

Standard Operating Process (SOP) for referral to early help or children’s social care within maternity.

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1.0 Introduction

Women and families sometimes require support from Early Help or Social Services either during pregnancy or following the birth of a baby.

In very rare cases, a mother will be unable or unsafe to look after her baby. In these circumstances, Children's Social Care will arrange through the courts for the child to be taken into the care of the Local Authority

2.0 Objective

This Standard Operating Procedure (SOP) provides staff with a structure within which to work when identifying that a woman or her family require additional support. This may be from Early Help; or they may meet the threshold for Children's Social Care involvement.

In the context of this SOP, the thresholds of care used are those identified by the Barnsley children's social care assessment process. [Thresholds for intervention guidance \(barnsley.gov.uk\)](https://www.barnsley.gov.uk)

This SOP is in line with the trust safeguarding process guideline, and Multi Agency Integrated Care Pathway (ICP).

It will ensure staff understand the process for referring families to obtain additional support. It also outlines when there must be a pre-birth assessment in line with the Children Act 1989.

3.0 Scope

This SOP is for all staff working within the maternity unit.

4.0 Main body of the document

4.1 Thresholds for Intervention

In Barnsley, there is a model of intervention which reflects four tiers of need.

Tier One describes families who have their needs met by accessing local universal services. Children in these families have no additional need.

Tier Two describes children with low level additional needs that are likely to be met via short term intervention. Early Help is an approach to provide support to potentially vulnerable children, young people and families as soon as a problem starts to emerge, or when there is a strong likelihood that problems will emerge in the future.

Tier Three describes children with high level additional unmet needs; and those with complex needs likely to require longer term targeted intervention from statutory or specialist services. A child or unborn baby in this tier may require the Local Authority to safeguard and promote their welfare as a "Child in Need" (CIN) under Section 17 of the Children Act 1989.

Tier Four describes children with complex and/or acute needs requiring acute/statutory intervention. This includes children requiring urgent or emergency protection, child protection plans or care proceedings. The Local Authority has a duty to assess whether an unborn/child is at risk of significant harm under Section 47 of the Children Act 1989. If a risk of significant harm is identified, a child protection plan (CPP) is formulated.

Appendix 1 outlines the appropriate processes to follow to provide support for families in each of the four tiers.

4.2 The Integrated Care Pathway (ICP)

The Integrated Care Pathway (ICP) in Appendix 2, has been established to set out the times during the antenatal period when vital pre-birth assessments and professionals meetings are required for a family who are known to children's social care. The ICP has been agreed with Children's Social Care (CSC), Health Visitors (HV) and Barnsley Hospital NHS Foundation Trust (BHNFT).

The time points set out in the ICP must be entered into the Electronic Patient Record (EPR). This must be completed by the representative who attends the first conference following confirmation of a pre-birth assessment process. This will enable community or clinic midwives to escalate if the ICP has not been followed.

An escalation process (Appendix 3) has been developed by Barnsley safeguarding partnership. This should be followed if the time points in the ICP are not met, or there is a professional disagreement around the plan for birth.

4.3 Information sharing

Information regarding patients and families in Tiers two, three and four must be shared with the safeguarding team, as per Appendix 1.

The safeguarding team will maintain a database to monitor all active cases and ensure that BHNFT have full oversight of complex cases within maternity.

All safeguarding concerns and communication should be recorded within the Maternity EPR under 'safeguarding assessment'. This allows a full chronology of events to be evident for any member of staff involved. The record should be populated using the Situation, Background, Assessment, Recommendations (SBAR) approach.

Clear handover of safeguarding concerns needs to be completed if the baby is transferred to the neonatal unit; and this should be recorded on Badger Net

4.4 The role of Children's Social Care

If Children's Social Care (CSC) complete a pre-birth assessment for an unborn baby in Tier two, three or four, a birth plan is required before 36 weeks gestation.

This birth plan must be attached to the Maternity EPR and will clearly record the outcome of the assessment. It must also include whether there are any requirements such as social care to provide 1:1 supervision of either parent with the baby. If any concerns or escalation is required to liaise with the safeguarding team for support.

The pre-birth assessment may stipulate that an Interim Care Order will be obtained by CSC, so that the baby can be discharged into foster care. In this case, a clear plan must be recorded within the EPR of who will support the mother if she attends court. This could be a family member or the family solicitor. A multi-disciplinary team meeting (MDT) should always be held to ensure that the family, CSC and BHNFT staff are aware of the process on the day of court. At the MDT meeting CSC should confirm a named person to attend the ward and supervise the child in the parent's absence; this can be a professional or a family member who has been risk assessed. It is essential that everyone understands who is responsible for care of the baby in the absence of the mother.

4.5 Discharge from hospital

If the baby is to be placed into the care of the Local Authority, memory boxes should be provided to foster parents as well as the birth parents with early mementoes to start the “life story” work. However, **no details of the foster carers should be shared with the birth parents.**

If the baby is going home with the mother/parents, consider a discharge planning meeting to ensure that all agencies and parents are aware of which professionals will be visiting the home following discharge. Any requirements set out in either a Child in Need or Child Protection Plan must be shared.

If the baby is placed into the care of the Local Authority, a clear handover must be provided to the relevant community midwifery team. This could be the BHNFT community midwives, or an out of area community team if the baby is placed elsewhere. The specialist screening team must be informed that the baby has been placed into care and the Guthrie stickers should be re-printed with the new address.

5.0 Roles and responsibilities

5.1 Midwives

Midwifery staff working at BHNFT have a responsibility to ensure principles of this SOP are followed.

5.2 Neonatal Staff

Neonatal staff working at BHNFT have a responsibility to ensure principles of this SOP are followed.

5.3 Safeguarding team

Safeguarding team at BHNFT have responsibility to have oversight of all complex cases within the maternity care.

6.0 Associated documents and references

NICE, (2010) Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors. Clinical guideline [CG110] Published date: 22 September 2010 <https://www.nice.org.uk/guidance/cg110>

Barnsley Thresholds for Intervention, Early Help and Beyond, [request for targeted support Early Help for Families leaflet](#)

Barnsley Integrated care pathway (ICP)
<https://www.barnsley.gov.uk/media/17838/integrated-care-pathway-for-pre-birth-assessment.pdf>

Barnsley Children Partnership Escalation Policy
<https://www.barnsley.gov.uk/media/17267/escalation-policy.pdf>

Relevant Trust Approved Documents

Early Help assessment form [request for targeted support](#) [Early Help for Families leaflet](#)

- 1.
2. Safeguarding Practice [Safeguarding Practice](#)
3. Multi-disciplinary team (MDT) care plan for women with additional health or support needs [MDT care plan for women with additional health or support needs](#)

7.0 Training and resources

Training will be delivered as outlines in the Maternity Training Needs Analysis. This is updated on an annual basis.

8.0 Monitoring and audit

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/group/ committee for monitoring of action plan and Implementation
Process of the ICP is followed within maternity care.	Audit of safeguarding documentation	Safeguarding team	Six Monthly	Results will be presented at Maternity Governance and Safeguarding Operational meeting	Maternity Governance and Safeguarding Operational meeting	Overarching CBU 3 governance meeting and Safeguarding Steering Group.

9.0 Equality and Diversity

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This procedure should be implemented with due regard to this commitment.

To ensure that the implementation of this procedure does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This procedure can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this procedure.

This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

9.1 Recording and Monitoring of Equality & Diversity

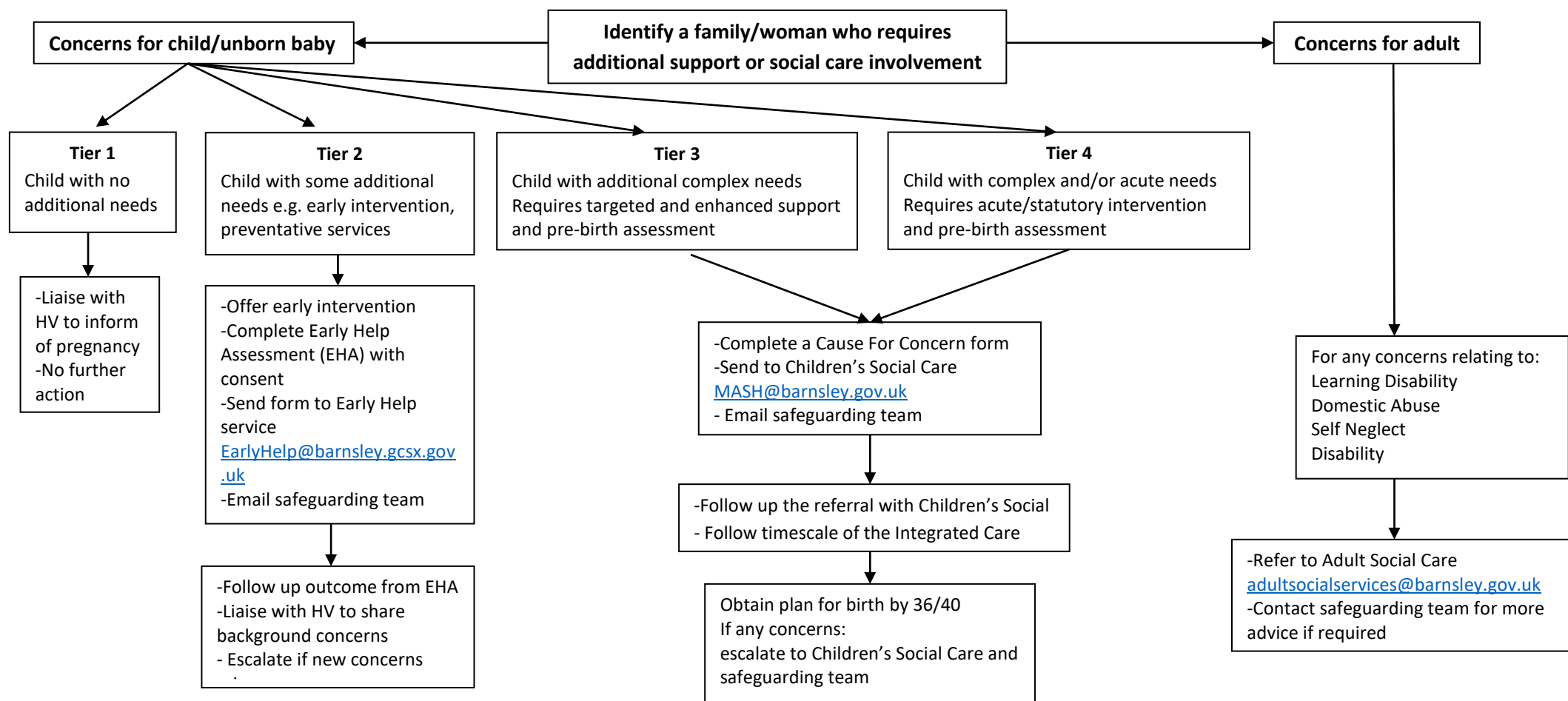
The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all procedures will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.

10.0 Glossary of Terms

ICP	Integrated Care Pathway
CIN	Child In Need
S47	Child Protection investigation
CPP	Child protection plan
CSC	Children social care
HV	Health Visitors
BHNFT	Barnsley Hospital NHS Foundation Trust
EPR	Electronic patient record
MDT	Multi-disciplinary team

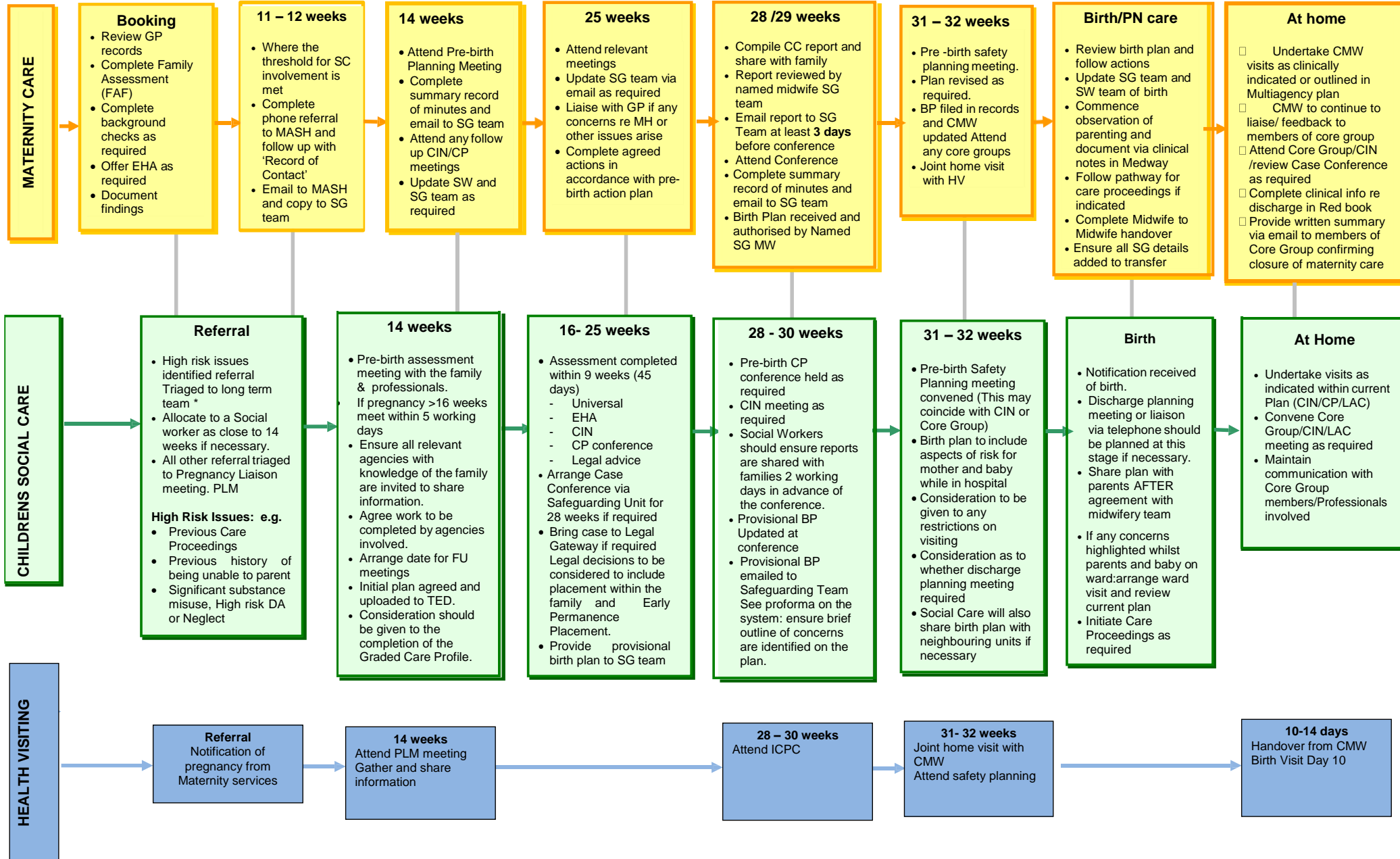
Appendix 1 – Process for complex cases flowchart



In all cases: Inform safeguarding team via email of any concerns bhnft.safeguardingteam@nhs.net
 Ensure that the safeguarding chronology is updated with events using SBAR documentation
 If open to Social Care – follow the Integrated Care Pathway process; escalate if drift occurs
 Ensure maternity Services are represented at any professionals meeting
 If required, follow the escalation process in Appendix 3

INTEGRATED CARE PATHWAY FOR PRE BIRTH ASSESSMENTS – April 2020

Appendix 2





Childs Developmental Needs

Although baby is unborn, aspects related to fetal development should be considered: for example attending ANC care and following advice re fetal health is a helpful predictors of potential response to new born baby. Are there any health issues already identified e.g. growth/development/anomalies. Are there aspects that may take a longer term follow up in order to assess needs for instance alcohol related harm. Consideration to be given to identity as paternity issues may be identified.

Parenting Capacity

Basic care – monitored by midwifery antenatally regarding attendance for appointments. Is mother addressing fetal needs: consider ability to take on board and accept advice; ability to acting on advice. Is mental health/capacity/substance misuse impacting on capacity to follow through Is relationship e.g. domestic abuse or con-commitment drug use in partner impacting capacity to ask without undue influence. Consider adequate preparation for labour/care of siblings/care of baby?

Ensuring safety – Consideration given to mental health/emotional/learning and physical needs/ability of parent. Plans for feeding/preparation for feeding breast/bottle feeding. Understanding of risk re co-sleeping, Violent controlling partner/ Person Posing Risk (PPR). Who should visit? Is supervision required?

Emotional warmth – observations of professional re fetal attachment; discussing/naming baby; planning for birth. Considering fetal needs.

Stimulation – professional view on parent's understanding of newborn needs.

Guidance & Boundaries – Parent's understanding/discussions held re newborn needs

Stability – Lifestyle/drug use/relationships/housing etc.

Family and Environmental Factors

Family History and Functioning – to be gathered via core assessment and shared by social worker.

Wider family – Identify support networks, significant relationships. Who can support mother to care for baby during planned stay on ward?

Housing – Discharge details for mother and baby. Home conditions checked?

Employment – Does this impact on the support available to mother/care she provides to child?

Income – financial ability to manage care of children. Is this affected by substance misuse/debts/budgeting ability?

Family's Social Integration – Are they engaged with services? What support networks are available?

Community Resources – Which agencies are involved? Family Centre/ Peri natal/ adults//Doula/Foster carer?

Timing:

Aim for 32 weeks due to high number of premature delivery in high-risk group

Attendance:

Chair by Children Young People and Families

Attendees as with case conference/core group – must include Midwifery & Health visiting so that unborn needs can be addressed

Proposed agenda

Outcome of assessment thus far

- Overview of outstanding aspects related to assessment
- Review of risks in general (short & long term)
- Outline risks in hospital setting using assessment framework
- Risks for mother – prebirth/delivery/postnatal – capacity issues
- Risks for baby – in utero/post delivery
- Risks for staff
- How can risk be managed:- labour ward; postnatal ward
- What can hospital routine care offer?
- What additional support is required:- family; CYPF/health – funding implications
- Consider if Public Law Outline (PLO) can assist with process? Is Interim care Order (ICO) or Emergency Protection Order (EPO) required? Should hearing be expedited?
- Has this been approved by Case review Panel?
- Options for transfer home
- Family; extended family; foster care; mother & baby unit.

Appendix 3

Escalation Proforma

(copy to be kept on service user file and sent to the Safeguarding Partnership Manager at resolution)

Date Escalation and Record Commenced:

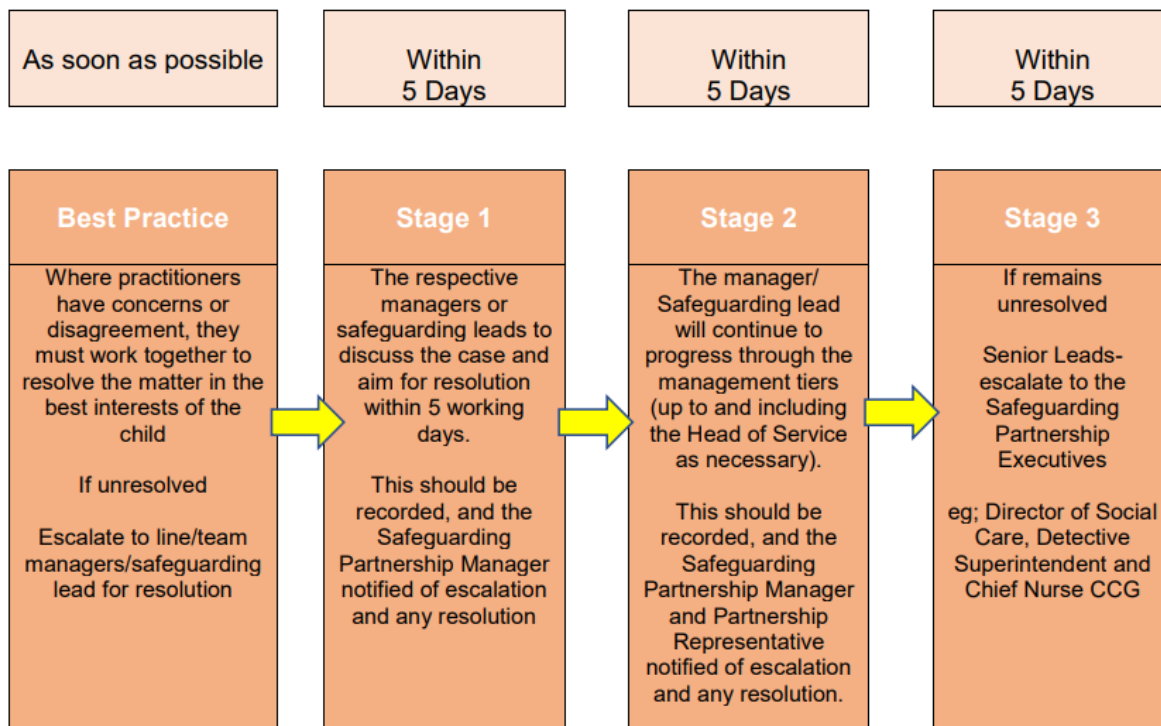
1 Name of child/young person		
DOB:		
Address:		
Name, Role and Agency of person completing this form:		
Name, Role and Agency of others involved:		
Brief details of the professional disagreement:		
2 Has the disagreement been resolved at Stage 1	YES	NO
If yes, what was agreed?		
Please complete box 4 and 5		
3 Has the disagreement been resolved at Stage 2	YES	NO
If yes, what was agreed?		
4 What is the learning for your agency from this case?		
5 Is there learning for the wider safeguarding partnership?		
	YES	NO
A requirement for staff training	YES	NO
Development of new policy, procedure or process	YES	NO
Further discussion at a particular Partnership Sub-Group	YES	NO
Other Comments		

Please send the completed form via secure email to: SafeguardingUnit@barnsley.gov.uk

Appendix 4

MAXIMUM TIMESCALES

Do not delay if inaction will increase the risk to a child. Where there are significant and urgent concerns these must be expedited and progressed straight to level 3 if required.



Version	Date	Comments	Author

Review Process Prior to Ratification:

Name of Group/Department/Committee	Date

Trust Approved Documents (policies, clinical guidelines and procedures)

Approval Form

Please complete the following information and attach to your document when submitting a policy, clinical guideline or procedure for approval.

Document type (policy, clinical guideline or procedure)	Procedure
Document title	Standard Operating Process (SOP) for referral to early help or children's social care within maternity.
Document author (Job title and team)	Safeguarding Midwife
New or reviewed document	New
List staff groups/departments consulted with during document development	
Approval recommended by (meeting and dates):	WB&G 21/10/22 CBU3 B&G 02/11/22
Date of next review (maximum 3 years)	02/11/2025
Key words for search criteria on intranet (max 10 words)	Safeguarding, child protection
Key messages for staff (consider changes from previous versions and any impact on patient safety)	
I confirm that this is the <u>FINAL</u> version of this document	Name: Molly Claydon Designation: Governance Support Co-ordinator

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

Approved by (group/committee): CBU3 Business and Governance Date approved: 02/11/2022 Date Clinical Governance Administrator informed of approval: 15/11/2022 Date uploaded to Trust Approved Documents page: 16/11/2022
