



# DARLINGTON

## Safeguarding Children Board

### Safeguarding the Unborn Procedure and Practice Guidance



October 2018

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<b>Author</b>	<b>Practice Development and Procedures Sub Group</b>
<b>Edited by:</b>	<b>Amanda Hugill</b>

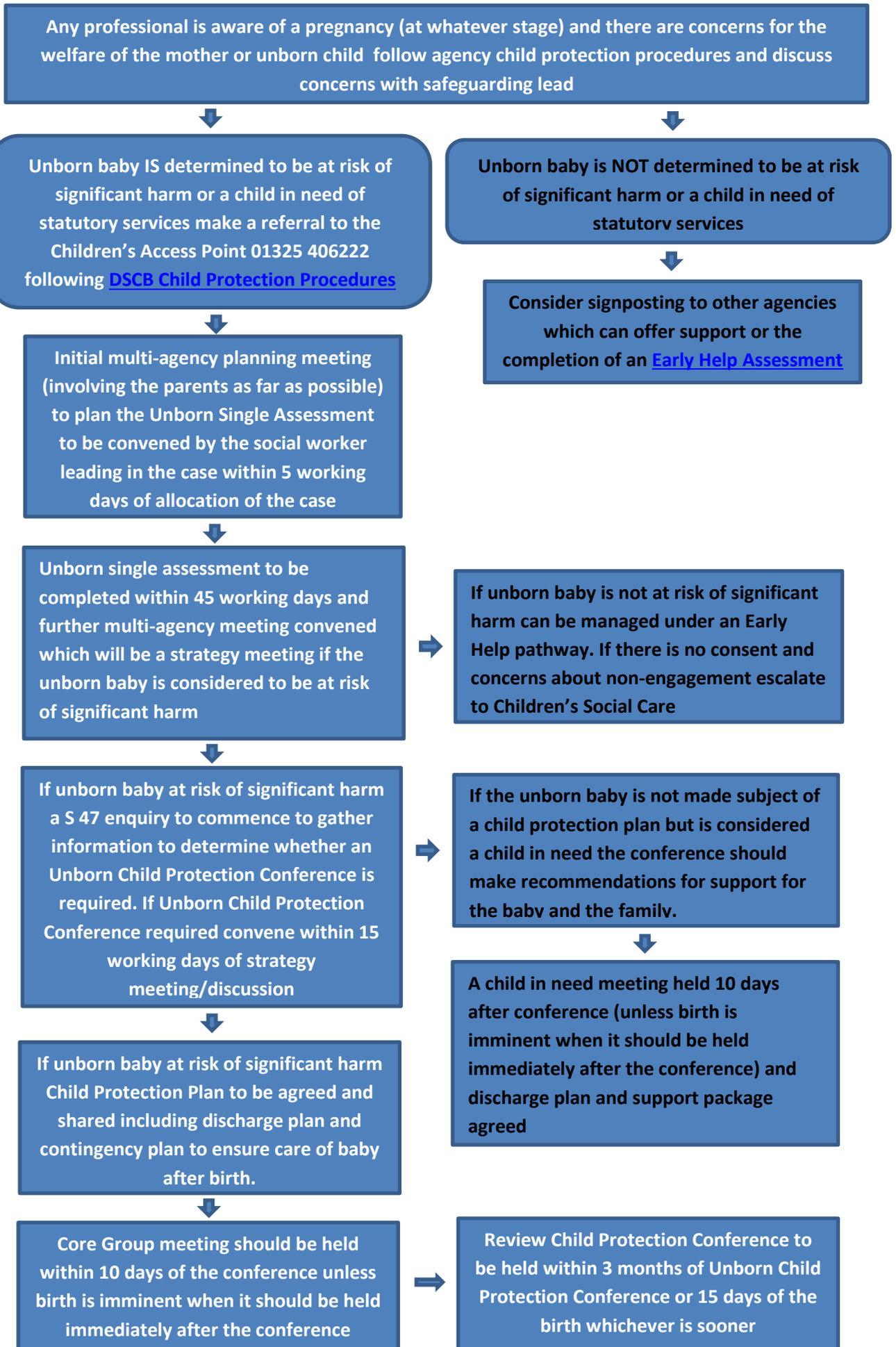
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## Safeguarding the unborn- flowchart



## 1. Introduction

Young babies are particularly vulnerable to abuse, and any work carried out in the antenatal period can help minimise any potential harm if there is early assessment, intervention and support.

This procedure and practice guidance applies to all practitioners and sets out how to respond to concerns for an unborn baby and provides a framework for responding to safeguarding concerns and safe planning by practitioners working together, with families, to safeguard the unborn through to birth.

An assessment by Children social Care must commence as early as possible where:

- concerns exist regarding the mother's or father's ability to self-care or protect
- alcohol and/or substance abuse is present and is likely to impact on both the parent(s) and the child
- there are professional safeguarding concerns regarding parenting capacity, particularly where the parents have either mental health problems, learning disabilities and difficulties or mental capacity issues
- the child is believed to be at risk of significant harm due to domestic abuse
- the expectant parent(s) are very young and a dual assessment of their own needs as well as an assessment of their ability to meet the baby's needs is required; this includes young people under 16 for who there is a risk of Child Sexual Exploitation, trafficked or as a result of non-consensual sex
- a previous child in the family has been removed either permanently or on a temporary basis because they have suffered harm or been at risk of suffering significant harm
- a person who has been convicted of an offence against a child or adult, or is believed by child protection professionals to have abused a child, intends to join or has contact with the family
- a person is subject to Multi-agency Public Protection Arrangements (MAPPA) need to be considered
- an unborn baby has siblings subject to a Child Protection Plan or previously subject to a Child Protection Plan
- the parent is a Looked After child or has been previously looked after by a local authority
- any other concerns that the professional beliefs may place the unborn at risk of harm

Any such concerns should be addressed as early as possible before the birth so that a full assessment can be undertaken and support offered to enable the parent/s (wherever possible) to provide safe care (including before the pregnancy is confirmed).

## 2. Referral into Children's Services

Where professionals become aware a woman is pregnant, at whatever stage of the pregnancy, and they have concerns for the mother or unborn baby's welfare, or that of a sibling, you must not assume that Midwifery or other health services are aware of the pregnancy or the concerns held. All professionals should follow their own agency's child protection procedures and discuss concerns with the agency's safeguarding lead in the first instance.

Where agencies or individuals anticipate that prospective parents may pose a significant risk for their unborn these should be referred to social care at the earliest opportunity.

For those unborn babies about which professionals are concerned but which do not meet the criteria for Social Care Assessment, consideration should be given at the earliest opportunity to signposting to other agencies which are able to provide support. Professionals should also consider the completion of an [Early Help Assessment](#) which will identify support requirements and ensure that the wellbeing of the unborn is at the centre of the assessment, allowing early support to be provided to reduce the risks to the unborn. An Early Help assessment is a holistic assessment that considers the child's developmental needs, parenting capacity, environmental needs and level of risk. Professionals will be able to gather new information and with the information they already know provide a multi- agency package of support for the baby and family via the Team around the Family process. The information gathered through this process is shared appropriately and can be used to help determine if an unborn single assessment through social care is required

Where an unborn baby is likely to be in need of services from children's social care when born, a referral is to be made to the [Children's Access Point](#) following the Darlington Safeguarding Children Board [Child Protection Procedures](#).

### **Children's Access Point**

Telephone: 01325 406222

E-mail: [childrensaccesspoint@darlington.gcsx.gov.uk](mailto:childrensaccesspoint@darlington.gcsx.gov.uk)

Wherever possible, the referrer should share their concerns with the prospective parent(s) and seek to obtain agreement to refer to children's social care, unless this action may place the unborn child at risk, such as parents possibly making their whereabouts unknown.

Referrals about unborn babies should be made as early as possible in the pregnancy or as soon as the agency becomes aware of the pregnancy, unless it has not been possible to meet this timescale, for example, because the pregnancy has been concealed or the family have recently relocated to the area then this should be made at the earliest opportunity.

## 3. Initial Multi-Agency Planning Meeting and Unborn Single Assessment

Good practice is for an initial multi-agency planning meeting to be held to plan the unborn single assessment. An unborn single assessment must be based on a robust assessment model and must include health professionals providing care to the parents for example, midwife, drug and alcohol services, domestic abuse services) this list is not exhaustive and consideration should be given to any agency involved in the family regardless of whether it is for a sibling or a n other adult to be

involved within the assessment. The meeting, should be convened by the social worker leading on the case and within 5 days of allocation for an unborn single assessment.

The social worker should identify agencies/professionals who should be invited to attend which will include:

- Children's Social Care Team Manager and Social Worker
- Midwife
- Health Visitor
- GP
- Early Help Representative (if appropriate)
- Police
- Named Nurse for agencies involved
- Mental Health Services
- Drug and Alcohol Services
- Education
- Probation
- Housing
- Parents of the unborn
- Any other professional involved with the family

The social worker should obtain relevant information held by the Police and by the health professional. In exceptional circumstances if an agency/professional is unable to attend the initial planning meeting, arrangements must be made for information to be provided to the lead social worker in advance of the meeting.

The outcome of the meeting should be shared with professionals.

Parents of the unborn should be involved in the planning process as much as possible.

At the first meeting a date should be set for a further multi-disciplinary planning meeting (which is to take the form of a child protection strategy meeting if the assessment outcome indicates the baby is likely to be at risk of significant harm).

The lead social worker to ensure all information is recorded on a single assessment on Liquid Logic.

The recommendations from the unborn single assessment will determine how the case can proceed and the assessment will be completed within a maximum of 45 working days.

If the unborn child is to be managed under an early help pathway the assessment should include relevant agencies allowing multi-agency information gathering and the identification of a lead early help representative to liaise with multi-agency partners and in line with DSCB [Information Sharing Protocol](#). If there is no consent to follow the Early Help pathway and the professional has concerns regarding the impact of non-engagement from parents and wider family then consideration should be given at the earliest opportunity to escalate the case to Social Care for consideration for services.

## 4. Multi-agency Review Planning Meeting or Strategy Meeting

The completed unborn single assessment report should be considered at a further multi-agency planning meeting (date to be agreed at the first multi-agency planning meeting)

If it is clear from the Unborn Single Assessment Report that there is reasonable cause to believe the baby will be at risk of significant harm when born, this meeting should be replaced by a strategy meeting held in line with DSCB [Child Protection Procedures](#).

The purpose of either meeting is to consider the findings and recommendations from the report and make plans about next steps in relation to support and any necessary intervention to protect the baby. Consideration may need to be given in developing a birth response plan if the baby is imminently due. This includes discussion around [Professional Challenge](#).

Where a Strategy Meeting is being held, it should include those already involved (as identified in section 3) and the Named Nurse for Safeguarding Children County Durham and Darlington Foundation Trust or Harrogate District Foundation NHS Trust (CDDFT/ HDFT community services) and midwifery services. The Police Safeguarding Team should also be invited and relevant information sought.

If the Strategy Meeting/Discussion concludes that it is likely the baby will be at risk of significant harm when born, a Section 47 enquiry will commence to gather any other information which is required to determine whether and Initial Child Protection Conference is required if it is felt that all the information has been collated then a Section 47 should be completed and conference convened within 15 days of the strategy meeting. This applies whether or not there is an intention to take legal proceedings in respect of the child when born. Consideration should also be given to implement a birth response plan if not already in place and ensure it is shared with all relevant professionals.

If the plan is to remove the child at birth then early planning and sharing of this view with parents must be considered any legal processes including legal planning meetings must be convened and regular updates to all professionals including an regular review of the discharge plan for the baby and mother (to include relevant agencies but the midwife must involve themselves at every stage).

## 5. Unborn Child Protection Conference

An Unborn Child Protection Conference is an Initial Child Protection Conference concerning an unborn child. It carries the same status and conveys the same purpose as an Initial Child Protection Conference and should take place ideally at within the 26 weeks gestation period or as soon as the strategy meeting/assessment has determined the unborn is believed to be at risk of significant harm before the due date of delivery. See DSCB [Child Protection Procedures](#) for further information.

The unborn child Conference should take place within 15 working days of the Strategy Meeting/Discussion or, where more than one strategy discussion took place, of the strategy discussion at which the section 47 enquiry was initiated.

Those who normally attend an ICPC must be invited and it is essential that midwifery services and health visitors are represented at the Conference. Any deviation from this should be brought to the attention of the line manager of the Chair of the Conference. The conference should also include any professional or persons who

has contributed to the assessment.

The report from the Social Worker should include the findings from the unborn single assessment, the conclusions and recommendations for future action.

If not already in place a birth response plan needs to be in place and shared with all relevant professionals and the lead social worker these should be available on each agencies databases and readily available for relevant staff.

If it is decided that the unborn baby will be at risk of significant harm when born, a Child Protection Plan must be made including a discharge plan and any contingency to ensure the safe delivery of the baby and care immediately after birth.

If it is decided that the unborn baby should be the subject of a Child Protection Plan, the main cause for concern must determine the category of concern. The Plan must be explicit about the actions to be undertaken, and by whom, immediately following the baby's birth in order to ensure the baby's protection until the Review Conference. As core group should be held within 10 days unless the birth is imminent when this should be held immediately after the conference. The core group should meet regularly as determined by the group but must convene at least two weeks before the due date and within 1 week of birth.

Where an unborn Child Protection Conference is held and the decision is made that the baby should not be made the subject of a Child Protection Plan but it is considered that the child will be in need, the Conference should make recommendations in respect of support for the baby and family. A Child In Need meeting should be held within 10 days of the conference unless the birth is imminent when it should be held immediately after the conference and a discharge plan and support package agreed. A child in need meeting should be convened within 15 days of the birth.

The Child Protection Review Conference will be arranged at the Initial Conference and will be held within three months of the unborn child Protection Conference or within 15 days after the baby is born, whichever is sooner.

## **6. References, additional information and guidance**

[Darlington Safeguarding Children Board Child Protection Procedures](#)

[Darlington Safeguarding Children Board Information Sharing Protocol](#)

[Darlington Safeguarding Children Board Professional Challenge Procedure and Guidance](#)

Source 'Unborn Children: A Framework for Assessment and Intervention' Martin C. Calder

Calder gives a process for undertaking a thorough multi-disciplinary assessment, the multiple possible components which may be appropriate to a wide range of presenting circumstances and a matrix to determine the level of projected risk once the baby has been born.