

Multi-Agency Pre-Birth Practice Guidance

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| **Index** | **Subject** | **Page** |
|  | Contents | 1 |
|  | Pre-Birth Flow Chart |  |
| 1. | Introduction | 4 |
| 2. | Recognition | 4 |
| 3. | Parents who are or have been eligible for Leaving Care Services or are Children We Care For | 4 |
| 4. | Pre-Birth Referral | 5 |
| 5. | Pre-Birth Assessment | 5 |
| 6. | Consent to Share Pre-Birth Assessments | 7 |
| 7. | Pre-Birth Child Protection Conferences | 7 |
| 8. | Legal Gateway Meetings | 8 |
| 9. | Raising a National Safeguarding Alert | 9 |
| 10. | Safeguarding Pre-Birth Plans | 9 |
| 11. | Discharge Planning Meetings | 10 |
| 12. | Relinquished Babies | 10 |
| 13. | Securing Early Permanence | 10 |
| 14. | Mothers who are Under 18 and Open to Children’s Services | 11 |
| Appendix 1 | Pre-Birth Checklist | 12 |
| Appendix 2 | Pre-Birth Assessment Tool | 14 |
| Appendix 3 | Interventions and Resources | 18 |
| Appendix 4 | Helpful Contact Details | 21 |

**West Sussex Pre-Birth Workflow including Mosaic Steps**

**N.B these timescales are in relation to an early referral to Children’s Services and should be altered for late notification of pregnancies.**

Concerns/Risks identified in relation to parents’ ability to care for unborn baby pre or post birth

MASH Referral for unborn baby

MASH enquiry indicates threshold for Tier 4 service and assessment required.

Or Unborn Baby is part of a sibling group in Assessment Team

MASH enquiry confirms previous care proceedings within the last 3 years where children were removed from either parent’s care.

Or Unborn baby is part of a sibling group in Family Safeguarding Team (FS).

Unborn Baby Allocated in Family Safeguarding Team

Unborn Baby Allocated in Assessment Team

Allocated social worker to undertake visit within 5 working days and complete Pre-Birth Child and Family Assessment within 45 working days.

By Day 15 – Case Consultation with Pre-Birth Specialist

Day 20 checkpoint – TM and SW to consider next steps. Consider trigger points for Legal Gateway Meeting e.g., previous children removed from parental care.

Day 20 checkpoint – TM and SW to consider next steps. Consider next steps, further intervention, and trajectory planning.

Gestation Week 28 – **Safeguarding Plan** completed on Mosaic and shared with midwifery. Pre-Birth Safeguarding Plan should be updated at any significant event or change of care plan.

By Day 45 Child and Family Assessment completed – shared with professional network, including midwifery, family nurse partnership and health visiting team

**No Further Action/ Early Help**

NFA – Case to be closed

Early Help – step across to be completed in line with practice standards

**Child in Need Plan**

CIN Plan to be implemented in line with practice standards.

Transfer to Family Safeguarding if in Assessment Team.

**Child Protection Concerns**

Strategy Meeting to be held and S47 Investigation to be completed in line with practice standards

**Significant Concerns**

Legal Gateway Meeting to be considered and arranged.

**Initial Child Protection Conference**

Transfer to Family Safeguarding if in Assessment Team

1. **Introduction**

Babies can be particularly vulnerable to harm and abuse; early assessment, intervention and support provided during the antenatal period can help minimise any potential risk of harm. The aim of this practice guidance is to assist the Children's Social Care teams with the requirements and process when working with unborn babies and their families within the service. The guidance will provide advice and expectations where there are safeguarding concerns for unborn babies.

1. **Recognition**

During the antenatal period all professionals have a responsibility to promote the welfare of the unborn child and to consider the risks of potential harm to the unborn child whilst in utero, as well as factors which may pose a risk once they are born.

Where there are concerns about the safety and welfare of an unborn child, a pre-birth assessment must be undertaken as early as possible so that all relevant professionals can plan effectively to promote the child’s welfare following birth.

Professionals must consider making a referral to West Sussex Integrated Front Door for a pre-birth assessment in the following situations:

* A previous child of the parent has suffered significant harm and has been removed from the parent’s care or died in suspicious circumstances.
* A sibling is subject to care proceedings or is a child we care for.
* A sibling in the household, or if parents live in separate households, is or was subject to a child protection plan.
* The parent or another adult in the household is known to pose a risk to children.
* The parents are under the age of 18 and/or a care leaver and is vulnerable
* The parent’s lifestyle and behaviour during pregnancy may harm the unborn child or raises concerns about future care of the child. Some areas of risk and not totally exclusive:
* Substance misuse impacts on parenting
* Parent has enduring and /or severe mental ill health
* Domestic abuse and family violence that impacts on parenting
* Homelessness and chaotic lifestyles that impacts on parenting
* Parental learning disabilities that impact on parenting
* The unresolved impact of parents own experience of being abuse
* One parent is thought to be a risk to children
* A concealed pregnancy no engagement with ante-natal services
* Female Genital Mutilation (FGM) risk assessment indicates that the baby is at risk

1. **Parents who are or have been eligible for Leaving Care Services or a Child We Care For:**

If either parent is or has been eligible for Leaving Care Services or is a Child We Care For, consideration should be given to the unborn being referred to the Multi Agency Safeguarding Hub (MASH).

Please refer to the care experience and young people guidance when considering a referral for a care leaver, which includes both mothers and fathers. [Link: [Pre-Birth Planning for Care Leavers](https://sussexchildprotection.procedures.org.uk/yhkysoz/safeguarding-children-practice-guidance-children-in-specific-circumstances/pre-birth-planning-for-care-leavers-)]

Professionals can contact the Pre-Birth Specialist within Children’s Services to discuss any seek advice as to whether an Unborn Baby should be referred in to Children’s Services.

A pre-birth assessment should be carried out in circumstances whereby there are recent or current issues which could impact on the parents’ parenting capacity. For example, complex attachment or emotional difficulties, placement instability or homelessness, substance misuse or alcohol problems, mental health difficulties, criminal offending, exploitation, or any other factors which could impact their ability to provide safe care. The decision about how to proceed will be made by MASH and recorded on the unborn’s file.

1. **Pre-Birth Referral**

Professionals should discuss concerns with their agency safeguarding lead prior to referral, or if any further advice can contact the Pre-Birth Specialist via the email address [permanence.team@westsussex.gov.uk](mailto:permanence.team@westsussex.gov.uk) or they can contact the MASH on **01403 229900.**

Where an agency or individual considers that a prospective parent may need support services to care for their baby, or that the baby may be at risk of significant harm, then they must refer to Children’s Services as soon as the concerns are identified. Referrals should be made to the Multi Agency Safeguarding Hub (MASH) on 01403 229900. If you are a professional making a referral, you should complete the online referral via [Raise a concern about a child - West Sussex County Council](https://www.westsussex.gov.uk/education-children-and-families/keeping-children-safe/raise-a-concern-about-a-child/)

For most cases the appropriate and proportionate point to make a referral is at 12 weeks gestation, when the pregnancy has been confirmed through an ultrasound scan. However, there will be circumstances in which earlier referral is appropriate if there are significant concerns around the safety and wellbeing of the unborn baby and/or historic involvement with Children’s Services. In light of this, the Multi-Agency Safeguarding Hub **will** accept the referral prior to 12 weeks.

The Integrated Front Door (IFD) will decide on the referral within 24 hours and will notify the referrer of the outcome. If the case meets the threshold for a social work service because the unborn baby maybe a child in need or at risk of harm, then the referral will be passed on to a social work team for a Pre-Birth Assessment.

Concerns should be shared with prospective parents by the referring agency wherever possible, if it is safe to do so.

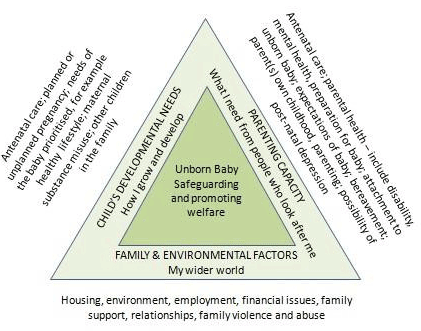
1. **Pre-Birth Assessment**

A Pre-Birth Assessment, should be undertaken on all pre-birth referrals as early as possible, preferably before 20 weeks gestation, and when appropriate a strategy discussion held where;

1. A parent or other adult in the household, or regular visitor, has been identified as posing a risk to children.
2. A child in the household is subject of a Child Protection Plan.
3. A child/sibling has been removed from the household either temporarily or by Court Order.
4. There are significant domestic abuse issues in the household.
5. The degree of parental substance misuse is likely to impact significantly on the baby’s safety or development.
6. The degree of parental mental health issues is likely to impact significantly on the baby’s safety or development.
7. There are significant concerns about parental ability to self-care and / or to care for the child e.g, unsupported, young, parental learning needs/difficulties
8. Any other concern exists that the baby may have suffered or is likely to suffer significant harm including a parent previously suspected of fabricating or inducing illness in a child or harming a child.
9. A child aged under 13 is found to be pregnant.

Within West Sussex Children’s Services, a Pre-Birth Assessment is very similar to a Child and Family Assessment but predominantly focuses on the unborn baby. The purpose of a Pre-Birth Assessment is to gather and analyse the information and should be the foundation for multi-agency planning.

* What the needs of and risks to the unborn baby may be;
* Whether the parent/s are capable of recognising these and working with relevant professionals so that the needs can be met and the risks reduced;
* What supports the parents have through family/friends and any support they may need;
* Plans to ensure that strengths are built upon and any needs are met;
* Whether the parents have been able to access any support or intervention, and whether this has achieved any sustained change;
* What would be required in order for the baby to safely cared for and how this need will be met.

[](https://www.google.com/url?sa=i&url=https%3A%2F%2Fwww.proceduresonline.com%2Fswcpp%2Fcornwall_scilly%2Fp_prebirth_sg_unborn.html&psig=AOvVaw3Po7Wcbjqjiszm5I41ivoo&ust=1631024203818000&source=images&cd=vfe&ved=0CAYQjRxqFwoTCIjJy-XE6vICFQAAAAAdAAAAABAE)

Please see Appendix 1: Pre-Birth Checklist and Appendix 2: Pre-Birth Assessment Tool for advice and guidance of completing a Pre-Birth Assessment.

If the assessment shows that the unborn baby is likely to be a child in need once born, the assessing social worker will convene a Child in Need Meeting. The meeting should be attended by all the professionals working with the child and family and will implement a Child in Need care plan jointly with parents, family and professionals.

1. **Consent to share pre-birth assessments**

It is good practice that Social Workers’ share the completed pre-birth assessment with all professionals within the professional network, if consent is given by the mother and/or father / second parent.

* Consent to share the pre-birth assessment with professional network needs to be gained from parents (this should be recorded clearly on mosaic)
* If parents, do consent the pre-birth assessment should be shared with the professional network.
* If parents, do not consent and case is closing the professional network should be informed of any support plan or further support identified prior to case closure.

1. **Pre-Birth Child Protection Processes**

In some circumstances, agencies or individuals can anticipate the likelihood of significant harm to an expected baby. Whenever there is reasonable cause to suspect that a unborn baby is suffering, or is likely to suffer, significant harm there should be a strategy discussion held. The pre-birth strategy discussion should be held within five days and should consider the appropriate next steps and to allow as much time as possible for planning support during the pregnancy and following the birth of the baby.

The purpose of the meeting is the same as that of any other strategy discussion. The strategy discussion would share available information; agree any action to immediately safeguard and should decide whether a Child Protection Enquiry under Section 47 of the Child Protection 1989 should be initiated.

The outcome of the Child Protection (S47) Enquiry will determine whether an Initial Child Protection Conference (ICPC) should be convened.

A Pre-Birth Child Protection Conference should be held where:

• A pre-birth assessment gives rise to concerns that an unborn child may be at risk of Significant harm

• A previous child has died or been removed from parent(s) as a result of Significant harm

• A child is to be born into a family or household where children are already subject to a Child Protection Plan

• A person identified as presenting a risk, or potential risk, to children resides in the household or is known to be a regular visitor.

Initial Child Protection Conference:

A Pre-Birth Initial Child Protection Conference (ICPC) should take place within 15 working days of the strategy discussion. Where there is a known likelihood of a premature birth, the conference should be held earlier. A pre-birth conference has the same status and purpose as any other Initial Child Protection Conference and must be conducted in the same way.

Core Group Meeting:

If the decision is made that unborn baby is at risk of significant harm and requires a a Child Protection plan, the main cause for concern must determine the category of concern and a protection plan be outlined to commence prior to the birth of the baby.

When the decision is made by an Initial [Child Protection Conference](https://sussexchildprotection.procedures.org.uk/page/glossary?term=Child+Protection+Conference&g=zkjN#gl27) to make a child subject to a [Child Protection Plan](https://sussexchildprotection.procedures.org.uk/page/glossary?term=Child+Protection+Plan&g=wkjN#gl24), the Conference must

* Formulate an outline [Child Protection Plan](https://sussexchildprotection.procedures.org.uk/page/glossary?term=Child+Protection+Plan&g=wkjN#gl24)
* Ensure a [Lead Social Worker](https://sussexchildprotection.procedures.org.uk/page/glossary?term=Lead+social+worker&g=1kjN#gl29) from Children's Social Care is appointed to coordinate and lead all aspects of the inter-agency [Child Protection Plan](https://sussexchildprotection.procedures.org.uk/page/glossary?term=Child+Protection+Plan&g=wkjN#gl24); and
* Identify members of the [Core Group](https://sussexchildprotection.procedures.org.uk/page/glossary?term=Core+Group&g=2kjN#gl30) and set the date of the first meeting.

The Core Group is the group of professionals who are working together to support the family and safeguard the unborn baby. The Core Group is expected to meet within 10 working days of the Initial Child Protection Conference and every 6 weeks moving forward.

Review Child Protection Conference:

The child protection plan should be reviewed at a Review Child Protection Conference (RCPC) scheduled to take place no later than 12 weeks (3 months) from the ICPC, ideally before the child is born. Consideration may need to be given by the chair to convening an RCPC sooner than 3 months after the ICPC if this is likely to fall close to the child’s estimated date of delivery. If the decision at the first RCPC is for the unborn or new-born child to remain subject to a child protection plan, consideration should be given to convening an earlier further RCPC (i.e. within 3 months of the child’s birth or first review) given the vulnerability of a new-born baby and importance of the early days of their life.

When the unborn baby is to be born into a family or household where children are already subject to a Child Protection Plan, it is good practice to join unborn baby to the sibling’s Child Protection plan.

Unborn Baby where a Sibling is Subject to a Child Protection Plan

If a sibling or sibling group is already subject to a Child Protection Plan and the mother is pregnant a Strategy Discussion and Child Protection (s47) Enquiry must be completed in respect of the unborn baby. This must happen prior to presentation at an Initial Child Protection Conference (ICPC). Depending on the date of the sibling’s Review Child Protection Conference and the gestation of the pregnancy, the ICPC could be held in conjunction with the RCPC.

The unborn baby cannot be made subject of a Child Protection Plan without this process being undertaken to provide the evidence that the Unborn Baby’s needs meet the threshold for the ICPC and to ensure that the evidence and decision making is fully recorded on the Unborn Baby’s file.

1. **Legal Gateway Meetings**

If we are working with a family under a Child Protection plan and if changes are not being made as a means of increasing the safety and wellbeing of unborn baby, the Social Work team may consider the family need to be presented at a Legal Gateway Meeting (LGM). In some cases, it could be necessary to have an ICPC and LGM in short concession of each other if the concerns are significant.

Legal Gateway Meetings must be considered if any of the following are present for the family:

* Where a child has a child protection plan and parental engagement with the process, and support services, has been persistently inconsistent and ineffective, limiting the progress and putting the child at risk of significant harm.
* Where the child has a child protection plan and there has been no progress and/or the impact of the identified concerns has worsened at the point of the second review conference. Every care should be taken to recognise change takes time, particularly where families are experiencing longstanding challenges.
* Families that have previously been through the pre-proceedings process and similar concerns re-occur within a 12-month period.
* Families where the mother or father have had child(ren) removed from their care in the past and there is concern that any presently identified risks cannot be managed with the children remaining in the parents’ care.
* Families where the risks and concerns are sufficiently significant that the matter is highly likely to proceed to court but allowing time for the PLO pre-proceedings.
* Consideration that removal from a parents’ or family members’ care may be required
* Cases of a specific nature e.g. potential inflicted injury and fabricated or induced illness, which are sufficiently serious for formal legal advice to be sought.
* Subject to child protection planning for more than 12 months
* Subject to child protection planning on two or more occasions within the last 3 years and/or for similar concerns.

To book a Legal Gateway Meeting, Social Workers are to e-mail [plomeetingbookings@westsussex.gov.uk](mailto:plomeetingbookings@westsussex.gov.uk) and complete the Legal Gateway Referral episode on Mosaic.

1. **Raising a national safeguarding alert**

Expectant Mothers can be fearful of Children’s Social Care involvement and therefore may try to conceal the birth of their baby from professionals by moving to another Local Authority or giving birth at home. If the Social Worker considers that this may be a risk, the Social Worker and allocated midwife/lead safeguarding midwife should agree to complete a national safeguarding alert.

This alert can be distributed internally within the health trust, regional or national health trusts, bordering maternity units and Southeast Coast Ambulance Service.

Social Workers are to complete the relevant documents that are uploaded onto Tri.x and approved by their Team Manager and sent to the Child Protection Unit (CPU) inbox.

1. **Safeguarding Birth Plans**

All unborn babies who are open to Children’s Services should have a safeguarding birth plan (previously known as pre-birth plan) completed on Mosaic. The document should then be sent to the allocated midwife or lead safeguarding midwife by **28 weeks gestation.** Birth parents should be aware of, and wherever possible, involved in the development of this plan.

Social Workers are to complete the safeguarding birth plan as an episode on Mosaic within the ‘Start’ menu as per the instructions below:

* Open a child’s profile on Mosaic
* Click ‘Start’
* Click ‘New’
* Scroll down to ‘Safeguarding Birth Plan’

The safeguarding birth plan should detail the Local Authority’s current concerns, explain what is working well and detail what the Local Authority’s care plan is upon birth of baby. If 24/7 supervision is required of the parents with their baby on the ward, specific arrangements will need to be made as it is unlikely that this will be able to be provided by midwives on the unit.

It is good practice to complete the safeguarding birth plan whilst in the company of the mother, and if appropriate, father/second parent. These plans are a working document that must be updated after significant events such as the completion of a pre-birth assessment, strategy discussion, Initial Child Protection Conference (ICPC) or Legal Gateway Meeting (LGM) or following changes in care planning.

1. **Discharge Planning Meetings:**

It is expected that a discharge planning meeting takes place for all unborn babies who are subject to a Child Protection plan upon birth. This meeting is usually held in the hospital of where the baby is born, and it is important that a Social Worker attends to ensure that is a clear discharge plan. It is important the child’s parents are also invited to this meeting.

There is not a set timescale for when a discharge planning meeting needs to be held by but must be held prior to the baby’s discharge from hospital.

1. **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. If this request is clear at the point of referral, the case should progress directly to the pre-birth specialist and a Pre-birth assessment is to be completed.

If a request is made by parents to relinquish their child upon birth, the Social Worker is to inform the Pre-birth Specialist via [Permanence.Team@westsussex.gov.uk](mailto:Permanence.Team@westsussex.gov.uk) email address. The Pre-Birth Specialist is available to co-work during the assessment process. Following the initial Pre-Birth Assessment, the case will be allocated to the Pre-Birth Specialist.

1. **Securing early permanence:**

The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review (DfE 2015) defines the objective of planning for permanence as:

*To ensure that children have a secure, stable and loving family to support them through childhood and beyond and to give them a sense of security, continuity, commitment, identity and belonging.*

*Permanence is about having a ‘family for life’ (Sinclair et al, 2007) and a sense of belonging and connectedness (Schofield et al, 2012).*

Where the Local Authority has determined that there is sufficient evidence that baby upon birth would not be safe in their parents’ care and the Local Authority’s plan is to issue care proceedings, consideration needs to be given to the parallel permanence plans for the child to reduce unnecessary changes of primary care giver once they are born. Viability assessments of family and friends should be undertaken as soon as possible during the pre-birth period.

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. A Feasibility Meeting will be

arranged and chaired by the Pre-Birth Specialist to ensure permanence and parallel planning is considered early.

1. **Mothers who are under 18 and open to Children’s Social Care**

If the expectant Mother is under 18 years of age, consideration should always be given to allocating her a Social Worker in her own right. This should not be the same Social Worker who is allocated the Unborn Baby and completing the pre-birth assessment. Mother and child should have separate Social Workers.

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| **Review / Contacts / References** |  |
| Document title: | Pre-Birth Practice Guidance |
| Date approved: |  |
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| Next review date: |  |
| Document owner: | Linda Steele Assistant Director Safeguarding and QA |
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**Appendix 1 – Pre-Birth Checklist**

|  |  |
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| **Task upon allocation** | **Recommended date of completion** |
| Complete chronology of unborn baby on mosaic episode including history of Children’s Services involvement and/or siblings. |  |
| Initial Visit to mother / father/second parent | * By 5 Working days if pre-birth assessment under S17 * Within 24 hours if pre-birth assessment under S47 |
| Workout timescales for when work is due. | * Initial Pre-Birth assessment to be completed within 45 days * Hospital Safeguarding plan (pre-birth plan) to be completed by 28 weeks gestation and reviewed at significant events/change of plan. |
| Completion of the foster for adoption screening tool | * Prior to case discussion with Pre-Birth Specialist. |
| Case Discussion to be held with Pre-Birth Specialist | * Within the first 15 days of allocation. |
| Complete agency checks (including professionals involved in supporting Mum and/or Dad)   * Other Local Authority’s * Midwife * Probation * Mental Health * GP * Drug and Alcohol services (CGL) * Housing * WORTH * Health visitor * Personal Advisors (PA) * Make referral to Family Nurse Partnership | * Once consent has been received if Section 17 |
| Complete genogram with mother / father/second parent | * During initial visit |
| Hold a Family and Friends Network Meeting to identify who is key in support network and what role they have. Social Worker to identify any alternative carers for baby upon birth. | * Within 20 working days of assessment commencing. |
| Safety plan to be shared with family & professional network |  |
| Social Worker to share and discuss pre-birth assessment with birth family and professionals | * Within 5 working days of completion of assessment |
| Complete family safeguarding family programme and assessment if unborn is subject to a Child protection plan or Public Law Outline (PLO). | * By 36 weeks gestation |
| **If Required** | |
| Strategy Discussion | * Upon completion of pre-birth assessment   **Or**   * When concerns and risks escalate |
| Initial Child Protection Conference | * A Pre-Birth Initial Child Protection Conference (ICPC) should take place as soon as professionals feel that unborn is at risk of significant harm in order to allow as much time as possible for planning support during the pregnancy and following the birth of the baby |
| Legal Gateway Meeting | * To be held if changes are not significantly made or if parents/carers have had previous children removed from their care and concerns remain about care of this child. |

**Appendix 2: Pre-Birth Assessment Tool**

This additional guidance is provided to support Social Workers undertaking pre-birth assessments, although other professionals may also find it useful.

The list below should not act as an assessment ‘script’ but as a support for conversation and consideration during the pre-birth assessment.

|  |  |
| --- | --- |
| Topics to Cover in a Pre-Birth Assessment | |
|  | Things to consider |
| **Summary of Child and Family History, including previous or current professional involvement** | |
| Expectant parents experience of being parented | * Positive and negative memories * Identify who the main carer was * What is the relationship like with their own parents? |
| Expectant parents experiences as a child | * Have either mother or father normalised any behaviour that they were exposed to as a child? |
| Education/Employment | * Previous or current history that would impact on their parenting capacity |
| History of being responsible for children | * Previous Children’s Services involvement * Any children currently subject to Child in Need/Child Protection Planning. * Previous Care Proceedings? *(if so it is important to access and read the Court bundle)* * Any expert assessments completed as an outcome of these proceedings? Any recommendations still yet to be completed? * Any private law matters? Have any Section 7 reports been completed? *(if so it is important to access and read)* |
| Support network and views of others | * Support network and what does this really look like in context of the pregnancy and following birth of baby. * What are views of other family members? |
| **Parents feeling towards the current pregnancy and the new baby** | |
| Was the pregnancy planned? | * Is the baby a result of sexual assault / coercion or abuse? * Is domestic abuse an issue in the parents’ relationship? |
| Do the parents wish to continue with the pregnancy? | * Is a termination being considered * Relinquished Baby *(contact pre-birth social worker)* * Parents understanding of their own cultural/family narrative around childbirth. * Bonding with the pregnancy and baby |
| Are they aware of the unborn baby’s needs and able to prioritise them? | * Stable home environment * Regular check up appointments with Health professionals. * Warmth conveyed towards the unborn baby * Awareness of nutritional requirements during pregnancy * Health of unborn baby and how substances (including tobacco, alcohol and drugs) can have and impact unborn baby. |
| Is there a realistic plan in relation to the birth and care of the baby? | * Use Day in the Life told with the family adapting it to the unborn baby upon birth. |
| Feelings of partner / putative father / second parent about the pregnancy? | * Ensure the fathers / second parents views are captured within the assessment – do they have any concerns/worries? Is this their first child? * Share resources such as ICON / DAD PAD |
| What will life look like for unborn baby upon birth? | * Who will be the main carer? |
| **The unborn child’s profile, health, and development** | |
| Profile of the unborn baby | * Mother’s first child? * Father / Second parents first child? * Will the baby have any siblings upon birth? * Do they know the gender of the baby? * Do they have any names in mind? * What is the meaning behind the names chosen? * Have they brought any items for the baby? Any themes with the items they have brought? |
| Engagement with maternity services including midwifery, GP, and Health Visitor. | * Allocated midwife name and their views. * First ante-natal appointment – was this booking appropriate or a later booking. * Antenatal care – are they attending required appointments. * Previous obstetric history (including miscarriages, terminations, still birth) * Health Visitor name and views *(Health Visitor will be allocated from 28-week gestation)* |
| Any health complications in pregnancy | * Gain updated report from midwifery team prior to birth. |
| How was the recent scan? | * Capture the family’s views – did they speak positively, use enthusiasm? |
| When is the next health appointment? | * Are mum, dad / second parent aware of this? * Are they able to get to the appointment? |
| Pre-Birth Plan to be completed | * With the family and midwifery team, together if possible and by 28 weeks gestation. * Pre-Birth plan should be updated as changes occur and shared with the midwifery team. |
| **Attitude towards professional intervention?** | |
| Previously | * Any previous disagreement? If so, why? What were mother / father / second parents views? |
| Currently | * Views regarding this assessment? * Are the concerns recognised by mother and/or father / second parent? * Views regarding any other professionals? * Any previous convictions towards professionals from outside Children’s Services i.e., Police |
| **Support Network** | |
| Is there a support network for the family? If so, who is in it? | * Support from friends, family, professionals and other sources? * Have we held a family network meeting? What is the family plan and how will this reduce concerns? * Is anyone being assessed as alternative long-term carers for baby upon birth? Is there anyone parents want to be assessed? * Is the support likely to be available during times of need i.e., when mum is in hospital with baby? |
| Does mother and/or father / second parent have any additional needs? | * Is there any diagnosis, if so when and who by? * Did parents have additional support throughout their education. * Has a Learning Disability Screening Tool been completed – has a case discussion with the Learning Disability Advanced Social Workers *(referral via FS intervention requests panel).* |
| **Current Circumstances** | |
| Home conditions | * Clutter free home environment? * Space for baby to lay on the floor without being exposed to hazards. * Preparation for baby * Any harmful pets in the house |
| Housing issues | * Risk of homelessness for parents? * Any rent arrears? Debts? Financial issues? |
| Mother and Father’s / Second parents health and behaviours | * Substance misuse – historical and present * Mental health concerns – diagnosis, treatment plans, medication. * Physical health issues * Offending behaviour and any criminal convictions * Violence towards others / partners / children. |

**Appendix 3: Interventions and Resources**

**Young Parents Pathway (YPP):**

Young Parents Pathway is a programme developed to support expectant Mothers and/or Fathers.

The criteria for the YPP:

* All those that are a ‘pregnant mother with an expected date of delivery before she is 20 years old’.
* All fathers whose baby is due before he is 20 years old
* All Care Leavers living in West Sussex up to the age of 25 (Mothers and Fathers), does not have to be first pregnancy/child.
* *Social Workers are to make a referral by 29 weeks gestation. Referrals to be sent to the Integrated Front Door - WSChildrenservices@westsussex.gov.uk*

Young Parents Pathway complete 4 sessions with the expectant Mother and/or Father around:

* Safer sleep
* Bathing
* Feeding
* Five to Thrive
* **When appropriate,** healthy relationships.

Social Workers are encouraged to call the Early Help Leads or Young Parents Pathway Champions to explore the intervention. Young Parent Pathway can be completed alongside completing the pre-birth assessment.

**Family Nurse Partnership**

Family Nurse Partnership (FNP) is a structured and personalised programme adapted around the expectant Mother and the needs of the unborn baby or baby upon birth. Family Nurse Partnership is made up of a team of Family Nurses, who work intensively with the expectant Mother and/or Father, enabling the family to understand the unborn’s (and baby upon birth) needs, develop their confidence and insight into making choices that will give their child the best possible start in life. The Family Nurses educate and teach the unborn’s family the basic skills of caring for a newborn baby but also ensuring the unborn baby’s needs are met whilst in utero.

**Family Nurse Partnership is underpinned by three theories:**

* **Human ecology theory** – emphasising the impact of social context and environment on human development
* **Attachment theory** – emphasising the importance of the security and safety that comes from a relationship with a primary caregiver to a child’s healthy emotional development
* **Self-efficacy theory** - nurses use this concept to guide their efforts in supporting positive change, enabling clients to understand why particular actions are important and to develop the confidence necessary to achieve these.

Family nurses also use specific approaches derived from the world of motivational interviewing, focusing on enhancing a young parent’s motivation to change. Family nurses listen, guide, and advise using these skills to support parents in making positive changes for themselves and their baby.

**The criteria for Family Nurse Partnership (FNP) is as follows:**

Essential Factors:

* First pregnancy (included if 1st pregnancy ended in miscarriage, stillbirth or termination)
* Mother age 19 years or under at last menstrual period (LMP)
* Mother age 24 years or under with a statement of special educational needs
* Mother age 21 years or under if a care leaver
* Mother’s main residence is West Sussex
* Under 28 weeks in pregnancy unless concealed

**Other key factors that are taken into consideration include:**

* Father aged 16 or under
* Father a care leaver or looked after child
* Father with a statement of special educational needs
* Either parent with police or social service involvement
* Either parent with substance/alcohol misuse
* Either parent with mental health problems

Social Workers are to complete the referral form uploaded on Tri.x and send to [sc-tr.fnp@nhs.net](mailto:sc-tr.fnp@nhs.net).

**WORTH**

WORTH Specialist Domestic Abuse Service supports people at high risk of harm or homicide as a result of domestic abuse. WORTH is made up of a team of IDVAs (independent domestic violence advisors) across West Sussex who work to identify, assess, and assist people at risk.

Social Workers are to complete the referral form uploaded on Tri.x and send to

[DomesticAbuseServicesCentral@westsussex.gov.uk](mailto:DomesticAbuseServicesCentral@westsussex.gov.uk).

**PAUSE**

Pause is a service in the community that work with women who have experienced, or are at risk of, repeated pregnancies that result in children needing to be removed from their care. PAUSE aims to give women the chance to pause and take control of their lives through an intense, relationship-based programme.

Social Workers are to e-mail [pause@westsussex.gov.uk](mailto:pause@westsussex.gov.uk) to make a referral.

**For Baby’s Sake:**

The programme ‘*For Baby’s Sake’* is an intervention delivered to expectant birth Mother and co-parent, to provide a therapeutic support focusing on parental emotional regulation and reducing stress on the baby in utero where there are concerns around domestic abuse. This intervention may last until the baby is two years

old, is delivered separately to the abuser and victim (separate practitioners are allocated) and the intervention includes ante natal Video Interaction Guidance (VIG), attachment with their babies, Cognitive Behavioural Therapy (CBT) and Adverse Child Experiences (ACES).

The programme is delivered to heterosexual and same sex couples and also to women and men as victims. Facilitators will provide reports for Child Protection Conferences and/or for Court as appropriate.

Social Workers are to get the consent form signed by the expectant parents that is uploaded on Tri.x and sent to [judithrees@forbabyssake.org.uk](mailto:judithrees@forbabyssake.org.uk) .

**Dad Pad**

DadPad can help by giving expectant fathers’ the knowledge and practical skills they need. DadPad is a guide for new dads, developed with the NHS. The resource will support the father and their partner to give the baby the best possible start in life. Dadpad is a free app (for those living in West Sussex) and includes information on: -

* The Midwifery Service and Health Visiting team
* Feeding your baby
* Safer sleeping
* Holding your baby
* Cleaning your baby
* Getting to know your baby
* Home safety
* Support available
* Child development
* Parenting advice and support
* First Aid

**To access Dadpad for free, download the app using Google Play or the Apple App store and enter a West Sussex postcode.**

**ICON**

Abusive Head Trauma (AHT), previously known as Shaken Baby Syndrome, is a devastating form of child abuse.

The ICON Programme is a preventative programme, based around helping parents cope with a crying baby. The word ‘ICON’ represents the following message:

I – Infant crying is normal

C – Comforting methods can sometimes soothe the baby

O – It’s OK to walk away

N – Never, ever shake a baby

**Appendix 4: Useful Contact Details**

|  |  |
| --- | --- |
| Multi Agency Safeguarding Hub (MASH) | 01403 229900 |

Midwifery safeguarding leads

|  |  |  |
| --- | --- | --- |
| Chichester | Clare Hosking | [Clare.hosking@wsht.nhs.uk](mailto:Clare.hosking@wsht.nhs.uk)  or  [uhsussex.safeguardingmidwives@nhs.net](mailto:uhsussex.safeguardingmidwives@nhs.net) |
| Worthing | Sarah Barwick | [sarahbarwick@nhs.net](mailto:sarahbarwick@nhs.net)  or  [uhsussex.safeguardingmidwives@nhs.net](mailto:uhsussex.safeguardingmidwives@nhs.net) |
| Haywards Heath | Fiona Rose | [f.rose@nhs.net](mailto:f.rose@nhs.net)  or [uhsussex.safeguardingmiwives.rsch.prh@nhs.net](mailto:uhsussex.safeguardingmiwives.rsch.prh@nhs.net) |
| East Surrey Hospital | Julie Chivers, Sandra Reid,  Sally Stimpson | [sash.safeguardingmidwife@nhs.net](mailto:sash.safeguardingmidwife@nhs.net) |

West Sussex Children’s Services Pre-Birth Specialist

|  |  |
| --- | --- |
| [Permanence.Team@WestSussex.gov.uk](mailto:Permanence.Team@WestSussex.gov.uk) | Duty Line: 0330 222 2288 |