



Argyll and Bute Pre-Birth Referral Pathway

Policy Reference: Argyll and Bute Pre-Birth Referral Pathway	Date of Issue: 18/01/2013 Updated 27 th July 2016
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Ratified by: Child Protection Committee	Date Ratified:

Argyll and Bute Pre-Birth Pathway

- By 16 weeks** Ante-natal assessment completed by named midwife using:-
- SWHMR v 6 (Inc. GIRFEC Practice Model)
 - Vulnerable families pathway (0 – 3)
 - AN WBI Tool and antenatal plan
 - If previously known high risk family refer directly to Social Work
- Allocate Health Plan Indicator (HPI)**



- 16-20 weeks**
1. Completes additional antenatal plan, commences Chronology of significant event and shares electronically with appropriate agencies
 2. Highlight how pressures may impact on outcomes with women and unborn baby
 3. Midwife to notify Social Work of potential risk of significant harm

- No later than 20 - 22 weeks**
- Multi-agency **antenatal plan meeting** convened by Midwife including pregnant woman/parents and partner agencies
 - Social Work invited if probable risk of significant harm indicated
If concerns about substance misuse Midwife refers to addictions nurse as per GOPR procedures

Expected outcome of the antenatal plan meeting based on shared assessment of risk and needs

- 22 – 28 weeks**
- If the meeting identifies a multi-agency antenatal plan is required a decision will be made on whether to follow GIRFEC or child protection procedures, following this decision the appropriate Lead professional will be appointed. At the end of the meeting a review date is set.
 - Where interagency conflict arises when appointing a Lead Professional a joint (MW&SW) home visit to take place within 2 weeks
 - Where Social Work are identified as Lead Professional, SW **MUST** complete a further risk assessment and reconvene by 28 weeks
 - Decision on whether to instigate child protection procedures:-
Where the decision to instigate child protection procedures is taken Social Work will complete a further risk assessment and convene an initial PBCC at 28 weeks

Further Antenatal Plan meeting convened by Lead professional if unborn child not at risk of significant harm

- By 28 weeks** If Child protection - Pre-birth Initial Child Protection Case Conference convened by Social Work

Name placed on Child Protection Register

Name **not** placed on Child Protection Register

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| <ul style="list-style-type: none"> • Social Worker appointed as Lead Professional • Core group established • Pre-birth Child Protection Plan implemented | <ul style="list-style-type: none"> • Lead professional Social Worker or Health Visitor • Antenatal plan updated. Review meetings continue with appropriate partners to the plan including pregnant woman/parents |
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Midwife sends Antenatal Plan to Consultant Unit

Late Presentation

Where there is presentation/identification of a pregnant woman with a potential risk of significant harm after 26 weeks

- Midwife referral to social work does not require waiting for completed antenatal plan if this will delay arranging pre-birth case conference
- i) Midwife completes antenatal plan; ii) Joint (MW & SW) home visit if appropriate; iii) Social Worker completes risk assessment
- Where a future risk of significant harm to the unborn baby is identified a pre-birth Initial Child Protection Case Conference (ICPCC) will be convened **as soon as possible** by social work **no later than 21 days** after midwife referral.
Dependent on gestation an ICPCC may be required to be convened as a priority.
- Where there is a recommendation not to proceed with a pre-birth ICPCC proceed with an antenatal plan meeting, implement antenatal plan and identify Lead Professional
- Where there is a disagreement about whether or not to proceed to a pre-birth ICPCC, a ICPCC will be convened

Other Children

Consideration must be given at antenatal plan meetings to potential concerns about other children within the household or with whom the parents/carers have significant contact and if required the child's named person invited to the meeting

****HELENSBURGH (To be reviewed 6 monthly)**

- Referrals on GG&C social work concern form to be emailed by VOL SNIPS midwife (Telephone call to SW as required) directly to the Children and Families Health generic mailbox at: High-UHB.H-LHealthVisitingStaff@nhs.net and Helensburgh Social Work Area Manager
- Children and Families Health Team Leader will complete an antenatal plan and convene an antenatal plan meeting within 10 working days of receiving the referral
- Social Work to check Carefirst system to ascertain any previous SW involvement
- If SNIPS Midwife identifies the pregnant woman as high priority she should call the duty social worker
- A Health Visitor will be appointed as the *antenatal named person* and *Lead Professional* appointed as appropriate
- The antenatal plan will be the responsibility of the Lead professional