



Multi / Single Agency Guidance

Forth Valley GIRFEC Pre-birth Planning Pathway

Version No:	4.1
Prepared by:	Val Arbuckle/Jennifer McKenzie/Lorna Hood
Effective from:	25/12/2024
Review Date:	12/12/2025
Lead Reviewer:	Val Arbuckle /Jennifer Bennie /Jennifer McKenzie / Gayle McIntyre/Lorna Hood
Dissemination Arrangements:	NHSFV Child Protection Action Group, NHSFV Child Protection Department, Child Protection Committee Websites: Falkirk, Stirling, Clackmannanshire, Local Authority Children and Families Social Work Teams, Police Scotland.

Date	Author	Change	Version
21/08/2021	Jennifer McKenzie	<p>Pg. 4 Pre-birth Planning Service and Willow Team contact numbers updated.</p> <p>Pg. 5 Pregnant women held in custody Pregnant women who reside in the Forth Valley area and who are remanded in custody, please refer to Scottish Prison Service Mother and Baby Policy.</p>	2.0
02/05/2022	Jennifer McKenzie Gayle McIntyre Julie Whitcombe	<p>Flow Chart</p> <p>Discussion with Social Work to inform and jointly agree on-going plan.</p> <p>Joint visit to family with Willow Team 15-17weeks or if late referral as soon as possible.</p> <p>Pg.6 The Willow Team Midwife will be responsible for ensuring that the Health Visitor (Named Person) receives all relevant information and a copy of the Child's Plan. The Health Visitor will undertake at least one face to face contact with the woman at 32-34 weeks gestation, or earlier if she is deemed at risk of premature delivery. This may be a joint visit with a midwife and is commencement of transition of care from midwife to Named Person.</p>	3.0
12/12/2022	Jennifer McKenzie	<p>Flow Chart</p> <p>-Health will initiate IRD's for all pre-birth Notification of Child Protection Concerns</p> <p>Page 7. All IRD's for pre-birth Notifications of Child Protection Concerns will be initiated by Health. The Child Protection Department will lead this for health; Child Protection Nurse Advisors (CPNA's) will initiate and chair pre-birth IRD's.</p> <p>The CPNA's will disseminate out to appropriate health professionals the outcome of the IRD.</p>	4.0
25/01/2023	Jennifer McKenzie	<p>Flow chart</p> <p>-Health will initiate IRD's for all pre-birth Notification of Child Protection Concerns. *</p> <p>*If there are there are other children identified within the referral, an IRD will be initiated by Health immediately. However, if this is the first pregnancy the IRD process will be initiated following a confirmed pregnancy by scan.</p>	4.1

11/01/2024	Jennifer McKenzie Lorna Hood Margaret-Ann Williamson	<p>Flow chart</p> <ul style="list-style-type: none"> - IRD held between 12-16weeks gestation or once pregnancy is confirmed via scan. - Progress to PBCPPM - Will not progress to PBCPPM - Where concerns escalate Pre-birth Planning Service will complete 2B Notification to Social Work which will detail the assessed risks and concerns. - On receipt of Form 2A referral, information sharing requests will be circulated to all relevant multi-agency practitioners. Health led assessment commenced approximately 12-16 weeks gestation or on receipt of referral. - Discussion with Social Work to inform and jointly agree on-going plan by 24 weeks gestation. <p>Page 5. Care Experienced Young Person</p> <p>Page6. Pregnant Young Person including Teenagers and Care Experienced Young People When child protection concerns have been identified for an unborn baby of a teenage mother or care experienced young person then consideration should be given to the risks surrounding them. Where there are identified risks for the young person an appropriate referral should be considered to be submitted for that person; to ensure their own safety and well-being needs are met.</p> <p>Page 8. Where there have been child protection concerns raised for both the pregnant person and the unborn baby the IRD may take place for both at the same time; however, recognition should be given to the separate needs of the parent and the unborn baby.</p>	
------------	--	---	--

Trigger for needs or risk assessment identified by front line practitioner in Health/Social Work/Police/ Education/ Third Sector - Refer to Pre-birth planning team or to Social Work Service.

2B

2A

Midwifery Care for women with 2B Notifications will transfer to Willow Team.

IRD held between 12-16weeks gestation or once pregnancy is confirmed via scan.

Where concerns escalate Pre-birth Planning Service will complete 2B Notification to Social Work which will detail the assessed risks and concerns.

Pre-birth Planning Service
On receipt of Form 2A referral Information sharing requests will be circulated to all relevant multi-agency practitioners. Health led assessment commenced approximately 12-16 weeks gestation or on receipt of referral.

Progress to Pre-Birth Integrated Assessment and/ or PBCPPM

Will not progress to PBCPPM

Discussion with Social Work to inform and jointly agree on-going plan by 24 weeks gestation.

Social Work
Pre-birth Integrated Assessment undertaken in partnership with all relevant practitioners; commencing 12-16 weeks gestation and completed by minimally 24 weeks gestation. Social Work will undertake a joint visit to family with Willow Team 15-17weeks or if late referral as soon as possible.

Team around Child Meeting led by Social Work or health

Pre-birth Integrated Assessment undertaken through:

- home visit with the family and relevant professionals
- Invitation to Health led Single/Multi-Agency
- Pre-birth TAC meeting as required

Completed by 28 weeks gestation.

Pre-birth Child Protection Planning Meeting (CPPM) should be convened at the earliest opportunity but at the latest 28 weeks gestation.

Child's plan (single or multi agency) developed with ongoing assessment and reviews both pre and post birth. Child's plan circulated to all relevant services/agencies

- Child's Plan developed
- Core Group Meetings arranged
- Review CPPM arranged
- IRD

*If there are any other children identified within the referral, an IRD will be initiated by Health immediately. However, if this is the first pregnancy and there are no other children subject to the Notification of concern (2B); the IRD process will not be initiated before 12 weeks gestation.

At any time in the assessment/planning process if new or additional child protection concerns are identified the practitioner should complete a Form 2B Notification of Child Protection Concern. The completed Form 2B should include the assessment of the impact of concerns on the wellbeing of the unborn child. All Form 2B Notifications should be followed up by the practitioner raising the concern to clarify the outcome. If required, local escalation processes should be initiated.

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

Request for Assistance (Form 2A) / Notification of Child Protection Concern (Form 2B) should be consistently used in line within the guidance, if a vulnerability concern or child protection concern is identified that has the potential to affect the parent's ability to care for their baby. It will be vitally important for the referrer to gather all available appropriate information about the family to include in the Request / Notification (from family and professional agencies).

Assessment in Pregnancy

An unborn baby maybe 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
- Previous history of child abuse or neglect
- Previous Child Protection registration
- Care Experienced Young Person

Please note this list is not exhaustive.

The earlier in the pregnancy the support process is triggered 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 long term outcomes through collaborative inter-agency assessment and planning.

Anyone can initiate the Pre-birth Planning Pathway (figure 1) where they consider there is vulnerability which could impact on the unborn child or mother; and meetings can be convened adopting a single agency or multi- disciplinary format. The pathway demonstrates what action to take when there are child protection concerns and what action to take for vulnerability concerns, **both** of which would prompt the need for multi-agency information gathering to inform an assessment at the earliest opportunity. This process **must** take place in all cases.

Where staff are unsure, whether the situation meets the threshold for Child Protection intervention they should seek further advice from the **Child Protection Lead** within the practitioner's own agency. It is important that **all cases** where significant risk is identified are also overseen by a senior social worker/ Line Manager or NHS Forth Valley Child Protection Team.

Staff should write reports in a format that is easy for parents to understand and give consideration to any disability which may impair reading and comprehension. Staff should strive to ensure that they have an opportunity to discuss the report with the parents prior to any meeting.

Contacting the Pre-Birth Planning Service/Willow Team

Request for assistance from the Pre-birth Planning Service should be made on a Form 2A and emailed to the Pre-birth Planning Service.

Where the concerns reach the threshold for Child Protection a Form 2B is submitted to social work a copy of the Form 2B should be sent to the Child Protection Department and the Pre Birth Planning Service:

fv.nhschildprotect@nhs.scot

fv.prebirthplanning@nhs.scot / Email – fv.willowteam@nhs.scot

NHS Staff should email all notifications, where possible.

If not they can be posted to:

Pre-birth Planning Service

Administration Building

Falkirk Community Hospital

Westburn Avenue

Falkirk

FK1 5QE

Telephone - 01324 618353

Willow Team

Administration Building

Falkirk Community Hospital

Westburn Avenue

Falkirk

FK1 5QE

Telephone - 01324 618358

Please note – where possible timescales for referral should follow national guidance preferably as soon as the vulnerability is identified.

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 Child Protection Concern has been met the CP notification process outlined should be adhered to; and in doing so, the practitioner involved should facilitate action to establish the status of the pregnancy.

Pregnant Young Person Subject to Child Protection Concerns (including Care Experienced Young People)

Where child protection concerns have been identified for an unborn baby of a young person, a separate child protection risk assessment should be undertaken for the parent(s) ensuring risks and appropriate protective factors are identified and implemented to support their safety and well-being as well as that of their unborn child.

Presentation or identification of Child Protection Concern Late in Pregnancy

Immediate Notification of Child Protection Concern should be initiated. This will enable optimal action to plan and implement care to promote the safety and wellbeing of the unborn/new-born. A joint visit between 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 an initial assessment carried out by Health and Social Work Professionals identifies a significant child protection concern, then 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.

Pregnant Women within Scottish Prison Service

Pregnant women who reside in the Forth Valley area and who are remanded in custody or who have a custodial sentence, please refer to Scottish Prison Service Mother and Baby Policy.

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. In addition, the level and detail of information provided should be relevant to the reason the assessment has been initiated; and the content proportionate.

Continuous Assessment, Review and Planning

When a family are assigned to an appropriate pathway, there must be continuous written assessment with a Child's plan developed. This will be subject to review with information being shared with all contributing agencies involved and the family. The family must have a copy of the plan which should be used to support discussion about progress and the desired outcomes, for the baby, stated within the plan.

Where it is deemed as 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/practitioners and in agreement with the Lead Professional.

Where, following receipt of a Form 2B, assessment indicates that there are no concerns regarding significant harm but does indicate that a Social Work led, Team Around the Child meeting is required; this should be arranged and an integrated, multi-agency support plan developed. The Child's Plan will be subject to review by the Team Around the Child to ensure that interventions are delivering on the agreed outcomes for the child and parent(s).

Where more than 2 services are involved and Social Work are not undertaking a lead role, a pre/post birth Team Around the Child meeting should be convened by Midwifery services and an appropriate Child's Plan developed and reviewed as discussed above. The Willow Team Midwife will be responsible for ensuring that the Health Visitor (Named Person) receives all relevant information and a copy of the Child's Plan. The Health Visitor will undertake at least one face to face contact with the woman at 32-34 weeks gestation, or earlier if she is deemed at risk of premature delivery. This may be a joint visit with a midwife and is commencement of transition of care from midwife to Named Person.

Confidentiality

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

Initiating Child Protection Pre-Birth Planning Process

The Child Protection Pre-birth Planning process (figure 1) **MUST** be initiated through the completion of a Notification of Child Protection Concern (Form 2B), following a telephone call to the local social work team, or the emergency social work team.

A Notification of Child Protection Concern should be completed where the practitioner considers that there is a need for further assessment where Child Protection Risk Factors are present; and where it is believed an unborn child may be at risk of significant harm. NB the assessment of concerns including chronology must be detailed within the completed 2B Notification.

The practitioner identifying concerns **must** contact social work services and complete the Form 2B; identifying within the Notification, what the concerns and risks are, the parental response to concerns and what supports both formally and informally, are available to ensure appropriate care of the unborn baby.

It is important to provide as much information as is available at the time of the Notification. The use of the GIRFEC Resilience Matrix, for those staff that use this resource, when dealing with a child protection assessment as part of the vulnerabilities assessment, will assist in the analysis of information gathered and should be used to analyse the initial assessment information.

Following consultation with Social Work and where child protection concerns exist, an Inter-agency Referral Discussion (IRD) must take place. All IRD's for pre-birth Notifications of Child Protection Concerns will be initiated by Health. The Child Protection Department will lead this for health; Child Protection Nurse Advisors (CPNA's) will initiate and chair pre-birth IRD's. All relevant information will be shared between partners. During this forum immediate safety actions can be put in place and allocated to the appropriate individual or agency. This will inform the integrated pre-birth assessment and any subsequent intervention required. The CPNA's will disseminate the outcome of the IRD to appropriate health professionals.

All women with the most complex vulnerabilities; and where child protection concerns have been identified should have access to the midwives in the Willow Team.

Midwives in this team will continue to provide continuity of care and will act as the co-ordinator of team care for the woman and her baby as outlined in The Best Start Five-Year Forward Plan for Maternity and Neonatal Care in Scotland.

The completion of a 2B Notification of Concern should be seen as the start of an integrated assessment and planning for a baby who may be at significant risk of harm; and it is important that practitioners work together to share information and collaborate on the development of the risk assessment and planning for that baby.

An initial joint visit with social work and the midwife should be undertaken between 15-17 weeks gestation to ensure clear and joined up communication to the family; and to start the process of joint assessment and planning, incorporating strengths, risks and parenting capacity. Importantly, collaborative working and clarity regarding assessment, helps in enabling parents to be clear of what the concerns are and what they can contribute, to reduce risks to their unborn child.

The aim is to always inform the parent /parents that a Notification of Child Protection Concern is being made; unless, as in exceptional circumstances, it is believed that this would increase risk to the unborn child in relation to for example, a flight risk; or may increase risk to the safety of other children in the family; or to the safety of the mother or other relevant adult, or to the safety of the professional. **In such cases, a decision may be taken not to inform the family of the referral at this time.**

Where there may be some doubt regarding informing parent / parents of the Notification of Concern, the professional raising the concern, should discuss any issues with their line manager or agency lead for Child Protection

Where an informed decision is taken not to make the parent / parents aware of the Notification of Child Protection Concern, social work colleagues should be informed of the reason for this during the telephone discussion; and the rationale for the decision should be recorded on the Form 2B Notification of Concern.

Planning and Outcomes

As highlighted on the flow chart, where vulnerability concerns are identified and a Form 2A request for assistance is submitted, an integrated assessment, co-ordinated by the Pre-birth Planning Service will be undertaken and an agreed plan put in place which will be subject to ongoing assessment and review.

Similarly, where child protection concerns are identified and a Form 2B notification of child protection concern is submitted to social work, an assessment will be undertaken where three decisions based on the assessment of risk will be implemented.

1. A Child Protection Planning Meeting, where there are identified risks of significant harm, will always be considered as a possible outcome from the pre-birth assessment. Child Protection Planning Meetings can be convened where a decision will be made whether the child requires being subject to a child protection plan depending on the level of risk assessed. A child protection registration is an indicator of risk to all those working with the baby, informing of the identified concerns that exist and any agency working with a child or a member of that household should apply particular focus to the impact of adult behaviours which may be impacting on the care of the baby, and be having increased frequency of contact with the baby were this is part of their role. Professional curiosity is required alongside a clear plan of intervention and communication with the identified team (known as the core group) working together to support the reduction of risks the baby is being exposed to.
2. A Social Work Lead Professional co-ordinated Team Around the Child (TAC) meeting will invite all relevant partner agencies to agree a multi- agency Child's plan and agree the Lead Professional responsibilities and reviewing arrangements. The parent(s) will be invited to the TAC and a copy of the plan, and the agreed actions and outcomes will be identified in partnership with the parent(s). An integrated assessment following the baby's birth will commence if required and all relevant partners will contribute to the assessment and agree the Child's plan.
Please note the Child's plan should contain clear actions and outcomes understood by services as well as the parent(s) and carers and this should be developed in partnership through the TAC process.
3. Where there is no requirement for Social Work Lead Professional involvement or a multi- agency plan to be put in place, continuing assessment is remitted to Willow team for identified support in pregnancy and following the baby's birth. Social Work will send the pre-birth assessment with recommendations for any areas of need to the Willow team to further consider the required Child's plan. Social work would be routinely invited to attend pre/post birth TAC meetings.

Quality Assurance

The GIRFEC Pre-birth Planning pathway has been agreed by partners across Forth Valley. It will be subject to single and multi-agency quality assurance processes.

Social Work led, integrated pre-birth assessments, should be shared in advance with all agencies who significantly contributed to the assessment (midwifery, Substances services etc) so that the recommendations can be discussed and agreed.

Other Related National and Local Documents

Forth Valley Inter-agency Child Protection Guidance,
<https://blogs.glowscotland.org.uk/glowblogs/fvpp/child-protection/child-protection-policies-procedures-and-guidelines/>

Pre birth Assessment tool
<https://blogs.glowscotland.org.uk/fa/GirfecFalkirk/child-protection/child-protection-and-the-unborn-child/>

National Child Protection Guidance- National Guidance for Child Protection in Scotland 2021.

<https://www.gov.scot/policies/child-protection/national-child-protection-guidance/>

Getting Our Priorities Right (GOPR) 2012
<http://www.gov.scot/Publications/2012/07/9484>

Getting Our Priorities Right – Forth Valley 2019
www.forthvalleyadp.org.uk

Children and Young Person (Scotland) Act 2014
<https://www.gov.scot/publications/children-young-people-scotland-act-2014-national-guidance-part-12/pages/3/>

Improving Maternal and Infant Nutrition: A Framework for Action
<https://www.gov.scot/publications/improving-maternal-infant-nutrition-framework-action/>

Asylum Seeker and Refugee Guidelines
<https://www.gov.uk/government/collections/asylum-decision-making-guidance-asylum-instructions>

The Best Start: A Five Year Forward Plan for Maternity and Neonatal Care' (Scottish Government January 2017)
Best Start (2017)

Scottish Prison Service Mother and Baby Policy (Family Strategy Lead, Strategy & Stakeholder Engagement 2019)

UNCRC
<https://www.gov.scot/policies/human-rights/childrens-rights/>

The Promise Scotland
<https://thepromise.scot/>