**UNBORN BABY PANEL**

**Terms of Reference**

The Unborn Baby Panel is an early opportunity to 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 Services from two weeks post-referral. 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 Deputy Chaired by the Service Manager for Front Door 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 within the referral. Factors considered should include: information regarding any 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 to support a comprehensive overview of the plan of work being undertaken in respect of the unborn baby. For this guidance, the generic term ‘the plan’ refers to the various plans that may be used during this pre-birth period or post birth including discharge planning from hospital. This includes child in need plans; child protection plans, plans produced during pre-proceedings (public law outline (PLO) plans); family plans (developed following a family group conference).

**Memberships of the Panel:**

* Head of Service Front Door - Chair
* Service Manager – MASH SAT - Deputy Chair
* Service Manager – Operational Services
* Family Group Conference Manager – or deputy
* Breathing Space Representative
* Court Quality Assurance Team Manager
* Specialist Midwife for Safeguarding (Health) – or deputy
* Designated Health Visitor (Health) – or deputy
* Placements Manager – Regulated Service Manager
* Representatives from any other partner agency deemed relevant with regards to any particular child/family
* FGC – Manager (Optional attendance) if not in person to provide updates on family plans

**Frequency and review**

Currently, the frequency of the Panel will be held fortnightly, each duration being between two-three hours depending on the work in the system. The panel will be flexible with the frequency and duration to meet the demands of the service and representation of unborn babies to be considered. The frequency of panel presentation will be reviewed by panel and agreed at the discretion of the Chair; however expectation is that reviews will take place at least every six weeks (with some children reviewed more frequently due to the level of identified risk).

**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 focus of the plan, based on need and assessment of risk identified. It is recognised that the assessment/plans will (at the initial attendance to Panel) be in their infancy. Nevertheless, the chronology for the family and genogram will be reviewed as part of the Panel process to support agreement of SMART plans that will then be reviewed by the Panel at timely intervals set out by the chair during the period of care planning and leading up to the birth of baby.

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 to determine the next steps required to ensure safe multi-agency discharge planning is in place prior to the child’s birth.

**Review**

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.

Careful consideration is given to escalation from child protection to the public law outline process before the baby’s birth to ensure parents are given sufficient time in pre-proceedings to seek and receive legal advice. This may be particularly important for parents with learning difficulties who may need longer to process complex information.

Expectations in terms of timescales to support response:

* Convene a strategy meeting with a view to initiating s.47 investigations that may result in Child Protection Planning – **20-22 weeks.**

Refer to Legal Gateway Panel with a view to Initiate PLO pre-proceedings; -**22-24 weeks.**

**Working principles**

* To ensure processes are initiated in a timely manner to facilitate careful and planned decision making.
* To 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.
* To prioritise positive outcomes for vulnerable children at the outset of their lives.
* To ensure timing of child protection and public law outline processes allows adequate space for parents to prepare emotionally and practically for a possible separation following the birth and to consider alternative carers for their baby within their family and friend networks.
* To ensure the birth arrangements and plan for the baby after birth are shared at a timely point. The birth arrangements contain sufficient detail of the management of risk. Choice and control are offered to parents wherever possible.
* To consider of planning in relation to the birth arrangements include: the mother’s choice of birthing partner; strategies for managing risk if there are concerns about the presence of any other family members or friends on the ward; arrangements for supervision of mother and baby if required.
* To ensure family strengths and resilience – and key people within the parents’ networks who can offer support – are identified at an early point.
* To problem solve amongst partners and agencies.
* To support families in a shared way between agencies and practitioners.
* To take an evidence-based approach to the planning, design, and commissioning of our services to ensure that children’s needs are met at the earliest possible stage.
* To work towards establishing permanency at the earliest possible point in a child’s life.

**Actions arising from Panel may include (this list is not exhaustive): -**

* Convene a care planning meeting.
* Convene a Family Group Conference - within initial assessment stage
* Convene a strategy meeting with a view to initiating s.47 investigations that may result in Child Protection Planning – **20-22 weeks.**
* Refer to Legal Gateway Panel with a view to Initiate PLO pre-proceedings; -**22-24 weeks.**
* In exceptional circumstance, refer to Legal Gateway panel with a view to issuing for care proceedings at birth.
* Review of care planning and pre-birth assessments
* Genograms to be evident

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

**Recording**

The decisions made at the Panel will result in Panel oversight being added to the child’s record, this will be within 24 hours of the minutes being agreed and endorsed by the panel chair. The minutes to include summary discussion, concerns, and SMART actions. Panel will have the endorsed minutes distributed to them within 5 working days of the panel and will have the option at the beginning of each panel to endorse and share commentary.

**Roles and responsibilities of partners agencies**

As noted above, there is a requirement for partner agencies to attend panel to provide specialist opinions so that decisions are made on a fully informed basis. If a partner agency has been identified as a necessary attendee and is unable to attend, the expectation would be that the nominated agency will be able to send a deputy to support the function of the panel. In the event the relevant professionals are not in attendance the chair has discretion to determine that a child is brought back to the next Panel for consideration of care planning.

However, in the event of immediate actions being required to progress the care plan, the chair has the discretion to direct such actions as required. An action should include seeking the relevant representative from a partner agency’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 five working days. An exceptional panel may be called to consider any recommendations made by the quality assurance officer to prevent any further drift and delay with regards to a child’s 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 three months.

**Pre-birth process for SATs and SAFs**

Referral to Mash from 12 weeks of confirmed pregnancy

Level 4 response: Pass to SATs for Pre-birth assessment within Single assessment framework.

 Direct to SAFs Level 4 response: Previous proceedings, high safeguarding risk. Relinquished baby. Duty SAF TM to discuss with MASH and allocate.

NFA

Level 2/3 needs. Targeted Help

 SW Visit to be undertaken within 5 working days of referral.

Single assessment. Information identifies need for support at level 2/3.

Single assessment. Information identifies need for CIN intervention or may identify need for strat/ s47/ ICPC. Do not delay in progression to ICPC

Pre – birth assessment to be completed – within the framework of single assessment to inform care planning.

Step down to TH panel on completion of assessment with focused plan of support required – targeted/universal signposting .

Consideration of specialists assessment. Threshold consideration of planning.

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Transfer to SAFs at agreed transfer point – ICPC or CIN review

ICPC as soon as possible – week 20-24

Child may remain in CIN/ CP process with SMART plans to inform outcomes.

Strategy meeting to take place.

Commence s47 enquiries

Birth: Issue Proceedings.

Discharge planning meeting required.

Legal gateway from week 22- 24

PLO from week 24-26

Any additional assessments to be undertaken (e.g. viabilities).

**Note:** Late referrals need to jump in at relevant point of the work flow. Concerns may also escalate at any time and will need to be progressed without delay. Relinquished baby to be co-allocated with Adoption worker.