



WOKINGHAM
BOROUGH COUNCIL

**Berkshire Pre-Birth and Infant Protocol &
Best Practice Guide**

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Aims & Principles

This document has been formulated in partnership across the Berkshire Local Authorities as part of the Local Family Justice Board. It is intended to guide and strengthen practice with unborn and infants to ensure there is ample opportunity to intervene and divert away from public law proceedings, where it is safe to do so. Where public law proceedings are required, these are done in a planned and considered manner to avoid emergency applications.

We aspire to work together with partner agencies, parents, and their families to ensure all babies in Berkshire are kept safe from harm and their parents have an opportunity to minimise any risks. Where this is not possible, then timely and sensitive action is taken to protect them.

To support pregnant mothers, expectant fathers, and infants.

Everyone who works with children and families has a duty to share information, assess need and act in a timely way.

Babies are particularly vulnerable to serious harm from abuse and neglect. Work carried out in the antenatal period can help parent/s strengthen their ability to protect their babies when they are born and minimise any potential harm. Early assessment, intervention, and support are essential.

The National Service Framework for Children, Young People and Maternity Services (2004) recommends that Maternity Services and Children's Social Care have in place joint working arrangements to respond to concerns about the welfare of an unborn baby and his/her future, due to the impact of the parents' needs and circumstances.

All Practitioners should be alert to the key signs of abuse. Neglect is the most predominant reason children have a child protection plan.

The antenatal period gives a window of opportunity for practitioners and families to work together to:

- Form positive professional relationships with both parents with a focus on the unborn/infant baby;
- Identify risks and vulnerabilities at the earliest stage;
- Understand the impact of risk to the unborn/infant baby when planning for their future;
- Explore and agree joint safety planning;
- Assess and support the family's ability to adequately parent and protect the unborn baby and on birth;
- Identify family networks and offer a Family Group Conference;

- Identify if any assessments or interventions are required before and following birth;
- Ensure effective communication, liaison and joint working with adult services that are providing on-going care, treatment, and support to a parent;
- Plan ongoing interventions and support required for the child and parent(s);
- Avoid delay for the child where the public law threshold is reached;
- Engage support from specific projects/workers and agencies.

Pre-Birth Assessment Period

There are two fundamental questions when deciding whether a prebirth assessment is required:

1. Will the new-born baby be safe in the care of these parents/carers?
2. Is there a realistic prospect of these parents/carers being able to provide adequate care throughout childhood?
(Hart, 2009)

A pre-birth child and family assessment should always be completed where the parent is a child looked after, subject to a CP plan or Child in Need. This also applies if there are siblings of the unborn subject to a CP or CIN plan.

Once it is agreed that a pre-birth assessment is required, there is a need for this to be completed in good time before the birth. Where possible the consent of the parents should be obtained as early as possible, preferably before 20 weeks of pregnancy.

This work should start with meeting the parents to be and any other relevant family members (unless to do so would increase the risk to the unborn child).

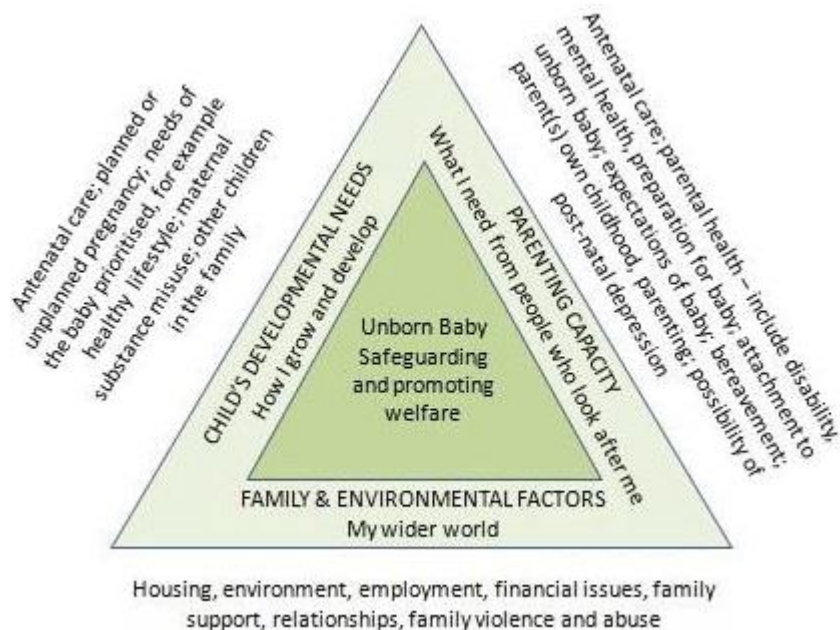
At this meeting there should be discussion about the following:

- ✓ the concerns that have been identified
- ✓ the format of the assessment
- ✓ whether the mother and father will consent to information sharing (and sign the consent forms)

The assessment will include:

- ✓ a chronology being constructed which will take into consideration any previous pregnancies or full-term births and any involvement from professionals involved;
- ✓ what worked well in the past and what has not;
- ✓ formal agency checks and provision of relevant information by the midwife about previous pregnancies, medical history, and information from the first booking-in meeting.

The pre-birth assessment must be completed within 25 working days of the referral. All agencies working with the expectant mother and family are expected to contribute information to assess immediate and future risk and parenting capacity.



Family and Parenting Support

There are a range of support services in each local authority which are specifically targeted for families and parents. There are universal, targeted Early Help services and Children's centres in the Wokingham Borough which can be sourced using the link below:

<https://directory.wokingham.gov.uk/kb5/wokingham/directory/results.page?qt=families&sorttype=relevance>

Pre-Birth Assessment (identifies risk of significant harm)

If the pre-birth assessment highlights areas of child protection concern, consideration will be given to convening a pre-birth Child Protection Case Conference. Should there be other children in the family subject to child protection registration, this will always take place.

A pre-birth Child Protection Conference should be convened no later than 24 weeks of pregnancy. The first review will be held within one month of the child's birth, or three months of the initial conference, whichever is sooner. The initial conference should be called in accordance with the child protection guidelines that apply to all children if there is a likelihood of significant harm.

If the decision is that the threshold for a child protection plan is met, the first core group meeting should be within 10 days of the initial child protection conference and reviewed before the birth of the baby. A discharge planning meeting must occur before the baby is discharged home after birth.

If the level of concern is deemed to pose a risk to the baby post birth and this cannot be managed by way of a child protection plan, a Legal Planning meeting will be convened before the initial conference.

If concerns arise during that conference, then a Legal Planning meeting will be held within 14 days of the initial child protection conference. This will allow legal advice to be obtained without delay following the identification of significant concerns.

The pre-birth assessment, full chronology and genogram must be available at the Legal Planning meeting and a Family Network should have already been held.

Public Law Outline

In cases where it has been agreed at a Legal Planning meeting that work should be undertaken in the Pre-Proceedings Framework, then there should be as little delay as possible in delivering the Pre-Proceedings letters and holding initial Pre-Proceedings meeting.

This is in order to avoid approaches to the expectant mother in the late stages of pregnancy, and to work with the family to reduce risk and explore all options in order to avoid initiating Care Proceedings on birth.

The Pre-Proceedings letter must be delivered in person to the expectant parents within 7 days of the Legal Planning meeting and the first PLO meeting held within 15 days of the Legal Planning meeting. All families in the Pre-Proceedings process must have a Family Network meeting following the decision to enter Pre-Proceedings, if not already done so.

If a pregnancy is considered a late booking (a late booking is defined as relating to women who present to maternity services after 24 weeks of pregnancy), then there should not be delay in seeking a Legal Planning meeting or convening a Pre-Proceedings meeting with the parents, if the concerns indicate the baby could be at risk of significant harm on birth.

There may be limited time to complete a pre-birth assessment in a late booking pregnancy, but this must include appropriate safety planning and assessment of the child's situation in time for his/her birth.

All pre-birth pre-proceedings cases must have a pre-birth parenting assessment using the Berkshire Pre-Birth Template. The pre-birth assessment should consider areas

which are protective factors and those that increase risk. There is a useful, but not exhaustive guide in [Appendix 1](#).

Assessments undertaken in Pre-Proceedings should be completed before 34 weeks of pregnancy. These assessments must be shared and discussed in person with expectant parents by the child's Social Worker by this point of pregnancy. Psychological assessments should not be conducted in the six weeks prior to or following birth.

The initial Pre-Proceedings meeting with parents must agree a 7-day timescale for parents to notify the child's Social Worker of the names and contact details of those who could potentially care for baby in the event the parents cannot. The Social Worker will then conduct viability assessments as soon as possible, but these must be completed by 32 weeks of pregnancy.

Once the assessments agreed in Pre-Proceedings have been completed, there should be a further legal planning meeting and a Permanency Planning meeting chaired by a Head of Service, to consider the likely and viable care options on birth.

The Local Authority's plan at the end of Pre-Proceedings must be communicated to the parents in a review Pre-Proceedings meeting, and also in writing. If there is a plan to step down, then it is important there is a Core Group or Child in Need Review meeting within six weeks of the step down.

If there is a plan to seek interim removal on birth, then parents must be informed in person and in writing. It is important that parallel foster care, early permanence and mother and baby placement referrals should be made within 7 days of the Permanency Planning meeting making this decision.

The allocated Social Worker must begin drafting the initial statement and care plan following the decision to issue care proceedings on birth to ensure that any application to the court can be made within 24 hours of birth.

Birth Planning Meeting

If the decision of the Legal Planning meeting is that the unborn baby should be the subject of Care Proceedings, a meeting of the core group of professionals must be held at the hospital where birth is due to take place. This is a professionals meeting which should be chaired by a Hospital Safeguarding Lead for Maternity Services and a manager from Children's Social Care.

This meeting must take place within 7 working days after the legal planning decision and prior to birth. The decisions of this meeting should be recorded on the patient's records by the lead midwife, who will ensure that the midwives are fully apprised of the plan for the child.

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 (taking into consideration monitoring period for withdrawal symptoms for babies born to substance using mothers);
- how long the hospital will keep the mother on the ward;
- arrangements for the non-pregnant parent;
- the arrangements for the immediate protection of the baby if it is considered that there are serious risks posed to the baby;
 - e.g., parental substance misuse; mental health; domestic violence and abuse. Consideration should be given to the use of hospital security, informing the Police etc;
- who will ensure that the parents emotional needs are held in mind;
- the risk of potential abduction of the baby from the hospital particularly where it is planned to remove the baby at birth and any contingency planning;
- the plan for contact between mother, father, extended family and the baby whilst in hospital;
- consideration of any risks to the baby in relation to breastfeeding (e.g., HIV status of the mother; medication being taken by the mother which is contraindicated in relation to breastfeeding);
- the plan for the baby upon discharge that will be under the auspices of Care Proceedings, (e.g., discharge to parent/extended family members; mother and baby foster placement; foster care, supported accommodation);
- where there are concerns about an unborn baby 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 Service should also be notified of the birth and plans for the baby using the online portal.

Support for Court Hearings

Parents of newborn children should be supported to engage in care proceedings. The child's Social Worker should liaise with the hospital to ensure that there is a private room for accessing remote hearings. The Local Authority should also ensure hospital/care staff can support baby whilst parents attend any hearing in person.

Discharge from Hospital

The hospital midwives need to inform the allocated Social Worker and the relevant duty team of the birth of the baby. There should be close communication between all agencies around the time of labour and birth.

In cases where legal action is proposed or where the unborn child has been the subject of a Child Protection Plan, the allocated Social Worker should visit the hospital on the next working day following the birth. The allocated Social Worker should meet with the maternity staff to gather information and consider whether there are any changes needed to the discharge and protection plan.

The Lead Social Worker should keep in daily contact with the ward staff, visiting the baby and the parents on the ward on alternate days to meet with them whilst they remain in hospital.

If the baby is the subject of a Child Protection Plan, a Discharge Meeting should be held to draw up a detailed plan prior to the baby's discharge home. This meeting will agree which professional is visiting and when, and will review any relevant child protection or safety plan.

If a decision has been made to initiate Care Proceedings in respect of the baby, the allocated Social Worker must keep the hospital and parents updated about the timing of any application to the Courts. The lead midwife 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.

If a child is being discharged not to the care of parents, then the handover of the baby needs to be carefully managed in a private area of the hospital which should be arranged in advance as part of the discharge planning meeting. This should be managed sensitively and allowing parents to spend time with baby and provide information to the Social Worker about his/her needs/routines.

Information about family contact time must be provided to parents at this time so they know when they will see the baby next. All attempts must be made to provide family contact time within 24 hours of discharge.

Appendix 1

This has been taken from an adaptation by Martin Calder in 'Unborn Children: A Framework for Assessment and Intervention' of R. Corner's *'Pre-birth Risk Assessment: Developing a Model of Practice'*.

Factor	Elevated Risk	Lowered Risk
The abusing parent	<ul style="list-style-type: none"> • Negative childhood experiences, inc. abuse in childhood; denial of past abuse • Violence abuse of others • Abuse and/or neglect of previous child • Parental separation from previous children • No clear explanation • No full understanding of abuse situation • No acceptance of responsibility for the abuse • Antenatal/post natal neglect • Age: very young/immature • Mental disorders or illness • Learning difficulties • Non-compliance • Lack of interest or concern for the child. 	<ul style="list-style-type: none"> • Positive childhood • Recognition and change in previous violent pattern • Acknowledges seriousness and responsibility without deflection of blame onto others • Full understanding and clear explanation of the circumstances in which the abuse occurred • Maturity • Willingness and demonstrated capacity and ability for change • Presence of another safe non-abusing parent • Compliance with professionals • Abuse of previous child accepted and addressed in treatment (past/present); Expresses concern and interest about the effects of the abuse on the child.
Non-abusing parent	<ul style="list-style-type: none"> • No acceptance of responsibility for the abuse by their partner • Blaming others or the child. 	<ul style="list-style-type: none"> • Accepts the risk posed by their partner and expresses a willingness to protect • Accepts the seriousness of the risk and the consequences of failing to protect • Willingness to resolve problems and concerns.

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Family issues (marital partnership and the wider family)	<ul style="list-style-type: none"> • Relationship disharmony/instability • Limited impulse control • Mental health problems • Violent or deviant network, involving kin, friends and associates (including drugs, paedophile or criminal networks) • Lack of support for primary carer /unsupportive of each other • Not working together • No commitment to equality in parenting • Isolated environment • Ostracised by the community • No relative or friends available • Family violence (e.g. Spouse) • Frequent relationship breakdown/multiple relationships • Drug or alcohol abuse 	<ul style="list-style-type: none"> • Supportive spouse/partner • Supportive of each other • Stable, or violent • Protective and supportive extended family • Optimistic outlook by family and friends • Equality in relationship • Commitment to equality in parenting
Expected child	<ul style="list-style-type: none"> • Special or expected needs • Perceived as different • Stressful gender issues 	<ul style="list-style-type: none"> • Easy baby • Acceptance of difference
Parent-baby relationships	<ul style="list-style-type: none"> • Unrealistic expectations • Concerning perception of baby's needs • Inability to prioritise baby's needs above own • Foetal abuse or neglect, including alcohol or drug abuse • No ante-natal care • Concealed pregnancy • Unwanted pregnancy identified disability (non-acceptance) 	<ul style="list-style-type: none"> • Realistic expectations • Perception of unborn child normal • Appropriate preparation • Understanding or awareness of baby's needs • Unborn baby's needs prioritised • Co-operation with antenatal care • Sought early medical care

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	<ul style="list-style-type: none"> • Unattached to foetus • Gender issues which cause stress • Differences between parents towards unborn child • Rigid views of parenting 	<ul style="list-style-type: none"> • Appropriate and regular ante-natal care • Accepted/planned pregnancy • Attachment to unborn foetus • Treatment of addiction • Acceptance of difference-gender/disability • Parents agree about parenting
Social	<ul style="list-style-type: none"> • Poverty • Inadequate/temporary housing • No support network • Delinquent area 	
Future plans	<ul style="list-style-type: none"> • Unrealistic plans • No plans • Exhibit inappropriate parenting plans • Uncertainty or resistance to change • No recognition of changes needed in lifestyle • No recognition of a problem or a need to change • Refuse to co-operate • Disinterested and resistant • Only one parent co-operating 	<ul style="list-style-type: none"> • Realistic plans • Exhibit appropriate parenting expectations and plans • Appropriate expectation of change • Willingness and ability to work in partnership • Willingness to resolve problems and concerns • Parents co-operating equally