**Pre-Birth Guidance**

**Purpose of the Guidance**

The purpose of this guidance is for Sandwell’s Children’s Trust practitioners to understand what is expected of them, in relation to working with vulnerable pregnant women, fathers and their unborn babies. The guidance is also to set out the timeframes for receiving referrals into the Trust. The guidance is to be used alongside the Sandwell Children’s Safeguarding Partnership (SCSP). Local Pre-Birth Protocol, which can be found on Sandwell Local Safeguarding Children Board’s website.

**Principles**

* Where there is a risk of harm to an unborn child, that a proportionate response will be offered by the Trust to assess risk, offer support to vulnerable parents and ensure that a robust plan is in place, where necessary before baby arrives.
* That parent(s) are helped to understand what they are required to do to keep baby safe.
* That practitioners and partner agencies work effectively together to share information, minimise risk and ensure good contribution to pre-birth assessments.

**Referral timeframes**

Where there are concerns about an unborn baby that meet the criteria for ‘high risk/vulnerability’, such cases should be referred to the Trust at the earliest opportunity. In addition, where the Trust (Social Care) are already working with children/young people and it becomes known that the mother is pregnant, those who first become aware (either Trust or partner agencies) should refer this to the Trust at the earliest opportunity. Other unborn baby referrals will be accepted at 12 weeks. Earlier social care involvement for ‘high risk/vulnerability’ cases will allow for earlier social care and multi-agency intervention to assess strengths and risks, offer support to parents and put a safeguarding plan in place if required.

**High Risk/ High Vulnerability**

* Previous children removed and placed away from parents/ previous PLO procedures.
* Parents with significant untreated mental illness.
* Significant and chaotic substance misuse.
* Previous LAC/Leaving Care.
* Current high risk domestic violence with non-engagement with agencies.
* Teenage pregnancy. Particularly where parents are children in their own right.

**Pre-birth assessment tool**

Sandwell Children’s Trust has produced a pre-birth assessment tool to be used to assess all unborn babies, providing an effective Framework for assessing risk.

The tool has been created with feedback from social workers, team managers, the Practice Improvement Team and members of the multi-agency – Sandwell Unborn Baby Network.

**Multi-Agency Working Group for Vulnerable Women and their unborn baby**

**Sandwell Unborn Baby Network (SUBN)**

The multi-agency Sandwell Unborn Baby Network is a forum for sharing information about high risk, high vulnerability women and their unborn babies. Fathers are also discussed and information shared to form part of the pre-birth assessment, intervention and plans. The SUBN meet on a monthly basis and is Chaired by a senior manager within Sandwell Children’s Trust and co-chaired by Health. The membership includes:

* Sandwell Children’s Trust – MASH/Front Door representative
* Sandwell Children’s Trust – Care Management representative
* Sandwell Children’s Trust – Targeted Early Help representative (Rofia Noreen)
* Named Midwife for Safeguarding
* Clinical Lead for Health Visitors
* Perinatal Mental Health Lead representative
* Primary Care representative
* Black Country Partnership NHS Foundation Trust representative (Mental Health)
* Young Parents Support Service co-ordinator (Lisa Lowe)

Other members will be invited on a case specific basis:

* Cranstoun representative (Adult substance misuse)
* DECCA representative (Young person substance misuse)
* Adults Social Care
* Advocacy Services

**Practice Note**

1. Where parents are children in their own right that they should have a separate assessment, and child parent/s and unborn should have their own workers.

2. To actively ensure that consideration is given to assessments evidencing professional curiosity, recognising and actively working with disguised compliance and being aware of over optimism parent's abilities.

3. It is essential that the history of the parent and any previous children is taken account of within the assessment, and the current context.

4. Pre-birth assessments should take place as early as possible in the pregnancy. The assessment should include analysis in relation to both parent’s capacity and ability to care for their forthcoming child.

**Resources**

* Sandwell Children’s Trust [Pre-birth assessment tool](file:///C%3A%5CUsers%5CLouise_Wright1%5CAppData%5CLocal%5CMicrosoft%5Cwindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5CWYUYTVA6%5CPrebirth%20Assessment%20Tool%20v.4%20-%20August%202018.docx)
* Sandwell LSCB Local Pre-birth Protocol – Choose Sandwell LSCB. <http://westmidlands.procedures.org.uk/local-content/0gjN/pre-birth-assessment/?b=Sandwell>