specialist opinions so that decisions are made on a fully informed basis. If a partner has been identified as a necessary attendee and is unable to attend the panel then there will be a decision made to bring the unborn child back to next panel. However, actions to progress the child’s plan can be determined and a timeline defined to take immediate necessary actions agreed. An action should include seeking the relevant partner’s opinion outside of panel and recorded on the child’s record within 24 hours.

**Disputes**

When there is disagreement between panel members as to future actions the quality assurance officer will be asked to audit the panel minutes with the panel chair, social worker and team manager. The recommendations should be sent to the panel Chair, Deputy Chair, team manager and social worker within 5 days. An adhoc panel maybe called to consider any recommendations made by the quality assurance officer in order to prevent any further drift and delay with a Child in Need Plan or to ensure immediate safeguarding actions are taken.

**Quality Assurance**

In order to scrutinize the panel’s decisions, the Quality Assurance Service will undertake the following monitoring and review process:-

* Dip sample 10% panel minutes on a quarterly basis and feedback the findings to the Chair and Deputy Chair.
* Audit any closures/step downs that get re-referred back into MASH within 3 months.

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