

# MATERNITY SERVICES AND CHILDREN'S SOCIAL CARE JOINT WORKING PROTOCOL TO SAFEGUARD UNBORN BABIES 2011

APPROVED BY:



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## 1. INTRODUCTION

- 1.1 The aim of this protocol is to enable practitioners to work together with families to safeguard unborn babies where risk is identified. The protocol provides an agreed process between Health and Children's Social Care on the planning, assessment and actions required to safeguard the unborn child working together with the family. The National Service Framework for Children Young People and Maternity Services (2004) recommends that Maternity and Children's Social Care have joint working arrangements in place to respond to concerns about the welfare of an unborn baby and his/her future, due to the impact of the mother's needs and circumstances.
- 1.2 Unlike many safeguarding situations the antenatal period gives a window of opportunity for practitioners and families to work together to:-
- Form relationships with families with a focus on the unborn baby
  - Identify risks
  - Understand the impact of risk to the unborn child
  - Explore safety planning options
  - Assess the families ability to protect the unborn baby
  - **Identify if any** assessments or referrals are required before delivery; for example the use of Common Assessment Framework (CAF)
  - Plan ongoing interventions.
- 1.3 When risks have been identified, it is essential that practitioners engage in early intervention and planning to optimise the outcomes and support for the family. It is essential in safeguarding children that practitioners share information and they should refer to the cross-government guidance on how to share information: *Information Sharing: Guidance for practitioners and managers 2008*.

## 2. SCOPE

- 2.1 The protocol applies to any practitioner working in Health and Children's Services planning for the safety of the unborn child and any other practitioners identified. The protocol sets out a process of safe planning by practitioners working together and with families to safeguard the baby at birth. However where there are immediate risks to the unborn baby, an urgent referral to Children's Social Care must be made.
- 2.2 Where there is a late booking or a concealed pregnancy the practitioner would need to complete an immediate assessment in order to identify which agencies may need to be involved. Follow local practice in assessing risk and refer if appropriate.

### 3. PURPOSE

- 3.1 This Joint Working Protocol provides a robust framework for responding to safeguarding concerns for unborn babies and neonates within Hampshire, the Isle of Wight, Portsmouth and Southampton.

### 4. RISKS

- 4.1 Below are concerns that may trigger this protocol:

- Mothers and/or partners or other significant members of the household involved in risk activities such as alcohol, substance and drug misuse.
- Mothers, fathers or other carers/significant members in the household with significant contact who have a mental health problem.
- Known domestic abuse by any member of the family living in the household (this includes control and power in relationships that may prevent the ability of others to care for and protect children) or disclosed through routine antenatal enquiry (*Working Together to Safeguard Children* HM Government, 2010).
- A parent or other adult in the household is a person identified as presenting a risk, or potential risk, to children.
- The ability of the parents or carers to meet the unborn babies needs e.g. significant learning difficulties and in some circumstances severe physical disability.
- Historical concerns such as previous neglect, other children subject to a child protection plan, subject to legal proceedings or have been removed from parental care.
- Parental involvement as a child or adult with Children's Services.
- Concerns regarding any sibling, environmental factors or adults in the household.
- Parents or other carers who have been convicted of a crime against children or are deemed to be a risk to children.
- Any other circumstances or issues that give rise for concern.

See Appendix One for Risk Assessment flowchart.

- 4.2 An early planning meeting (with parental consent and involvement) should be convened to assess risk and consider completion of a CAF or referral to Children's social care. Reasons for not making a referral or completing a CAF should be recorded and circumstances reviewed regularly to assess risk and consider any further action.
- 4.3 Other agencies may have the first contact or be aware that a woman they are working with is pregnant or about to become a principal carer. These will be workers in Learning Disabilities, Mental Health, Women's Aid, Drug and Alcohol Services, Police, Leaving Care Teams, Housing and Adult Safeguarding. If any service becomes aware of pregnancy / impending parenthood of one of their clients they must inform maternity services of their involvement and highlight any concerns, as per the 4LSCB Protocol 'Safeguarding Children Whose Parents/Carers Use Drugs/Alcohol or Have Mental Health

Needs'. This contact should be made through the named midwife for the area via the Health Care Trust. (See Appendix Two).

- 4.4 Referral to maternity services does not negate other agencies responsibility to refer to Children's Social Care if there are significant concerns for the safety of the unborn or any other children in the family. If practitioners require advice on safeguarding they should contact their manager and/or their named practitioner for safeguarding.
- 4.5 The procedures and timescales laid out in Chapter 5 of *Working Together to Safeguard Children* HM Government, 2010 must be followed where there are concerns about the welfare of an unborn child, (5.14).

## **5. Request for Referral to Children's Social Care**

- 5.1 Referrals to Children's Social Care about unborn babies who may need assessment should be made early in the pregnancy as soon as concerns have been identified. This enables Children's Social Care to assess and plan in a timely way and make a decision as to whether an Initial Child Protection Conference (ICPC) is required.
- 5.2 In the following circumstances a referral must always be made if:
- There has been a previous unexpected or unexplained death of a child whilst in the care of either parent.
  - A parent or other adult in the household is a person identified as presenting a risk, or potential risk, to children.
  - Children in the household / family currently subject to a child protection plan or previous child protection concerns.
  - A sibling (or child in the household of either parent) has previously been removed from the household temporarily or by court order.
  - Where there is knowledge of parental risk factors including mental illness, domestic violence, substance misuse, learning difficulties.
  - Where there are concerns about parental ability to self care and/or to care for the child e.g. unsupported young or learning disabled mother.
  - Where there are maternal risk factors e.g. denial of pregnancy, avoidance of antenatal care (failed appointments), non-co-operation with necessary services, non compliance with treatment with potentially detrimental effects for the unborn baby.

Any other concern exists that the baby may be at risk of significant harm.

- 5.3 Factors to be considered when undertaking a pre-birth risk assessment  
These are examples and not an exhaustive list

## Unborn baby

Unwanted pregnancy baby's needs	Inability to prioritise
Emotional detachment from pregnancy	Poor antenatal care
Concealed pregnancy baby's needs	No preparation for
Lack of awareness of the baby's needs	Premature birth
Exhibit inappropriate parenting plans	Foetal abnormality
Cultural issues	Gender issues

## Parenting Capacity

Negative childhood experiences young/teenager/immaturity	Age-very
Experience of being in care	Communication difficulties
Abuse in childhood, denial of abuse health issues	Mental health/personality
Drug/alcohol misuse	Learning difficulties
Violence/abuse of others practitioners	Lack of engagement with
Abuse/neglect of previous children	Postnatal depression
Previous care proceedings	Learning disability (4LSCB
Homelessness/asylum seekers adult needs	be referred for assessment)
No recourse to public funds	
Known offenders against children	

## Family and Environment

Domestic abuse	Relationship disharmony
Unsupportive relationship	Multiple relationships
Frequent moves of home	Lack of support networks
Inappropriate home environment	Financial difficulties
Unemployment	Inappropriate associates
Change of partner	

- 5.4 Referrals should be consistent with the guidance in Working Together to Safeguard Children 2010 (5.17).  
<http://www.workingtogetheronline.co.uk/>

## 6. Outcomes of the Referral to Children's Social Care

- 6.1 Children's Social Care may assess that the threshold for their services has not been met, however they may signpost the referrer to other appropriate agencies /services. If the referrer does not feel that Children's Social Care decision is appropriate they must seek advice from their named practitioners for safeguarding.

- 6.2 Health practitioners can re-refer any case if they feel that there has been significant change that increases the risk to the unborn baby.
- 6.3 It is the responsibility of Children's Social Care to notify the referrer of the outcome of the request for their services. If this is not received within 3 days it is the responsibility of the referring practitioner to check the outcome with Children's Social Care. If the referrer feels that the criteria for Children's Social Care is reached but has been declined they need to contact their named practitioners for advice to discuss how to escalate their concerns to Children's Social Care.
- 6.4 In case's where children's social care accepts the referral and completes an initial assessment, whilst the case is open to them they will take the lead responsibility for the coordination of the case. If

there is reasonable cause to suspect a baby is likely to suffer significant harm, there should be a strategy discussion. This will be led by children's social care, and involve other professionals as appropriate. A core assessment is the means by which a section 47 enquiry is carried out. One of the possible outcomes of the section 47 may be to convene a child protection conference. The aim of the conference is to ensure all the information is brought together and analysed, and should be held within 15 days of the strategy discussion. If the child protection conference decides that the child is likely to suffer significant harm in the future, a child protection plan will be agreed. It is the responsibility of the midwifery practitioner who attends the initial child protection conference to ensure that a safeguarding birth plan is agreed.

- 6.5 Children's Social Care may decide to complete a Core Assessment to get more information about the family's situation. At any point during this they may decide there is reasonable cause to believe the baby is likely to suffer significant harm and initiate a S.47 inquiry.
- 6.6 The optimum time for an Initial Child Protection Conference for an unborn baby is between 24-28 weeks.

## **7 Safeguarding Birth Plan**

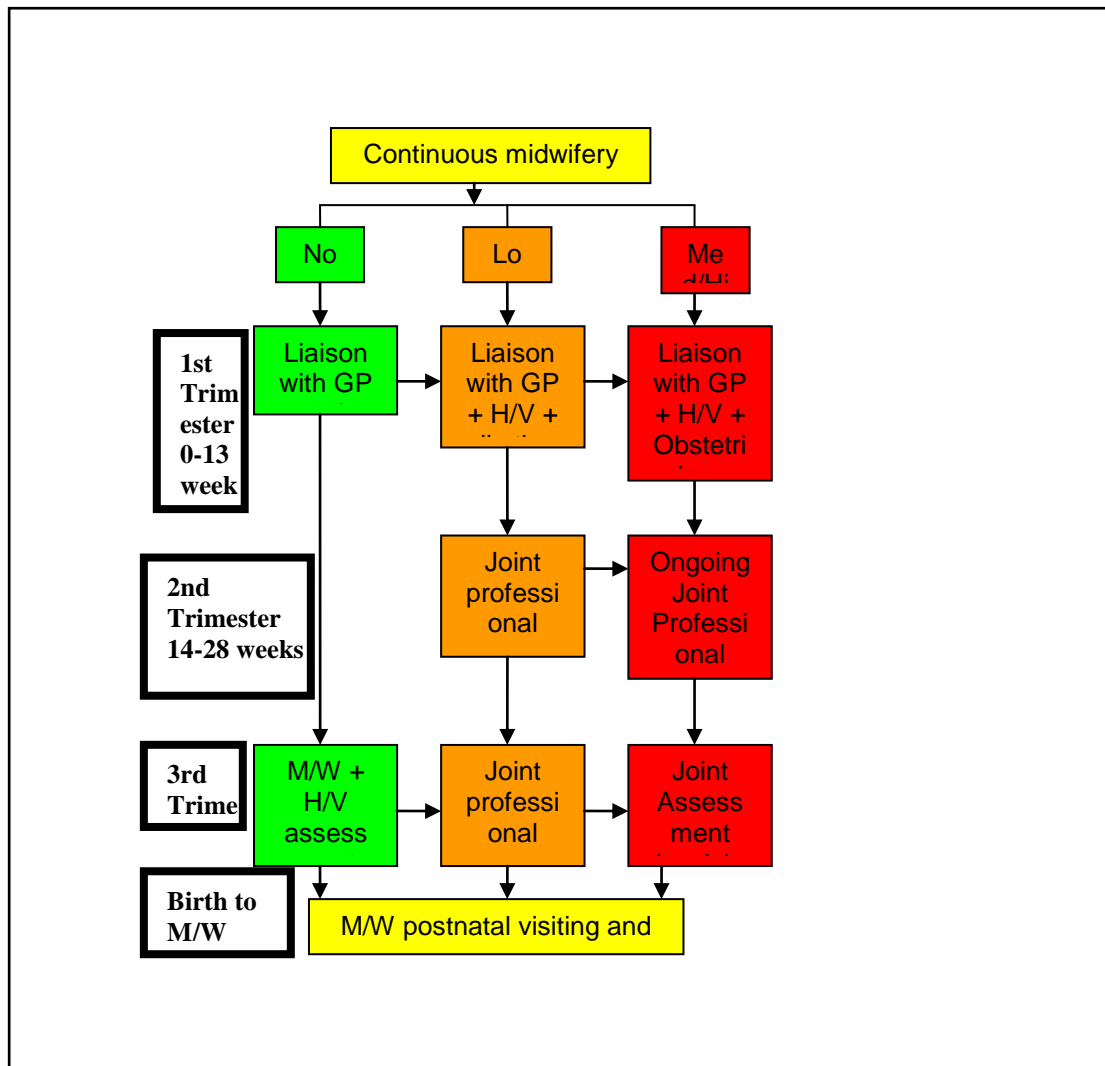
- 7.1 A safeguarding birth plan must be created by 34 weeks gestation. This will detail the planning for delivery and immediate post natal period. Where there are concerns about a family irrespective as to whether the UBB is subject to a child protection plan, a safeguarding birth plan should always be agreed. The detailed safeguarding birth plan must be kept where practitioners can access its contents in and out of hours to enable midwives to know how to respond during and post delivery. The birth plan should be shared with parents unless to do so is felt to put the mother or baby at increased risk.
- 7.2 The safeguarding birth plan should include contact numbers and names of professionals involved and clear directions as to where the child should go post delivery depending on the risk. Where Children's Social care has the lead professional role, it is the responsibility of the allocated social worker to ensure that Children's Social Care 'Out of Hours' are made aware of the safeguarding plan.

It is the responsibility of the midwife agreeing the birth plan to ensure that other health practitioners involved are informed, for example the obstetrician, neonatologist, GP, HVs and the safeguarding team. All agencies should know what role they have at this time and be clear about their responsibilities.

- 7.3 Appendix Three provides guidance for midwifery practitioners on the information required for a safeguarding birth plan and is a useful tool at any other meetings where the safety planning is being developed.
  
- 8. Plans for discharge for babies identified by this protocol are usually made at the birth planning meeting. Where this has not occurred discharge plans should be discussed with Children's Social Care and or other involved agencies and a pre birth discharge meeting arranged if required.

## APPENDIX ONE

Abbreviations: GP General Practitioner, HV Health Visitor, MW Midwife, CAF Common Assessment Framework  
 CSC Children's Social Care, CP Child Protection \* Relevant practitioner your safeguarding lead



## **Appendix Two**

### **Contact numbers for Midwifery Services**

#### **Health numbers**

Southampton	Tel 023 8079 6002- Delivery Suite
Portsmouth	Tel: 023 9228 6000 Ext 4547
Winchester	Tel: 01962 824231/2 – Labour Ward
Basingstoke	Tel: 01256 314790 – Delivery Suite
Frimley Park	Tel: 01276 604035 – Labour Ward

#### **Children’s Social Care Numbers**

##### Southampton City Council

Daytime Tel: 023 8083 3336  
Out of hours/ED 023 8023 3344

##### Portsmouth City Council

Daytime Tel: 023 9283 9111  
Out of hours: 0845 6004555

##### Hampshire - Central Referral Team

Tel: 01329 225379  
Email: [cspractitioners@hants.gov.uk](mailto:cspractitioners@hants.gov.uk)  
Out of Hours Tel: 08456004555

#### **Police**

##### Hampshire Constabulary

Tel: 0845 0454545

## APPENDIX THREE

### Generic Check List for Safeguarding Birth Planning –

<u>CONSIDERATION</u>	<u>YES/NO</u>	<u>PLAN</u>	<u>IF ACTION REQUIRED WHO IS RESPONSIBLE?</u>
Can mother have unsupervised contact with the baby once born?			
How long can mum remain in hospital after birth?			
Is there anybody who cannot have unsupervised contact?			
Is there anybody who should not be present at the birth?			
Are there any reasons why the mother should not have contact with the baby at birth?			
Are there any concerns about the partner?			
Are there any mental health concerns?			
Does mother or partner have a Learning Difficulty/Disability?			
Are there any issues regarding drug or alcohol abuse?			
Is the baby likely to have withdrawal symptoms?			
Are there any barriers to communication?			
Is there a likelihood of a home birth or mother attending a different hospital?  If the answer is Yes – Alert other hospitals and ambulance service.			
Will Police Protection be required?			

Are the Local Authority planning to apply for and Emergency Protection Order/Interim Care order?			
Is the Local Authority going to accommodate under Section 20 of the Children Act 1989?			
If parents have agreed to Section 20, what is the contingency if they withdraw consent after birth?			
When will the Emergency Duty Team be advised of the plan and who will do this?			
Does hospital security need to be informed of plan- if so who will do this?			
Have parents been provided with a copy of the birth plan, if not when will they be?			
If the birth plan cannot be shared, why not and who has agreed this? (usually via legal advice)			
Have all agencies been advised of the plan?			
Is a pre discharge planning meeting required?			
Any other information?			

Date completed \_\_\_\_\_

Social Worker – Name \_\_\_\_\_

Signature \_\_\_\_\_

Midwife – Name \_\_\_\_\_

Signature \_\_\_\_\_

Team Manager/Senior Practitioner – Name \_\_\_\_\_

Signature \_\_\_\_\_

**References**

The National Service Framework for Children Young People and Maternity Services (2004) DH

Information Sharing: Guidance for practitioners and managers (2008) DH

Working Together to Safeguard Children (2006- 2010) DH

4LSCB Safeguarding Children Procedures (2007) Isle of Wight, Hampshire, Portsmouth and Southampton

Common Assessment Framework DH

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## **Developed by:**

**Hampshire Primary Care Trust**

**Basingstoke and North Hampshire NHS  
Foundation Trust**

**Portsmouth Hospitals NHS Trust**

**Southampton University Hospitals NHS Trust**

**Winchester and Eastleigh Healthcare NHS Trust**

**Hampshire County Council**

**Isle of Wight Council**

**Portsmouth City Council**

**Southampton City Council**