

# ANGUS CHILD PROTECTION COMMITTEE



## PREBIRTH RESOURCE ALLOCATION MEETING (PRAM) 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) in May 2006 and with approval of the then Angus Drug and Alcohol Action Team (DAAT), now known as the Alcohol and Drug Partnership, in terms of Sections 19, 20 and 21 of the Children (Scotland) Act 1995 and Part 2 and 3 of the Local Government in Scotland Act 2003.
- 1.2 The purpose of the protocol is to set out the respective responsibilities, duties and agreed process involved in screening, assessing, recording and acting on unborn baby referrals in accordance with (1) "Sharing Information About Children at Risk" - the Guide to Good Practice issued by the Scottish Executive and any subsequent updated Guidance (2) the Angus Child Protection Committee Interagency Guidance for Professional Staff and (3) the legislation governing the protection and use of personal data, principally the Data Protection Act 1998.
- 1.3 The PRAM was established as a 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.
- 1.4 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.
- 1.5 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, Support to Families Teams; NHS Tayside – Department of Midwifery, Advanced Nurse Practitioner for Children and Families, 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 Service, Intake Service, Criminal Justice Service, Angus Council Housing Department, CAIR Scotland 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 expectant mother's and/or partner and family background or circumstances which indicate a significant degree of vulnerability and/or concern;
- There are identified issues which indicate that the infant's safety and/or wellbeing may be compromised following birth;
- The expectant mother and unborn baby's situation would benefit from a multi-agency approach.

Appendix 6 provides a leaflet for professionals which outlines the role and purpose of the PRAM.

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 Social Work and Health, Bruce House, Arbroath (01241 435069). Referral information is recorded on the PRAM referral summary (see Appendix 1). Each referral is given a log number.

**A referral should be made to the PRAM as early as possible in order to provide sufficient time for a full and informed assessment and appropriate supports for the family identified prior to the birth of the baby.**

Where an adult is receiving a service from substance misuse services and is pregnant, or is the partner of a pregnant person, they should be referred to the PRAM as standard in order that their situation can be fully assessed.

2.3 A pre-screening meeting, with nominated representatives from the PRAM, will be held two weeks before the PRAM to screen and prioritise new referrals, determine which referrals are appropriate for PRAM and set the agenda for each monthly PRAM meeting. Monitoring mechanisms via CareFirst will track all PRAM referrals.

2.4 All referrals are circulated to member agencies two weeks in advance of the PRAM. It is the responsibility of each member agency to check their own information systems and gather information about the expectant mother, partner and family background, 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.

## 2.5 Fast track to child protection services

In some circumstances, the referrer may believe that it is necessary to refer directly to the Social Work and Health, Child Protection Team and Public Protection Unit, Tayside Police at Bellevue House, Arbroath. For example where there are serious concerns about the safety of a newborn baby and the birth of the child is imminent. The allocated worker carrying out the resulting assessment may refer to the PRAM for additional resources.

## 2.6 Open Cases to Social Work Children's Services

Where there is known current children's services social work involvement with a family, i.e., with older siblings, the referrer should liaise directly with the case responsible worker to ensure a holistic response to the needs of the child and family. A PRAM referral should still be completed for discussion at the pre-screening meeting. The PRAM chair is responsible for ensuring the referral is followed up by the case responsible social worker and that all agencies are aware of this decision. When additional resources are required and cannot be identified through ongoing liaisons, the case responsible social worker may refer to the PRAM for additional resources.

## 2.7 Compatibility with NHS Unborn Baby Protocol

The Department of Midwifery representatives refer simultaneously to PRAM and to the Advanced Nurse Practitioner, Children and Families. The Advanced Nurse Practitioner, Children and Families 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 and Health 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.

## 2.8 Member agencies are required to seek a parental consent form from both parents, where possible, for information to be shared at the PRAM which is recorded on a standardised format (see Appendix 3). 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. The pre-birth referral and assessment pathway can be found at Appendix 2. The referrer should provide the parents with the leaflet "Information for parents and carers" (Appendix 5).

### **3. PRAM Referrals**

- 3.1 Depending on the child's estimated date of delivery (EDD) the referral will be considered at the first available monthly PRAM. The referrer, if not a standing member of PRAM, is asked to attend to speak to their referral. If the referrer is unable to attend, a substitute representative should attend in their absence.
- 3.2 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.
- 3.3 Following discussion, the chair summarises the strengths and concerns pertaining to the referral. The meeting then discusses the unborn baby's needs and which service is best placed to respond to the referral i.e. whether the assessment should be undertaken by Social Work and Health, Child Protection Team for a pre-birth risk assessment or whether the baby's circumstances merit a child welfare/support approach from universal services.
- 3.4 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 to feedback on the outcome of the assessment. It is the responsibility of the lead agency to ensure that staff undertaking the assessment has the relevant skills, experience and training to complete the assessment.
- 3.5 For reasons of confidentiality visiting referrers are then asked to leave the meeting and are not present during discussions about other referrals.
- 3.6 A minute of the meeting is circulated to PRAM members and an extract relating to individual case discussions is sent to the named person/lead professional as appropriate. It is the responsibility of all agencies to check the accuracy of the PRAM minutes and bring to the attention of the PRAM Chair any factual errors. The extract must include a front sheet detailing the PRAM attendees and dated.

### **4. PRAM Assessments**

- 4.1 Where it has been agreed by the group that a child protection pre-birth risk assessment is required, this will be completed on a child protection investigation report (CO8) by social work and health staff co-ordinating and completing the assessment. Where an initial assessment is required this will be completed by social work and health staff on a needs assessment form (C02). All recording will be completed with reference to the pre-birth multi-agency assessment.

- 4.2 Where other agencies are allocated to lead on the PRAM assessment, this will be completed on a pre-birth multi-agency initial assessment (Appendix 4).
- 4.3 A pre-birth risk assessment should always be carried out where there are significant concerns about drug or alcohol misuse and/or a history of previous child protection concerns. Assessment reports to PRAM should draw together all the relevant background information including consideration of parents, any potential carers for the child, and the partners of both parents and extended family members.
- 4.4 All assessments must be read, approved and counter-signed by the allocated worker's line manager prior to submission to the PRAM. The completed assessment is considered at a future PRAM meeting where the PRAM representatives of the lead agency or agencies report back, unless the report writer is specifically requested to attend. A copy of the completed assessment report for presentation at the PRAM must be sent to the PRAM clerical officer one week prior to the PRAM for circulation to PRAM members prior to the meeting.
- 4.5 The issues arising from the completed assessment, particular needs of the unborn baby, needs of the parents/carers and any other family issues are presented and discussed. A care plan detailing future plan of 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.
- 4.6 Where an assessment and supporting care plan has been brought back to the PRAM, the disposals available are:
- continue for further assessment;
  - allocate resources and close to PRAM;
  - refer on to child protection services for multi-agency co-ordination;
  - authorise a continuation of existing work and close to PRAM.

## **5. Review of PRAM function**

- 5.1 Reviews of the PRAM's functioning are held every six months and are attended by standing members, the senior planning officer (child protection) and chaired by the service manager within social work and health who is responsible for the effective functioning of the PRAM. Reviews consider the effectiveness of current procedures, outcomes measurement, information exchange, multi-agency awareness, training needs and practice issues.
- 5.2 The PRAM reports to the Child Protection Committee via the Child Protection Policy Sub Committee.

## **APPENDICES**

Appendix 1 - PRAM Referral Summary

Appendix 2 - Pre-birth referral and assessment pathway

Appendix 3 - PRAM Consent Form

Appendix 4 - PRAM Initial Assessment

Appendix 5 - PRAM Leaflet: Information for parents and carers

Appendix 6 - PRAM Leaflet: Information for Professionals

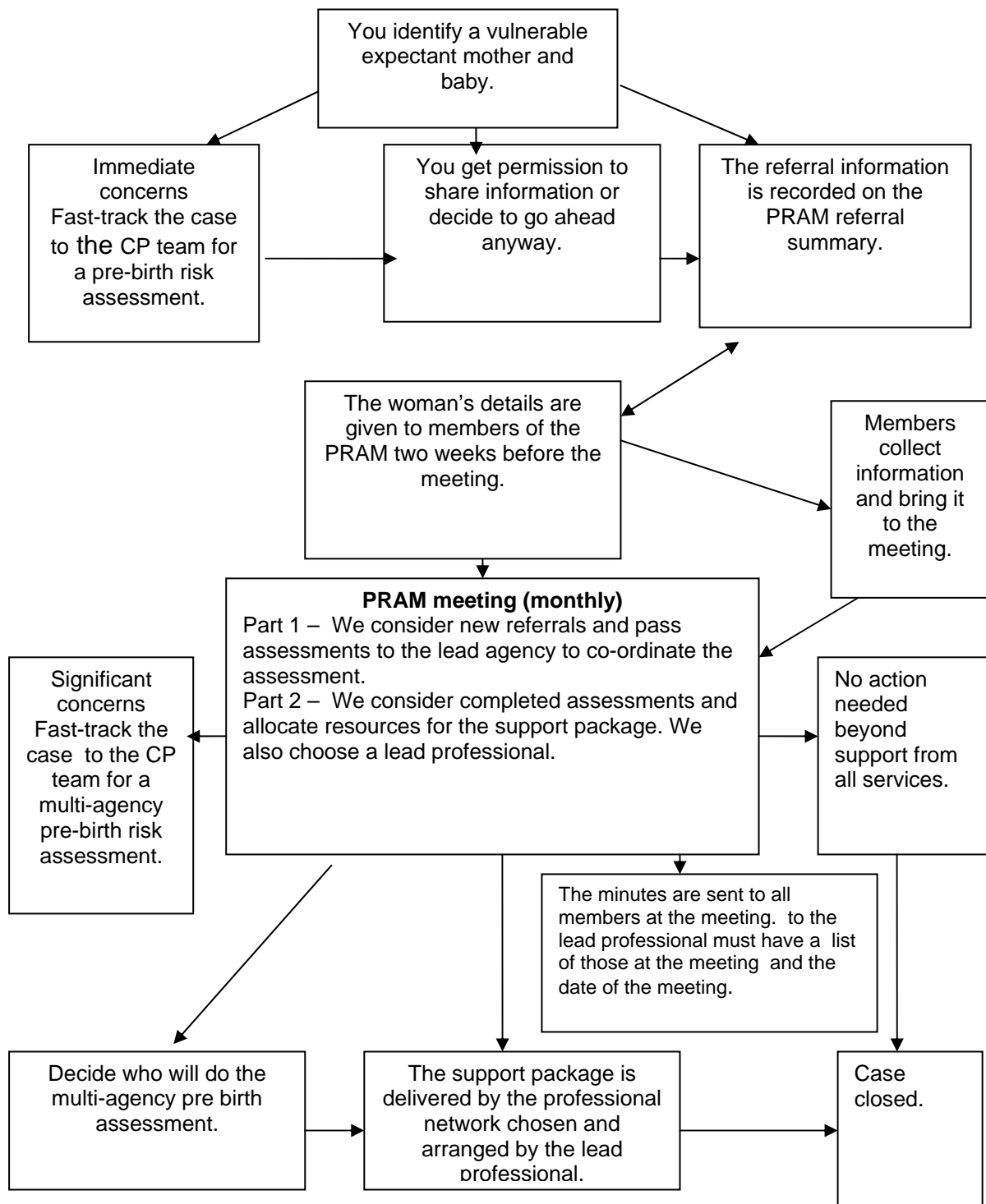
**PRAM REFERRAL SUMMARY**Log No. 

00/10
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<b>Unborn Baby (Use mother's surname)</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>Significant Others/Associates</b>	
<b>Other Agencies involved/Key Workers</b>	
<b>Area(s) of Concern Current/Historical</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>

Pre-birth referral and assessment pathway



**CONSENT TO SHARE INFORMATION FORM**

Expectant mother's name:

Birth Father:

DOB:

DOB:

Address:

Address:

Estimated date of delivery (EDD):

The pre-birth resource allocation meeting (PRAM) was established in 2006 to consider referral of expectant parent'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 and father/partner's circumstances and the situation for the newborn baby.
- To ensure that a package of support is provided by the various agencies to assist parent's 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: .....

Signature: ..... Date: .....

Name of Referrer: .....

Agency: .....

Contact Address: .....

.....

.....



### PRE BIRTH MULTI-AGENCY INITIAL ASSESSMENT

#### Core Information

Unborn Baby (use mother's surname):	CareFirst:
Expected Delivery Date (EDD):	PRAM referral Date:

#### PARENTS DETAILS

Mother	CareFirst:	CHI:	Birth Father	CareFirst:	CHI:
Surname:			Surname:		
Forename(s):			Forename:		
Also known as:			Also known as:		
Date of Birth:			Date of Birth:		
Ethnicity:			Ethnicity:		
Home Address:			Home Address:		
Postcode:			Postcode:		
Current Address:			Current Address:		
Tel Number (inc STD):			Tel Number (inc STD):		
Mobile Number:			Mobile Number:		
G.P: Address:			G.P: Address:		

#### PRAM DETAILS

Date Referred to PRAM:		
Date of Initial PRAM Meeting		
Start Date of Assessment:		
End Date of Assessment:		
Date Assessment considered at Pram:		

#### LEAD PROFESSIONAL DETAILS

Lead Professional:		Address:	
Designation:		Tel Number:	
Agency:		E-mail:	

**AGENCIES CONSULTED**

	YES/NO	DATE
Health		
Social Work		
Education		
Police		
Housing		
Criminal Justice Service		
Sub		
Other (please state)		

**REASONS FOR REFERRAL**

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**HOUSEHOLD COMPOSITION**

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

Name	Relationship to child	DOB	Address	Tel. No

**CLIENT NETWORK**

<b>Name</b>	<b>Relationship to child</b>	<b>DOB</b>	<b>Address</b>	<b>Tel. No</b>

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

<b>Name</b>	<b>Designation</b>	<b>Address</b>	<b>Tel No.</b>



**ASSESSMENT OF PARENTS/CARERS** *(include family tree/genogram)*

*(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; learning disability; offending history; education and employment; any history of domestic abuse; drug and alcohol misuse; 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, is there evidence of planning for the baby's arrival?)*

**SUPPORT NETWORKS**

*(Identification of sources of support, are these supports viewed as positive or negative, are they viewed as a significant protective factor?)*

**SUMMARY OF POSITIVES / STRENGTHS IDENTIFIED (bullet points)**

**SUMMARY OF CONCERNS IDENTIFIED (bullet points)**

**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)*

## CHILD'S PLAN

PLEASE CLEARLY OUTLINE TASKS, WHERE APPROPRIATE FOR THE CHILD AND FAMILY

DATE OF PLAN:        /        /
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### AGREED TASKS (continue on separate sheet as necessary)

NAME OF WORKER AND AGENCY	ISSUES / RISKS & STENGTHS IDENTIFIED	ACTIONS TO MANAGE RISKS	TIMESCALE	FREQUENCY OF CONTACT

**Assessment Completion and Authorisation****Worker Completing Assessment:**

Name:

Signature:

**Date:****Manager Authorising Assessment:**

Name:

Signature:

**Date:**

## Appendix 5

### Information for parents and carers

#### About the Pre-birth Resource Allocation Meeting (PRAM)

At the Pre-birth Resource Allocation Meeting (PRAM), we consider cases where you have been referred for help if we feel you may need extra services and support both before and after your baby is born.

The PRAM is attended by representatives from social work, health, criminal justice services, housing and police. We have a number of purposes. These are to:

- assess your circumstances and the situation for your newborn baby to make sure that we offer you support right at the start rather than when difficulties may arise;
- help you with any problems that you may have which may affect the way you look after your baby; and
- make sure that we provide a package of support to help you to provide adequate and safe care for your baby.

#### Your permission to share information

To provide the right service to meet the needs of you and your baby, it is important that all the agencies can gather information about you and your baby's circumstances. The agencies need to be able to share that information so that we can put in place the right support for you and your baby. The person who has referred you to us will ask for you for your permission to share this information. You may have been referred because someone has said they are concerned about you or your baby. You may not agree that you need help or support from us. In these circumstances, we may decide that the needs of your unborn baby justify sharing information without your permission. Our aim is to protect the welfare and safety of your unborn baby. If this happens, we will let you know that we are sharing information without your permission.

#### How we can help

We will consider your circumstances using the information that is shared by agencies who know you well such as your midwives, GP, health service and any other service you may have received support from either currently or in the past. This will help us to identify and assess what level and type of support you may need both before and after your baby is born.

To do this, we will carry out an initial assessment to decide on the amount of support you will need. Normally one agency will do this. However, if we assess your needs as being more complicated, we will need to carry out a fuller assessment of your and your baby's circumstances. This will normally involve more than one agency being involved in the pre-birth assessment and a lead professional being allocated to you who will be responsible for co-ordinating this assessment. The outcome of this assessment will help you and agencies to make clear and structured plans as to what services and support you and your baby need before your baby is born.

#### Feedback from parents on how the PRAM process has helped them

- "Felt that workers were open and honest about the concerns they had, felt they listened to me and my questions were answered"
- "Workers fully explained what was being assessed and why"

- “It was good to know that help was on hand”
- “Helped to develop my parenting skills and access community groups”
- “Helped me to manage my substance misuse problems”
- “When I needed them they were there”
- “We wouldn’t have got our baby home without social work help”

**We welcome your views**

Do you feel you need more support at this time?

.....

What support do you feel would help you to care for your baby?

.....

.....

**If you have any questions about us or what will happen next, you can speak to the person who referred you to us. Their details are shown below.**

**Name of referrer:** .....

**Contact phone number:** .....

## Appendix 6

### Information for professionals

#### What is the Pre-birth Resource Allocation Meeting?

The Pre-birth Resource Allocation Meeting (PRAM) is a forum involving several agencies which meets every month to identify unborn children who may be vulnerable and to put in place action and support for families before and after the child's birth.

#### Role of the PRAM

The agencies who attend the PRAM:

- share information about the family's circumstances to identify the level of risks to the unborn child, and vulnerabilities and strengths within the family;
- decide on the level and type of assessment and action which may be needed;
- identify which service is best placed to deal with the referral (in other words, whether the assessment should be carried out by Social Work and Health as a pre-birth risk assessment or whether the unborn baby's circumstances mean all services should be involved in providing support and welfare services for the child);
- pass assessments to an identified lead agency or agencies for joint working;
- approve the outcome and recommendations of completed assessments brought back to the PRAM; and
- allocate resources at an appropriate level defined by assessed needs and risks (where this is needed).

#### PRAM referral process

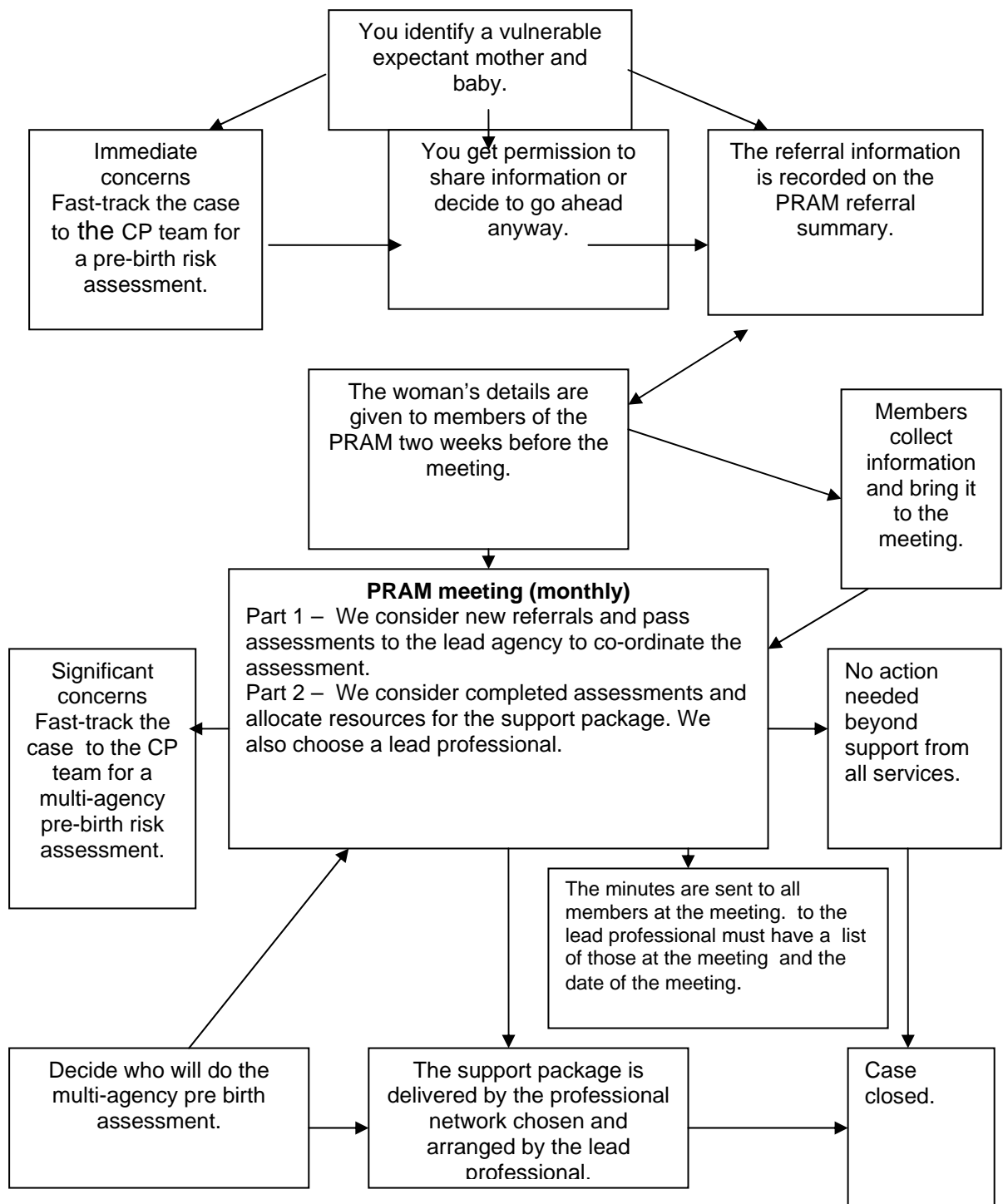
Any agency may refer an expectant mother to the PRAM. You must do this using your own agency representative and they need to fill in a PRAM referral summary. See under 'Key contacts' for details of your agency representative.

The conditions you need to meet when referring to the PRAM are as follows.

- The factors in the expectant mother's or partner's and family's background, lifestyle or circumstances indicate a significant degree of vulnerability to the unborn child as well as pose risks to the baby when it is born.
- You have identified issues which indicate that the baby's safety or wellbeing (or both) may be at risk after the birth.
- The expectant mother and unborn baby's situation would benefit from the involvement of several agencies.

You should make the referral as early as possible to give us enough time for a full and informed assessment and to provide appropriate support for the family before the baby is born. You will need to get informed consent from the parents before making a PRAM referral. However, if the expectant mother or birth father will not give permission to gather and share information, you should explain clearly that in circumstances where there are possible child-protection concerns, we will go ahead and make any enquiries needed and refer the case to the PRAM without this permission.

#### Pre-birth referral and assessment pathway



### Key contacts

If you are concerned about an expectant mother and her unborn child's wellbeing and you think that the PRAM could help, please contact the PRAM group member in your agency for more information and advice.

### PRAM group members

<b>Social Work and Health, Children's Services</b>	<b>Social Work and Health, Criminal Justice Service</b>
<b>PRAM Chairperson</b> Castle Street, Forfar Phone: 01307 473750	<b>Team Manager</b> Landward Team, Arbroath Phone: 01241 871161
<b>Team Manager</b> Child Protection Team, Arbroath Phone: 01241 435450	<b>Social Work and Health, Learning Disabilities Team</b>
<b>Team Manager</b> Support to Families Team, Arbroath Phone: 01241 870163	<b>Team Manager</b> Lunan Park, Friockheim Phone: 01241 826900
<b>Team Manager</b> Intake Team (Landward), Forfar Phone: 01307 473751	<b>Social Work and Health, CMHT</b>
	<b>Team Manager</b> Whitehills Hospital, Forfar Phone: 01307 475239
<b>Alcohol, Drug and BBV Team</b>	<b>NHS Tayside</b>
<b>Parental Alcohol Social Worker</b> Springfield Medical Centre, Arbroath Phone: 01241435821	<b>Senior Charge Nurse</b> Tayside Substance Misuse Services (TSMS) Phone: 01241 435831
<b>Tayside Police</b>	<b>Angus Community Health Partnership</b>
<b>Public Protection Unit</b> , Arbroath Phone: 01241 435741	<b>Advanced Nurse Practitioner</b> (Children and Family Service) Phone: 01241 435472
<b>Voluntary Sector</b>	
<b>CAIR Scotland</b> Phone: 01307 460101	<b>Specialist Midwife for Vulnerable Families</b> Phone: 01241 822537
<b>Neighbourhood Services</b>	
<b>Housing Officer</b> Phone: 01307 474155	<b>Locality Team Leader</b> Phone: 01241 430303