

# ***ANGUS CHILD PROTECTION COMMITTEE***



***working together to protect children in Angus***

**Angus Child Protection Committee  
Prebirth Resource Allocation Meeting  
Inter Agency Protocol**

**1. Background**

- 1.1 The multi-agency Pre birth Resource Allocation Meeting (PRAM) was established under the auspices of the Angus Child Protection Committee (CPC) and with approval of the Angus Drug and Alcohol Action Team (DAAT) as the result of a number of concerns in this area of work: the number of babies who were being exposed to parental substance misuse; the lack of planned supports to parents who needed early, supportive intervention (e.g. parents with mild learning difficulties); the number of referrals which were being made to the Social Work and Police Child Protection service, sometimes not proportionately to the level of concern (e.g. where a parental support approach would be more suitable); and the absence in many cases of an adequate assessment period before the child's birth. The function of the PRAM was defined as being to consider the needs of vulnerable expectant mothers and their babies before and after birth, and to consider potential risk of harm to the infant.
- 1.2 The PRAM meets monthly. Although it is convened by Social Work Children's Services as the lead agency, a multi-agency approach to its functions is emphasised. The meeting considers new referrals of expectant mothers and completed assessment reports which have been allocated at previous PRAM meetings.
- 1.3 The following agencies are represented at PRAM: Angus Council Social Work and Health Department Children's Services - Child Protection, Children's Care and Assessment Teams, Family Support Teams; NHS Tayside – Department of Midwifery, Senior Nurse for Child Protection, Senior Health Visitor; Alcohol, Drug & Blood Borne Virus Service; Tayside Substance Misuse Service; Tayside Police Family Protection Unit; Social Work and Health Department - Learning Disabilities Service, Community Mental Health Team, and Intake Service, Criminal Justice Service; Angus Council Housing Department; Angus Voluntary Organisations and WEB Project; and dedicated administration support provided by Social Work and Health.

**2. Referrals**

- 2.1 The criteria for referral to PRAM are as follows:
- Presenting factors in the mother's background or circumstances which indicate a significant degree of vulnerability
  - There are identified issues which indicate that the infant's safety and/or wellbeing may be compromised
  - The mother and infant's situation would benefit from a multi-agency approach

(See section 2.4 for children who do not meet the criteria for referral.)

2.2 Any member agency may refer an expectant mother to the PRAM but this must be via their agency representative. Referral information is passed by telephone, letter or email to the dedicated admin support person based at the Social Work Department Academy Lane, Arbroath (01241 435651). Referral information is recorded on the PRAM referral summary (see Appendix 1). Each referral is given a log number.

2.3 All referrals are circulated to member agencies one week in advance of the PRAM. It is the responsibility of each member agency to gather information about the expectant mother, any previous involvement, information about previous children, identified issues which may be of concern etc. and bring that information to the PRAM.

**N.B.** It is essential to the effective functioning of the PRAM that referrals are made allowing sufficient time for this pre-circulation to take place so that adequate information is available for sharing by PRAM members at the meeting.

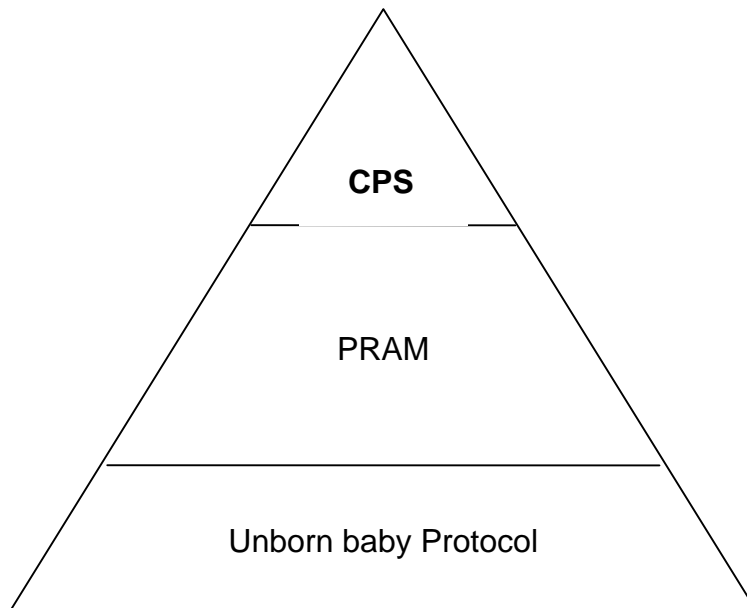
2.4 Fit with NHS Unborn Baby Protocol. (See 2.7 below) The Department of Midwifery representatives refer simultaneously to PRAM and to the Senior Nurse for Child Protection. The Senior Nurse for Child Protection will convene network meetings / professional workers meetings as required in the NHS Unborn Baby Protocol for referrals which he/she receives from the Department of Midwifery which require a lower tariff response than those at 2.1 above ( e.g. for general advice or support around housing or financial issues) or where the birth of the baby is imminent but who has not been referred to PRAM at an earlier date. Social Work Department representation, if required, is through the Intake Service unless the family are already actively involved with a Children's Services team. Such meetings may elect to refer to the PRAM if the level of concern which emerges in a network meeting / professional workers meeting is believed to meet the criteria at 2.1.

2.5 Fast track to child protection services. In some circumstances, the referrer may believe that it is necessary to refer directly to the Social Work / Police Child Protection Service at Bellevue House, for example where there are serious concerns about the safety of a newborn baby and the birth of the child is imminent, perhaps where a pregnancy has been concealed or has been reported very late in a confinement so that it is not possible to wait for the next PRAM. This is quite permissible under the Protocol. The Social Worker carrying out the resulting assessment may refer to PRAM for resources subsequently.

2.6 Member agencies are required to seek parental consent for information to be shared at the PRAM which is recorded on a standardised format (see Appendix 2). Where the Chair of PRAM believes that it is necessary to override the absence of consent because of child

protection concerns, the referral will be discussed in the absence of consent.

## 2.7 Referral triangle



PRAM referral flowchart can be found at Appendix 2.

## 3 PRAM – The Operation of Meetings

- 3.1 Depending on the child's estimated date of delivery (EDD) the referral will be considered at the first available PRAM. The referrer, if not a standing member of PRAM, is asked to attend to speak to their referral. The Chair then invites contributions around the table regarding what is known about the expectant mother's circumstances and the care to date of the unborn baby. This will include discussion about the child's father's circumstances, and extended family supports. Potential risk issues to the baby are identified, as are specific areas of vulnerability for the mother.
- 3.2 Following discussion, the Chair summarises the issues pertaining to the referral. The meeting then debates the "tariff" of the referral i.e. whether the referral should proceed directly to the Social Work Child Protection Team for a child protection assessment or whether the baby's circumstances merit a child welfare/support approach.

- 3.3 An assessment is then allocated with an identified lead agency or agencies and a reporting back date for a future PRAM, usually two meetings thereafter.
- 3.4 For reasons of confidentiality visiting referrers are then asked to leave and are not present during discussions about other referrals.

#### **4. PRAM Assessments**

- 4.1 PRAM assessments are completed on a standardised format (see Appendix 3). The completed assessment is considered at a future PRAM meeting where the lead agency or agencies report back.
- 4.2 The issues arising from the completed assessment, particular needs of this baby, support and health needs of the mother and any other family issues, as well as specific identified risks to the welfare of the baby, are discussed. Future identified work is identified. Often the support system which has been developed around the expectant mother will continue beyond the baby's birth but PRAM members are empowered to allocate resources from their own agencies which can support the mother and child in the longer term.
- 4.3 The disposals available to PRAM at this point are: continue for further assessment; allocate resources and close; refer on to child protection services; authorise a continuation of existing work and systems and close.

#### **5 PRAM Reviews**

- 5.1 Reviews of the PRAM's functioning are held every six months and are attended by standing members and a representative from the Angus Joint Strategic Support Unit. Reviews consider the effectiveness of current procedures, outcomes measurement, information supply, multi-agency awareness, training needs and practise issues.
- 5.2 The PRAM reports intermittently to the Child Protection Committee via the Child Protection Policy Sub Committee.

Appendix 1 – PRAM Referral Summary  
Appendix 2 - PRAM Referral Flow Chart  
Appendix 3 – PRAM Consent Form  
Appendix 4 – PRAM Assessment

**Appendix 1**

**PRAM REFERRAL SUMMARY**

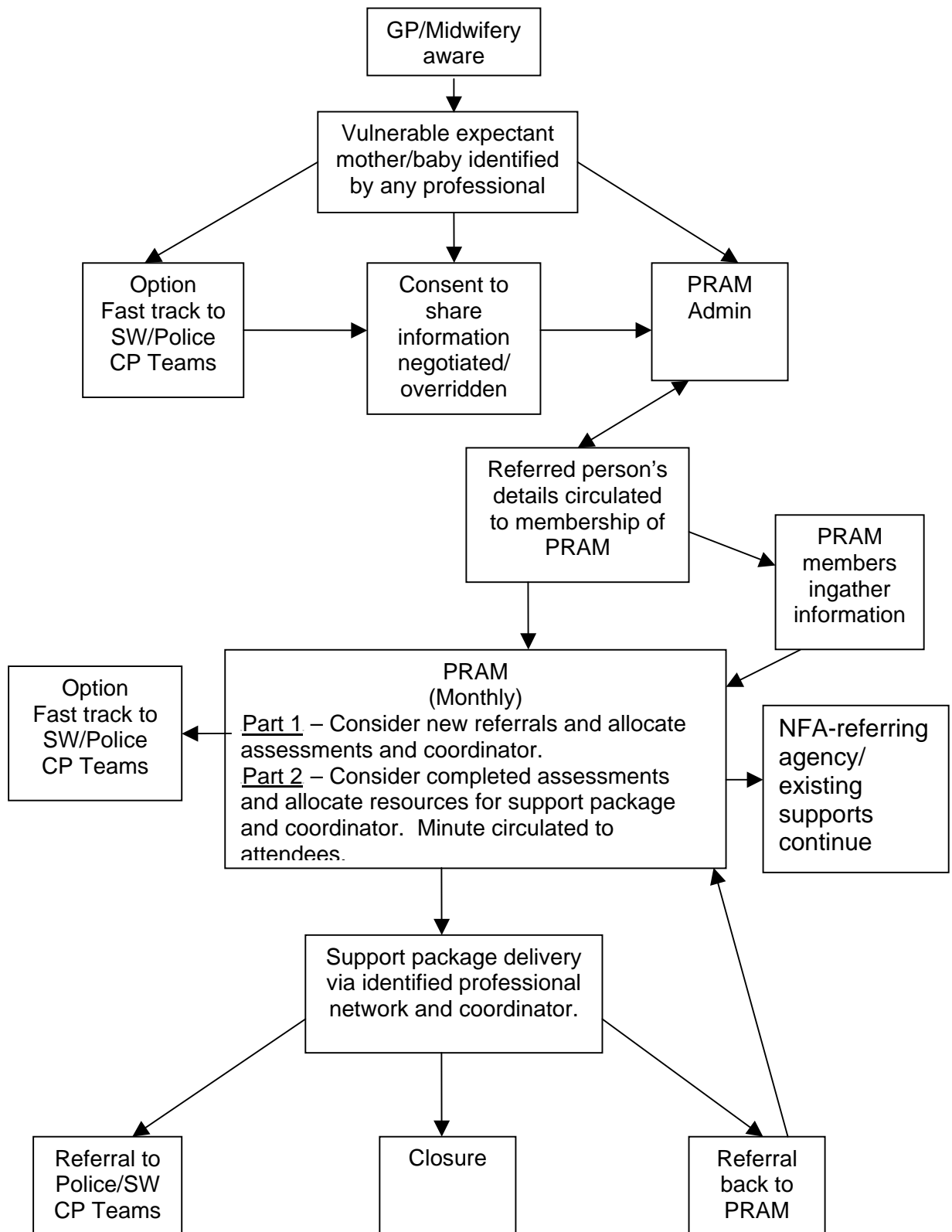
**Log No.** \_\_\_\_\_

<b>Name (baby)</b>	
<b>E.D.D.</b>	
<b>Referring Agency</b>	
<b>Referring Officer</b>	
<b>Date of Referral</b>	
<b>Mother /d.o.b./address</b>	
<b>SWD Check</b>	
<b>Mother's G.P./Health Visitor</b>	
<b>Father /d.o.b./address</b>	
<b>SWD Check</b>	
<b>Father's G.P./Health Visitor</b>	
<b>Social Worker</b>	
<b>Resource Worker</b>	
<b>Area(s) of Concern ( see S. 2.1 of Protocol)</b> <i>(please continue on separate sheet if necessary)</i>	
<b>Other Notes</b>	

<b>PRAM Consent form issued to</b>	<b>Name</b>	<b>Date</b>
<b>PRAM Consent form signed by</b>	<b>Name</b>	<b>Date:</b>

## Appendix 2

### PRAM REFERRAL PROCESS



## Appendix 3

### CONSENT TO SHARE INFORMATION FORM

Expectant mother's/mother's name:

DOB:

Address:

Estimated date of delivery (EDD):

The pre-birth resource allocation meeting (PRAM) was established in 2006 to consider referrals of expectant mother's where they might need additional support. The PRAM is attended by representatives from Social Work, Health, Criminal Justice Services, Housing and Police. The PRAM has two purposes:

- To carry out an assessment of the expectant mother's circumstances and the situation for the newborn baby.
- To ensure that a package of support is provided by the various agencies to assist mothers caring for their babies.

To provide the right service to meet the needs of you and your baby, it is important that the agencies at the PRAM are able to gather information about you and your baby's circumstances. The agencies need to be able to share that information so that the right supports for you and your baby can be put in place.

The law covering the sharing of confidential information is the Data Protection Act 1998. Angus Council is the data controller for this Act and a Senior Manager from Angus Council is in charge of the PRAM. The information held about you and your baby will be held securely by the Council, will be treated as confidential and will only be shared with agencies which are members of the PRAM.

Sometimes the Act allows information to be used and shared about you and your baby even if you do not consent. These include:

1. To prevent or assist in the detection of crime.
2. To protect the vital interests of you or another person, such as a life and death situation.
3. As required by other laws.

You will be informed if it is necessary to share information for these reasons without your agreement.

**CONSENT**

The purpose of using and sharing information has been explained to me. I give my consent for information to be obtained from and shared with the agencies represented at the PRAM.

Signature..... Date .....

Name of Referrer .....

Agency .....

Contact Address .....

.....

.....

## Appendix 4



### PRE BIRTH MULTI-AGENCY INITIAL ASSESSMENT

#### INITIAL ASSESSMENT

##### Core Information

Expected Due Date:

Mother's Name:

Maiden Name:

Aliases:

Date of Birth:

Home Address:

Telephone No:

Mobile No:

Current Address:

Previous Address:

G.P name & Address:

CF Ref No/CHI:

Date Referred to PRAM:

Assessment Completed by:

Date Completed:

Name:

Position:

Supervisor:

### AGENCIES CONSULTED

	YES/NO	DATE
Health		
Social Work		
Education		
Police		
Housing		
Criminal Justice Service		

### REASONS FOR REFERRAL

### HOUSEHOLD COMPOSITION

Community Contacts (e.g. significant family members, friends, neighbours)

Name/Relationship to child	DOB	Address	Tel. No

### CLIENT NETWORK

Name/Relationship to child	DOB	Address	Tel. No

**AGENCY contact (List involved professionals e.g. Health, Education, Vol Orgs, Family Support Team, Family Placement, Criminal Justice Services, Drug Problem Service, Learning Disability Team)**

Name/Designation	Address	Tel No.



## **ASSESSMENT OF PARENTS/CARERS**

(e.g. parents/carer's individual histories and history as a couple; own experience of being parented; health (including mental and emotional health); physical health; offending history; education and employment; family tree/genogram; any history of domestic violence; drug and alcohol misuse; learning disability, parent's perception of their substance use on their children)

## **HOME ENVIRONMENT**

(Is the family's living accommodation suitable for children, adequately equipped and furnished, appropriate sleeping arrangements, does each child have a bed with sufficient bedding, are there significant debts, does the family move frequently, do other substance users share the accommodation, is there conflict with dealers, exposure to criminal activity; are there animals in the household whose presence might impact negatively on a baby or toddler?)

## **UPTAKE OF ANTE-NATAL CARE**

(Have Ante-natal care programme appointments been attended, any professional concerns regarding the pregnancy, e.g. weight gain, birth defects etc)

## **SUMMARY OF POSITIVES**

## **SUMMARY OF CONCERNS**

## **FUTURE ACTION REQUIRED**

(e.g. referral to Child Protection Team, assistance with housing, allocation to appropriate team for advice and guidance, professional Network Meeting etc)

