

Somerset Pre-Birth Planning Toolkit

To be used in conjunction
with the South West Child
Protection Procedures



CONTENTS:

IF YOU ARE
CONCERNED THAT
A CHILD OR BABY
MAY BE AT RISK
OF, OR MAY
BE SUFFERING
SIGNIFICANT HARM
CALL US ON

0300 123 2224

Introduction	2
Continuum of needs and services	2
Guidance for supporting families pre-birth	3
Guidance for concealed pregnancy and freebirth / unassisted birth	5
Flowchart to illustrate management of unborn baby welfare concerns	6
Useful Information	7



USEFUL RESOURCES:

[Pre-Birth Safeguarding Plan & Discharge Planning Meeting agenda](#)

[Children's Social Care Pre-Birth Timeline](#)

[Pre and early post-birth tracking Terms of Reference](#)



[South West Child Protection Procedures](#)

[Effective Support for Children and Families in Somerset](#)

INTRODUCTION

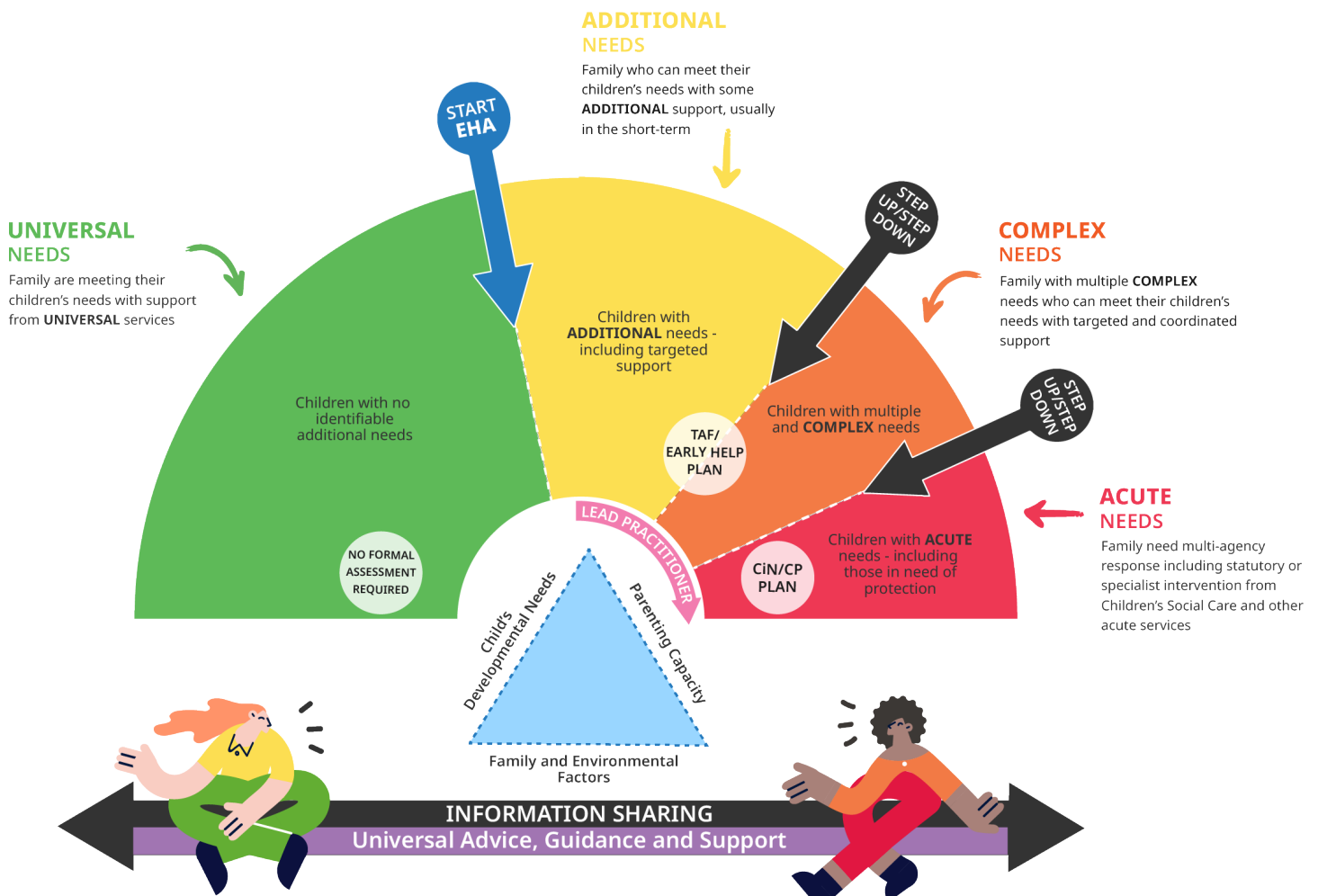
The Pre-Birth Planning Toolkit is designed for practitioners working with pregnant women and their families. Work carried out in the antenatal period can help minimise any potential harm if there is early assessment, intervention and support.

The importance of conducting pre-birth assessments has been highlighted by research and case reviews which have shown that babies and children are most at risk of fatal and severe assaults in the first year of life, usually inflicted by their parents / carers. It is important to consider the circumstances of both parents / carers, not just the pregnant woman, and, where possible, information should be obtained directly from each prospective parent / carer rather than relying on a third party account.

This toolkit should always be used in conjunction with the [South West Child Protection Procedures Pre-birth Protocol](#) to inform safeguarding decision making. The protocol sets out how to respond to concerns for unborn babies, with an emphasis on clear and regular communication between professionals working with the mother and her family.

CONTINUUM OF NEEDS AND SERVICES:

The Continuum of Need is intended to provide professionals with a shared understanding and common language around needs and risks.



GUIDANCE FOR SUPPORTING FAMILIES PRE-BIRTH

UNIVERSAL NEEDS

DESCRIPTION:

Children / unborn baby with no additional needs.

What you need to do:

Routine antenatal service, with specific signposting where needs are identified.

Timescale

Throughout pregnancy.

ADDITIONAL NEEDS

DESCRIPTION:

Targeted provision which can be met by a single practitioner / single agency or where a coordinated multiagency response is needed.

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, but the family may benefit from additional support.

What you need to do:

Talk to the family about your worries and explain you would like 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.

Advise your manager/safeguarding lead about your concerns. Decide whether an [Early Help Assessment \(EHA\)](#) is the right response. Consider holding a **Team Around the Family (TAF)** meeting.

If the parent did not consent for information to be shared, decide how to respond following the **information sharing guidelines**.

If consent has not been obtained to share information this must be discussed with your safeguarding lead.

Timescale:

After the pregnancy is confirmed by a scan.

No later than 18 weeks gestation or immediately on recognition of concerns.

After the pregnancy is confirmed by a scan.

No later than 18 weeks gestation or immediately on recognition of concerns.

Discuss with your safeguarding lead within 7 days.

Throughout pregnancy.

COMPLEX NEEDS

DESCRIPTION:

Targeted provision for children with multiple issues or complex needs where a coordinated multi-agency response is required.

What you need to do:

With parental consent, complete an [EHA](#) to identify need. If the [EHA](#) identifies complex needs, then consider what additional support may be required to meet the unborn baby's needs, including **Family Intervention Service (FIS)**. A **TAF** meeting should be convened at which the lead professional should be agreed.

If consent is declined, discuss with your safeguarding lead in the context of whether this constitutes a further risk factor which may require consideration.

Continue to support the family.

If concerns escalate and you feel there may be safeguarding issues, then please discuss with your safeguarding lead and consider what action may be required.

Timescale:

After the pregnancy is confirmed by a scan.

No later than 18 weeks gestation.

Discuss as soon as possible with your safeguarding lead but always within 7 days.

Throughout pregnancy.

ACUTE NEEDS

DESCRIPTION:

Services where a statutory response is required.

Follow this procedure where when there are concerns an unborn baby may be **'in need'** (**Section 17, Children Act 1989**) or **'in need of protection'** (**Section 47, Children Act 1989**) 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.

If there are concerns about neglect, refer to the [Family Strengths & Needs Toolkit](#).

What you need to do:

Complete an [EHA](#) to request involvement to Children's Social Care 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 request for involvement to Children Social Care must be followed up with an [EHA](#) within **24 hours**.

Timescale:

After the pregnancy is confirmed by a scan.

No later than 18 weeks or immediately on recognition of concerns.

<p>As a result of the request for involvement if the assessed needs meet the effective support for children and families' acute intervention, Social Worker to complete an assessment.</p> <p>All relevant multi-agency professionals will contribute to the assessment and any subsequent intervention. This may be as part of a Child in Need Plan (CiN) or a Child Protection Plan (CPP).</p>	<p>Immediately.</p>
<p>It is always good practice to obtain the consent of the family (unless doing so would increase the level of risk).</p>	<p>Discuss as soon as possible with your safeguarding lead but always within 7 days.</p>
<p>If at any stage throughout the pre-birth period you are concerned that there has not been an appropriate response to identified needs, you should discuss this with your safeguarding lead and consider escalation.</p> <p>Please see the Resolving Professional Differences Protocol for further details.</p>	<p>Discuss as soon as possible with your safeguarding lead but always within 7 days.</p>



GUIDANCE FOR CONCEALED PREGNANCY AND FREEBIRTH / UNASSISTED BIRTH

CONCEALED PREGNANCY

If you are concerned about Concealed Pregnancy please refer the chapter in the [South West Child Protection Procedures](#).

FREEBIRTH / UNASSISTED BIRTH

If the family share that they plan a freebirth / unassisted birth, ensure that you have a one to one conversation with the pregnant woman about her wishes and plans, without the presence of a partner or other family members. Consideration should be given to the possibility of coercion or pressure being placed on the pregnant woman to have an unassisted birth. If coercion, domestic abuse or unregistered birth is suspected, consider your safeguarding obligations and pathway for referral and support.

Reassure the family that antenatal and postnatal care will continue to be offered even if they decide to have an unassisted birth. Advise the family how to register the baby's birth.

If you have any concerns please consult with your manager and refer to [Effective Support for Children and Families in Somerset](#).

FLOWCHART TO ILLUSTRATE MANAGEMENT OF UNBORN BABY WELFARE CONCERNS

Professional identifies support needs for an unborn baby and family

Professional shares their concerns with the family, (unless unsafe to do so), and gains consent to share information

If unsafe to share concerns and/or consent is refused professional seeks safeguarding supervision to determine next steps and consider need for escalation

Professional considers need to complete an Early Help Assessment (EHA), seeking supervision if necessary

Professional assesses needs require universal services

Professional continues providing appropriate services and liaises with other relevant professionals

Professional identifies multiple issues or complex needs

Complete EHA, and hold a TAF meeting
Plan / deliver appropriate support services to the family
Consider need for Pre-Birth and /or Discharge Planning meeting

Professional assesses statutory response required

Complete EHA to request the involvement of Children's Social Care

CSC will lead multi-agency assessment and intervention, and ensure Pre-Birth / Discharge Planning / Strategy meetings are held as appropriate

If the needs of the child do not require a statutory intervention, re/ convene the TAF and continue to deliver services following discussion with your safeguarding lead

NB: if at any point in this process professionals consider risk to be escalating, they must seek urgent supervision in accordance with their own agency policy and consider Children's Social Care referral.

USEFUL INFORMATION:

[South West Child Protection Procedures](#)

[Effective support for Children and Families in Somerset \(2023, SSCP\)](#)

[Somerset Early Help Assessment](#)

[Somerset Resolving Professional Differences Protocol \(2023, SSCP\)](#)

[Somerset Multi-Agency Step-Up Step-Down Protocol \(2023, SSCP\)](#)

[Somerset Family Strengths & Needs toolkit \(2022, SSCP\)](#)

[Information Sharing: A guide for people working with children, young people and their families \(2018, Department for Education\)](#)

[The National Service Framework for Children Young People and Maternity Services \(2004, Department of Health & Social Care\)](#)

[Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance \(2020, NICE, Clinical Guideline \[CG192\]\)](#)

[Working Together to Safeguard Children \(2023, Department for Education\)](#)

[South West Child Protection Procedures - Concealed Pregnancy guidance](#)

[RCM Clinical Briefing Sheet: 'freebirth' or 'unassisted childbirth' during the COVID-19 pandemic \(2020, Royal College of Midwives\)](#)

[DASH Risk Assessment Tool - Domestic Abuse, Stalking and Harassment and Honour Based Violence \(DASH, 2009\)](#)

[Summary of 'The Myth of Invisible Men' - safeguarding children under 1 from non-accidental injury caused by male carers \(2021, NSPCC\)](#)



This publication has been produced by the
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