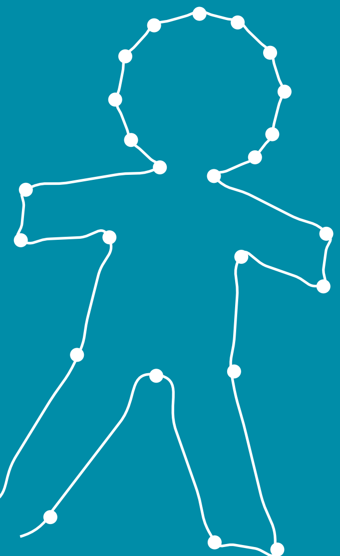
Brent LSCB

local safeguarding children board

Brent LSCB Multi-agency protocol for pre-birth assessment



1. Introduction

1.1 This protocol applies to all Brent Local Safeguarding Children Board (LSCB) partner agencies and has been drawn up by a multi-agency group to ensure that all partner agencies know what to do and how to exercise their safeguarding accountabilities regarding unborn children.

1.2 This document should be read in conjunction with the current edition of the London Child Protection Procedures.

1.3 This document supports individual agency policies for safeguarding and promoting the welfare of children.

2. Responsibility to recognise need

2.1 It is the responsibility of all agencies working with expectant mothers to flag up the need for a Common Assessment (CAF) or an assessment with Brent Social Care, if there are concerns about the expectant Mother's (EM) lack of support or ability to provide safe care for the child.

2.2 Any expectant mother who is a looked after child (LAC) or is subject of a child protection plan will automatically be entitled to a Brent Social Care pre-birth assessment. All agencies involved with the EM have a responsibility to contribute to the assessment and to ensure that it is carried out and in a timely manner.

2.3 Brent LSCB encourages early identification of need as this will ensure:

- Sufficient time to undertake a detailed assessment including a detailed history.
- Any required intervention requiring multi-agency support, care / protection plan has adequate time to be implemented.
- The EM, father or partner have adequate time to contribute to any assessment and care planning thereby increasing the likelihood of a positive outcome for the newborn.
- That the assessment is not begun in the latter stages of the pregnancy as this can heighten the level of risk to the unborn child.

2.4 Agencies are encouraged to discuss a potential referral with their relevant lead professional for safeguarding to determine where the concerns fit within the Brent Levels of Need Framework. If the concerns fit into the CAF level, a Common Assessment should be carried out by the agency/professional that has the most developed relationship with the EM and who has a professional understanding of safeguarding and promoting the welfare of children.

2.5 If the identified concerns are complex in nature or have implications for the safety of the unborn child then a referral to Brent Social Care should be made immediately. The referral should be followed up in writing to Brent Social Care within 48 hours. Brent Social Care will acknowledge the written referral within one working day. If the referrer has not received acknowledgement within 3 days the referrer must contact Brent Social Care to establish what action has been taken.

2.6 Brent Social Care will:

- Respond to the request for an assessment within 24 hours
- Where appropriate conduct an initial assessment on referrals from relevant agencies.

2.7 Referral information should also include:

- Estimated Date of Delivery (EDD) of the unborn child. If the EDD cannot be immediately confirmed referrers must confirm this date as soon as possible.
- The name of the hospital where the EM has 'booked in'.
- Name of the Midwife or maternity services team.
- Any other known agency involvement.
- An outline of the concerns and potential impact on the infant.
- Any identified strengths and the parents support network.
- Any details on other children in the household.
- Profile details of all relevant family members where known (including names, dates of birth, addresses, contact details, ethnicity, religion, disability issues, language barriers, etc.)

3. Brent Social Care Initial Assessments

3.1 All referrals of the EM where there is evidence of concern for the welfare of an unborn child will have an initial assessment. The initial assessment will incorporate views from the following professionals:

- Midwife
- Referrer
- Any specialist services (Adult Mental Health, CAMHS, Addiction Services, Probation, Youth Offending Services etc)

3.2 If the outcome of an initial assessment does not indicate the need for a core assessment, this decision will be discussed with the referrer with a view to establishing alternative support for the EM through the CAF.

4. Core assessments

4.1 When there is a higher level of concern about the unborn child's welfare Brent Social Care will carry out a core assessment. The assessment will begin with a meeting with maternity services and any other agencies involved with the EM and her family. The social worker must identify the responsible health visiting team leader for the baby.
This can be done through the NHS Brent locality services:

- Wembley 0208 795 7433
- Harlesden 0203 118 7221
- Chalkhill 0208 904 0911
- Willesden 0208 438 7186
- Kilburn 0207 625 5115
- Kingsbury 0208 901 1100

The health visiting team leader must be must be included in the assessment and all professionals meetings.

4.2 Where a completed core assessment indicates the need for a Children in Need (CIN) plan the social worker must consult the referrer and maternity service to draw up the plan. A CIN meeting will be convened to conclude the assessment and maternity services, health visiting team leader and any other relevant agency must attend. Where a complex plan is drawn up this may be subject to CIN planning and review as part of Brent Social Care CIN strategy.

4.3 The CIN plan must include a birth and discharge from hospital plan. This plan must be recorded in maternity notes so that it is readily available when the EM begins labour. The CIN plan must state that the social worker will meet the parent/s and maternity services as soon as possible after the baby is born to ensure the CIN plan and discharge arrangements are adequate.

5. Section 47 Investigation

5.1 Some indicators that a s.47 investigation of an unborn baby is required are:

- A parent or other adult in the household or regular visitor has been identified as posing a risk to children.
- A sibling or child in the household who is or has been the subject of a child protection plan.
- There has been a previous unexplained death of a child whilst in the care of the parent/member of the household.
- A sibling has been subject of care proceedings and has been removed from the household.
- Domestic abuse.
- Parents with chaotic substance misuse problems.
- There is a degree of mental illness that is likely to impact on the baby's safety and development.
- Concerns about parental ability to self care and/ or care for a child e.g. learning disabled, young teenager, socially isolated.
- Parent suspected of fabricating or inducing illness in a child.
- A parent /member of the household is subject to review under Multi- Agency Public Protection Arrangements (MAPPA) or Multi-Agency Risk Assessment Conference (MARAC).

5.2 If the level of concern meets the threshold for s.47 all agencies must work to the latest edition of the London Child Protection Procedures.

6. The strategy meeting

6.1 A strategy meeting must take place within 72 hours of referral if the threshold for s.47 is met. The strategy meeting will be held at a location that facilitates the involvement of maternity or other specialist services whose professional input into the assessment is vital to a successful outcome for the unborn child.

6.2 Brent Social Care must invite the health visiting team leader for the baby and school nurse for the EM if relevant. Other agencies will include services that can offer specialist advice even where they may not be directly involved with EM or their family (e.g. CAMHS may give a professional view even when the EM has not engaged with the service). This may assist in identifying risk to the unborn child or interventions to reduce risk during pregnancy.

6.3 In cases where previous children have been removed to Local Authority care, the allocated social worker or leaving care worker must attend the strategy meeting.

6.4 The strategy meeting must consider:

- Whether the threshold for a S.47 investigation is met.
- Any immediate intervention (legal planning meeting, parental agreements etc) to ensure the EM engages with agencies to reduce the risk to the unborn.
- The need for a Family Group Conference (FGC) to draw in extended family to support any protection and birth plan. The FGC should be commissioned if there is extended family that could contribute to the assessment or care plan.
- Whether a custodian or midwifery alert is required if the EM is highly mobile or trying to avoid engagement. The custodian alert is made by the local authority child protection conference administration team. The midwifery alert must be made through the safeguarding midwife; this alert is for the Greater London area only.

6.5 Any plan emanating from the strategy meeting must specify which professional is responsible for each action and within a specific timeframe.

7. Late Referrals

7.1 Where an EM is referred at later than 23 weeks gestation and there is concern of significant harm to the unborn child, a strategy meeting should be called within 72 hours. The strategy meeting will be held at a location that facilitates the involvement of maternity or other specialist services whose professional input into the assessment is vital to a successful outcome for the unborn child.

7.2 The strategy meeting for late presentation must decide upon actions from section 6.4 **and**:

- Time scales for the completion of an assessment.
- Plans for non co-operation of the EM.
- Immediate joint home visit with Brent Social Care and maternity services.
- Outline of a parental agreement.
- Plans for adults having contact with the baby: mother and baby, father/partner/extended family, level of contact, who is responsible for supervising and recording contact.

8. Looked After Children (LAC)

8.1 Any EM who is a Looked After Child must have a pre-birth assessment. This must be commenced as soon as the pregnancy is confirmed and firm plans must be in place for mother and child **a minimum of 10 weeks** prior to EDD. The assessment will usually be led by the EM's social worker. The needs of the unborn child will be assessed within the Brent level of need framework as either CIN or child protection as appropriate. The LAC nurse, school nurse, placement or foster carer and teenage pregnancy advisors must be involved.

8.2 The assessment must consider current and future placement needs, the needs of other children who share the placement and the potential effect of other children in the placement on the EM's ability to safeguard and promote the welfare of the baby.

8.3 If the EM is placed in a different local authority the relevant authority should be notified and agreement made about which authority will conduct the assessment.

8.4 If the EM is looked after by another local authority but resident in Brent then agreement has to be reached with the EM's home authority about how the assessment is progressed and identified needs met.

9. Assessment

9.1 Pre-birth assessment is a specialist area of assessment work.

9.2 The pre-birth risk estimation tool (Appendix A) should be used to enhance focus on the needs of the unborn child and must be used regardless of whether there are other children in the family.

9.3 The assessment should commence at the point of referral, irrespective of the EDD. In addition to the pre-birth risk estimation tool, the assessment must include:

- Mother's ability to alert professionals to the onset of labour.
- Detailed chronology of significant events in the EM's life.
- Involvement and views of relevant professionals (adult mental health, CAMHS, addiction services, probation youth offending services etc).
- Involvement of the expectant father or involved partner whenever possible.
- Any other household member or other children.
- If the EM is a LAC all other LAC in the placement should also be considered.
- Consideration of a FGC.
- Support and monitoring for the EM during pregnancy.
- Discussions with the hospital maternity services about any risk to the baby when born whilst in hospital (consider breastfeeding, mental health needs, contingency mental health plan, drug dependency plan and contact with EM and wider family members.

10. Previous children who have been or are subject of care proceedings.

10.1 If the EM, father or partner has had children removed through or are subjects of care proceedings the social worker must apprise themselves of past judgements, findings of fact, or assessments relating to other children. Failing to do this risks the 'start again syndrome' whereby newborns are left at risk of significant harm because the full relevance of the parents' history is not considered. This task must take priority at the outset of the assessment.

11. Timescales for Section 47 Investigations and Initial Pre-birth Conference

11.1 Timescales in the latest edition of the London Child Protection Procedures must be adhered to.

12. Pre-Birth child protection plan & core group

12.1 When an unborn child is made subject of a child protection plan, the first review conference must be held within one month of the child's birth or within three months of the date of the Pre-birth Conference, whichever is sooner.

12.2 The child protection plan must state that:

- A birth plan must be put in place, shared with the EM, and held on both social care and maternity notes.
- The core group will meet prior to baby being discharged from hospital.
- Hospital records must clearly show that the baby cannot be discharged without a core group meeting at the hospital.
- The core group must meet again within 7 working days of discharge from hospital.

13. Hospital Liaison

13.1 It is imperative that hospital and social care staff work assertively and proactively together to ensure the best outcome for the child. The social worker must identify key medical professionals and ensure they are invited to all meetings, their views proactively sought and integrated into all assessments.

13.2 It is the responsibility of hospital staff to ensure their views are sought and integrated into assessments and plans for the child.

13.3 Social care must ensure that all EMs coming to their attention are 'booked in' appropriately. Maternity services and social care should visit the EM at home to secure her engagement if required.

13.4 Visits to mothers and newborns whilst in hospital by social care and other professionals must be recorded in hospital notes for both mother and child. It is the responsibility of the visiting professional to ensure that their visit and its purpose are recorded in hospital notes.

14. Decision to initiate care proceedings

14.1 A decision to initiate care proceedings must trigger a birth planning meeting. This must be held within 7 working days of the legal planning meeting and should be chaired by a senior health professional responsible for safeguarding. If the EM plans a home birth, the ambulance service lead should be invited to the birth planning meeting.

14.2 The decisions from the birth planning meeting must be recorded on maternity records by the senior health professional responsible for safeguarding.

14.3 The birth planning meeting will draw up a maternity care plan which will include:

- Key professionals and their contact numbers.
- Persons responsible for carrying out parts of the maternity care plan.
- Child protection concerns that necessitated the referral, the child protection plan and the role of the respective social care agencies.
- Brent Social Care's plan for initiating care proceedings.
- Attendance and engagement in ante natal care and progress in the pregnancy
- any adult protection concerns, e.g. domestic violence, mental health issues
- any specific details regarding the labour and delivery
- any contacts that should be made at birth, e.g. children's social care or police
- any specific out of hours contact that should be made at birth
- the names and details of those people who can or who cannot visit the mother
- the post natal care plan specifying:

- contact, supervision and feeding arrangements
- the need for a pre-discharge meeting,
- any contacts that should be made pre-discharge,
- the information that must be shared pre-discharge
- the future role of the midwife and other relevant professionals.

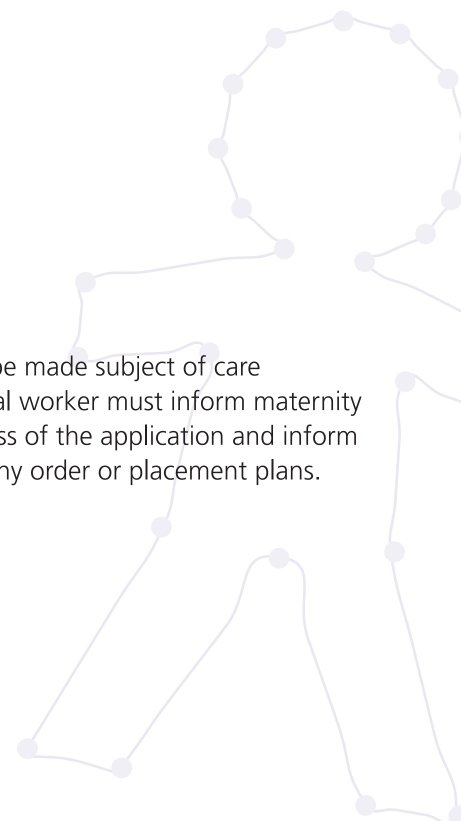
14.4 The maternity care plan must be placed on the EM's maternity notes and flagged for attention. Any changes to the plan must be flagged to all professionals.

15. Birth and Discharge of a Newborn Baby

15.1 Maternity services must inform Brent Social Care and relevant primary care services when the baby is born. The social worker must visit the following working day and meet maternity staff prior to meeting mother and child. They must consider whether the discharge plan should be amended.

15.2 If the child is subject of a child protection plan a discharge core group meeting must be held within 7 working days to ensure the plan still fits the child's need for protection.

15.3 When the child is to be made subject of care proceedings, the social worker must inform maternity services of the progress of the application and inform the lead midwife of any order or placement plans.



16. Conflict Resolution and Escalation where there is a Disagreement

16.1 Professionals' primary responsibility is to ensure the best possible outcome for the child.

16.2 If there is disagreement between agencies or professionals about how an assessment is being progressed or decisions to safeguard the child, each professional involved has a duty to raise their concern using the Brent LSCB Policy: Resolution of Professional disagreements in work relating to the safety of children.

Should you require any further information regarding this protocol please speak to your line manager or LSCB representative in the first instance.

For further assistance please then contact the LSCB Development Manager on 020 8937 4299

Glossary of Terms

EM	Expectant mother
EDD	Expected date of delivery
LAC	'looked after' child
CAF	Common Assessment Framework
CIN	Child in need
s.47	Child Protection investigation
CAMHS	Child and Adolescent Mental Health Services
Custodian	Local authority Officer who maintains the list of children who are subjects of child protection plans
FGC	Family Group Conference

Appendix

Appendix A - Pre-birth risk assessment tool

The factors listed below are to be taken into account in all assessments of unborn children when there is a concern about potential risk to the child. It is not a predictive or diagnostic tool but an aid to focus assessment.

Factor	Elevated Risk	Lowered Risk (inc protective factors)
The prospective parent	• Negative childhood experiences including abuse in childhood; denial of past abuse. • Violence/abuse of others. • Abuse and/or neglect of previous child/ren. • Parental separation from previous children. • No clear explanation of circumstances in which previous abuse occurred. • 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. • Substance misuse • No acceptance of responsibility for the abuse by partner/others. • Disguised compliance • Blaming others or the child	• 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 (not disguised). • Abuse of previous child accepted and addressed (past/present). • Expressed concern and interest about the effects of abuse on the child. • 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
Family issues (marital partnership and the wider family)	• Relationship disharmony/instability. • Poor impulse control. • Mental health problems. • Violent or deviant network, involving kin, friends and associates (include drugs, paedophiles or criminal networks). • Lack of support for primary carer/unsupportive (of each other). • No supportive networks • No commitment to equality in parenting. • Isolated environment. • Ostracised by the community. • No relatives or friends available. • Family violence (e.g. spouse). • Frequent relationship breakdowns/multiple relationships. • Drug or alcohol abuse. • Unrealistic optimism	• Supportive spouse/partner. • Supportive of each other. • Stable, non-violent relationship. • Protective and supportive extended family. • Optimistic outlook. • Previous efforts to address the problem e.g. attendance at Relate, have secured positive and significant changes (e.g. no violence, drugs etc.). • Supportive community. • Optimistic outlook by family and friends. • Equality in relationship. • Commitment to equality in parenting.

Factor	Elevated Risk	Lowered Risk (inc protective factors)
Expected child	• Predicted special needs. • Perceived as different. • Stressful gender issues.	• Acceptance of difference.
Parent-baby relationships	• Unrealistic expectations. • Concerning perceptions of baby's needs. • Inability to prioritise baby's needs above own. • Foetal abuse or neglect, including alcohol or drug abuse. • No antenatal care. • Concealed pregnancy. • Unwanted pregnancy/identified disability (non-acceptance). • Emotionally detached from unborn child. • Gender issues which cause stress. • Differences between parents towards unborn child. • Rigid views of parenting.	• Realistic expectations. • Perceptions 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. • Appropriate and regular antenatal care. • Accepted/planned pregnancy. • Attachment to unborn child. • Treatment of addiction. • Acceptance of difference – gender/disability. • Parents agree about parenting.
Social	• Poverty. • Inadequate housing. • No support network. • Area of high social deprivation.	
Future plans	• 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.	• Realistic plans. • Exhibit appropriate parenting expectations and plans. • Appropriate expectation of change. • Willingness to consider changes in lifestyle. • Clear about changes and affect on relationship. • Willingness and ability to work in partnership. • Willingness to resolve problems and concerns. • Parents co-operating equally.

From: Calder, Martin C, 'Unborn Children: a framework for assessment and intervention' in Assessment in Child Care, Using and Developing Frameworks for Practice Russell House Publish

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