**LLR Pre-birth Pathway/Flowchart**

If there are no current safeguarding concerns identified for a child, then midwives complete an ‘A form’ which is kept for **information only**. This information is uploaded onto the GP records and the allocated health visitor for the family is tasked to review.

**Referral to Social Care**

Midwives must always speak with social care on the phone if they have any immediate safeguarding concerns and a referral form would be completed following discussion with social worker. If the case is based in Leicester City, then the referral is called through to social care prior to the A Form being sent.

Threshold discussion and decision early help route if appropriate and consent obtained or single assessment. The maternity safeguarding team will request outcomes for cases a week after sending.

**Continue with CIN Planning**

Help/Support – What needs to be changed?

If plan is not progressing or concerns increase, consider strategy discussion.

Reviews by Social Care Manager (in supervision on monthly basis) to explicitly consider the need to escalate to strategy discussion.

Early Help

Child in Need (CIN)

**Child in Need (CIN) Planning**

CIN Meetings at least every 6 weeks.

Consider referrals to partner agencies, e.g., Turning Point, Learning Disability, Leicestershire Partnership Trust.

Obtain consent, complete Early Help assessment.

Start help and support to family via TAC/TAF process with 4-6 weekly meetings.

If concerns are identified, then escalate to Children’s Social Care following local procedure.

All pregnant persons should have their first full booking visit and personal maternity record completed by 10 weeks of pregnancy. The midwife will explore safeguarding as part of the routine antenatal booking appointment. If current or previous safeguarding concerns are identified, then an ‘A form’ is completed.

The ‘A form’ is sent to the maternity safeguarding team who will review the referral and share the information with the relevant professionals. **All** **referrals** are shared with Leicestershire Partnership Trust (LPT) health visitors. Following receipt of the referral, LPT will add the referral onto the patient’s GP records and the allocated health visitor for the family will be tasked to review.

**Multiagency Strategy Discussion – Section 47**

To be held within one working day of the decision. The named midwife for the family is expected to be in attendance and the maternity safeguarding team made aware of the meeting.

Review by Early Help Manager (in supervision on monthly basis) to explicitly consider the need to escalate to Children’s Social Care or continue Early Help Support.

The pre-birth planning meeting is chaired by a safeguarding midwife. The allocated social worker for unborn will attend and any other relevant professionals who are involved in the care of mother and unborn should be invited.

Pre-birth professionals (safety) planning meeting for the hospital admission if on Child Protection Plan (CPP) or

Safety Plan must be included within CIN Plan 32 weeks and no later than 36 weeks.

Review Child Protection Conference (RCPC) To be held within 6 weeks of the baby’s birth.

Any case open to social care is discussed at the monthly City/County forum meetings. In attendance are the safeguarding/specialist midwife, a representative from health visiting (LPT) and a representative from children's social care.



**10 working days of birth**

After discharge from hospital the routine discharge from maternity services happens at 10 days post-delivery to Health Visitor and a core group held. Maternity services can stay involved in care for up to 28 days post-delivery.

**Ideally held by 26 weeks**

Initial Child Protection Conference (ICPC) held by 26 weeks.

If unborn is part of sibling group where other children are subject to CP plans, then the Single Assessment must be individual to this baby. Decision and planning for the unborn child must be separate from the siblings.

Legal planning meeting (LPM) if required.

The Health Visitor initial assessment is between 28-36 weeks; if the Health Visitor contact is prior to 28 weeks a further contact is required between 28-36 weeks; further Health Visitor work is identified through Universal Plus/Partnership Plus.

Turning Point meetings are held monthly and discuss recurrent cases where substance misuse is a feature. Representatives from Turning Point, Specialist Midwives and Social care attend.



**Baby Born**

Multi-agency Information sharing meeting (safe discharge) if concerns raised on ward and/or additional planning is required Discharge must be agreed by the relevant health professionals and social care if CP Plan is in place.

**Cross Border Communication.**

Where there are existing safeguarding concerns and a baby with an LLR address is born over the border of LLR, there is an expectation of maternity and health visiting services to have a comprehensive handover with their cross-border colleagues.

This also applies to babies and children transferring into LLR.

If LPM outcome threshold is met for Proceedings.

Immediately commence PLO.

Complete all viability assessments.

Begin SGO assessments if appropriate.

Consider expert reports.

If appropriate, issue letter of intent.