

Derby and Derbyshire Multi Agency Protocol for Pre-Birth Assessments and Interventions

April 2019

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Version Control

| Protocol to be read in conjunction with the Derby and Derbyshire Safeguarding Children Procedures <i>Please note this joint document replaces the Derby City Multi-Agency Protocol for Pre-Birth Assessment and Interventions (2013)</i> | | | | | |
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1. Introduction

This protocol has been developed to support agencies and practitioners in their decision making and assessment processes when working with a pregnant woman, her partner and family. It has been developed for use by all adult and children's services practitioners working with pregnant women and their families in Derby and Derbyshire.

The aim of this protocol is to ensure that all unborn babies where there are additional vulnerabilities or needs are identified as early as possible and ensure that appropriate and timely services are delivered in an integrated manner. See appendix one: Pre Birth Assessment and Intervention Timeline.

The protocol must be read in conjunction with the [Derby and Derbyshire Safeguarding Children Procedures](#), including procedures relating to Children in Specific Circumstances and Derby City and Derbyshire Threshold document located in the procedures [Document Library](#), guidance section.

2. Pre-birth Assessment and Interventions

Most women attend a booking appointment with Midwifery Services between 6 and 12 weeks pregnancy, where routine antenatal assessment and screening processes are commenced.

The Community Midwife is in a key position to identify women and their families who are in need of early support or when there are child protection concerns.

Other practitioners working in children's or adult services may also be in contact with pregnant women and/or their partners. They should actively consider the need for support and whether any additional services are required. Where there are emerging needs an early help assessment should be commenced. All complex or serious needs or child protection concerns should be referred to Children's Social Care.

All practitioners should refer to their agency records and chronology to establish whether information held in relation to a previous pregnancy or family history may have an impact on the current pregnancy. This also includes any court orders where it is identified that the adult may pose a risk to children.

This process needs to take place with each pregnancy, regardless of whether a network is already in place in relation to siblings.

It is vital that there is good communication with the pregnant woman, the birth father and, if different, her current partner. Consideration must be given to the communication needs of the pregnant woman and her family; communication aids, interpreters, sign language etc. should be used as appropriate. See [Derby Safeguarding Children Board Guidance when Working with Interpreters](#).

The period between assessment and birth presents a vital window of opportunity for direct work with parents to ensure the baby has the best possible start in life and is kept safe.

3. Early Support and Help

Where it has been identified that the parent/s may need additional support to meet the needs of their unborn child, an early help assessment should be considered as the means to clearly identify needs/strengths and the support required.

Families who may need early support and help include:

- Parent/s who are asking for help and support where the threshold for assessment is met.
- Young parents under 18 or with limited support from family/friends.
- Care Leavers.
- Families whose dynamics result in levels of instability.
- Parent/s struggling to maintain standards of hygiene/repair with the family home.
- Families in poverty or where food, warmth and other basics may not always be available.
- Families where the advent of a new baby may exacerbate existing difficulties.
- Families with housing issues which places them at risk of homelessness or are currently homeless.
- Parent/s who have additional vulnerabilities or needs such as domestic abuse, mental health issues or drug and/or alcohol issues or learning disabilities, where it is considered this may impact on parenting.

Pregnant women and their families may only require additional advice and support from the agency or agencies currently involved.

All pregnant women and their families should be given information about their local children's centre and where appropriate, children's centre registration made with parents. Young parents age 19 or under in their first pregnancy and under 28 weeks pregnant, and young first time parents under 25 years, should be referred to the Ripplez Family Nursing Services (Family Nurse Partnership (FNP) and Family First); See appendix two. Particular consideration should also be given to when there will be a multiple birth and impact of this on the family.

Practitioners should give consideration as to whether the parent/s and their unborn baby may have emerging needs where:

- There are concerns about wellbeing;
- Needs are unclear, not known or not being met; or
- Needs are broader than their own service can address.

In these circumstances an early help assessment (EHA) should be initiated. An early help assessment can be initiated by any of the practitioners from agencies involved with the pregnant woman and her family.

Midwifery staff will offer the early help assessment, obtain consent and commence the early help assessment process at the woman's antenatal booking appointment; in Derbyshire this is likely to commence at the 16 week appointment. Support for Community Midwives for the early help assessment and associated processes are available via the University Hospitals for Derby and Burton and Chesterfield Royal Hospital Safeguarding Team/Named Professionals.

Practitioners working in other children's services such as Children's Centres, Multi-agency Teams (MAT) and the Voluntary Sector, who identify the need for early help should also offer the early help assessment, obtain consent and commence the assessment. Support

for conducting the assessment is available through local arrangements and internally through line management structures.

In **Derby** if additional support is required about the early help process, a locality based Early Help Advisor should be contacted; see appendix two. Practitioners working in adult services should liaise with the Early Help Advisors for assistance to progress the early help assessment and the services available to support pregnant women, their partners and family; see appendix two.

Practitioners in **Derbyshire** will be expected to make a referral for Childrens Services early help through Starting Point; see appendix two.

Any practitioner taking steps to initiate an early help assessment should always liaise with midwifery services to ensure antenatal assessments and interventions are integrated. Clarification of current service involvement with the pregnant woman, birth father, current partner and the unborn baby's sibling/s or half siblings or any child young person or adult residing in the same household must be made. Liaison between services must take place to ensure that a holistic assessment of needs and strengths is achieved and a comprehensive multi agency action plan involving the pregnant woman and her family is agreed. It is important that there is liaison with the pregnant woman's GP and in Child Protection cases the birth father's GP where possible.

Further information about the early help assessment and process can be found in the Derby and Derbyshire Safeguarding Children procedures, [Providing Early Help](#) and on the DSCB websites www.derbyscb.org.uk and www.derbyshirescb.org.uk.

Given the relatively short timescales of a pregnancy any decisions regarding the effectiveness and impact of the early help process needs to be tightly managed.

In **Derby** a Team Around the Family (TAF) meeting should be convened at **16 weeks pregnancy** where the assessment is completed as far as possible and a multi-agency action plan formulated. If the services involved with the family believe that they cannot meet the needs of the pregnant woman and her family or additional services are required but unknown, the early help assessment should be presented at the locality Vulnerable Children's Meeting (VCM). See appendix two.

A review TAF meeting should take place at **24 weeks pregnancy** to review the progress of the action plan. There should be an explicit discussion about whether the early help assessment remains the most appropriate way to meet the unborn baby's needs or if escalation to Children's Social Care is required.

If there has been a previous sudden infant death, Midwifery Services will make a referral to the Care of Next Infant (CONI) scheme at **25 weeks** pregnancy. Introduction to the Health Visitor should take place at **28 weeks** pregnancy and, where appropriate, a joint visit with the Midwife made at **32-36** weeks pregnancy to commence the delivery of the Pregnancy Birth and Beyond programme.

If it becomes evident at any point that the early help process is not having the desired

impact because a parent is not engaging with the plan, requires a more intensive plan, or steps need to be taken to safeguard the unborn child, a referral should be made to Children's Social Care. **Escalation to Social Care will be in line with the Derby and Derbyshire [Threshold document](#) and can be made at any point.**

In **Derbyshire** a Pre-Birth Team Around the Family (TAF) meeting will be convened at the most appropriate time to meet the needs of the pregnant woman and her unborn baby, following which time there will be review of any care plans on at least a 6 weekly basis.

Escalation to Social Care will be in line with the Derby and Derbyshire [Threshold document](#) and can be made at any point.

In cases of previous sudden infant death, Midwifery Services will make a referral to CONI scheme following the viability scan at **28 weeks** pregnancy.

Health Visitors in Derbyshire carry out an ante-natal visit and there is an expectation that in cases where there are identified vulnerabilities, joint working arrangements with the Midwife are commenced.

4. Families where there are specific issues

4.1 Parents with Substance (drugs and /or alcohol) Issues

Drug or alcohol misuse is not in itself a contra-indication that the parent(s) will be unable to care safely for the baby, however there will need to be careful assessment, analysis and, where appropriate, support and intervention. This needs to include a risk assessment completed by drug and alcohol services.

All agencies should routinely ask pregnant women about their alcohol and prescribed or illegal drug use (including new psychoactive substances); this routine questioning should also apply to partners or other significant adults. If the expectant parents use drugs or alcohol they should be asked if they are in contact with support or treatment services.

Where known there should be active liaison with substance services or consideration made for referral to the most appropriate service at the earliest opportunity. There is a range of drug and alcohol agencies available including a Specialist Substance Misuse Midwifery Service, a family drug and alcohol service (Aquarius; Derby only) as well as support and treatment services; see appendix two.

Referrals to the **Derby City/Southern Derbyshire** Specialist Substance Misuse Midwifery Service should be completed no later than **16 weeks** pregnancy; this referral would usually be made by the Community Midwife via the ante-natal booking process, however practitioners from any agency are also able to make a referral.

Any drug and/or alcohol service receiving a referral involving a pregnant woman or her partner should ensure that services are in place at the earliest opportunity; **these should be in place no later than 24 weeks pregnancy.**

Referrals of the expectant mother to the Specialist Substance Midwife in **North Derbyshire** should be made as soon as it becomes apparent that the pregnant woman is involved in substance misuse.

All substance using expectant parents should be offered appropriate advice, support and treatment to ensure that the implications of drug and alcohol use on the unborn baby and birth and post-delivery issues are explored. Consideration should be given to their lifestyle associated with their substance misuse, their ability and capacity to parent and in addition, whether there may be a dual diagnosis (substance misuse and mental health issues) and/or domestic abuse.

When a service user of a substance agency discloses they are pregnant or their partner is pregnant, the Substance Worker must consider the support needs of the unborn baby and the expectant parent/s and take appropriate action. This should include referral to the Specialist Drug and Alcohol Midwifery Service, Aquarius (Derby only) and liaison with children's services. In cases where there are complex or serious needs and/or child protection concerns a referral to Children's Social Care must be made in line with the DSCBs multi-agency safeguarding children procedures, [Working with Parents who are Misusing Substances](#) and the [Threshold document](#).

In Derby all substance using pregnant women should be referred to the multi-agency Substance Misuse Pregnancy meeting; referral would usually be made by substance misuse workers or the specialist substance misuse midwife, however practitioners from any agency can also make the referral. The Substance Misuse Pregnancy meeting enables effective information sharing and the management of support needs and concerns to ensure that agencies respond and manage the risks appropriately throughout the pregnancy and up to 6 months post birth. See appendix two: Key Agency Contact Details, Derby Drug and Alcohol Recovery Service, Aquarius.

4.2 Parents with mental health Issues

Practitioners involved with pregnant women, birth fathers or partners who have mental health issues, should seek clarification as to whether they are currently or previously known to mental health support services. In addition consideration should be given to the possibility of a dual diagnosis (substance misuse and mental health issues) and/or domestic abuse. It is important that there is liaison between all involved services and mental health services. If mental health may have an impact on their ability and capacity to parent a more detailed risk assessment must be sought from mental health services. If the expectant parent is not known to mental health services a referral should be progressed via the GP. See appendix two: Key Agency Contact Details.

The risk assessment should be sought, shared and discussed verbally to ensure it is understood by all agencies. Women already in the care of mental health services will have their care extended to include the Perinatal Mental Health Team if appropriate; this will usually be co-ordinated by Midwifery Services or the Mental Health Team involved with the woman. Consideration needs to be given to their capacity to parent. Any concerns about the pregnant woman or her partner's mental health should be raised with the Midwife and the GP. A referral for the mother can be made to the Specialist Mental Health Midwife; this would usually be made by the Community Midwife however practitioners from any agency are also able to refer.

In **Derby** referrals should be completed by **16 weeks** pregnancy.

In **Derbyshire** this referral is completed as soon as the mental health issue is recognised to the Specialist Mental Health Midwife/Perinatal Mental Health Team. See Appendix two

Consideration about the involvement of advocacy services should also be made; see appendix two. Any mental health services receiving a referral involving a pregnant woman or her partner should ensure that services are in place at the earliest opportunity; **these should be in place no later than 24 weeks pregnancy.**

Midwifery Services routinely screen women's mental health early in pregnancy at the booking appointment and again around **26-30 weeks** pregnancy.

If a service user of mental health services discloses that they are pregnant or their partner is pregnant, practitioners must consider the support needs of the unborn baby and expectant parents and take appropriate action. If appropriate this should include referral to the Specialist Midwife and the Perinatal Mental Health Team, only the pregnant woman and not the prospective father would receive a referral to the Specialist Midwife and Perinatal Mental Health Team. Where there are concerns about complex/serious needs or child protection concerns, a referral to Children's Social Care should be made in line with the DSCBs' multi-agency safeguarding children procedures [Working with Parents / Carers who have Mental Health Needs](#) and the [Threshold document](#).

4.3 Parents with a Learning Disability

It is important that it is identified as early as possible where the pregnant woman or birth father/partner has a learning disability.

Where pregnant women or the birth father/partner have a known learning disability, checks should be made to see if they are known to Adult Learning Disability Services (health teams) or Adult Social Services (social care teams). Midwifery staff can do this via the Learning Disability Liaison Nurse based at the relevant Hospital. GP's may have information on their systems indicating whether an individual has a known learning disability. Practitioners from other agencies should contact Adult Social Care) and /or the relevant Community Learning Disability Team (DHCFT); see appendix two; Key Agency Contact Details.

Alerts should be raised with the learning disability services from booking with the Midwife at **12 weeks** pregnancy.

If any practitioner or agency has any concerns about the capacity of an expectant parent to meet the needs of baby, or where there may be serious or complex needs or Child Protection concerns, a referral to Children's Social Care should be made in line with the DSCBs' multi-agency safeguarding children procedures, [Working with Learning Disabled Parents](#) and the [Threshold document](#).

If the expectant parent is known to adult learning disability services it is vitally important that children's services actively liaise with adult learning disability services to ensure that there is an understanding of the parents' needs and the potential impact of this on their

ability/capacity to care for a baby and developing child. This is vital to ensure that appropriate support services become involved and effective interventions made. Where a full assessment of the expectant parent is required a referral to the appropriate Community Learning Disability Team Clinical Assessment Service (CAS) should be made.

In **Derby** this should be completed by **16 weeks** pregnancy. Referrals to Adult Social Care where adult care needs require consideration should be made via Derby City People Directorate; see appendix two.

When a pregnant woman, birth father/partner is not known to services and an assessment is required to assess whether they have a learning disability, a referral should be made to Specialist Learning Disability Health Services, Clinical Assessment Service (CAS); only the pregnant woman and not the prospective father would receive a referral by the Midwife. The GP or other agencies may be involved with the prospective father and should refer as appropriate and liaise with midwifery services; see appendix two.

In **Derby** these should be by **16 weeks** pregnancy.

In **Derbyshire** 'if known to be completed before 36 weeks (for example) of pregnancy'.

At the point of referral all practitioners should consider if the expectant parent requires a fuller assessment (including cognitive assessment) from Specialist Learning Disability Services to ascertain psychological, functional and communication difficulties and the support that would be required for the parent to be able to care for their baby.

In all cases consideration about the involvement of advocacy services should also be made; see appendix two.

Any learning disability services receiving a referral involving a pregnant woman or her partner should ensure that services are in place at the earliest opportunity.

In **Derby** these should be in place no later than **24 weeks** pregnancy.

In **Derbyshire** 'if known to be completed before 36 weeks (for example) of pregnancy'.

4.5 Families where there is domestic abuse

All practitioners should be aware that domestic abuse may start or escalate during pregnancy. Each agency should routinely screen for domestic abuse and this should include seeing the pregnant women alone without the presence of their partner. Midwifery Services will endeavour see all pregnant women by themselves on two occasions during their antenatal care and once postnatally to allow for disclosures.

Domestic abuse alerts should also be a standard part of agency recording systems.

When attending to domestic abuse call outs the Police must be alert to the presence of a pregnant woman and share information with Children's Social Care Health notification should be through the relevant Named Midwife. In Derbyshire the 0-5 Children's Service (health) should also be informed.

All practitioners' should routinely use the [SafeLives risk assessment checklist](#) and where appropriate refer to the [Multi Agency Risk Assessment Conference](#) (MARAC). Where there is an adult at risk, practitioners should refer to the Derby and Derbyshire [Safeguarding Adults: Policy and Procedures](#).

4.6 Other issues which impact on a pregnancy

- **Adults with a risk to children status.** Where any service is aware that a parent or adult living in the household, or planning to move into the household, has a Risk to Children Status, there should be a referral to Children's Social Care as soon as possible.
- **Concealed pregnancy or late presentation to antenatal services.** A late presentation is where a woman books for antenatal care after 18th week of pregnancy, whereas a concealed pregnancy is where a woman has not booked for antenatal care prior to attending in either labour or immediately after the birth of the baby. Concealment or late presentation to antenatal services may be as a result of sexual abuse or domestic abuse, a deliberate act to avoid services, act of denial or in some very rare cases the woman may be unaware that she is pregnant. The reason for the late presentation or concealment is key to determining the risk to the unborn baby and the need for additional support from children's agencies. If there are concerns about complex/ serious needs or child protection concerns a referral should be made to Children's Social Care.
- **Families who move area or go missing.** When a pregnant woman and her family move area either in Derby and Derbyshire or beyond, all agencies should take appropriate steps to ensure that there is a smooth transition of care and support. Where the unborn baby is an open case to Children's Social Care, the transfer protocol must be used. If the unborn baby has an early help assessment and the family move out of the area, this information should be shared with the new health professionals involved.

When a pregnant woman and her family go missing, all involved agencies should seek to clarify her location and re-engage her with services. Midwifery and other health services must action unborn baby regional and/or out of area alerts. Children's Social Care and the police should be informed immediately where there are significant concerns about the unborn baby or where the unborn baby is already an open case to Children's Social Care (See also Runaway or Missing from Home or Care Protocol located in DSCBs safeguarding children procedures, [Document Library](#), protocols section).

- **Missed appointments.** Where the pregnant women consistently misses appointments agencies should seek to ascertain the reasons for this and take appropriate steps to address any issues. Non-attendance at one or two community midwifery antenatal appointments will be followed up by telephone within 24-48 hours to explore reasons for non-attendance and offer a further appointment. Where contact is not made a

further appointment will be sent by letter; if there are social complexities, a home visit will be undertaken within 48 hours. The GP will be informed of a third or subsequent non-attendance and in all cases the Community Midwife should undertake home visit and explore the reasons for non-attendance, possible blocks to attending and to stress the importance of antenatal care.

In instances where the pregnant woman is a teenager or may have a learning disability [‘was not brought’](#) should be considered as they may be reliant on their parent/carer to bring them for appointments.

In all cases consideration should be given to any additional assessment or support that may be required; this could include initiating an early help assessment or where there are concerns about complex/serious needs or child protection concerns, a referral must be made to Children's Social Care.

If it appears that the family has moved and there is no forwarding address, the process for families who move area or go missing should be followed. See Families who move area or go missing above.

- **Non-disclosure of birth father.** It is rare for an expectant mother not to disclose the name of the birth father. Where this occurs this should be regarded as a possible cause for concern and agencies should seek to understand the reasons why a disclosure isn't being made. Consideration must be given to any vulnerability, including capacity to consent and whether the non-disclosure is an indicator of sexual abuse or other forms of harm. Where there are concerns about complex/serious needs or child protection concerns, a referral must be made to Children's Social Care.

5. Safeguarding and Child Protection

Where there are serious concerns about the parent's capacity to meet the needs of the baby when it is born, or if the baby may be at risk of significant harm, a referral to Children's Social Care should be made at the earliest opportunity to allow sufficient time for a full and informed assessment, enable appropriate interventions and support, and time to make plans for the baby's protection.

In the following circumstances unborn babies should be referred to Children's Social Care as soon as possible:

- A parent, or other adult in the household, or the person a parent is in an on-going relationship with, is a person who poses a risk to children.
- A sibling or child in the household is subject to a child protection plan.
- Another child has previously been removed from the care of either parent, either temporarily or by a court order (this may include where the child has been placed with a family member).
- There is evidence of one or more parental risk factors:
 - high risk domestic abuse, or
 - female genital mutilation (FGM), or
 - honour based abuse or violence (HBA/HBV), or
 - problematic and chaotic substance misuse, or
 - severe and enduring mental or physical illness, or
 - involvement with the criminal justice system.
- There are concerns about the parental ability to self-care and /or to care for the child, e.g. where the parent is learning disabled.

- The expectant mother is under the age of 13 years or where the mother is under 16 years and there are additional concerns or vulnerabilities¹. See also [Working with Sexually Active Children and Young People Under the Age of 18](#) procedure.
- Any other concerns exist that the baby may be at risk of significant harm.

This should include any cases later in pregnancy where concerns have escalated.

In **Derby** all referrals should be made to the Local Authority Children's Social Care via:

- Telephone contact and referral to be made to the First Contact Team where thresholds are met.
- Submission of an Early Help Assessment to the weekly Vulnerable Child meeting (VCM) in the relevant locality (direct to the Single Point of Access Clerk in the locality) where threshold for early help is met.

All referrals to the First Contact Team will be screened by the Team Manager. Where a safeguarding intervention is likely to be needed and the pregnancy is under 26 weeks gestation, a VCM front sheet will be completed with a summary of any previous concerns/Care Proceedings and forwarded by the First Contact Team with the written referral to the relevant VCM Single Point of Access Clerk for allocation via VCM.

If the pregnancy is post 26 weeks the Reception Team will undertake the Single Assessment.

If a referral is received and there are siblings in the same household who are open to Social Care or Early Help, the referral will be forwarded to the Allocated Case Worker and Team Manager and escalated as appropriate.

In **Derbyshire** child protection referrals for unborn babies should be made by telephoning Starting Point and followed up in writing within 48 hours. Any early help assessment work should be shared with Starting Point at the point of referral.

Within one working day of a referral being received, a Local Authority Service Manager will make a decision about whether the referral criteria are met and the type of response that is required. The referrer will be notified of the outcome of the referral which will include if the referral criteria are met and the type of response required. If this does not happen the referrer should contact Children's Social Care to establish what action will be taken as a result of the referral.

Where the referrer is not in agreement with the outcome of the referral, they should speak with the relevant team manager. If agreement is still not reached, the Derby and Derbyshire Escalation Policy and Process (see [Document Library](#), guidance documents) should be applied with a level of urgency which reflects the level of the concerns.

A single assessment of the unborn baby should be carried out by Children Social Care; this will be in conjunction with other agencies and separate to those of any siblings. The outcome of the assessment may decide that the unborn baby is a child in need or does not need Social Care involvement but does require the support from a MAT or other services.

¹ In all cases schools are expected to follow DfE guidelines to support and educate pregnant students.

There may be a decision that no additional support or services are required. In these circumstances and where a child or children have previously been removed, the outcome must be discussed and agreed in line with the [Child Protection Section 47 enquiries](#) procedure.

Where there are reasonable concerns to suspect that an unborn baby is suffering or is likely to suffer significant harm, a strategy discussion/meeting will be convened involving all relevant agencies in line with the [Child Protection Section 47 enquiries](#) procedure. Where there is uncertainty, and in all cases in the County, advice should be sought from a Child Protection Manager.

The strategy discussion/meeting must include Children Social Care, Police, Health and other relevant agency to consider the following areas:

- The need for a section 47 enquiry;
- If an Initial Child Protection Conference should be convened;
- Alternative family care arrangements, including family group conferencing;
- Whether legal advice is required.

In cases where a child protection conference is deemed necessary **a pre-birth conference should be held at 28 weeks pregnancy**, especially as some babies are likely to be born prematurely. When the unborn baby is subject to a child protection plan, the Delivery Protection Plan must be finalised by **30 weeks** pregnancy at the first core group meeting which takes place 10 days after the initial child protection conference. The Delivery Protection Plan must be clearly placed on the unborn baby's case file.

If the assessment and strategy meeting concludes that it may not be safe for the baby to be cared for by the birth parents, the case should be presented at the Derby Children's Social Care Locality Case Management meeting or Derbyshire Locality Care Planning Panel; **this should take place by 26 weeks pregnancy and must include the completed single assessment, chronology and genogram, with reference to the views of all partners from the strategy meeting.**

In **Derby** if the recommendation is to instigate legal proceedings, **the case must be presented by 28 weeks pregnancy at the Children's Social Care Gateway Panel**. This panel will explore the legal options available and agree the route to be taken.

By **30 weeks** pregnancy the Delivery Protection Plan should then be finalised in collaboration with Midwifery Services and clearly placed on the case file.

On rare occasions after a baby's birth a woman and or the birth father or partner will require supervision while caring for the baby. This should be identified prior to the baby's birth and be the result of a clear risk assessment which would allow a supervision plan to be developed and appropriate supervision staff identified. In these circumstances in Derby City the Deputy Head of Service and in Derbyshire the Head of Service Locality must be consulted. Supervision arrangements must be noted in the Delivery Protection Plan. Where there are safeguarding concerns and/or risk, a discharge planning meeting must be convened with relevant agencies to clearly outline what the post discharge plan for the baby and their family. The discharge plan must be shared with all relevant agencies, including the GP.

Appendix One: Pre Birth Assessment and Intervention Timeline
 (Note: timings are approximate and where urgent there should be no delay)

| Pregnancy | Key Activity |
|-----------------------|---|
| 6 – 12 weeks | <p>Booking Appointment with Midwifery Services. If learning disability, Midwife to alert learning disability services.</p> <p>Where thresholds indicate emerging needs Midwife or other agency to offer early help assessment (EHA). Consent for EHA obtained and process commenced.</p> <p>If serious/complex or child protection concerns identified refer to Children's Social Care, where appropriate pre-birth assessment commences.</p> |
| 16 weeks | <p>Referral to Specialist Midwifery Services completed if mental health issues or substance use issues identified. Substance misuse cases should also be referred to Substance Misuse Pregnancy meeting. Note: the referral/s can be made by any agency.</p> <p>If required, referral to learning disability services or advocacy services completed.</p> <p>EHA /TAF meeting, assessment completed as far as possible and action plan formulated.</p> |
| 17 to 18 weeks | <p>Derby only: Where required, case presentation to Vulnerable Children's Meeting.</p> |
| 24 weeks | <p>Review EHA/TAF meeting. Explicit discussion whether EHA remains appropriate or if escalation to Children's Social Care is needed.</p> <p>If required, specialist services (mental health, substance misuse, learning disability) in place.</p> |
| 25 weeks | <p>Where ICPC is required a pre-birth ICPC should be requested to be held at 28 weeks.</p> <p>Referral to Coni Scheme if previous sudden infant death.</p> |
| 26 weeks | <p>If it may not be safe for the baby to be cared for by the birth parents presentation at Derby Children's Social Care Locality Case Management meeting or Derbyshire Locality Care Planning Panel.</p> |
| 28 weeks | <p>EHA case review to confirm discharge arrangements.</p> <p>Introduction to the Health Visitor, if not allocated to FNP or Family First services.</p> <p>Pre-birth conference held.</p> <p>Derbyshire: At pre-birth conference an outline delivery protection plan should be developed and completed/finalised at the next planning meeting.</p> <p>Derby only: If legal proceedings being considered presentation at Children's Social Care Gateway Panel for advice about next steps.</p> <p>Baby to be subject to PLO if plan to remove at birth.</p> |
| 30 weeks | <p>Delivery Protection Plan completed for unborn baby with a child protection plan or where legal proceedings being instigated.</p> |
| 32 to 36 weeks | <p>Where appropriate, delivery of Pregnancy, Birth and Beyond programme commences.</p> |
| 34 to 40 weeks | <p>Baby born.</p> |

Number of week's

Appendix Two: Key Agency Contact Details

Local Safeguarding Children Board's

Derby Safeguarding Children Board,
including DSCB Safeguarding Children
Procedures and early help assessment

01332 642351
www.derbyscb.org.uk
Direct link to [safeguarding children procedures](#)

Derbyshire Safeguarding Children Board,
including DSCB Safeguarding Procedures

01629 535716
www.derbyshirescb.org.uk
Direct link to [safeguarding children procedures](#)

Derby City Council Children's Services www.derby.gov.uk

Children's Social Care

First Contact Team: 01332 641172
Careline: 01332 786968 (out of hours,
weekends & bank holidays)
Derby City Council website – [worried about a
child?](#) or www.derby.gov.uk

Children's Centres

Via Derby Direct 01332 293111
Derby City Council website – [children's centres](#)
or www.derby.gov.uk

**Multi Agency Teams 'MAT's', locality
working, Vulnerable Children Meetings
'VCM's' & Early Help Advisors**

Via Derby Direct 01332 293111
Derby City Council website – [early help](#) or
www.derby.gov.uk

**Information on a wide range of local and
national organisations, services and
activities for families and children, including
advice and support for Special Educational
Needs and Disabilities.**

[Family Services Directory](#) or www.derby.gov.uk
Or contact via the Family Information Service
01332 640758
fis@derby.gov.uk

Derbyshire County Council www.derbyshire.gov.uk

Children's Social Care

Starting Point: 01629 533190 (office hours)
Out of Hours Team: 01629 532600
Derbyshire County Council website – [worried
about someone?](#) or www.derbyshire.gov.uk

Children's Centres

Via Call Derbyshire: 01629 533190
Derbyshire County Council website – [children's
centres](#) or www.derbyshire.gov.uk

Multi Agency Teams 'MAT's'

Via Call Derbyshire: 01629 533190
Derbyshire County Council website – [support for
families and early help](#) or
www.derbyshire.gov.uk

Midwifery Services

**University Hospitals of Derby and Burton
NHS Foundation Trust Maternity Services,**
includes:

Hospital: 01332 340131
Antenatal Clinic: 01332 785469
www.derbyhospitals.nhs.uk

- Antenatal care, including specialist midwifery services (substance misuse & mental health)
- Community midwifery
- Labour wards
- Maternity unit

Derby Ripplez Family Nurse Partnership and Families First

For young parents age 19 or under in their first pregnancy & under 28 weeks and young first time parents under 25 years

Single Point of Contact: 01332 888091
www.ripplez.co.uk

Chesterfield Royal Hospital NHS Foundation Trust

Hospital: 01246 277271
 Antenatal Clinic: 01246 512494
www.chesterfieldroyal.nhs.uk

Derbyshire Ripplez – Family Nurse Partnership

Tel: 01246 562137
www.ripplez.co.uk

Health Visiting & School Nursing Services

Ripplez CIC Derby Family Nurse Partnership and Families First Services

For young parents age 19 or under in their first pregnancy & under 28 weeks and young first time parents under 25 years

Single Point of Contact: 01332 888091
www.ripplez.co.uk

Ripplez CIC Derbyshire Family Nurse Partnership and Families First Services

For young parents age 19 or under in their first pregnancy & under 28 weeks and young first time parents under 25 years

01246 562137
www.ripplez.co.uk

Derbyshire Healthcare NHS Foundation Trust

01332 623700
www.derbyshirehealthcareft.nhs.uk

Derbyshire Community Health Service NHS Foundation Trust

Health Visiting and School Nursing (south) Service: 01629 812525
 School Nursing (north): 01246 516102
www.dchs.nhs.uk

Chesterfield Royal Hospital NHSFT

01246 277271

Domestic Abuse Services

Derby City Services:

- **Derby Domestic Abuse and Sexual Violence Advocacy Team**

07812 300927
 Derby City Council website – [domestic abuse](http://www.derby.gov.uk) or www.derby.gov.uk

- **Refuge - Derby City domestic violence service**

0800 085 3481 (Mon-Sun, 8:00am – 8:00pm)
www.refuge.org.uk/our-work/our-services/outreach/

- **Hadhari Nari**
 Domestic abuse service primarily for black

01332 270 0101
 Via Metropolitan Housing website – [domestic](http://www.metropolitanhousing.co.uk)

and minority ethnic women

[violence and women's services](#) or
www.metropolitan.org.uk

Derbyshire Services:

- **Derbyshire Domestic Abuse Support Services**

Derbyshire helpline: 0800 0198 668
Derbyshire County Council Safer
<https://saferderbyshire.gov.uk/what-we-do/domestic-abuse/domestic-abuse.aspx>

Adult Services

Derby City Council, People Service, Adult Social Care for help, advice or to report concerns

01332 640777
Careline: 01332 786968 (out of hours, weekends & bank holidays)
Derby City Council website – [adult social care](#) or
www.derby.gov.uk

Derbyshire County Council, Adults, Health and Housing

01629 533190
Derbyshire County Council website - [adult care services](#) or www.derbyshire.gov.uk

Derbyshire Healthcare NHS Foundation Trust (DHCFT):

- Substance Misuse Service
- Learning Disability Services, including Clinical Assessment Service
- Adult Mental Health
- Perinatal Care Services (The Beeches)
- Child and Adolescence Mental Health (CAMHS)

01332 623700
www.derbyshirehealthcareft.nhs.uk

Chesterfield Royal Hospital NHS Foundation Trust

- Learning Disability Team
- Child and Adolescence Mental Health (CAMHS)

Learning Disability Team: 01246 516261
CAMHS: 01246 514412

ONE Advocacy Derby (OAD)

An integrated advocacy service for all independent statutory and non-statutory advocacy.

01332 228748
www.oneadvocacyderby.org

Advocacy Support in Derbyshire

For details of see Derbyshire County council - [advocacy support in Derbyshire](#) or
www.derbyshire.gov.uk

Ripplez CIC Derby Community Parent Programme

Volunteer Peer mentoring service for parents, providing 'Pregnancy Pals' and 'Birth Buddies' so that all new parents have access to support. The service provides outreach, group sessions and 1:1 support for parents.

01332 888094
www.ripplez.co.uk

Ripplez CIC Derby Pause Programme

A specialist service for women who have

01332 888095
www.ripplez.co.uk

experienced, or are at risk of, their children being removed from their care

Drug and Alcohol Services

Derby Drug and Alcohol Recovery Service consisting of Aquarius, Derbyshire Healthcare Foundation Trust and Phoenix Futures.

Providing the following services:

- Alcohol treatment
- Drug treatment
- Complex needs
- Recovery
- Rehab support
- Affected family support
- Aquarius family substance misuse safeguarding service

Referrals to the multi-agency Substance Misuse Pregnancy meeting should be made via Aquarius family substance misuse safeguarding service.

Derbyshire Recovery Partnership (DRP) is a drug and alcohol treatment service between Derbyshire Healthcare NHS Foundation Trust, Derbyshire Alcohol Advice Service (DAAS), Phoenix Futures and Intuitive Thinking Skills.

The service is for any adult (18+)

- Substance Misuse Single Point of Contact – The Hub
- Substance Misuse recovery focussed key working:
- Prescribing and/or health improvement
- Dedicated counselling and psychotherapy provision
- Group support/education/peer mentoring
- Integrated family support – via CRAFT (Community Reinforcement Approach and Family Training) model
- A drug and alcohol training team.

Derbyshire CGL

Derbyshire CGL is a free and confidential drug and alcohol outreach service for young people up to the age of 19.

All via St Andrews House 0300 7900265
www.derbysubstancemisuseservices.org.uk

Advice and referral via The Hub 0845 308 4010 or 01246 206 514

info@derbyshirerecoverypartnership.co.uk

www.derbyshirerecoverypartnership.co.uk/

www.phoenix-futures.org.uk

The service is based at various locations across Derbyshire (Chesterfield, Ilkeston, Ripley and Swadlincote) and operates from four main sites with outreach to various satellite venues.

Advice and referral via 01773 303646 or email derbyshire@cgl.org.uk

www.changegrowlive.org/young-people/derbyshire-cgl-young-peoples-service

Safeguarding Adults

Derby Safeguarding Adults Board, including Safeguarding Adults Procedures

www.derbysab.org.uk

Derbyshire Safeguarding Adults, including Safeguarding Adults Procedures

www.derbyshiresab.org.uk

Police

Derbyshire Police

Non-emergencies
Emergencies

101
999

www.derbyshire.police.uk