Pre-birth Assessment Practice Guidance

This guidance is intended to ensure that we respond to pre-birth assessments in a timely manner and ensure that parents are engaged and supported throughout the ante-natal period. Identifying the needs of, and potential risks to the unborn child at the earliest possible stage reduces the likelihood of crisis intervention around the time of birth and the consequent distress to the family.

This internal guidance should be read in conjunction with the West Yorkshire Consortium pre-birth assessment procedures and the Practice Standards Checklist:

1.4.33 Pre Birth (proceduresonline.com)

practice_standards_checklist.pdf (proceduresonline.com)

Contents

1. Introduction

1.1 The purpose of a pre-birth assessment

The purpose of a pre-birth assessment is to identify:

- Whether or not there are any risks to the newborn;
- If risks are identified do the parents recognise the risk and are they able and willing to work with agencies to reduce or mitigate the risks?
- The ability of parents or caregivers to offer safe and consistent care throughout childhood;
- What support needs does the parent have?
- What agencies need to do next?
- If parent/s cannot safely care for their child throughout childhood what are the alternative permanence plans for the child? Who else in the family could care for the child? If no-one is identified what permanence plans are being considered?

1.2 The importance of completing pre-birth assessments

Findings from a number of Serious Case Reviews (SCR) involving babies highlight the vulnerability of infants to maltreatment and neglect and that a high percentage of babies under 3 months of age are killed by their parent/s. Reviews in these cases identified that there were failings in the pre-birth assessment process.

The learning identified:

- No pre-birth assessment completed;
- Delay in the pre-birth assessment being started;
- Over-optimistic pre-birth assessment;
- Poor quality pre-birth assessment.

Therefore; by completing a multi-agency pre-birth assessment in collaboration with parent/s it ***"should help us move from a reactive, crisis-led response to a more considered, proactive, and needs led response"*** **(Calder 2003).**

A good pre-birth assessment enables us to –

- Make informed decisions about the risk to a newborn;
- Allows parents to understand the concerns that the pre-birth assessment identifies;
- Work with parent/s and other agencies to consider what support is need to allow parent/s to safely care for their baby; and,
- Make alternative and timely plans for the care of the baby if the pre-birth assessment concludes that the risk is too high for the baby to be cared for by their parent.

Completing a pre-birth assessment is a sensitive and complex area of work. Parents may feel anxious about their child being removed from them at birth, be untrusting and choose not to work with CSC due to their fears. It is really important that social workers build a respectful working relationship with the parent/s to help them understand how decisions are being made about their newborn. It is also important to remember that professionals do not have any legal power to intervene until the baby has been born.

Pre-birth assessments should be started as soon as the referral is received by the Integrated Front Door and a decision is made there that a social work assessment will be required. If it is not clear whether a social work assessment is required, Early Help could become involved at this stage to look at the support needs of the family and to step up to social work services if needed.

It is good practice to begin an assessment as early as possible (ideally within the first trimester) to give the parent/s chance to make any changes to their lifestyle identified as a worry or concern.

This enables –

- Sufficient time to undertake a detailed assessment including the preparation of a detailed chronology to understand any previous history and any noted patterns;
- Parents have the opportunity to be fully involved in the assessment and have time to understand and act on agencies concerns. This increases the likelihood of a positive outcome to the assessment;
- Parents are not approached in the latter stages of pregnancy which is a stressful time in any event;
- Support plans can be put in place in a timely way;
- There is sufficient time to make effective plans to address any worries or concerns;
- Avoiding poor decision making due to a late referral being received. This avoids the removal of newborns who could, with the right support, remain in the care of their parents;
- Family and friends to be identified early in the process which will allow for connected persons' assessments to be undertaken in a timely manner, preventing unnecessary drift and delay in permanency plans being achieved.

The pre-birth assessment should be undertaken holistically within a multi-agency approach.

2 Recognition and referral

2.1 Criteria for completing a pre-birth assessment

Consideration needs to be given to undertaking a pre-birth assessment if any of the factors below are evident:

- There has been a previous unexplained death of a child or a child has suffered a significant unexplained injury whilst in the care of either parent;
- A parent or other adult in the household, or regular visitor, has been identified as posing a risk to children;
- A sibling has previously been removed from either parents' care either voluntarily or via a Court Order or Police Protection (dependent on the circumstances);
- A sibling is the subject of a Child Protection Plan or Child in Need Plan;
- Either parent is a Child in Care or is leaving or has recently left the care system, taking into account the section below (pregnancy of young people in care);
- There are concerns about domestic abuse in either the present or previous relationship(s) of either expectant parent;
- The degree of parental substance use is likely to have a significant impact on the baby's safety or development;
- The degree of parental mental illness/impairment is likely to have a significant impact on the baby's safety or development;
- There are concerns about parental maturity and ability to self-care and look after a child e.g. an unsupported young parent;
- The degree of parental learning disability is likely to have a significant impact on the baby's safety;

- There are concerns about a parent's capacity to adequately care for their baby because of the parent's physical disability;
- Where either parent of the unborn child is under 18 years;
- A concealed pregnancy;
- Any other concern exists that the baby may be likely to suffer Significant Harm including a parent previously suspected of fabricated or inducing illness in a child;
- If, for any other reason, it is possible that the new-born and mother may need to be separated at birth, e.g. if mother is in prison or in a mental health unit;

The list is not exhaustive and, if there are a number of risk factors present, then the cumulative impact may also mean an increased risk of significant harm to the child.

2.2 Pregnancy of young people in care or care leavers

It should not be an automatic decision to complete a pre-birth assessment in relation to the pregnancies of all care leavers unless the threshold is met, as outlined in the criteria for a pre-birth assessment. Some Care Leavers who are starting a family may have experienced adversity growing up and need additional help and support as they prepare for the responsibilities of parenting.

It is important to identify parents who may be care experienced and continue to have support (both mothers and fathers) to understand who continues to be in their support network. However, the most relevant support for the young person needs to be considered as part of the decision making. If it is agreed that a pre-birth assessment is required, the assessing social worker should work closely with the parents' Social Worker or Personal Adviser (if both parents are care leavers this may be two different professionals), to ensure consistency and that additional support the parent may need is considered; for example, scheduling assessment sessions at times when the Personal Adviser will be able to offer follow on support, and inviting to accompany the young person to the initial or review child protection conference. Bradford may not be the parent authority for all young people and it is important to make efforts to identify and liaise with the correct parent authority.

Support for care leavers can also be found on the local offer.

https://www.bradford.gov.uk/children-young-people-and-families/care-leavers/your-pathway-plan/

2.3 Screening and allocation

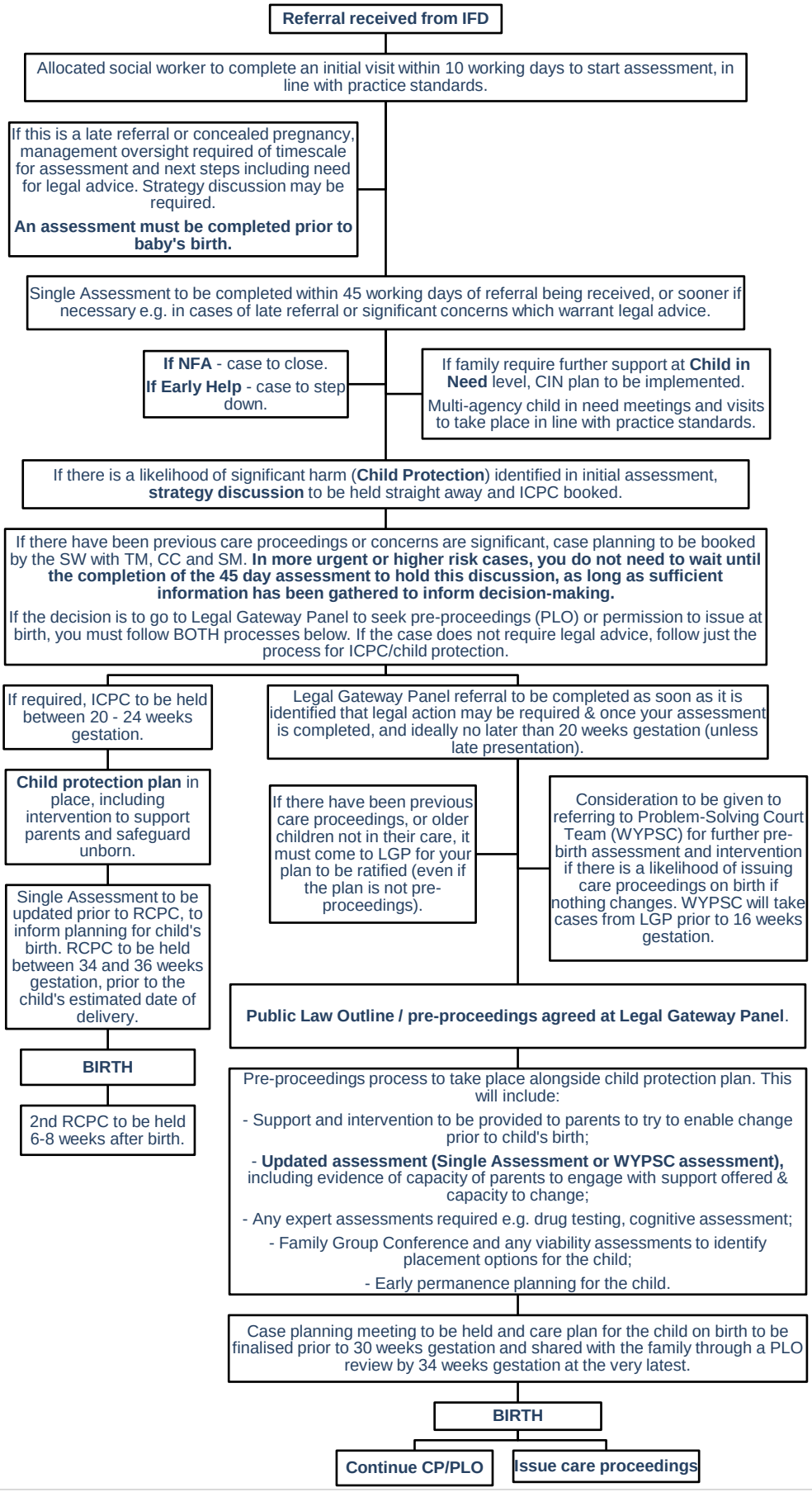
The Integrated Front Door (IFD) is responsible for the initial pre-birth screening of any referrals. A decision of further action will be made within 24 hours of receipt of the referral. The referrer will be informed of the decision.

The Child and Family Team will immediately take referrals for a pre-birth assessment when they are already involved with the unborn baby's sibling under a Child in Need, Child Protection or Child in Care plan. The unborn child will need a social work assessment to consider their own individual needs alongside how adding another child to the family will impact on the family dynamic and parent's ability to meet their family's needs.

Where a referral has been made to the Integrated Front Door in the very early stages of pregnancy but it is not immediately clear that a social work assessment is or will be required, the Early Help Service will undertake an Early Help Assessment to identify the early support needs of the parents and will use the step up process to IFD if a social work pre-birth assessment is required.

3 Progressing a pre-birth assessment

3.1 Workflow and process



At the point of an unborn child being allocated, the Team Manager should provide oversight of the allocation and an assessment plan, as with any child. The Single Assessment should be started immediately and completed within 45 working days, with a manager's checkpoint at 10 days.

If not already completed, social workers should inform parents of the referral, seek consent for agency checks, arrange an initial visit within 10 working days and inform the professional network of social work involvement.

Whilst undertaking a pre-birth child and family assessment, if needs are identified or the family are working with a number of different professionals, a child in need meeting should be held as soon as possible. We should not wait 45 working days (9 weeks) to hold a meeting. It is good practice to pull agencies together and provide support as early as need is identified.

In order to inform the work and plan any assessment and intervention, social workers should request all files relating to previous care proceedings from legal at the earliest point if there has been any previous legal proceedings or PLO. As part of the assessment, social workers must compile an impact chronology to include any information from archived files, legal bundles or files from other local authorities.

If the referral is received earlier in pregnancy, this assessment will give an early indication of appropriate next steps for example whether further support and intervention is required under Child in Need, whether a Strategy Discussion should be held to consider an Initial Child Protection Conference, or whether legal intervention needs to be considered such as pre-proceedings or care proceedings on birth.

3.2 Late referrals

If the assessment is as a result of a late presentation, management oversight should be provided by the Team Manager of an appropriate timescale for the assessment and next steps including any need for legal advice. **An assessment must be completed prior to the baby's birth.**

If the Single Assessment concludes that the unborn baby and expectant parents would benefit from further social care support as part of a Child in Need plan, this should be implemented **immediately** in line with practice standards.

In circumstances of late referral where children's service is either notified about the pregnancy late (post 25 weeks' gestation) or the pregnancy has been concealed, we need to gather as much information as quickly as possible. Should the information suggest the presence of significant harm, a strategy discussion should be convened if not already held at the point of referral.

The strategy meeting undertaken in relation to a pre-birth assessment should be multi-agency and follow Working Together to Safeguard Children (2018) guidance update in (2020).

Any plan arising from a Strategy Meeting should decide on the following:

- Are immediate safeguarding actions required?
- Is there evidence to suggest that the unborn is at risk of significant harm, and therefore is a section 47 enquiry required to assess this?
- Should this investigation be a single agency or a joint agency investigation (i.e. with police or health colleagues)?

If the initial information gathered indicates a need for legal advice, then with guidance from the safeguarding unit and the head of service, this case should be presented at Legal Gateway Panel as quickly as possible. Legal Gateway Panel will require some form of assessment in order to ratify the proposed plan. In urgent circumstance this may not be a full pre-birth assessment.

3.3 Late bookings and concealed pregnancy

There are many reasons why people may not engage with ante-natal services or conceal their pregnancy; some of these reasons are listed below and can result in heightened risk to the child. **Late booking** is defined as relating to women who present to maternity services after 20 weeks of pregnancy. A **concealed pregnancy** is when a person knows they are pregnant but does not tell anyone or; a person appears genuinely unaware that they are pregnant.

Some indicators of risk and vulnerability are as follows -

- Previous concealed pregnancy [12]
- Previous children removed from the parents' care;
- Fear that the baby will be taken away;
- History of substance misuse;
- Mental health difficulties;
- Learning disability;
- Domestic abuse and interpersonal relationship problems;
- Previous childhood experiences/poor parenting/sexual abuse;
- Poor relationships with health professionals/ not registering with a GP.

N.B. This list is not exhaustive.

In cases where there are issues of late booking and concealed pregnancy, it is extremely important that careful consideration is given to the reason for concealment, assessing the potential risks to the child and convening a strategy meeting as a matter of urgency.

7-mb-concealed-and-denied-pregnancies-draft.pdf (saferbradford.co.uk)

1.4.17 Concealed Pregnancies (proceduresonline.com)

4 Child Protection Processes and Legal Planning Pre-Birth

4.1 Pre-birth child protection processes

Although care proceedings cannot be initiated before a child is born, in some circumstances, agencies or individuals can anticipate the likelihood of significant harm to an expected baby. In these cases, a pre-birth **Strategy Discussion** should be held before 20 weeks' gestation, where possible, to consider the appropriate next steps.

In any case where there have been previous care proceedings for the children of either parent, or the current partner of a parent, a pre-birth Strategy Discussion should be held at the point of referral or following initial enquiries being made by the allocated social worker.

The meeting will be chaired by a Team Manager and should involve the social worker for the unborn, police, community and/or safeguarding midwife, health visiting service, and other involved professionals e.g. adult mental health services, probation, housing, drug and alcohol services, and any other relevant professional.

The purpose of the meeting is the same as any other strategy discussion and should determine whether a section 47 enquiry is necessary, which will then consider whether an Initial Child Protection Conference (ICPC) should be convened. If the strategy discussion is being held as a result of a late presentation, the meeting should also consider any required action by ward staff if baby was to be born prior to any further planning being in place.

If it is decided that a pre-birth Child Protection Conference should be held it should take place as soon as possible ideally between 20 and 24 weeks of gestation, so as to allow as much time as possible for planning support to the baby and family. Where there is a known likelihood of a premature birth, the conference should be held earlier.

N.B. pregnant women who are using street drugs are more likely to give birth prematurely, therefore early conferencing in such cases is vital.

A pre-birth conference has the same status and purpose as any other ICPC and must be conducted as such. **If there is a proposed plan to apply to the court to remove the child at birth, an Initial Child Protection Conference still needs to be held**; this provides a multi-agency plan to safeguard the unborn child and we cannot pre-empt the decision-making of a court. If an Interim Care Order is granted at birth, the child protection plan can end by agreement between the CPC and the IRO.

If a decision is made that the unborn baby needs to be the subject of a Child Protection Plan, formal child protection planning procedures must be followed.

The Core Group must be identified and should meet within 10 days of the Initial Child Protection Conference and every 4-6 weeks following this.

The child protection plan should be reviewed at a Review Child Protection Conference (RCPC) scheduled to take place prior to the child's birth, ideally between 34 and 36 weeks' gestation. This will allow for the multi-agency network and parents to be clear of the plan for the child once born.

If the decision at the first RCPC is for the unborn or new-born child to remain subject to a child protection plan, the next review should be held within 6 weeks of the child's birth, given the vulnerability of a new-born baby and importance of the early days of their life.[3]

In cases of late presentation or concealed pregnancy, where a risk of significant harm is identified, a strategy discussion and ICPC should be held as soon as practicably possible. The date of the RCPC will need to be arranged in consultation with the Child Protection Coordinator and according to the needs of the family, but should be no later than 6-8 weeks following the birth of the child.

4.2 Legal planning pre-birth: pre-proceedings (PLO) and care proceedings

Consideration should be given to whether a referral to Legal Gateway Panel is necessary to consider pre-proceedings (PLO) or care proceedings on birth. If the unborn still sits within the Duty and Assessment Team, then immediate transfer plans should be made with the Child and Family Team to progress.

If there have been care proceedings for previous children of either parent, or either parent has had a child removed from their care by any other means, the matter must be heard at Legal Gateway Panel to enable legal advice to be given and to ratify your proposed care plan for the child on birth.

If legal advice is required, then a planning meeting should be held with the relevant level of management and the process followed to book Legal Gateway Panel. In most situations this should be heard at Legal Gateway Panel between 16 and 20 weeks' gestation; late notifications of pregnancy should be progressed at the earliest opportunity if threshold is considered to be met.

A Single Assessment will be required in order to progress to Legal Gateway Panel, to ensure that any decisions are based on up-to-date information about the risks. However, if the matter is urgent (e.g. a late presentation) or there is a clear indication that pre-proceedings should be started (e.g. recent care proceedings), this assessment could be completed based on one or two visits and an analysis of the available information, with a view that a more comprehensive assessment will be completed during the course of the PLO / pre-proceedings. This allows parents to have the benefit

[3] 1001 Days - Parent-Infant Foundation (parentinfantfoundation.org.uk)

of legal advice as soon as possible. If there have been previous care proceedings there is a clear evidence base and starting point for assessment, and the assessment should focus on what, if anything, has changed.

Legal Gateway Panel will advise on whether threshold is met for either pre-proceedings or care proceedings and if so, whether there is evidence to support a care plan for separation, parent and child placement or a community-based plan of support.

If it has been identified as potentially suitable for the Problem Solving Court Team to complete a pre-birth assessment, this will be agreed following Legal Gateway Panel and a worker allocated. The main allocated social worker will remain responsible for the unborn, with the PSCT social worker undertaking the updated assessment. PSCT will only undertake assessments if the referral is received prior to 16-20 weeks' gestation so early referral is vital.

At the point of the Local Authority agreeing, in principle, that the grounds or threshold for care proceedings exist and that they are likely to issue such proceedings when the child is born if the situation does not change, the Local Authority must send the parents a pre-proceedings letter[4]. This should set out the Local Authority's concerns and expectations for the parents in order to try to prevent a need to enter court proceedings. This is in order to avoid informing expectant parents in the late stages of pregnancy, and to enable enough time to work with the family to explore all options and consider viability assessments. There is also an opportunity to commission specialist assessments at this stage.

If expert or specialist assessments are being commissioned pre-birth, these should be timetabled to be completed and reports received at the latest by 36 weeks' gestation; bearing in mind that some assessments (e.g. cognitive or psychological assessments) will need to take place prior to 34 weeks' gestation or not until six weeks after the child's birth.

The PLO/pre-proceedings process should not just be about assessment, and support and intervention should be provided to the family based on the early identified risks and any others which arise, to ensure families are given the best opportunity to remain together.

If, through the pre-birth assessment and PLO period, it has been determined that there is evidence to make an application for an Interim Care Order or other relevant order at birth, the social work team should be prepared to issue proceedings in a timely way once the baby is born. Best practice guidance[5] sets out that in all but 'the 'most exceptional and unusual circumstances', the Local Authority must make applications for care proceedings in respect of new-born babies **within at most 5 days of the child's birth**.

Recent guidance[6] is clear that the separation of a new-born baby from its parents' is 'scarcely appropriate under Section 20'. The (limited) appropriate use of Section 20 in relation to separation of new-born babies may include circumstances where the parents need a very short period in a residential unit to prepare for the child to join them, or if a carer needs to undergo a short programme of detox or medical treatment. Social workers should also be mindful of a parents' capacity to give Section 20 consent following childbirth.

[4] letter-before-proceedings-guide-october-2020.pdf (proceduresonline.com)
[5] 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
[6] Best practice guidance: Section 20 / section 76 accommodation (March 2021)

The social worker should start to compile their evidence including updating the chronology and writing the initial court statement and care plan at the earliest opportunity once the plan to issue care proceedings at birth has been endorsed. A referral to Placement Finding and the Supervised Contact team should be made once the decision to issue proceedings is made and a care plan agreed. The social work team should provide all relevant documentation necessary to legal to issue proceedings and application for an Interim Care Order not less than 7 days before the expected date of delivery, to enable legal services to issue proceedings within 24 hours of the child's birth where possible.

4.3 Involvement of extended family or friends and early permanence for children

Working with extended families and family friends is crucial to the assessment process and achieving positive outcomes for unborn children. Consideration should always be given to convening Family Group Conferences or Family Network Meetings in every case to understand the support available for the parent (s) as well as explore alternative carers for the baby where there is a possibility that the parents' may be unable to meet their needs.

Family Group Conferences and Family Network Meetings can enable the families to be brought together to make alternative plans for the care of the child thus avoiding the need for Care Proceedings in some cases. Parallel assessment of alternative family carers can prevent delays in Care Planning for the child.

Where the local authority has determined that there is sufficient evidence that the baby would not be safe in their parents' care once born and there is a plan to issue care proceedings, consideration needs to be given to the parallel permanence plans for the child in order to reduce unnecessary changes of carer once they are born. Viability assessments of family and friends should be undertaken in the first instance during the pre-birth period and in the absence of suitable family placements, consideration must be given to whether the child is suitable for an Early Permanence (fostering for adoption) placement so that assessment and planning can take place as early as possible.

Fostering for Adoption protects children from experiencing multiple moves within the foster care system. It provides children with good quality, uninterrupted and consistent care whilst detailed assessments of their birth family are completed, and the Court decides on the plan for the child. Consistent care for the child reduces possible future harm and it supports the child in developing healthy attachments. If the pre-birth assessment indicates that the child is likely to need to be placed outside of their family, the social work team should make a decision as to whether a fostering for adoption placement or placement with siblings previously adopted would be appropriate for the child and discuss this with the adoption team (One Adoption).

4.4 Relinquished babies

The term 'relinquished child' is used to describe a child, usually a baby or at a pre-birth stage, whose parents are making the choice of adoption for the child. Statutory adoption guidance sets out a process to be followed in the case of relinquished children under the age of six weeks. If a request is made by parents to relinquish their child upon birth, a referral should be made to IFD.

If this request is clear at the point of referral, the case should progress directly to the Child and Family Team as an assessment. The allocated social worker should contact One Adoption upon allocation to ensure a coordinated approach to providing the information gathering and counselling process which needs to take place during the pre-birth period. The initial visit must take place jointly.

If during the course of assessment parents make the decision to relinquish the child, then the child should remain allocated to their current social worker and the relinquished child procedure

commenced. Social workers should read the West Yorkshire Relinquished Children guidance and procedures[7].

4.5 Children who may be born at home or in other areas (parents who go missing)

Expectant parents can be fearful of social care intervention and may try to conceal the birth of their baby from professionals either by giving birth at home or by moving to another local authority. If the social worker considers that this may be a risk, the social worker and relevant safeguarding midwife should agree to complete a 'Maternity Alert', which can be distributed internally within the health trust, to bordering maternity units, to the West Yorkshire Ambulance Service or to other health trusts regionally or nationally.

Information must be provided detailing if it is suspected that the child may suffer or be likely to suffer Significant Harm (i.e. is subject of a Child Protection Plan), is currently subject to a s47 enquiry or if the Local Authority intends to apply to the courts to remove the baby at birth.

It may be necessary for a strategy discussion to be held in order to ensure that all relevant agencies are aware of the risk, including the police. In the event of an expectant mother going missing once an unborn child is subject of a Child Protection Plan, consideration should be given to making a missing person report to the police.

5 The pre-birth assessment

5.1 Good practice guidance in completing a pre-birth assessment

Social workers will not conduct assessments in isolation; working closely with relevant professionals such as midwives and health visitors and other relevant agencies and professions such as substance misuse, mental health and learning disability professionals is crucial. The pre-birth assessment is a multi-agency task although Children's Social Care have the responsibility for ensuring its completion.

It is good practice that following a contact/referral made to Social Care the allocated social worker should contact the Midwifery Service and set up an immediate home visit within 3 working days to meet with the pregnant woman (where possible). Any home visit should set out clear expectations of engagement under safety planning following a strength based approach using the Bradford Practice Model. As part of the pre-birth assessment, multi-agency meetings should be held.

The assessment process will follow the child and family single assessment; the domains in the "Framework for Assessment of Children in Need" apply to pre-birth assessments as well as other social work assessments but may concentrate much more on aspects of the parenting capacity and wider environmental factors, than the child's needs. However, the child's needs will need to be assessed immediately after birth. If the child has any identified health or development needs prior to birth, these should be considered as part of the pre-birth assessment.

Factors that the social worker should consider assessing in more depth may include the following:

- **Practical preparation for the baby** – the parents' ability to understand the need for a safe and warm home environment. A lack of awareness regarding this may indicate that parents may struggle to meet the child's more complex emotional, psychological and social needs.
- **Preparedness for both birth and child** – physical preparation. A lack of any arrangements may indicate that parents are practically or emotionally ready for the child.
- **Parental ambivalence** – preparedness either physically or mentally. A lack of engagement can be an indicator of ambivalence about the child; this could include lack of ante-natal care or concealing a pregnancy (although there may be other explanations).
- **Partner relationship** – risk and protective factors are more likely to be determined if both parents are part of the assessment. The importance of finding out not just about the father of the child,

[7] Relinquished Children (proceduresonline.com)

but any partner that the mother may be living with at the time of the child's birth has been highlighted in previous Serious Care Reviews.

It is important that workers undertaking the assessment have a clear understanding of the family background and history. One of the early tasks should be to complete a chronology detailing the history. Information can be gathered from a variety of sources including children's and adult social care files and electronic records, including those of other local authorities and legal bundles, interagency discussions e.g. Police, Health, Education. In addition, it may be useful to meet with previous social workers.

The importance of compiling a full Chronology and family history is particularly important in assessing the risks and likely outcome for the child.

Parents are the experts in their own history and experiences so it is vital to understand their personal history from their perspective. It is also essential that there is a good understanding about their feelings about this newborn.

For parents who have had previous children removed it is important to assess their understanding of this and their views about these children and whether circumstances have changed.

It is crucial to seek information about fathers/partners whilst conducting assessments and involve them in the process. Background Police and other checks should be made at an early stage on relevant cases to ascertain any potential risk factors for both parents.

5.2 Co-producing assessment plans with parents – *restorative practice*

Where the decision has been made to undertake a pre-birth assessment it is good practice to draw up an assessment plan between Children's Social Care and the parents at a meeting to plan this. The agreement should outline the reason for the assessment, its purpose and aims, and how the assessment will be carried out –

- Dates, times, venues of sessions and who will attend each session;
- Areas to be covered in the assessment;
- How the assessment will be shared and with whom; and
- Expectations of those participating in the assessment.

Parents should be seen individually and as a couple, and extended family members may need to be contacted. Assessment sessions will normally take place at the family home and in the office. It is important that the working agreement is shared to clarify expectations, identify tasks and clarify boundaries. Any anxieties there might be around the assessment can be dealt with and openness encouraged. It should be clearly stated that part of the process will be to liaise with other agencies. One of the sessions in the family home should assess the home environment and preparations made for the baby's arrival.

5.3 Parental non-engagement

There are many reasons why expectant parents may not cooperate with the assessment. It is extremely important that parental non-engagement does not become the reason for delaying the assessment and making multi-agency plans and contingency plans for the birth of the baby. It maybe that other professional/agencies or other family members could be a bridge to completing the assessment.

5.4 Inclusivity

Where English is not the first language or there are literacy issues, this should be taken into account at the planning stage. Workers should ensure that written information is provided in a format that can be understood e.g. obtaining a foreign language translation, using an advocate or an interpreter.

Time needs to be set aside to make sure that written information is understood. An interpreter may be required for the assessment sessions themselves.

Interpreters may also be required for people with disabilities with communication difficulties.

For parents with a Learning Disability or Difficulty, adaptations should be made to ensure that they understand the assessment; this is likely to involve completing a PAMS type assessment or using visual aids. Social workers should be familiar with the 'Good practice guidance on working with parents with a learning disability[8]'. Even in the absence of a diagnosed learning disability, if a social worker has concerns about a parents' level of understanding, they will need to adjust their approach in order to enable parents to engage with the process. Advice should be sought if the social worker is inexperienced in working with parents with learning difficulties.

Workers need to be aware of any risks to their own safety during the assessment and these may need to be addressed in supervision.

5.5 Working with fathers and/or partners

Fathers play an important role during pregnancy and throughout children's lives.

'The involvement of prospective and new fathers in a child's life is extremely important for maximising the life-long wellbeing and outcomes of the child regardless of whether the father is resident or not. Pregnancy and birth are the first major opportunities to engage fathers in appropriate care and upbringing of children'. (The National Service Framework for Children, Young People and Maternity Services (2004)

It is important that fathers and/or partners are included in the pre-birth assessment to fully consider the role that they will play in the child's life, especially if the father is not living or in a relationship with the mother. Consideration should be given to whether the father could care for the baby if it is assessed that the mother cannot. As much information about the father and/or partner should be included as for the mother and should ascertain their feeling/attitude towards the pregnancy, the mother and the baby and their thoughts and feelings about becoming a parent.

It is important that their history is explored and that robust checks are undertaken. Serious Case Reviews highlight then men are often hidden in assessments and have highlighted where this has resulted in serious injury or death to babies and young children.

5.6 Analysis and recommendations

Assessment and intervention should not be undertaken in isolation of each other and the pre-birth assessment should evidence any change from referral to the point of concluding the assessment. If the pregnancy is referred at an early point (e.g. 12 weeks) there will need to be an on-going assessment of change from the point of referral to birth, for example through the child protection process.

The social worker's analysis should give the reader an understanding of why the assessment has been undertaken and should be clear about the individual unborn child's needs as well as the needs of their parents. Careful analysis of the information gathered should be a shared process with other agencies, particularly midwives or specialist services, to ensure that a robust and evidence-based assessment is formed with a clear plan of how the child's needs will be met.

- What are the worries/risks to the baby?
- What is the likely impact on the baby if nothing changes?
- The work that has been undertaken during the pre-birth assessment period.
- What work still needs to be done?

[8] Good practice guidance on working with parents with a learning disability

- Whether parents have the capacity to make the required changes?
- If not, what is the recommendation for the baby?

The outcome should be shared with parents at the earliest opportunity as they will be very anxious at this time. The West Yorkshire guidance states that the parent/s should be informed of the outcome of the pre-birth assessment by week 34 of the pregnancy. This should be the latest point at which we should be able to tell parents the likely outcome.

Assessment is a dynamic process and any work undertaken during the pre-birth assessment and following processes can be seen as the beginning of a journey and there will need to be continuing assessment of the child's needs and parental capacity once the child is born.

For parents who have the care of the baby, some will do well with the support in place for them whereas others will struggle with the demands of parenthood while managing their own needs and decisions may need to be made at that time that they cannot safely parent their new born. However, this is less likely to happen if the pre-birth was started in a timely manner, is comprehensive and has already highlighted all the risk factors.

6 What Happens Post-Birth?

6.1 Safeguarding birth plans and birth planning meetings

All unborn children open to Children's Social Care should have a Safeguarding Birth Plan on file and shared with health colleagues prior to the expected date of delivery. Where there are significant safeguarding concerns, this should be developed and shared by 34 weeks' gestation. The parents should be aware of and, wherever possible, involved in the development of this plan. The plan should follow the template at Appendix 1.

If the decision of the Legal Gateway Panel is that the unborn baby should be the subject of Care Proceedings, it is good practice for a Birth Planning Meeting to take place at the hospital where possible. This is a professionals meeting which should be chaired by Children's Social Care. The purpose of the meeting is to make a detailed plan for the baby's protection and welfare around the time of birth so that all members of the hospital team are aware of the plans.

The agenda for this meeting should address the following:

- How long the baby will stay in hospital after birth (for babies born to substance using mothers who may experience withdrawal symptoms a minimum of 7 days is usually recommended)
- How long the hospital will keep the mother on the ward and the level of supervision required
- The arrangements for the immediate protection of the baby if it is considered that there are serious risks posed to the child e.g. parental substance misuse, mental health issues, significant physical or sexual risk, health and domestic abuse. Consideration should be given to the use of hospital security; informing the Police etc.;
- The risk of potential abduction of the baby from the hospital particularly where it is planned to remove the baby at birth
- The plan for family time between the baby, mother, father and extended family whilst in hospital, including identifying any adults who should not have contact. Any plans for family time should be clear regarding what level of supervision is required for each adult and who will be responsible for the supervision
- Consideration of any risks to the baby in relation to breastfeeding e.g. HIV status of the mother; medication being taken by the mother
- The plan for the baby upon discharge under the auspices of an application for a legal order e.g. discharge to parent/extended family members; mother and baby foster placement; foster care, supported accommodation

- Where there are concerns about an unborn of a pregnant woman who intends to have a home birth, the Ambulance Service Lead should be invited to the Birth Planning Meeting
- Contingency plans should also be in place in the event of a sudden change in circumstances
- Hospital staff should be given clear instructions regarding any birth that is likely to occur over a weekend or Bank Holiday
- The Emergency Duty Team should also be notified of the birth and plans for the baby and sent a copy of the pre-birth plan

This meeting will be recorded and a copy of the minutes shared with all relevant agencies including the hospital to ensure that everyone is aware of the plan. A copy of this meeting will be held on the child's electronic case file and the mother's patient's record.

6.2 Birth and discharge of a newborn baby

The hospital midwives need to inform the allocated social worker or the Emergency Duty Team (if out of office hours) of the birth of the baby and there should be close communication between all agencies around the time of labour and birth.

If the baby is the subject of a Child Protection Plan and proceedings are not to be initiated, the Core Group should meet within 10 days of the baby's birth. The social worker and ward staff/midwife should keep in regular contact. A visit may be required to the hospital by the social worker if there are significant concerns prior to the birth or any concerns raised by the ward staff/midwife.

In cases where legal action is proposed, the allocated social worker should visit the hospital the next working day following the birth. The social worker should meet with the maternity staff prior to meeting with the mother and baby to gather information and consider whether there are any changes needed to the discharge and protection plan. The social worker must keep the hospital up-dated about the timing of any application to the Courts. The lead midwife/ward staff should be informed immediately of the outcome of any application and placement for the baby. A copy of any Orders obtained should be forwarded immediately to the hospital. The social worker and ward staff/midwife should ensure they keep in regular contact.

It is widely accepted that in addition to having an inevitable impact on attachment and bonding, the experience of separating an infant at birth from their mother, father and wider family is an acutely distressing and traumatic experience for all concerned, including involved professionals. Every situation should be assessed on an individual basis, however at a minimum there must be clear communication between the social worker, the midwife in charge of the mother’s care and where possible the mother and/or father, to identify in advance an appropriate place and who will facilitate the separation of baby from their parents. Where possible, parents should be given the opportunity to have some choice in who they will hand the baby to at the point of separation and whether they leave the hospital before or after the baby is removed. Where possible, photographs should be taken of the mother/father and baby together and mementoes from hospital provided both for the baby’s life story work and for the parents.

APPENDIX 1

AIREDALE NHS TRUST, BRADFORD TEACHING HOSPITALS NHS TRUST, BRADFORD METROPOLITAN DISTRICT COUNCIL
SAFEGUARDING BIRTH PLAN

This plan should be completed by Children's Social Care in consultation with Health

To be completed for all unborn babies who are: -

- Subject of a Pre-Birth Assessment regardless of the outcome i.e. Child Protection Plan and/or Public Law Outline (PLO) process.
- For removal from parents to the care of the local authority following birth.

The completed form should be sent by fax (do not email) to the relevant hospital and also shared with EDT.

Airedale – Rita Horsfall, Named Midwife for Safeguarding Children.
Telephone: 01535 292386 / 01535 652511(bleep via switchboard)
Fax: 01535 292397 for the attention of Rita Horsfall

Bradford – Eileen McArdle-Robinson, Named Midwife for Safeguarding Children.

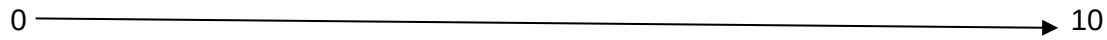
Telephone: 01274 383636

Email bthft.maternity@nhs.net for the attention of Eileen McArdle-Robinson or Peter McNamara

SUMMARY OF SAFEGUARDING PLAN	
UNBORN BABY**:** (state proposed surname)	Social Care case ID number
EDD	Mothers name
Local Authority Plan	
Please put a cross in the correct box. Baby to be separated from mother following birth ☐ Baby to be separated from mother on discharge ☐ Baby to become subject to a Child Protection Plan ☐	

SAFETY SCALE

Place the child on the scale on how concerned you are about that child



Child is at immediate risk — Child is safe enough

Urgent Safeguarding Action — We do not have any worries

1	2	3	4	5	6	7	8	9	10

Regardless of the contents of this safeguarding birth plan, the mother's wish for infant feeding must be respected (within the context of either Trust's Breastfeeding Policy)

Family Composition					
Name	D.O.B	Relationship to unborn child	Address	Parental responsibility for unborn	Ethnic Origin (if appropriate)

Professionals involved with the family	
Hospital / Midwifery Unit for birth	
Named Midwife	Named Social Worker
Contact details	Phone number (not mobile)
Other	CSC Team Manager Phone number
EDT (Emergency Duty Team - out of office hours) Telephone no - 01274 431010	

Brief History using Signs of Safety

What are we worried about?

What is working well?

Safeguarding plan in hospital

Agreed birthing partner's name and status

Risk to staff / patients on ward and actions agreed

Supervision management plan (due to staffing levels hospital staff cannot supervise parents)

Note

Any difficult or disruptive behaviour within the hospital will not be tolerated and will automatically involve hospital security and/or the Police and the perpetrator's will be removed as per hospital policy

Plan for removal of baby from parents

Please put a cross in the correct box:

Section 20 agreement ☐

Powers of Police Protection ☐

Emergency Protection Order ☐

Interim Care Order ☐

Will a pre-discharge meeting be required? (between social care and mother/others which may be facilitated by safeguarding midwife / hospital staff)

Yes ☐ No ☐

Arrangements for discharge	
Home with mother ☐ Discharge with another (relationship to child) ☐ Discharge to foster care ☐	
Date copy plan given by Social Worker to	
EDT:	Hospital:

This form has been completed by:

Name:

Children's Social Care

Signed: Print: Date: