

Guidance for Planning Pre-Birth Assessments Under Safeguarding Procedures

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Agreed by: CYPS Policies and Procedures Group

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Responsible Service Area/Team: Review

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Document Summary:

This document provides advice, information and recommended timescales for undertaking prebirth assessments and making other pre-birth plans, when there are suspected or known child protection concerns for an unborn baby.

Its purpose is to ensure that all necessary steps are taken, and appropriate support is provided to families in a timely manner before a baby's birth, to avoid delay, drift or rushed decisions after the birth.

This checklist is intended to be read in conjunction with other SSP pre-birth procedures and assessment guidance.

We will on request produce this policy, or parts of it, into other languages and formats, in order that everyone can use and comment upon its content.

Review Date:	eview Date:		
Version Control	Reason for revision and summary of changes needed	Date	
1.2	Change to process and timings of opening SA and timings to ICPC and scheme of delegations to include CSW. FNM reflected in guidance	July 2016	
1.3	Removal of Flexible timescale provision and updating of terminology	January 2020	

1.4	Addition at p3 where parents are also children that their own support needs are particularly considered.	January 2021

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This advice is to help practitioners ensure they have all the necessary information and that assessments (including any specialist assessments) are completed in time to inform the major decisions that have to be made before the child's birth, within the timescales required to respect the human rights of the child, parents and kinship and to promote the best decisions for the child's care arrangements, post-birth.

Pre-birth assessments can sometimes lead to the Local Authority deciding that an application may have to be made to the court immediately a baby is born, and that possibly the baby will need to be cared for away from their parents (within his or her family network or in LA foster care, pending a permanent arrangement). Such decisions, especially when removal at birth is assessed as necessary, is a considerable responsibility, given the implications in respect of the child's welfare, attachment, bonds and the human rights of the child and family.

Thorough assessment and sound process and reflection will also assist the practitioner/supervisor to manage the highly emotive aspects of this task, maintain objectivity, keep the child's needs (immediate and long term) the paramount consideration and facilitate continued open and honest communication with the child's parents. Where the parent(s) are also children, particular attention should be given to their own support needs when assessing capacity to parent safely.

The LA must ensure that its decision making is supported by legal advice and is fully informed by <u>all_necessary</u> assessments that can possibly be completed within the time allowed from the date of referral before the child's birth. It is not acceptable to have to make plans to remove a baby because risks have not been sufficiently assessed when there has been adequate time to do so, or to reach a position where a perceived high risk has to be managed with the baby remaining in his or her parents' care, when it is anticipated that a full assessment would conclude that alternative care is in the child's best interests.

Key Actions

Allocation – case to be allocated by MASH to the Social Care team Practice Manager after referral if it is an early referral (i.e. before 12 weeks) but no Social Work.

Assessment to be opened until 12 weeks and pregnancy is viable. At this stage the SWA to be opened and allocated to a social worker within the team to commence assessment.

Supervision and Management Oversight at time of allocation must include determining

a recorded timeline for:

- a) Collation and research of all held records (including retrieval from archives, court bundles, verbal and written requests of relevant info from other LAs including visiting other LAs if necessary and relevant records held by otheragencies).
- b) Date for Legal Strategy Meeting (to consider if any specialist assessment/s (psychiatric/psychological/other) are required, threshold issues and Public Law Outline process.
- c) Timing of possible concurrency planning.
- d) Completion of <u>draft</u> pre-birth assessment (as per M Calder 2003 model in SSP procedures), to be shared with PM/ CSW.
- e) Timing of an initial Child in Need meeting and Family Network Meeting and possible strategy meeting and pre-birth conference (see below).
- f) Timing of any Review Family Network Meeting.
- g) Timing of any Public Law Outline Meeting. Supervision must monitor and record the progress of this timeline plan:
 - A Child in Need meeting should be held by the 20th week of gestation (20 weeks before the estimated date of delivery). This will determine what assessments are outstanding and identify whether a pre-birth child protection conference should be held.
 - When a pre-birth assessment recommends that a child protection conference is needed, a strategy meeting/discussion should be held, preferably during the 24th week gestation (13 weeks before the EDD).
 - A pre-birth conference must be held within 15 working days of the strategy meeting, once agreed i.e. Preferably during the 24th week of gestation (13 weeks before the EDD), to allow enough time to complete pre-birth assessments and for a hospital discharge plan to be prepared. If it is confirmed within assessment that Public Law Outline is required Initial Child Protection Conference can be held at 20 weeks.
 - When there is a known likelihood of premature birth, the strategy meeting and conference should be held earlier.
 - If a specialist assessment is required (including potential updating of existing assessment), identify and commission (following approval by the County Resource Panel), <u>bearing in mind likely timescale and implications</u> for decision- making and views of other parties needed.
 - If a care application is to be made, and/or a placement likely to be required, this will also need submission to the County Resource Panel, agreed by the Service Manager prior to submission, to give advance

warning to provider services and for genuine opportunity to explore any proposed alternative plans and resources suggested by CRP.