Safeguarding Children Partnership
STOKE-ON-TRENT

Pre-birth Pathway when responding to concerns about unborn children

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Contents

1 Potential Risk to an Unborn Child

Working Together 2018 states that ‘assessments for some children - including unborn children where there are concerns, will require particular care’. Where a child has other assessments, it is important that these are coordinated so that the child does not become lost between the different agencies involved and their different procedures.

However, the timescale of pregnancy does not readily fit with multi agency safeguarding procedures, with the duty to investigate (Section 47 Children Act 1989), or with the timescales associated with the Framework for the Assessment of Children in Need.

In some circumstances, agencies or individuals are able to anticipate the likelihood of significant harm to an unborn child. The circumstances, lifestyle and/or personal history of the parents may raise sufficient concern that the needs of the baby might not be met.

Working Together to Safeguard children is to be read in conjunction with your local practice agreement.

2 Purpose for Pre-birth Referral

The purpose of this procedure is to provide all referring agencies with clear expectations as to how concerns regarding unborn children will be managed. All agencies involved with pregnant women should consider the need for an early referral to the children's advice & duty service so that assessments are undertaken; and family support services provided as early as possible in the pregnancy. It is important that pregnant women receive timely support from the correct service. All agencies must work together with partners to share information and offer a plan of support.

Early intervention is essential in ensuring that unborn babies for whom risks are identified are given the best possible chances and to reduce the need for statutory assessment and intervention. This may be achieved through the supporting families assessment process (formerly early help), which can be instigated by any professional who considers there is an unmet need, or by a direct referral to another service, e.g. substance misuse services. Practitioners should always discuss their concerns with the pregnant mother, unless to do so would put the unborn child at increased risk of significant harm.

When agencies or individuals anticipate that an unborn baby may be at risk of significant harm, a referral must be made to children's social care as soon as the concerns are identified.

Should practitioners be at all unsure as to whether they should make a referral, they should discuss their concerns with their line manager or with their designated lead professional for child protection.

Delay must be avoided when making referrals to:

- avoid initial approaches to parents in the later stages of pregnancy, at what is already an emotionally charged time;
- provide sufficient time for a full and informed assessment;
- enable parents to have more time to contribute their own ideas and solutions to concerns and increase the likelihood of a positive outcome;
- enable the early provision of support services so as to facilitate and promote improved home circumstances prior to birth;
- provide sufficient time to make adequate plans for the baby's protection.

Concerns should be shared with prospective parent/s and any need to refer to children's social care services should be discussed unless this action in itself may place the welfare of the unborn child at risk e.g. if there are concerns that the mother may be at risk of harm or that the parent/s may move to avoid contact with children's social care.

For any referral for support services consent must be gained. If such consent is refused consideration needs to be given as to how this affects the identified risk factors for the unborn child. If it is believed that an unborn baby may be at risk of significant harm Section 47 procedures can be triggered which allows for action without consent of the mother.

Workers from agencies whose primary responsibility is to the welfare of the prospective parent may feel worried about the impact of making a referral on the parent's continued engagement. This may be of particular concern where engagement with their service will be necessary to reduce risks to the child (i.e. drugs and alcohol service, mental health services, midwifery services). However, the needs of the unborn child are paramount. Workers from such agencies should discuss their concerns with Children's Social Care to consider the most effective way of constructively engaging the parent(s).

3 Identifying Risks

Learning reviews and other child death enquiries over many years have identified a range of risk factors which should alert professionals to the possibility that a child may be at risk. Many of these factors can be identified prior to birth and should form the basis for referral.

The most significant are:

- parents where previous children have been removed from their care - including Child Arrangements Orders (formally known as Residence Orders) made to other family members.
- parents where contact with previous children is prohibited or supervised through a court order.
- parents who have offended against children or otherwise are demonstrably a 'risk to children.'
- domestic abuse – all forms.
- parents who misuse substances; including those not engaging with treatment or specialist services.
- parents with learning or untreated mental health difficulties with limited parenting capacity, particularly where there is inadequate family support.
- parents with a history of abuse and/or neglect within childhood presenting concerning behaviour/attitudes towards pregnancy and support services (including those who have been or are currently 'looked after' by the Local Authority where risk is identified).
- unstable/chaotic households, unprepared or unsuitable for a baby.
- young vulnerable parents.
- vulnerable parents expecting multiple births i.e. twins/triplets.
- where there are concerns that a pregnancy is being or has been concealed.
- Where parents have advised that they wish to relinquish the care of their baby for adoption.
- young vulnerable parents who are currently looked after by the local authority.

This list is not exhaustive and should not discourage taking action where concerns not listed are identified. More than one risk factor should, of course, heighten concerns.

Pregnancy in a Young Person under the Age of 13 years

Under the Sexual Offences Act 2003, penetrative sex with a child under 13 is classed as rape. These cases must always be reported to the police and referred to Children's Social Care. A strategy discussion will be held.

Pregnancy in a Young Person under the Age of 16 years

Professionals who become aware of pregnancy in a young person under 16 must contact ChAD for an initial consultation. Sexual activity within this age group should always make professionals curious and consider wider factors around who the young person is engaging in sexual activity with and detailed information about the father of the unborn should be sought. Consideration needs to be given to whether the young person is suffering, or is likely to suffer, significant harm and may be at risk of child sexual exploitation. When someone below the age of 16 years is identified as being pregnant this must also always be discussed with a nominated safeguarding lead within the agency organisation. As part of the consultation with ChAD there will be an expectation that the appropriate checks have been undertaken, for example discussions between health and education where the young person is in Education. As part of the booking in appointment and initial screening assessment by the midwifery team there is an expectation that the hospitals systems have been checked to allow the consultation with ChAD to be fully appraised of all health needs.

Pregnancy in a Young Person between 16 and 18 years

If the young person became pregnant whilst they were under the age of 16 a consultation will be required with ChAD as at the time they will have been under the age of consent. If the pregnancy is following their 16th birthday then they will have been able to consent to the sexual activity. In these circumstances' professionals need to demonstrate professional curiosity in gathering relevant information to provide assurance that there are no additional concerns, risk or vulnerabilities. The age and maturity of the parents need to be taken into consideration when identifying risk. At this age group the young person is still classed as a child therefore agencies should explore support services and/or contact ChAD should there be risks identified.

Consent and information sharing

As highlighted in Working Together 23 the Data Protection Act 2018 and UK GDPR

provide a framework to ensure that personal information is shared appropriately. In particular, the Data Protection Act 2018 balances the rights of the information of the individual whom the information is about and the possible need to share information about them.

The Data Protection Act 2018 and UK General Data Protection Regulation (UK GDPR) supports the sharing of relevant information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of safeguarding and promoting the welfare of children. To ensure effective safeguarding arrangements:

• All organisations and agencies should have arrangements in place that set out clearly the processes and the principles for sharing information. The arrangements should cover

how information will be shared with their own organisation/agency and with others who may be involved in a child's life

• Practitioners should not assume that someone else will pass on information that they think may be critical to keep a child safe. If a practitioner has concerns about a child's welfare or safety, then they should share the information with local authority children's social care and/or the police.

• UK GDPR provides a number of bases for sharing personal information. It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child.

The Data Protection Act 2018 specifies "safeguarding of children and individuals at risk" as a processing condition that allows practitioners to share information, including without consent where in the circumstances consent cannot be given, it cannot be reasonably expected that a practitioner obtains consent or if to gain consent would place a child at risk.

4 Pre-birth Referral

Stoke-on-Trent Children's Social Care require detailed information to assist in understanding and prioritising the concerns referred to them. The person receiving the referral will ask for the following details:

- prospective parents' names and dates of birth.
- the expected date of delivery.
- address(es).
- names of any previous children and dates of birth.
- details of any other family members or significant people connected to the household.
- the details of the concerns.
- whether the family is aware that the referral is being made
- details of any other professionals involved who may have relevant information about the concerns.
- details of any historical significant events. Referrals to be made to Stoke-on-Trent's children's advice and duty service tel: 01782 235100.

5 Pre-birth Tracker

It is critical, that all Local authority children's services have robust procedures in place, both to identify the children most at risk and then to effectively manage their protection.

The very nature of the work dictates that the most successful preventative action is taken if these children are identified pre-birth. It is recognised in Stoke-on-Trent that robust oversight and monitoring of unborn babies is required, to ensure early intervention and statutory intervention is undertaken at the right time and to enable early permanency plans to be put in place for the most at risk and vulnerable unborn babies.

The pre-birth tracker will give further opportunity to ensure that plans are in place early for a range of possible permanency options for our children to prevent drift and delay as we progress through the pre-proceedings and public law outline (PLO) care proceedings processes.

Alongside the benefits to robust oversight, assessment and monitoring, the unborn tracker will support timely decision making for babies and effective contingency planning. As well as enable tracking of additional pre-birth parenting assessments and referrals for Family Group Conference.

The aim of the pre-birth tracker is to track and review progress for unborn babies from the point of referral through early intervention / supporting families, the child and family assessment stage, child in need, child protection planning, legal gateway, pre-proceedings through to an application to court if deemed appropriate to safeguard that child. The tracker will provide timescales as per the policy and procedure.

This includes timescales for completion of the child and family assessment, parenting assessment and any specialist assessments that are required, date for strategy meeting, family group conference, pre-suitabilities / suitabilities completed, Initial Child Protection Conference, legal gateway meeting, early permanency planning with adoption, PLO, birth plan provided to hospital and court papers to be prepared.

The pre-birth tracker will become a tool for senior leaders, managers and practitioners to review the progress of plans for unborn babies and make early permanency decisions, such as whether the parent/s can safely parent the baby, consider family or friends as alternative carers, or whether to consider a fostering to adopt placement or concurrency. It will clearly identify key points in an unborn baby's journey where assessments should be completed.

The pre-birth tracker will be used to track and monitor all unborn babies referred to the Children's Support and Safeguarding teams, to include robust oversight as to when an unborn needs to step up to social work from Supporting Families, or vice versa.

The ChAD service will launch the tracker on the unborn file at the point of referral. It is then the expectation of the receiving team to ensure that this tracker is kept up to date and is a working tool.

The tracker should be reviewed and updated by the Team Manager of the allocated Social Worker within every supervision in-line with the supervision policy and frequency. The tracker will also be updated by the Court Progression Officer if the unborn is heard at Legal Gateway Panel where a decision is made to enter Public Law Outline (PLO) and end aswell as if the decision is made to initiate care proceedings at birth.

For pregnancies that are deemed to be high risk due to the previous and ongoing concerns identified then the unborn baby should also be considered within the Early Permanence Tracker meeting and discussed by the Court Progression Officer, Adoption Team Manager and Family Finding lead in order to consider early permanence planning for the children where the conclusion of intervention and assessments may evidence that the baby once born is unable to remain in parents

care. This should take place even if there are wider family and support members being assessed as potential carers in order to avoid single track planning for children.

Where an unborn has been supported within supporting families and concerns are increasing with a decision made to step up the unborn baby to statutory social care, this should be discussed in a step up/down meeting with the relevant managers. The decision should then be recorded on the child's file, by the child's social worker.

At the point that baby is born the pre-birth tracker should be updated with the end date of assessments and interventions being added. It is the responsibility of the Team Manager to ensure this is updated unless the decision to initiate care proceedings is made at which point the Court Progression Officer will update the tracker accordingly and add management oversight to the unborns file to confirm this has been actioned.

6 Referral Received During Weeks 6 to 12 of Pregnancy

Children's Social Care will accept referrals in respect of an unborn child as early as the first booking appointment where parents and the unborn child meet the criteria for a service based on the Stoke-on-Trent Threshold model, 'right help at the right time'. Stoke-on-Trent ChAD service will make a decision about what services and / or assessment are required. This may include involvement of supporting families services or involvement of children's social care for a pre-birth assessment under section 17/47 Children Act 1989 where it is already known that high risk factors exist; which may include:

- Where the parent is a care leaver and there are significant concerns about the future care given to the baby.
- Where there has been a previous unexplained death of a child whilst in the care of either parent.
- Where a parent or other adult in the household is a person identified as posing a risk, or potential risk to children.
- Where children in the household are currently subject to a child protection or child in need plan.
- Where siblings have been previously removed from the household by virtue of a court order, this may be through care proceedings by any Local Authority or via Private Law proceedings if risks identified.
- Where there are already known issues of parental substance misuse which are likely to impact on the unborn/new born baby's safety and development.
- Where there are already known issues of Domestic Abuse or Parental Mental Ill Health which are likely to impact on the unborn/new born baby's safety and development.
- Where there are concerns about the parent's ability to meet their own needs and thus care for a child. (This may include unsupported, young parents, those

with learning difficulties or disabilities, parents under the age of 16, and parents who are or were a child Looked After by a Local Authority).

- Where there are maternal risk factors, such as denial of pregnancy and/or noncompliance with treatment.
- Where there are significant risks as a result of Child Sexual or Criminal Exploitation.

It is recognised that at 6 weeks gestation, the expectant mother may not have come to terms with her pregnancy at such an early stage, she may be undecided about the continuation of the pregnancy, worried or apprehensive, as such it is important that the mother is offered advice, guidance and support, in order that she can make her own informed decision. It is also a crucial time to support and influence any necessary changes that may preclude the mother from being able to safely care for her baby, e.g. ending a violent relationship, abstaining from drug use, receiving the parenting guidance required etc.

Where the above risks / needs have been identified, it is important that these are acknowledged at the earliest opportunity and as such a referral to supporting families is necessary.

Any practitioner, child, young person or family member can access supporting families services. In this way, families can meet the needs of their children. However, sometimes they need help to be able to access the right support at the earliest opportunity. The supporting families assessment is a tool to discuss and record the family's needs, strengths, the goals they would like to or need to achieve, and how they can best be supported along this journey.

It is important that the work supporting families undertaken with the expectant parents during this early stage of pregnancy, is specific, measurable, achievable, realistic and timely and clear recommendations from the ChAD service should be made at the point of referral.

It is then an expectation that the supporting families manager arranges for a step-up discussion at 12 weeks of pregnancy of the receiving team, so that appropriate decisions are made about step up for those high-risk pregnancies. However where significant risks or multiple risks are identified at the point of referral then consideration needs to be made to this progressing directly through to statutory intervention.

If a referral to statutory social care is agreed at week 12 of the pregnancy, then consideration should be given to a co-work arrangement with supporting families, where continued parenting advice and support can be provided, alongside the child and family assessment. This intervention should consider all aspects of group work and support alongside the statutory intervention and should not end whilst a child and family assessment is completed.

7 Referrals Received Post Week 12 of Pregnancy

If the criteria are met in line with the Threshold Levels of Need, follow the process as above if not already commenced. The supporting families assessment / pre-birth assessment / analysis and planning process should be completed with the parents and authorised by the respective team manager within 45 working days. It

is critical to use this time to assess the capacity of the prospective parents and their extended families to meet the needs of the unborn baby, both now and once it is born. It cannot be underestimated of the importance of also providing support and intervention alongside this to enable the assessment to be restorative and strengths based to enable where possible children to remain in the care of their parents.

On completion of the pre-birth assessment one of the following options can be applied:

- No further action
- Step down to Early Intervention Service
- Refer to another service / agency
- Undertake a specialist assessment i.e. parenting assessment
- Provide Child in Need services
- Where there are significant safeguarding concerns and the gestation of the pregnancy is 22 weeks, initiate child protection procedures

If the early indication at the initial assessment visit is that ongoing support and intervention will likely be required via a Child in Need plan this should be initiated during the assessment in order to ensure there is a robust plan of multi-agency support and intervention as early as possible and allow timely interventions.

If Child Protection concerns are identified, a Child Protection strategy meeting should be convened with the professional network, which must include health and police to agree on further investigation if required. Where a parent has had a child removed from their care or were involved with a different Local Authority it would be beneficial to invite or gain information from the respective Local Authority to inform timely decision making. A decision will be made to continue through the assessment as part of S17 procedures or to convene an initial child protection conference in order to manage the child protection risk if the significant harm threshold is met.

Through whichever route the referral has progressed, the aim should be to hold a strategy meeting with all relevant professionals involved to coordinate multi-agency support by 22 weeks gestation.

8 Initiation of Safeguarding Procedures

From week 22 of pregnancy Children's Social Care need to consider if the child protection plan is likely to be successful and the risk to the unborn significantly reduced.

The Child Protection Plan should specifically include the following details;

- Pre-birth Parenting Assessment
- Family Group Conference referral
- Antenatal plans
- Admission to hospital and discharge plans

- Any visiting arrangements for professionals and family in hospital, both in delivery and maternity wards, and once discharged home
- Family Time arrangements
- Discharge planning meeting to confirm arrangements, particularly if the child is to be discharged to the care of the Local Authority and foster carers or connected carers – this plan is to be formulated in conjunction with Maternity Services who should have a detailed Safeguarding and discharge plan using the template in the appendix below and should be agreed by the manager of the allocated social worker.

If it is assessed that the risk of significant harm to the unborn/new born baby is likely to continue or increase in spite of the intervention and support of the family and the professional network, a decision needs to be made to escalate the case to a Legal Gateway Meeting (LGM) to decide if threshold is met to progress into PLO proceedings or if the safety and welfare of the child once born is so concerning that care proceedings are to be initiated.

The Strategic Manager of Childrens Safeguarding and Support who chairs Legal Gateway Meetings in agreement with the Strategic Manager for the Court Teams can decide to commence the Pre-Proceedings Process (Public Law Outline). This gives parents and carers a 'last chance' to engage with Children's Social Care and make demonstrable changes in a timely manner which would mean the Local Authority would not need to issue care proceedings at the birth of the child.

During this stage Children's Social Care and other agencies including Health are expected to offer support services to enable parents to make the necessary changes. This phase can last for up to 16 weeks and can be extended until the birth of the child. This should include but is not an exhaustive list;

- Access to group work and antenatal support via Supporting Families
- One to one parenting support by a Social Work Assistant
- Support to access and referral to Perinatal services by the named Midwife
- Support to access and referral to substance misuse services
- Direct work to address any areas of concern by the Social Worker

If the decision is made to enter PLO this will enable parents to seek free legal advice and support and runs in parallel to any Child Protection Plan. The allocated Social Worker can provide parents with a list of child care law practices to enable parents to make their own informed decision of who to instruct to act on their behalf. This should be completed within 48 hours of the decision to initiate PLO proceedings being made, with a view to the PLO letter being shared with parents at the same time outlining the Local Authorities concerns and next steps. The Initial PLO meeting should take place within 7 working days of parents receiving the PLO letter or earlier should this be achievable.

All specialist assessments that include psychological, cognitive and capacity assessments need to be completed 6 weeks prior to the expected birth of the baby. Such assessments must be agreed by the Strategic Manager of the allocated social worker and should not be directed by any other service.

9 From 26 – 30 weeks of Pregnancy – legal gateway

Children's Social Care reviews the progress of the multi-agency intervention through the Child Protection planning process and progress through the Pre-Proceedings phase of the PLO via presentation to the Legal Gateway Meeting.

Any strategic manager decision to issue a 'Letter of Intention' to issue care proceedings will be informed by the progress of the Child Protection Plan and parent (s) engagement during the pre-proceedings process. Should the evidence suggest the child once born will continue to suffer significant harm, or is likely to suffer significant harm in the future, the letter of intention should be shared with the parents and their solicitors during the final pre-proceedings (PLO) meeting prior to birth. Parents and professionals should have a clear understanding of the Local Authorities plan for when the baby is born as early as possible and should not be shared at the point baby is born unless there has been a significant incident or risk which has changed the plan for the unborn/born baby.

If the plan is to remove the child from parents care at birth a multi-agency pre-birth planning meeting needs to be convened to develop this plan by the end of week 34 or week 36 at the latest. The exception to this may be due to a concealed pregnancy, where mother has presented very late in the pregnancy or where significant risks or information have been shared which would change the local authorities plan.

Birth safety plan. The purpose of the plan is to ensure the baby's protection and welfare, at and immediately after birth, so that all members of the social work and hospital team are aware of the plans and actions expected. The plan should set out a range of contingencies following the birth of the child and should include detail about contact with family whilst the child remains in hospital and plans for removal into Local Authority care. This may involve the Police using their powers of Police Protection or the Local Authority applying for an Emergency Protection Order/short notice Interim Care Order.

The plan should address:

- Practical arrangements for mother and baby-including post-natal ward monitoring
- Plans for out of hours/emergency birth
- How long the baby will stay in hospital
- How long the hospital will keep the mother on the ward
- The arrangements for the immediate protection of the baby if it is considered that there are serious risks posed
- The risk of potential abduction of the baby from the hospital particularly where the plan is to remove the baby at birth
- The plan for contact between mother, father, extended family and the baby whilst in hospital. Consideration to be given to the supervision of contact and whether contact supervisors need to be arranged
- Consideration of any risks to the baby in relation to breastfeeding

- Consideration of plans if baby is abandoned following birth
- Arrangements for legal proceedings/removal
- To plan for the baby upon discharge, where alternative care has been agreed, e.g. discharge to extended family members; parent and baby foster placement; foster care, supported accommodation. In this case consideration should be given during the planning stages of whether the assessed and approved family member or foster carer are able to attend the hospital to provide any care to baby where they are not able to discharged for medical reasons but mother has been discharged or left the ward.
- Contingency plans should also be in place in the event of a sudden change in circumstances.

If significant improvements have been made and sustained and it is believed that the risks to the child have reduced enough for the Local Authority to no longer need to make an application to remove the child at birth, a pre-birth plan should still be developed by week 35 for all children subject to a child protection plan which means the child can remain with their family post birth. A meeting should be held with the parents and their solicitor to end pre-proceedings formally once a pre-birth planning meeting has been convened and a birth plan put in place. The child protection planning process will still continue and the allocated social worker should confirm this plan with the allocated Conference Review Manager.

10 From 28 – 30 weeks – Initiate PLO

In all cases where the removal of a child is being considered or a family have had a child removed previously a discussion will take place and a decision reached by the appropriate strategic manager as to whether the unborn child needs to be presented to the Legal Gateway meeting for consideration as to whether pre-proceedings procedures should to be commenced.

If PLO is initiated this will focus on the support/services and assessments needed to inform the plans for when baby is born. This work should be restorative and purposeful and include if not already started within the Child Protection plan the completion of the Pre-Birth Parenting Assessment using the Parenting Assessment Framework and guidance or a Parent Assess Assessment completed should this have been deemed to be necessary based on cognitive assessments or concerns of parents' vulnerabilities.

The family group conference (FGC) should have been referred to at the time of the child protection plan being initiated and should have taken place within that time or during the PLO process.

Direct work, teaching programs and support should continue to be offered to parents during any assessments to maximise their ability to develop their skills and ability to provide safe care to their baby once born. This can be offered by the Social Work Assistant or Supporting Families group work offer if that is appropriate for the parent.

Where a parent has had older children who are not in their care, practitioners should be mindful that they may feel anxious, worried or resistant to attending groups and if able should consider delivering intervention on a one to one basis at

a location where parents feel comfortable. This should include both parents and should not focus solely on intervention with mothers but also fathers or associated partners.

11 From 32 Weeks of Pregnancy - Birth planning and safeguarding

Conclusion of recommended assessments should be provided at this point which identify strengths, risks, prognosis for change and what needs to happen next. This should detail both interventions needed and the recommendation of parents' ability to provide safe and consistent care to the baby once born. This should be informed by multi agency views in respect of health, police, housing and any other service who is involved with the family at that time. This should take into consideration previous intervention and assessment.

The Safeguarding Discharge plan should be completed in a multi-agency meeting in order to implement a robust and safe plan from the point that the mother goes into labour as detailed earlier within this guidance.

All agencies should have a copy of this plan and any changes made to this need to be communicated to all in a timely manner to ensure the babies safety once born.

Where there are any risks identified that mother may not present at the identified local hospital or may be a flight risk, national alerts should be made by health to all hospital in case mother presents at one of those. Where there are concerns that mother may not seek medical attention at the point baby is born then the social worker team with wider professionals should ensure they increase their visits and contacts with the mother. Any concerns of lack of response or engagement should be escalated to the Social Worker and their Team Manager in order for urgent safe and well visits to be conducted. This is to ensure both mother and the unborn babies safety.

It is best practice at this time where care proceedings are likely to be initiated at birth that the Placement Team are notified in order to consider placement availability whether this is foster care, foster to adopt, mother or parent and child placement.

12 From 34 – 36 weeks pregnancy – care planning

Where care proceedings are planned a social work assessment template (SWET) and care plan should be drafted which needs to be provided to the allocated/senior solicitor in order for an application and threshold document to be drafted in a timely manner. All other supporting documents / evidence should also be provided in readiness for issuing and redacted as necessary.

It should be noted that babies can arrive weeks ahead of the expected delivery date given or the mother may need to be medically induced or baby delivered in an emergency should risks present during midwifery appointments. In order to reduce delay where the decision to make an application to the court for an Interim Care Order at the time baby is born it is imperative that the assessments and required social work evidence template and respective care plans are drafted in advance of a due date.

The child protection conference reviewing manager should also be notified of the Local Authorities plan at this time in order for their views to be gained to inform the SWET.

13 Action Following Birth of Baby

The hospital midwife must inform the allocated social worker of the birth of the baby and there must be close communication between all agencies around the time of labour and birth, with the allocated social worker informing the allocated/duty solicitor where legal action is planned. The local authority emergency duty team should be notified outside of core business hours and should be able to access a copy of the discharge plan and action needing to be taken following the birth from the child's records.

All babies where legal proceedings are planned at birth will be kept in hospital for 2 working days to allow the application to be issued and the matter listed for a hearing. (Working days are Monday - Friday not including bank holidays). In cases where there are immediate safeguarding concerns then emergency protection measures will be implemented including applications for an EPO or the involvement of the Police.

Babies who have been exposed to possible drug or alcohol use in-utero will be monitored for a minimum of 96 hours (4 days). The named midwife providing care for the baby during office hours should ensure that the allocated social worker or duty social worker is kept informed daily.

Within **3 working hours** of the social worker being notified of the birth they will provide the solicitor an approved and signed SWET and Care Plan.

Following notification of the birth the legal team will inform the court and CAFCASS that an application will be issued within the next 3 hours. The court will be advised of the parties' positions and whether there are any immediate matters for consideration e.g. interpreters. Upon receipt of the signed SWET and Care Plan the legal team will issue the application to Court and request a hearing within 48 hours without delay. The Court should list within this timeframe.

14 Late/Unknown Presentations/Risk of Premature Birth

These cases will be managed on an individual basis between hospital and social work staff subject to the needs of the child and the identified risks. The timeframes for the completion of each part of this guidance set out above will need to be condensed and a decision may be made to issue the 'letter of intention' to commence care proceedings without initiating pre-proceedings. This may also be the case of where attendance at Legal Gateway Meeting takes place before the Initial Child Protection Conference takes place.

15 Pregnant Women Who Are Missing

The loss of professional contact with a pregnant woman where there are safeguarding concerns for the unborn baby must always be taken seriously. Once loss of contact is established, the police and line manager should be notified as

soon as possible and all agencies should be proactive in making efforts to locate the woman. All actions taken must be recorded.

The following procedure should be followed:

- the agency identifying the missing woman should inform their relevant line manager
- measures should be taken to trace the woman informally through family, friends, neighbours etc. as is considered reasonable and appropriate
- information systems should be checked countrywide
- enquiries should be made through other local agencies involved with the woman/unborn child
- In conjunction with the police and family as appropriate, consideration must be given to tracing the woman with the help of the media

Children's Social Care should initiate a strategy meeting, involving the police, midwife and any other relevant agency to develop a plan to locate the woman and put in place measures to safeguard the child when born.

Children's Social Care should consider circulating the woman's details and the concerns about the unborn baby to other Local Authorities and hospitals if all other avenues have proved unsuccessful; this should be regarded as a last resort.

A nominated individual from Children's Social Care will need to take responsibility for circulating other local authorities. The social worker must provide the following details:

- woman's name
- date of birth
- description
- estimated date of delivery
- name and date of birth of any person the woman may be with.
- reason for concern
- other information necessary to raise concern upon encounter, or other identifiable features, particularly where names are unlikely to identify
- enough information necessary to enable an Emergency Duty Worker to react appropriately
- contact points, including out of hours arrangements
- scope for circulation, i.e. likely destinations
- planned place of delivery and contact details of Named Midwife for Safeguarding Children within maternity unit. Where there may be reason to believe that the woman has left the country, contact may be made with International Social Services (020 7735 8941).
- The progress of plans made at the strategy meeting should be reviewed regularly and the frequency of which should also be agreed at the meeting.

16 Surrogacy

The Human Fertilisation and Embryology Act (1990) states that no surrogacy arrangement is enforceable by law. The position remains that a Local Authority needs to make enquiries relating to both surrogate and commissioning parents, when it is known that a baby has been or is about to be born as a result of surrogacy and the treatment has not been undertaken by a licensed clinic. Local Authorities need to be assured that when the treatment has been undertaken by a licensed clinic, it will have been undertaken in accordance with the Code of Practice published under Section 25 of the 1990 Act and with regard to Section 13(5) which requires account to be taken of the welfare of any child who may be born as a result of the treatment to include both surrogate and commissioning parents.

Arrangements may also have been undertaken on an informal basis and without referral to a licensed clinic for treatment. Where the circumstances of the birth, access to treatment or subsequent arrangements for the baby are not clear, maternity services or Children's Social Care will be alerted and a referral to the appropriate Local Authority initiated; this includes the Local Authority of the commissioning parents and assessments completed.

17 Relinquished baby

Each Local Authority's current process begins with a referral through the 'front door'. For Stoke-on-Trent this is the children's advice & duty service.

It is these 'front door' functions within each Local Authority that then allocate the referral to the appropriate child social work team to manage the case. Whilst each Local Authority differs slightly in their process, from this point, the core components and legislative requirements of this guidance will need to be adhered to.

In Stoke-on-Trent, the referral will initially be sent through to the duty and assessment team in order to establish the situation and explore this. At the time this takes place discussions between the Assessment and Duty Service Manager and Court Teams Service Manager in order to agree a transfer point should the mother to the unborn baby wish to progress to relinquish the baby when born. It will be an expectation that the Court Teams Service Manager notifies the adoption team upon transfer so that co-working arrangements can be determined with consideration to a Fostering to Adopt placement in order to consider permanence for the baby at the point of birth.

If there is a clear plan for the relinquished baby, then it may be more appropriate for the adoption team to have sole responsibility for this unborn baby and case management. This should be reviewed by the Strategic Manager of the Adoption and the Strategic Manager of the Court Teams. However, in circumstances where this is less clear and there is a chance that parent/s may change their mind and wish to care for their baby, then it may be more appropriate for the co-working arrangement to continue.

Appendix 1: Safeguarding Birth Plan and Discharge Template

This form is to be completed for all unborn babies who are:

- Subject to a child protection plan
- Subject to pre-proceedings processes (Children's Social Care)

1. Summary of safeguarding plan	
Unborn baby (state family name)	Reference
EDD	Ethnicity
Delete as applicable: • Baby to remain with mother but there are safeguarding concerns • Baby to be separated from mother following birth • Baby to be separated from mother following discharge	

2. Family Information	
Mother's name	**Date of birth**
Home address	
Father's name	**Date of birth**
Home address	
Will the father have parental responsibility (i.e. married to mother or likely to be named on the birth certificate)	Yes/No

Are there any barriers to communication e.g. language understanding
Are there any specific observations, assessment or support needs for the mother during birth or the post-natal period?
Are there any other children that need considering within this plan? (please detail names, ages, and nature of concerns/consideration)
Agreed birthing partner's name and status
Person(s) who are to be excluded from the maternity unit and reasons why
Names(s) and status of any person(s) who may have access to the maternity unit but whose conduct and behaviour may pose difficulties. State why:
NB: Any difficult or disruptive behaviour within the hospital will automatically involve the hospital's security and police and those persons will be removed as per hospital policy.

3. Health and social care professionals							
Name of Hospital and birthing unit							
Named Midwife Team Contact details							
Named Health Visitor Contact details							
GP/Practice Contact Details							
Named Social Worker Team Contact details							
Team Manager Contact details							
EDS contact details							
Child Protection Plan				Yes/No			
Category (tick as applicable)							
Physical		**Sexual**		**Neglect**		**Emotional**	
Date of CP plan							
Pre-birth assessment completed?				**Yes/No**			
Recommendations of completed pre-birth assessment							
W4				Yes/No and date			
Outcome of PLO							

Professionals to be notified – including EDS if required	
On admission to hospital	
NAME	**CONTACT DETAILS**
Following birth	
NAME	**CONTACT DETAILS**
4. Contact following birth within Hospital	
For mother	
Is supervised contact required?	Yes/No
Date of discussion with Named Midwife for Safeguarding	
Outcome of discussion. If contact is to be supervised please detail the: • level of supervision required • who will supervise • reason why contact is to be supervised	

For Father	
Is supervision required?	Yes/No
Date of discussion with Named Midwife for Safeguarding	
Outcome of discussion. If contact is to be supervised please detail the: • level of supervision required • who will supervise • reason why contact is to be supervised	
Contact for any other person (detail names and relationship)	
Is supervision required?	Yes/No
Date of discussion with Named Midwife for Safeguarding	
Outcome of discussion. If contact is to be supervised please detail the: • level of supervision required • who will supervise • reason why contact is to be supervised	

5. The Safeguarding Plan	
Is the child to be separated from the mother following birth?	Yes/No
If yes	
On delivery suite following birth and transferred to a designated place of safety	Yes/No
On discharge from post-natal ward	Yes/No
Are there any concerns about the mother's capacity to consent to the plan? If yes please give more detail e.g. mental health issues, learning disability, due to mother's young age?	Yes (detail)/No
Is the plan agreed by the mother?	Yes/No
Is the plan agreed by the father?	Yes/No
Evidence of and date of Agreement **NB: Consent can be withdrawn at any time by any person with parental responsibility**	
Where the plan is not agreed or consent is withdrawn detail the contingency plan to safeguard the child upon birth. Please include the names of professionals who will be enacting the contingency plan.	

State how lawful authority for the plan will be obtained:	
Police Powers of Protection	Yes/No
Emergency Protection Order	Yes/No
Interim Care Order application	Yes/No
6. DISCHARGE PLANNING	
Is a Discharge Planning Meeting required?	Yes/No
Detail the date of the meeting and who will participate:	
Arrangements for discharge	
Is the baby to be discharged from hospital to an alternative carer?	Yes/No
If yes:	
To foster carer?	Yes/No
Is the foster carers address to remain confidential?	Yes/No
Address of F/C (if confidential please ensure this is not shared with parents/carers)	
Discharge to others carers? If yes please state:	Yes/No
Name	
Relationship to child	
Address	
If baby and/or mother are being discharged to another area have maternity services been informed? If no when will this happen?	Yes/No

Where mother and baby are to be discharged to home address, detail any action and support required, including who is to provides these and the timescales for doing so.	
Any other issues to be noted	
6. Distribution of notes	
Date plan given to:	
Midwife	
Named midwife for safeguarding	
Health Visitor	
Others (please state)	
Date when plan shared with mother	
Date when plan shared with father	
If plan not shared with parent/s state reason why	
Date copy signed by Social Worker	