

ANGUS CHILD PROTECTION COMMITTEE



PREBIRTH RESOURCE ALLOCATION MEETING (PRAM)
INTER AGENCY PROTOCOL

Background

- 1.1 The multi-agency Pre-birth Resource Allocation Meeting (PRAM) was established under the auspices of the Angus Child Protection Committee (CPC) in May 2006 and with approval of the then Angus Drug and Alcohol Action Team (DAAT), now known as the Alcohol and Drug Partnership, in terms of Sections 19, 20 and 21 of the Children (Scotland) Act 1995 and Part 2 and 3 of the Local Government in Scotland Act 2003.
- 1.2 The purpose of the protocol is to set out the respective responsibilities, duties and agreed process involved in screening, assessing, recording and acting on unborn baby referrals in accordance with (1) "Sharing Information About Children at Risk" - A Guide to Good Practice issued by the Scottish Executive, National Guidance for Child Protection in Scotland 2014 and any subsequent updated Guidance (2) the Angus Child Protection Committee Interagency Guidance for Professional Staff and A Practitioners Guide to Information Sharing, Confidentiality and Consent to Support Children and Young People's Wellbeing (2015) and (3) the legislation governing the protection and use of personal data, principally the Data Protection Act 1998.
- 1.3 The PRAM was established as a result of a number of concerns in this area of work: the number of babies who were being exposed to parental substance misuse; the lack of planned supports to parents who needed early, supportive intervention (e.g. parents with mild learning difficulties); the number of referrals which were being made to the social work and police child protection service, sometimes not proportionately to the level of concern (e.g. where a parental support approach would be more suitable); and the absence in many cases of an adequate assessment period before the child's birth. The function of the PRAM was defined as being to consider the needs of vulnerable expectant mothers and their babies before and after birth, and to consider potential risk of harm to the infant.
- 1.4 The PRAM meets monthly. Although it is convened by Social Work, Children & Learning, Angus Council Children and Families services, as the lead agency, a multi-agency approach to its functions is emphasised. The meeting considers new referrals of expectant mothers and completed assessment reports which have been allocated at previous PRAM meetings.
- 1.5 The following agencies are represented at PRAM: Angus Council People Directorate, Children and Families Services - Child Protection, Family Support Teams, NHS Tayside – Department of Midwifery, Advanced Nurse Practitioner for Children and Families, Nurse Adviser Child Protection; Alcohol, Drug & Blood Borne Virus Service, Tayside Substance Misuse Service, Police Scotland Public Protection Unit, People Directorate, Learning Disabilities Service, Community Mental Health Service, Criminal Justice Service, Angus Council Housing Department, CAIR Scotland and dedicated administration support provided by People Directorate.

2. Referrals

2.1 The criteria for referral to PRAM are as follows:

- ❖ Presenting factors in the expectant mother's and/or partner and family background or circumstances which indicate a significant degree of vulnerability and/or concern;
- ❖ There are identified issues which indicate that the infant's safety and/or wellbeing may be compromised following birth;
- ❖ The expectant mother and unborn baby's situation would benefit from a multi-agency approach.

(There is a leaflet available for professionals which outlines the role and purpose of the PRAM.)

2.2 Any member agency may refer an expectant mother to the PRAM but this **must be via their agency representative**. Referral information is passed by telephone, letter or email to the dedicated admin support person based at People Directorate, Children and Families Services, Bellevue House, Arbroath (01241 438483). Referral information is recorded on the PRAM referral summary. (Each referral is given a log number.)

A referral should be made to the PRAM as early as possible in order to provide sufficient time for a full and informed assessment and appropriate supports for the family identified prior to the birth of the baby.

Where an adult is receiving a service from substance misuse services and is pregnant, or is the partner of a pregnant person, they should be referred to the PRAM as standard in order that their situation can be fully assessed.

2.3 A pre-screening meeting, with nominated representatives from the PRAM, will be held two weeks before the PRAM to screen and prioritise new referrals, determine which referrals are appropriate for PRAM and set the agenda for each monthly PRAM meeting. Monitoring mechanisms via CareFirst will track all PRAM referrals.

2.4 All referrals are circulated to member agencies two weeks in advance of the PRAM. It is the responsibility of each member agency to check their own information systems and gather information about the expectant mother, partner and family background, any previous involvement, information about previous children, identified issues which may be of concern etc. and bring that information to the PRAM.

N.B. It is essential to the effective functioning of the PRAM that referrals are made allowing sufficient time for this pre-circulation to take place so that adequate information is available for sharing by PRAM members at the meeting.

2.5 Fast track to child protection services

In some circumstances, the referrer may believe that it is necessary to refer directly to the People Directorate, Children and Families Services, Child Protection Team and Public Protection Unit, Police Scotland at Bellevue House, Arbroath. For example where there are serious concerns about the safety of a newborn baby and the birth of the child is imminent. The allocated worker carrying out the resulting assessment may refer to the PRAM for additional resources.

2.6 Open Cases to Angus Council, Children and Families Services

Where there is known current children's services social work involvement with a family, i.e., with older siblings, the referrer should liaise directly with the case responsible worker to ensure a holistic response to the needs of the unborn child and other children in the family. A PRAM referral should still be completed for discussion at the pre-screening meeting. The PRAM chair is responsible for ensuring the referral is followed up by the case responsible social worker and that all agencies are aware of this decision. When additional resources are required and cannot be identified through ongoing liaisons, the case responsible social worker may refer to the PRAM for additional resources. High risk pre-birth risk assessments allocated to the child protection team will be carried out in conjunction with a social worker from the relevant fieldwork team.

2.7 Compatibility with NHS Unborn Baby Protocol

The Department of Midwifery representatives refer simultaneously to PRAM and to the Nurse Adviser, Child Protection. The Nurse Adviser, Child Protection will convene network meetings/professional workers meetings as required in the NHS Unborn Baby Protocol for referrals which he/she receives from the Department of Midwifery which require a lower tariff response than those at 2.1 above (e.g. for general advice or support around housing or financial issues) or where the birth of the baby is imminent but who has not been referred to PRAM at an earlier date. Social Work representation, if required, is through the Intake Service unless the family are already actively involved with a Children and Families Team. Such meetings may elect to refer to the PRAM if the level of concern which emerges in a network meeting/professional workers meeting is believed to meet the criteria at 2.1.

2.8 Member agencies are required to seek a parental consent form from both parents, where possible, for information to be shared at the PRAM which is recorded on a standardised format. Where the chair of PRAM believes that it is necessary to override the absence of consent because of child protection concerns, the referral will be discussed in the absence of consent. The pre-birth referral and assessment pathway can be found at. The referrer should provide the parents with the leaflet "Information for parents and carers".

3. PRAM Referrals

- 3.1 Depending on the child's estimated date of delivery (EDD) the referral will be considered at the first available monthly PRAM. The referrer, if not a standing member of PRAM, is asked to attend to speak to their referral. If the referrer is unable to attend, a substitute representative should attend in their absence.
- 3.2 The chair then invites contributions around the table regarding what is known about the expectant mother's circumstances and the care to date of the unborn baby. This will include discussion about the child's father's circumstances, and extended family supports. Potential risk issues to the baby are identified, as are specific areas of vulnerability for the mother.
- 3.3 Following discussion, the chair summarises the strengths and concerns pertaining to the referral. The meeting then discusses the unborn baby's needs and which service is best placed to respond to the referral i.e. whether the assessment should be undertaken by Social Work for a pre-birth risk assessment or whether the baby's circumstances merit a child wellbeing/support approach from universal services
- 3.4 An assessment is then allocated with an identified lead agency or agencies and a reporting back date for a future PRAM, usually two meetings thereafter to feedback on the outcome of the assessment. It is the responsibility of the lead agency to ensure that staff undertaking the assessment has the relevant skills, experience and training to complete the assessment.
- 3.5 A minute of the meeting is circulated to PRAM members and an extract relating to individual case discussions is sent to the named person/lead professional as appropriate by the agency's PRAM representative. It is the responsibility of all agencies to check the accuracy of the PRAM minutes and bring to the attention of the PRAM Chair any factual errors. The extract must include a front sheet detailing the PRAM attendees and dated.

4. PRAM Assessments

- 4.1 Where it has been agreed by the group that a child protection pre-birth risk assessment is required, this will be completed on a child protection investigation report (CO8) by social work staff co-ordinating and completing the assessment. Where an initial assessment is required this will be completed by social work staff on a needs assessment form (C02). All recording will be completed with reference to the pre-birth multi-agency assessment.
- 4.2 Where other agencies are allocated to lead on the PRAM assessment, this will be completed on a pre-birth multi-agency initial assessment.

- 4.3 A pre-birth risk assessment should always be carried out where there are significant concerns about drug or alcohol misuse and/or a history of previous child protection concerns. Assessment reports to PRAM should draw together all the relevant background information including consideration of parents, any potential carers for the child, and the partners of both parents and extended family members.
- 4.4 All assessments must be read, approved and counter-signed by the allocated worker's line manager prior to submission to the PRAM. The completed assessment is considered at a future PRAM meeting where the PRAM representatives of the lead agency or agencies report back, unless the report writer is specifically requested to attend. A copy of the completed assessment report for presentation at the PRAM must be sent to the PRAM clerical officer one week prior to the PRAM for circulation to PRAM members prior to the meeting.
- 4.5 The issues arising from the completed assessment, particular needs of the unborn baby, needs of the parents/carers and any other family issues are presented and discussed. A care plan detailing future plan of work is identified. Often the support system which has been developed around the expectant mother will continue beyond the baby's birth but PRAM members are empowered to allocate resources from their own agencies which can support the mother and child in the longer term.
- 4.6 Where an assessment and supporting care plan has been brought back to the PRAM, the disposals available are:
- ❖ continue for further assessment;
 - ❖ allocate resources and close to PRAM;
 - ❖ refer on to child protection services for multi-agency co-ordination;
 - ❖ Authorise a continuation of existing work and close to PRAM.

5. Review of PRAM function

- 5.1 Reviews of the PRAM's functioning are held annually and are attended by standing members, and chaired by the Area Manager, Children and Families Services, People Directorate who is responsible for the effective functioning of the PRAM. Reviews consider the effectiveness of current procedures, outcomes measurement, information exchange, multi-agency awareness, training needs and practice issues.
- 5.2 The PRAM reports to the Child Protection Committee via the Child Protection Policy Sub Committee.