**Pre-Birth Referral and assessment– Guidance Notes**

Pre-birth liaison meetings will be held on a regular basis with specialist midwives in order to ensure that cases coming through for assessment are identified in advance and issues relating to late referrals to children social care are discussed. Cases which have already been referred and plans are not progressing will also be discussed to ensure communication is in place and issues raised. Threshold for assessment will be discussed in order to ensure that relevant and appropriate referrals are received in a timely manner

* A Referral to be made to be made to Children’s Services at 16 weeks gestation, the referral should consist of an expected due date and all details of the mother and father. The referral should also reference the risk sensible model to include high risk indicators and underlying risk factors. The case, if complex, will then be allocated with the Safeguarding Children’s Teams.
* If the referral is made at 30 weeks gestation or over, the case will remain with the Duty & Assessment Team who will complete the pre- birth assessment.
* Manager will allocate and record case note with directions. The assessment must be opened up immediately by the allocated worker.
* Pre birth assessments should explore and analyse the following using the risk sensible framework:

-Parental history ie previous children removed / cared for by others

-Substance misuse history

-Whether the pregnancy was planned

-Preparation for the birth

-Any programmes involved in or referral required, for example, baby steps, children’s cente

-Suitability and stability of accommodation

-PAMs assessment/hair strand testing if required

-Whether a Parenting assessment would be beneficial where there are concerns about basic parenting ability ie sterilizing bottles/feeds/routines/safer sleeping

-Both Parents view of the impending child

-Wider family support available

-Views of other agencies

-Ability to commit and attend appointments and engage with advice and support

-Whether pre proceedings is required

-Analysis of the high risk indicators, underlying risk factors, parental capacity to change, and the impact on the Child of being within the family

-Clear discharge plan for the baby which may include home/care/wider family and a consideration of what order may be required

* At the 10 day check point it is expected that the allocated Social Worker has completed an introduction home visit to parents (including putative fathers) and discussed the allocation for a pre-birth assessment and what this will entail. The Social Worker should have also made contact with all involved agencies to inform them of the pre-birth assessment. The Social Worker is to meet with their Team Manager at the 10 day check point to discuss the progress of the assessment.
* Within 15 days of the assessment being allocated a multi-agency assessment meeting should take place with family and professionals to discuss information in respect of the family. This should as a minimum include the midwife, health visitor, social worker and any agencies involved with the family/parents
* At the 30 day check point the assessment should have been completed, in the event the assessment has been unable to be completed a meeting should be booked in with the Team Manager to discuss why the assessment will require the full 45 days. At this check point a genogram and a chronology should have been completed and these documents will be attached to your assessment. A referral should also be made to Family Group Conference or if not exploration of wider family members and support networks undertaken.
* If it is identified in the assessment and within a care planning meeting that the unborn is at risk of significant harm an Initial Child Protection Conference should take place no later than 26 weeks gestation. The child protection plan at this point should include a birth plan which sets out who should be at the birth, who poses a risk and cannot be present etc
* Social workers should not wait for a CP or pre proceedings plan to start specialist assessments if it is felt these are required such as PAMS / parenting capacity assessments, hair strand/DNA tests etc
* A pre proceedings meeting can be convened earlier than the conference if it is felt this would clarify concerns and expectations required for the parents (with the benefit of legal advice). A legal planning meeting can then be held to plan and confirm this.
* The named Social Worker is then responsible for sending a legal letter/PLO letter inviting parents to an initial PLO meeting, this needs to include the letter of concern, a list of solicitors and the information leaflet ‘your child could be taken in to care’.
* If it is identified in the assessment that the unborn needs to be considered at the Becoming Looked after Panel then this should be heard at panel no later than 30 weeks gestation.
* Following birth, a discharge planning meeting will be organized by the social worker and held prior to the baby being discharged. This meeting will confirm the baby’s placement after discharge and multi-agency professionals interventions will be agreed, recorded and distributed. (Responsibility for chairing the meeting, recording and distributing a record of the meeting will be determined at the meeting. It is a multi-agency responsibility).
* If baby is going home with parents a visit schedule needs to be agreed based on risk/concern (visits by all agencies). The named Social Worker will undertake a home visit within 48 hours of the baby’s discharge from hospital.
* The Child Protection Review Conference must be held within four weeks of the birth of the child, or sooner if legal action is being considered.
* If baby is being placed in foster placement following discharge, Social Worker must place baby and undertake a follow up visit within 72 hours the follow LAC procedures.

Please note:

Pre-birth assessments can be complex and time consuming, the detailed assessment and plan needs to be undertaken prior to the birth of the child so that an informed analysis and plan can be formed that does not involve over or under intervention with the family.

By this we mean initiating a foster placement and or care proceedings, for example, due to the assessment not being in depth enough to make a risk sensible decision. Or it could entail the baby going home due to a lack of information and assessment to inform the care plan.

Assessments need to begin as soon as the referral is received and involve a range of methods and interventions. The plan needs to be proportionate to the needs and risks evident within the family

Waiting until the baby is born is not an option.