



DARLINGTON

Borough Council

Pre-Birth Procedure

Children's Social Care, People Group

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Pre-Birth Procedure

1. Initial Identification of unborn babies

Young babies are particularly vulnerable to abuse, and any work carried out in the antenatal period can help minimise any potential harm if there is early assessment, intervention, and support. This procedure and practice guidance applies to all practitioners and sets out how to respond to concerns for an unborn baby and provides a framework for responding to safeguarding concerns and safe planning by practitioners working together, with families, to safeguard the unborn through to birth.

An assessment by Children's Social Care must commence as early as possible where:

- a previous child in the family has been placed outside of parent's care either permanently or on a temporary basis because they have suffered significant harm or been at risk of suffering significant harm
- a person who has been convicted of an offence against a child or adult, or is believed by safeguarding professionals to have abused a child, or in respect of whom there is a history of criminality or intelligence which suggests they may pose a risk to children, intends to join or has contact with the family
- a person subject to Multi-agency Public Protection Arrangements (MAPPA) will need to be considered
- an unborn baby has siblings subject to a Child Protection Plan
Where they have been threshold or welfare findings made by a family court. This may be due to involvement with older children or through a different relationship where children were involved any other concerns that the professional believes may place the unborn at risk of harm

Any such concerns should be addressed as early as possible before the birth so that a full assessment can be undertaken and support offered to enable the parent/s (wherever possible) to provide safe care (including before the pregnancy is confirmed).

Referral into Children's Services where professionals become aware a woman is pregnant, at whatever stage of the pregnancy, and they have concerns for the mother or unborn baby's welfare, or that of a sibling, you must not assume that Midwifery or other health services are aware of the pregnancy or the concerns held. All professionals should follow their own agency's child protection procedures and discuss concerns with the agency's safeguarding lead in the first instance.

Where agencies or individuals anticipate that prospective parents may pose a significant risk for their unborn these should be referred to children's social care at the earliest opportunity. For those unborn babies about which professionals are concerned but do not meet the criteria for Children's Social Care Assessment, consideration should be given at the earliest opportunity for signposting to other agencies which are able to provide support.

Professionals should also consider if the completion of a Building Stronger Families Assessment will identify support requirements and ensure that the wellbeing of the unborn is at the centre of the assessment, allowing early support to be provided to reduce the risks to the unborn. A Building Stronger Families Assessment is a holistic assessment that considers the child's developmental needs, parenting capacity, environmental needs, and level of risk. Professionals will be able to gather new information and with the information they already know provide a multi-agency package of support for the baby and family via the Team around the Family process. The information gathered through this process is shared appropriately and can be used to help determine if an assessment through Children's Social Care is required.

If concerns are raised at any time there should be an immediate referral to the Children's Initial Advice Team (CIAT). Where an unborn baby is likely to be in need of services from children's social care when born, a contact should be made to the Children's Initial Advice Team (CIAT) following the Darlington Safeguarding Partnership Child Protection Procedures. Children's Initial Advice Team (CIAT) Telephone: 01325 406252

Wherever possible, the referrer should share their concerns with the prospective parent(s) and seek to obtain agreement to refer to children's social care, unless this action may place the unborn child at risk, such as parents possibly making their whereabouts unknown.

Referrals about unborn babies should be made as early as possible in the pregnancy or as soon as the agency becomes aware of the pregnancy, unless it has not been possible to meet this timescale, for example, because the pregnancy has been concealed or the family have recently relocated to the area then this should be made at the earliest opportunity.

In order to ensure there is an appropriate response and/or the right service is provided a monthly Unborn Baby Tracker Meeting is chaired by a Team Manager from the Children's Initial Advice Team (CIAT). The purpose of the meeting is to review all Unborn Babies who are open to the Building Stronger Families Service. Through discussion and information sharing between CIAT, the Building Stronger Families Service and Health any decision for a 'step up' to social care is made and progressed. The discussion and rationale for 'step up' is recorded on the child's file.

2. Following a referral to Children's Social Care

Once the decision has been made that an assessment of an unborn baby is required, the referral will be sent to the relevant locality team manager. This can take place from 12 weeks gestation. This will enable early support and assessment from an allocated social worker.

The Children's Initial Advice Team (CIAT) will discuss the benefits of a Family Group Conference with parents during their initial enquiries and if parents agree, they will refer the family for a FGC. CIAT will also refer the family for 'Bump, Baby and Beyond' which is ran by Building Stronger Families.

Once a social worker is allocated, a Child and Family Assessment will take place within statutory timescales (45 working days). This assessment will consider the strengths, vulnerabilities and next steps during pre-birth planning. This may include proceeding to an Initial Child Protection Conference or support under a Child in Need plan. Within the management decision at the conclusion of the Child and Family Assessment, the team manager will determine if a further assessment is needed, in most circumstances a further up to date assessment will be needed to be completed for prior to the baby's birth. This assessment will recommend whether a child can remain in the care of their parents, wider family members or what other support is needed.

3. Child Protection Planning

Where there are concerns that an unborn baby is at risk of suffering significant harm, a strategy discussion under Section 47 of the Children Act 1989 should be convened and consideration given to proceeding to an Initial Child Protection Conference.

An unborn baby can be the subject of an Initial Child Protection Conference (ICPC) if there are concerns about their welfare or safety. This can happen at any point during the pregnancy, particularly if there are known risks or issues that may affect the baby's wellbeing, such as concerns about the parents' ability to provide safe care. The exact timing can vary depending on the situation and local policies, but typically it might occur in the third trimester when more information is available about potential risks. If there are concerns, it's important for Children's Social Care to be involved as early as possible to ensure the best outcomes for the child.

An ICPC should be held at least 3 months prior to the baby's expected due date, but this can take place earlier and should take place once risks are assessed as requiring a child protection plan. This enables early support for the family.

4. Legal Planning

When there are concerns about whether a parent can care for their baby upon birth, it is essential that the Public Law Outline (PLO) is followed. A Legal Gateway Meeting [LGM] should be requested following completion of the first Child and Family Assessment to consider whether threshold is met to issue a Letter Before Proceedings if there are high risks which may lead to a plan for parent and baby not to be together following birth. This should take place as soon as the social worker believes concerns are at a level that legal action may be needed. This is important to enable early engagement with parents, particularly through the PLO process.

Early permanence must be considered at this stage and appropriate notifications made to Adoption Tees Valley.

The LGM will consider any expert assessments which are needed and ensure that wider family members are explored. It is important that parents share the details early of any family members who may be able to care for the baby to ensure assessments can take place pre-birth. An FGC is an essential source of support to enable the wider family to come together to form a family plan.

A review care planning meeting must take place following completion of the up-to-date Child and Family Assessment and any expert assessments completed, to consider what the plan for the baby will be at birth. This should be in advance of baby's due date to enable discussion with parents in advance to take place so they can carefully consider their view and take any legal advice. Parents should know in advance if the plan is for a baby not to be in their care following birth. This is an exceptionally challenging time for parents, and they need the time and space to consider their view. Parents should be asked for their consent under section 20 of the Children Act 1989 in advance of birth and again upon the discharge of their baby from hospital. We should work hard with parents to prevent the urgent need to issue care proceedings upon the birth of a baby given how difficult this is for a new parent.

There will be times where parents exercise their right to not agree to our plan for their baby upon birth. We will then have a clear plan to issue care proceedings in as planned a way as possible. It is important that social workers draft any required court documents in advance of the baby's birth.

5. Concealed Pregnancy

A concealed pregnancy is when a woman knows she is pregnant but does not tell any professionals or may hide the fact that she is not accessing antenatal care. In a denied pregnancy, the woman is unaware of, or unable to accept the reality of the pregnancy. For the purpose of this guidance the term concealed pregnancy is used to cover both situations.

The concealment of pregnancy represents a challenge for professionals in safeguarding the welfare and wellbeing of the unborn child and the mother. Women with complex social factors are more likely to present late for care provision or conceal their pregnancy.

Concealment of pregnancy may be revealed late in pregnancy, in labour or following the birth of the baby. The birth may be unassisted (no midwife) whereby there might be additional risks to the child and mother's welfare and long-term outcomes.

When concealed pregnancy is suspected, it is of course difficult to know the stage or gestational date of the pregnancy. A concealed pregnancy is defined as one where the pregnancy is confirmed at more than 21+0 weeks gestation; this is the point of viability. In some cases, a woman may be unaware that she is pregnant until late in the pregnancy due to a learning disability. Concealment may occur as a result of stigma, shame, or fear because the pregnancy may be the result of incest, sexual abuse, rape or as part of a violent relationship. There are many potential risks to the woman and the unborn baby through the concealment of a pregnancy which are difficult to predict and can be wide-ranging. It may be an indication that there is a lack of willingness or ability to meet the basic needs of the baby. It may also indicate a lack of emotional attachment to the unborn baby or that the woman is unprepared to care for the baby. There will also be no obstetric history or record of antenatal care prior to the birth of the baby. There is no national agreed definition of what constitutes a concealed pregnancy, however a coordinated multi-agency approach is required, once the fact of a pregnancy has been established; this will also apply to future pregnancies where there has been a previous concealed pregnancy.

It is therefore imperative that clear communication and the sharing of relevant information takes place to facilitate a full assessment of the circumstances. When concealment occurs, it is imperative that analysis takes place to consider the strengths within the family and any potential risks to the unborn baby. When concealment occurs in the later stages of pregnancy, labour or following birth; the reason for concealment, history, presentation and social circumstances are central to any risk assessment and require a referral to children's social care to facilitate multi-agency risk assessment and planning. All professionals who suspect the pregnancy is being concealed need to follow the process as highlighted in section 2 of this guidance and contact the Children's Initial Advice Team (CIAT). Children's Initial Advice Team (CIAT) Telephone: 01325 406252.

6. Support during the pre-birth process

By supporting families earlier this will enable the Local Authority to ensure the family have the support they need at the earliest stage. Each family will need individual support dependant on the reasons a pre-birth assessment is needed. Every family will be offered the Bump, Baby and Beyond group which is ran by Building Stronger Families. It is essential the family are highlighted early to the service to ensure they have a space on the group.

In addition, families may require more specialist support. For example, if there are concerns about a parent having a learning need, it is important this is identified early and consideration of a cognitive assessment and specialist assessment via Parent Assess are identified early. This will enable the Local Authority to ensure any intervention is tailored to the parent's individual needs.

A referral to Keeping Families Together may be made either for intensive intervention or targeted support. If intensive intervention is needed, this will start pre-birth, before pausing and providing a 'keeping in touch role' before the remainder of the intensive support being offered once the baby is born. It is essential that regular multi-agency meetings take place to coordinate the plan and engage partner agencies.

All families will be offered a Family Group Conference at the earliest opportunity. This will enable family and friends to come together to consider a family plan to keep the baby safe and supported following birth. This will also assist in identifying any family members who may be able to care following birth if concerns arise.

7. Flowchart

