



Sir Henry Mitchell House, 4 Manchester Road, Bradford BD5 0QL

Telephone: 01274-436060

Pre-birth Assessment - Practice Guide

Author	Amandip Johal	Approved By	Amandip Johal
Date Issued	April 24	Review Date	April 25

Pre-birth Assessment Practice Guidance

(updated April 2024)

Contents

<p>1. Introduction</p> <p>The purpose of a pre-birth assessment</p>	Page 2
<p>2. Recognition and referral</p> <p>2.1 Sharing Information</p> <p>2.2 Criteria for completing a pre-birth assessment</p> <p>2.3 Screening and allocation</p> <p>2.4 Pregnancy of young people in care</p> <p>2.5 Late referrals</p> <p>2.6 Late bookings and concealed pregnancy</p>	<p>Page 2</p> <p>Page 3</p> <p>Page 4</p> <p>Page 4 -5</p> <p>Page 5</p> <p>Page 5 -6</p>
<p>3. Child in Need, Child Protection Planning and Legal Planning</p> <p>3.1 Child in Need</p> <p>3.2 Pre-birth child protection processes</p> <p>3.3 Legal planning pre-birth: pre-proceedings (PLO) and care proceedings</p> <p>3.4 Involvement of extended family or friends</p> <p>3.5 Early permanence for children</p> <p>3.6 Relinquished babies</p> <p>3.7 Children who may be born at home or in other areas (parents who go missing)</p>	<p>Page 6</p> <p>Page 6</p> <p>Page 6 - 7</p> <p>Page 7 - 8</p> <p>Page 8 - 9</p> <p>Page 9</p> <p>Page 9</p> <p>Page 10</p>
<p>4. The pre-birth assessment</p> <p>4.1 Good practice guide to completing a pre-birth assessment</p> <p>4.2 Co-producing assessment plans with parents – restorative practice</p> <p>4.3 Parents who we may struggle to help</p> <p>4.4. Inclusivity</p> <p>4.5 Working with fathers and/or partners</p> <p>4.6 Analysis and recommendations</p>	<p>Page 10</p> <p>Page 10 - 12</p> <p>Page 12</p> <p>Page 12</p> <p>Page 12 - 13</p> <p>Page 13</p> <p>Page 13 - 14</p>
<p>5. What Happens Post Birth?</p> <p>5.1 Safeguarding birth plans and birth planning meetings</p> <p>5.2 Birth and discharge of a newborn baby</p>	<p>Page 14</p> <p>Page 14 - 15</p> <p>Page 15</p>

1. Introduction

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

- The strengths and protective factors for the mother, father, and within the extended family
- Identify the help and support the family need and develop a plan based on need
- Any risks and likelihood of unborn suffering significant harm when born
- The ability of parents or caregivers to offer safe and consistent care to the baby when born.
- What agencies need to do next?
- 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?

2. Recognition and Referral

2.1 Sharing Information

Where agencies or individuals anticipate that prospective parents may need support services to care for their baby they should clarify as far as possible what they already know about the family and their concerns in terms of how the parent's circumstances and/or behaviours may impact on the baby and what risks are predicted.

A referral should be made at the earliest opportunity to:

- Enable the early provision of support services to facilitate optimum home circumstances prior to the birth.
- Enable the parents to have more time to contribute their own ideas and solutions to concerns and increase the likelihood of a positive outcome to assessments.
- Avoid initial approaches to the parents in the last stages of pregnancy, at what is already an emotionally charged time.
- Provide sufficient time for a full and informed assessment.

Concerns should be shared with prospective parent(s) and consent obtained to refer to Children's Social Care UNLESS in doing so there will be at an increased likelihood of the unborn suffering significant harm. In those cases, practitioners should liaise with named / designated professional for safeguarding for advice and support.

2.2 Criteria for completing a pre-birth assessment

A pre birth assessment will be completed under:

S17 (Children Act 1989), the child is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health of development without the provision for the child of service by a local authority, or the child's health of development is likely to be significantly impaired or further impaired without the provision of services.

Or

S47 (Children Act 1989) there is reasonable cause to suspect that a child ... is suffering, or is likely to suffer, significant harm... the LA will make such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

The below circumstances indicate an increased risk to an unborn child and a pre-birth assessment maybe required.

- 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
- Either parent is a Child in Care or is care experienced (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.
- Either or both parents abuse substances, either alcohol or drugs (prescribed or none prescribed)
- Either or both parents have mental health problems
- There are concerns about parental maturity and ability to self-care and look after a child e.g., an unsupported young parent.
- Either or both parents have a learning difficulty, additional learning needs or diagnosed disabilities
- Where either parent of the unborn child is under 18 years.
- If the pregnancy is denied or concealed

- 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. Case Law is available in such circumstances therefore it is advisable to consult with legal services as necessary.

The list is not exhaustive, and the presence of a single risk factor may not determine a pre-birth assessment is necessary. However, if there are several risk factors present, then the cumulative impact may also mean an increased risk of significant harm to the child.

2.3 Screening and allocation

Where a referral has been made to the Integrated Front Door, 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 single or pre-birth assessment is required.

An allocated social worker will take a referral 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 pre-birth social work assessment to consider their own individual needs.

Where it's clear an unborn baby will require assessment, their case will be allocated in the Children and Families team and a single assessment should be started immediately and completed within 10 working days to determine next steps.

The 10-day assessment will give an early indication of appropriate next steps for example whether further help, support and intervention is required under Child in Need, whether a strategy meeting 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. Social workers should inform parents of the referral, seek consent for agency checks and inform the professional network of social work involvement. A Family Group Conference will be offered and arranged as soon as possible.

To inform the work and plan any assessment, support 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. The social workers must compile an impact chronology to include any information from archived files, legal bundles, or files from other local authorities.

Once an unborn baby has been accepted as a referral and is progressed for assessment it will be tracked via the pre-birth panel.

2.4 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 children and young people who have care experience unless the threshold is met, as outlined above. Some parents who are care experienced may have suffered trauma and adversity growing up and simply need additional help and support as they prepare for the responsibilities of parenting.

It is important to help both parents identify their family and support network at an early stage. 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), and others in the professional and support network to ensure consistency and that additional help the parent may need is considered. 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.

2.5 Late referrals

Where a referral has been made late in the pregnancy, the team manager should provide oversight 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 help and support as part of a Child in Need plan, this should be implemented 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, and the assessment indicates the unborn is suffering or likely to suffer significant harm, a strategy meeting should be convened if not already held at the point of referral to consider if a section 47 enquiry is needed.

If the initial information gathered indicates a need for legal advice, then the unborn should be presented at Legal Gateway Panel as quickly as possible. Legal Gateway Panel will require an assessment to ratify the proposed plan. In urgent circumstance this may not be a full pre-birth assessment.

2.6 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
- 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.

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.

3. Child in Need, Child Protection and Legal Planning Pre-Birth

3.1 Pre-birth child in need plan

Where the unborn and parents need support under S17, pre-birth assessments will be completed with parents within a child in need plan to ensure services are provided at the earliest opportunity. The child in need plan will evidence the family support available, identified through a **Family Group Conference**, as well as multi-agency professional support to the family.

3.2 Pre-birth child protection processes

Where there are early indicators, or if the assessment evidences the likelihood of significant harm to an expected baby, a strategy discussion should be held before 20 weeks' gestation, 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 strategy discussion should be held to share and gather information to plan for the next steps.

If there is evidence of significant harm but protective factors that may enable the baby to live with his or her parents, then the process of S47 and ICPC should ordinarily be followed.

Where the risks to the unborn are not manageable and they are likely to suffer significant harm because of the care provided to them and the care plan will be to remove the baby when born, the PLO pre-proceedings process should be initiated alongside a child in need plan. However, there will be occasions where risk is high and ICPC and CP planning is required alongside PLO, but these occasions should be extraordinary, for example if there is a risk the parent may flee.

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, 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.

N.B. if the unborn has siblings who are subject to a child protection plan then consult with the child protection chair about the timing of the ICPC.

A pre-birth conference has the same status and purpose as any other ICPC and must be conducted as such.

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.

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.

3.3 Legal planning pre-birth: PLO - pre-proceedings and care proceedings

Where there is evidence of significant harm with few, or no protective factors and care proceedings are required when the baby is born a referral should be made to Legal Gateway Panel (LGP) to consider PLO pre-proceedings.

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 and the same risks remain, the matter must be heard at Legal Gateway Panel to enable legal advice to be given and to scrutinise the plan. Where care proceedings are historic, and the parent or parents' circumstances have significantly improved, professional judgement should be made in consultation with the service manager and the decision not to proceed to LGP recorded on the child's file.

The unborn's case 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 met.

A Single Assessment is required to progress to Legal Gateway Panel, to ensure that any decisions are based on up-to-date information about the risks.

Legal Gateway Panel will advise on whether threshold is met for PLO pre-proceedings. It is the decision of the panel chair following scrutiny of the child's circumstances to approve whether pre-proceedings are required or if help, support, and intervention can be provided under either a CiN or CP plan.

If the case has been identified as potentially suitable for the Problem-Solving Court Team (PSCT) to complete a prebirth 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 Trust agreeing, in principle, that the grounds or threshold for care proceedings exist and that intensive support is needed to avoid care proceedings when the child is born, the Trust must send the parents a pre-proceedings letter¹. This should set out the Trust's concerns and expectations for the parents to try to prevent court proceedings as well as detail the help and support they will be offered to make the changes. The letter will also detail the need for specialist assessments, FGC, and completion of viability assessments of extended maternal and paternal family.

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 purpose of the PLO/pre-proceedings process is to help and support parents and offer interventions to families, so they have 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, a further referral should be made to LGP for scrutiny and approval of the plan before the baby is

¹ [letter-before-proceedings-guide-october-2020.pdf \(proceduresonline.com\)](#)

born (around 34 weeks of pregnancy). The social work team should have the evidence prepared to issue proceedings in a timely way once the baby is born.

In all but the most exceptional circumstances, applications to remove the baby on the day of their birth MUST be avoided.

Best practice guidance² sets out that in all but ‘the ‘most exceptional and unusual circumstances’, the Trust must make applications for care proceedings in respect of new-born babies **within at most 5 days of the child’s birth**. Consideration needs to be given to the welfare of the mother following the birth of the baby and she must be offered the right support at this difficult time.

Recent guidance³ 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.

The social worker should have their evidence prepared quickly once the plan to issue care proceedings at birth has been endorsed. A necessary Reg 24 assessments of family members, or a referral to Placement Coordination and a referral to the Family Time team should be made once the decision to issue proceedings is made and a care plan agreed.

3.4 Involvement of extended family or friends

Working with maternal and paternal extended families and family friends is crucial to the assessment process and achieving positive outcomes for unborn children. A Family Group Conferences will be offered by the family group conferencing team for every family 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 enable families to be brought together to make a family plan which in many circumstances will ensure babies can remain either living with their parents or within the family and can avoid the need for care proceedings in some cases. It is important family members are fully aware of the concerns and the possible outcome of care proceedings so that they can make informed decisions about the support they can offer at an early stage.

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 to reduce

² [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](#)

³ [Best practice guidance: Section 20 / section 76 accommodation \(March 2021\)](#)

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

unnecessary changes of carer once they are born. Viability assessments (Reg 24) of family and friends should be undertaken during the pre-birth period so the baby can be placed in the care of their family wherever possible.

3.5 Early permanence for children

In the absence of a family placements consideration must be given to whether the baby can be placed in 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 decide 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).

3.6 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 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 procedures⁴.

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

⁴ [Relinquished Children \(proceduresonline.com\)](http://proceduresonline.com)

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 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.

4. The pre-birth assessment

4.1 Good practice guidance in completing a pre-birth assessment.

In a High Court judgment (Nottingham City Council v LW & Ors [2016] EWHC 11(Fam) (19 February 2016)) Keehan J set out five points of basic and fundamental good practice steps with respect to public law proceedings regarding pre-birth and newly born children and particularly where Children's Services are aware at a relatively early stage of the pregnancy.

In respect of assessment, these were:

- A risk assessment of the parent(s) should 'commence immediately upon the social workers being made aware of the mother's pregnancy'.
- Any assessment should be completed at least 4 weeks before the mother's expected delivery date.
- The assessment should be updated to consider relevant events pre - and post-delivery where these events could affect an initial conclusion in respect of risk and care planning of the child.
- The assessment should be disclosed upon initial completion to the parents and, if instructed, to their solicitor to give them the opportunity to challenge the Care Plan and risk assess

Hart (2000) states that there are two fundamental questions when deciding whether a pre-birth assessment is required:

- Will the newborn baby be safe in the care of these parents/carer?
- Is there a realistic prospect of these parents/carers being able to provide adequate care throughout childhood?
- Where there is reason for doubt about the above a pre-birth assessment is indicated

Social workers will not conduct assessments in isolation; working closely with parents, family and support networks and 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. 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 unready 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, but any partner that the mother may be living with at the time of the child's birth has been highlighted in previous Practice Reviews.
- **Parental support network** – it is important that supportive family members are identified and involved in assessment sessions.

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. There should be a review of the care proceedings bundle including the threshold for final Orders and any expert assessments.

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.

4.2 Co-producing assessment plans with parents

Where the decision has been made to undertake a pre-birth assessment, the assessment plan must be written together with the parents. The plan 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.
- Reviews
- 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 maternal and paternal extended family members will 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.

4.3 Parents who we struggle to help

There are many reasons why expectant parents may not want to work with the social worker including, not understanding, or accepting the concerns, fear, their lived experiences, and lifestyle. It is extremely important that social workers and other professionals are persistent in trying to get alongside parents as not to do so could have lasting implications both for the health and wellbeing of the baby, and the mother, as well as on any future placement of the baby. It is often the case that other known and trusted professionals or family members can be helpful conduits to engaging parents.

Investing time to get alongside parents needs to be balanced with ensuring the assessment process is not delayed and multi-agency plans and contingency plans for the birth of the baby are progressed prior to the baby being born.

4.4 Inclusivity

Where English is not the first language or there are literacy issues, this should be considered 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/Parent Assess type assessment or using visual aids. Social workers should be familiar with the 'Good practice guidance on working with parents with a learning disability'⁵. 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 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 consider referrals to adult services and engaging already allocated professionals in the help, support, and intervention.

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

4.5 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.

⁵ [Good practice guidance on working with parents with a learning disability](#)

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

The paternal extended family should be identified and consulted even if the father does not wish to be part of the assessment process.

4.6 Analysis and recommendations

Assessment and intervention should not be undertaken in isolation of each other, and the pre-birth assessment should detail the help and support offered and 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. 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 concerns/risks to the baby?
- What is the likely impact on the baby if nothing changes?
- The support and help provided during the pre-birth assessment period.
- What work still needs to be done?
- 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 newborn. 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.

5. What Happens Post-Birth?

5.1 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 2.

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 is 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.

5.2 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 updated 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.