

Expected Baby Protocol



Principles

- Referrals regarding unborn babies should be made without undue delay.
- Lack of comprehensive information is no reason to avoid/ delay convening a child protection conference, provided the risk factors can be identified.

In Practice

- Referrals/requests for help should be made to First Response for Early Help or Social Work intervention no earlier than the 12th week of pregnancy;
- All referrals should include information relating to the concern, what action is sought and why in accordance with the [BSCB Threshold Guidance, 2014](#). Specifically referrals and requests for help regarding an unborn must always include:
 - Consent from parents, or an outline of why this has not been sought or dispensed with;
 - Detailed information relating to concerns; identified risks, strengths of both parents and protective factors;
 - What support has already been offered to parents and if not sufficient why is this the case;
 - What response is being sought and why.

Where concerns are identified about an unborn child

The vast majority of referrals received by First Response do not meet the threshold for Social Work enquiries or assessment. Many of the needs identified can be met via targeted and Early Help provision.

Action:

- A referral/request for help should be made to First Response as soon as is reasonable to do so following the 12th week of pregnancy. Referrals made to First Response will not be accepted until after 12th the week of pregnancy.
- Upon receipt of a referral/request for help, First Response will identify what action is required which may include:
 - referring for Social Work enquiries to an area Social Work Unit or the Threshold Decision Team; or
 - referring to Early Help
 - no further action
 - a Social Work Unit will undertake the pre-birth assessment and hold responsibility for the Unborn where a pre-birth assessment is indicated.
- First Response will inform the referrer of the outcome of the referral

- Referrals that are made late in the pregnancy can seriously impact upon the provision of an thorough assessment and services to support and safeguard the unborn.
- Where it is indicated a Social Work Unit will undertake the pre-birth assessment and hold responsibility for the Unborn.

All pre-birth assessments should follow the multi-agency procedures and should include:

- Robust multi-agency liaison throughout the antenatal period;
- Active involvement of the midwifery service, health visitors and G.P.'s; and
- Where the mother is using substances and attends either St. Michael's Hospital or Southmead Hospital's Maternity Drugs Clinics, contributions from the clinic should be included where appropriate. These contributions will be included in an assessment.

Pre-birth assessment

A pre-birth assessment should always be carried out when:

- a preceding child(ren) has died and neglect/abuse was a concern though not the cause of death or the death was in suspicious circumstances or the child(ren) suffered significant harm (due to abuse or neglect) and have been removed from the care of either parent of the expected baby;
- a sibling of the unborn in the household is subject of a current Child Protection Plan;
- a sibling of either prospective parent in the same household (where the prospective parent is living at home) is subject of a current child protection plan;
- either prospective parent is in the care of the local authority or is a care leaver and supported by the Care and After Team (CAT);
- either prospective parent is under 16 and is subject of a Child Protection Plan (Careful consideration should also be given to young people who are prospective parents and have been previously subject to a child protection plan or on the child protection register as was);
- The prospective parents' behaviour or circumstances during the pregnancy suggest that they may be unlikely to safely and adequately care for their baby. Examples would include:
 - a couple with a chaotic lifestyle, no permanent home address, mis-using drugs and/or alcohol and failing to engage in ante-natal care;
 - prospective parents with a learning difficulty who are unable to care for themselves and manage their own needs adequately or safely;
 - prospective parents with chronic and disabling mental health needs including, schizophrenia affective psychosis, severe substance abuse, personality disorder, severe obsessive compulsive disorder and eating disorders;
 - high levels of domestic violence (see 'Domestic Violence - Threshold Guidance');
 - prospective parents' own history indicates concerns that the prospects for the baby being adequately cared for is unlikely, (i.e. history of early abuse, serious violence, unresponsive chaotic engagement to substance misuse treatment, chronic serious psychiatric problems);

- One or other parent or close family member is a person who poses a risk to children (i.e. they have a conviction of an offence against a child including child neglect, abuse and sexual offences).

The above are examples and it is not possible to produce an exhaustive list of circumstances where a pre-birth assessment should be undertaken.

- [South West Child Protection Procedures](#)