



NOTTINGHAM CITY
Safeguarding
Children BOARD

Safeguarding babies at birth and young infants where the risks are too great to leave them in the care of their parents.

Practice Guidance and Toolkit

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1. Introduction

- 1.1 This guidance has been developed to support practitioners using the Nottingham City Safeguarding Children's Board (NCSCB) Safeguarding Children Procedures in relation to safeguarding unborn babies and specifically managing risks following birth.
- 1.2 The guidance will provide clarity in relation to the professional and legal requirements; the legal framework; and issues relating to consent and separating the baby from its mother in different circumstances, including the sequence of meetings required. The Appendices provide a pre birth consent to accommodate template and Birth Protection Planning meeting formats for use by practitioners.
- 1.3 The guidance is aimed at all practitioners working with pregnant women where there are safeguarding concerns, but in particular social care and midwifery staff.
- 1.4 The majority of assessments undertaken for pregnant women will result in the provision of support and services for the family with the baby going home upon discharge from hospital after birth.
- 1.5 This guidance provides specific information in relation to the removal and accommodation of babies where there are child protection concerns, either shortly after their birth or upon discharge from the hospital.
- 1.6 The guidance should assist in planning appropriate safeguarding activity but does not replace the need to consult and seek advice from appropriate line managers and practitioners/managers from partner agencies, together with legal advice, if required. This should therefore be used in conjunction with supervision, reviews, Child Protection Conferences, Safeguarding at Birth Protection Planning Meetings and Legal Planning Meetings or other legal advice.
- 1.7 The guidance must be read in conjunction with Nottingham City and Nottinghamshire Safeguarding Children's Board (NCSCB / NSCB) Safeguarding Children Procedures.
- 1.8 If removal is not being considered, and the children will be returning home and yet there are the some Safeguarding concerns, refer to the Practice Guidance in relation to discharge planning of babies, children and young people. Please refer to Appendix 3.

Definitions

This document uses the word "removal" in relation to those cases where a legal order is necessary to safeguard the baby away from their parents and "accommodation" where the arrangements have been made with the written, informed consent of the mother and father if

he has Parental Responsibility to accommodate the baby under Section 20 of the Children Act 1989.

The term “Care Pathway” has been used to describe the sequence of meetings and actions required for each individual circumstance practitioners may be presented with.

2. Care Pathways

- 2.1 This Practice Guidance covers the range of care pathways that may be followed in relation to managing the safeguarding risks of babies at birth where there is a risk of significant harm to them if they remain in the care of their parent(s) following birth.
- 2.2 The appropriate care pathway must be agreed for the individual child’s circumstances, based on the Section 47 enquiry, pre-birth assessment, legal advice and schedule of meetings described later in this document.
- 2.3 Babies can only be removed or accommodated away from their parents under the following circumstances:
 - With the written, informed consent of the mother/parents following the birth under Section 20 of the Children Act 1989 (CA1989)
 - By the police using Police Protection (Section 46 CA 1989)
 - With an Emergency Protection Order on notice or ex parte (Section 44 CA 1989)
 - With an Interim Care Order (Section 38 CA 1989)
 - In exceptional circumstances, a wardship order made by a judge of the Family Division of the High Court;
 - Any person, for example a social worker or a health professional, may intervene, if necessary, to protect a child from immediate violence at the hands of a parent and should contact the police.
- 2.4 In addition, for medical reasons, any person with care of a child, for example a health professional, is able to do what is reasonable in all the circumstances to safeguard and promote the child’s welfare under section 3(5) of the Children Act 1989. This section of the Act should only be used for medical reasons and not for child protection purposes. Please see chapter 5 for more details on the legal framework. It is essential the appropriate legal advice is sought by all agencies involved in undertaking any of these duties.
- 2.5 The amount of time a mother and baby are able to remain in hospital following birth is variable depending on the individual circumstances, the health of the mother and the baby, the level of assessment completed prior to the birth, previous knowledge of the family and the assessment of risk presented.
- 2.6 In the majority of cases, the pre birth assessment will conclude that it is appropriate for the baby, once born, to remain in its mother’s care on the hospital ward for a

number of days, with supervised contact if appropriate, prior to the removal from the mother upon discharge from hospital.

2.7 There will be occasions however, when the pre-birth assessment concludes that the risks are too great to allow the baby to remain in its mother's care following birth even whilst at the hospital. In these situations, the baby will need to be separated/ removed from the mother shortly after birth. This will be within a matter of hours depending on the Birth Protection Plan and will not usually be immediately after birth. This action can only be taken within the legal framework described above.

2.8 The risk factors that lead to this action must be of sufficient gravity to lead professionals to believe the baby would be at risk of significant harm if left in mother's care whilst on the same ward, including:

- Risk of physical harm
- Risk of significant neglect through inappropriate handling, inappropriate feeding, inadequate and poor supervision to the extent that the baby would suffer harm.
- Concerns that parent(s) will attempt to leave the hospital with the baby, placing the baby at risk of significant harm

And

- A professional judgment, based on a full assessment, that it is not possible to manage these risks in any other way.

2.9 For a baby to be accommodated under Section 20 of the Children Act 1989, the mother must give informed consent following the birth and prior to the separation/removal. This is discussed in more detail in Chapter 4.

2.10 If a child is born away from the hospital, for example at home, the same principles apply in relation to assessment, consent, separation and legal responsibilities as for other births. This situation may further complicate the process and it is therefore essential clear arrangements regarding action to be taken are documented prior to the birth. This is discussed in more details in Chapter 9.

3. Pre Birth Assessment

3.1 Any concerns relating to an unborn baby should be referred to Children's Social Care without delay. Social care will plan assessments from 12 weeks gestation.

3.2 If a referral to the Family Nurse Partnership (an intensive preventive programme for first time mothers aged 19 or under through pregnancy until the child is aged two) is considered in parallel it must have been made and accepted prior to 26 weeks gestation.

- 3.3 A pre-birth assessment must be carried out by a social worker employed by the Local Authority on all unborn babies where there are child protection concerns relating to the mother and / or father's ability to parent the baby safely.
- 3.4 This assessment is critical and will form the basis for decision making, ensuring appropriate safeguarding plans are made pre-birth and to ensure the safety of the baby immediately following the birth.
- 3.5 The timing of the pre birth assessment is crucial in order to ensure full information is gathered and analysed so that it can be used within planning that takes place prior to the birth. The NCSCB and NSCB Child Protection Procedures state the following:
- As soon as child protection concerns are identified, the Section 47 enquiries and pre birth assessment should be initiated;
 - The Initial Child Protection Case Conference (ICPC) should be held within 15 days of Section 47 enquiries commencing and the pre birth assessment must be completed by this date;
 - The ICPC should be held no later than **6** weeks before the expected date of delivery but may be held up to 3 months prior to this date;
 - In most circumstances the pre birth assessment must be completed 6 weeks prior to the due date;
 - In the event of a late presentation / concealed pregnancy, an immediate assessment is required incorporating checks with Health, Police, Probation, education, Mental Health, Adult services, and Family Community Teams and other local authorities where the family have lived previously.
 - In the case of twins and other high risk pregnancies it is likely that they may deliver prematurely and in these situations efforts should be made to complete assessments by 30 weeks of pregnancy.
- 3.6 It is essential the pre-birth assessment includes the birth father wherever possible. If the father is not part of the household, it is still important to understand and assess what role the father / father's family will play in the baby's life.
- 3.7 Any other significant adults and young people who live with the mother or father or have significant contact with them must also be included in the pre-birth assessment.
- 3.8 In addition, the pre-birth assessment must examine what support the maternal and paternal families may be able to provide, in addition to any risks these relatives may present.
- 3.9 In ensuring the parents / families are fully able to contribute to the pre-birth assessment, the social worker must consider the following:
- Are there any communication issues that require support? The parent(s) first language may not be English and appropriate steps will need to be taken to ensure that there are no barriers to communication. Interpreters should be used in these circumstances.

- Do the parents have a disability? The assessor will need to consider whether there are any issues which will need addressing for example appropriate venues / need for signer, etc.
- Do either of the parents have a learning disability? Is the social worker trained in using the Parental Assessment Manual (PAM)?
- Do the parents require any advocacy support as a result of a learning disability or other vulnerability?
- Are there issues regarding ethnicity / language / culture / religion / sexuality?
 - Appropriate use of interpreters
 - Impact on assessment
 - Impact on engagement with the social worker / other practitioners

3.10 Parents with Learning Disabilities.

Where there are concerns that parents / carers have a learning disability, the PAM should be undertaken by a social worker trained in using this assessment tool. If this assessment concludes that the parents / carers do have a learning disability then it is important that the parents support needs are considered and they are informed of the need to seek their own legal advice at the earliest opportunity. The social worker should ensure, where possible, they have a legal representative at the Initial Child Protection Conference (ICPC) and at the Birth Protection Planning Meeting (BPPM) which they have arranged for themselves.

3.11 At the Legal Planning Meeting, the social worker must ensure the impact of the learning disability is fully explored as it is likely that once in the court arena, the parents solicitor will request a “capacity assessment”. This will assist the court in determining whether an official solicitor should be appointed to act as Guardian for the parent with the learning disability under the Mental Capacity Act 2005 (MCA).

3.12 Where the assessment concludes the parents are likely to have significant learning disability, a referral should be made to Adult Social Care (if the parents are not already known to them) to ensure their support needs are considered. The referral should be made to the Adult Contact Team (0115 9155555). In situations where concerns centre on significant learning disability this referral would then be passed on to the relevant community learning disability team.

3.13 In summary it is critically important that the pre birth assessment identifies as early as possible whether the parent has a learning disability. These parents are particularly vulnerable and in cases where removal of the baby might be the outcome, evidence illustrating what measures have been taken to support the parents and ensure the Human Rights Act 1998 has not been contravened will be required. This is particularly pertinent where the parent’s learning difficulties preclude them from giving informed consent to the proposed plan.

3.14 Parents with Mental Health Issues

When working with parents/carers where there are concerns around their capacity in relation to mental health issues, practitioners should be mindful of the MCA. This provides a framework for assisting parents/carers who lack capacity to make decisions for themselves and allows for decisions to be taken properly on their behalf and in their best interests. Under section 1(2) of the MCA there is a presumption of capacity unless it is assessed that the person lacks capacity. This assessment will be undertaken by Adult Social Care (ASC) upon a referral to them. If there is any doubt about whether the MCA is applicable, legal advice should be sought.

3.15 Parents with alcohol and substance misuse issues

When working with parents and carers where there are concerns around drug and alcohol misuse, a referral should be made to the specialist substance misuse midwife who will then refer onto the "Multi Agency Pregnancy Liaison Group (MAPLG).

3.16 Mobile Families

Where families have moved around different local authority areas or teams the Social Worker must contact those authorities/teams at the earliest opportunity and make arrangements to view any associated records and reports and share this information with partner agencies. Where it is viewed that there is a high risk of the mother moving prior to the baby's birth this issue must be addressed and a plan of action outlined in the Birth Protection Plan (BPP). In the event of the mother moving out of the local authority area the case responsibility must remain with Nottingham City until the case transfer has been negotiated and Nottingham City have written confirmation of the case transfer. Where there are disagreements re case responsibility Nottingham City must remain the case holder until the issues have been resolved. Please refer to the Mobile Children and Families Policy.

3.17 All Pre Birth Assessments

In all cases, the pre-birth assessment should consider all the dimensions/domains contained within the Assessment Framework and pay particular attention to risk factors which may impact on the baby's overall safety and well-being. This must include:-

- A profile of the birth parents and their families. The assessor should gain an understanding of the parent's backgrounds, their experiences of being parented and their ability to parent a baby.
- Particular attention should be paid to the following issues which should alert the assessor to investigate further:
 - teenage parents
 - young parents for whom this is their first experience of parenting
 - parents with limited support who are isolated
 - one or both parents have had children known to social care (Child In Need or Child protection)
 - one or both parents have had previous children removed from their care.
 - one or both parents are care-leavers, or have been known to social care as children in need or in need of protection, which may result in

them being isolated with little support and having experienced poor models of parenting themselves.

- one or both parents have a care history
- one or both parents have the following:-
 - learning disability
 - poor mental health
 - drug or alcohol issues
- there is current and/or a history or knowledge of domestic violence within the family / significant relationships
- one or both parents have a history of violence or have committed crimes which suggest they may present a risk to children
- children born into families where there is a history of sexual offences

The assessor must be alert to the fact that a combination of these factors, the presence of the trilogy of risks (Domestic Violence, Substance misuse and Mental Health) raises the level of concern and risk to the unborn baby significantly.

- 3.18 This is not a definitive list of potential triggers, there will be other factors not included here, which the practitioners need to consider and each pre-birth assessment must be conducted on an individual basis and in a child centered manner and should include the circumstances and needs of other children in the family.
- 3.19 The existence of one or more of these triggers does not necessarily mean the parent(s) will not be able to provide good, safe parenting, however it should prompt the social worker to focus on the particular issue(s) and seek out information from parents/previous files and from other agencies in order to understand the significance of the trigger(s) and assess whether it could be a potential risk factor.
- 3.20 The pre-birth assessment should take into account the views of all agencies involved including professionals who have previously worked with the parents. This should include using information gathered during any previous assessments, including if there is a completed Common Assessment Framework (CAF) available.
- 3.21 There may also have been previous assessments in relation to Children In Need, Child Protection procedures or court proceedings for the family, either locally or in another local authority area and locating these and using the information to inform the current assessment is essential.
- 3.22 The family may also be known to other social care teams locally, such as the Children In Care or 15 Plus Team, and it is essential their knowledge informs assessments and plans being aligned with the Section 47 enquiry, core assessment and child protection plan. Regular communication between the workers for the unborn baby and the care leavers is also essential, with attendance at all appropriate meetings, if required.
- 3.23 When working with pregnant children in care or care leavers an early referral to the special midwifery service for teenagers should be made and consideration of initiating of CAF / consideration of referral to Children's Social Care. It is important to note that pregnant children In Care / Care leavers can be good parents but they still require a core/pre-birth Assessment.

- 3.24 A social care team manager must always sign the pre-birth assessment to demonstrate that the risk analysis and recommendations are agreed. The pre-birth assessment should then be shared with other agencies to enable partnership discussion and agreement where possible.
- 3.25 The parent(s) should have been involved throughout the pre-birth assessment and must be informed at the earliest opportunity of its outcome and decisions made so they are able to understand what it means for them and to help provide any support they require, including the need for them to be advised to seek legal advice if required.
- 3.26 At any point, if the pre-birth assessment suggests that a baby may need to be removed from the mother following birth; this should be discussed with the mother and the father at the earliest possibility. This discussion must be recorded within the file and must assess their understanding of the assessment, the possible recommendation in relation to separation and their views on this. (See Chapter 4 for further exploration of the issues in relation to consent.)
- 3.27 If the conclusion of the pre-birth assessment is the baby cannot be adequately safeguarded in the parent(s) care, an Initial Child Protection Conference should be held to determine if the baby is at risk of significant harm when born and plan appropriate support and interventions, which may include the need to separate the baby from its mother following birth. This can be a traumatic experience for the family and needs to be carried out sensitively with clear planning in place to assist all professionals involved in undertaking their responsibilities.
- 3.28 The following section describes the role and function of each meeting required in order to undertake appropriate planning and information sharing within the legal framework.
- 3.29 There may be exceptional circumstances where it is not possible to hold these meetings in this order due to the timescales, for example a concealed pregnancy or a pregnant woman moving from another local authority. In these cases, the Legal Planning Meeting, which may be held over the phone in urgent scenarios, can be held before the ICPC to ensure full legal advice is sought prior to the birth.
- 3.30 If time constraints do not allow for a Birth Protection Planning Meeting to be organised, there **MUST** be a discussion between social care (including the Emergency Duty Team), the Named Nurse for the appropriate hospital, the community midwife and the police where appropriate and the outcome of this discussion must be recorded.

Initial Child Protection Conference (ICPC)

- 3.31 The role and function of the ICPC is laid out within the NCSCB / NSCB Child Protection Procedures.

3.32 Within these specific circumstances, it is essential the social worker ensures, where possible, the following prior to the ICPC:

- Legal representation for all parties requiring it. The social worker can provide a list of Solicitors who specialize in care proceedings to parents.
- Advocates for the parents
- All social care teams and agencies working with the mother and/or father are invited, with reports requested particularly if any agency is unable to attend.

It is essential the ICPC has a clear focus on a safe outcome for the child, and:

- Makes clear recommendations for the Child Protection Plan (if required) and future meetings required i.e. Core Group, Legal Planning Meeting (if not held prior to the ICPC) and Birth Protection Planning Meeting;
- Provides clarity on the specific safeguarding issues in relation to the baby, including any that present an immediate risk following birth, and recommendations as to how these should be managed;
- Makes clear recommendations in relation to any requirement to remove or separate the baby at birth including the timing of this;
- Agrees how consent will be discussed with the mother and by whom and how this will be confirmed in writing following the birth, if appropriate;
- Contingency arrangements, including any need to prepare for the application of an Emergency Protection Order, removal under police protection powers or an Interim Care Order;
- Clear recommendations linked to all identified risks;
- Support for the mother and father.

3.33 The recommendations from the ICPC must be available for the Legal Planning meeting (if not held prior to the ICPC) the Birth Protection Planning Meeting and the Core Group meeting.

Core Group Meeting

3.34 The first core group meeting should be held within 10 working days of the ICPC. The purpose of this first meeting is to add detail to the child protection plan, which was agreed in outline at the ICPC. It is important that the child protection plan informs the Birth Protection Planning Meeting (BPPM) or vice versa if the BPPM is held prior to the first core group.

3.35 It may also be expedient in these situations to consider holding a combined core group/BPPM. This would avoid the need for the parents to attend three separate meetings dealing with the proposed separation from their child.

3.36 It is essential when holding multiple meetings that all plans produced complement one another and are not contradictory. Team Managers MUST scrutinize these plans in order to ensure they run alongside each other. Any amendments/changes or updates to any of the plans must be communicated to all relevant parties including the parents

Legal Planning Meeting (LPM)

- 3.37 Where the social worker has assessed the baby as being at risk of significant harm at birth, they should book a Legal Planning Meeting (LPM) to seek legal advice on whether or not the threshold criteria under section 31(2) of the Children Act 1989 is met and to plan for the birth as early in the case as possible. Section 31(2) reads:
- 3.38 A court may only make a care order or supervision order if it is satisfied—
- (a) that the child concerned is suffering, or is likely to suffer, significant harm; and
 - (b) that the harm, or likelihood of harm, is attributable to—
 - (i) The care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or
 - (ii) The child being beyond parental control.
- 3.39 The purpose of a LPM is to ensure Children’s Social Care professionals have full legal advice in order to effectively plan interventions that are appropriate. This will include establishing whether evidence is available that the legal threshold for applying for a court order to safeguard the baby has been met.
- 3.40 In situations where the birth of the baby is imminent, an emergency LPM should be requested or undertaken over the phone. In all other cases, the usual protocol for LPM’s should be followed.
- 3.41 The LPM will be chaired by a Children’s social care service manager with legal advice from the Team Leader from the Local Authority’s Children and Adults Legal Team and attended by the Social Worker and their Team Manager. The aims of the LPM are:
- To consider and advise on the proposed plans for the baby at birth;
 - To ensure that actions and arrangements for the birth are within a legal framework;
 - If there is parental consent to accommodate the baby, to explore the nature of the consent and advise on whether this is informed consent and sufficient for the purpose;
 - If care proceedings are proposed, to advise on whether the threshold criteria are met and consider and advise on the evidence for the proceedings;
 - To agree the detailed process and timing for obtaining the necessary orders;
 - To advise on any other matters of relevance.

In addition, where accommodation based on consent under Section 20 of the Children Act 1989 is to be considered, the LPM must detail specific planning in relation to this and any contingency plans required should consent not be agreed post birth. This should specifically include under what order the baby will be removed,

the justification for this and how the legal processes will be undertaken. The recommendations from the ICPC will be scrutinized at the LPM and advice given around its clarity and legality. It will be clearly recorded whether the plan is to accommodate or remove the baby shortly after birth or upon discharge and whether this will be with a parent's consent or court order.

- 3.42 If the plan is to accommodate or remove the baby either upon discharge or before, advice will be given about the contact and supervision of its arrangements whilst mother and baby remain on the ward.
- 3.43 If it is established or agreed at the LPM, following further evidence coming to light, that the recommendations from the ICPC and therefore the proposed Birth Protection Plan differs from that recorded at the ICPC, this should be recorded and reasons given why it deviates from the original agreement. The social worker should also inform the Independent Reviewing Officer (IRO) of this decision, who may then wish to reconvene the ICPC.
- 3.44 The information provided to the LPM and decisions made must be available for the Birth Protection Planning Meeting. Detailed minutes of these meetings should not be produced at the BPPM, as the information is subject to legal privilege, the decisions and rationale behind these should however be clear.

Birth Protection Planning Meeting (BPPM)

- 3.45 The Birth Protection Planning Meeting is organised by the Social Worker and should include all relevant professionals from the hospital, named midwife for safeguarding, community midwife, health visitor and social care (including EDT).
- 3.46 The mother and father, and any other appropriate family members, should also be invited and supported to attend.
- 3.47 The purpose of this meeting is to carry forward the decisions of the ICPC and LPM to ensure they are transferred into a practical action plan to be followed once the baby is born. This will include ensuring information is shared with all relevant practitioners; consent and contact issues; any risks associated with the mother, father or other family members/known adults; and the separation of the baby from the mother.
- 3.48 A Birth Protection Plan will be agreed at this meeting which must document the following:
- A summary of the identified child protection risks;
 - Under what legal status will the baby be removed or accommodated away from the mother;

- Whether the Pre Birth Consent to Accommodation Form has been signed by the mother (appendix one) and father (if he has PR) and if not, the reasons recorded and contingency plans agreed;
- If it is a removal, how will the removal take place?
- What contact arrangements will be in place for the mother, father, extended family members and others?
- How will this plan be executed, if mother gives birth out of office hours?
- Actions to be taken if the baby is born at home;
- An agreement for a social worker to meet the mother after the birth but prior to the removal of the baby, to revisit the details of the Birth Protection Plan and sign the Section 20 paperwork giving informed consent to the accommodation of the baby where appropriate;
- Contingency plans, particularly in relation to written consent being withdrawn;
- Support for the mother, and other family members, including who will provide this.

3.49 If the mother and father are not present at the Birth Protection Planning Meeting, the social worker, or another agreed professional, should make all attempts to meet with them and discuss the Birth Protection Plan, ensuring that both their views are recorded.

3.50 The Birth Protection Plan and Pre Birth Consent to Accommodation must be explained fully to the mother and signed by her if she is in agreement.

3.51 A copy of the agreed Birth Protection Plan must be sent without delay to the parents and all relevant agencies involved including the Emergency Duty Team (EDT) in case the birth takes place out of office hours, with a request that EDT visit following the birth and prior to any removal. See Section 8 and Appendix 2 for further information on out of office hour's births.

4. Consent

4.1 A mother may give consent to the accommodation of her baby away from her care either following birth or upon discharge from hospital under Section 20 of the CA Act 1989. Usually, this is on the basis that the mother accepts that they are unable at that time, but not necessarily permanently, to provide the baby with suitable accommodation or care.

- 4.2 It is not essential to have both the parents' consent to the accommodation of a child under Section 20 of the CA1989; but it is desirable to have both. If there is conflict between the parents on the issue of consent, legal advice must be sought.

Prior to the Birth

- 4.3 The social worker will need to obtain the mother's signature on the Pre-Birth Consent to Accommodation form (Appendix 1) which outlines that the mother understands the Birth Protection Plan and is giving her consent to the birth plan prior to the baby's birth. The mother will also be required to sign the Birth Protection Plan to record that she not only understands the plan, but whether she is in agreement or not with it.
- 4.4 This should be done as far in advance of the birth as is possible, once the pre birth assessment is complete, to enable the mother sufficient time to understand and come to terms with the Birth Protection Plan and her decision. The issue of consent should be discussed and reviewed with the mother throughout the process on a regular basis. This will also enable the social worker to be confident that they have informed consent. The closer to the birth the consent is obtained, the risks increase that it may not be informed consent due to the mother's emotions and vulnerability closer to the birth. The mother should also be encouraged to seek independent legal advice to help her make this decision.
- 4.5 Social Workers must also consider the father's views upon accommodation or removal at birth. Fathers acquire parental responsibility automatically if they are married to the baby's mother, or if they are named on the birth certificate. At the point of birth, it will not be known whether the father is to be named on the birth certificate or not, so practitioners should work with the family as if he will be. If a father with parental responsibility disagrees with the views of the mother on accommodation of the baby then legal advice should be sought.
- 4.6 The Pre-Birth Consent to Accommodation form and Birth Protection Plan must outline what the contact arrangements will be and will also note that parent(s) have been advised to seek legal advice and the date, where applicable, that this advice was given to them.
- 4.7 If the mother acknowledges that she understands the Birth Protection Plan, this **does not equate in itself** to mother giving consent to it. The social worker must be clear that the mother understands the issue of consent and the Children's Services pre birth assessment and plan for their baby. When there are concerns about a parent(s) capacity to give informed consent, for example, if the parent(s) have learning difficulties or are known to have mental health issues, any professional involved with the family should seek further advice at the point when capacity to give consent is doubted. This will ensure the social worker has informed consent, especially important if the plan is for the baby to be removed or accommodated from its mother shortly after birth and highlight any concerns regarding the parents(s) capacity to give consent.
- 4.8 The Social Worker should also have considered undertaking a PAM assessment as part of the pre birth assessment to assist decision making around whether or not a parent has capacity to give consent. Where parents have been assessed as not having the

capacity to give informed consent, or a late notification of a pregnancy has meant there has not been enough time to complete a PAM assessment, specific legal advice must be sought.

- 4.9 If a mother disagrees with the Birth Protection Plan and does not agree that her baby should be accommodated, the alternative plans agreed within the LPM and also recorded within the Birth Protection Plan should be followed, including applying for the most appropriate order to remove the baby.

Following the Birth

- 4.10 The social worker and other practitioners must acknowledge that a mother may be consenting to the Birth Protection Plan prior to birth, have signed the Pre-Birth Consent to Accommodation form and Birth Protection Plan, but can change her mind at any point and in particular she may change it after the baby is born.
- 4.11 Either parent with parental responsibility for a baby may at any time withdraw their consent to the baby being accommodated by the local authority under section 20 Children Act 1989 and remove the child from the hospital or other setting. It is important to understand that consent given under Section 20 is a voluntary agreement.
- 4.12 Contingency plans recorded in the Birth Protection Plan will need to be considered should parental consent be withdrawn or any professional is no longer satisfied that there is informed consent at birth. For example, the mother's mental health deteriorates following birth.
- 4.13 The timing of the accommodation and revisiting the issue of consent under section 20 of the Children Act 1989 with the mother following birth are sensitive issues. The closer to the birth that consent is confirmed, the greater the risk of this action being challenged in relation to the nature of consent and whether it is informed. It is therefore critical that informed pre-birth written consent is given by the mother as early as possible either at the Birth Protection Plan Meeting or, if the mother was not present, as soon as is practically possible afterwards and this document is available following the birth. This will assist the process of revisiting and obtaining further written consent after the birth by asking the mother to sign Section 20 paperwork.
- 4.14 The timing of this revisit to the matter of consent after birth is sensitive and critical and should be decided on a case by case basis. It should be discussed at the LPM and advice sought around what is a reasonable period to leave after the birth before asking the mother to sign the Section 20 paperwork. In addition, the situation following the birth should be assessed in relation to the health and emotional impact of the birth on the mother.
- 4.15 There will be situations when the decision is taken to remove or accommodate the baby but it is deemed appropriate and safe for mother and baby to remain together in hospital for an agreed number of days. In these cases, consent should be re visited shortly prior to discharge, confirmed by the social worker and the Section 20 paper work signed.

5. Legal Framework

- 5.1 No local authority or social worker has any power to remove a child from its parents or to take a child into care without the parent(s) informed consent, unless they have obtained a court order authorising them to take that step.
- 5.2 It is not legally possible to apply for an order to remove a baby before the baby's birth because they have no legal identity in utero. It is also not possible to have the Section 20 paperwork signed to accommodate a baby with consent prior to the birth.
- 5.3 The removal or accommodation of a baby at birth can only be lawfully carried out in the following circumstances:
- The mother and father with parental responsibility can give consent to her/their child being looked after by any other person or can agree under Section 20 of the Children Act 1989 to the baby being accommodated by the local authority. Such situations where the local authority is involved are not however straightforward as the local authority needs to ensure that the mother's consent is explicitly given, that she is fully informed, and fully understands the implications of her consent, has the capacity to consent and that this is not affected by her mental state after childbirth. Ideally she would have her own legal advice before making such a decision. Consent to the accommodation of the child can be withdrawn by the mother at any time (see Chapter 4)
 - If the situation is urgent the Local Authority can seek an Emergency Protection Order (EPO) with notice under Section 44 of the Children Act 1989. The EPO will last for 8 days with one further extension of up to 7 days with permission of the court.
 - The Local Authority can also apply for an ex parte EPO. An ex parte EPO should only be made in exceptional circumstances justified by there being compelling reasons for believing the baby's welfare would be further put at risk by giving the mother/parents notice.
 - For non-emergency cases, the Local Authority can apply for an Interim Care Order, under Section 38 of the Children Act 1989.
 - If there is an immediate risk (and the mother does not consent or there are doubts over her capacity to give informed consent) the Police are empowered to remove a baby for up to 72 hours under Section 46 of the Children Act 1989 where the police officer has reasonable cause to believe that the child would otherwise be likely to suffer significant harm. This is known as Police Protection.
 - Any person, for example a nurse on a maternity ward, may intervene, if necessary, to protect a child from immediate violence at the hands of a parent. However, this only covers an immediate response to safeguard the child in the event it is felt the child would otherwise be at risk, if not removed. That person

would then need to consider police assistance under their police protection powers to authorise the continued removal of the child from its mother and or father, if it is considered still unsafe to return the child.

- Other action by hospital staff coming within Section 3(5) of the Children Act 1989 under which a person who has care of a child but does not have parental responsibility, can do what is reasonable in all the circumstances for the purposes of safeguarding or promoting the child's welfare, for the purposes of medical treatment requiring intervention where there is no opportunity to obtain a legal order.

- 5.6 It is a fundamental legal principle, underpinned by Human Rights principles that intervention which impacts on the rights of a parent should only be made with due legal process and should be limited to such intervention as is necessary to safeguard the child, and must be proportionate to the risk. In this regard, the use of Police Protection and ex parte applications are heavily scrutinised by the courts and these powers are in practice only used as a last resort.
- 5.7 No order can be made until the child is born and the mother and baby will normally only be on a hospital ward for a short period of time before they are medically fit for discharge. In other circumstances the mother may not have admitted herself to hospital to have the baby. A decision to remove a child therefore requires meticulous contingency planning and potentially supervising the mother with her baby whilst other processes are engaged, as all may be possible or necessary, depending on the circumstances.
- 5.8 Such planning requires fine judgments about the nature and extent of the likely risk to the child and the proportionality of the planned response in advance of the baby's birth, taking into account the extreme vulnerability of a new born baby. These judgments may be further complicated by the mother having had no previous direct parenting experience on which to judge future parenting behavior.

Exceptional situations where sharing information and seeking consent increases risk to unborn baby

- 5.9 There may be those exceptional cases where an application may be required under the High Court's inherent jurisdiction for a declaration that a proposed BPP of removal immediately following birth without alerting or involving the mother/parents is lawful following the 2009 case of Baby D v Bury Metropolitan Borough Council. Legal advice is crucial when considering such action.
- 5.10 In the vast majority of cases, mothers and fathers work with agencies in relation to the pre birth assessment and the plans for their baby once it is born. In most cases, accommodation of the baby is done with the knowledge of the parents and will be undertaken at the point of discharge rather than immediately following the birth.

- 5.11 In a small minority of cases however, exceptional circumstances mean that that baby must be separated from the mother at the point of birth; even in these circumstances it will usually be possible to keep the mother and or father fully informed of the plan to obtain immediate legal authority to remove the baby at birth.
- 5.12 In extreme circumstances it may not be possible to work proactively with the mother, or both parents, in relation to these plans. If, in these exceptional circumstances, the assessment concludes that to inform the parents about the plan to remove/separate the baby from their care will place the baby at even greater risk of significant harm, legal advice should be sought. Such discussions will be held where necessary in LPMs, but outside of LPMs consultation with the Children and Adult Legal team is imperative in such cases in order to consider what steps are necessary to safeguard the baby immediately after birth.
- 5.13 Where this level of risk exists the council's legal advisers may give consideration to approaching the court prior to the birth, at least by the end of the 8th month to gain approval from the Court allowing the Local Authority to plan for the baby's removal without informing the parents or including them in the planning process, as in Bury 2009 case¹ The Local Authority social workers would need to provide strong evidence to the court that sharing information/seeking consent would escalate risk to both the unborn baby and to the baby in the hours following birth. These steps would only be appropriate where there is evidence to indicate that the mother's emotional or psychological state is such that it is likely to suggest mother could harm the baby or her behaviour is very unpredictable and as a consequence her baby would be at risk of significant harm almost immediately following the birth. The legal authority for removing the baby however can only be obtained once the baby is born.
- 5.14 An agreement/declaration from the courts that such action is lawful will be a requirement in such cases.

6. **Separating the baby from the mother.**

- 6.1 The hospital / midwife should notify the named social worker, team manager or EDT worker if out of hours, as soon as mother is admitted into hospital in labour and implement the Birth Protection Plan (BPP) with delegated responsibilities and initial actions clearly identified.
- 6.2 If any safeguarding concerns are identified for a woman admitted to the hospital in labour where there is no BPP, the hospital must contact the appropriate Social Care Duty Team (or EDT out of hours) to establish what safeguarding measures are required. Where required, Children's Social Care will contact their Legal department for advice.
- 6.3 The hospital should nominate a named midwife or nurse to coordinate the Birth Protection Plan from within the hospital setting. They will liaise with other

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practitioners to ensure all appropriate information, contact details, etc, are shared and joint working arrangements are in place.

- 6.4 It will also be important for the hospital to nominate a midwife or member of ward staff to provide support to the mother during the separation process.
- 6.5 Where there is a plan already agreed with the mother to accommodate baby following birth (under Section 20 of the Children Act 1989), a social worker must visit to check there is still informed, explicit consent for the separation and ensure appropriate support for the mother is available after the baby is born.
- 6.6 The timing of the separation will have been decided at the ICPC, LPM and Birth Planning Protection Meeting. This is a sensitive issue, especially if the decision is one to accommodate shortly after birth and one which is easily open to challenge under a human rights argument and therefore needs to be meticulously thought through, advised on and recorded at every meeting and particularly in the Birth Protection Plan.
- 6.7 If a baby is to be accommodated shortly after birth, a decision will have been made whether this is to be immediately or whether it is safe for the mother to have a short period of time, for example two hours with the baby before it is accommodated on another ward. This should be clearly defined within the BPP. In these cases, during this period, the mother and baby will be able to remain on the labour suite.

Separation at birth

- 6.8 In a small minority of cases babies will need to be removed or separated from their mother shortly after birth to ensure their safety and protection. In these cases, the following actions are required:
 - Clarity of the legal framework appropriate to the removal / accommodation of the baby as defined in the BPP
 - Immediate notification to Social Care of the presentation of the woman in labour followed by regular updates and notification of imminent delivery.
 - Sharing of information, including the above, with EDT if the woman presents in labour out of office hours.
 - If the above notification is to Social Care within office hours but it is expected the delivery will take place out of office hours, Social Care will inform EDT of the situation by telephone and follow this up with written information as appropriate.
 - If any additional safeguarding concerns are identified during this time, the midwife must contact the social worker, team manager or EDT immediately to agree action required to safeguard the baby.

- Immediate visit to the mother and baby from the social worker (or EDT social worker) following delivery to revisit consent, ensure the Section 20 paperwork is signed and accommodate the baby. This should take place as soon as possible and at least within the first 4 hours, depending on the baby and mother's health and the risks identified within the pre birth assessment, the ICP and the BPP.
- If a baby requires immediate medical attention following birth, the hospital staff can separate on medical grounds (normally with the parent's agreement) to allow the baby to be treated in another area (e.g. neo natal ward, specialist unit, etc) and the Section 20 paperwork and revisiting of consent should be delayed until an appropriate time. During this time it is essential that ongoing communication between the hospital and social care is maintained to ensure the baby is appropriately safeguarded. In these cases, an immediate visit from the social worker is required to agree supervised contact arrangements.
- In cases where consent to accommodate the baby under Section 20 of the Children Act 1989 has not been given, or there is doubt about the mothers capacity to consent, a legal order will be required to remove the baby and the contingency plan detailed in the BPP should be actioned and the following steps taken:
 - The baby must not be removed from the mother prior to an order being obtained, other than if there is an immediate risk of significant harm as covered in Chapter 5, section 5.5)
 - The social worker, with legal advice, will make a decision as to which legal process is appropriate (i.e. Police Protection (PP), Emergency Protection Order (EPO) or Interim Care Order (ICO)
 - Where the decision is to apply for an EPO or an ICO, the mother, father and other family members may require supervised contact with the baby, until an order is sought. This will be provided by an assessed family member, significant other or social care member of staff. The Social Work Team will need to be clear which staff can be contacted to supervise the contact see 7.4 and 7.5.
 - The social worker or EDT worker must ensure that a copy of the signed or draft order EPO/ICO is given to the mother, father and hospital.

6.9 **Immediate contact issues when removing shortly following birth**

In certain situations the mother may present an immediate risk to the new born baby. In the circumstances of the mother being assessed as presenting an immediate risk to the newborn it will be up to the Social Worker to ensure all contact between the mother and baby is supervised until the order to remove has been granted (E.P.O.

/I.C.O.). In these situations the midwife will supervise contact up to two hours until the social care staff (including EDT) have arrived.

It is imperative that the planning of contact in these circumstances has taken place and named workers have been identified and legal advice taken at the LPM re this issue.

There might be individual circumstances that might not be covered in the guidance so ensure such circumstances are discussed in detail at the BPM and any arrangements re supervision of contact pre order have been discussed with legal services and actions recorded in the BPPM.

Separation at discharge

6.10 In the majority of cases, babies will be able to remain with their mothers prior to discharge from the hospital. In these cases, the following steps should be taken:

- Notification of the presentation of the woman in labour, regular updates and imminent delivery by the midwife to social care (including EDT) as described above
- The midwife will clarify with the social worker the expected length of stay in hospital shortly after the birth
- If the need for supervision of contact with the baby by mother, father or any other family members has been highlighted within the BPP this must be put into place immediately as agreed
- If any additional safeguarding concerns are identified during the hospital stay, the midwife must contact the social worker, team manager or EDT immediately to agree action required to safeguard the baby. Legal advice will need to be sought by the social worker if it is felt that an Emergency Protection Order (EPO) is required.
- If there is any attempt to remove the baby from the ward by any family member or other, the hospital should contact the police to gain Police Protection and the social worker.
- The social worker must make every attempt to visit the mother and baby during the first day (some babies are discharged after 24 hours) following the birth to ensure appropriate discharge plans are in place for the baby and fully understood by all involved.
- Prior to discharge and accommodating the baby, the social worker should revisit consent, ensure it is informed and explicit and the Section 20 paperwork is signed. As described earlier, the timing of this should be planned appropriately.

- If consent is withdrawn at this point, or there are doubts about the woman's capacity to consent, again the contingency plans detailed within the BPP should be actioned and the steps outlined above followed.
- If the action agreed within the BPP was to apply for Interim care Order on notice, the social worker should contact legal services as soon as the baby is born so that an application can be issued to the court in order to obtain the earliest hearing date possible.

7. Post Order Contact Arrangements including Section 20 Consent

- 7.1 The Birth Protection Plan must detail what the contact arrangements will be following accommodation or removal of the baby. The arrangements will be based on recommendations from the ICPC and legal advice from the LPM and must take the mother's wishes and feelings into account. In some cases, the mother may have given her consent to the accommodation of her baby on the basis she will have contact whilst the baby is in hospital but on a separate ward.
- 7.2 The BPP should document who will be responsible for supervising the contact between baby and the parent(s), the frequency of contact and any additional arrangements in specific circumstances, for example, clarification around handling and feeding of the baby, if necessary. If there are high concerns around these issues, care proceedings should be considered at the earliest opportunity to enable a court to make the final decisions and to prevent possible infringement of the parent(s) human rights. These issues need to be considered at the LPM, if it is felt they should be included in the Birth Protection Plan.
- 7.3 Consideration should be given as to whether relatives are able to supervise contact following discussions and initial assessment of their suitability, undertaken by the social worker, ideally as part of the pre birth assessment. It is not always possible that hospital staff will be able to undertake the supervision on behalf of the Local Authority.

8. Out Of Office Hours Births

- 8.1 Whilst mother may go into labour during working hours, it is more likely that the baby will be born outside of these, during the evening, in the early hours of the morning, at the weekend or on a bank holiday. Therefore it will be necessary for the responsible social worker to ensure the following:
- All relevant information and paperwork, including the Birth Protection Plan have been sent to the Emergency Duty Team (EDT). It will be necessary to fax information and to have dialogue with EDT to ensure that all Children's services staff are clear about the plan. In these circumstances, staff should not seek to communicate with EDT solely by use of LiquidLogic messaging.

- That further information is shared with EDT to alert them to the fact the baby may be born during the night etc. EDT should be referred to the Birth Protection Plan and under what legal basis the baby should be removed or accommodated. If accommodation is by consent, EDT will need to visit (if the birth does take place outside of normal office hours) to ensure that the mother is still consenting to this plan and that the Section 20 paperwork and form giving consent are signed by the parent(s) prior to the accommodation of the baby.
 - EDT should be notified of the contact arrangements and will need to be informed as to who will supervise the contact, if required. This may be a family member if assessed as appropriate.
- 8.2 If the baby is born on, or just before, a weekend or a Bank holiday, EDT should again be made aware of all plans and contact arrangements. In certain situations day time staff may agree to supervise contact on weekends and Bank holidays. These arrangements must be shared with EDT.
- 8.3 Team Managers in preparing for this eventuality, should consider approaching social care staff, including contact workers, to ascertain if they would be willing to supervise contact at weekends or during a bank holiday period.
- 8.4 The sharing of the above information with EDT is essential to ensure continuity of care for both mother and baby and that all agreed plans are adhered to. The timing of these arrangements is difficult to be specific about because of the natural unpredictability surrounding giving birth. The social worker must therefore share all information relating all births where a child is to be accommodated or removed from their mother with EDT in preparation for the possibility that the baby may be born outside of office hours. This information should be shared a month prior to the Expected Date of delivery (EDD) where possible and as soon as possible after this in other cases.

9 Babies Born at Home

- 9.1 In some situations the mother may have a planned or unplanned home delivery. This presents a number of challenges and additional risks, so planning for this eventuality is therefore of critical importance and must be incorporated into the BPP.
- 9.2 At the point it becomes known that labour has commenced the midwife will inform the named social worker or EDT worker and police immediately. The police will need to attend the address as a matter of urgency, along with the midwife (if he/she is not already present). The police will not be in the same room during labour, but will be available in another room.
- 9.3 The parent may request that the social worker is not present in the home, or is in a different room at the time of the birth and this should be adhered to.
- 9.4 The principles and steps outlined in Chapter 6 “Separating the baby from the mother” apply also in cases where the baby is born at home with specific consideration given as

to whether the baby should be removed immediately or whether the mother can hold the baby for a time-limited period. (e.g. 30 minutes / one hour).

- 9.5 During labour and following the birth, the midwife must remain with mother and baby until the police and social worker arrive. If the mother or father tries to leave the house with the baby, the midwife must dial 999 immediately and request police assistance if they are not already present.
- 9.6 All babies born at home, where the plan is for separation at birth or discharge, should be taken by ambulance to the Accident and Emergency department at the hospital for a paediatric examination. The midwife will be responsible for calling for the ambulance.
- 9.7 The baby must not be accommodated until the paediatrician has completed their examination and concluded it is medically appropriate to discharge the baby.
- 9.8 It will be necessary for the clinical lead midwife to notify / alert emergency services / ambulance control / paediatric A & E, mother's G.P / community midwives and supervisors of a potential home delivery and this should be subject to agreement at the Birth Protection Planning Meeting.

Appendix One
Pre Birth Consent to Accommodation Form

I have been given a copy of Nottingham City Children's Services Birth Protection Plan for my baby and I have gone through it with the Social Worker.

1. I understand that my baby will be separated from me shortly after birth and accommodated on another ward, in accordance with the arrangements detailed Birth Protection Plan.

OR (delete as appropriate)

2. I understand that my baby will be allowed to remain with me on the ward following the birth, but he/she will be separated from me upon discharge from hospital and placed in local authority accommodation / with family members.

I consent to my baby being accommodated shortly after birth / prior to discharge from the hospital (delete as appropriate) under Section 20 of the Children Act 1989 and in accordance with the Birth Protection Plan.

I understand that I will be required to sign section 20 paperwork to further confirm my consent to the removal of my baby from my care in hospital prior to the removal.

I have been advised to seek my own legal advice at the earliest opportunity, in respect of the Birth Protection Plan and am aware that I can disagree with this plan and ask for it to be considered at court.

I understand that I can change my mind and withdraw my consent at any time, at which point my baby will be returned to me and / or the Local Authority will seek a court order to enable it to legally remove by baby. I understand that the police may be asked to attend if there is considered to be any immediate risk to my baby.

I also understand and consent to the interim contact arrangements which will be in place for the duration of my baby's stay in hospital, which are as follows:

DATE	TIME	DURATION	SUPERVISOR

	NAME	SIGNATURE	DATE
Mother			
Father			
Social Worker			

Appendix Two

BIRTH PROTECTION PLAN

RE UNBORN BABY E.D.D (DATE)

The following are the arrangements, which must be adhered to relating to the birth of Baby (*mother's surname*).

The Birth Protection Plan forms a working agreement between Children's Services, parent (s), family members and other agencies involved in the birth of Baby (*mother's surname*).

This plan was agreed at a Birth Protection Planning Meeting on

Agencies present: (Example)

Team Manager, Children's Services
Social Worker, Children's Services
Named Midwife for Safeguarding
Community Midwife
Specialist Midwife Substance Misuse

(PARENT(S) - name) were invited to the meeting and were also in attendance.

Or

The (parent(s) - name) stated on (DATE) that they would / would not be attending because / or did not attend (Delete as appropriate).

(PARENTS) have been provided with a copy of this Birth Protection Plan and they have been advised to seek their own legal advice.

They have signed/refused to sign (delete as appropriate) the Pre Birth Consent to Accommodation Form giving written consent to the separation and accommodation of their baby from them shortly after birth/upon discharge from hospital. (delete as appropriate)

The parent(s) is/are aware that, if they are giving consent to the accommodation of their baby at birth, they will be required to sign further form(s) following the birth to give written consent to the accommodation under section 20 of the Children Act 1989. This is called section 20 paperwork.

The Section 20 paperwork will be given to the parents for signature following birth, at a time considered appropriate to do so and when the mother (parents) are able to understand what is being asked of them.

If the parent(s) has/have refused to give written consent to the accommodation of their baby and do not sign the section 20 paperwork, then in order to safeguard the baby, police protection or a legal order may be applied for to enable the Local Authority to legally remove the baby following birth.

The Birth Protection Plan

The Birth Protection Plan outlines, as far as is possible, the actions that must be taken once (*MOTHER*) goes into labour and following the birth of Baby (*mother's surname*)).

There are a number of concerns relating to (*PARENT(s) - name*), as discussed at the Initial Child Protection Conference. They are as follows:

-
-
-

It is due to these concerns that it was agreed at an Initial Child Protection Conference on (date) that baby (*mother's surname*) will be subject to a Child Protection Plan at birth under the category of: The Social Worker's Report for Initial Child Protection Conference is attached to this Birth Protection Plan for more details.

Due to the above concerns it is the Local Authority's plan to:

A. accommodate baby (*mother's surname*) from his/her mother's care shortly after his/her birth and prior to the mother's discharge from hospital. The Birth Protection Plan identifies how this separation will take place and confirms that (*PARENTS*) do/ do not consent (delete as appropriate) to the separation of the baby shortly after birth. (Complete Appendix A)

Or

B separate Baby (*mother's surname*) from his/her mother upon discharge from hospital, with formal supervision of contact between Baby (*mother's surname*) and his/her parent(s) required prior to this time provided either by Children's Social Care or the family as agreed, and then place him/her with Local Authority foster carers/with family members (delete as appropriate)

(Complete Appendix B)

Or

c. . separate Baby (*mother's surname*) from his/her mother upon discharge from hospital, with no formal supervision of contact between Baby (*mother's surname*) and his/her parent(s) required prior to this and place him/her with Local Authority foster carers /with family members (delete as appropriate)

(Complete Appendix C)

1. Once (parents) are aware that (mother) is in labour, they are to telephone the labour suite for advice on tel. no (insert). They should then act on that advice. If it is an emergency they should ring 999 for an ambulance and inform the labour suite if possible.
2. As soon as any agency, including paramedic, midwife, hospital staff are aware that (*MOTHER*) is in labour they must inform Children's Services immediately.

Social Worker: (NAME / TEL NO)

If (*SOCIAL WORKER*) is not available they must advise that they need to speak to the **Team Manager**

Team Manager: (Name / Tel No.

If the **Team Manager** is not available ask to speak to the **Duty social Worker** as a matter of urgency.

Duty Social Worker: (NAME / TEL NO)

If it is outside of office hours then the Emergency Duty Team need to be informed.
EDT: 0115 8761000

3. Should Children's Services become aware that (*MOTHER*) is in labour then they will inform the ambulance service and the labour suite.
4. Where possible there should be 2 midwives present at the birth

(Complete and attach the relevant Appendix. Deleting and inserting relevant information)

APPENDIX A

Plan is to accommodate baby (mother’s surname) from his/her mother’s care shortly after his/her birth on labour suite and prior to the mother’s discharge from hospital.

Should baby (Mother’s surname) be born at hospital then following plan needs to be implemented.

Notify Children’s Social Care as stated.

- 1 Once baby is born a midwife will remain with (parent’s name) and baby until a social worker arrives. A social Worker must arrive within 2 hours of birth. It is agreed that (father’s name) can be present during the birth, if this is requested.
- 2 (Name (s)) of identified person /people) should not have contact with the baby and should not attend the hospital. Include the reasons why and the action that should be carried out should the identified person attend.
- 3 The plan is to separate shortly after birth, Baby (mother’s surname) should not be taken from his/her mother immediately after birth. Include additional comments / plans.

...For example how the mother would like to manage separation from her baby and who she would like to be there to support her.

.....
.....
.....

- 4 Should (parent’s name) try to remove the baby at any point whilst in hospital, then midwife / professional present must dial 999 immediately and ask for police assistance, if the police are not already present, quoting incident number (insert). The midwife should then contact Social Care immediately. **A Social Worker or Police Officer will remove Baby (mother’s surname).**
- 5 Baby (mother’s surname) will remain in hospital until medically fit for discharge (include minimum length of stay e.g. if born to substance misusing mother). Baby (Mother’s surname) will then be placed with local authority foster carers under section 20 of the Children Act 1989, /Police Protection/EPO/ICO. **Post Order-** During the hospital stay (mothers surname) and Baby (mother’s surname) will be –placed on separate wards and any contact between mother and baby will be arranged and supervised by Children’s Services, as detailed within this Birth Protection Plan.

Mother and baby cannot be separated unless there is a legal order i.e. Interim Care Order (ICO), Emergency Protection Order (EPO) or a signed written agreement under Section 20 of the Children Act 1989 in place or with Police Protection.

Should the baby be born at home then the following plan needs to be implemented:

Contact Social Care as already stated.

- 6 Children’s Services , namely (SOCIAL WORKER), or the Duty Social Worker or the EDT Social Worker will inform the police immediately to attend address. The purpose of this will be for the baby to be removed from his/her parents’ care shortly following birth. Baby (mother’s surname) will be removed under Section 20, Police Protection or an Emergency Protection Order. The baby will be removed by a police officer or social worker.

- 7 Baby (mother’s surname) does not need to be taken from parent immediately after the birth
...For example how the mother would like to manage separation from her baby and who she would like to be there to support her.
.....
.....
.....

- 8 Following the birth a midwife must remain with the mother and baby until a social worker arrives. Should (parent’s names) try to remove the baby then midwife / professional present must dial 999 immediately and ask for police assistance, if the police are not already present quoting police incident number (insert). This may also need to be done if parents are violent or aggressive or a professional feels the baby is at risk.

- 9 After (mother’s name) has had time with the baby then social worker or police officer will remove the baby from (parent’s names) care under Section 20 or another legal option, as detailed above.

- 10 Baby (mother’s surname) will be taken by ambulance to the hospital. (Mother’s surname) will go in a separate ambulance if she requires hospital admission.

OTHER ACTIONS OR OUTSTANDING TASKS (delete /insert as appropriate. Always insert name of person responsible for the task).

- a) (SOCIAL WORKER) will ensure EDT receive the Birth Protection Plan, section 20 consent paperwork and signed letter of consent and are aware of the actions needed should baby be born outside of office hours.
- b) (SOCIAL WORKER) will inform the police of the Birth Protection plan.
- c) (SOCIAL WORKER) to identify Foster placement for baby (mother surname), if required.
- d) Children’s Services will initiate Care Proceedings at birth, if identified at the Initial Child Protection Conference and agreed at LPM.
- e) (PARENTS) are to urgently seek legal advise / representation.
- f) (Community Midwife) will let East Midlands Ambulance Service know that baby (mother’s surname), if born in the community will be required to be admitted to QMC Paediatric A&E and state there are child protection concerns.

- g) (Community Midwife) will alert (mother's surname) GP (GP name) all community midwives, community midwifery team manager, and supervisor of midwives of the plans.
- h) (Named Midwife for Safeguarding) will put out regional alert if necessary.
- i) (NAMED MIDWIFE SAFEGUARDING), following her discussion with DPMU and other senior staff at NUH will inform Children's Services of the decision as to whether (adult) will be allowed onto the ward.
- j) The Birth Protection Plan has been sent to:

Include as appropriate

Team Manager Children's Services
 Social Worker, Children's Services

Named Midwife Safeguarding
 Community Midwife

Service Manager Children's Service
 John Storer Clinic
 DPMU
 Emergency Duty Team
 IRO
 Nottingham City Safeguarding Children Information
 Management Team (SCIMT)
 Parents
 Children and Adults Legal Team, Legal Service

SIGNED:

.....
 (MOTHER)

.....
 (FATHER)

.....
 (NAMED MIDWIFE FOR SAFEGUARDING)

.....
 (COMMUNITY MIDWIFE)

.....
 (SOCIAL WORKER)

.....
 (Team Manager)

Appendix B

Separate Baby (mother’s surname) from his / her mother upon discharge from hospital, with formal supervision of contact required prior to this time provided either by Children’s Social Care or family members (delete as appropriate).

(Mother’s surname) can care for the baby in hospital, but due to the risks already identified this will be supervised by (insert name of identified person) as follows:

Notify Children’s Social Care as stated

1 (Name (s) of identified person / people) should not have contact with the baby and / or should not attend the hospital. Include the reasons why and the action that should be carried out should the identified person attend.

2 The plan is to separate when the baby is fit for discharge, Baby (mother’s surname) should not be taken from his / her mother immediately after the birth. Include additional comments / plans.

For example how the mother would like to manage separation from her baby and who she would like to be there to support her.

.....
.....
.....

3 Baby (mother’s surname) will be separated from (parent’s names) under Section 20 consent or in the absence of this, under an Emergency Protection Order or Interim Care Order or Police Protection.

4 Should (parents name) try to remove the baby at any point whilst on hospital, then midwife / professional present must dial 999 immediately and ask for police assistance, if police are not already present, quoting the incident number (INSERT) . The midwife should then contact social care immediately. **A Social Worker or Police Officer will remove Baby (Mother’s surname).**

Should the baby be born at home then the following plan needs to be implemented.

5 The first agency aware of the home birth should inform social care as previously stated.

6 Ideally the mother and baby should be transferred in the hospital where the mother has booked to give birth. Then follow the plan for the hospital.

7 Should (mother’s name) choose not to be transferred in, the midwife should remain with the mother and baby until the social worker arrives. The social worker should attend the home immediately with the police in order to protect the baby.

- 8 Should (parent's names) try to remove the baby then midwife / professional person present must dial 999 immediately and ask for police assistance, if the police are not already present quoting police incident number (INSERT). This may also need to be done if parents are violent or aggressive or a professional feels that the baby is at risk.
- 9 The baby once police protected should be transferred into the hospital for a full examination by a pediatrician and arrangements made to transfer the baby into Foster Care when medically fit.
- 10 Contact arrangements should be discussed and decided on admission to hospital, including whether this should be supervised and by whom.

Mother and baby cannot be separated unless there is a legal order i.e. Interim Care Order (ICO), Emergency Protection Order (EPO) or a signed written agreement under Section 20 of the Children Act 1989 in place or with Police Protection.

OTHER ACTIONS OR OUTSTANDING TASKS

- a) **(SOCIAL WORKER)** will ensure EDT receive the Birth Protection Plan, section 20 consent paperwork and signed letter of consent and are aware of the actions needed should baby be born outside of office hours.
- b) **(SOCIAL WORKER)** will inform the police of the Birth Protection Plan.
- c) **(SOCIALWORKER)** to identify Foster placement for baby (mother's name), if required.
- d) Children's Services will initiate Care Proceedings at birth, if identified at the Initial Child Protection Conference and agreed LPM.
- e) **(PARENTS)** are to urgently seek legal advice / representation.
- f) **(Community Midwife)** will let East Midlands Ambulance Service know that baby (mother's surname), if born in the community will be required to be admitted to QMC Paediatric A&E and state there are child protection concerns.
- g) **(COMMUNITY MIDWIFE)** will alert **(mother's name) GP (GP Name)** all community midwives, Community midwifery team manager, and supervisor of midwives of the plans.
- h) (Named Midwife for Safeguarding) will put out regional alert if necessary.
- i) **(Named Midwife SAFEGUARDING)**, following her discussion with DPMU and other senior staff at NUH will inform Children's services of the decision as to whether (adult) will be allowed on the ward.
- j) This Birth Plan has been sent to;

Include as appropriate

**Team Manager Children's Services
Social Worker, Children Services
Named Midwife Safeguarding
Community Midwife**

**Service Manager Children's Services
John Storer Clinic
DPMU
Emergency Duty Team**

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**IRO
Nottingham Safeguarding Children Information
Management Team (SCIMT)
Parent(s)**

Children and Adults Legal Team, Legal Services.

SIGNED:

.....
(MOTHER)

.....
(FATHER)

.....
(NAMED MIDWIFE FOR SAFEGUARDING

.....
(COMMUNITY MIDWIFE)

.....
(SOCIAL WORKER)

.....
(Team Manager)

APPENDIX C

Plan is to separate Baby (mother’s surname) from his / her mother upon discharge from hospital, with no formal supervision of contact required prior to this and place him / her with Local Authority foster carers / with family members (delete as appropriate).

Notify Children’s Social Care as stated.

- 1 (Name(s) of identified person / people should not have contact with the baby and / or should not attend the hospital. Include the reasons why and the action that should be carried out should the identified person attend.

- 2 The plan is to separate when the baby is fit for discharge, Baby (mother’s surname) should not be taken from his / her mother immediately after the birth. Include additional comments / plans:

For example how the mother would like to manage separation from her baby and who she would like to be there to support her.
.....
.....
.....

- 3 Baby (mother’s surname) will be separated from (parent’s names) under Section 20 consent or, in the absence of this, under Emergency Protection Order or Interim Care Order or Police Protection where the baby is deemed to be at immediate risk of harm.

- 4 Should (parent’s names) try to remove the baby at any point whilst in hospital, then midwife / professional present must dial 999 immediately and ask for police assistance, if the police are not already present, quoting police incident number (insert). The midwife should then contact Social Care immediately. **A Social Worker or Police Officer will remove Baby (mother’s surname).**

Should the baby be born at home then the following plan needs to be implemented.

- 5 The first agency aware of the home birth should inform social care as previously stated.

- 6 Ideally the mother and baby should be transferred in to the hospital where the mother has booked to give birth. Then following the plan for hospital birth.

- 7 Should (mother’s name) choose not to be transferred in, the midwife should remain with the mother and baby. The social worker should attend the home immediately with the police in order to protect the baby.

- 8 Following the birth a Midwife must remain with the mother and baby until a Social Worker arrives. Should (parent’s names) try to remove the baby then midwife / professional present must dial 999 immediately and ask for police assistance, if the police are not already

present, quoting police incident number (insert). This may also need to be done if parents are violent or aggressive or a professional feels that the baby is at risk.

- 9 The baby once police protected should be transferred into the hospital for a full examination by a paediatrician and arrangements made to transfer the baby into foster care when medically fit.
- 10 Contact arrangements should be discussed and decided on admission to hospital, including whether this should be supervised and by whom.

Mother and baby cannot be separated unless there is a legal order i.e. Interim Care Order (ICO), Emergency Protection Order (EPO) or a signed written agreement under Section 20 of the Children Act 1989 in place or with Police Protection.

OTHER ACTIONS OR OUTSTANDING TASKS (delete / insert as appropriate, always insert name of person responsible for task).

- a) **(SOCIAL WORKER)** will ensure EDT receive the Birth Protection Plan, section 20 consent paper work and signed letter of consent and are aware of the actions needed should baby be born outside of office hours.
- b) **(SOCIAL WORKER)** will inform the police of the Birth Protection plan.
- c) **(SOCIAL WORKER)** to identify Foster placement for baby (mother's surname), if required.
- d) Children's Services will initiate Care Proceedings at birth, if identified at the Initial Child Protection Conference and agreed at the LPM.
- e) **(Parents)** are to urgently seek legal advice / representation.
- f) **(Community midwife)** will let East Midland Ambulance Service know that baby (mother's surname), if born in the community will be required to be admitted to QMC pediatric A&E and state there are child protection concerns.
- g) **(Community Midwife)** will alert (MOTHER)'s GP (NAME) all community midwives, community midwifery team manager, and supervisor of midwives of the plans.
- h) **(Named Midwife for Safeguarding)** will put out regional alert of necessary.
- i) **(Named Midwife SAFEGUARDING)**, following her discussion with DPMU and other senior staff at NUH will Children's services of the decision as to whether (adult) will be allowed onto the ward.
- j) This Birth Plan has been sent to:

Include as appropriate

**Team Manager Children's Services
Social Worker, Children Services
Named Midwife Safeguarding
Community Midwife**

**Service Manager Children's Services
John Storer Clinic
DPMU
Emergency Duty Team
IRO**

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**Nottingham Safeguarding Children Information
Management Team (SCIMT)
Parent(s)**

Children and Adults Legal Team, Legal Services.

SIGNED:

.....
(MOTHER)

.....
(FATHER)

.....
(NAMED MIDWIFE FOR SAFEGUARDING)

.....
(COMMUNITY MIDWIFE)

.....
(SOCIAL WORKER)

.....
(Team Manager)

Dated:

DISCHARGE PLANNING MEETING TEMPLATE

Discharge Planning Meetings (DPM) should be held on all babies, children and young people where safeguarding concerns have been identified but the plan is not to remove the baby / child at point of birth or discharge from hospital. The aim of the DPM is to consider the immediate and medium term safety plans to ensure the baby/child remains safeguarded once they have left hospital and returned to the care of their parents/carers.

DMP meetings should be held where:

- there are any unexplained injuries to a pre mobile child
- adult / parental issues are impacting significantly on their ability to care for the child e.g. mental health problems, substance misuse
- concerns are judged as serious, e.g. domestic violence, poor engagement, neglect and cumulative risk
- there are differing opinions about the cause of injury or the level risk
- there is a lack of agreement between agencies as to the plan for the child
- there are concerns about self harm

Date of Discharge Planning Meeting (DPM): ___ / ___ / ___

Details of professional completing form:

SUBJECTS	NAME	DOB	ID NUMBER	ADDRESS
Baby / child				
Mother				
Father				
Sibling(s)				
Other significant relatives				


PRESENT:

NAME	TITLE	ADDRESS	CONTACT DETAILS

APOLOGIES:

NAME	TITLE	ADDRESS	CONTACT DETAILS

1.	Reason why DPM being held.	
2.	Is the child subject to a Child Protection Plan? <i>(If child not subject to CP plan consider need to place this within CP procedures).</i> If the decision is taken not to place this within Section 47 Enquiries please explain the reasons for this decision.	
3.	What are the risks? What are you worried about? (Consider cumulative risks and all aspects that demonstrate the likelihood of past, present and future abuse and/or neglect).	
4.	Strengths/What's working well? (Consider all aspects that indicate	

	<p>safety & protection that relate to the risks e.g. exceptions, strengths, resources, goals, willingness and ability to make changes)</p>	
5.	<p>What is the child worried about? What do they think is going well? What would they like to happen?</p> <p>(Use Three Houses tool to gather their wishes and feelings)</p>	
6.	<p>Is there any missing information that needs to be pulled together? If so what is it and who will be responsible for doing this and by when?</p>	
7.	<p></p> <p>(0 No signs of Safety) (10 Child Safe)</p> <p>Taking into account the child's views & families strengths and risks rate the situation on a scale of 0 – 10.</p> <p>0 means things are so bad the family can no longer care for the child or recurrence of similar or worse abuse/neglect is certain and 10 means that everything that needs to happen for the child to be safe in the family is happening.</p> <p>How safe does the child/young person feel?</p>	

	<p>How safe do the parent's believe their child is?</p> <p>You may find it useful to scale each risk and child individually.</p> <p>In the event of being unable to come to a group consensus record each individual's safety scale.</p> <p>Professional Safety Scale = Parent's Safety Scale = Child/Young Person's Safety Scale =</p>	
8.	<p>What is the current plan? Include information about forthcoming ICPC / strategy meetings OR recommendations from these meetings if they have already been held.</p> <p>What needs to happen (consider how will this make a difference to the child and what is the parent's ability/willingness to do this?)</p>	
9.	<p>What support / monitoring is required to ensure safe discharge from hospital. Please describe actions to be taken, by whom and by when?</p>	
10.	<p>Are all agencies in agreement with this plan? If not please state who and why. How will this disagreement</p>	

	be resolved?	
11.	Is the child in agreement with this plan? If not please state what they disagree with & why. How will this be managed?	
12.	Is the family in agreement with this plan? If not please state who and why. How will this be managed?	
13.	Date this plan will be reviewed.	
14.	Now please complete the Safety Assessment Template	

