

Haringey Multi-agency Guidance on Pre-Birth Assessments

Developed by: The Practice & Performance Outcomes Sub Group

**Agreed by: Haringey Local Safeguarding Children's Board
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1 Introduction

During pregnancy and as new-borns, babies are extremely vulnerable; during pregnancy, the mother's lifestyle could significantly influence the development of the foetus and/or following birth, parents may be unable to cope with the demands of looking after a new-born baby.

In Haringey Signs of Safety (SoS) is the children's social care practice approach to assess risk and explore safety factors. It is therefore critical that agencies and professionals working with pregnant women are able to identify these risks and take appropriate action.

Being pregnant is also a time that can cause women to feel unwell, physically and emotionally. For some parents, being pregnant or being the partner can be a time of additional stress. Whatever the situation, being pregnant is a major life-changing event, which creates emotions within us all. Statutory agencies are assessing people within the context of complex family history and events. We should not presume that all parents to be feeling excited and pleased. However, we understand that emotions and the prospect of being the subject of investigations will place great pressure upon the parent(s).

Removing a baby at birth for child protection reasons impacts on attachment and bonding. However, allowing a baby to go home to a family from hospital who cannot provide appropriate care and protection may result in irreparable harm to, or even the death of, the baby. The importance of good, clear pre-birth assessment cannot therefore, be understated. Pre-birth assessment does not just ensure the child's safety, but also ensures that parents who are vulnerable and/or in difficulties, receive the kind of support and services which they require in order to parent effectively and at the earliest opportunity. It may be possible to intervene during the pregnancy in a way that can contribute to healthy development pre-birth, reduce the risks, and improve parental behaviours when the baby is born and immediately afterwards.

The Signs of Safety framework provides the theoretical base of attachment and trauma in this work. Constructive working relationships between professionals and family members and between professionals themselves, is the heart of effective practice in responding to situations where children suffer abuse. Using the Signs of Safety to understand danger, harm, strengths and safety to work with the family and their networks is the approach adopted in Haringey. The use of shared and clear language within Signs of Safety framework should allow parents to

be clear of what worries professionals about the potential care of their baby, what they can do to reduce these worries. The Signs of Safety approach seeks to create a constructive culture around child protection practice. Central to this is the use of specific tools and processes where professionals and family members can engage with each other in partnership to address situations of child abuse and maltreatment. Guidance on Signs of Safety is on the Haringey LSCB website.

It is also crucial that professionals engage fathers, same-sex partners and other adults living in the household in the process of assessment in order to explore their potential role in caring for the child and assess whether they may pose a risk to the child in the early years.

2 .Purpose and scope of guidance

This guidance provides a guidance on multi-agency working where there are concerns about the welfare of an unborn child and/or if there may be concerns following their birth.

The aim of the guidance is to ensure that there is a high quality, multi-agency response to identified concerns timely decision-making and proportionate action and intervention.

The guidance should be followed by all members of the children's workforce in Haringey, but in particular midwifery services, GPs, Family Nurse Partnership (FNP), adult mental health services, substance misuse services, the police and domestic abuse services and adult learning disabilities services, children's centres, health visiting and Early Help services.

It sets out the role of agencies in referring, expectant mothers where there is risk to the unborn child, to the most appropriate service for support, which may include including referral to Children and Young People's Service (CYPS) and other agencies. Upon referral is made to CYPS the MASH will make a decision regarding a social care pre-birth assessment.

3 Recognising risks for unborn children

3.1 Information for all agencies

Where there are concerns about the safety and welfare of an unborn child, it is vital that a pre-birth assessment is completed once the pregnancy is

viable so that professionals can recognise potential and future risk of harm to the child and to plan effectively to promote their welfare following birth.

The [London CP Procedures](#) recommend the following:

- 2.6.5 A pre-birth assessment should be undertaken on all pre-birth referrals as early as possible, preferably before 20 weeks, and when appropriate, a strategy meeting / discussion held . (see London Safeguarding board procedures 2.6.5 for circumstances where a strategy meeting should be held)

Guidance for the criteria for pre-birth referral is available on the [Haringey LSCB website](#)

3.2 Information for health professionals

Health professionals are most likely to be in first point of contact for expectant mothers and therefore are in a key position to recognise risk factors. These health professionals are responsible for addressing the mother's health needs and sharing any relevant information with the network about the factors outlined in LSCB guidelines that may affect the mothers' parenting capacity. It is important that there is a mutual exchange of information across the network when there are concerns about any of the factors outlined.

When assessing risk, midwives should gather relevant information about the mother during the 'booking-in' appointment and consider whether aspects of the following issues may have a significant impact on the child and if so, how.

- support from partners
- family structure and support available
- whether the pregnancy is planned or unplanned
- the feelings of the mother about being pregnant
- the feelings of the partner/putative father about the pregnancy
- Domestic abuse and violence in the parental relationship
- the mother's dietary intake and any related issues
- any medicines or drugs, whether or not prescribed, taken before or during pregnancy
- alcohol consumption
- smoking
- previous obstetric history
- the current health or social status of other children

- any miscarriages or terminations
- any chronic or acute medical conditions of surgical history
- the mother's psychiatric history, especially depression and self-harming
- Whether the mother has had Female Genital Mutilation and if any medical intervention is required to enable the mother safely, proceed with the delivery of her baby.

At the NMUH, health professionals can get advice on what action should be taken regarding cases which might reach the threshold for a pre-birth assessment at the hospital psychosocial meetings if appropriate, where a MASH representative is present.

Alternatively, all professionals can seek advice from their designated or named safeguarding leads within their organisation regarding whether to refer.

3.3 Information for mental health, alcohol and substance misuse professionals

Professionals are responsible for identifying both expectant mother and biological father/partner(s). It is vital to share relevant information with social workers and other health agencies on how the service user's mental health diagnosis/substance misuse may affect parenting capacity or how treatment may affect the development of the unborn child. Professionals should also support service users to take up the full range of maternity services.

Professionals need to be aware that although most parents with mental health and substance misuse problems are able to offer an adequate standard of care to their child, there is evidence of a link between parenting capacity and risk of harm to children where these issues are present.

The following areas may increase risks to unborn and new-born children for families where there are mental health concerns:

- parents who incorporate their (unborn) child into delusional thinking including induced illnesses or suspected fabrication in children
- parents who are not complying with medication or treatment
- where the (unborn) child is viewed with hostility

- Where there is a dual diagnosis (mental ill health coupled with substance misuse).
- Where the pregnancy has been concealed

Professionals should be aware that drug or alcohol misuse does not always indicate inadequate parenting but they should consider:

- patterns of substance misuse
- drug dealing particularly linked to gang membership
- sex work
- whether parents are willing to attend treatment
- any dual diagnosis (substance misuse coupled with mental health problems)
- the impact for the unborn baby of continued misuse of substances or withdrawal during pregnancy and after birth and parental understanding of this concern.

Professional should refer to the following guidance for further information;

- Mental Health [NICE](#) and [London LSCB](#) guidance for further information on the impact of mental health issues on pregnancy.
- [NICE](#), [London LSCB](#) guidance and the [The Grove](#) for further information substance misuse in pregnancy and parenting

Information can also be sought from the MASH team.

3.4 Parents with learning disabilities

Parents with a high level of and/or significant learning disabilities can face challenges and will need a high level of support from the professional network. It is important that any learning disabilities of the parent are identified as soon as possible in pregnancy in order to ensure an advocate is in place to support the parents during the pregnancy and after birth.

Professionals working with women with a learning disability who become aware that the service user is pregnant should contact the named midwife and GP to share information about the service user and support the expectant mother to attend the booking-in visit with the community midwifery team.

Staff who believe that an expectant mother may have a learning disability should check health records and contact the [Haringey Learning Disabilities Partnership](#) (HLDP) to check if the service is involved and make contact with the key worker. If the expectant mother not receiving a service from the HLDP but they could be eligible for a service, then a referral can be made to the HLDP for an assessment for that service as well as ensuring that HLDP contribute to the pre-birth assessment of parenting capacity.

Early pre-birth assessment should take place with the HLDP key worker liaising with the CYPS social worker when there are concerns about a mothers parenting capacity, in order to assess and plan what support will be needed once the baby is born. The expectant mother's advocate should be involved in this assessment.

Professionals should refer to the Parenting Capacity and Learning Disabilities [London LSCB](#) guidance for further information on the impact of learning disabilities on pregnancy.

3.5 Domestic abuse and inter-familial violence

During pregnancy and after a baby is born, mothers at greater risk from domestic abuse. Research shows that domestic abuse can start or escalate during this time.

Domestic abuse can pose a serious threat of physical harm to an unborn child and after birth, exposure to domestic abuse can have a negative effect on the baby's emotional and cognitive development. The stress of caring for a new-born baby can trigger domestic abuse and violence within the home.

Once professionals become aware that an expectant mother is experiencing domestic abuse they must use the appropriate tool to assess that risk and share information with MASH and their multi-agency partners, where appropriate. When gathering information and assessing risk on domestic abuse and violence, professionals should consider the following and should carry out a CAADA DASH risk assessment and or the Barnados risk assessment to decide on whether to make a referral to CYPS, Police or MARAC.

[Haringey Hearthstone](#) or [Solace](#) will accept referrals for advice and support from the possible victims of domestic abuse, following a referral to MASH.

4.0 Mothers under the age of 18

Many young mothers are able to provide a good standard of care for their child regardless of their age, because they have the support of their partner and/or family. However, some young mothers may have difficulties in meeting their child's needs due to their own vulnerabilities. The professional should make referral for a pre-birth assessment if they believe the mother to have experienced or exhibited the following situations. They:

- live in unstable families that are unlikely to be able to offer support
- may have become pregnant as a result of child sexual exploitation or sexual assault
- are under the age of 13 (these cases **must** be referred to the police and CYPS as it is an offence to have sex with a child under the age of 13 and this will need to be investigated)
- are concealing the pregnancy from their family and/or are concerned about their parent's reaction to the pregnancy
- Have specific issues that make them more vulnerable, for example mental health difficulties, substance misuse and learning difficulties.
- Is a child in care

The pre-birth assessment will allow for further exploration of what the above means for the young mother's capacity to care for her baby. Where a young mother is already known to CYPS as a Child in Need, the allocated social worker will discuss with their manager whether to carry out a pre-birth assessment. Pre-birth assessment will always take place if the young mother is 'looked after' or a Haringey care leaver.

[Professionals can refer young mothers under 19 to the Haringey Family Nurse Partnership offered by Whittington Health](#). The following criteria apply – the young person is

- a Haringey Resident
- 19 years or under when they last menstruated
- A first time mother (this pregnancy will be the first live birth)

The young mother needs to be enrolled before they are 28 weeks pregnant (FNP aim to provide a service to 60% of women by 16 weeks).

5.0 Making a referral regarding the unborn child and their mother. ([Please read in conjunction with the London CP procedures](#) **regarding pre-birth referrals and assessments)**

Professionals can refer to the MASH team once there is a confirmed pregnancy. Consent to a referral should be obtained from the expectant parent. If there are child protection concerns, consent is not necessary.

In exceptional circumstances, CYPS can start to work with an expectant mother in the first trimester of pregnancy and with her consent. Ideally the pre-birth assessment should have commenced by the time the mother is 20 weeks pregnant, in line with the London Child Protection Procedures. All professionals can discuss the referral with the MASH manager in advance. In many cases, timely referral to social work or early help services will lead to more effective intervention and better outcomes for the baby and the mother

Professionals may wish to discuss concerns with their agency safeguarding lead prior to referral. If professionals have any queries relating to the referral or need advice on whether or not to make a referral or on gaining consent, they can contact the MASH social worker on **0208 489 4470** for advice.

If the case meets the threshold for a social work service from CYPS because it is thought that the unborn child may be a child in need or at risk of harm, the case will be passed on to a social work **assessment team** for a pre-birth assessment.

If the case does not meet the threshold for a social work service, the MASH manager may transfer the case on to Haringey's Early Help service for an early help service.

Where a family home or permanent residence address is outside Haringey, a referral must be sent to the relevant local authority.

6.0 Referral Outcomes

The following decisions may be made and the case may follow these pathways:

6.1 Step-down to Early Help

If the threshold is not met, but the mother of the unborn child could benefit from support around her understanding of parenting and the needs of the unborn child, then a Family Support Worker or a range of parenting interventions can be offer to meet this need. Please see the [Parenting](#)

[through Prevention offer](#) from the Haringey Early Help Service which includes parenting interventions for all ages of child, including pre-natal.

6.2 Pre-birth Assessment

Pre-birth assessments are specialist assessments carried out by CYPS social workers whenever there are concerns about the impact of the parent's lifestyle on the unborn baby or for the future care of that child. The assessment analyses the concerns, plan for the child's care and make decisions on interventions to keep the child safe immediately, consider long-term plans and decisions on the child's future care.

If CYPS are assessing a family where a pregnant mother is already caring for older children, the pre-birth assessment forms part of the child and family assessment. The assessment will look at the impact of the birth on the family and the potential risks to the unborn child and their siblings once the child is born.

A separate specialist pre-birth assessment will take place to assess risk where the mother has no other child in her care, either because this is her first pregnancy or because she has had a child previously removed from her care. This assessment aims to predict how well the child is likely to be cared for once born. Professionals should always explore the reasons further when receiving any information that the mother has other children not living with her.

Assessments take up to 45 working days from the referral. All agencies working with the expectant mother and her partner will contribute information to support the analysis of immediate and future risk to the unborn child and the likely quality of parenting capacity once the child is born. The assessing social worker should hold a professional network meeting early on in the assessment process in order to gather relevant information from all agencies and identify any gaps in knowledge.

6.3 Child Protection: a s47 pre-birth assessment leading to Initial Child Protection conference.

Child protection procedures apply equally to unborn children and Haringey follows the [London Safeguarding Children Board child protection procedures](#).

Where Section 47 enquiries give rise to concern that an unborn child may be at future risk of significant harm, a strategy meeting/ discussion should be held [Please see paragraphs 2.6.5 – 2.6.13 in the London CP procedures](#) that outline the concerns which should prompt this course of action.

If the child protection enquiry establishes that the unborn child has suffered and continues or is likely to suffer significant harm, a pre-birth child protection conference, will be convened by the social worker and held within 15 working days of the strategy discussion.

A pre-birth conference has the same status and will proceed in the same way as any other Initial Child Protection Conference and make decisions about the need for a child protection plan. [See paragraphs 4.1.11-4.1.14 of the London Safeguarding Board procedures for further information.](#)

When a baby is due in a family where children are already subject to a Child Protection plan a pre-birth conference is still required. This must be a separate conference. Decisions about an unborn child must not be made in the Review conference for the other children in the family.

A conference should take place in the following circumstance when a baby is due:

- When the parents have had previous children removed from their care.
- A household where an adult is a risk to children, or is a registered sex offender lives or is a frequent visitor.
- A household where an adult other than the mother, has previously been involved in child abuse or has had children removed from their care also resides or visits

Any professional can consult with a Child Protection Adviser about the need for a conference and should always take place if the Local Authority plan is to commence legal proceedings at birth.

Timing of a pre-birth conference

A pre-birth conference should, where possible, take place 8 weeks prior to the expected date of delivery. Social workers should contact the conference convenors in Safeguarding 12 weeks prior to the E.D.D. If within the timescales for then the pre-birth conference should be booked at the earliest opportunity.

Invitations for all pre-birth conferences

The following professionals are automatically invited:

- Consultant Neonatologist – (for conferences with no substance misuse).
- Child Protection Midwife.
- Midwife for all pregnancies of women under 18.
- Substance Misuse Midwife for all conferences where mothers misuse substances.
- The police.
- The community midwife working with the mother. *N.B. The inclusion of midwifery services in these cases and their involvement in the conference is of paramount importance, this is not an automatic invite by the convenors. Social workers must be able to provide the midwife's name to the convenor*
- The G.P. (Social Worker to provide this information).

In very exceptional circumstances, when there is consideration of the need to commence the Public Law Outline, then a solicitor from the London Borough of Haringey maybe invited of the Child Protection Adviser.

Post Conference

If the conference makes the decision that the baby will be subject to a Child Protection plan, then this will happen immediately following the conference. The pre-birth conference will request that the allocated social worker inform the Safeguarding team of the baby's birth, name, gender and any other required details as soon as possible following the birth, so that the Child Protection Adviser can be made aware

The Child Protection Plan drawn up at the pre-birth conference will be incorporate in to the obstetric notes, along with a birth plan. The Child Protection Conference will also make a decision about whether a pre-discharge meeting is required.

NB The Child Protection plan will also contain the Birth Plan.

The birth plan details all of the practical arrangements required to protect and support baby when it is born.

Once completed birth plans will be faxed to the specialist midwife for Child Protection on completion. This will ensure it is placed on the hospital about social care services involvement and contact details, including plans for any ward assessments, restrictions on visitors, plans for discharges and issues such as substance misuse. It should also provide information about what hospital staff should do in case of emergencies e.g. if parents attempt to remove the baby from the ward, especially outside of normal office hours. The out-of-hours team should be sent a copy if appropriate.

Review Child Protection Case Conference

This will take place within 3 months of the due date of delivery.

6.4 Emergency legal action and care proceedings

Sometimes CYPS will have a high level of concern about the safety and welfare of a new-born child if removed from the hospital by their parents. This may be because CYPS needs to monitor the child's welfare and plan for their future care and there is a reasonable belief that parents would abscond with the child to avoid contact with social workers. In these cases, CYPS may apply to the court for an **Emergency Protection Order** that would direct that the child cannot be removed from the hospital.

Occasionally, CYPS may have decided in advance that the child cannot remain in the care of the parents based on available information. The plan for the child at birth is that they are removed from their parents' care immediately and looked after by Haringey while a permanent arrangement is made. In these cases, CYPS would apply for an **Interim Care Order**.

In such cases, the allocated social worker will inform the professional working with the family that the order will be sought as soon as the child is born (no legal order can be sought on an unborn child). It will be imperative that midwives and obstetricians notify social workers of the birth immediately so that CYPS can apply to the courts.

Once the order is in place, hospital staff may take action to stop parents from removing the child from the hospital, including calling the hospital security or the police. The police can effect Police Protection under the

Children Act 1989 s46, in order that the child may remain in hospital and safe.

7.0 Discharge Planning Meeting

Where a new-born child who is known to CYPS is to be discharged from hospital, the allocated social worker will convene a discharge planning meeting to ensure that it is safe for the child to be discharged from the hospital and that plans are in place to continue to support the family.

A meeting should be convened jointly by the social worker, the midwife and/or the named midwife for safeguarding and the liaison health visitor. Relevant professionals involved in providing services for the child and the parent on discharge, including the community midwife and the health visitor must also be invited.

The meeting should consider and make the appropriate arrangements for the following:

- whether a safety plan/contingency plan is in place
- where the child is to be placed with foster carers or with the mother in a mother and baby placement for assessment,
- where the child and mother will be going home, the suitability of the living arrangements
- whether adult services are in place to support the parents
- whether services are in place to meet the child's medical needs
- arrangements for visiting the child and parents at home or in placement.

8 Dealing with non-engaging or missing service users

Non-engagement with ante-natal services can be a serious problem and may indicate that the mother wishes to conceal her pregnancy because of fear that the child may be removed from her care. Lack of contact with the pregnant mother will a lack of information about her circumstances or any risk to the unborn child.

Professionals must refer to the LSCB “Missing Families for whom there are Concerns for Children or Unborn Children” guidance available at: http://www.londoncp.co.uk/chapters/missing_fam_unborn_ch.html

Where pregnant women, who are known to adult services, do not attend appointments and/or are have not presented for ante natal care, this should be taken into account as a possible indicator of risk when deciding whether to refer to CYPS. Midwives and GPs should be especially aware of the expectant mother's non-attendance at ante-natal appointments or other service such as mental health provision. This information should be shared appropriately with CYPS.

Where a pregnant woman goes missing and there are concerns about the welfare of her unborn child, agencies should share information in order to locate the mother.

If the family have moved to another local authority professionals should ensure that relevant information about possible risks to the unborn child and referred on. If the child is receiving a service from CYPS, the social worker should link with the new local authority in order to transfer the case.

Child Protection Co-ordinator's must be notified by the social worker if a pregnant woman goes missing either during a section 47 enquiry or, while a child protection plan is in place. Local authorities and hospitals are then alerted in case the expectant mother present to give birth

9 Resolving professional differences

In the event that professionals or agencies have any disagreements in connection with this policy, this will be resolved under the [Haringey LSCB escalation policy \(December 2017\)](#)

Appendix 1: Contact details

Children's Safeguarding and Social Work

MASH team 020 8489 4470

Hospital social work team: 07967 336 278

Midwifery services

North Middlesex University Hospital NHS Trust Safeguarding Midwife:

Chantel Palmer 07921 283 698

Email: chantel.palmer@nhs.net

Whittington Hospital Safeguarding Midwife:

Jacqueline Davidson 07876 588 526

Email: jacquelinedavidson@nhs.net

Health visiting Safeguarding Team

Claire Lloyd

Named Nurse Safeguarding Children Haringey

07826 532 817

Mental health services

Barnet Haringey and Enfield Mental Health Trust:

The Assessment Service

0208 702 5000 (option 3)

Assessmentservice.haringey@nhs.net

Crisis Resolution and Home Treatment Team

0208 702 6700 (24 hours)

Substance misuse services

The Grove Drug Treatment Service

9 Bruce Grove,

London

N17 6RA

Tel: 020 8702 6220 or 020 8365 9032

Domestic abuse and violence services

Multi-agency pre-birth assessment guidance

Hearthstone Domestic Violence Advice and Support Centre
020 8888 5362

Solace
0808 802 5565

Haringey Learning Disabilities Partnership
020 8489 1384
Email hldp@haringey.gov.uk

Haringey Family Nurse Partnership
020 3224 4385
Whh-tr.fnpwhittington@nhs.net

Appendix 2: Indicators of risk and protective factors for unborn children

Please note that these indicators are not a definitive list and other risks/ protective factors may be present in each individual case

	Risk factors	Protective factors
Unborn child	<ul style="list-style-type: none"> • Unwanted/concealed pregnancy • Pregnancy as a result of rape • Complex medical needs/special needs • Unrealistic expectations of baby • Poor engagement and/or co-operation with ante-natal services 	<ul style="list-style-type: none"> • Wanted pregnancy • Healthy pregnancy and good foetal development • Realistic expectations of baby • Good engagement and co-operation with ante-natal services
Parents	<ul style="list-style-type: none"> • Childhood experience of neglect and abuse, looked after, lack of positive parenting role models • Lack of awareness of child's needs, lack of preparation for child's birth • Abuse or neglect of previous children, sibling looked after or removed • Presence of mental health issues, substance misuse or learning difficulties that could impact on parenting capacity • Very young or immature parent • Poor contact with professionals 	<ul style="list-style-type: none"> • Positive childhood experiences, good parenting role models • Good awareness of child's needs and good preparation for birth • Absence of any parental issues that could impact on parenting capacity • Previous positive experience of being a parent • Good contact with professionals
Family, household and environmental	<ul style="list-style-type: none"> • Poor adult relationships, domestic abuse and violence • Homeless or unstable housing, poor home conditions • Significant debt, unemployment • Lack of family or community support • Criminal and anti-social behaviour 	<ul style="list-style-type: none"> • Good adult relationships • Stable home in good condition • Stable finances, employment • Well supported by family and wider