



Camden Safeguarding Children Partnership

Multi-agency guidance on pre-birth
assessments

2019

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1 Introduction

Unborn children and new-born babies are extremely vulnerable to harm; during pregnancy, the mother's lifestyle could negatively impact on 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. It is therefore critical that agencies and professionals working with pregnant women are able to identify these risks and take appropriate action.

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 also to assess whether they may pose a risk to the child on birth.

Early intervention during pregnancy can be key to reducing future risk to a child as it can provide an opportunity to work with parents to address issues. Research suggests that pregnancy can often be a trigger for mothers to address lifestyle issues and the pregnancy may be a window of opportunity to engage with mothers to affect positive change.

2 Purpose and scope of guidance

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

It sets out the role of agencies in referring expectant mothers to the most appropriate service for support, including referral to Children's Safeguarding and Social Work (CSSW) for a pre-birth assessment, contributing to any assessment and implementing any agreed plan of action to support families and safeguard and promote the welfare of the child.

The aim of the guidance is to ensure that there is a high quality, multi-agency response to concerns about the wellbeing of an unborn child, with timely decision-making and proportionate action and intervention.

The guidance should be followed by all members of the children's workforce in Camden, but in particular midwifery services, adult mental health services, substance misuse services, the police and domestic abuse services and adult learning disabilities services.

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 pre-birth assessments are carried out as early as possible so that professionals can recognise potential and future risk of harm to the child and to plan effectively to promote their welfare following birth.

Professionals should consider making a referral to CSSW for a pre-birth assessment to be carried out whenever:

- a previous child of the parent has suffered significant harm and has been removed from the parent's care or died in suspicious circumstances;
- a sibling of the child is looked after or is subject to care proceedings;
- a sibling in the household is or was subject to a child protection plan;
- the parent or another adult in the household is known to pose a risk to children;
- the mother is under the age of 18 and is considered to be vulnerable (see section 4);
- the parent's lifestyle and behaviour during pregnancy may harm the unborn child or raises concerns about future care of the child. Risk factors include:
 - high levels of substance misuse
 - chronic and disabling mental health problems
 - high levels of domestic abuse and family violence
 - homelessness and chaotic lifestyles
 - parental learning difficulties
 - a parent has a previous history of neglect or abuse
 - one parent is thought to be a risk to children
 - a concealed pregnancy or failure to engage with ante-natal services
 - the mother has undergone female genital mutilation and is expecting a female child.

Professionals should refer to Appendix 2 for further details of indicators of risk and protective factors for unborn children and should give consideration to those cases where there are a combination of issues (substance misuse, domestic abuse and mental illness) as this will increase the risk to the child.

3.2 Information for health professionals

Health professionals, particularly midwives, are most likely to be in contact with expectant mothers and therefore in a key position to recognise risk factors. General practitioners are responsible for meeting the mother's health needs and should share relevant information with the network about any factors that may affect the mother's parenting capacity.

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

- support from partners
- family structure and support available (or potentially not 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
- 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 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 been subjected to Female Genital Mutilation and if any medical intervention is required to enable the mother to safely deliver her baby.

Hospital staff can also contact the hospital social work team for advice and cases can be raised at the psycho-social meetings if appropriate.

Where the expectant mother is identified as having undiagnosed or untreated mental health or substance misuse problems, midwives and GPs should ensure they are referred on for appropriate treatment and supported to engage with services.

Where a child is known to CSSW, midwives and obstetricians should notify the allocated social worker as soon as the baby is born (or the Emergency Duty Team where the child is born out of hours).

3.3 Information for mental health professionals

Mental health professionals are responsible for identifying pregnant service users and sharing relevant information with midwives and social workers on how the service user's mental health diagnosis may affect parenting capacity or how treatment may affect the development of the foetus. Professionals should also support service users to engage with maternity services.

Mental health professionals should be aware that although most parents with mental health problems are able to offer an adequate standard of care to their child, there is a link between parental mental ill health and risk of harm to children.

Professionals should be aware of the following which may raise risks to unborn and new born children:

- parents who incorporate their (unborn) child into delusional thinking
- 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).

Mental health professionals should refer to the Mental Health Service/CSSW joint working protocol for further guidance on the impact of mental health issues on pregnancy and parenting and may wish to seek advice on a "no names" basis from the midwifery service or the MASH social worker.

<https://cscp.org.uk/resources/cssw-and-adult-mental-health/>

3.4 Information for substance misuse professionals

Substance misuse professionals are responsible for identifying pregnant service users and sharing relevant information with midwives and social workers on how the service user's substance misuse and any accompanying treatment may affect the development of the foetus or parenting capacity. Professionals should also support service users to engage with maternity services.

Substance misuse professionals should be aware that drug or alcohol misuse does not always indicate that the parent is not able to care for their child adequately but should take into account:

- patterns of substance misuse
- whether it can be managed compatibly with caring for a new born child
- whether parents are willing to attend treatment
- any dual diagnosis (substance misuse coupled with mental health problems)

- the consequences for the unborn baby of continued misuse of substances or withdrawal during pregnancy.

Substance misuse professionals should refer to the CSSW/substance misuse services joint working protocol for further guidance on the impact of substance misuse issues on pregnancy and parenting and may wish to seek advice on a “no names” basis from the specialist substance misuse midwifery service at UCLH or the MASH team.

<http://www.CSCP-new.co.uk/wp-content/uploads/2016/06/CSSW-and-substance-misuse-services-joint-working-protocol.pdf>

3.5 Parents with learning disabilities

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

Camden Learning Disability Service (CLDS) staff who become aware that a service user is pregnant should encourage the expectant mother to engage with midwifery services and should contact the named midwife to share information about the service user.

Midwives who believe that an expectant mother may have a learning disability should check health records and contact the CLDS to check if they are known to the service and make contact with the key worker. If the expectant mother is not known to the CLDS but it is thought they could be eligible for a service, the midwife should make a referral to the CLDS for an assessment.

Where there are concerns about parenting capacity, an early pre-birth assessment should take place with the CLDS key worker liaising with the CSSW social worker in order to assess the expectant mother’s parenting capacity and to plan what support will be needed once the baby is born. The expectant mother’s advocate should be involved in this assessment.

3.6 Domestic abuse and inter-familial violence

Domestic abuse and inter-familial violence can have serious consequences for unborn and new born children and pregnancy is known to increase the risk of domestic abuse or lead to the escalation of existing violence.

Domestic abuse can pose a serious threat of physical harm to an unborn child and on 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, particularly if the child is demanding or difficult can also trigger domestic abuse and violence within the home.

- It is essential that midwives and obstetricians are able to identify victims of domestic abuse by effective screening and use of routine questioning. It is an expectation that midwives are able to see all expectant mothers alone so that they are able to raise the issue of domestic abuse safely and to allow disclosure.
- Camden police should ensure that when attending domestic abuse call-outs, they are aware of the presence of expectant mothers in the household and share this information with CSSW and midwifery services via MERLIN.
- Domestic abuse services and refuges in Camden providing a service for an expectant mother should support her to engage with midwifery services.
- Substance misuse agencies and mental health services should also be aware of service users experiencing domestic abuse.

When gathering information and assessing risk on domestic abuse and violence, professionals should consider the following and may wish to carry out a CAADA-DASH risk assessment:

- the nature of domestic abuse and violent incidents
- their frequency and severity
- the triggers for abuse and violent incidents
- the extent to which the victim recognises the risk of the abuse or violence on the (unborn) child
- any incidents of hostility or aggression towards professionals by the perpetrator
- the effect of the abuse or violence on the pregnancy (for example if the mother is likely to go full term).

Where there are concerns about domestic abuse and violence, the mother can be referred to the Camden Safety Net for advice and support.

3.7 Other vulnerabilities

Professionals should also be aware of the following circumstances that may indicate that the expectant mother is vulnerable and/or that the unborn child may be at risk:

- poor housing or homelessness
- chaotic lifestyles and frequent moves
- a care leaver from another borough
- a concealed pregnancy or non-engagement with ante-natal services (see section 8)
- pregnancy occurring following rape
- where the mother has experienced FGM.

4 Young mothers under 18

Many young mothers are able to provide a good standard of care for their child 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.

Young mothers under the age of 18 should only be referred for a pre-birth assessment if the professional believes them to be vulnerable, for example 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
- are under the age of 13 (these cases **must** be referred to the police and CSSW as it is an offence to have sex with a child under the age of 13)
- 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.

Where a young mother is already known to CSSW as a child in need, their allocated social worker will decide whether or not to carry out a pre-birth assessment. It is Camden's policy that a pre-birth assessment is always carried out where the young mother is looked after by Camden or a Camden care leaver.

Pregnancy and birth are also likely to have an effect on the young person's education and training opportunities and this will need to be taken into account within the pre-birth assessment.

5 Making a referral

All referrals should be made to the Children and Families Contact team by e-CAF referral once the pregnancy has been confirmed, usually around 12 weeks. Consent to referral should be sought from the parent and recorded on the e-CAF record but if there are safeguarding concerns a referral may be made without consent if it is thought this is a proportional response to concerns.

Normally pre-birth assessments are not begun until the 12th week of pregnancy. However, In exceptional circumstances, CSSW could start work with an expectant mother prior to this date and with her consent and pre-birth assessments can be started at 8 weeks gestation or at the point MASH are notified of the pregnancy. This is particularly relevant in circumstances, where there are long-standing concerns about the mother's parenting capacity. Professionals should discuss this with the MASH manager in advance.

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 020 7974 3317 for advice.

The MASH manager will make a decision on the referral within 24 hours and will notify the referrer of the outcome.

If the case meets the threshold for a social work service from CSSW 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 team for a pre-birth assessment.

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

Where the family normally resides outside of Camden, a referral should be made to the relevant home local authority.

6 Early help responses

Camden's Early Help service provides support to families in order to prevent emerging problems from escalating and provides extra support for children who need some help in order to achieve good outcomes. Early help in Camden is delivered by a range of services such as children's centres, family workers, youth workers and the private and voluntary sector.

Where the case is referred to the Early Help service, a family worker will carry out a CAF assessment and will convene a meeting made up of all the professionals working with the family, the Team Around the Family (TAF).

The TAF will work with the family to draw up a plan of support and identify the best services that can help families. The plan will be reviewed regularly by the TAF to make sure it continues to support the family and is improving outcomes for the child.

Early help services also provide a step-down service for cases that are being closed by CSSW in order to ensure that families continue to get support if it is needed so that services do not end in an abrupt way that leaves them unable to cope.

7 CSSW responses

CSSW is responsible for providing statutory social work interventions for children who are in need or at risk of harm. CSSW will accept referrals from the professional network on unborn babies where the case meets the threshold for statutory social work intervention.

7.1 Pre-birth assessment

Pre-birth assessments are specialist assessments carried out by CSSW social workers whenever there are concerns about the impact of the mother's lifestyle on the unborn foetus or for the future care of the child. The assessment is used to address the following concerns:

- Is the pregnant mother's current lifestyle putting the development of the unborn child at risk?
- Will the baby be safe in the care of these parents/carers once born?
- Is there a realistic prospect of these parents/carers being able to provide adequate care throughout childhood?

The purpose of pre-birth assessments is to allow social workers and the professional network to:

- identify sources of harm to the unborn child and predict future harm
- enable work with parents that helps them reflect on the pregnancy and how the child's birth will affect them
- identify support parents may need to help strengthen parenting capacity to meet the child's needs once born
- plan for the child's care and make decisions on interventions to keep the child safe in the present as well as long-term decisions on the child's future care.

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If CSSW are assessing a family where a pregnant mother is already caring for older children, the pre-birth assessment will be carried out as 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.

However, a separate specialist pre-birth assessment will be carried out to assess risk where the mother is not currently caring for other children, either because this is her first pregnancy or because she has had a child previously removed from her care. This means the assessment aims to predict how well the child is likely to be cared for once born.

Assessments will be completed within 35 working days of the referral. All agencies working with the expectant mother and her partner will be expected to contribute information with regard to immediate and future risk and parenting capacity.

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.

7.2 Child in need procedures

If assessment shows that the unborn child is likely to be a child in need once born, the assessing social worker will convene a Child in Need review within 2 weeks of completing the pre-birth assessment. The meeting should be attended by the all professionals working with the child and family and will draw up the child's plan. The plan will be reviewed at a CIN review on a 6 monthly basis.

Professionals should refer to the CSCP children in need multi-agency guidance for further details. <http://www.CSCP-new.co.uk/wp-content/uploads/2016/01/CSCP-CIN-multi-agency-guidance1.pdf>

7.3 Child protection procedures

Child protection procedures apply equally to unborn children and Camden follows the London Safeguarding Children Board child protection procedures: [London Safeguarding Children Board: Child Protection Procedures](#)

Where there are concerns of a child protection nature in respect of an unborn child, the social worker will convene a strategy meeting to be held as soon as possible in order to:

- decide whether the threshold has been met for a child protection enquiry has been met and what action should be taken;
- decide what needs to be covered in the pre-birth assessment;

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- identify which agencies and professionals need to be involved and their roles;
- decide on how parents will be informed of concerns;
- agree any actions to be carried out by adult services in relation to parents;
- agree any actions to be carried out by the midwife and/or obstetrician immediately after the birth (these should be incorporated into the birth plan and all staff notified so they are aware of concerns);
- decide on the circumstances at birth under which CSSW will seek an Emergency Protection Order from the court.

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 to be held within 15 working days of the strategy discussion where the child protection enquiry was initiated.

Pre-birth conferences have the same status as an initial child protection conference and needs to be held as soon as possible after the pre-birth assessment has been completed and **at least** 10 weeks before the due date.

Pre-birth conferences will always be held where:

- a pre-birth assessment shows that the unborn child is suffering or likely to suffer significant harm
- a previous child of the parent has died or has been removed from their care as a result of significant harm
- a child is to be born into a family where children in the household are already subject to a child protection plan
- an adult or child who poses a risk to children resides with the household or is a regular visitor.

A review conference will be held one month from the date of birth or 3 months from the date of the first conference, whichever is sooner, then every 6 months until the child protection plan is discharged, at which point the child will become a child in need.

7.4 Emergency legal action and care proceedings

Sometimes CSSW 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 CSSW 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, CSSW may apply to the court for an **Emergency Protection Order** that would direct that the child is not to be removed from the hospital.

Occasionally, CSSW may have decided in advance that the child cannot remain in the care of the parents based on historical information, and the plan for the child on birth is that they are removed from their parents care immediately and looked after by Camden while a permanent placement is sought. In these cases, CSSW would apply for an **Interim Care Order**.

In these cases, the allocated social worker will inform midwives and obstetricians 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 CSSW 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.

8 Discharge from hospital meeting

Where a new born child who is known to CSSW is to be discharged from hospital, the allocated social worker, in consultation with the professional network, will decide whether to convene a discharge from hospital 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.

If it is agreed that a discharge meeting is needed, it should be convened by the social worker and the relevant midwife and/or the named midwife for safeguarding at the hospital. The meeting should be attended by all relevant professionals involved in providing services for the child and the parent on discharge, including the community midwife and the health visitor.

The meeting should look at:

- 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, what arrangements have been made for this
- 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.

If the child was made subject to a child protection plan prior to birth, the discharge meeting will also take place alongside a core group meeting and will review the child protection plan prior to the child returning home, and a review child protection conference should be convened within one month of this meeting.

9 Dealing with non-engaging and missing service users

Non engagement with ante-natal services can be a serious problem and may indicate that the mother wishes to conceal issues in the fear that the child may be removed from her care. Lack of contact with the pregnant mother will mean no information can be gathered about her circumstances or any risk to the unborn child.

Professionals must refer to the CSCP “Working with non-engaging and hostile families” guidance available at: <https://cscp.org.uk/resources/non-engaging-families/>

- Where pregnant service users are missing appointments with adult services and/or are known not to have presented for ante natal care, this should be taken into account when deciding whether to refer to CSSW. Midwives should be especially aware of service users missing ante-natal appointments or not engaging with the service. This information should be shared appropriately with CSSW.
- If a pregnant woman goes missing and there are concerns about the welfare of the unborn child, this must be referred to CSSW. Agencies should share information in order to try and locate the mother.
- If the family are known to have moved to another local authority, professionals should ensure that relevant information about possible risks to the unborn child are passed on. If the child is receiving a service from CSSW, the social worker should link with the new local authority children’s social care department in order to transfer the case.
- Social workers should notify the Child Protection Co-ordinator if a pregnant woman goes missing either during a section 47 enquiry or while a child protection plan is in place in respect of the unborn child. A decision will then be made on notifying other local authorities and hospitals should the woman present.

10 Resolving professional differences

In the event that professionals or agencies have any disagreements in connection with this policy, this will be resolved under the CSCP escalation policy available at: <https://cscp.org.uk/professionals/escalation-policy/>

Appendix 1: Contact details

Children's Safeguarding and Social Work

MASH team	020 7974 3317
Early help team	020 7974 8791
Hospital social work team	020 7974 2721
Brief Intervention team	020 7974 2703
Child protection co-ordinator	020 7974 6669

Midwifery services

UCLH	Safeguarding Midwife: Cheri Barry 07711 797176 Email: Cheri.Barry@uclh.nhs.uk
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Royal Free	Safeguarding Midwife: Jude Bayly 0207 794 0500 ext: 35040 Email: jude.bayly@nhs.net
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Health visiting CNWL duty desk	0203 317 3032 Email: Camden.dutyhv@nhs.net
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Family Nurse Partnership	0203 316 8673/4 Email: whhtr.FNPWhittington@nhs.net
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Mental health services

Camden and Islington Mental Health Trust	0203 317 3500 (24 hours)
Out of hours crisis team	0800 988 2149

Substance misuse services

Camden and Islington NHS Foundation Trust	0203 317 6000
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Domestic abuse and violence services

Camden Safety Net	020 7974 2526
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Adult Learning Disabilities

CLDS	020 7974 3737
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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 community