

Derby and Derbyshire Multi Agency Protocol for Pre-Birth Assessments And Interventions

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Version Control

Protocol to be read in conjunction with the DDSCP Safeguarding Children Procedures Please note this joint document replaces the Derby City Multi-Agency Protocol for Pre-Birth Assessment and Interventions (2013)					
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1. Introduction

This protocol has been developed to support agencies and practitioners in their decision making and assessment processes when working with a pregnant woman, her partner and family who are in need of early support or when there are safeguarding and/or child protection concerns. It has been developed for use by all adult and children's services practitioners working with pregnant women and their families in Derby and Derbyshire.

The aim of this protocol is to ensure that all unborn babies have their needs identified and met as early as possible to ensure that appropriate and timely services are delivered in an integrated manner. See appendix one: Pre Birth Assessment and Intervention Timeline.

The protocol must be read in conjunction with the [Derby and Derbyshire Safeguarding Children Partnership Procedures](#), including procedures relating to Children in Specific Circumstances and Derby City and Derbyshire Threshold document located in the procedures [Document Library](#), guidance section.

2. Pre-birth Assessment and Interventions

Antenatal contact is delivered universally through Health Visitors and most women attend a booking appointment with Midwifery Services between 6 and 12 weeks pregnancy, where routine antenatal assessment and screening processes are commenced.

The Community Midwife and Health Visitors are in a key position to identify women and their families who are in need of early support or when there are safeguarding and/or child protection concerns.

Other practitioners working in children's or adult services may also be in contact with pregnant women and/or their partners. They should actively consider the need for support and whether any additional services are required.

Where there are emerging needs an early help assessment should be commenced by the lead practitioner involved. Should the Early Help assessment identify Child In Need (CIN) or child protection concerns a referral should be made to Children's Social Care.

In all circumstances where there is an open Early Help Assessment or Single Assessment taking place on the siblings of an unborn baby, or if the sibling is in alternative care arrangements due to concerns about parenting, an assessment for the unborn baby must commence. An assessment on the unborn baby will ensure that the specific and individual needs and risks for the unborn baby are fully known and understood. This assessment will ensure that suitable arrangements can be put in place to meet the identified needs and manage the identified risks.

In all circumstances i.e. Early Help, CIN or CP the assessment must commence as soon as the pregnancy is confirmed.

All practitioners should refer to their agency records and chronology to establish whether information held in relation to a previous pregnancy or family history may have an impact on the welfare of the unborn baby. This also includes any court orders where it is identified that the adult may pose a risk to children.

This process needs to take place with each pregnancy, regardless of whether a network is already in place in relation to siblings.

It is vital that there is good communication with the pregnant woman, the birth father and, if different, her current partner. Consideration must be given to the communication needs of the parents and the wider family; communication aids, interpreters, sign language etc. should be used as appropriate. See [DDSCP Guidance when Working with Interpreters](#).

The completion of a thorough assessment and work prior to the baby's birth will support the baby to have the best possible start in life and to be kept safe.

3. Early Support and CIN

Where it has been identified that the parent/s may need additional support to meet the needs of their unborn child, an early help assessment should be considered as the means to clearly identify needs/strengths and the support required. It is the responsibility of any practitioner within any agency to undertake an Early Help Assessment where one has been identified to be required.

Families who may need early support and help include:

- Parent/s who are asking for help and support.
- Young parents under 18 or with limited support from family/friends.
- Care Leavers.
- Parent/s struggling to maintain standards of hygiene/repair with the family home.
- Families in poverty or where food, warmth and other basics may not always be available.
- Families where the advent of a new baby may exacerbate existing difficulties.
- Families with housing issues which places them at risk of homelessness, or are currently homeless or transient families in terms of location or access to services.
- Parent/s who have additional vulnerabilities or needs such as domestic abuse, mental health issues or drug and/or alcohol issues or learning disabilities, where it is considered this may impact on parenting.
- Families where there has been a history of previous pregnancy and or birth complications including the loss of a child
- Families where there are known risks including, the removal of children from parental care or family members who may pose a risk of harm to children.

Pregnant women and their families may only require additional advice and support from the agency or agencies currently involved.

All pregnant women and their families should be given information about their local children's centre.

Young parents under the age of 25 living in **Derbyshire** should be referred to Ripplez Family Nursing Services for the Family Nurse Partnership and Family First programmes (see appendix 2) for consideration of eligibility based on vulnerability factors.

All young parents aged 19 and under who live in **Derby City** will be offered an enhanced health visiting service delivered by Derbyshire Healthcare Foundation Trust.

Particular consideration should also be given to when there will be a multiple birth and impact of this on the family.

Practitioners should give consideration as to whether the parent/s and their unborn baby may have emerging needs where:

- There are concerns about wellbeing;
- Needs are unclear, not known or not being met; or
- Needs are broader than their own service can address.

Midwifery staff will offer the early help assessment, obtain consent and commence the early help assessment process at the woman's antenatal booking appointment; in Derbyshire this is likely to commence at the 16 week appointment. Support for Community Midwives for the early help assessment and associated processes are available via the University Hospitals for Derby and Burton and Chesterfield Royal Hospital Safeguarding Team/Named Professionals.

Practitioners working in other children's services such as Children's Centres, Early Help Teams and the Voluntary Sector, who identify the need for early help should also offer the early help assessment, obtain consent and commence the assessment. Support for conducting the assessment is available through local arrangements and internally through line management structures.

In **Derby** if additional support is required about the early help process, a locality based Early Help Advisor should be contacted; see appendix two. Practitioners working in adult services should liaise with the Early Help Advisors for assistance to progress the early help assessment and the services available to support pregnant women, their partners and family; see appendix two, [Threshold document in the DDSCP documents Library](#)

In **Derbyshire** practitioners wishing to make a referral for targeted Early Help support or to Childrens Social Care should do so via Starting Point see appendix two and please refer to the [Threshold document in the DDSCP documents Library](#)

Any practitioner taking steps to initiate an early help assessment should always liaise with midwifery services to ensure antenatal assessments and interventions are integrated. Clarification of current service involvement with the pregnant woman, birth father, current partner and the unborn baby's sibling/s or half siblings or any child young person or adult residing in the same household must be made. Liaison between services must take place to ensure that a holistic assessment of needs and strengths is achieved and a comprehensive multi agency action plan involving the pregnant woman and her family is agreed. It is important that there is liaison with the pregnant woman's GP and in Child Protection cases the birth father's GP where possible.

Further information about the early help assessment and process can be found in the, [Providing Early Help](#) procedure and on the [DDSCP website](#).

Given the relatively short timescales of a pregnancy any decisions regarding the effectiveness and impact of the early help process needs to be tightly managed.

In both **Derby and Derbyshire** a Team Around the Family (TAF) meeting should be convened at **16 weeks pregnancy** where the assessment is completed as far as possible and a multi-agency action plan formulated.

If the services involved with the family believe that they cannot meet the needs of the pregnant woman and her family or additional services are required but unknown, the early help assessment should identify the next steps required having considered the [DDSCP Threshold Document](#)

In Derby City the case should be presented at the locality Vulnerable Children's Meeting (VCM). See appendix two.

A review TAF meeting should take place at **24 weeks of pregnancy**, or before if required, to review the progress of the action plan. There should be an explicit discussion about whether the early help assessment remains the most appropriate way to meet the needs of the unborn baby or if escalation to Children's Social Care is required.

In **Derby City** Health visitors complete an antenatal contact, in cases where there are identified vulnerabilities; joint working arrangements with the midwife are actioned if identified. If there has been a previous sudden infant death Midwifery services will make a referral to the Care on Next Infant (CONI) scheme. A joint visit will be completed by the CONI coordinator and the named Health Visitor for the family approx. 8 weeks prior to the delivery date.

In **Derbyshire** Health Visitors carry out an ante-natal visit and there is an expectation that in cases where there are identified vulnerabilities, joint working arrangements with the Midwife are commenced. In cases of previous sudden infant death, Midwifery Services will make a referral to CONI scheme following the viability scan at **28 weeks** pregnancy.

If it becomes evident at any point that the early help process is not having the desired impact because a parent is not engaging with the plan, requires a more intensive plan, or steps need to be taken to safeguard the unborn child, a referral should be made to Children's Social Care to consider CIN or child Protection Processes. **Escalation to Social Care will be in line with the Derby and Derbyshire [Threshold document](#) and can be made at any point.**

4. Families where there are specific issues

4.1 Parents with Substance (drugs and /or alcohol) Issues

Drug or alcohol misuse is not in itself a contra-indication that the parent(s) will be unable to care safely for the baby, however there will need to be careful assessment, analysis and, where appropriate, support and intervention. This needs to include a risk assessment completed by drug and alcohol services.

All agencies should routinely ask pregnant women about their alcohol and prescribed or illegal drug use (including new psychoactive substances); this routine questioning should also apply to partners or other significant adults. If the expectant parents use drugs or alcohol they should be asked if they are in contact with support or treatment services.

Where known there should be active liaison with substance services or consideration made for referral to the most appropriate service at the earliest opportunity. There is a range of drug and alcohol agencies available including a Specialist Substance Misuse Midwifery Service, a family drug and alcohol service (Aquarius; Derby only) as well as support and treatment services; see appendix 2.

Referrals to the **Derby City/Southern Derbyshire** Specialist Substance Misuse Midwifery Service should be completed no later than **16 weeks** pregnancy; this referral would usually be made by the Community Midwife via the ante-natal booking process, however practitioners from any agency are also able to make a referral.

Any drug and/or alcohol service receiving a referral involving a pregnant woman or her partner should ensure that services are in place at the earliest opportunity; **these should be in place no later than 24 weeks pregnancy. See appendix 4**

Referrals of the expectant mother to the Specialist Substance Midwife in **North Derbyshire** should be made as soon as it becomes apparent that the pregnant woman is involved in substance misuse. **See appendix 4**

All substance using expectant parents should be offered appropriate advice, support and treatment to ensure that the implications of drug and alcohol use on the unborn baby and birth and post-delivery issues are explored. Consideration should be given to their lifestyle associated with their substance misuse, their ability and capacity to parent and in addition, whether there may be a dual diagnosis (substance misuse and mental health issues) and/or domestic abuse.

When a service user of a substance agency discloses they are pregnant or their partner is pregnant, the Substance Worker must consider the support needs of the unborn baby and the expectant parent/s and take appropriate action. This should include referral to the Specialist Drug and Alcohol Midwifery Service, Aquarius (Derby only) and liaison with children's services. In cases where there are complex or serious needs and/or child protection concerns a referral to Children's Social Care must be made in line with the DDSCP's multi-agency safeguarding children procedures, [Working with Parents who are Misusing Substances](#) and the [Threshold document](#).

In **Derby** all substance using pregnant women should be referred to the multi-agency Substance Misuse Pregnancy meeting; referral would usually be made by substance misuse workers or the specialist substance misuse midwife, however practitioners from any agency can also make the referral. The Substance Misuse Pregnancy meeting enables effective information sharing and the management of support needs and concerns to ensure that agencies respond and manage the risks appropriately throughout the pregnancy and up to 6 months post birth.

See appendix two: Key Agency Contact Details, Derby Drug and Alcohol Recovery Service, Aquarius.

4.2 Parents with mental health Issues

Practitioners involved with pregnant women, birth fathers or partners who have mental health issues, should seek clarification as to whether they are currently or previously known to mental health support services. In addition consideration should be given to the possibility of a dual diagnosis (substance misuse and mental health issues) and/or domestic abuse. It is important that there is liaison between all involved services and mental health services. If mental health may have an impact on their ability and capacity to parent a more detailed risk assessment must be sought from mental health services. If the expectant parent is not known to mental health services a referral should be progressed via the GP. See appendix two: Key Agency Contact Details.

The risk assessment should be sought, shared and discussed verbally to ensure it is understood by all agencies. Women already in the care of mental health services will have their care extended to include the Perinatal Mental Health Team if appropriate; this will usually be co-ordinated by Midwifery Services or the Mental Health Team involved with the woman. Consideration needs to be given to their capacity to parent. Any concerns about the pregnant woman or her partner's mental health should be raised with the Midwife and the GP. A referral for the mother can be made to the Specialist Mental Health Midwife; this would usually be made by the Community Midwife however practitioners from any agency are also able to refer.

In **Derby** referrals should be completed by **16 weeks** pregnancy. **See Appendix 5**

In **Derbyshire** this referral is completed as soon as the mental health issue is recognised, or by 16 weeks, to the Specialist Mental Health Midwife/Perinatal Mental Health Team. **See Appendix 5**

Consideration about the involvement of advocacy services should also be made; see appendix two. Any mental health services receiving a referral involving a pregnant woman or her partner should ensure that services are in place at the earliest opportunity; **these should be in place no later than 24 weeks pregnancy.**

Midwifery Services routinely screen women's mental health early in pregnancy at the booking appointment and again around **26-30 weeks** pregnancy.

If a service user of mental health services discloses that they are pregnant or their partner is pregnant, practitioners must consider the support needs of the unborn baby and expectant parents and take appropriate action. If appropriate this should include referral to the Specialist Midwife and the Perinatal Mental Health Team, only the pregnant woman and not the prospective father would receive a referral to the Specialist Midwife and Perinatal Mental Health Team. Where there are concerns about complex/serious needs or child protection concerns, a referral to Children's Social Care should be made in line with the DDSCPs' multi-agency safeguarding children procedures [Working with Parents / Carers who have Mental Health Needs](#) and the [Threshold document](#).

4.3 Parents with a Learning Disability

It is important that it is identified as early as possible where the pregnant woman or birth father/partner has a learning disability.

Where pregnant women or the birth father/partner have a known learning disability, checks should be made to see if they are known to Adult Learning Disability Services (health teams) or Adult Social Services (social care teams). Midwifery staff can do this via the Learning Disability Liaison Nurse based at the relevant Hospital. GP's may have information on their systems indicating whether an individual has a known learning disability. Practitioners from other agencies should contact Adult Social Care) and /or the relevant Community Learning Disability Team (DHCFT); see appendix two; Key Agency Contact Details.

Alerts should be raised with the learning disability services from booking with the Midwife at **12 weeks** pregnancy.

If any practitioner or agency has any concerns about the capacity of an expectant parent to meet the needs of baby, or where there may be serious or complex needs or Child Protection concerns, a referral to Children's Social Care should be made in line with the DDSCPs' multi-agency safeguarding children procedures, [Working with Learning Disabled Parents](#) and the [Threshold document](#).

If the expectant parent is known to adult learning disability services it is vitally important that children's services actively liaise with adult learning disability services to ensure that there is an understanding of the parents' needs and the potential impact of this on their ability/capacity to care for a baby and developing child. This is vital to ensure that appropriate support services become involved and effective interventions made. Where a full assessment of the expectant parent is required a referral to the appropriate Community Learning Disability Team Clinical Assessment Service (CAS) should be made.

In **Derby** and Derbyshire this should be completed by **16 weeks** pregnancy. Referrals to Adult Social Care where adult care needs require consideration should be made via Derby City People Directorate or Derbyshire Adult Care; see appendix two.

When a pregnant woman, birth father/partner is not known to services and an assessment is required to assess whether they have a learning disability, a referral should be made to Specialist Learning Disability Health Services, Clinical Assessment Service (CAS); only the pregnant woman and not the prospective father would receive a referral by the Midwife. The GP or other agencies may be involved with the prospective father and should refer as appropriate and liaise with midwifery services; see appendix two.

In **Derby** and Derbyshire these should be by **16 weeks** pregnancy.

At the point of referral all practitioners should consider if the expectant parent requires a fuller assessment (including cognitive assessment) from Specialist Learning Disability Services to ascertain psychological, functional and communication difficulties and the support that would be required for the parent to be able to care for their baby.

In all cases consideration about the involvement of advocacy services should also be made; see appendix two.

Any learning disability services receiving a referral involving a pregnant woman or her partner should ensure that services are in place at the earliest opportunity. **See Appendix 6**

In **Derby and Derbyshire** these should be in place no later than **24 weeks** pregnancy.

4.5 Families where there is domestic abuse

All practitioners should be aware that domestic abuse may start or escalate during pregnancy. Each agency should routinely screen for domestic abuse and this should include seeing the pregnant women alone without the presence of their partner. Midwifery Services will endeavour to see all pregnant women by themselves on two occasions during their antenatal care and once postnatally to allow for disclosures.

Domestic abuse alerts should also be a standard part of agency recording systems.

When attending to domestic abuse call outs the Police must be alert to the presence of a pregnant woman and share information with Children's Social Care, Health notification should be through the relevant Named Midwife. In Derbyshire the 0-5 Children's Service (health) should also be informed. [Please also refer to the DDSCP Domestic Abuse Procedure](#)

All practitioners' should routinely use the [SafeLives risk assessment checklist](#) and where appropriate refer to the [Multi Agency Risk Assessment Conference](#) (MARAC). Where there is an adult at risk, practitioners should refer to the Derby and Derbyshire [Safeguarding Adults: Policy and Procedures](#).

4.6 Other issues which impact on a pregnancy

- **Adults with a risk to children status.** The unborn baby may be at risk of significant harm if they have contact or a relationship with an individual who is known to pose a risk to children. Where any agency is aware of an individual who may pose a risk to children, a referral should be made to Children's Social Care as soon as possible. Please refer to the following DDSCP procedures, [making a referral to Children's Social Care](#), [Data Processing agreement Probation/CRC](#) and [Managing Individuals who Pose a Risk of Harm to Children](#).
- **Concealed pregnancy or late presentation to antenatal services.** A late presentation is where a woman books for antenatal care after 18th week of pregnancy, whereas a concealed pregnancy is where a woman has not booked for antenatal care prior to attending in either labour or immediately after the birth of the baby. Concealment or late presentation to antenatal services may be as a result of sexual abuse, [child at risk of exploitation](#), domestic abuse, a deliberate act to avoid services, [Honour Based Violence](#), an act of denial or in some very rare cases the woman may be unaware that she is pregnant. The reason for the late presentation or concealment is key to determining the risk to the unborn baby and the additional support from children's agencies. If there are concerns about complex/ serious needs or child protection concerns a referral should be made to Children's Social Care.
- **Families who move area or go missing.** When a pregnant woman and her family move area either in Derby and Derbyshire or beyond, all agencies should take appropriate steps to ensure that there is a smooth transition of care and support. Where the unborn baby is an

- open case to Children's Social Care, the transfer protocol must be used. If the unborn baby has an early help assessment and the family move out of the area, this information should be shared with the new health professionals involved.

When a pregnant woman and her family go missing, all involved agencies should seek to clarify her location and re-engage her with services. Midwifery and other health services must action unborn baby regional and/or out of area alerts. Children's Social Care and the police should be informed immediately where there are significant concerns about the unborn baby or where the unborn baby is already an open case to Children's Social Care. (See also Runaway or Missing from Home or Care Protocol located in DSCBs safeguarding children procedures, [Document Library](#), protocols section).

- **Missed appointments.** Where the pregnant women consistently misses appointments agencies should seek to ascertain the reasons for this and take appropriate steps to address any issues. Non-attendance at one or two community midwifery antenatal appointments will be followed up by telephone within 24-48 hours to explore reasons for non-attendance and offer a further appointment. Where contact is not made a further appointment will be sent by letter; if there are social complexities, a home visit will be undertaken within 48 hours. The GP will be informed of a third or subsequent non-attendance and in all cases the Community Midwife should undertake home visit and explore the reasons for non-attendance, possible blocks to attending and to stress the importance of antenatal care.

In instances where the pregnant women is a teenager or may have a learning disability '[was not brought](#)' should be considered as they may be reliant on their parent/carer to bring them for appointments.

In all cases consideration should be given to any additional assessment or support that may be required; this could include initiating an early help assessment or where there are concerns about complex/serious needs or child protection concerns, a referral must be made to Children's Social Care.

If it appears that the family has moved and there is no forwarding address, the process for families who move area or go missing should be followed. See Families who move area or go missing above.

- **Non-disclosure of birth father.** There are occasions where an expectant mother chooses not to disclose the name of the birth father. Where this occurs practitioners should seek to understand why the expectant mother has made this choice, there may be some circumstances where this may be regarded as a possible cause for concern. Consideration must be given to any vulnerability, including capacity to consent and whether the non-disclosure is an indicator of sexual abuse or other forms of harm. Where there are concerns about complex/serious needs or child protection concerns, a referral must be made to Children's Social Care.
- **Unborn babies with known significant and life impacting disabilities.** Consideration to be given for the need of any specialist support services that may be required in circumstances where the unborn baby is known to have disabilities that may need further support from specialist services.

5. Safeguarding and Child Protection

Where there are serious concerns about the parent's capacity to meet the needs of the baby when it is born, or if the baby may be at risk of significant harm, a [referral to Children's Social Care](#) should be made at the earliest opportunity to allow sufficient time for a full and informed assessment, enable appropriate interventions and support, and time to make plans for the baby's protection.

In the following circumstances unborn babies should be referred to Children's Social Care as soon as possible:

- A parent, or other individual who is likely to have contact or a relationship with the baby, is a person who poses a risk to children.
- A sibling or child in the household is subject to a child protection plan.
- Another child has previously been removed from the care of either parent, either temporarily or by a court order (this may include where the child has been placed with a family member).
- There is evidence of one or more parental risk factors:
 - high risk domestic abuse, or
 - female genital mutilation (FGM), or
 - honour based abuse or violence (HBA/HBV), or
 - problematic and chaotic substance misuse, or
 - severe and enduring mental or physical illness, or
 - involvement with the criminal justice system.
- There are concerns about the parental ability to self-care and /or to care for the child, e.g. where the parent is learning disabled.
- The expectant mother is under the age of 13 years or where the mother is under 16 years and there are additional concerns or vulnerabilities¹. See also [working with Sexually Active Children and Young People under the Age of 18](#) and [CRE](#) procedure.
- Any other concerns exist that the baby may be at risk of significant harm – please also the [DDSCP Threshold Document](#).

This should include any cases later in pregnancy where concerns have escalated.

In **Derby** all referrals should be made to the Local Authority Children's Social Care [via](#):

- Telephone contact and referral to be made to the Initial Response Team where thresholds are met.
- Submission of an Early Help Assessment to the weekly Vulnerable Child meeting (VCM) in the relevant locality (direct to the Single Point of Access Clerk in the locality) where threshold for early help is met.

All referrals to the Initial Response Team will be screened by the Team Manager. Where a safeguarding intervention is likely to be needed and the pregnancy is under 26 weeks gestation, a VCM front sheet will be completed with a summary of any previous concerns/Care Proceedings and forwarded by the First Contact Team with the written referral to the relevant VCM Single Point of Access Clerk for allocation via VCM.

If the pregnancy is post 26 weeks the Reception Team will undertake the Single Assessment.

¹ In all cases schools are expected to follow DfE guidelines to support and educate pregnant students.



If a referral is received and there are siblings in the same household who are open to Social Care or Early Help, the referral will be forwarded to the Allocated Case Worker and Team Manager and escalated as appropriate.

In **Derbyshire** child protection referrals for unborn babies should be made by telephoning [Starting Point](#) and followed up in writing within 48 hours. For all non-child Protection referrals it would be expected that an Early Help Assessment would be submitted at the time of referral. Please see the Threshold Document in the DDSCP Documents Library.

In cases where a decision is made for Social care intervention, the lead practitioner will be a children's social worker and the procedures for assessment, strategy discussion and CP, or S47 should be followed as required.

Where the referrer is not in agreement with the outcome of the referral, they should speak with the relevant team manager. If agreement is still not reached, the Derby and Derbyshire Escalation Policy and Process (see [Document Library](#), guidance documents) should be applied with a level of urgency which reflects the level of the concerns.

A single assessment of the unborn baby should be carried out by Children Social Care; this will be in conjunction with other agencies and separate to those of any siblings. The outcome of the assessment may decide that the unborn baby is a child in need or does not need Social Care involvement but does require the support from a MAT or other services. There may be a decision that no additional support or services are required. In these circumstances and where a child or children have previously been removed, the outcome must be discussed and agreed in line with the [Child Protection Section 47 enquiries](#) procedure.

Where there are reasonable concerns to suspect that an unborn baby is suffering or is likely to suffer significant harm, a strategy discussion/meeting will be convened involving all relevant agencies in line with the [Child Protection Section 47 enquiries](#) procedure. Where there is uncertainty, and in all cases in the County, advice should be sought from a Child Protection Manager.

The strategy discussion/meeting must include Children Social Care, Police, Health and other relevant agency to consider the following areas:

- The need for a section 47 enquiry;
- If an Initial Child Protection Conference should be convened;
- Alternative family care arrangements, including family group conferencing;
- Whether legal advice is required.

In cases where a child protection conference is deemed necessary **a pre-birth conference should be held at 28 weeks pregnancy and therefore the strategy discussion and S47 assessment should be undertaken within the procedural timescales to enable this to happen**, especially as some babies are likely to be born prematurely.

When the unborn baby is subject to a child protection plan, the Delivery Safety Plan **must be finalised by 30 weeks pregnancy** at the first core group meeting which takes place 10 days after the initial child protection conference. The Delivery Safety Plan must be clearly placed on the unborn baby's case file by all agencies. Please see **Appendix 3** for the Delivery Safety Plan template or the [Documents Library](#).

If the assessment and/or strategy meeting identifies safeguarding concerns for the baby, including factors affecting the parent/carers capacity to appropriately care for the baby, the case should be presented at the Derby Children's Social Care Locality Case Management meeting or Derbyshire Locality Scrutiny Panel; **this should take place as soon as any significant concerns are identified or by 26 weeks pregnancy and must include the completed single assessment, chronology and genogram, with reference to the views of all partners from the strategy meeting.**

In **Derby** if the recommendation is to instigate legal proceedings, **the case must be presented by 28 weeks pregnancy at the Children's Social Care Gateway Panel**. This panel will explore the legal options available and agree the route to be taken.

By **30 weeks** pregnancy the Delivery Safety Plan should then be finalised in collaboration with Midwifery Services and clearly placed on the case file.

In **Derbyshire** the Locality Scrutiny panel will be accessed if the recommendation is to instigate PLO and/or legal proceedings, **the case must be presented by 26 weeks for PLO and by 30 weeks for Legal Proceedings**. This panel is to ensure scrutiny and agreement of key decisions for children entering care, at the edge of care, and at other specified 'crunch' point in care planning.

By **30 weeks** pregnancy the Delivery Safety Plan should then be finalised in collaboration with Midwifery Services and clearly placed on the case file.

On some occasions after a baby's birth a woman and or the birth father or partner will require supervision while caring for the baby. This should be identified prior to the baby's birth and be the result of a clear risk assessment which would allow a supervision plan to be developed and appropriate supervision staff identified. In these circumstances in Derby City the Deputy Head of

Service and in Derbyshire the Head of Service Locality must be consulted. Supervision arrangements must be noted in the Delivery Safety Plan.

Where there are safeguarding concerns and/or risk, a discharge planning meeting must be convened with relevant agencies to clearly outline what the post discharge plan for the baby and their family. The discharge plan must be shared with all relevant agencies, including the GP.



Appendix One: Pre Birth Assessment and Intervention Timeline

(Note: timings are approximate and where urgent there should be no delay)

Pregnancy	Key Activity
6 – 12 weeks	Booking Appointment with Midwifery Services. If learning disability, Midwife to alert learning disability services. (See appendix) Where thresholds indicate emerging needs, Midwife or other agency to offer early help assessment (EHA). Consent for EHA obtained and process commenced. If CIN or child protection concerns identified refer to Children's Social Care, where appropriate pre-birth assessment commences. Referral to Specialist Support for young parents (Ripplez FNP and Family First – Derbyshire) should be completed if required.
16 weeks	Referral to Specialist Midwifery Services completed if mental health issues or substance use issues identified. Substance misuse cases should also be referred to Substance Misuse Pregnancy meeting. Note: the referral/s can be made by any agency. If required, referral to learning disability services or advocacy services completed. (See Appendix) In circumstances where there is an open EH or Single Assessment for the sibling of an unborn baby, or if the sibling is in alternative care arrangements due to concerns about parenting, an assessment must commence on the unborn baby. This should be at 16 week or as soon as the pregnancy is confirmed EHA /TAF meeting, assessment completed as far as possible and action plan formulated.
17 to 18 weeks	Derby only: Where required, case presentation to Vulnerable Children's Meeting.
24 weeks	Review CIN/EHA/TAF meeting or earlier if deemed necessary. Explicit discussion whether CIN/EHA remains appropriate or if escalation or step up to Children's Social Care is needed. If required, specialist services (mental health, substance misuse, learning disability) in place.
25 weeks	Where a S47 assessment has been completed and an ICPC is required a pre-birth ICPC should be requested to be held at 28 weeks. Referral to Coni Scheme if previous sudden infant death.
26 weeks	If the assessment and/or strategy meeting identifies safeguarding concerns for the baby, including factors affecting the parent/carers capacity to appropriately care for the baby: In Derby the case should be presented at the Derby Children's Social Care Locality Case Management meeting. In Derbyshire the case presented to the Locality Scrutiny panel for consideration for PLO and/or legal proceedings
28 weeks	CIN/EHA case review to confirm birth plan and discharge arrangements. Introduction to the Health Visitor, if not allocated to FNP or Family First services. Pre-birth conference held. Derbyshire: At pre-birth conference an outline delivery safety plan should be developed and completed/finalised at the next planning or core group meeting. Derby only: If legal proceedings being considered presentation at Children's Social Care Gateway Panel for advice about next steps. Baby to be subject to PLO if plan to remove at birth.
30 weeks	Delivery Safety Plan completed/updated for unborn baby with a child protection plan or where legal proceedings being instigated. Derbyshire only: the Locality Scrutiny panel will be accessed if the recommendation is to instigate legal proceedings
32 to 36 weeks	Where appropriate, delivery of Pregnancy, Birth and Beyond programme commences.

Number of week's

Appendix Two: Key Agency Contact Details

Derby & Derbyshire Safeguarding Childrens Partnership (DDSCP)

DDSCP, including DSCB Safeguarding Children Procedures and early help assessment 01332 642351
www.derbyscb.org.uk
 Direct link to [safeguarding children procedures](#)
 You can email us: ddscp@derby.gov.uk

Derby City Council Children's Services www.derby.gov.uk

Children's Social Care Initial Response Team: 01332 641172
 Careline: 01332 786968 (out of hours, weekends & bank holidays)
 Derby City Council website – [worried about a child?](#) or www.derby.gov.uk

Children's Centres Via Derby Direct 01332 293111
 Derby City Council website – [children's centres](#) or www.derby.gov.uk

Multi Agency Teams 'MAT's', locality working, Vulnerable Children Meetings 'VCM's' & Early Help Advisors Via Derby Direct 01332 293111
 Derby City Council website – [early help](#) or www.derby.gov.uk

Information on a wide range of local and national organisations, services and activities for families and children, including advice and support for Special Educational Needs and Disabilities. [Family Services Directory](#) or www.derby.gov.uk
 Or contact via the Family Information Service 01332 640758
fis@derby.gov.uk

Derbyshire County Council www.derbyshire.gov.uk

Children's Social Care Starting Point: 01629 533190 (office hours)
 Out of Hours Team: 01629 532600
 Derbyshire County Council website – [Starting Point](#) or www.derbyshire.gov.uk

Early Help Teams (for Targeted Early Help support) Via Call Derbyshire: 01629 533190
 Derbyshire County Council website – [EH Teams](#)

Midwifery Services

University Hospitals of Derby and Burton NHS Foundation Trust Maternity Services, includes: University Hospitals of Derby and Burton NHS



Derby and Derbyshire
Safeguarding Children Partnership

- Antenatal care, including specialist midwifery services (substance misuse & mental health)
- Community midwifery
- Labour wards
- Maternity unit

Foundation Trust

Uttoxeter Road
DERBY
DE22 3NE

Main switchboard: [01332 340 131](tel:01332340131)

<https://www.uhdb.nhs.uk/midwife-led-care>

Chesterfield Royal Hospital NHS Foundation Trust

Hospital: 01246 277271
Antenatal Clinic: 01246 512494
www.chesterfieldroyal.nhs.uk

Ripplez CIC Derbyshire Family Nurse Partnership and Family First Services For young parents under 25 years

Tel: 01332 888091
07717 734375
www.ripplez.co.uk

Derby and Derbyshire Ripplez –Teenage housing support service

Specialist support for young parents age 16-18 with housing and independent living skills

Tel: 01332 888091
www.ripplez.co.uk

Derbyshire Healthcare Foundation Trust 0-19 Children's Service. Enhanced Health Visiting service for young parents 19 and under

0300 1234586 option 3
dhcft.childrensservicesdave@nhs.net
www.derbyshirehealthcareft.nhs.uk

Health Visiting & School Nursing Services

Ripplez CIC Derbyshire Family Nurse Partnership and Family First Services For young parents under 25 years

Tel:01332 888091
07717 734375
www.ripplez.co.uk

Derbyshire Healthcare Foundation Trust Health Visiting and School Nursing Service

0300 1234586 option 3
dhcft.childrensservicesdave@nhs.net
www.derbyshirehealthcareft.nhs.uk

Derbyshire Community Health Service NHS Foundation Trust

Health Visiting and School Nurse Single Point of Access (SPA) on 01246 515100
www.dchs.nhs.uk

Chesterfield Royal Hospital NHS FT

01246 277271

Domestic Abuse Services

Derby City Services:

- Derby Domestic Abuse and Sexual Violence Advocacy Team**
 07812 300927
 Derby City Council website – [domestic abuse](#) or www.derby.gov.uk
- Refuge - Derby City domestic violence service**
 0800 085 3481 (Mon-Sun, 8:00am – 8:00pm)
www.refuge.org.uk/our-work/our-services/outreach/
- Hadhari Nari**
 Domestic abuse service primarily for black and minority ethnic women
 01332 270 0101
 Via Metropolitan Housing website
www.metropolitan.org.uk

Derbyshire Services:

- Derbyshire Domestic Abuse Support Services**
 Derbyshire helpline: 0800 0198 668
[Derbyshire County Council Safer Derbyshire Website](#)

Adult Services

Derby City Council, People Service, Adult Social Care for help, advice or to report concerns
 01332 640777
 Careline: 01332 786968 (out of hours, weekends & bank holidays)
 Derby City Council website – [adult social care](#) or www.derby.gov.uk

Derbyshire County Council, Adult Care
 01629 533190
 Derbyshire County Council website - [adult care services](#) or www.derbyshire.gov.uk

Derbyshire Healthcare NHS Foundation Trust (DHCFT):(CAMHS Derby & Southern Derbyshire)
 01332 623700
www.derbyshirehealthcareft.nhs.uk

- Substance Misuse Service
- Learning Disability Services, including Clinical Assessment Service
- Adult Mental Health
- Perinatal Care Services (The Beeches)
- Child and Adolescence Mental Health (CAMHS)

Chesterfield Royal Hospital NHS Foundation Trust: (CAMHS North)
 Learning Disability Team: 01246 516261
 CAMHS: 01246 514412
<https://www.camhsnorthderbyshire.nhs.uk/>

ONE Advocacy Derby (OAD)
 An integrated advocacy service for all independent statutory and non-statutory advocacy.
 01332 228748
www.oneadvocacyderby.org

Advocacy Support in Derbyshire For details of see Derbyshire County council -



Derby and Derbyshire
Safeguarding Children Partnership

[advocacy support in Derbyshire](#) or
www.derbyshire.gov.uk

Ripplez CIC Derby & Derbyshire Community Parent Programme

Volunteer Peer mentoring service for parents, providing 'Pregnancy Pals' and 'Birth Buddies' so that all expectant and new parents have access to support. The service provides outreach, group sessions and 1:1 support for parents.

01332 888094
www.ripplez.co.uk

Ripplez CIC Derbyshire Pause Programme

A specialist service for women who have experienced, or are at risk of, their children being removed from their care

01332 888095
www.ripplez.co.uk

Drug and Alcohol Services

Derbyshire Healthcare Foundation Trust Breakout – Drugs and alcohol service for young people under the age of 18

Contact number: 01332 641661
dhcft.childrensservicesdave@nhs.net

Derby Drug and Alcohol Recovery Service consisting of Aquarius, Derbyshire Healthcare Foundation Trust and Phoenix Futures.

Providing the following services:

- Alcohol treatment
- Drug treatment
- Complex needs
- Recovery
- Rehab support
- Affected family support
- Aquarius family substance misuse safeguarding service

All via St Andrews House 0300 7900265
www.derbysubstancemisuseservices.org.uk

Referrals to the multi-agency Substance Misuse Pregnancy meeting should be made via Aquarius family substance misuse safeguarding service.

Derbyshire CGL

Derbyshire CGL is a free and confidential drug and alcohol outreach service for young people up to the age of 19

Advice and referral via 01773 303646
or email derbyshire@cgl.org.uk

www.changegrowlive.org/young-people/derbyshire-cgl-young-peoples-service

Derbyshire Recovery Partnership (DRP) is a drug and alcohol treatment service between Derbyshire Healthcare NHS Foundation Trust, Derbyshire Alcohol Advice Service (DAAS), Phoenix Futures and Intuitive Thinking Skills.

Advice and referral via The Hub 0845 308 4010
or 01246 206 514

info@derbyshirerecoverypartnership.co.uk

www.derbyshirerecoverypartnership.co.uk

The service is for any adult (18+)

- Substance Misuse Single Point of Contact – The Hub
- Substance Misuse recovery focussed key working:
- Prescribing and/or health improvement
- Dedicated counselling and psychotherapy provision
- Group support/education/peer mentoring
- Integrated family support – via CRAFT (Community Reinforcement Approach and Family Training) model
- A drug and alcohol training team.

www.phoenix-futures.org.uk

The service is based at various locations across Derbyshire (Chesterfield, Ilkeston, Ripley and Swadlincote) and operates from four main sites with outreach to various satellite venues.

Safeguarding Adults

Derby Safeguarding Adults Board, including Safeguarding Adults Procedures

www.derbysab.org.uk

Derbyshire Safeguarding Adults, including Safeguarding Adults Procedures

www.derbyshiresab.org.uk

Police

Derbyshire Police

Non-emergencies

101

Emergencies

999

www.derbyshire.police.uk

Delivery Safety Plan

This template should be completed by the Social Worker with the Named Midwife in line with the [DDSCP Safeguarding Children Procedures](#) and [Multi-agency Protocol for Pre-birth Assessments and Interventions](#). The purpose of this document is to identify all relevant information for health / hospital staff involved, to ensure the safety of the mother and baby. Please complete and send to the relevant Named Midwife – details below, and relevant agencies identified in the information sharing section;

- Royal Derby Hospital ☎ 01332 787547 Email: uhdb.safeguarding@nhs.net
- Chesterfield Royal Hospital ☎ 01246 513122 Email: crhft.safeguardingchildren@nhs.net

Unborn Baby's Details	
	Expected due date:

Mother's Details	NHS No
Name:	Date of birth:
Current address:	
Mother's Current Partner Details and/or other significant adult (please state relationship)	
Name:	Date of birth:
Current address:	
Father of the Baby Details	
Name:	Date of birth:
Current address:	

Summary of Concerns
Police Occurrence Number (if applicable), please include name of Police Officer/s

Proposed Plan		
For discharge into care of family but subject to Child Protection Plan or CIN Plan	Yes	No
Mother agreed child to be voluntary accommodation (s20 CA 89) with Local Authority?	Yes	No
Care arrangements in place for older children	Yes	No
Care Proceedings and Court date if known?	Yes	No
Grounds for Emergency protection Order (EPO) or PPO met?	Yes	No
Date of strategy meeting/discussion/discharge planning meeting:		
Agreed length of hospital stay for mother and baby:		
Agreed action if mother attempts discharge from hospital with herself and baby:		
Name/DOB/Address/Relationship to the baby of person who will accompany during labour:		
Is there any person who should not attend the ward?	Yes	No
Reasons why they should not attend:		
Name/DOB/Address/Relationship to the baby of person who should not attend the ward:		
Has the mother and person been informed of this?	Yes	No
Action to be taken if they attend:		
Does any person need supervised contact with the mother / baby whilst in the hospital?	Yes	No
Reasons for supervised contact:		
Name/DOB/Address/Relationship to the baby of person requiring supervised contact:		
Name/Role/Address/Phone number of person/team who will supervise contact? (Please note this <u>cannot</u> be provided by Midwifery Team)		

Does the mother require supervision, if so who will provide this?		
Any feeding / expressing requirements?	Yes	No
Details of feeding / expressing requirements:		
Home Delivery		
Action in the event of labour and delivery at home:		

Contact Details of Agencies Supporting the Family			
	Name	Address	Phone Number
Children's Social Care			
<ul style="list-style-type: none"> Social Worker Team Manager Out of Hours (5pm – 9am) 			
Community Midwifery Service			
<ul style="list-style-type: none"> Community Midwife Team Leader 			
Health Visitor			
Children's Centre			
Mental Health Services			
Substance Misuse Services			
GP			
Other:			

Discharge		
Is a Discharge Planning Meeting required?	Yes	NO
Details of discharge arrangements for Mother:		
Details of discharge arrangements for Baby:		

Information Sharing This document to be shared with:									
EMAS	Yes	No	Police	Yes	No	GP	Yes	No	
Other NHS Maternity Service Provider/s								Yes	No
Details of other NHS Maternity Service Provider/s:									
Community Midwifery	Yes	No	Health Visitor	Yes	No	Childrens Services	Yes	No	
Mental Health Services			Yes	No	Substance Misuse Services		Yes	No	
Other:								Yes	No
Details:									

Delivery Safety Plan agreed by:

Children's Social Care

Name:

Role:

Signature:

Date:

Named Midwife

Name:

Signature:

Date:

Pre-Birth Assessment for Parents with Substance Misuse Issues

All pregnant women, partners and/or other significant adults who have contact with their children **must routinely be asked** about their alcohol and prescribed or illegal drug use.



If answering **YES** to using Drugs or Alcohol: Consider lifestyle? / dual diagnosis / mental health issues / domestic abuse to establish level of safeguarding concern and the impact of those adult risk factors on parenting capacity. Consider Children's Social Care (CSC) threshold for either CSC referral or Early Help Assessment (EHA).



Professional to ascertain whether mothers accessing any treatment relating to substance misuse. Information can be obtained by contacting Derbyshire Recovery Partnership or GP.



- Refer pregnant woman to the Specialist Substance Misuse Antenatal Clinic at Chesterfield Royal Hospital for specialist support and prescribing.
- Contact other professionals involved with family, e.g. GP, Midwife, School, to share information offer EHA or undertake CSC referral depending on information received re: risk.

TIMEFRAMES:

Derby City / Southern Derbyshire Specialist Substance Misuse Midwifery Service referrals must be completed **no later than the 16th week of pregnancy.**

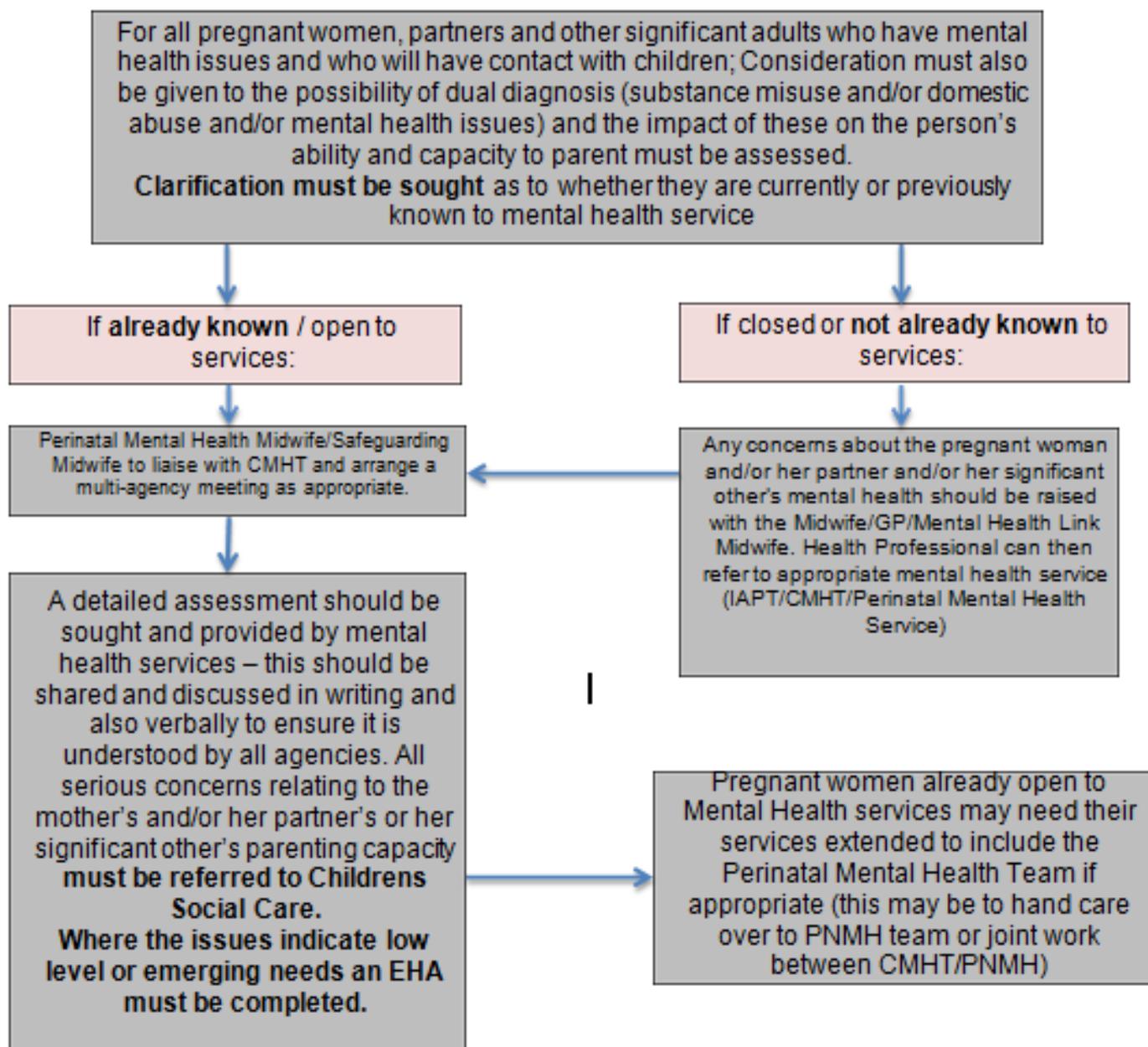
North Derbyshire Specialist Substance Misuse Midwifery Service must receive referrals as soon as pregnancy identified.

Any Drug and/or alcohol service receiving a referral involving a pregnant woman or her partner should ensure services are in place **no later than the 24th week of pregnancy.**

Useful Contact Numbers:

- Derbyshire Recovery Partnership (DRP) Tel: 0300 123 1201
- Call Derbyshire (Social Care) Tel: 01629 533190
- Named Midwife Safeguarding Children / Specialist Midwife Drug & Alcohol Use Tel: 01246 513122
- Chesterfield Royal Hospital Safeguarding Children's Team Tel: 01246 512468

Pre Birth Assessment Pathway for Parents with Mental Health Issues



For all cases: consider the use of advocacy services for the pregnant woman, her partner and/or significant others.

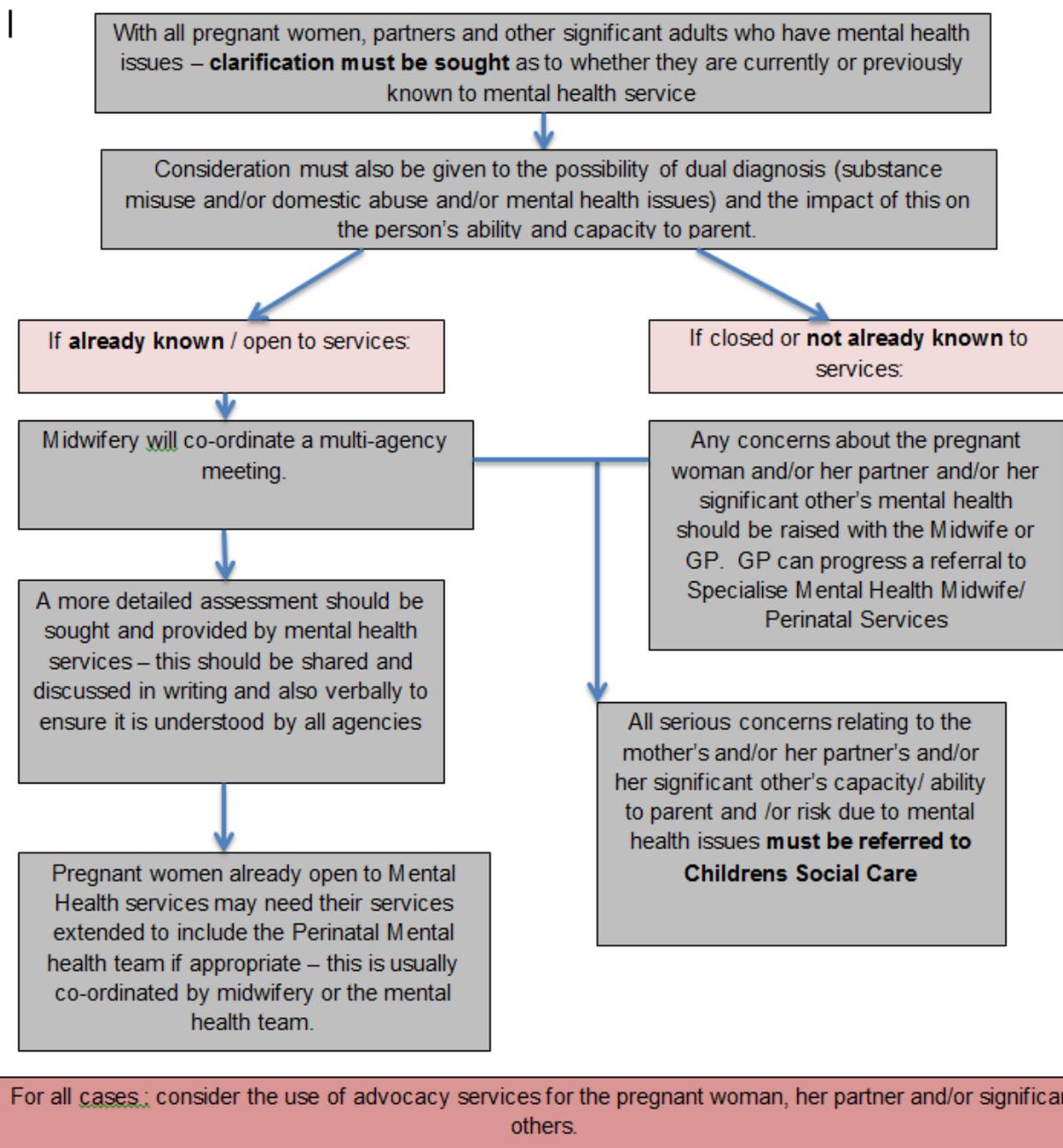
TIMEFRAMES:

In Derby City referrals for Mental Health Services for pregnant women and their partners should be completed no later than the 16th week of pregnancy.

In Derbyshire referrals for Mental Health Support for pregnant women and their partners should be completed as soon as the mental health issue is recognised for primary care support. Referrals for Specialist Perinatal Mental Health Services should be done as soon as possible after the dating USS. Any women presenting with mental health problems during later pregnancy should be referred to Mental Health Link Midwife/Perinatal Mental Health services when the problem is identified.

Any mental health service receiving a referral for a pregnant woman or her partner that requires assessment should ensure services are in place no later than 24th week of pregnancy – or within 4 weeks from the date the referral was received if the Mental Health Problem was identified after 24 weeks gestation.

Pre Birth Assessment Pathway for Parents with Mental Health Issues



TIMEFRAMES:

In Derby City referrals for Mental Health Services for pregnant women and their partners should be completed **no later than the 16th week of pregnancy**.

In Derbyshire referrals for Mental Health Services for pregnant women and their partners should be completed as soon as the mental health issue is recognised

Any mental health service receiving a referral for a pregnant woman or her partner should ensure services are in place **no later than 24th week of pregnancy**.

Appendix 6

Pre Birth Assessment Pathway for parents with a Learning Disability

With all pregnant women, partners and/or other significant adults – Learning Disability **must be confirmed as soon as possible**

Checks must be made with the Adult Learning Disability Services, Adult Social Care and the GP. Consider how long ago assessment was done - Consider the need for additional assessment via the appropriate Community Learning Disability Team Clinical Assessment Service at the earliest opportunity. Staff can contact the Derbyshire Community Learning Disability Service based at Ash Green for advice. (01246 565000)

LD diagnosis confirmed?

YES

NO

Assess impact of learning difficulties on parenting capacity and ability to meet needs of new born. Parents may need additional assistance with understanding, and interventions should be matched to parent's level of understanding a comprehension. Make referral to Children's Social Care or undertake Early Help Assessment as appropriate

An assessment may be required to assess whether they have a learning disability – Midwife or GP to make a referral to the Specialist Learning Disability Health Service CAS (Clinical Assessment Service) at the earliest opportunity

Remember potential for adult safeguarding issues and follow MCA processes in relation to consent-both to **reality** of consent to sex and treatments in course of pregnancy. Liaise with the hospital safeguarding team.

For all cases: consider the use of advocacy services for the pregnant woman, her partner and/or significant others.

TIMEFRAMES:

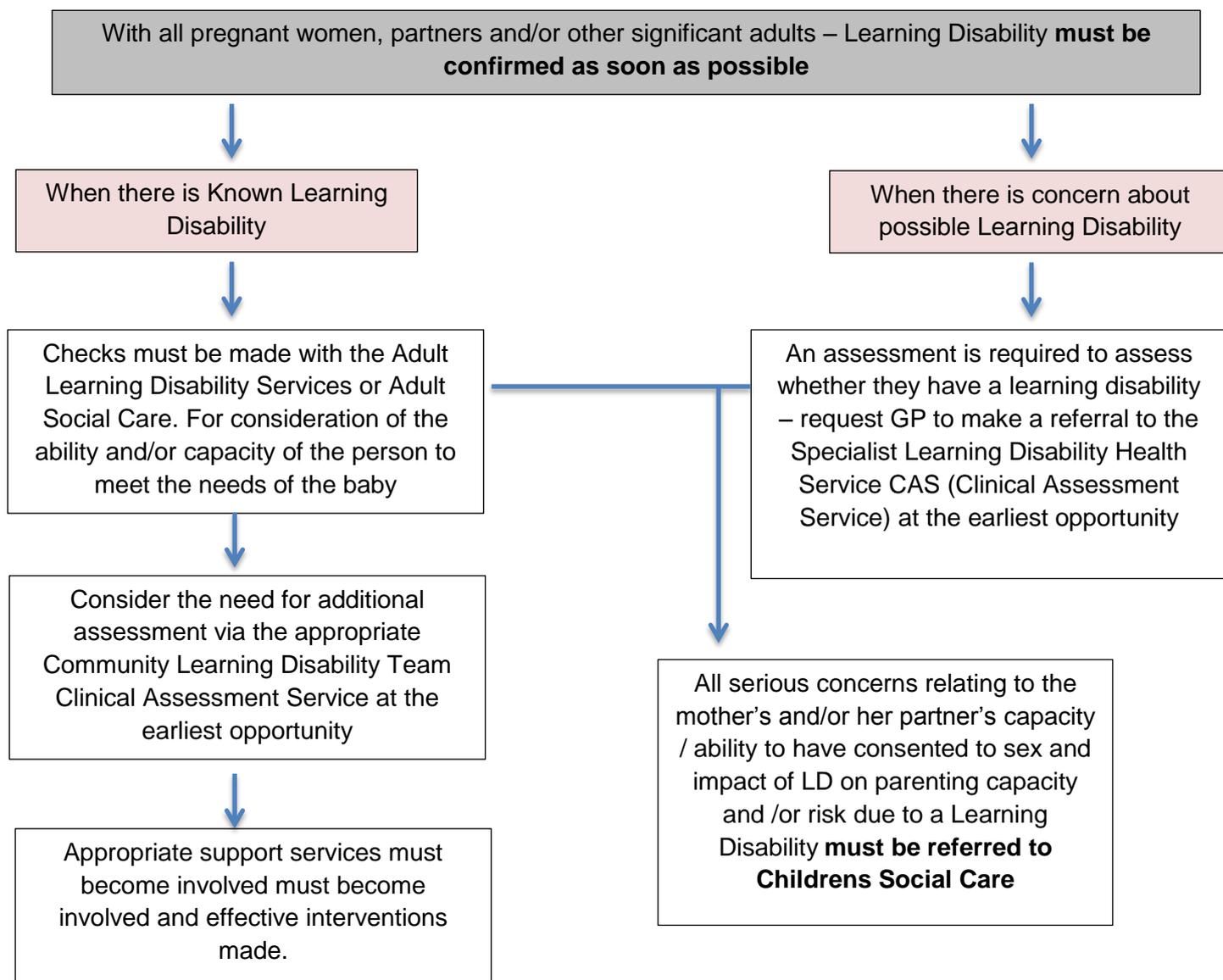
In Derbyshire referrals for LD Services for pregnant women, their partner and/or significant others should be completed as soon as the issue is recognised.

In Derby LD services for a pregnant woman, her partner and/or significant others should ensure services are in place **no later than 24th week of pregnancy.**

NB: Midwifery services routinely screen women's mental health at the booking appointment and also around 26-30 weeks.

Appendix 6 conti..

Pre Birth Assessment Pathway for parents with a Learning Disability



For all cases: consider the use of advocacy services for the pregnant woman, her partner and/or significant others.

TIMEFRAMES:

In Derby City Community Learning Disability Team CAS and Specialist Learning Disability Health Service CAS referrals for LD Services for pregnant women, their partners and/or significant others, should be completed **no later than the 16th week of pregnancy.**

In Derbyshire referrals for LD Services for pregnant women, their partner and/or significant others should be completed as soon as the issue is recognised

In Derby LD services for a pregnant woman, her partner and/or significant others should ensure services are in place **no later than 24th week of pregnancy.**

NB: Midwifery services routinely screen women’s mental health at the booking appointment and also around 26-30 weeks.