Moray Multi-Agency Guidance

Vulnerable Pregnancy Pathway

Moray
Community Planning
Partnership
www.yourmoray.org.uk

DOCUMENT CONTROL	
Main Author	Susan Stronach
Membership of the update group.	
Date Completed	12/04/18
Date/s Updated	
Committee Approved	June 2018
Effective from	September 2018
Review Date	12/04/19
Governance	Moray Child Protection Committee

MULTI-AGENCY PROCEDURERS FOR VULNERABLE PREGNANCIES

1. Introduction

1.1. The aim of this guidance is to assist vulnerable parents to acquire the necessary parenting skills and to support both the women and their partners in:

1.2. Putting their children's welfare first. Every child has the right to protection from all forms of abuse, neglect, or exploitation.

1.3. These procedures are designed to complement single agency Child Protection Procedures and Moray Child Protection Committee Child Protection Guidance. This guidance provides the operational framework in which key agencies will work together to protect children. It should also be considered alongside the Moray Inter-Agency Referral Discussion Procedure where appropriate.

1.4. This protocol has been developed to assist staff from all agencies within Moray, who provide care or support to pregnant women and their partner/families. It has been developed in consultation with social work, health and education colleagues, and sits within the Moray Getting it Right for Every Child (GIRFEC) principles and procedures which are central to supporting families.

1.5. It should be noted that not every woman who may be in the following categories will require to be referred under these procedures. Initial assessment of the needs of the mother, the father/partner, and the family dynamic should identify those women and families who require inter-agency support through this procedure**.**

1.6. Improving outcomes for children, young people, and their families is a fundamental objective for all Services within Moray. For unborn babies the need to ensure that Services have a shared understanding of what constitutes a vulnerable pregnancy and use common approaches and language to identify, assess, and support pregnant women and their partners/families is a crucial one. This will ensure that families get the help they need, when they need it, to maximise the potential for the baby to thrive and meet expected developmental milestones and outcomes.

1.7. Pregnancy provides an opportunity for Services to identify factors which indicate that the unborn baby may become a 'child in need' of support, as defined by the Children (Scotland) Act, 1995, or which places the child at significant risk of harm. It is crucial that Services proactively consider at an early stage what support is required during pregnancy or in the post-natal period, to ensure that there are clear processes in place for the protection of vulnerable children.

2. Purpose and Scope

2.1. This protocol promotes early intervention in order to initiate a multi-agency, needs led approach to the identification, assessment, and support of vulnerable pregnancies, and aims to ensure that responses are proportionate, timely, standardised, and consistent across Moray.

3. Values and Principles Underpinning Inter-Agency Intervention

3.1. All agencies both within adult and children's services involved in providing services to vulnerable women and families will ensure that the welfare of the child is paramount, whilst adopting a whole family approach. This will be achieved by working in a spirit of partnership with the family wherever possible.

3.2. Any intervention by a public authority in the life of a child must be properly justified and should be supported by services from all relevant agencies working in collaboration. Vulnerable families can often be a cause for concern; however, it should not automatically lead to either child protection registration or compulsory measures of intervention.

3.3. In order to promote their inclusion in society, all agencies need to provide a range of treatment and support services to vulnerable families which help parents to cope with their problems, develop solutions and to work towards positive lifestyles.

3.4. In line with the Children's Hearing (Scotland) Act 2011, babies and children should be cared for in their own families wherever possible.

4. Aim of the Protocol

4.1. To support professionals in identifying vulnerable pregnant women where there may be factors which could result in their baby being considered to be a child in need of support and/or protection.

4.2. To provide a clear pathway of referral for multi-agency input and assessment, which will provide timely support and interventions based on assessed need?

4.3. To deliver a clear, consistent and shared multi-agency approach which will provide comprehensive support to vulnerable pregnant women and their partner/families?

4.4. To ensure all professionals are clear in their role to minimise and disrupt the impact of risk factors during the pregnancy which could cause harm to the unborn baby, by providing high quality care and support, which will enhance outcomes for the child in the short and longer term.

5. Identifying Vulnerability in Pregnancy

5.1. All children and young people have the right to be cared for, protected from harm and abuse and to grow up in a safe environment in which their rights are respected and their needs met. A large number of children in Scotland, however, are born into, and live within families that can be considered "vulnerable."' (A Pathway of Care for Vulnerable Families 0-3, Scottish Government, 2011).

5.2. Midwives and GP's have a significant and key role to play in the identification of vulnerability during pregnancy. They are often the first to become aware of the pregnancy and should therefore be alert at all times to risk factors for the mother which may impact on the health and welfare of the unborn baby. However, there are many examples where other services and agencies are involved in supporting women who are, or become pregnant, and they too should be aware of their role and the expectations that they will adhere to the same process.

Vulnerability/Risks in pregnancy can be identified by a variety of different factors, and can be current or historic, including but not limited to or combination of :

- poor economic, material and social circumstances
- domestic abuse/gender based violence, including previous relationships
- previous child care/child protection issues

- alcohol use
- substance use, including prescribed medication
- mental ill health
- learning difficulties or disabilities
- physical disabilities of parent
- teenage pregnancies/young unsupported parents
- homelessness/housing difficulties i.e. rent arrears
- criminal justice social work involvement
- parents who have been subject to care proceedings in their own lives
- families with many changes of address and relationships i.e. transient males and non-engagement with maternity services
- ethnicity
- late booking/concealment of pregnancy

For further information, refer to A Pathway of Care for Vulnerable Families (O-3)

5.3. The above list is not exhaustive and will ultimately depend on an individual's circumstances. Additionally, many of these risks/vulnerabilities do not occur in isolation and are often inter-related and combine to create a complex picture of the families' situation. It is important that professionals are open to identifying more than one risk/vulnerability and how these factors may collectively impact on the unborn child. An assessment is key to a better understanding of what vulnerabilities exist and what support is appropriate to address the needs identified.

5.4. This protocol must be used as part of the Moray GIRFEC National Practice Model which promotes access to services on a multi-agency basis for children and their families, with supports being co-ordinated by the named person/lead professional. Although, pre-birth there is no Named Person role, the named midwife should assume the lead professional role until the multi-agency support team identify an alternative lead professional, where required.

6. Information Sharing/Consent

6.1. Obtaining consent for information sharing is regarded as best practice and both parents should be involved in any discussions around the need and purpose of sharing information. Professionals are required to be fully aware of the expectations in this respect and should read the following document – Pan Grampian practitioner's information sharing guidance. However, the focus must be on the safety of the unborn child; there may be some circumstances where parents should not be informed, specifically where the assessment indicates that to do so would place the unborn child at increased risk, for instance where there is a high risk that the family will hide or move area suddenly. At these times, the rationale for any decision not to seek consent should be recorded in case records.

6.2. Each agency will have their own policies and guidance for information sharing and consent and it's important that these are followed as per data protection legislation. This section should be considered alongside the GRDP legislation that is valid from May 2018

7. Referral Process

Any member of staff who has concerns regarding the unborn baby's wellbeing would be expected to ask the GIRFEC '5 questions' to establish how best to proceed:

- What is getting in the way of this child or young person's well-being?
- Do I have all the information I need to help this child or young person?
- What can I do now to help this child or young person?
- What can my agency do to help this child or young person?
- What additional help, if any, may be needed from others?

7.1. Good practice dictates that it is imperative that agencies maintain robust communication in order to safeguard the wellbeing of children. Unborn babies are no different. In the event that any concerns remain unclear at this stage (6.1) it may be necessary to have a validation of concerns/pre-referral to Triage to gather further information from other agencies who may be known to be involved with the family, or who may be able to offer another perspective on the nature of any concerns, for instance, children's social work services. It is important that staff discuss these concerns with the pregnant woman and her partner/family (other than for the reasons outlined above – 5.1) and explain why information is being shared and for what purpose, but the underlying driver must be **if in any doubt, seek advice.**

7.2. If this process concludes that vulnerabilities do exist which may impact on the unborn baby, there may be a need for wider discussion to share information and consider what support is required. This means considering the holistic approach to the family that may include Adult services.

7.3. The referring agency will complete a **Request for Assistance** and submit this to relevant agencies accompanied by the referring agency chronology. The referring agency should discuss the need for a Child Planning Meeting.

8. Assessment

8.1. The Pre-Birth Assessment will consider all the circumstances of the unborn child, including any vulnerabilities/risks identified and contain an analysis of how this is likely to impact on their safety/wellbeing. It is crucial that the Pre-Birth Assessment is discussed with the pregnant woman and her partner/family prior to the Child Planning Meeting and it is shared with other attendees.

8.2. Assessment is a fluid activity and professionals are required to consider and react appropriately to any new information which may impact on the wellbeing of the unborn baby. It is important that professionals maintain good working relationships, share appropriate information and be vigilant to any changes to the pregnant woman or her partner/families situation. Where risks are assessed to be increasing, consideration must be given to Child Protection procedures and/or legal measures required to safeguard the unborn baby.

8.3. Once a Pre-Birth Assessment is complete and a Child's Plan is in place, this must be monitored and subject to ongoing review as appropriate to the individual circumstances of the unborn baby. It is recognised as good practice to have a Child Plan Meeting pre-birth and again, around the discharge date once the baby is ready to leave hospital, to ensure that the Child's Plan is appropriate and roles are clear to those involved. This will include details of any birthing plan. See Appendix 1 for more details.

9. Pre-Birth Child Planning Meeting

9.1. The Pre-birth Child Planning Meeting will agree and draw up the Action Plan. This meeting would usually be chaired by the allocated midwife and would usually include the pregnant woman, her partner/family as appropriate, children's social work, health visitor, family nurse, education (for older siblings), criminal justice, adult services and any other professionals involved in supporting the family.

9.2. In order to promote the early identification of concerns and ensure that timely action is taken to safeguard the wellbeing of the unborn child, it is expected that agencies do not delay in their responsibility to respond to requests for information and/or respond to requests for assistance in managing the case.

9.3. At the Pre-birth Child Planning meeting, the referring agency will present relevant information collated using the GIRFEC National Practice Model to ensure a holistic, proportionate assessment of the wellbeing of the child. Invited agencies would be expected to share relevant information or knowledge of the family. At this meeting, an initial Action Plan would be agreed which outlines the necessary desired outcomes and actions required to support the pregnant woman and her partner/family and specifically what further assessments are required to better understand what potential risks/vulnerabilities exist for the unborn child. Where there is a role for social work they will typically assume the Lead Professional role at this stage and take responsibility for completing a Pre-Birth Assessment, which will be presented to a future Child Plan review Meeting.

9.4. At the Initial Child Planning Meeting stage or at any subsequent review where a full assessment of the risk/vulnerabilities of the unborn child is presented and where there is a multi-agency decision surrounding the unborn child being at significant risk of harm, then Child Protection processes should be followed. This is where IRD procedure's must be followed, and where agreed, an Initial Child Protection Case Conference is required to take place by the 28 week stage. A pre-birth protection plan will also need to be in place.

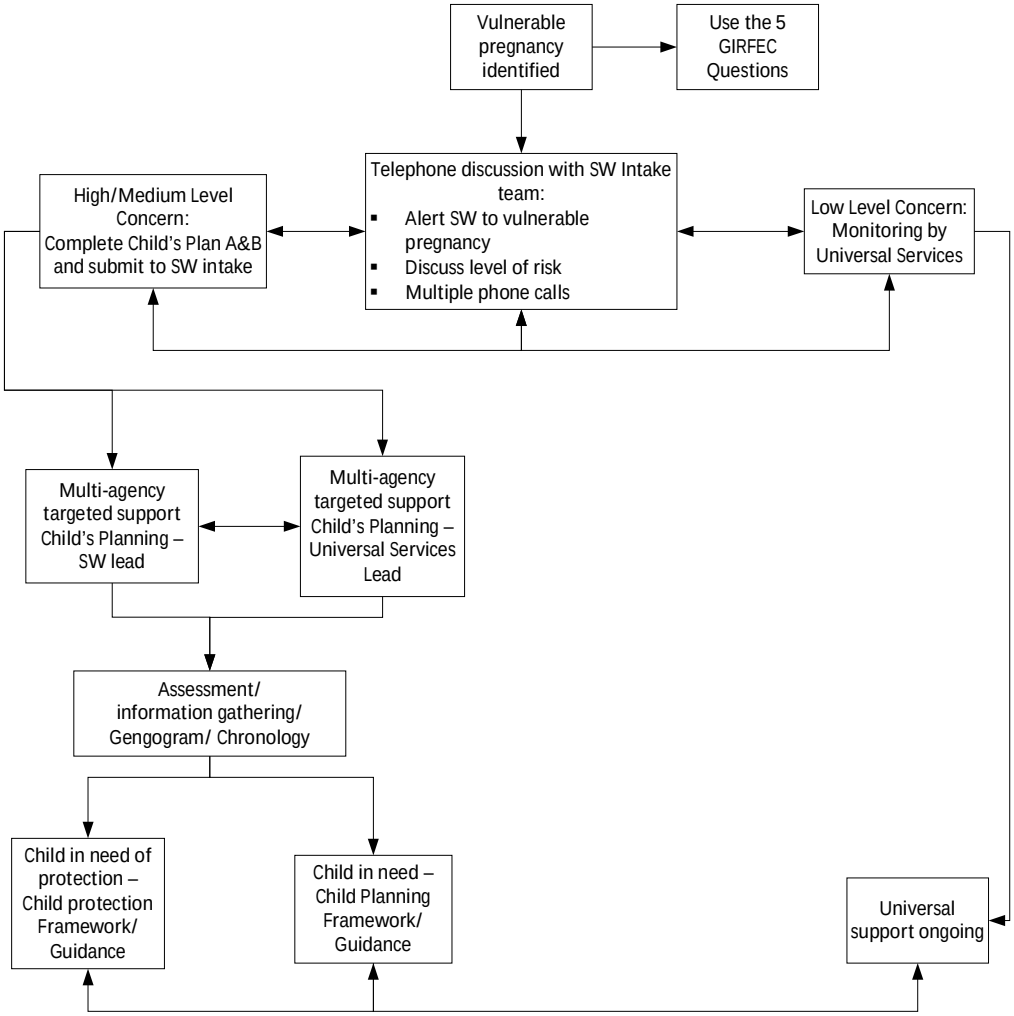
9.5. In addition to considering the need to follow Child Protection processes, it may be necessary for the allocated midwife to prepare a NHS Grampian Protection Plan and if appropriate, recommend the issuing of a NHS Grampian Midwifery Alert. This ensures that relevant health staff are aware of the identified concerns and that a plan is in place.

Practice Tips
• In order to safeguard the wellbeing of the new-born baby, a robust discharge plan must be in place. • The named midwife must update the 'NHS Protection Plan' on the day of any CPCC or subsequent Child Protection Core Group. • A Pre-Discharge meeting can play an essential role in ensuring that all agencies involved in being part of the support team, are equipped with the most up to date assessment of the wellbeing of the child and any risks/vulnerabilities, which will assist them to respond appropriately. • Good communication is a crucial element of any response to a vulnerable child, and all agencies are tasked with ensuring the highest possible standards in this respect, both in terms of how agencies communicate with each other or collectively, and ensure the parent(s) and wider family are included and feel part of the decision-making process. • All agencies have a responsibility towards the unborn child, and must work together in a mutually supportive and reflective way to ensure that decision-making is robust, while balancing an appropriate element of critical challenge to any aspect of the Child's planning process.

References:

1. Children's (Scotland) Act 1995
2. GIRFEC National Practice Model
3. National Guidance for Child Protection in Scotland, 2014
4. Children and Young People (Scotland) Act 2014
5. A Pathway of Care for Vulnerable Families 0-3, Scottish Government, 2011
6. National Risk Framework to Support the Assessment of Children and Young People, 2012
7. Moray Inter-agency Referral Discussion Procedure

Vulnerable Pregnancy Pathway



AT ANY POINT, IF THERE ARE CHILD PROTECTION CONCERNS, CHILD PROTECTION PROCEDURES SHOULD BE INITIATED