

Guidance in Relation to Pre-birth Referrals and Child Protection Conferences

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Cwm Taf Safeguarding Children Board Guidance in relation to Pre-birth Referrals and Child Protection Conferences

Concerns about the likelihood of significant harm to an unborn child, should be referred, by the relevant professional, to Children's Services, in accordance with the All Wales Child Protection Procedures 2008. A multi agency referral form should be completed. The following guidance sets out how to manage such referrals:

Referrals

Referrals from the midwifery service will usually be made between 22 & 24 weeks gestation.

Child in Need

On receipt of the referral the team manager makes the decision that the referral is potentially a child in need and an initial assessment will be conducted.

Child Protection

1. If the team manager decides at the outcome of the initial assessment that there are child protection concerns or if on receipt of the referral the team manager decides there are clear concerns about likely significant harm then a strategy discussion will take place.
2. The strategy discussion should take place between Police, and Children's Services and must include relevant information from the appropriate Health professional(s), including both Midwife and Health Visitor.
3. This strategy discussion will need to consider carefully next steps including commencing a Core Assessment, taking into account the expected date of delivery of the unborn child.
4. A core assessment should be completed wherever possible by no later than 32 weeks gestation.
5. A strategy meeting should then be convened to consider the outcome of the core assessment to include both Midwife and Health Visitor.
6. Subsequent strategy meetings can be convened as necessary dependent on the needs of the case and taking into account the optimum timing of the initial Child Protection Conference which is at 32 weeks gestation.
7. Both the strategy discussion and strategy meeting should be recorded on the child's file, clearly outlining decisions made.

Strategy meeting

The strategy meeting will always be conducted in accordance with the All Wales Child Protection Procedures 2008.

Child Protection Conference

In the majority of cases the optimum time to hold a Child Protection Conference will be at 32 weeks gestation.

The initial Child Protection Conference will be convened within 15 working days of the **last** strategy discussion or meeting.

If it is decided that the child's name is to be included on the CPR at birth, the first review conference will be held within 3 months of the birth of the baby. If a provisional date for the review child protection conference is set at the initial conference based on the estimated date of delivery due regard will need to be given to the actual date of delivery.

Child Protection Conference Chairs will ensure a recommendation is made as to which professional will inform the Child Protection Register when the child is born, to ensure registration takes place promptly

Child Protection Conference Chairs will also ensure the health professional responsible for informing the delivery team of the child protection plan is identified. The keyworker will inform the Emergency Duty Team.

Initial Conferences may be held outside this optimum timescale, however the first review will always take place as outlined above

If a referral is received in relation to an unborn child where there are other children in the family already included on the CPR, the same process will apply.

The initial conference for the unborn child can be incorporated into an existing review conference arrangement for the siblings.

However Conference Chairs will need to arrange the first review for the unborn child as detailed above and ensure a decision is made as to whether this review should include all the children within the family.

Relevant Guidance

"Safeguarding Children: Working Together under the Children Act 2004 Para 8.173"

"Where a core assessment under section 47 of the Children Act 1989 gives rise to concern that an unborn child may be at future risk of significant harm, LA children's services may decide to convene an initial child protection conference. Such a conference should have the same status and proceed in the same way as other initial child protection conferences, including decisions about a child protection plan. Similarly in respect of review conferences. The involvement of midwifery services is vital in such cases"

All Wales Child Protection Procedures 2008

Unborn Children 4.6.2 Action required

The allocated social worker will conduct an initial assessment and follow the procedure outlined in Part 3 *The Child Protection Process*.

Consideration will then be given to convening an initial child protection conference before the birth to plan co-ordinated action and services for the protection of the child at the time of the birth. The decision about whether to convene an initial child protection conference must be made in accordance with the procedures set out in part 3. The conference will have the same status and be conducted in the same manner as any other initial child protection conference.

The child protection conference should take place between 8 and 16 weeks before the estimated delivery date to allow for appropriate assessment and planning.

Conference members will share information and consider the need for registration of the child at birth. When it is agreed that the unborn baby will be registered at birth, the key worker and members of the core group will agree a detailed child protection plan in advance of the birth. The plan will need to include:

- Pre-birth core assessment to ensure that an effective response is made at the time of the birth;
- Ensuring that the named midwife /nurse informs the delivery team of the planned response and that a copy of the plan is sent to the maternity unit

The core assessment should ensure that information from the GP, the midwife and other health sources is incorporated together with a comprehensive social history, an assessment of the parents, their relationship, parenting capacity, an exploration of the family's functioning and an account of any previous abuse involving the family or parents. The assessment should explore family attitudes to professional involvement and include an evaluation about the parents understanding of their baby's basic needs and their ability to meet them.

The conference can decide to place the unborn child's name on the child protection register at birth without a further conference, although a further conference can be convened if required. The same criteria for registration apply as for any other child. A review conference should take place within 3 months of the baby's name being placed on the child protection register, that is at birth.

Additionally locally:

- The pre birth plan for maternity services must be completed in all cases (Appendix 1). Plan to include: brief summary of background, highlighting concerns/risks, legal status, antenatal / labour / postnatal considerations, visiting restrictions, security concerns, observation of parenting skills and pre-discharge planning meeting arrangements. **N.B. The pre birth plan must be identified as the plan for 'Unborn of(mother's name)'**

- In cases where there are complex needs e.g. need for continuous supervision of mother when caring for baby in the hospital setting, senior midwife for child protection and team manager to meet with community midwife and key social worker to discuss and agree pre-birth plan.
- Pre-birth plan to be made available for maternity services before the mothers completed 35th week gestation.
- A copy of the detailed child protection plan should also be sent the Social Services EDT

Social Care Children's Services Performance Indicators

PI 2008 - SCC/014 Timeliness of initial Child Protection Conferences

An initial Child Protection Conference should take place 15 working days from the strategy discussion/meeting that decided to convene it. Where there are concerns that an unborn child may be at future risk of harm and a pre-birth child protection conference is held this should have the same status and proceed in the same way i.e. within 15 working days of the strategy discussion

SCC/C/F/034/04-011 (SCC/034 Timely review of Child Protection Register Cases

The first review child protection conference should be held within three months of the initial child protection conference. Further reviews should be held at intervals of no more than six months for as long as the child's name remains on the child protection register.

In the case of unborn children, the first review should be held within 3 months of the child's name being placed on the CPR, that is, at birth.

Revised Welsh Government guidance 2011

Liz Pearce April 2008

Endorsed by RCT LSCB July 2008

First review completed July –October 2009

Guidance revised December 2009

Guidance revised August 2011

Guidance revised November 2012 (following merger of CTSCB)

Next review due November 2015

APPENDIX 1

Pre Birth Plan

(To be completed and available to maternity services by 35 weeks gestation)

Unborn EDD
Of
Mothers name address, DOB

**Reasons for Children’s Service involvement
(Highlighting Risks/Concerns):**

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Background information:

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	Agreed Plan of Care
Legal status	
Antenatal <i>To include:</i> <i>No restrictions to visitors or Visiting restricted to.....</i> <i>Also to include;</i> <i>Lone worker issues:</i> <i>Police markers:</i> <i>Ambulance markers:</i>	Children’s services to be informed of any admission / discharge in the antenatal period. Social worker:
Labour <i>To include:</i>	If client delivers out of hospital

<p><i>No restrictions or birth partner/support restricted to.....</i></p>	<p>Children's services to be informed of delivery:</p> <p>Social worker:</p> <p>Out of hours emergency duty team:</p>
<p>Post natal <i>To include::</i></p> <p><i>Planned length of stay e.g. baby to remain with mother on ward for.....day's</i></p> <p><i>Main ward v side room:</i></p> <p><i>Please state if mother and baby NOT to be nursed in a single room.</i></p>	<p><u>Post natal advice</u></p> <p>Give leaflet "Reduce the risk of cot death" (WAG) and discuss and ensure parents understand the importance of safe sleeping arrangements. Document in maternity care plan.</p> <p>Introduce "Prevention of Non Accidental Head Injury" DVD (NSPCC) follow NAHI pathway. Document if parents view, or decline (including reasons why declined) in maternity care plan and neonatal records.</p>
<p>Visiting <i>To include:</i></p> <p><i>No restrictions to visitors or Visiting restricted to.....</i></p>	
<p>Security <i>To include additional information:</i></p> <p><i>Any individuals which have the potential to pose a threat to security.</i></p>	<p>In line with Hospital security guidelines:</p> <p>Identity band to be placed on baby at birth. Security tag to be attached to baby on arrival to postnatal ward.</p> <p>Mother/parents to be informed of their responsibility in keeping baby safe. (Cwm Taf Health Board)</p>

Observation of parenting skills	Midwifery and maternity staff to support, monitor and document parent's interaction and care of baby in maternity records. Any concerns regarding parenting skills/ability children's services to be informed.
Pre-discharge Planning meeting	Baby not to be discharged from maternity unit until pre-discharge planning meeting held, or on the direction of Children's services.

Key contacts:

Number	Name	Contact
Social worker:		
Community midwife:		
Senior midwife:		
Health visitor:		

Birth plan completed by:

Name	Contact Number
Social worker:	
Date:	