

CHILD PROTECTION POLICY – THE UNBORN CHILD

Guidelines for health staff

1. Introduction

To meet their duty of care responsibilities for a child as soon as it is born, nurses, midwives and medical staff should be enabled to adopt a proactive approach to child protection from the time the pregnancy is confirmed (Hidden Harm and Hidden Harm next Steps Scottish Executive 2006). In Scottish legislation, guided by European Law, an unborn child does not have the same rights as the newborn child (ECHR 2008) and decisions about the course of the pregnancy need to take account of the physical and mental health of the woman and any existing children (Abortion Act 1967, Human Fertilisation and Embryology Act 2008).

In situations where substance misuse is of concern care for the pregnant woman should be planned following the Western Isles Inter-Agency Guidelines (2008) for Children Affected by Parental drug or Alcohol related problems.

2. All Involved

This policy applies to all staff within NHS Western Isles, in particular those who provide services for pregnant women and their families.

The content of the Policy does not preclude any practitioner from seeking advice at any time if they are concerned about the safety or wellbeing of an unborn child.

This policy has been developed by the Senior Nurse Child Protection in consultation with Maternity Services staff, the Women and Children's Clinical Management Team, Child Protection Health Action Group, Public Health Nurses and other staff who work with children and families. The agencies involved in multi-agency care planning and decision making have also been consulted.

The policy will be submitted for approval to the Safe and Effective Care Committee (SECC).

3. Policy Statement

3.1 The Policy introduces a system for early identification of family vulnerability during the antenatal period where that vulnerability may result in the child being considered a child in need. These concerns can be based on factors presenting at the Midwifery booking assessment or as the result of prior knowledge held by a practitioner or information shared when a pregnant woman moves from another health Board area.

3.2 The aim of the policy is to:

- Assess potential risk and identify early intervention strategies when concerns exist
- Determine a pathway for referral to promote multi-agency information sharing, assessment of need and care planning. A multi-agency response to child protection is vital if the best possible outcomes are to be achieved.

4. Confidentiality

If there is reasonable concern that a child may be at risk of harm this will always override a professional requirement to keep information confidential. This includes sharing information prior to the birth of a child to ensure protective plans are in place from the moment of birth.

Staff should involve parents to be in decisions about the disclosure of information, unless this would increase the risk to the unborn child, parents or staff.

Staff should always seek advice if unsure and never refuse to provide information without considering the risks of not sharing (NHS Western Isles Child Protection Support)

5. Protocol and Procedure

- 5.1 When a pregnancy is confirmed information about causes for concern which could pose a risk to the unborn child should be shared as detailed in the Maternity Services Information Sharing flowchart CP12 (Appendix 1). The same procedure would apply for the care of a pregnant woman moving to the Western Isles from another Health Board area when risks to the welfare of the unborn child have been identified.
- 5.2 At the midwifery booking visit or on the first contact with Maternity Services in the Western Isles a Profile of Significant Factors (Appendix 2) should be completed and the outcome and actions recorded in the Midwifery record. The profile of significant factors will eventually be replaced by the Multi-Agency Risk Assessment Tool which is being developed by the Western Isles Child Protection Committee.
- 5.3 The Profile of Significant factors is a tool to aid professional judgement and assess the need for referral but is not exhaustive and consideration has to be given to the possibility that the child may be “in need” after the birth. The Children (Scotland) Act 1995 defines a child as being “in need” because
 - He/she is unlikely to achieve or maintain , or to have the opportunity of achieving or maintaining, a reasonable standard of health or development.
 - His/her health or development is likely to be significantly impaired, or further impaired, if services are not provided
 - He/she is disabled; or
 - He/she is affected adversely by the disability of any other person in his family
- 5.4 When a concern is acknowledged the Senior Nurse Child Protection should be informed and information shared as outlined in the Child Protection Supervision Policy (NHS Western Isles 2008).
- 5.5 A Cause for Concern –Unborn Child Form (Appendix 3) should be completed One copy is sent to the Senior Nurse Child protection and a copy retained in the Midwifery record.
- 5.6 On receipt of the Cause for Concern referral for the unborn child the Senior Nurse Child Protection will inform the Lead Clinician for Child Protection and will contact the referrer within 5 working days to discuss the referral and agree possible action which will be one of the options outlined in Paragraph 6.7.
- 5.7 If a pregnant woman receiving care in Western Isles moves to another

Health Board area and concerns about risks to the unborn child have been raised, Maternity Services in the new area should be contacted directly to transfer care.

- 5.8 If concerns are raised about the welfare of an unborn child and the woman is missing with no known address consideration should be given to raising a Missing Family Alert by contacting the Senior Nurse Child Protection.

Outcomes

- 5.9 Decisions on the care of the unborn child will normally be made on a multi-agency basis. Possible outcomes of the initial referral are :

- **No further action** : This decision would be reached if the practitioners involved considered that this was the most appropriate decision.
- **Network meeting** : This meeting would be called to discuss the concerns raised and offer support to the family. The prospective parents would be invited along with the relevant practitioners. This would include Health and Social Work with other practitioners invited as relevant to the individual circumstances of the family.
- **Planning meeting (in exceptional circumstances)** : If it was deemed appropriate to hold a meeting without the attendance of the parents, following discussion between the referrer, Senior Nurse Child Protection and Lead Clinician Child Protection, a planning meeting would be arranged. A rationale for not involving the parents in this meeting must be recorded.

- 5.10 The actions resulting from this process will vary. For example, a pre-birth case conference may be arranged or voluntary support offered. Decisions made are the collective responsibility of the disciplines and agencies involved, however a lead professional should be identified to continue to monitor the situation. If the outcome of the meeting requires a Pre-Birth Child Protection Case Conference the procedures in the Western Isles Child Protection Inter- Agency Guidelines would be followed.

- 5.11 As circumstances are different for each family a systematic approach should be adopted in relation to the decision making process. Each meeting must adhere to a format which is detailed in Appendix 4.

6. Accountability

6.1 NHS WESTERN ISLES

NHS Western Isles is responsible for ensuring that management and practitioners are aware of this policy and for providing the resources to enable its implementation.

6.2 INDIVIDUAL PRACTITIONERS

- 6.2.1 Each practitioner involved in the implementation of this policy is responsible for his/her knowledge of the policy and its appropriate application in practice.

6.2.2 Individual practitioners are accountable for their own practice and must be fully aware and understand ethical and legal implications and adhere to Professional Guidelines.

6.2.3 Registered nurses must work within the guidelines of the NMC Code of Professional Conduct : Standards for conduct, performance and ethics.

6.3 LINE MANAGERS

It is the responsibility of the line manager/ward manager to ensure that Staff who have contact with pregnant women are aware of this policy and that procedures are in place within the Department to ensure it is adhered to.

7. Education and Training

Staff who have responsibility for the care of women during pregnancy should have access to specialist child protection training.

8. References and Bibliography

Council of Europe (2008) *The European Convention on Human Rights*. Council of Europe, Strasbourg.

NHS Western Isles (2006) *Clinical Supervision Policy and Framework for Nursing*.

Nursing and Midwifery Council (2004) *The Code of Professional Conduct : standards for conduct, performance and ethics*. London.

Scottish Executive (2006) *Hidden Harm – Next Steps Supporting Children – Working With Parents*. Scottish Executive, Edinburgh.

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Scottish Executive (2002) *It's Everyone's Job to Make Sure I'm Alright. Report of the Child Protection Audit and Review*. Scottish Executive, Edinburgh.

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Scottish Executive (2000) *Protecting Children :A Shared Responsibility : Guidance for Health Professionals in Scotland*. Scottish Executive, Edinburgh.

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Western Isles (2008) *Western Isles Inter-Agency Guidelines for Children Affected by Parental drug or Alcohol related problems*.

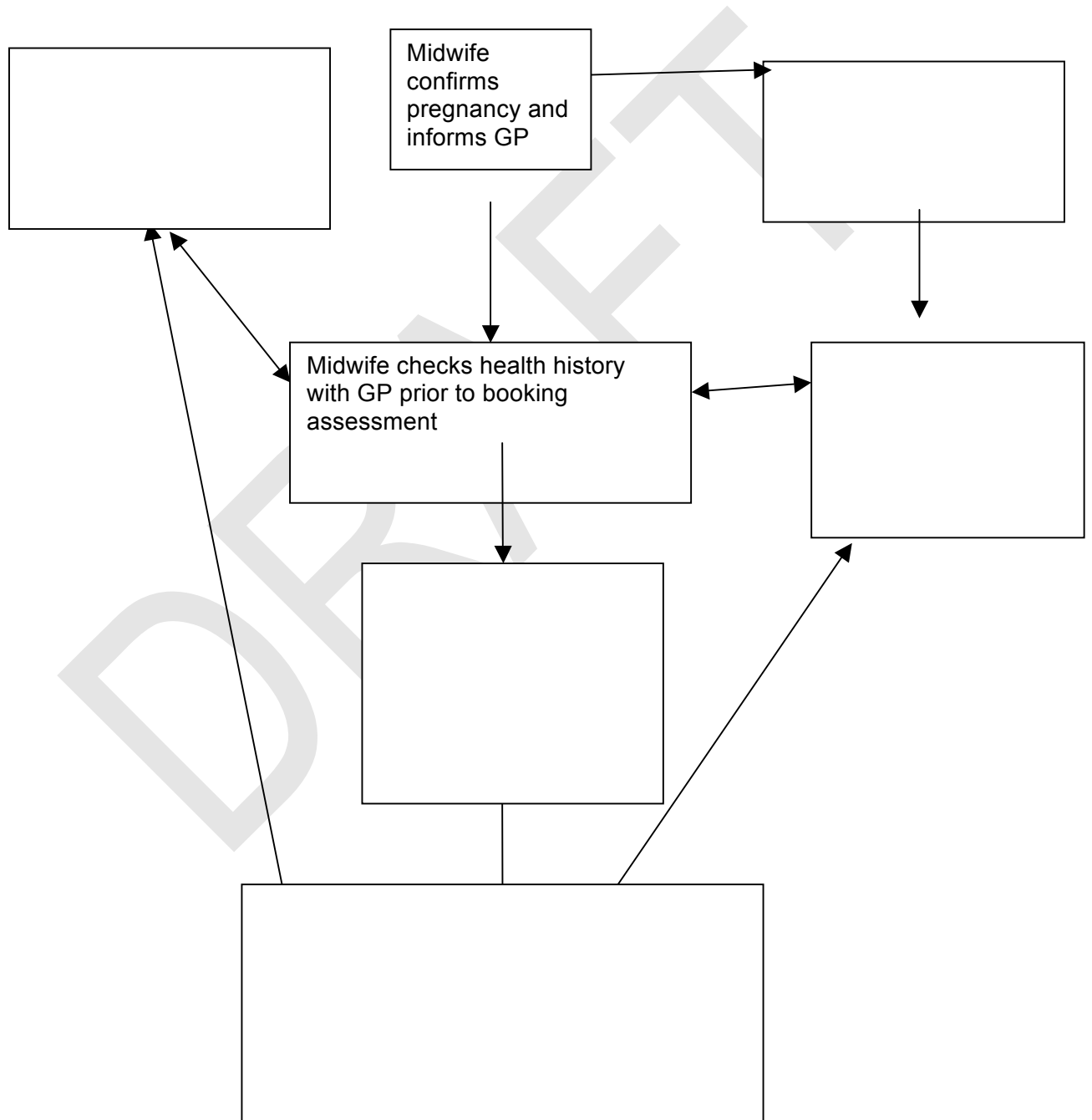
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9. Appendices

APPENDIX 1

CP12 CHILD PROTECTION INFORMATION SHARING

SHARING INFORMATION ABOUT RISKS TO THE UNBORN CHILD CHILD - MATERNITY SERVICES COMMUNICATION FLOWCHART



APPENDIX 2

PROFILE OF SIGNIFICANT FACTORS (MIDWIFERY)

CHI:

PROTECTIVE FACTORS

Tick if present

Extended family support				
Community supports for child or parents				
Willingness of parent to engage with professionals				
Parent supported by partner				
Other please state				

LOW : 2 or less factors

HIGH : 4 or more factors

ADVERSITIES – PARENTS/MAIN CARER

Score

		Date	Date	Date	Date
• A	Significant mental illness; past or present				
• B	Significant physical illness; past or present				
C	Learning difficulties				
• D	Negative attitude towards pregnancy or birth				
• E	20 years or less at time of birth				
• F	Evidence of substance abuse				
• G	Evidence of domestic abuse				
• H	Evidence of criminal activity				

ADVERSITIES – FAMILY BACKGROUND

Score

		Date	Date	Date	Date
• I	Significant mental or physical illness; past or current				
• J	Evidence/ suspicion of abnormal relationships in family – including abused parents				
K	Socio-economic problems, including unemployment				
L	Housing problems or frequent changes of address				
• M	Relationship problems				
N	Social isolation				
• O	Previous suspicion or evidence of child abuse in family				
P	Male in household not Father of child				
Q	Sibling with chronic illness or disability				
• R	Evidence of ill treatment of animals				

ADVERSITIES – CHILD**Score**

		Date	Date	Date	Date
• S	Early prolonged separation from Mother				
T	Severe disability-or minor illness/disability causing concern				
U	Parents resistant to professional intervention				
V	Abnormal or unrealistic expectations of baby/child				
• W	Baby/Child perceived as difficult by parent				
X	Rough or inappropriate handling of child				
• Y	Parent intolerant or over anxious				
Z	Parenting or caring skills questioned by professionals				

Scoring 1 for each factor 2 for each • factor Total-

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A total score of 8 or over suggests a vulnerable child

A score of 10 or over suggests a highly vulnerable child

**APPENDIX 3 CAUSE FOR CONCERN NOTIFICATION
UNBORN CHILD**

Date of referral: Referrers name:		Address:	
Designation:		Tel. No.:	
Signature:			
Mother's Name and Address:		Name and Address – GP and Health Visitor:	
Date of Birth:			
Expected Date of Delivery:		Expected Place of Delivery:	
Is the patient/client aware of the concerns? YES/NO		Is the patient/client aware of the referral? YES/NO	
SIBLINGS			
Name	Date of Birth	Name	Date of Birth
Siblings on Child Protection Register		Social Work Involvement	
YES/NO		YES/NO	
Reason for Concern			
Agreed Action			
Name:		Designation and Signature:	Date:
COPY to be held in Mother's Maternity Notes: Copy to be sent to senior Nurse Child protection:			

APPENDIX 4 PROTOCOL FOR NETWORK or PLANNING MEETING

Format for meetings:

1. Identification of who is chairing the meeting
2. Identification of concerns including the parents' perspective
3. Expression of the vulnerability concerns and adversity factors in relation to the impact on the child before and after birth.
4. Identification of the family resilience and protective factors
5. Identification of tasks, for example, comprehensive risk assessment, addressing housing issues, involving other agencies.
6. Discussion about the need for a pre-birth case conference.
7. An action plan should be drawn up and agreed.
8. Minutes of the meeting should be recorded and distributed by a nominated person.
9. Date and time of next meeting, if required, should be agreed.

1. NETWORK MEETING

1.1 This should always include parent(s). With their consent pregnant girls under the age of 16 years may be accompanied by their parent or carer.

1.2 Purpose of Meeting

- For professionals and family to share information/concerns, clarify roles, responsibilities and agree action to be taken.

1.3 Who can arrange this meeting?

- NHS Western Isles Senior Nurse Child Protection or Lead Clinician Child Protection following referral about a Cause for Concern related to an unborn child from practitioners involved with or concerned about the family or family members.

1.4 How will this meeting be recorded?

- Agreement will be reached at the outset of the meeting. The minutes will summarise the content of discussions, fully record any decisions, roles and responsibilities and action to be taken.

1.5 What are the desired outcomes?

- To share information and gain a holistic view of the needs of the unborn child and family, to be clear about respective roles and responsibilities and agree actions to be taken.

1.6 Is there any follow-up/review?

- Dependent on individual case or decision of meeting.

1.7 Who should attend?

- Parent(s) plus representatives from all agencies involved with the family. This could include:
 - Health – midwife, GP, health visitor, Obstetrician, school nurse, Paediatrician
 - Social Work
 - Substance Misuse workers
 - Education staff
 - Police
 - Housing
 - Voluntary organisations

In some cases agencies may not be involved but may have an interest. The Reporter to the Children's Panel whilst unable to accept a formal referral until a child is born may in some cases consider attending, particularly where the background to the case is complicated, in order to gather information in preparation for a later child protection order. Parents should be notified in advance of who will be there. This is the responsibility of the Senior Nurse Child Protection.

2. PLANNING MEETING

If it is deemed appropriate to conduct a meeting without the attendance of the parents, a professional planning meeting can be arranged. A rationale for not involving the parents in this meeting must be recorded.

2.1 Purpose of Meeting

- For professionals to meet and share information/concerns, clarify roles and responsibilities and agree action to be taken.

2.2 Who can arrange this meeting?

- NHS Western Isles Senior Nurse Child protection or lead Clinician Child Protection following referral about a Cause for Concern related to an unborn child from practitioners involved with or concerned about the family or family members.

2.3 How will this meeting be recorded?

- Agreement will be reached at the outset of the meeting. The minutes will summarise the content of discussions, fully record any decisions, roles and responsibilities and actions to be taken.

2.4 What are the desired outcomes?

- A holistic view of the needs of the unborn baby and family is gained and all professionals concerned are clear about the action plan.

2.5 Is there any follow-up / review?

- Dependant on individual case or decision of meeting.

2.5 Who should attend?

- Professional service providers including representatives from all agencies involved with the child which could include :
 - Health – midwife, GP, health visitor, Obstetrician, school nurse, Paediatrician
 - Social Work
 - Substance Misuse workers
 - Education staff
 - Police
 - Housing
 - Voluntary organisations

In some cases agencies may not be involved but may have an interest, for example in cases of neglect. Police may welcome an invitation to clarify if they may have a role. The Reporter to the Children's Panel whilst unable to accept a formal referral until a child is born may in some cases consider attending, particularly where the background to the case is complicated, in order to gather information in preparation for a later child protection order.