



For pre-birth protocol please see the [South West Child Protection Procedures](#)

Somerset Toolkit

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References and useful information

Somerset EH Pathway for expectant mothers

Somerset Early Help Assessment (formerly CAF):

<http://professionalchoices.org.uk/eha/>

DfE Guidance for Looked after Children – DfE guidance

www.gov.uk/topic/schools-colleges-childrens-services/looked-after-children

Information Sharing: A guide for people working with Children, young people and their families:

www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

The National Service Framework for Children Young People and Maternity Services (2004) DH:

www.gov.uk/government/publications/national-service-framework-children-young-people-and-maternity-services

NICE guidelines [CG192] Antenatal and postnatal mental health: clinical management and service guidance (2014)

www.nice.org.uk/guidance/cg192

Working Together to Safeguard Children (2015)

www.gov.uk/government/publications/working-together-to-safeguard-children--2

SSCB Thresholds for Safeguarding – Effective support for Children and Families in Somerset

<http://sscb.safeguardingsomerset.org.uk/effectivesupport-documents/>

SSCB guidance around escalation – ‘Protocol for Resolving Professional Differences in Work Relating to the Safety of Children’

sscb.safeguardingsomerset.org.uk/protocols-procedures-and-reviews/protocols-and-local-guidance/

Perinatal Mental Health Pathway

The Perinatal Mental Health Pathway is available on the Somerset Safeguarding Children Board’s web site:

<http://sscb.safeguardingsomerset.org.uk/working-with-children/local-protocols-guidance/>

Dealing with Concerns

Risk to Unborn Babies

See SSCB Thresholds for Safeguarding – Effective support for Children and Families in Somerset

<http://sscb.safeguardingsomerset.org.uk/effectivesupport-documents/>

Low concern:

Tier 1 to 2: Effective support for children and families

Follow this process when you are concerned but believe basic physical and/or psychological needs will be met and the unborn baby's health or development is not likely to be impaired.

	WHAT	WHO	BY WHEN
1.	Talk to the family about your worries, and explain you need to talk to other professionals to get them the right support for their baby. Record their consent, or if declined discuss in supervision or with your safeguarding lead.	All staff	After the pregnancy is confirmed by a scan. No later than 18 weeks gestation or immediately on recognition of concerns
2.	Advise your manager about your concerns. Decide whether an EHA assessment is the right response. If the parent did not consent to be involved, decide how to respond following the information sharing guidelines.	Staff & manager	As above
3.	If consent has not been obtained this must be discussed with the safeguarding lead. Continue working with the family to minimise concerns and continue to monitor. If concerns arise discuss again with your manager or safeguarding lead to agree next steps and whether a consultation with Children's Social Care is appropriate.	All staff	Ongoing
4.	If you believe a low level concern has risen to a medium to high concern (Tier 3 or 4) follow point 1 of medium to high concern action on next page.	Any staff	At any point

Medium/high concern:

Tier 3 or 4 of Effective Support for Children and Families

Follow this procedure where when there are concerns an unborn baby may be ‘in need’ (Section 17) or ‘in need of protection’ (Section 47) which means that their basic physical and/or psychological needs will not be met and is likely to impair the child’s health or development.

Actions required

	WHAT	WHO	BY WHEN
1.	Complete an EHA and contact Children’s Social Care with referral following discussion with your manager or safeguarding lead (or via telephone to Somerset Direct if there is an imminent risk of harm to a child.) Any telephone referral to Children Social Care must be followed up with an EHA within 2 working days.	All staff	12 weeks gestation or immediately on recognition of concerns
2.	As a result of the referral if the assessed need meets the effective support for children and families’ intervention at levels 3-4, social worker to complete an assessment. All relevant multi-agency professionals will contribute to the relevant processes (Children in Need/Child Protection) such as strategy discussions.	All staff	Immediate
3.	If the referral is not accepted review the Early Help Assessment, and consider a team around the child (TAC) meeting. Consider whether further discussion with Children’s Social Care is required. If you remain concerned discuss again with your manager/safeguarding lead and if you still suspect the baby is at risk follow the SSCB guidance around escalation – ‘Protocol for Resolving Professional Differences in Work Relating to the Safety of Children’ http://sscb.safeguardingsomerset.org.uk/protocols-procedures-and-reviews/protocols-and-local-guidance/	All staff	Immediate



Multi-Agency Safeguarding Birth Plan

For use at pre-birth planning meeting – this is not the template for the medical birth plan.

This form is to be completed for all unborn babies who are subject to a child protection plan, and where appropriate for unborn babies who are:

- Subject to a pre-birth assessment (Children’s Social Care)
- Subject to pre-court proceedings (i.e. PLO)
- Subject to Child in Need plan
- Subject to Team around the Child

1. Summary of safeguarding plan	
Unborn baby (state family name)	Reference
EDD	Ethnicity
Delete as applicable: <ul style="list-style-type: none"> • Plan for baby to remain with mother but there are safeguarding concerns • Plan for baby to be separated from mother following birth • Plan to separate baby from mother following discharge 	

2. Family Information	
Mother’s name	Date of birth
Home address	
Father	Date of birth
Home address	

Current partner's name (if not the biological father)	Date of birth
Home address	
Will the Father/current partner have parental responsibility (i.e. married to Mother or likely to be named on birth certificate)	Yes/No
Are there any barriers to communication e.g. -English is not the first language, communication difficulties	Yes/No
Are there any specific observation, assessment or support needs for either parent 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 concern / 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: (this needs to include anyone where it is believed that the child has suffered or is at risk of suffering harm during contact).	
NB: Any difficult or disruptive behaviour within the hospital may 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	
EDT contact details	
Child Protection (CP) Plan	Yes/No
Category (tick as applicable) Physical - <input type="checkbox"/> Sexual - <input type="checkbox"/> Neglect - <input type="checkbox"/> Emotional - <input type="checkbox"/>	
Date of CP plan	
Pre-birth assessment completed?	Yes/No
Recommendations of completed pre-birth assessment	
Public Law Outline meeting?	Yes/No and date
Outcome of PLO	
Professionals to be notified – including Emergency Duty Team if required	
On admission to hospital	
NAME	CONTACT DETAILS
Following birth	
NAME	CONTACT DETAILS

4. The Safeguarding Birth 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? E.g. due to mothers cognitive capacity or mental ill health issues that may affect her ability to understand Consider whether an advocate would be helpful at this point	Yes (detail)/ No
Is the plan agreed by the mother?	Yes/No
Is the plan agreed by the Father/partner?	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

5. 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 (<i>if confidential please ensure this is not shared with parents/carers</i>)	
Discharge to other carers? 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 not 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 provide these and the timescales for doing so.	
Any other issues to be noted	

6. Distribution of notes	
Date plan given to:	
Midwife	Date:
Named midwife for safeguarding	Date:
Health Visitor	Date:
GP	Date:
Others (please state)	Date:
Date when plan shared with Mother	Date:
Date when plan shared with putative Father	Date:
If plan not shared with parent/s state reason why	Date:
Date copy signed by Social Worker	Date:

Discharge Planning Meeting Agenda

Introductions and purpose of meeting

1. Professionals attending and apologies
2. Clarify name, DOB, address, ethnicity of child and significant family members including other children
3. Agency updates in relation to pre-birth, birth and post birth considerations during hospital stay
4. Discharge Plan to include:
 - When and to whom baby is to be discharged
 - Reasons why this is the proposed plan
 - Is parental consent required to implement this plan? If not detail how consent will be dispensed with
 - Consideration of the baby's development and whether or not there are specific medical needs which need to be addressed with details
 - Who will transfer/transport baby and/or parent/s to proposed address
 - What equipment is required and who will provide this e.g. car seat, clothing, feeding equipment
 - Who and when will parent/s be informed of discharge plan
 - Consider any equality and diversity issues in relation to baby and the family and how these may impact on implementation of plan
 - Contingency plans
 - Immunisations and who will give consent
5. Consideration of support needs for other siblings, parent/s and significant family members, including how and who will provide this.
6. Where the baby is to be separated from parent/s consider contact arrangements with parents and any siblings following discharge.
7. Consider information to be shared or withheld from parent/s and the reasons for this.
8. Arrangements to inform (including who and when);
 - The community Midwife
 - The Health Visitor
 - GP
 - Any other professional involved with the family if relevant
9. Proposed multi agency visiting arrangements following discharge
10. Dates for review of arrangements

FLOW CHART TO ILLUSTRATE MANAGEMENT OF UNBORN BABY WELFARE CONCERNS

