

Gweithio'n Gytân Ar Gyfer Plant



Working Together For Children

# South East Wales Safeguarding Children Board

## Multi Agency Practice Guidance: Responding to Risk and Need For Unborn Babies Including Concealed Pregnancies

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Developed by:

Protocols and Procedures  
Sub-Group

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## 1. Introduction

- 1.1 This practice guidance applies to all partner agencies of the South East Wales Safeguarding Children Board (SEWSCB) and has been drawn up by a multi-agency group. Its aim is to ensure that all agencies know what to do and how to exercise safeguarding responsibilities in respect to risk and need of unborn babies including concealed pregnancies.
- 1.2 This practice guidance should be read in conjunction with the AWCPP (2008).
- 1.3 This practice guidance supports individual agency policies for safeguarding and promoting the welfare of children.

## 2. Definitions

- 2.1 An unborn baby in respect of this practice guidance is: **unborn babies of 20 weeks or more gestation.**
- 2.2 'Late booking' is when a pregnant women delays informing maternity services about her pregnancy. For the purpose of this practice guidance, presenting for maternity services after 20 weeks is classed as a late booking. The reasons for the late booking need to be thoroughly explored.
- 2.3 It is recognised by maternity services that some women present late in pregnancy or labour as they have not realised they are pregnant. In this instance liaise with Children's Social Services to establish if there are any known concerns.
- 2.4 A **concealed pregnancy** is when a pregnant woman knows that she is pregnant but does not present for maternity services.

Concealment of pregnancy may be revealed late in pregnancy, in labour or following birth. In exceptional circumstances the mother may not reveal she has given birth and may conceal the baby even when it has been born, or if the baby has died.

There could be a number of reasons why a pregnant woman decides to conceal a pregnancy including situations of domestic abuse, sexual abuse, religious stigma etc:

- Fear of pregnancy
- Unwanted pregnancy
- Too late to terminate pregnancy
- Known to Social Services
- Rape resulting in pregnancy
- One night stand resulting in pregnancy
- Mental health issues

Concealment may be an active form of denial where support from appropriate carers and health professionals is not sought. If concealment is suspected or

other Safeguarding concerns identified, then a referral should be made to Children's Services under this guidance.

### **3. Principles**

3.1 This practice guidance is underpinned by the following key principles:

- That the needs of the unborn baby is paramount
- That effective inter-agency working is the foundation for the identification of need, risk assessment and the implementation of any planned interventions.
- That early intervention during the antenatal period is desirable in order to minimise risk to vulnerable babies.
- That proactive engagement with expectant mothers and fathers contributes to a positive outcome for the unborn baby, parents and family.

### **4. Recognition of need and making referrals**

4.1 It is the responsibility of all agencies working with pregnant women to recognise the need for intervention if there are concerns about any lack of support or ability to provide safe and effective care for the baby.

4.2 Midwives, health visitors, obstetricians and general practitioners are well placed to identify concerns and additional needs of pregnant women. Where concerns and additional needs are identified, professionals will need to consider the level and nature of concern for the unborn baby.

4.3 Practitioners may want to discuss any identified risks or safeguarding concerns for an unborn baby with their lead professional for safeguarding, and the outcome of these discussions should be recorded in line with individual agency policies.

4.4 There are some circumstances when there should always be a referral to Children's Services in respect of an unborn baby. These are:-

1. When the pregnant woman/child herself is named on the child protection register.
2. When the pregnant woman/child is a 13 year old child or younger.
3. When the pregnant woman/child is a looked after child herself.
4. When there are other children in the same household as the pregnant woman/child who are on the child protection register, or who have been within the last six months.
5. When it is known that a parent has previously had a child removed from their care.

4.5 Other risk factors may require a referral to be made to Children's Services. These may include situations where the pregnant woman/father or any other household members:-

- Misuses drugs or alcohol.
- Have mental health issues.

- Has a perceived learning difficulty/disability.
  - Disclose domestic abuse.
  - Has a history of being in the care of a Local Authority.
  - Is a vulnerable adult receiving Local Authority support.
- 4.6 For a pregnant child/young person under the age of 18 years, consideration should be given as to whether a referral to Children's Services is required for the mother in her own right depending on her circumstances, level of need or vulnerability.
- 4.7 There may be circumstances which require a referral of a pregnant woman **before** 20 weeks gestation. Situations where the unborn baby may be at risk, for example, circumstances where the pregnant woman is at risk of early birth due to substance misuse or a victim of domestic violence.
- 4.8 If a decision is reached to refer the unborn baby to Children's Services then Part 2 of the AWCPP (2008) should be followed. All referrals should be made without delay and if known should include the estimated date of delivery (EDD).
- 4.9 If a decision is reached by professionals not to refer to Children's Services but to other support agencies such as women's services, housing, mental health services etc. then the professional making the referral should ensure appropriate information sharing with those involved in the care of the pregnant woman. This will be recorded in the pregnant woman's maternal health records and if appropriate also in the pregnant woman's hand held record, except where it is felt having this information in these open records may put the woman at risk eg domestic abuse cases .
- 4.10 Support plans should be monitored and reviewed, including a review of the decision not to refer to Children's Services. If significant harm or risk of significant harm is identified during the period of support a further referral should be made to Children's Services.
- 4.11 When a referral is made to Children's Services under child protection procedures the pregnant woman should be informed about the concerns and the referral, **unless in doing so could put the unborn baby, or the pregnant woman, at risk of significant harm.** This may be particularly pertinent in cases of concealed pregnancy.

## 5. Response to Referral to CHILDREN'S SERVICES

- 5.1 All referrals to Children's Services will be managed in accordance with Part 3 of AWCPP (2008).
- 5.2 When a referral is made to Children's Services, their response needs to consider circumstances outlined in 4.7, regardless of the 20 week definition of the unborn baby. Such circumstances may warrant an earlier response. There should be a joint responsibility on both the referring agency and Children's Services to manage a referral if it is before 20 weeks. The sole responsibility should not be placed on the referrer to re-refer at 20 weeks.

Children's Services should adopt proactive systems to allow them to follow up an early referral in the case of a pregnant woman at the 20 week stage.

- 5.3 Where there is evidence of concern for the welfare of an unborn baby an initial assessment must be undertaken. The initial assessment will incorporate views from all the relevant professionals including:
- Midwife
  - GP
  - Obstetrician
  - Referrer
  - Health Visitor (if already involved with family)
  - Any specialist services with involvement, (for example Adult Mental Health Services (AMHS), Women's Services, Child and Adolescent Mental Health Services (CAMHS), Youth Offending Services, Housing).
- 5.4 The referrer should always be notified in writing of the LA decision following the initial assessment. If child protection concerns are not identified, the referrer should also be informed with a view to establishing alternative support, this may include a brief intervention under child in need or referral for single agency support as per 4.8 above.
- 5.5 If the initial assessment indicates that the unborn baby is at risk of significant harm, or that once born, the baby would be at risk of significant harm, then a multi-agency strategy discussion should be convened and Section 47 child protection enquiries commenced following Part 3, AWCPP (2008).
- 5.6 Following the conclusion of the child protection Section 47 enquiries, a Children's Services manager will make the decision about future actions taking into account other agencies involved in the child protection process. This may involve a further strategy meeting. AWCPP (2008).
- 5.7 Where there is a concern about the likelihood of significant harm to the unborn baby, and section 47 child protection enquiries are agreed, a multi-agency core assessment must be undertaken.

## **6. Pre-birth Assessments (Core Assessment)**

- 6.1 A pre-birth assessment is fundamentally an assessment of the risk to the future safety of the unborn baby with a view to making decisions in respect of future planning for the child and the family.
- 6.2 All pre-birth assessments, at any level of intervention, should consider:
- The pregnant woman and father's (where appropriate) feelings about the pregnancy
  - Family history
  - Personal circumstances and levels of support
  - Any specific risks and how these would impact on the unborn baby and newborn baby once born.

- If the father is known to the pregnant woman, then background checks on the father should be made to ascertain any known risks to the pregnant woman and unborn baby.
- 6.3 The aim of the pre-birth assessment is to consider fundamental questions:
- Will the new-born baby be safe in the care of the parents?
  - Is there a realistic prospect of the parents being able to provide adequate and safe care immediately and throughout childhood?
- 6.4 In respect of a pre-birth assessment timing is crucial. Ideally this should be undertaken at 20 weeks gestation in order for family members to contribute to the process and plan multi agency interventions to minimise risk.
- 6.5 Commencing the pre-birth assessment at 20 weeks:
- Provides parents with the opportunity to evidence change and to engage with services.
  - Enables key agencies to make clear and structured plans for the baby's future.
  - Allows support services for the parents to be established.
- 6.6 Early assessment can help to:
- Ensure that vulnerable parents are offered support as early as possible rather than when difficulties occur.
  - Establish a working partnership with parents prior to the baby's birth.
  - Assist parents with any problems that may impair their parenting capacity.
- 6.7 A pre-birth assessment of the pregnant woman and perspective father (if appropriate) should specifically consider:
- A chronology of significant events.
  - Their experience of parenting.
  - Also their expectations and preparation for parenting.
  - Their support networks – both ante-natally and post-natally.
  - Relevant historic and current information from key agencies with statutory responsibilities for safeguarding.
  - The circumstances pertaining to removal of any other children born to the pregnant mother, father or any other partners.
- 6.8 A pre-assessment in respect of an unborn child where the pregnancy has been concealed should specifically consider:
- Exploration of the reasons for the concealed pregnancy and any specific issues and / or risks this may represent for the pregnant women and / or unborn child;
  - Consideration of pregnant women's access to maternity services;
  - The pregnant women's ability to alert professionals to the onset of labour and any additional need in respect of accessing obstetric care;
  - Consideration of any further specialist assessments regarding the concealment including possible referral to mental health services.

6.9 There are specific risk management issues associated with pregnant women who have concealed a pregnancy including:

- The issue of a pregnant woman being a flight risk and not accessing maternity services for the birth of the baby which may result in a compromised mother and baby.
- Where there is a flight risk it is the responsibility of Children's Services to instigate a national alert and circulation to include hospitals, Welsh Ambulance.
- Any risks to the pregnant woman if the concealed pregnancy is exposed.

## **7. Planning, Intervening and review**

7.1 When planning for the birth please note whilst there is an EDD it is normal that birth can occur after 37 weeks gestation.

7.2 If the pre-birth assessment does not indicate that the baby will be at risk of significant harm when born, but may be a Child in Need, then planning and provision of services may continue under Section 17 of The Children Act (1989) or through referral to single agencies, if parents agree.

7.3 If the pre-birth assessment indicates that the baby will be at risk of suffering significant harm when born, the Child Protection Processes under Part 3 of the AWCPP (2008) must be followed.

7.4 If a pre-birth Child Protection Conference is convened and registration is agreed following birth, the name (baby's mother's name) and estimated due date of the birth should be entered on the Child Protection Plan for the unborn baby and on all electronic and hard copies held.

The unborn baby's children services record should be linked with the mother's record. When the baby is born the Midwife should inform the allocated Social Worker who should inform the Safeguarding Lead and Child Protection Administrator in the relevant Local Authority in order for Children's Services records can be updated.

7.5 The Child Protection process including the convening of core groups will proceed as per Part 3 AWCPP (2008).

On birth the baby's name will be entered onto the Child Protection Register.

A core group should be held within 10 days of the baby's birth and a review child protection conference will be held within 3 months of the EDD.

### **7.6 Child Protection Planning**

An outline child protection plan will be identified during the pre-birth conference. The core group will then be responsible for completing and implementing the plan. The child protection plan will be based on the pre-birth assessment and should include:

- Parenting capacity, parenting skills.
- Directly address areas of risk and concern.
- Support for parents to understand the baby's physical and emotional needs.
- Any other issues identified in the assessment.

7.7 If the child is to be registered at birth, a comprehensive birth plan must also be drawn up (Refer to Appendix 1).

7.8 In the event that the Local Authority plans to remove the baby at birth then a legal planning meeting must be convened.

It is recognised that women may give birth at 37 weeks gestation or earlier if known to be misusing substances.

7.9 **All pre-birth child protection plans must be shared with health professionals and the South East Wales Emergency Duty Team.**

7.10 In situations where a decision has been made to register an unborn baby at birth and where a pregnant mother moves out of the originating area on a temporary basis the originating area will alert the receiving area in writing to the Safeguarding Lead setting out the relevant key information and contact details. If the pregnant mother comes to the attention of services in the receiving area then notification must be sent to the originating area.

7.11 Where a pregnant woman moves into an area on a permanent basis then transfer-in arrangements will be followed in accordance with Part 3 AWCPP (2008) and a transfer-in conference for the unborn will be convened within 15 working days.

7.12 In situations where a decision has been made to register an unborn baby at birth, and the pregnant woman subsequently goes missing or cannot be located by services then a strategy discussion will be held in order to:

- Assess and clarify risk of harm to unborn / pregnant woman.
- Consider strategy for locating the pregnant woman including what alerts / notifications may need to be sent to other agencies / areas;
- Agree the strategy for responding to the pregnant women once she is located including potential transfer-in arrangements;
- Consideration of any legal advice in order to safeguard the unborn (see also AWCPP (2008) paragraph 3.27.6).

## **8. References, Useful links and Sources of Information**

Hart, Di (2000), "Assessment Prior to Birth" in Horwath, Jan (Ed) (2000) *The Child's World: assessing children in need - Reader*, Department of Health, NSPCC, University of Sheffield,

Corner, Reginald (1997) *Pre-Birth Risk Assessment in Child Protection Social Work Monographs*, UEA, Norwich

All Wales Child Protection Procedures (2008)  
The Children Act 1989

### **Children's Services Pre-Birth Plan**

|  |  |
|--|--|
| <b>Date of Plan</b>                        |  |
| <b>Unborn –<br/>Mother's surname</b>       |  |
| <b>EDD</b>                                 |  |
| <b>Mother's name<br/>and DOB</b>           |  |
| <b>Mother's Address</b>                    |  |
| <b>Father's/Partner's<br/>name and DOB</b> |  |
| <b>Father's/Partner's<br/>Address</b>      |  |

**Has this plan been shared with parents prior to the birth? Yes/No**

#### **Background information:**

|  |
|--|
|  |
|--|

| <b>Agreed Plan of Care</b>  |  |
|---|--|
| <p><b>Summary Plan</b><br/><i>To include:</i></p> <p><i>Summary Plan following birth,<br/>Removal at Birth,<br/>Placement in foster care,<br/>Legal advice, EPO, PPP,<br/>Police incident<br/>number/log number.<br/>Current legal status if any.</i></p>   |  |
| <p><b>Antenatal</b><br/><i>To include:</i></p> <p>Action required by professionals,<br/><i>Midwife,<br/>Social worker,<br/>Foster carers,<br/>WAST<br/>SEWEDT</i></p> <p><i>Who needs to have a copy of this Alert</i></p> <p><i>This plan needs to be shared with relevant midwifery clinical team, ABUHB Maternity Services.</i></p> <p><i>If there is a risk of flight Welsh Ambulance Services Trust Safeguarding Team needs to be notified. National alert will need to be forwarded by Children's Services.</i></p> |  |
| <p><b>Labour</b><br/><i>To include:</i></p> <p><i>Where is place of birth<br/>Who may/may not be present at birth<br/>Who needs to be informed when pregnant woman is admitted to hospital in labour<br/>Who needs to be informed of birth</i></p>  |  |

|   |  |
|---|--|
| <p><b>Post natal in hospital</b><br/> <i>To include:</i><br/> <i>may</i><br/> <i>mother/father/partner</i><br/> <i>care for baby on ward?</i></p> <p><i>Is supervision required</i><br/> <i>and by whom?</i></p> <p><i>N.B. Maternity Services</i><br/> <i>or EDT staff cannot</i><br/> <i>supervise contact.</i></p>   |  |
| <p><b>Visiting</b><br/> <i>To include:</i><br/> <i>Please specify who</i><br/> <i>can/cannot visit ward</i></p>   |  |
| <p><b>Security</b><br/> <i>To include:</i><br/> <i>Relevant plans in place</i><br/> <i>e.g.</i><br/> <i>Identity band</i><br/> <i>Supervision</i><br/> <i>Contingency should any</i><br/> <i>person attempt to leave</i><br/> <i>hospital with baby</i><br/> <i>contact Police</i></p>  |  |
| <p><b>Observation of parenting skills</b><br/> <i>To include:</i><br/> <i>Midwifery to support,</i><br/> <i>assess, and record any</i><br/> <i>observations in relation</i><br/> <i>to parental interaction</i><br/> <i>with, and care of the</i><br/> <i>baby whilst on the ward.</i><br/> <i>Any concerns need to be</i><br/> <i>shared with social</i><br/> <i>services via the social</i><br/> <i>worker/team manager</i><br/> <i>as appropriate.</i></p> |  |

|   |  |
|---|--|
|   |  |
| <p><b>Discharge</b><br/> <i>Where and to whose care will mother and baby be discharged?<br/> Names addresses and phone numbers.<br/> Is pre discharge planning meeting required. Yes/No<br/> Who needs to attend?<br/> Children's Services to extend invitations if required.</i></p> |  |

**Birth plan formulated by:**

Signed..... Dated.....  
Social worker:

Signed..... Dated.....  
Children's Services Team Manager

Signed..... Dated.....  
Community midwife

**Parent's agreement:**

Mother Yes / No

Signed..... Dated.....

Father/Partner Yes / No

Signed..... Dated.....

**Professional Contact Telephone numbers**

Children Services Social Worker:  
/Team Manager

Emergency Duty Team: 0800 328 4432

Lead Midwife for Safeguarding Children:  
Carol Bennett: 07854932695

Please note there is always a Midwifery  
Manager on-call 24 hours via ABUHB  
switchboard: 01633234234