

# *Pre-birth Child Protection - Inter-Agency Protocol*



***working together to protect  
children in Angus***

---

## Introduction

The [National Child Protection Guidance for Scotland 2014](#) outlines the responsibilities for Child Protection Committees to establish robust systems and practice for child protection in their areas. This extends to the protection of unborn babies where there may be risks, either in-utero or the likelihood of harm when born.

The following multi-agency guidance links to, and is underpinned by this legislation and by the principles and practice in the Angus Child Protection Committee [inter-agency guide for professionals 2019](#). The Tayside Multi-Agency Practitioners Guidance – Concern for Unborn Babies 2019 should also be consulted.

The purpose of this Angus pre-birth child protection protocol is to set out the respective responsibilities, duties and process for screening, assessing, recording and acting on unborn baby referrals.

## Pre-birth referral criteria

Referrals to the Pre-Birth Resource Allocation Meeting (PRAM) should be made in the following circumstances:

1. The expectant mother is a care leaver under the age of 26 years
2. The expectant mother is a child under the age of 13 years
3. A previous professional response has been required following an unexplained injury to a child in the household
4. There have been previous child protection concerns for a child in the household
5. A parent or other adult is a person identified as presenting behaviours which would be a potential risk to children
6. A child has previously been removed from the household
7. Where there is knowledge of substance misuse, significant mental health concerns or suspected domestic abuse
8. Where there are significant concerns about parental ability to self-care
9. Where there are maternal risk factors, e.g. denial of pregnancy, non-compliance with treatment which may have a detrimental effect for the unborn baby etc.
10. Where there is a history of frequent changes in accommodation and moves from area to area coupled with other potential risk factors
11. The family are homeless (or at risk of becoming homeless)
12. Where there are concerns that the mother or father may have been trafficked

13. Where a member of the household is subject to current adult protection procedures (or has been so previously)

### **Information sharing and recording**

The [National Child Protection Guidance for Scotland 2014](#) places expectations on all agencies and practitioners to take a pro-active approach to identifying and responding to potential child protection risks. It emphasises that the over-riding priority must always be the safety of the child.

Referrals must therefore, be made to the Care and Protection Service by all agencies who become aware of any above concerns as soon as the pregnancy is known and expected to be continued. This helps avoid crisis-led work by allowing maximum time for the relevant workers to establish a relationship with the parents and support them to reduce the risk for the baby prior to birth.

***Practitioners should not assume that another professional or agency has made a referral. Even when this is the case, different agencies are likely to have different information about the concerns. The referral should always be made.***

Parental consent to share information is not required where there are child protection concerns. However, professionals should refer to the general principles on information sharing contained within the aforementioned [National Guidance](#) and [Tayside Multi-Agency Practitioner's Guidance: Concern for Unborn Babies](#) and [Tayside Code of Practice: Information Sharing, Confidentiality and Consent](#). If advice is needed the Care and Protection Service can be consulted on 01241 464573.

Any professional who is concerned about the safety or welfare of an unborn baby should complete the referral form in Appendix 1 and send to [Investigationsteam@angus.gov.uk](mailto:Investigationsteam@angus.gov.uk) FAO PRAM This should be followed up with a phone call to 01241 467333 to reassure the sender that this has been received.

***NB - NHS Tayside health staff should follow NHS Tayside Concern for Unborn Babies found on NHS Tayside Child Protection Staff net page. NHS Tayside referrals should be sent to the NHS Tayside centralised mailbox "chinfo" address who will then send to the Children and Families mailbox noted above.***

All existing agency recording protocol should be adhered to.

Any **immediate** child protection concerns should be alerted to police (999) or social work (03452 777778) without delay.

### **Following receipt of referral**

- The referral will be reviewed by Angus Council Investigations Team before being passed to PRAM for multi-agency discussion. If the family is currently open to social work or there are clear risk factors identified then the referral may be referred directly to the appropriate social work Locality Team for assessment without being discussed at PRAM
- All remaining referrals will be discussed at PRAM
- The named Midwife/Health Visitor/Family Nurse or lead professional may be tasked with further support to the family. This will involve them calling a planning meeting with the family and other professionals to share information and consider the support needs.
- It may mean further assessment will need to be undertaken with the family. All professionals who have contact with the parents should be aware that they may be asked to assist in the assessment and analysis of need. In some situations partners will be asked to contribute to a multi-agency plan for the baby.
- On some occasions there may be no action taken.
- The referrer will be advised of the outcome of their referral as soon as it is decided.

**Where a decision has been made of “No Further Action by PRAM” and where further assessment or a change in circumstances identify additional concerns, a re-referral should be made.**

## UNBORN BABY REFERRAL FORM

**(PLEASE GIVE AS MUCH DETAIL AS POSSIBLE BUT DO NOT DELAY REFERRAL  
DUE TO LACK OF INFORMATION)**

MOTHERS DETAILS			
Mother's Name:			
Address:			
Date of Birth/CHI:			
Telephone Number:			
Estimated Date of Delivery:		Weeks pregnant at referral	
Health Visitor/Family Nurse: <i>(if known for siblings)</i>			
GP Name:			
GP Address:			
FATHERS DETAILS	Details not disclosed <input type="checkbox"/>		Details refused <input type="checkbox"/>
Fathers Name:			
Address:			
Date of Birth/CHI:			
Telephone Number:			
GP Name:			
GP Address:			
REFERRAL INFORMATION			
Date of Referral:			
Referring Agency/ Practitioner:			
Designation:			
Contact details: Email			
Contact details: Telephone			
Named Midwife/Team:			

<b>Midwifery Base:</b>				
<b>Midwife Contact Number:</b>				
<b>Is Mother of UBB aware of this referral?</b>	<b>YES</b>		<b>NO</b>	
<b>Has consent to share information been obtained?</b>	<b>YES</b>		<b>NO</b>	
<b>Is Father of UBB aware of this referral?</b>	<b>YES</b>		<b>NO</b>	
<b>Has consent to share information been obtained?</b>	<b>YES</b>		<b>NO</b>	
<b>If information/referral is being shared without consent please give rationale below:</b>				
<b>SIBLINGS</b> <span style="float: right;"><i>not applicable</i> <input type="checkbox"/></span>				
<b>Name:</b>		<b>Date of Birth:</b>		
<b>Name:</b>		<b>Date of Birth:</b>		
<b>Name:</b>		<b>Date of Birth:</b>		
<b>Name:</b>		<b>Date of Birth:</b>		

<b>CHILD PROTECTION CONCERN REFERRAL:</b>		<i>not applicable</i> <input type="checkbox"/>	
<b>Reason for referral:</b>			
Previous children removed from parental care	<input type="checkbox"/>	Parental substance/alcohol misuse	<input type="checkbox"/>
Domestic abuse reported within household	<input type="checkbox"/>	Significant Mental health issues	<input type="checkbox"/>
Woman/partner in criminal justice system	<input type="checkbox"/>	Previous child care/child protection issues	<input type="checkbox"/>
Other: <input type="checkbox"/> <b><i>please state:</i></b>			

**ASSESSMENT OF SITUATION/BACKGROUND**

- What have you seen and heard?
- When was this?
- How many occasions or how long has this been happening?
- What may be the possible impact for the unborn child(ren) and or any other child(ren) in the same family before or after the birth?

*Complete in bullet points format***Protective Factors/Strengths.****Adverse Factors/needs/potential risks****SAFE****HEALTHY****ACHIEVING****NURTURED****ACTIVE****RESPECTED**

<b>RESPONSIBLE</b>		
<b>INCLUDED</b>		

**If there have been any discussions with other professionals please record them below. If not, please summarize concerns and submit the referral.**

<b>Other Professionals known to be working with family</b> (for example: mental health services, drug or alcohol services, learning disability team, Health Visitor/family Nurse, other agencies)	
<b>Name of Professional</b>	
<b>Designation of Professional</b>	
<b>Contact Details</b>	
<b>Informed of Pregnancy</b>	
<b>Working with</b>	Mother of UBB <input type="checkbox"/> Father of UBB <input type="checkbox"/> Sibling <input type="checkbox"/>
<b>Note on any professional discussion regarding concerns</b>	

<b>Name of Professional</b>	
<b>Designation of Professional</b>	
<b>Contact Details</b>	
<b>Informed of Pregnancy</b>	
<b>Working with</b>	Mother of UBB <input type="checkbox"/> Father of UBB <input type="checkbox"/> Sibling <input type="checkbox"/>



<b>Note on any professional discussion regarding concerns</b>	
---	--

<b>Name of Professional</b>	
<b>Designation of Professional</b>	
<b>Contact Details</b>	
<b>Informed of Pregnancy</b>	
<b>Working with</b>	<b>Mother of UBB</b> <input type="checkbox"/> <b>Father of UBB</b> <input type="checkbox"/> <b>Sibling</b> <input type="checkbox"/>
<b>Note on any professional discussion regarding concerns</b>	

<b>Name of Professional</b>	
<b>Designation of Professional</b>	
<b>Contact Details</b>	
<b>Informed of Pregnancy</b>	
<b>Working with</b>	<b>Mother of UBB</b> <input type="checkbox"/> <b>Father of UBB</b> <input type="checkbox"/> <b>Sibling</b> <input type="checkbox"/>
<b>Note on any professional discussion regarding concerns</b>	

<b>Summary of overall assessment</b>
<b>Recommendation by Referring Agency</b>

## TAYSIDE MULTI AGENCY CONCERN FOR UNBORN BABY REFERRAL

This form can be completed by any practitioner and managers working in the public, private and third sectors across Tayside concerned for an Unborn Baby/Baby.

### Prior to submission

- Call your local Social Work Duty Team or in Dundee MASH to discuss referral: contact details can be found at the end of this Referral Form.

SECTION 1 - CORE DETAILS <i>Please complete what you can: if not known please state "Not Known"</i>			
<b>NOTIFIED BY:</b>			
<b>Name and job title:</b>			
<b>Agency/Dept:</b>			
<b>Contact Details:</b>	Address Tel. No. <span style="float: right;">E-mail address</span>		
<b>Contact person for feedback or further enquiry (if different from above):</b>	Address Tel. No. <span style="float: right;">E-mail address</span>		
<b>Line Manager / Designated CPO</b>	Tel. No.:		
<b>Full Name(s) of prospective parent(s)</b>	<b>Address &amp; Tel. No.</b>	<b>DOB</b>	
<b>Full name(s) of any other child(ren) in the household</b>			
<b>Name</b>	<b>DOB</b>	<b>Gender (M/F)</b>	
<b>No other children within household</b>		<b>Information not known</b>	
<b>Name of any PARENT who does not reside with the child</b>	<b>Address &amp; telephone number</b>	<b>DOB</b>	<b>Has Parental Rights &amp; Responsibilities</b> <i>*delete where applicable</i>
			Yes/No/Not Known *
		<b>Information not known</b>	

Full names of ALL adults in the household (Include all known names i.e. maiden names, aliases, etc.)	DOB	Gender (M/F)	Relationship to the child
			Information not known

OTHER PROFESSIONALS			Information not known		
	Name	Contact Details		Name	Contact Details
Midwife			GP		
Health Visitor			Family Nurse		
Any other worker (please provide details)					
Name	Designation	Contact Details	Name	Designation	Contact Details

### SECTION 2 - CONCERNS

Please describe the issues which give you cause for concern, and why.

**Prompts:**

- What have you seen/heard?
- When was this?
- How many occasions or how long has this been happening?
- What may be the possible impact for the unborn child (ren) or any other child (ren) in same family/household?

**Other considerations**

- Unborn Baby concerns: what is the expected date of delivery/stage of pregnancy
- Are there concerns about behaviours of parent/carer/other significant adult which may cause concern (for example: substance misuse, domestic abuse, significant mental ill health etc)
- You may wish to consider including your assessment/analysis using the SHANARRI indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected and Responsible, Included).

Date of concern:                      Time of concern:

Nature of concern:

**Does the concern involve any of the following (tick all that apply)**

Parental Substance/alcohol misuse	<input type="checkbox"/>	Domestic/Honour based Abuse	<input type="checkbox"/>
Previous child care/child protection concerns	<input type="checkbox"/>	Previous child/ren removed from care	<input type="checkbox"/>

CONTACT DETAILS FOR SOCIAL WORK			
Local Authority Area	Office hours	Out of office hours	Email contact details
Dundee (MASH)	01382 307940	01382 307964	<a href="mailto:mash.admin@dundeecity.gov.uk">mash.admin@dundeecity.gov.uk</a>
Angus Investigation Team	01241 467333 Ext 7333	01382 307964	<a href="mailto:Investigationsteam@angus.gov.uk">Investigationsteam@angus.gov.uk</a>
Perth & Kinross Child Protection & Duty Team	01738 476768	01738 476768	<a href="mailto:childprotection@pkc.gov.uk">childprotection@pkc.gov.uk</a>
<b><i>Emails must be sent through a secure email account.</i></b>			
Significant Mental health issues	<input type="checkbox"/>	Woman/partner known to criminal justice	<input type="checkbox"/>
Significant Learning Disability	<input type="checkbox"/>		
Child Sexual Exploitation <input type="checkbox"/>	Child/Human Trafficking <input type="checkbox"/>	Radicalisation <input type="checkbox"/>	FGM <input type="checkbox"/>
<b>Describe any discussions and/or actions that have already taken place regarding this concern.</b>			
<b>Are there any additional support needs for the family, e.g. interpreter?</b>			
<b>Information Sharing.</b>			
Have you made the prospective mother aware that information may be shared?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you made the prospective partner/family member aware that information may be shared?		Yes <input type="checkbox"/>	No <input type="checkbox"/>