

Expected Baby Protocol



This is an approved North Somerset Safeguarding Children Board document and should not be edited in any way.

Reference Number: NSSCB/LP/014
Target Audience: Multi Agency
Sources of advice in relation to this document: Multi Agency
Replaces if appropriate: Unborn Baby Protocol
Approved by: P&P Sub-group and Executive
Date: November 2016
Date displayed on NSSCB web site: November 2016
Date due to be reviewed by responsible person or body: November 2017 by P&P Sub-group.
<p>The North Somerset Safeguarding Children Board (NSSCB) works to safeguard and promote local child welfare. It does this by:</p> <ul style="list-style-type: none">• Coordinating the safeguarding work of member agencies so that it is effective.• Monitoring, evaluating and when necessary, challenging the effectiveness of the work.• Advising on ways to improve safeguarding performance. <p>In order to:</p> <ul style="list-style-type: none">• Protect children and young people from maltreatment.• Prevent their impairment of health and development.• Ensure that they grow up in circumstances consistent with the provision of safe and effective care.• Enable them to have optimum life chances and enter adulthood successfully.

EXPECTED BABY PROTOCOL

Principles

- Referrals regarding unborn babies should be made without undue delay.
- Lack of comprehensive information is no reason to avoid/ delay convening a child protection conference, provided the risk factors can be identified.

Pre-birth assessment

A pre-birth assessment should always be carried out when:

- a preceding child(ren) has died and neglect/abuse was a concern though not the cause of death or the death was in suspicious circumstances or the child(ren) suffered significant harm (due to abuse or neglect) and have been removed from the care of either parent of the expected baby;
- a sibling of the unborn in the household is subject of a current Child Protection Plan;
- a sibling of either prospective parent in the same household (where the prospective parent is living at home) is subject of a current child protection plan;
- either prospective parent is in the care of the local authority or is a care leaver and supported by the Resource Service;
- either prospective parent is under 16 and is subject of a Child Protection Plan (Careful consideration should also be given to young people who are prospective parents and have been previously subject to a child protection plan or on the child protection register as was);
- The prospective parents' behaviour or circumstances during the pregnancy suggest that they may be unlikely to safely and adequately care for their baby.

Examples would include:

- a couple with a chaotic lifestyle, no permanent home address, mis-using drugs and/or alcohol and failing to engage in ante-natal care;
- prospective parents with a learning difficulty who are unable to care for themselves and manage their own needs adequately or safely;
- prospective parents with chronic and disabling mental health needs including, schizophrenia affective psychosis, severe substance abuse, personality disorder, severe obsessive compulsive disorder and eating disorders;
- domestic abuse;
- prospective parents' own history indicates concerns that the prospects for the baby being adequately cared for is unlikely, (i.e. history of early abuse, serious violence, unresponsive chaotic engagement to substance misuse treatment, chronic serious psychiatric problems);
- One or other parent or close family member is a person who poses a risk to children (i.e. they have a conviction of an offence against a child including child neglect, abuse and sexual offences).

The above are examples and it is not possible to produce an exhaustive list of circumstances where a pre-birth assessment should be undertaken.

- [South West Child Protection Procedures](#)

In Practice

Referrals/requests for help should be made to Single Point of Access (SPA) for Early Help or Social Work intervention, at the time of the first scan and ideally no later than the 16th week of pregnancy;

All referrals should include information relating to the concern, what action is sought and why in accordance with the NSSCB Threshold Guidance at the link shown below: <http://www.northsomersetscb.org.uk/uploads/files/750.pdf>

Specifically referrals and requests for help regarding an unborn must always include:

- Consent from parents, or an outline of why this has not been sought or dispensed with;
- Detailed information relating to concerns; identified risks, strengths of both parents and protective factors;
- What support has already been offered to parents and if not sufficient why is this the case;
- What response is being sought and why.

Where concerns are identified about an unborn child

The vast majority of referrals received by SPA do not meet the threshold for Social Work enquiries or assessment. Many of the needs identified can be met via targeted and Early Help provision.

Action:

- A referral/request for help should be made to SPA as soon as is reasonable to do so, at the time of the first scan and ideally no later than the 16th week of pregnancy;
- Upon receipt of a referral/request for help Referral & Assessment (R&A) will identify what action is required which may include:
 - referring for Social Work enquiries to an area Social Work team
 - referring to Early Help
 - no further action
- The Social Work team will undertake the pre-birth assessment which must be completed within 45 working days of the date of the referral and hold responsibility for the Unborn where a pre-birth assessment is indicated.
- R&A will inform the referrer of the outcome of the referral within one (1) working day as outlined in Working Together 2015.
- Referrals that are made late in the pregnancy can seriously impact upon the provision of a thorough assessment and services to support and safeguard the unborn.
- Where it is indicated, a Social Work Team will undertake the pre-birth assessment and hold responsibility for the Unborn.
- All pre-birth assessments should follow the multi-agency procedures and should include:
 - Robust multi-agency liaison throughout the antenatal period;
 - Active involvement of the midwifery service, health visitors and G.P.'s; and
 - Where the mother is using substances and attends either Weston Hospital or St. Michael's Hospital, contributions from the clinic should

be included where appropriate. These contributions will be included in an assessment.

- On completion of Pre-Birth Core Assessment progress to relevant actions e.g. Section 47, Legal Planning Meeting, Child in Need, No Further action.
- BY 30 WEEKS: Update social report. Specify any plan for discharge and communicate to Midwife, General Practitioner (GP), and Health Visitor (HV)
- BY 36 WEEKS: Ensure that ALL plans are in place and that Pre-Birth planning meetings have been held and the parents are aware of the plan