Kirklees

**New Beginnings**

**Pre-Birth Practice Model**

December 2021

Implementation date

April 2022

Kirklees New Beginnings - Pre-Birth Practice Model

1. **Introduction**
	1. Becoming a parent is a life changing event. For parents with additional challenges, which may include poor mental health, substance/alcohol abuse/domestic abuse, this increases the chance of the family becoming known to children’s services. For parents who have had previous children removed, experienced neglectful parenting during their own childhood or time in care of the local authority, the likelihood of this increases.
	2. It is therefore important to have the right support in place, pre-birth, for parents who may be experiencing several challenges to give them the best opportunity to care for their children at home with support from friends, family, professionals and their community.
2. **Practice Model**
	1. The Kirklees New Beginnings pre-birth model brings together key professionals at the earliest point of concerns being identified. Using principles of Multi-Systemic and relationship-based practice, professionals work with parents to break down the barriers to providing a safe and secure environment for their baby. Partnership working is at the heart of the pre-birth model approach. A bespoke package of intervention and wrap around support is provided pre-birth and post birth, developed to give parents the skills and access to support they need to make positive changes in their own lives and improve their capacity to provide safe and appropriate care for their babies following birth, as they develop and throughout subsequent childhood.
	2. The pre-birth model will ensure a consistent, timely and interventionist approach with regards to assessment, planning, and support, to keep babies with their families where it is safe to do so. Where safeguarding concerns are identified the plan will be reviewed under Child Protection Procedures and in some circumstances within a Public Law framework.
	3. Whilst it is the aim of this model to support parents to provide safe care to their babies there will be circumstances where care proceedings will be necessary. In these circumstances, parents will be informed prior to the birth to enable them to seek legal advice. Before the birth, consideration should be given to exploring consent from parents for baby to be placed in care under Section 20 Children Act 1989 whilst waiting for an initial court hearing date. This will mitigate urgent or same day applications being required.
	4. Where possible, discussion around consent to Section 20 should take place as soon as the plan is to issue care proceedings within a Public Law Outline Meeting (PLO meeting). Consideration of potential connected carers for baby should have already been explored either through family group conferencing or public law planning, with initial viability assessments having been completed.
	5. Social Workers, as the lead professional, will ensure that parents and the multi-agency partnership are aware of the plan, which must include a birth plan, that must be shared with the parents and all involved professionals for the period whilst the baby is in hospital; and include the plan for discharge from the hospital. Where the plan is to place baby with foster carers they will join the multi-agency partnership and arrangements will be made for parents to meet the foster carers prior to the birth and, wherever appropriate to do so, be part of the discharge plan.

1. **Pre-Birth Procedures**



1. **Referral**
	1. Duty and Advice agree to progress to child and family assessment. Duty and advice to inform parents and referring agency of decision. We will accept referrals earlier than 12 weeks on confirmation by the midwife/GP of a confirmed pregnancy. It is the responsibility of the midwife/health visitor/family nurse/any other health professional to inform the relevant GP when an antenatal referral is made to Duty and Advice.
	2. If a pre-birth referral is via another route the Social Worker in Duty and Advice should inform the GP as part of the outcome of the referral. However, if not completed the Social Worker will ensure GP notification responsibility is agreed as an outcome from the initial formulation meeting.
	3. Team Manager in Assessment and Intervention to allocate the case within 24hrs of accepting referral. Liquid Logic to reflect pre-birth status.
	4. Social Worker to arrange initial formulation meeting with key partners and parents to be held at the earliest date available, but the meeting should be no later than 15 working days from accepting of the need for social work intervention.
	5. Allocated Social Worker and Advanced Practitioner (lead on formulation Pre-birth) to arrange home visit within 5 working days of referral to discuss and explain the reason for social work intervention and next steps. Discussion around multi-agency formulation meeting.
2. **Formulation Meeting**
	1. The meeting will be led by the Advanced Practitioner. The meeting will follow the key principles of formulation from which a formulation plan will be agreed. The plan will outline areas of focus for support and assessment. This will form the basis of the assessment plan which parents and professionals will sign up to.
	2. Dates of formal assessment sessions with parents to be agreed in partnership with parents, these should also include the multi-agency partnership meeting a minimum of every 6 weeks (more frequent where potential safeguarding or legal framework is required). Social Workers should provide parents with the date for the pre- birth assessment to be completed and shared.
	3. The pre-birth family assessment should be completed and shared with parents within 45 working days (nine weeks) from date of the referral. This should be completed in all cases 4 weeks before the estimated due date (EDD) unless the original referral is later than 4 weeks before the EDD, in which case the pre-birth assessment should be completed as soon as possible following the referral.
	4. Where safeguarding concerns identify need for a pre-birth Child Protection Case Conference, this should take place 6 weeks prior to the EDD and the assessment completed and shared with the parents at least 3 working days before the date of the conference. Where there is a known likelihood of a premature birth, the Conference should be held earlier.
	5. Pre-birth Conferences should be convened following Section 47 Enquiries, where there is evidence that the child is suffering or is likely to suffer significant harm and where there is a need to consider if a Child Protection Plan is required. This decision will usually follow from a Pre-birth Assessment and a Conference should be held:
* Where a Pre-birth assessment gives rise to concerns that an unborn child may be likely to suffer Significant Harm;
* Where a previous child has died or been removed from parent/s as a result of Significant Harm;
* Where a child is to be born into a family or household which already have children who are the subject of a Child Protection Plan;
* Where a person known to pose a risk to children resides in the household or is known to be a regular visitor;
* Other risk factors to be considered are:
	+ The impact of parental risk factors such as mental ill-health, learning disabilities, substance misuse and Domestic Violence and Abuse;
	+ A mother under sixteen about whom there are concerns regarding her ability to care for herself and/or to care for the child.
	1. Cases that require a legal framework should be presented at legal gateway at the earliest opportunity to allow maximum amount of time for parents to address concerns. Unless the request is to issue proceedings following birth, a pre-birth child protection conference should have been held prior to seeking request for public law framework (Pre-Proceedings/PLO) to be endorsed.
	2. Where a decision to issue proceedings has been agreed at legal gateway panel a letter advising parents of the decision to issue should be sent to parents within 48 hours. This will ensure both parents can seek legal advice. This should be, where possible, no later than week 34 of pregnancy, with paperwork provided no later than 7 days before the EDD and issuing proceedings within 24 hours of birth, unless the child is born at the weekend.
	3. The Birth Plan to be provided to parents, the hospital and other involved professionals by week 33.
1. **Late Referrals / Concealed Pregnancies**
	1. Where there is no immediate risk of significant harm identified, Child in Need process should be followed and including, where feasible, the initial formulation meeting.
	2. Where there are concerns of immediate risk of significant harm, a section 47 assessment is to commence upon referral. There needs to be an immediate discussion with the Head of Service if there are concerns that you may need to issue care proceedings upon birth. An assessment should be completed prior to the birth of the baby wherever possible.
2. **Multi-Agency Meeting**
	1. The Multi-agency meeting consists of the attendees who will be involved with the Formulation Meeting, this includes:
* Advanced Practitioner
* Social Worker
* Midwife / Community Midwife
* Family Time Team
* Personal Advisor (P.A) (where child is a care leaver under the age of 25)
* Health Visitor/Family Nurse
* Friends and/or family who may have been part of the support plan for the multi-agency meeting or family group conference.
	1. Invites should be extended out to all other key partners, depending upon the service involved with parents individually, who are key to providing support as well as informing future decisions. This could include Substance and Alcohol services (CHART), Domestic Abuse support services, or Mental Health Services.
	2. The formulation meeting will be chaired by a professional trained in formulation and be independent of the case. Their role will be to formulate the initial plan of intervention and support. The agreed plan will then be led by the allocated social worker and members of the multi-agency core group.
	3. Parents and professionals attending the initial formulation meeting will receive a copy of the initial formulation plan, which will outline key dates for meetings and any direct assessment sessions with the parents.
1. **Multi-Agency Meeting / Child in Need**
	1. The allocated Social Worker will convene the initial multi-agency meeting no later than 4 weeks following the formulation meeting. Parents and key partners to be invited, provided with the minutes of the meeting and an updated plan, within 5 working days of the meeting taking place. Social Worker to ensure pre-birth plan is provided to the hospital in line with West Yorkshire Pre-birth procedures.
	2. Following the birth of baby, statutory procedures to be followed dependent upon status of plan – Child in Need, Child Protection, Child Protection/Public Law/Care Proceedings/Looked After Child.
2. **Involved Agencies**
	1. When completing a pre-birth assessment, the following agencies should be included upon consent from parents:
* **Family Group Conferencing**

To consider support network for parents pre and post birth, FGC to also consider contingency planning for care of baby should the plan be to initiate care proceedings. This may include who can care for the baby, or who could support family time within the family, if baby is not residing with parents.

* **Connected Carers Team**

Completion of Viability Assessments – Where alternate care arrangements may be required.

* **Early Support**

Step-down planning or supporting of pre-birth/Child in Need plan (Family Time Team may end their involvement at this time)

* **Advocacy**

Children Looked After and Care Leavers are entitled to advocacy though the Kirklees Children’s Rights Service.