



E S S E X
Safeguarding
Children
B O A R D

Pre-birth assessment, multi-agency protocol

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1. Introduction

- 1.1 When agencies can anticipate safeguarding risks and vulnerabilities for an unborn baby, such concerns should be addressed through a pre-birth assessment. The aim of this assessment is to make sure that the risks and vulnerabilities are identified as early as possible, to take any action to protect the baby (and any other existing siblings), and to support parents in caring for the baby safely. A common finding in the sample of cases of babies subject to a Child Safeguarding Practice Review was that there had been a need to improve practice in the pre-birth assessment process and, consequently, in the resulting actions.
- 1.2 In line with the Effective Support Guidance for Children and Families in Essex families should receive the right support at the right time at the lowest possible level of intervention.
- 1.3 The needs of the family and unborn child should always try and be met through early help and a team around the family approach. The team around the family should bring together any agencies already working with the family and any agencies that may be able to support the family address the identified needs. The family need to consent to the Team Around the Family process.
- 1.4 If at any stage in the pre-birth period further needs are identified or risk increases that suggests the family need support at level 3 or 4 of the Effective Support Windscreen then consideration should be given to submitting a Request for Support to Essex County Council Children and Families Hub via the online portal. Consent should always try to be obtained before submitting a Request for Support.
- 1.5 Pre-birth assessments are a proactive means of analysing the potential risk to a new-born baby when there is concern about a pregnant person, partner or ex-partner and where relevant, immediate family.
- 1.6 The main purpose of a pre-birth assessment is to identify what the risks and potential needs of the unborn child and their family may be, whether the parent(s) have capacity to make changes so that the risks can be reduced and if so, what support they will need.
- 1.7 Pre-birth assessments are a source of anxiety not only for parents, who may fear that a decision will be made to remove their child at birth, but also for professionals who may feel that they are not giving parents an opportunity to parent their new-born child.
- 1.8 Research and practice experience suggests that a pre-birth assessment should be undertaken as early in the pregnancy as possible. The anxiety created by undergoing the process can adversely affect the attachment to the unborn child. This, in turn, can aggravate the strain of caring for a new baby. The ideal time to start a pre-birth assessment would be in the first trimester, concluding early in the second trimester in order to develop a clear plan of intervention and support to families.

- 1.9 The justification for statutory intervention in a family's life is to safeguard and promote the welfare of children. However, in these cases the child is as yet unborn and assessment must attempt to identify the potential risk factors to the baby once born, and to predict whether that child will be safe. This is especially relevant, as research studies have shown that children are most at risk of fatal or severe assaults in the first year of life, usually inflicted by their carers.
- 1.10 In addition to this protocol, you will also need to refer to the [SET Procedures](#) Part A 1.5 (Potential risk of harm to an unborn child) Part A 2.6 (Pre-birth referral and assessment) and Part A 4.1.10-4.1.12 (Pre-birth conferences).

2. Raising a concern about an unborn child

- 2.1 It is essential that when a professional has a safeguarding concern about an unborn child they gather as much information as is available from within their agency.

Unborn babies on a Child Protection Plan need to have an alert placed on the National Care Records Service under the pregnant persons NHS number and on the pregnant persons Maternity health record.

- 2.2 Referrals about unborn babies can be progressed by the social work team at eight weeks gestation, partner agencies are encouraged to refer as early as possible.

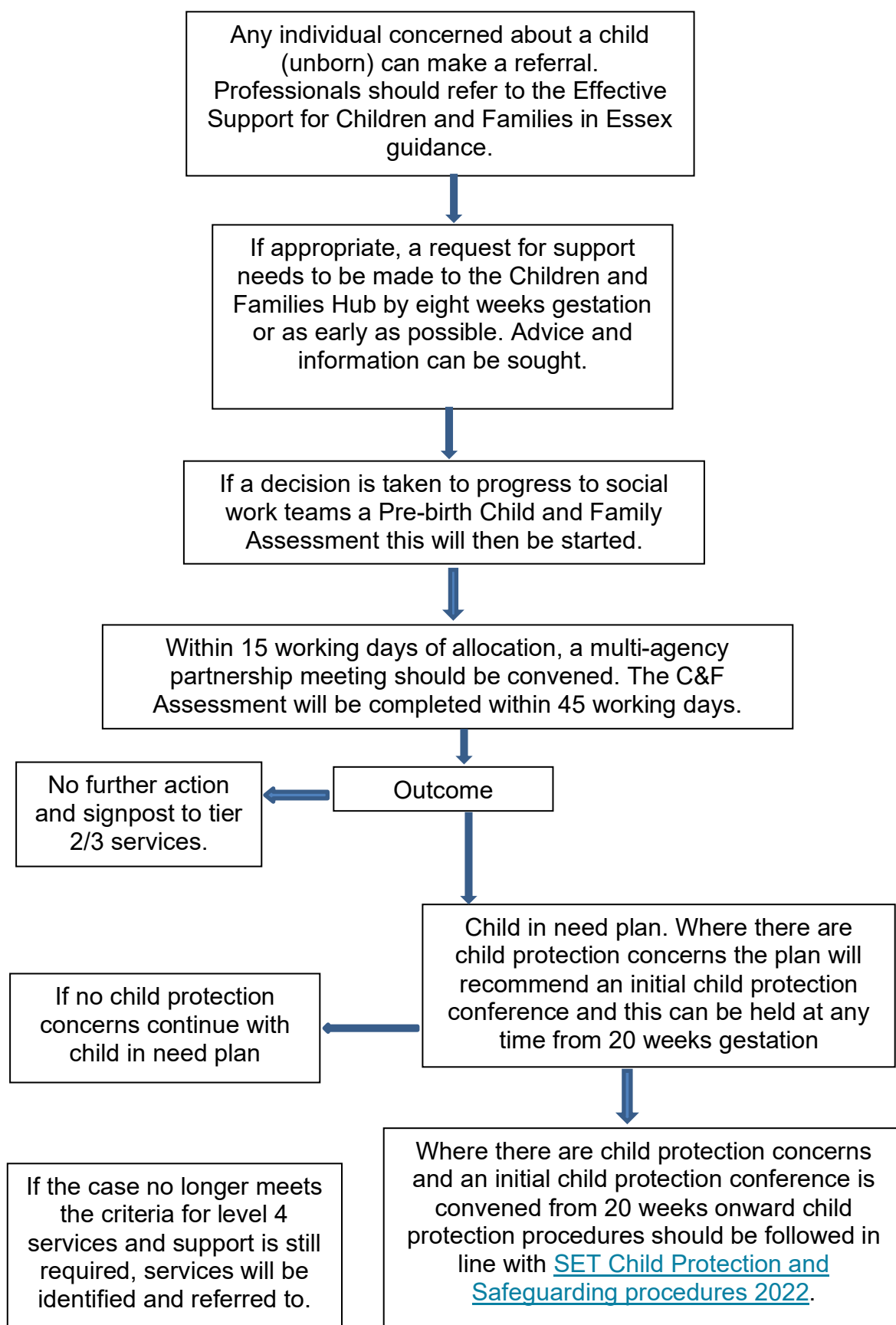
Research tells us robust and early assessment, intervention and support can help minimise the harm to young babies.

Pre-birth work is particularly complex and historically there have been concerns about a lack of urgency and professionals being over optimistic.

In addition, early referrals provide real opportunities to assess, plan and intervene to ensure we give every opportunity for parents to make sustainable changes, and where this isn't successful, we have the time to fully assess extended family members and make parallel plans.

- 2.3 Families should be informed of concerns and any referrals made, unless it is felt that to do so would put a child, unborn baby, or other person at risk of harm.

2.4 Raising a safeguarding concern in relation to an unborn child flowchart



3. Pre-birth assessments

- 3.1 A pre-birth assessment is a comprehensive assessment of the family to understand the strengths, what we are worried about, risks and protective factors and will include extended family and other support networks. It will include the future safety of the unborn child with a view to making informed decisions about the child and family's future.
- 3.2 Such assessments create ethical dilemmas for practitioners undertaking them. The bond between a pregnant person and child is universally revered and practitioners may be reluctant to intervene, feeling that parents must be "given a chance". However, the Children Act 1989 is clear that there are grounds for intervention if there is a likelihood of significant harm and that the needs of the child (in these situations unborn) are paramount.
- 3.3 Working Together (2023) refers directly to unborn children in the guidance for Initial Child Protection Conferences: "*If concerns relate to an unborn child, consideration should be given as to whether to hold a child protection conference prior to the child's birth*".
- 3.4 However, some potential disadvantages to be aware of are: (these should not be a barrier to submitting a referral)
- Parents may abscond or a pregnant person may not alert health professionals when a baby is born.
 - In some situations, the stress may have an adverse effect on the parents' mental or physical health.
 - There may be a risk that a pregnant person could feel pressured into harming themselves and the unborn baby or terminating the pregnancy.
 - The fear of losing the baby may jeopardise the attachment process between parent and child.
- 3.5 There are **three** fundamental questions when deciding whether a pre-birth assessment is required:
- Will this newborn baby be safe in the care of these parents/carers?
 - Is there a realistic prospect of these parents/carers being able to provide adequate care?
 - If there are or appear to be child protection concerns, is there credible and evidenced support available to the family?

Where there is reason for doubt, a pre-birth assessment is indicated.

- 3.6 Missed ante-natal care appointments can have a direct impact on the unborn baby and may indicate parents are not prioritising the wellbeing of their unborn baby. Missed appointments may also be a concern in relation to children's education and health, and indicate neglect or parents are struggling. Failing to attend appointments also reduces the opportunities for families to be seen, behaviour monitored and where necessary challenged. ([SET procedures May 2022](#) 2.65)

3.7 Pre-birth assessments will be required in the following circumstances:

- A parent or other adult in the household, or regular visitor, has been identified as posing a risk to children (see *SET Procedures 2.6.5 Pre-birth assessment*).
- A sibling or child in the household is subject of a child protection plan.
- Previous child/children have been removed from care of parents.
- Parent(s) experiencing significant mental health illness which is likely to impair parenting capacity.
- Parent(s) are diagnosed with Learning Disabilities and may require additional intervention from statutory services.
- Any other concern exists that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child (see SET Procedures 19, Perplexing Presentations, (PP) Fabricated or Induced Illness (FII) and Medically Unexplained Symptoms (MUS)).
- Pregnant person and/or partner are under the ages of 13 years, where any sexual activity is unlawful (and considered for a young person under the age of 16).
- Where there are significant concerns or suspicions regarding:
 - alcohol/substance misuse,
 - honour based abuse, forced marriage, modern slavery, or exploitation.
- Identification or escalation of domestic abuse during pregnancy.
- There has been a previous unexpected or unexplained death of a child whilst in the care of either parent.
- There are maternal risk factors e.g. Concealed or denied pregnancy, avoidance of antenatal care (failed appointments), non-cooperation with necessary services, non-compliance with treatment with potentially detrimental effects for the unborn baby (see SET procedures concealed/denied/late booking) [Presentation of concealed, denied or late booking in pregnancy](#)

3.8 Consideration must always be given to the mental capacity of the parents when decisions are to be made. The provisions and framework of the Mental Capacity Act 2005 should be applied to those of 16 plus years with those principles used to support decision-making (Chapter 12 of MCA 2005 Code of Practice gives more details and exceptions (MCA 2005). This may include referral to the Court of Protection in specific circumstances where appropriate legal advice has been sought.

There should also be thought given to when adult social care teams should be involved for those over 18.

Young people looked after or leaving care

- 3.9 A Pre-birth assessment is not required with a young person in care or open to leaving care because of their status, it must be based on the level of need and in line with the ESCB Effective Support for Children and Families in Essex guidance. ([Effective support for Children and Families in Essex](#)).
- 3.10 Parents may just need some support. Please ensure you engage with both parents if support or assessment is required.
- 3.11 Leaving and Aftercare workers to be included in all pre-birth meetings, kept up to date with relevant information and included in management case discussion/Legal Planning Meeting. Pathway/Life Plans to be shared with the assessing services and this to inform the pre-birth assessment and vice versa.
- 3.12 Consider the additional challenges for care leavers which may include isolation, past experiences of practitioners being positive/negative, accommodation, limited support networks, financial, education/employment.

4. The pre-birth assessment and post birth planning

- 4.1 On receipt of the request for support the children and families hub will pass to a social work team who will make a threshold decision about whether to progress to a Pre-birth assessment, if it progresses the unborn will be allocated to a social worker.
- 4.2 At the start of the assessment, and within 15 days of the referral a multi-agency partnership meeting should be convened to plan the pre-birth assessment with the family, giving the family an opportunity to contribute to the plan, and listen to their wishes and views. Ensure that there is multi-agency contribution to understand the areas of concern in full.
- 4.3 The pre-birth assessment will be completed within 45 working days. (Please refer to SET procedures for timescales relating to Child In Need and Child Protection planning).
- 4.4 At the 30-day point of the Child and Family Assessment, a reflective supervision is to be prepared by the social worker in preparation for supervision with the Team Manager.
- 4.5 Clear plans for all agencies will be formulated during Child In Need and Child Protection meetings/plans however a multi-agency pre and post birth plan must also be completed, and copies shared with all professionals involved.

[Pre and post birth plan](#)

5. Pre-Discharge Meetings (PDM)

- 5.1 The process is to be used when safeguarding concerns have been raised by an agency either regarding concerns or an incident prior to admission to the hospital or during the hospital stay. It should always be used when there are differing opinions about the origin of the risk or injury.
- 5.2 The pre-discharge meeting is usually chaired by the safeguarding team in conjunction with social care.
- 5.3 There should always be a pre-discharge meeting for an unborn child on a Child Protection Plan and on a case-by-case basis where there is a Child In Need Plan.
- 5.4 On admission or once a safeguarding concern is raised, planning should occur immediately to ensure that a pre-discharge plan is in place before the child/young person becomes medically fit for discharge. The baby's parents/carers should be kept informed about the pre-discharge meeting and plans at every stage.

Purpose of meeting:

- To consider the medical and social reports about the cause for concern.
- To consider the social work/multi-agency assessment of the risks to and the needs of the infant/newborn. This should include 'home safety' informed by a home visit by the social worker (where practicable).
- To consider the needs/risks in relation to the other children in the family.
- To clarify on-going medical care.
- To identify support needed for the parents/carers who will be caring for the infant/newborn once discharged.
- An assessment of risk must be concluded before discharge.
- To agree timescale for discharge, once infant/newborn is medically fit, to an appropriate place of safety, if not returning home.

Suggested invitees (not exhaustive):

- Member of the hospital safeguarding team
- Social Worker and their Team Manager as relevant (Chair of the meeting)
- Parent/s or carers
- Nurse/Midwife/Paediatrician caring for the baby in hospital
- Community Health Care Professional/s
- Health Visitor/School Nurse/Named Nurse Children in Care
- Education
- Police

- 5.5 If there is a delay in discharge the Pre-Discharge Meeting should be reconvened.
- 5.6 The following information needs to be recorded onto the Essex County Council Children's Social Care electronic record:

A brief synopsis of the discussion - outcome and safety plan must be recorded, please see [PDM template](#).

This document must be uploaded to the babies (and mothers in case of newborn) electronic record and a copy be sent to all external attendees immediately after the meeting.