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**Universal, Early Help, Children’s Social Care**

**PRE-BIRTH PLANNING PATHWAY**

**TERMS OF REFERENCE**

**AUGUST 2020**

**What is the Pre-Birth Pathway?**

In some circumstances, agencies or individuals are able to anticipate the likelihood of emerging concerns (Early Help), impairment of health and wellbeing (Child in Need) or [significant harm](http://trixresources.proceduresonline.com/nat_key/keywords/significant_harm.html) (Child Protection) to an unborn child.

The circumstances, lifestyle and/or personal history of the parents, may indicate sufficient concern that the needs of the baby might not be met or that the parents may need additional advice/ support and guidance pre and post birth.

The Pre-Birth Pathway is a means of identifying; assessing and analysing the potential risk/concerns to a baby where there are concerns about a pregnant woman and where appropriate her partner and/or immediate family.

The main purpose of a pre-birth pathway is to identify and track what the concern/risks to the new born child may be, whether the parent(s) are capable of changing so that the concern/risks can be reduced and if so, what support they will need.

The Threshold of Need and Guidance Document is used throughout to ascertain the appropriate level of support to be provided.

**This Pathway aims to**:

* Clarify what is meant by pre-birth assessments, their purpose and the circumstances in which they should be used (EHA, CSC);
* Provide a framework for the content of such assessments;
* Ensure assessments are timely to allow sufficient time to make adequate plans to safeguard the baby and support the parents, and track progress;
* Assist in clarifying the pre-birth planning processes in order that plans for babies are made which meet their needs for permanency at the earliest opportunity

**Criteria for Presenting to Panel**

* Emerging concerns for the safety and welfare of the Unborn child due to parental issues which includes drug/alcohol use, mental health issues, domestic abuse
* Previous allegations made against parent/parents of significant harm (sexual, physical, emotional, neglect)
* Previous convictions of parent/parents of the abuse of a child
* Homelessness and temporary accommodation of parents
* Childhood history of the above factors which influences current adult functioning
* Previous involvement in statutory social care where children were thought to be at risk of significant harm (Child Protection & Public Law Outline)
* Looked After Children or Care Leavers
* All teen parents who present with some level of vulnerability to be referred on
* Where concealment and denial of pregnancy has been identified

**Membership and Meeting Details**

**Who are the partners?**

The panel consists of:

* Health Visiting Service representative
* Safeguarding Leads, Maternity
* Locality Lead Specialist
* Service Manager, Children’s Front Door
* Team Manager, CASS

**Frequency**

Level 2 – Fortnightly on a Monday, virtually via Teams

Level 3 & 4 – Weekly on a Friday, virtually via Teams

All paperwork to be presented must be sent to the Panel Administrator one week (7 calendar days) before the date of the panel.

**The Pathway**

**Referrals**

If concerns are raised at the booking in appointment with the Maternity Service, then these will be immediately referred to the Maternity Safeguarding Leads who will then make a decision as to whether the family may need to be discussed within the pre-birth pathway.

Locality Leads and Family Hub Practitioners may make referrals to the Pre-Birth Pathway through the Specialist Lead who will make a decision as to whether the family will need to be discussed.

The Front Door will refer those families which do not meet the threshold for statutory assessment under S17 1989 Children Act or S47 1989 Children Act or are being assessed through to the pre-birth pathway for early intervention/targeted support.

Referrals are made to an email inbox from Maternity, Family Hub and Children’s Social Care where emerging concerns are held for the welfare or safety of the Unborn Child. This is monitored by the pathway Leads and safeguarding front door.

**Consent**

Consent will be required from parents before families may be discussed within the pre-birth pathway. Consent means the family is fully informed about the services they are being referred to, that they agree with the referral being made or understand what information professionals are passing on and more importantly why. The reason we ask for parents to be consulted with is that people are more likely to make positive changes in their behaviour when those in authority do things with them, rather than for them or to them.

Consent is not needed when having the conversation with the family would place the child or someone else at increased risk of **suffering significant harm.**

**Meeting Format:**

* Multi-agency attendance, Specialist Locality Lead FH, MASH Team Manager, CASS Team Manager, Safeguarding Lead Midwifery, Health Visitor Representation
* Agenda items are compiled one week before the meeting
* New agenda items are discussed and then implemented on the tracker
* Standing items are discussed and agencies to ensure plans at all appropriate levels are being progressed
* Families are reviewed at each key gestation trigger to ensure that appropriate interventions are in place

**Decision Making**

Where possible, the decision to which threshold it met will be achieved via consensus within the panel. If a consensus cannot be reached, the decision of the Chair should be deemed as final.

The decision will be recorded on the child’s file as a management decision/discussion case note with a heading of: PRE-BIRTH PANEL. The formal minutes of the meeting will be recorded in the documents section of Liquidlogic and categorised as: P25 YYYY/MM/DD LEGAL MEETINGS (PRE-BIRTH PANEL).

Staff are reminded to make their own notes on actions and recommendations on attendance.

**Pre-Birth Panel Pathway**