

**NHS TAYSIDE**

**CLINICAL POLICY**

**POLICY FOR UNBORN BABIES  
CHILD IN NEED**

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**Signed:**



**Executive Lead**

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*(Authorised Signature)*

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## **1. Purpose and Scope**

Health staff are often the first professional to have contact with women after pregnancy is confirmed. It may be at this time that a health professional will have concerns regarding the well being of the unborn child. These concerns can be based on factors presenting at the initial consultation or as the result of prior knowledge held by that professional. The purpose of this protocol is to standardise referrals from professionals where such concerns exist, with a view to assessing potential risk and identifying early intervention strategies.

The early identification of issues such as poverty, poor or temporary housing, parental behaviours, social isolation and previous child protection concerns, which may place an infant at risk, are crucial when developing a preventative service. Prevention of harm is central to child protection practice and front line staff, working in a proactive way, carry out such tasks daily. The development of this protocol will help augment this preventative work and standardise the service for families and unborn infants.

A multi-agency response to child protection is vital if the best possible outcomes are to be achieved. This protocol enables health staff to proceed to the point when a multi-agency group can take responsibility of any care planning deemed necessary.

## **2. AIM OF THE POLICY**

- To develop a system for early identification of vulnerable antenatal clients where that vulnerability may result in their baby being considered a child in need.
- To establish a pathway of referral that will involve other agencies and be the basis of future assessment.

**NB** In Dundee where substance misuse is a concern, the antenatal client will be referred via the Senior Nurse Child Protection to the Pregnancy Support Service.

## **3. DESIRED OUTCOME**

- Better inter/intra agency sharing of information, early identification of potential problems.
- Early intervention leading to the provision of appropriate services.

#### 4. PROCESS

When a member of staff has concerns regarding the well being of an unborn baby they complete a "Child in Need" (Appendix 1), which they send to the Senior Nurse Child Protection Primary Care for the woman's place of residence. On receipt of this form, the member of staff making this referral will be contacted and an initial discussion will take place. This discussion should happen within three working days of receipt of the referral. Information / action agreed will be recorded on a form (Appendix 2) and one copy will be sent to the referrer and the other retained by the Senior Nurse. At this stage the Senior Nurse Child Protection will contact the Child Care Duty Team in their area to ascertain if the family is known to Social Work.

Depending on the outcome of the initial discussion there are three possible pathways.

- **Network Meeting:** This meeting would be called and prospective parents would be invited, along with the relevant professionals. \* This meeting would discuss the concerns raised and offer support to the family.
- **Professional Workers Meeting:** If it was deemed appropriate to conduct a meeting without the attendance of the parents, a professional workers meeting would be arranged.
- **No further Action:** This decision would be reached if the practitioners involved considered that this was the most appropriate decision. However if either practitioner felt that this was not the most appropriate decision, they should request a referral (in line with their responsibilities as an accountable professional) to one of the above pathways.

The actions resulting from this process will vary. For example a pre-birth case conference may be arranged or voluntary support offered. Whatever decision is made after the above meetings will be the collective responsibility of a range of disciplines and agencies.

As each case will be different a systematic approach should be adopted in relation to process. Each meeting should adhere to the following format:

1. Identification of who is chairing the meeting.
  2. Identification of concerns including the parents' view of the concerns.
  3. Expression of these concerns or stressors in relation to the impact on the child before and after birth.
  4. Identification of protective factors.
  5. Identification of tasks, for example, comprehensive risk assessment, addressing housing issues, involving other agencies or referral to the Children's Reporter.
  6. Discuss referral for pre-birth case conference.
  7. An action plan to be drawn up and agreed.
  8. Minutes of the meeting to be recorded and distributed by a nominated person/s.
  9. Date and time of next meeting, if required, to be agreed.
- Criteria for Network and Professional Workers Meetings are attached (Appendix 3).

## 5. CRITERIA FOR REFERRAL:

The Children's (Scotland) Act 1995 refers to a child in need as being in need of care and attention because:

- He or she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development unless there are provided for him or her, under or by virtue of this part of the Act, services by the local authority.
- His or her health or development is likely significantly to be impaired, unless such services are provided
- He or she is disabled.
- He or she is affected adversely by the disability of any other person within his or her family.

A child in need could, using this definition be a child of a household where one or more of the following are a feature:

- Poor economic, material and social circumstances prevail.
- Domestic abuse.
- Previous child care / child protection issues.
- Chaotic drug/alcohol use of adults in the home.
- Parental mental health problems.
- Learning difficulties of parent/caregiver.
- Physical disabilities of parent/caregiver
- Young mother < sixteen years.
- Families with many changes of address and relationships.

The above examples are a guide and this list is therefore not exhaustive.

**CHILD IN NEED**

<b>NOTE OF CONCERN FOR UNBORN BABY</b>			
<b>REFERRER'S NAME:</b>		<b>TEL NO &amp; ADDRESS:</b>	
<b>DESIGNATION:</b>			
<b>MOTHER'S NAME &amp; ADDRESS:</b>		<b>NAME &amp; ADDRESS – GP:</b>	
<b>DATE OF BIRTH:</b>			
<b>EXPECTED DATE OF DELIVERY:</b>			
<b>IS PATIENT/CLIENT AWARE OF THIS REFERRAL?      YES/NO</b>			
<b>SIBLINGS</b>			
<b>Name</b>	<b>Date of Birth</b>	<b>Name</b>	<b>Date of Birth</b>
<b>Siblings on Child Protection Register</b>		<b>Social Work Involvement</b>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>REASON FOR CONCERN</b>			
<b>ANGUS</b>	<b>DUNDEE</b>	<b>FIFE</b>	<b>PERTH &amp; KINROSS</b>
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**CHILD IN NEED**

<b>INITIAL DISCUSSION RECORD NOTE OF CONCERN FOR UNBORN BABY</b>	
<b>REFERRER'S NAME:</b>	<b>TEL NO:</b>
<b>MOTHER'S NAME &amp; ADDRESS:</b>	<b>NAME &amp; ADDRESS – GP:</b>
<b>DATE OF BIRTH:</b>	
<b>EXPECTED DATE OF DELIVERY:</b>	
<b>IS PATIENT/CLIENT AWARE OF THIS REFERRAL?</b>	<b>YES/NO</b>
<b>REPORTERS NAME:</b>	<b>TEL NO:</b>
<b>AGREED ACTION AND STAFF INFORMED:</b>	
<b>COPY TO REFERRER AND/OR TO MOTHER'S HOSPITAL MATERNITY NOTES</b>	
<b>COPY RETAINER TO SENIOR NURSE CHILD PROTECTION</b>	

## **TYPES OF MEETINGS**

### **NETWORK MEETING**

Should always include parent/s

#### **Purpose of Meeting**

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

#### **Who can arrange this meeting?**

Any senior professional or parent/s.

#### **How will this meeting be recorded?**

Whoever has convened the meeting (in the case of parents, professionals should agree who will take the minutes). The minutes shall summarise the content of discussions, fully record any decisions, roles and responsibilities and action to be taken.

#### **What are the desired outcomes?**

For everyone to gain a holistic view of the needs of the unborn baby and family, and to be clear of respective roles and responsibilities and actions to be taken.

#### **Is there any follow-up/review?**

Dependant on case or decision of meeting.

#### **Who should attend?**

Parent/s plus representatives from all agencies involved with the family.

Consideration should be given to the following:

- Health – Midwife, School Nurse, Health Visitor, GP, Obstetrician, Paediatrician
- Social Work
- Drug and Alcohol Workers
- Education
- Voluntary Organisations
- Police
- CJS – Criminal Justice System

NB In some cases agencies may not be involved but may have an interest. E.g. in case of neglect, police welcome an invite to clarify if they may have a role.

Parent/s should be notified in advance of who will be there. This is the responsibility of agency who convenes the network meeting.

## **PROFESSIONAL WORKERS MEETING**

### **Purpose of Meeting**

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

### **Who can arrange this meeting?**

Senior professional e.g. Senior Social Worker, Specialist Health person, Detective Sergeant.

### **How will this meeting be recorded?**

The person who convenes the meeting will take responsibility for recording and distributing minutes. The minutes shall include decisions, roles and responsibilities and action plan.

### **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.

### **Is there any follow-up/review?**

Dependant on case or decision of meeting.

### **Who should attend?**

Professionals only. Representatives from all agencies involved with the child. Consideration should be given to the following:

- Health – Midwife, School Nurse, Health Visitor, GP, Obstetrician, Paediatrician
- Social Work
- Drug and Alcohol Workers
- Education
- Voluntary Organisations
- Police
- CJS – Criminal Justice System

NB In some cases agencies may not be involved but may have an interest. E.g. in case of neglect, police welcome an invite to clarify if they may have a role.