



West Dunbartonshire
**Child Protection
Committee**

West Dunbartonshire Pre-birth Planning Pathway Guidance

getting
it right
for every child



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Key Factors in Initiating the Multi-agency Pre Birth Planning Process

Assessment in Pregnancy

An unborn baby may be considered at risk of harm if one or more of the following circumstances exist within the household;

- Substance Use
- Learning Disability
- Domestic Abuse
- Mental Health Issues
- Violence / offending history for either parent
- Previous concerns in respect of brothers and sisters of the unborn, including;
 - Previous history of child abuse or neglect
 - Previous Child Protection registration
 - Care experienced children or young people

****Please note this list is not exhaustive**

The earlier in the pregnancy that needs are identified and supports planned the greater the opportunity to provide parents with the assistance they require. This approach promotes improved parenting capacity and enhances care of the baby whilst reducing the identified risk prior to the baby's birth. The aim of early intervention is to improve and support positive long-term outcomes for the child and their family.

Anyone can initiate the Pre Birth Planning Pathway where they consider there is vulnerability which could impact on the unborn child, the mother or indeed the wider family including brothers and sisters.

The pathway supports referrals relating to child protection (CP) concerns and also identifies vulnerability issues that may be more appropriately addressed through an alternative support route.

Where any practitioner is unsure as to whether the situation meets the threshold for child protection intervention, they should seek further advice from the child protection lead within their own agency.

Referring into the Pregnancy Liaison group (PLG) (Flowchart)

The Pregnancy Liaison Group provides a multi-agency forum to consider vulnerability in pregnancy, share relevant information, and agree the most appropriate pathway of support for the woman, unborn baby and wider family. Referral to PLG should be considered where there are identified vulnerabilities or wellbeing concerns which may impact on pregnancy, parenting capacity or outcomes for the unborn baby, but where there are no immediate or evident child protection concerns requiring urgent statutory intervention.

At present, it is recognised that NHSGGC staff do not have a separate PLG-specific referral document and may require to use the existing Notification of Concern referral

form as the available route for submitting information. In this context, the documentation should be used to support a request for assistance / multi-agency consideration, rather than to imply that a child protection threshold has already been met. The referral should clearly describe the vulnerabilities, strengths, supports already in place, parental views where known, and the reason multi-agency discussion is being requested.

Where a practitioner identifies immediate, evident or significant child protection concerns for the unborn baby, the matter must not be referred to PLG as an alternative to child protection procedures. In these circumstances, the appropriate child protection referral pathway must be followed, and an Inter-agency Referral Discussion (IRD) should be convened as soon as possible. Discussion at PLG should not delay the progression of urgent child protection concerns.

If, during PLG discussion, information is shared which indicates that the unborn baby may be at risk of significant harm, the group must ensure that a referral is submitted to Social Work for consideration of an IRD. The role of PLG is to support information sharing, early identification of vulnerability and agreement of proportionate support pathways. It is not the role of PLG to determine whether a case is, or is not, child protection. That decision sits within the appropriate statutory child protection processes, including IRD where required.

Where there is uncertainty about the appropriate pathway, practitioners should seek advice from their own agency child protection lead and/or follow local escalation arrangements. Decisions, rationale and any agreed actions should be clearly recorded within the relevant agency records.

At any given time in the PLG assessment and planning process if new or additional Child Protection concerns are identified the relevant lead professional should complete a NOC and share with Social Work to proceed with Child Protection procedures immediately. It is the lead professional's responsibility to include their risk assessment, most recent plan and chronology within that NOC where available. An IRD should be convened as soon as possible, and this should not be delayed by waiting for discussion at PLG.

Child Protection referrals must be contextualised and consideration given to escalation, where there are existing concerns for live children within the household, or where children have been removed and the current concerns follow an existing pattern of concern.

If the referring member of staff disagrees with the decision made following submission, they should escalate the matter to their manager and/or NHSGGC PPS, who will communicate with the relevant social work professionals to understand the rationale for the decision. If disagreement remains following these discussions, the member of staff should formally lodge a written dissent.

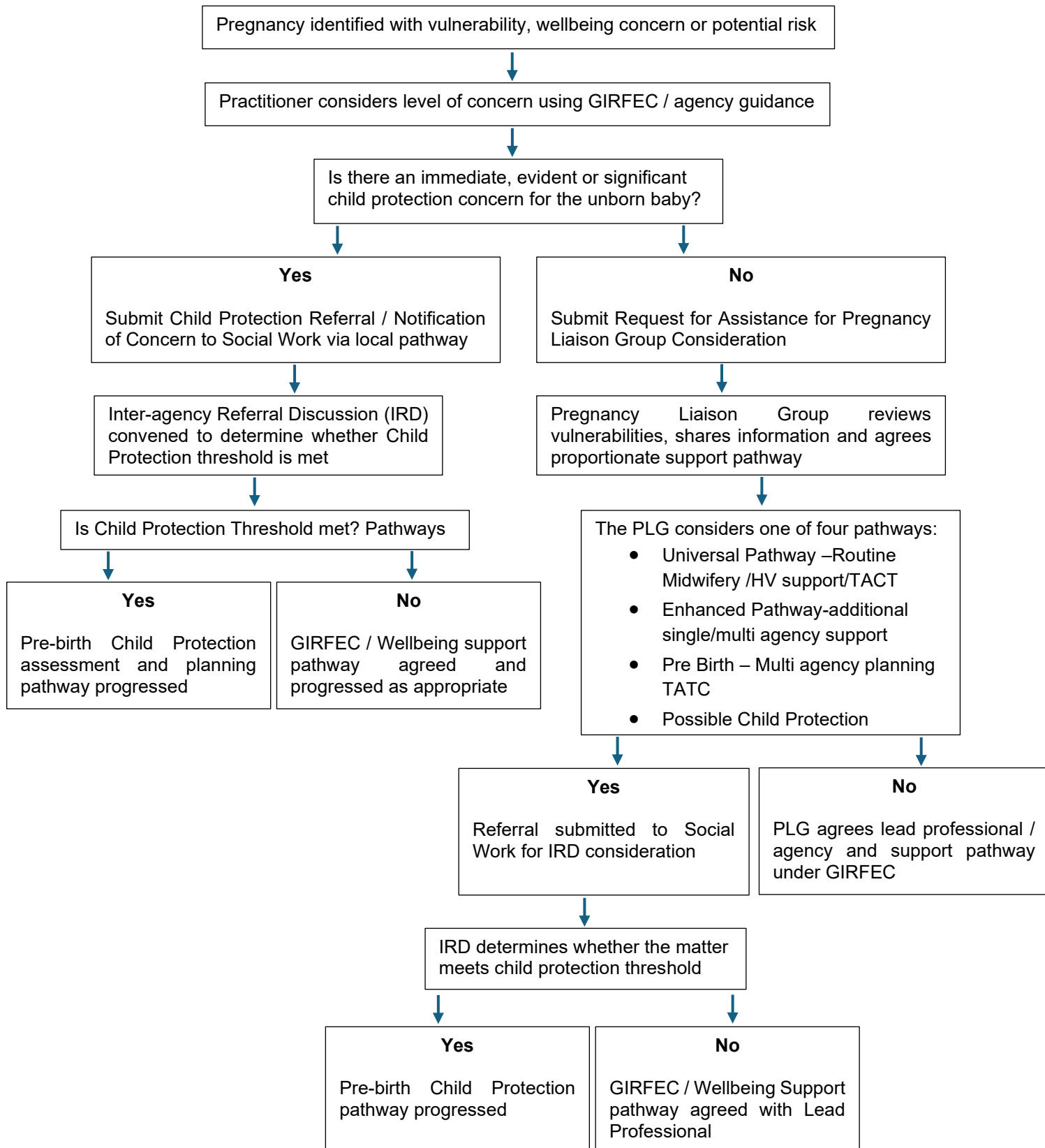
In addition to the Health NOC documentation referral options can be found here [CP Referral website](#) and emailed to the social work department's Access Help and Support Team (AHST).

It is important to note here that where there are immediate and/or evident child protection concerns for the unborn,

Timescales for referral of all pre-birth CP concerns should follow the National Child Protection Guidance 2021 as soon as the vulnerability is identified.

<https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021-updated-2023/documents/>

Referring into the Pregnancy Liaison Group (PLG) Flowchart



Unconfirmed or Concealed Pregnancy

In situations where there are strong indicators from a credible source that a woman is pregnant, and the criteria for a Notification of Concern has been met (see Assessment in Pregnancy above), referral to the PLG should be initiated via the referral pathways highlighted above, and an IRD convened if this is deemed necessary.

Where there are evident child protection concerns relating to the unborn baby a referral should be initiated to Social Work.

Presentation or identification of Child Protection Concern Late in Pregnancy

Immediate notification of a child protection concern should be initiated. This will enable action to plan and implement care to promote the safety and wellbeing of the unborn/new-born.

A joint visit between a health and Social Work professional should be undertaken at the earliest opportunity to ensure the health and safety of mother and baby are assessed.

Where the initial assessment carried out by Health and Social Work Professionals identifies a significant CP concern, an IRD must take place within two working days; thereafter a pre-birth/initial Child Protection Planning Meeting should be convened at the earliest opportunity to ensure that a plan of intervention is developed as early as possible.

If this is the mother's first child, then the responsibility for assessment would sit with the Vulnerable pregnancy Social Worker. This would also be the case if the mother had children who were not in her care.

If the mother has older children who have an allocated Social Worker at the time of the pre-birth notification, then the responsibility of assessment, planning and co-ordination would be with the allocated Social Worker of the older children. If the older children are closed to Social Work at the time of the pre-birth referral, then the Access Help and Support team Social Worker would be allocated to complete an assessment to include the unborn baby and older siblings.

Consent

Contributors to the assessment have a duty to share information for the purpose of a pre-birth assessment initiated under this guidance. Although consent to do this is not necessary, where there is ongoing contact with the woman and her partner they should be informed.

Women and their partners should be informed and enabled to express their views at all stages in the process. In addition, the level and detail of information provided and shared should be relevant and proportionate, and shared with the woman and her partner (if safe to do so)

GIRFEC Assessment, Review and Planning

When a family are assigned to an appropriate pathway, aligned to GIRFEC practice and principles (outlined in the PLG Flowchart above) there must be a written assessment with a plan developed and maintained/updated by the identified lead professional, the team around the family, and the family themselves.

This will be subject to review within the established team around the family, all relevant information being shared with the family and all involved professionals. The plan will be used to support discussion with the family regarding the desired outcomes and progress towards this.

Where more than two services are involved, and social work services are **not** undertaking a lead role, a team around the family meeting will be convened with the mother, other family members and relevant adults by the identified lead professional.

This meeting will develop and update the plan as required to ensure that the support pathway is delivering on the agreed outcomes for the child/unborn, and may include, for example, the third sector, health visiting and adult mental health services.

Where it is deemed appropriate, the pathway can and should be escalated or deescalated at any point. The decision to do so must be made in partnership with other agencies/professionals involved with the family, and in agreement with the lead professional. Escalation would be direct to social work via a new NOC CP or appropriate referral form.

Confidentiality

At all stages in the process and in the delivery of support and care, agency guidance in respect of confidentiality, information sharing and consent should be adhered to.

Initiating Child Protection Pre Birth Planning Process

Notification of concern /CP Referral and IRD

- The Child Protection Pre-birth Planning process (Appendix 1.) **MUST** be initiated through the completion of a notification of concern to the PLG.
- The NOC should be completed where the professional considers that there is a need for further assessment, and where child protection risk factors indicate that the unborn child may be at risk of significant harm
- The NOC should include an assessment of concerns and risks, the parental response/view in this context, and any supports both formal and informal available to ensure appropriate care of the unborn baby. A chronology, where available should also be provided however this should not delay the submission of referrals. It is important to provide as much information as is available at the time of the notification.
- Where there are immediate and/or evident child protection concerns for the unborn, an IRD should be convened as soon as possible, and will preclude discussion at PLG.

- Where the PLG agree that there are Child Protection concerns an Interagency Referral Discussion (IRD) must take place, within two working days of the PLG. This will inform the child protection pre-birth assessment, and any subsequent intervention required.
- As noted on the Child Protection Pre-birth Planning process (Appendix 1) the PLG will also put in place an agreed initial safety plan which will be subject to review at IRD.

Child Protection Risk Assessment

Pre Birth Child Protection Risk Assessment must commence no later than 12-16 weeks gestation or on receipt of notification/CP referral and completed by minimally 24 weeks gestation.

- The completion of a NOC/CP referral to the PLG is the beginning of a risk assessment and planning process for a baby who may be at significant risk of harm.
- It is important that professionals work together to share information and collaborate on the development of the risk assessment, including the assessment of parenting capacity. Importantly, collaborative working, including clarity as to the lead professional role within the ongoing assessment process, enables parents to be clear regarding the level of concern, and what they can both access and contribute to reduce the risks to their unborn child.
- The GIRFEC National Practice Model, and specifically the Risk and Resilience Matrix where a child protection risk assessment is required, will assist in the analysis of information gathered.
- Multi agency risk assessment must include;
 - Previous concerns, current areas of concern and patterns of behaviour, including history of previous parenting and circumstances of other children within the relationship. This is required for both parents.
 - Areas of strength or potential for change, including supports in place and other available networks of support, again – both parents.
 - Views of parents and significant others (extended family, live children (age appropriately) – both parents.
 - Outcomes to be achieved and an initial child protection plan to detail the safety plan, contingencies, and outcomes to be achieved. This plan should be specific, measurable, achievable and timeous.
 - This should be inclusive of all children within the family and not solely focussed on the unborn. The birth of a baby brings immense change to all families; those experiencing adversity will find this even more challenging, thus the whole family require to be considered within the plan.

Child Protection Planning

Where the Child Protection Risk Assessment highlights that there are significant risks to unborn baby in utero or post birth, an initial Child Protection Planning Meeting (CPPM) will be convened no later than 28 weeks gestation. In cases of late presentation an initial child protection planning meeting should always take place within 28 days of the

concern being raised via a NOC, if the outcome of an IRD determines that the child protection threshold has been met.

- A Pre Birth Child Protection Planning Meeting, where there are identified risks of significant harm is convened to facilitate multi-agency decision making in regard to the risk of significant harm and whether a child protection plan and chronology are required based on the level of risk assessed.
- Child Protection registration is an indicator of risk to all those working with the family pre-birth, and the baby at the post birth stage, informing any agency working with the family or child of the specific risk and concerns identified. Professional curiosity is required alongside a clear plan of intervention and communication with the identified team around the child/family by working together (with the family) to reduce risk to the unborn/baby, supporting the development of insight, safe care and parental capacity.
- The core group will have responsibility for agreeing and reviewing the child protection plan within agreed timescales following the initial child protection planning meeting being held. The initial child protection core group should take place 15 days after the initial child protection planning meeting has been held and the family should be included in the reviewing process, with their views/ participation being paramount to the making of the child protection plan.
- The child protection plan will be outcome led, with key actions agreed to promote the safety of the unborn and assure of the safe care of the baby post birth. The child protection plan should contain clear actions and outcomes for professional services as well as the parents/family developed in partnership through the Core Group process. All involved professionals and the family will have a copy of;
 - The child protection risk assessment
 - The child protection plan
 - The multi-agency chronology

The above is to be updated before each child protection core group meeting.

Notification to parents

The aim is to always inform the parent/parents that a Notification of a Child Protection Concern is being made, unless as in exceptional circumstances, it is believed that this would increase risk to the unborn child. For example, notification may lead to an increased potential flight risk from services or may increase the risk to other children in the family, the mother or other relevant adult.

In such cases, a decision may be taken not to inform the family of the referral at this time and should be recorded clearly within the NOC outcome and at the IRD. All cases in which notification to parents is considered as potentially increasing risk will be progressed within a child protection process.

Appendix 1 Terms of Reference for Pregnancy Liaison Group



Terms of Reference West Dunbartonshire Pregnancy Liaison Group

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Multi-Agency Pregnancy Liaison Group (PLG)

1. Introduction

The National Guidance for Child Protection in Scotland (2021, Updated 2023) states-

All practitioners who work with expectant parents must be aware of parental behaviour and circumstances that could cause significant harm to an unborn baby. They must be aware of how to refer concerns about potential harm to statutory services; and be confident about the lawful basis for information sharing. Child Protection Committees and Chief Officers will ensure frameworks for pre-birth assessment and support for children at risk are in place.

Improving outcomes for children and young people is a fundamental objective for all services and organisations. Ensuring that families get the help they need, when they need it, will give children the opportunity to flourish.

Agencies can improve outcomes for vulnerable children and families, by using the GIRFEC National Practice Model: common frameworks of assessment that identify needs and risks early, and by devising and implementing appropriate plans/actions. A

continuum of support from universal services to specialist targeted provision may be required to meet the varying needs of families.

2. Frequency

Pregnancy Liaison Group (PLG) will be held every four weeks.

3. Purpose

The purpose of the Liaison Meeting is to:

- Agree decisions and actions to reduce risk and support vulnerable parents and their unborn baby
- Sharing of information and decisions making across services within health, social work, and any other relevant services such as education /adult services / third sector.
- Agreeing the most appropriate pathway for assessment and support.
- Where Social Work involvement is not required identify lead agency responsible for assessment, planning and support, including identification of key supports.

4. Chair

The chair will be rotating position, reflecting the multi-agency responsibility of the group.

4.1 - The role of the chair/meeting co-ordinator will be to ensure;

- Facilitation of the meeting
- Facilitation of appropriate attendance
- Support the group to reach an agreement on the most appropriate pathway
- Decisions of the meeting are distributed to all group members, supported by PLG administrator.
- Appropriate / agreed identification of the lead agency and pathway to support / further assessment.
- Appropriate / agreed identification of the responsibility to share information and Notification of Concern when the family is out with locality.

5. The Pregnancy Liaison Group should include:

- Blossom midwife
- Social Worker Children and Families
- Family Nurse Partnership
- Addiction Practitioner
- Mental Health Practitioner
- Health Visitor
- Housing
- Other workers as deemed relevant by the Chair e.g. Learning Disability practitioner /Justice professional/ adult services
- Administrative support (Single Point of Contact Administrator SPOCA)

Where the representative of a partner agency is unable to attend it is their responsibility to identify an alternative representative in their absence. The administrator should be notified via email from the partner service with the detail of who will be attending in their absence including their direct email address to support communication.

The Group will comprise of all those individuals and professionals who can contribute to the assessment of risk to support single/ multi-agency action plan.

This assessment should lead to a timely, proportionate and appropriate response to minimise any risk factors / vulnerabilities identified.

*The Pregnancy Liaison Group, having made a decision based on an initial referral will **not** accept referrals regarding a change (escalation / de-escalation) of the agreed pathway. Changes to the proposed plan of support will be made by the team around the family facilitated by the Lead Professional.*

6. Out of Scope of the PLG

Existing Social Work Involvement

Where there are already children in the family who have an allocated Social Worker and there are child protection concerns for the unborn baby, then a referral should be submitted to Social Work and an IRD will be progressed. Where parental vulnerabilities are identified, the family social worker will undertake an assessment which may lead to Child Protection processes being initiated through an IRD

These referrals **will not** be referred to the PLG as safety planning and any subsequent IRD process will determine the need for a Prebirth Child Protection Planning Meeting (PBCPPM) which must be held within 28 days of the notification of the child protection concern and no later than 28th week of pregnancy.

Child Protection Concern identified at or after the 28 week

There must be an immediate notification of a Child Protection Concern made to Social Work services and an IRD convened within 2 working days. Where the decision is to progress to prebirth Child Protection Planning Meeting this must be held at the earliest possible opportunity

7. Responsibilities of PLG

All professionals in attendance have the role of representing their agency. There is an expectation that professionals attending the meeting will research and collate proportionate information prior to the meeting. They will also be responsible for noting the outcome of the meeting within their agency's recording system and alerting relevant colleagues to the outcome.

- Agencies will work collegiately to agree roles, responsibilities and support pathways for women who do not require a Social Work facilitated risk assessment.
- Where the PLG is unable to reach agreement on the support pathway or reach a majority view, then the social work manager in attendance will make the decision
- Members of the PLG will utilise the dissent and escalation policy, where they after discussion are not in agreement with the decision of the PLG
- Where further risk factors are identified, a NOC will be forwarded directly to social work to convene an Inter-Agency Referral Discussion (IRD).
- Social Work will, where high risk / complex needs or significant vulnerability is noted, convene an IRD within two days of receipt of the NOC. In this context the need for an IRD supersedes the requirement for a PLG discussion.
- Thereafter a pre-birth child protection assessment will be carried out; Where there are already children within the household, they will be included within the child protection assessment

8. Administration

The administrator will manage the referral inbox and ensure that the referrals are sent to the PLG, 7 days in advance of the meeting.

Administrative support for the PLG will be provide by Children and Families Social Work (PLG admin)

PLG admin will also receive the referrals and create an Agenda

PLG admin will open a referral on Care First

PLG admin will record the decision of the PLG and distribute these to members