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**Pre-Birth Pathway and** **Pre-Birth/Parenting Assessment Support and Intervention Practice Guidance**

**Foreword**

The aim of the citywide pre-birth service is to:

* To build capacity within families to enable babies to remain within their wider families, where it is safe for them to do so.
* To offer multi-agency professional relationships that deliver continuity and consistency and therefore have a greater chance of success.
* To provide the earliest assessment, help and support to parents with subsequent pregnancies to enable mothers and fathers to make changes in their lives and contribute to improved infant health.
* To support better decision-making for children.

The pre-birth service will complete a pre-birth or parenting assessment that is holistic and explores a parent(s), or primary carer’s ability to provide safe care for their child/ren and meet their immediate and long-term care needs. The right approach and intervention at the right time can strengthen relationships for children and minimise the possible impact of trauma.

The Trust’s over-arching practice model “Connections Count” provides the core value base and guiding principles that underpins the Pre-birth Service’s approach. The model centres on our work with children, their parents, wider family, community and other professionals, using the following elements.

* How We ‘Be’ – The heart of our relational approach.
* What We Do – Our 4 Pillars of Practice (1. Listening to the voice of the child, 2. Assessment & Analysis, 3. Planning & Intervention 4. Reviews, Listen & Learn).
* What We Achieve – Creating positive change and improving children’s lives.

An assessment must be seen by all as an opportunity to provide timely and effective help and support (intervention) to improve the child’s current and future lived experience. The identification of needs and provision of help and support should happen as soon as possible during the assessment.

**Criteria for BCT Pre-Birth Service:**

The pre –birth service should only be sent referrals from CASS or accept transfer in from other services when the mother is in their first or second trimester of their pregnancy (before 28 weeks) and meet one of the following criteria:

1. Expectant parents who have had previous children removed from their care –

(i) If the parent has had a child previously removed from their care through care proceeding within the last 5 years, the pre-birth assessment will be completed by the pre-birth service. If 5 years or over, the assessment will be completed by the Safeguarding Service.

(ii) If a Local Authority/ Children’s Trust was not responsible for removing older children or supporting a family member to obtain a private law order, the family assessment will be completed by ASTI.

1. Highly vulnerable first-time parents –

If there are multiple risk factors that will impact on the unborn child’s development the pre-birth service will be responsible for the assessment, support, and intervention. If there is a single primary need a family assessment will be completed by ASTI.

1. Care experienced young people or children in care where their presenting needs are significant or there are risk factors that require a detailed pre-birth assessment. The parent should be open to a child in care or care leavers team at the time when the intervention, support and assessment is required.

Not within Pre-Birth Criteria:

1. Relinquished babies – ASTI/CIC to complete the child and family assessment.
2. Unborn children where the family are within current care proceedings for another child – the current Safeguarding or Children in Care team will be responsible.
3. If older siblings are still in the care of their parents – responsibility will sit with the respective service area ASTI (for new referrals), Safeguarding or Children in Care if the family is already open to that service.

Exceptional situations:

* If mother or father is a child themselves (under 18) and on a Child in Need, Child Protection plan; or
* If there are current care proceedings for a child (under 18) who becomes pregnant.

Reflective discussions should be held between team managers to offer an appropriate and proportionate response. In line with our practice model, Connections Count, we will seek to reduce the confusion for young parents where they have 2 social work teams working with them and multiple assessments, interventions and support being offered.

In both instances above, there would be a clear conflict of interest for the current allocated social worker to complete the pre-birth assessment, however, it might be appropriate for a Social Worker in the same team to become allocated to undertake that assessment of need, as the Team Manager could then retain oversight of both children’s (parent and baby’s) plans. However, if the criteria for the pre-birth team is met, then the pre-birth team should be the allocated team and work closely with the current social worker and attend CIN, Core Group and Care Planning Meetings, as well as inviting the parent’s allocated SW to the baby’s meetings.

Late presentations/referrals:

* In situations where the care proceedings have recently ended (e.g. within 12 months) and the parent has presented very late in their pregnancy, with no real possibility to undertake any pre-birth work; the baby should be allocated within the CIC service as opposed to Safeguarding, as they will be familiar with the needs and risks presented within the family and be able to respond quickly with this previous knowledge and working relationship.

October 2024

Pathway to be reviewed in April 2025