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<b>Which Principles of the NHS Constitution Apply?</b> Please list from principles 1-7 which apply <a href="#">Principles</a> 1-7	<b>Which Staff Pledges of the NHS Constitution Apply?</b> Please list from staff pledges 1-7 which apply <a href="#">Staff Pledges</a> 1-7
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## BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

### Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is...	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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## 1. SUMMARY

Pregnancy, childbirth and the early postnatal period is a time of great joy and excitement for many women, their partners and families. However it can also be a very stressful time. Some women may have additional life factors that can negatively impact on their ability to manage during pregnancy.

New born babies are completely dependent on their carers to provide appropriately for their every need. It has been recognised that there are some key vulnerabilities that may impact on a parent's ability to not only care for, but to safeguard and protect their new born baby.

Antenatal assessment allows time to develop a proactive multi-agency approach whereby any vulnerability is identified, support is offered and necessary plans are made to meet the needs of the unborn child. Midwives are not trained to undertake these specialist assessments - they should only be carried out by qualified and experience professionals' i.e. Social Workers.

Midwives do however have a unique knowledge and understanding of pregnancy and childbirth. They are often in a position of supporting the pregnant woman from very early in her pregnancy until the baby is at least 10 days old.

An early recognition of key vulnerabilities, and an open and honest conversation with the woman and her partner/supportive person, will allow for timely and appropriate referrals to be made to the necessary agencies. These agencies can provide support or action pre-birth assessments if these are required.

This guideline is to be used by midwives caring for pregnant women and should be read in conjunction with the antenatal care pathway and the safeguarding children policy.

## 2. PURPOSE

This policy stipulates the mandatory arrangements for safeguarding of children within the maternity service. In particular, the guideline covers actions to be taken by midwives in the antenatal period to ensure any necessary pre-birth assessments are carried out in a timely fashion.

Implementation of the policy will lead to:

- Evidenced based, consistent practice
- Safeguarding and protection of the most vulnerable babies

## 3. SCOPE

### 3.1 Maternity Staff

Duties of staff within maternity are to follow this guideline.

No guideline will apply in every situation; however, it will apply the majority of the time and staff should have an evidence based justification for deviation from the guideline.

Reasons for deviation should be documented in the health record.

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The guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient.

## 4. GUIDELINE

### 4.1 Key Vulnerabilities To Consider:

- Previous history of child removed, 'looked after' or under supervision of Children's Social Care (CSC)
- Current involvement with CSC – other children on a Child In Need (CIN) or Child Protection (CP) Plan
- Parent formerly a Looked After Child or formerly on a CIN or CP Plan
- Teenage pregnancy – refer to Teenage Pregnancy Midwife and use Pathway
- Historical or current parental involvement with probation service or police
- Historical or current concerns of violent behaviour, animal abuse or Domestic Violence
- Concerns re parental substance or alcohol misuse – refer to Specialist Substance Misuse Midwife
- Concerns over mental health of mother and/or father and/or current partner – refer to Specialist Mental Health Midwife
- Parent with learning difficulties and/or additional needs, including significant medical illness or physical disability
- Current partner is not the biological father of the baby – please record partner's details in notes (include his date of birth (DOB) & details about any children he has – name, DOB, where they live, who with and does he see them? If not, why not? )
- Recent or potential significant changes in household – homelessness, address, job, partner, family support, bereavement etc.
- Single parent, family isolation, lack of friends or family support
- Poor/ non-engagement with services e.g. school, CSC, health
- Concealed or unwanted pregnancy, poor attitude shown towards new baby
- Partner age difference of more than 2 years, particularly for teenage mother
- Previous death of a baby/congenital abnormality/severe disability

If unsure about any social issues or you have a concern regarding the parent/partner/potential carer in terms of their parenting capacity, please contact the Named Midwife or Named Nurse for Safeguarding Children for further advice and support.

Using your knowledge of the Every Child Matters<sup>1</sup> Key Outcomes (Be Healthy, Stay Safe, Enjoy & Achieve, Make a Positive Contribution and Achieve Economic Wellbeing) and the Lancashire Continuum of Need consider the above vulnerabilities and decide on the appropriate plan of care for the woman. Remember this may change throughout the course of the pregnancy, particularly if there is a change of partner. Also consider if there are any pre-birth protective factors present.

### 4.2 Key Protective Factors To Consider

- 'Older' mother (over 20)
- Two parent family
- Positive attitude to education
- Stable relationships

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- Parent with stable childhood experience
- Employed
- Controlled/no use of substances/alcohol
- Wanted pregnancy
- Good attendance at health appointments
- Stable community links
- Shared parental responsibility
- Stable/well managed income
- Parent with no additional needs
- Secure housing
- Parent with good physical health
- Previous positive parenting
- Stable relationships
- Parent with good mental health
- Positive contact with absent parent
- Appropriate preparation for baby

Social care for the woman should then be arranged according to her identified level of need. Cumbria and Lancashire have their own thresholds guidance. Cumbria use 'The Wedge'<sup>2</sup>; Lancashire use the 'Continuum of Need'<sup>3</sup>. Please see glossary for further clarification.

#### 4.3 Level 1 (Universal)

**Low risk of harm – no risk factors and protective factors evident**

The woman (with her partner and family as applicable) and/or her unborn baby can have their needs met by Universal Services – Midwives, Health Visitors and GP. The Health Visitor alert form can be used to give the Health Visitor any early information about the pregnancy, for example if the woman is expecting twins.

#### 4.4 Level 2 (Additional Support)

**Medium risk of harm – risk factors present, but at least one protective factor and evidence of capacity to change**

The woman (with her partner and family as applicable) and/or her unborn baby have been identified as being at risk of poor outcomes and thus in need of extra support from services. This support may be provided within our own service, for example referral to the Teenage Pregnancy Midwife or the Mental Health Specialist Midwife. If there is a need for coordinated multi-agency support in order to promote the welfare and meet additional needs the Common Assessment Framework (CAF)<sup>4</sup> process should be initiated and followed. The CAF forms and supporting advice can be found in the Safeguarding Folders (kept in Maternity Unit areas) or on the Safeguarding Intranet site.

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#### 4.5 Level 3 (Complex Needs)

**High risk of harm – risk factors present, one protective factor, no evidence of capacity to change**

The woman (with her partner and family as applicable) and/or her unborn baby have been identified as having complex needs and meeting the threshold for statutory assessment. The midwife should make a referral to Children's Social Care (CSC) for a Pre-Birth Assessment using the CAF form. At this level the woman must give her written consent before the referral is submitted. In general, the referral should be made when the woman is 16 weeks gestation (20 weeks gestation in Cumbria), however referrals can be made earlier for any 'high risk' cases. Within one working day a decision about the CSC response should be available to the midwife. The decision should be that an Initial Assessment will be undertaken in respect of the unborn baby. A Social Worker from the Initial Assessment Team should complete this within 10 working days and feedback to the referrer. This initial assessment may show the unborn to be a Child in Need and that input from CSC is required. CSC will coordinate the provision of appropriate multiagency services to ensure the welfare of the unborn is promoted and more importantly that the unborn is safeguarded.

If the initial decision comes back that no CSC support is required, the midwife must challenge that decision and ensure that there is documentation of any continuing concerns from the maternity services.

The initial assessment may decide that a more detailed assessment is needed – this is known as a Core Assessment (under section 17 of the Children Act 1989)<sup>5</sup> and must be completed within 35 working days. The outcome may be:

- No further action – needs of the unborn can be met by Universal Services
- Child in need – services coordinated by CSC
- There is reasonable cause to suspect that the unborn baby is likely to suffer significant harm before, during or after birth – see below.

#### 4.6 Level 4 (Child Protection)

**Severe risk of harm – risk factors present, no protective factors and no evidence of capacity to change**

The woman (with her partner and family as applicable) and/or her unborn baby have been identified as needing a Pre-Birth Assessment as there is reasonable cause to suspect that the unborn baby is likely to suffer significant harm before, during or after birth.

The midwife should make an urgent referral to CSC by telephone and follow up with the appropriate written referral within 48 hours. Although gaining permission from the woman is best practice, it is not essential at this level, but the woman should be informed that you are making the referral unless telling her would put either her, her unborn baby or the midwife at risk.

A strategy discussion should be held as soon as possible between CSC, health, police and other agencies as appropriate.

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The decision will be made to initiate section 47 enquiries which will be led by a Social Worker in the Child Protection Team. All professionals working with the woman will contribute to the assessment.

If concerns are substantiated, a Child Protection Conference is convened within 15 working days of the strategy discussion.

The midwife will be invited to attend and expected to produce a report, ideally prior to the conference, which will be read by the midwife at the conference.

The report should be a factual based chronology of the events in the woman's pregnancy leading up to the conference, and details the woman's attendance at appointments and willingness to engage with the midwifery service.

If unsure about writing a report or attending a conference please contact the Named Midwife or Named Nurse for Safeguarding Children for further advice and support.

The conference will be chaired by an Independent Reviewing Officer (IRO) and all the professionals present will be asked whether they agree with the decision made. Usually the Social Worker will already have decided the outcome following their Core Assessment and discussed it with the woman and her partner prior to the conference.

The outcome may be:

- Unborn baby made subject to a Child Protection Plan
- Unborn baby not at risk of significant harm but still requires support of CSC and other agencies – Child in Need Plan
- Unborn baby not at risk of significant harm and needs can be met by Universal services – this is unlikely if the case has gone as far as conference
- Unborn baby to be removed at birth and placed in foster care – this may be agreed by the mother pre-birth under section 20 which means the parents retain full parental rights but the baby is accommodated by the Local Authority. If the woman does not agree pre-birth, the Social Worker will start pre-proceedings but have to wait until the baby is born and then go to court to apply for an Interim Care Order (ICO). Parental rights are then shared between the parents and the Local Authority. An ICO can be made for up to 8 weeks initially and then has to be renewed every 4 weeks.

A Police Protection Order allows a baby/child to be taken into police protection for up to 72 hours. This order can be used to prevent a baby being taken home from hospital (Section 46). This gives the Local Authority time to obtain an Emergency Protection Order (EPO) from a magistrate. The EPO lasts for up to 8 days, which should allow time for an ICO to be sought.

#### 4.7 Common Assessment Framework (CAF)

The CAF is a shared assessment and planning framework for use across all children's services and all local areas in England. It aims to help the early identification of children and young people's additional needs and promote co-ordinated service provision to meet them. CAF / Early Help Assessment is used within the antenatal period for all women who fall into Levels 2, 3 and 4.

The CAF / Early Help Assessment is voluntary and the woman (with her partner and family

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as applicable) must be included in all the discussions and give written informed consent. The CAF / Early Help Assessment information can only be shared with other agencies and professionals with the woman's consent.

The CAF (Lancashire) / Early Help Assessment (Cumbria) forms can be accessed via the Lancashire<sup>6</sup> and Cumbria Local Safeguarding Children Board<sup>7</sup> website (link on the safeguarding intranet site). Please see Appendix 8 for links to CAF and Early Help Assessment.

It is worth saving a blank form to your documents once you have downloaded a form.

The form is completed for the 'unborn baby' so the given name will be 'unborn baby of and the EDD (expected date of delivery) is entered.

The form asks 'What has led to this unborn baby being assessed?'

In that box you can bullet point the Key Vulnerability Factors that you have identified.

Where it asks for the names of the parents/carers please ensure dates of birth are entered next to their names.

Enter your details as the person recording the assessment, but if the form asks for a Lead Professional that can be left blank.

Please ensure you list the name and contact details of all people already known to be working with the woman and family.

Under section entitled 'Development of the unborn baby', you only need to complete the top box on Health (unless the woman has any specific and/or significant issues). This should include information as to the current gestation, any obstetric/midwifery concerns and whether the woman is engaging with the midwifery service and attending all her antenatal appointments.

The sections titled 'parents and carers', 'family and environmental factors', is where you need to enter any vulnerabilities and/or protective factors particularly relating to social concerns. It is fine to bullet point your concerns and please ensure they are factual. Ensure your record keeping always meets NMC<sup>8</sup> and Trust guidelines. If you do have concerns please state the level of your concern i.e. if the vulnerability relates to Domestic Violence, is this historical with an ex-partner who is no longer in contact or has there been a recent issue with a current partner?

The final section asks for identification of aims and conclusions (strengths and needs/worries), priority goals and actions.

#### 4.7.1 Aims To Consider

- Woman to have a suitable home for herself, her partner and her baby
- Woman to feel confident and supported in her role as a parent
- Woman to feel able to cope by herself but also to feel confident to refer to agencies for help and reassurance when necessary
- Woman to feel able to ask for assistance with the welfare of herself and her baby and

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not feel isolated

- Multi-agency planning, led by social care to identify any potential safeguarding concerns and offer appropriate support to woman in becoming a new mother.
- In line with Working Together (DoE 2015)<sup>9</sup> guidelines, sharing of appropriate information with complex social multi-factoral case
- Initial and core assessment indicated
- Identification of agencies most suited to respond to any change in circumstances
- Woman to feel supported by Maternity Services and other agencies involved.
- In line with Working Together to safeguard children<sup>9</sup>, NICE guidance<sup>10, 11</sup> and Children's Act<sup>5</sup> I recommend that a specialist social care assessment is undertaken.
- Woman to have a happy and healthy pregnancy and child birth experience

#### 4.7.2 Strengths To Consider

- Woman willing to engage with Maternity Services and really wants to be a good Mum to her unborn baby.
- Supportive family, school and friends.
- Woman is willing to engage with services and accept support offered.

#### 4.7.3 Needs / worries To Consider

- Woman finds responsibility of caring for a new baby too much to cope with
- Woman not able to find suitable accommodation prior to the birth of her baby
- Woman unwilling to engage with services offered
- Woman reluctant to engage with Children's Integrated Services

#### 4.7.4 What Changes Are Wanted?

- Woman to feel confident and happy in her ability to parent her unborn baby
- Woman to be in suitable accommodation to take baby home
- Woman to develop appropriate parenting skills to enable her to care for her new baby with available support

#### 4.7.5 How Can Change Happen?

- Woman willing to accept advice and support from all agencies
- Support from all agencies involved and woman not being afraid to ask for help when necessary.
- Woman rehoused in suitable accommodation.

Desired outcomes will be, for example:

- Information sharing with other agencies if the woman needs some additional support/early intervention. The completed CAF form should be emailed to the CAF coordinator and a Unique Reference Number will then be emailed back (see referral information).
- Team Around the Child, TAC, or Team Around the Family, TAF meeting to be convened. The midwife completing the CAF form will be responsible for arranging the meeting and inviting all the relevant professionals to attend. The meeting should be arranged at a time, date and venue suitable for the woman and the maximum number of agencies.
- Referral to Children's Social Care – the action being to complete the CAF form and send to the Children's Team Care Connect (Lancashire) or the County Triage Team

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(Cumbria) ideally via secure e mail or via Fax (see referral information).

- The goals will obviously depend upon the needs but in most cases the goal will be to offer the appropriate support to enable the woman to care for and parent her baby in the best possible way, ensuring the baby's needs are met and the baby is protected.
- The Safeguarding Site on the Trust Intranet has detailed information on safeguarding and protection of children, with links to the Local Safeguarding Children Board <sup>6,7</sup> websites and other useful information.
- For any concerns or if you need any further advice please do not hesitate to contact Jane Heath, Named Midwife for Safeguarding Children, on 07901 556 704 or via email at jane.heath@mbht.nhs.uk
- Advice and support is also available from the Named Nurse for Safeguarding Children:
- Liz Thompson on 07825 218 674

Always remember if you have emergency child protection concerns contact Children's Social Care immediately by telephone, and be prepared to contact the police if necessary.

<b>5. ATTACHMENTS</b>	
<b>Number</b>	<b>Title</b>

<b>6. OTHER RELEVANT / ASSOCIATED DOCUMENTS</b>	
<b>Unique Identifier</b>	<b>Title and web links from the document library</b>
Corp/Pol/021	Safeguarding Children <a href="http://uhmb/cs/tpdl/Documents/CORP-POL-021.docx">http://uhmb/cs/tpdl/Documents/CORP-POL-021.docx</a>
Corp/Proc/046	Domestic Abuse <a href="http://uhmb/cs/tpdl/Documents/CORP-PROC-046.docx">http://uhmb/cs/tpdl/Documents/CORP-PROC-046.docx</a>

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<b>7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS</b>	
References in full	
<b>Number</b>	<b>References</b>
1	HM Treasury (2003) <a href="#">Every Child Matters</a> (accessed 20.10.17)
2	Cumbria County Council (2016) <a href="#">Cumbria Children's Trust Board Multi-agency Thresholds Guidance</a> (accessed )
3	Lancashire Safeguarding Children Board (2016) <a href="#">Lancashire Continuum of Need and Thresholds Guidance</a> (accessed 20.10.17)
4	Children's Workforce Development Council (CWDC) (2009) <a href="#">Common Assessment Framework for Children and Young People: A guide for practitioners</a> (accessed 20.10.17)
5	Great Britain (1989) <a href="#">Children Act 1989</a> (accessed 20.10.17)
6	<a href="#">Lancashire Safeguarding Children Board</a> (accessed 20.10.17)
7	<a href="#">Cumbria Local Safeguarding Children Board (LSCB)</a> (accessed 20.10.17)
8	Nursing & Midwifery Council (NMC) (2015) <a href="#">The Code: Professional standards of practice and behaviour for nurses and midwives</a> (accessed 20.10.17)
9	Department for Education (2015) <a href="#">Working Together to Safeguard Children</a> . (accessed 20.10.17)
10	NICE Clinical Guideline (2010) <a href="#">[CG10] Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors</a> (accessed 20.10.17)
11	NICE Clinical Guidelines (2009) <a href="#">[CG89] Child maltreatment: when to suspect child maltreatment in under 18s</a> (accessed 20.10.17)
<b>Bibliography</b>	
	DoH (2000) <a href="#">Framework for the Assessment of Children in Need and their Families</a> . (accessed 20.10.17)

<b>8. DEFINITIONS / GLOSSARY OF TERMS</b>	
<b>Abbreviation or Term</b>	<b>Definition</b>
Cumbria- The Wedge	The Wedge model describes four additional levels of need and support that children, young people and families within Cumbria might experience. See Appendix for a description.
Lancashire – Continuum of Need (CON)	The CON indicators are guides in determining levels of need. See Appendix for a description.

<b>9. CONSULTATION WITH STAFF AND PATIENTS</b>		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
<b>Name</b>	<b>Job Title</b>	<b>Date Consulted</b>

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<b>10. DISTRIBUTION PLAN</b>	
Dissemination lead:	Jane Heath
Previous document already being used?	Yes / No (Please delete as appropriate)
If yes, in what format and where?	Document Library
Proposed action to retrieve out-of-date copies of the document:	
<b>To be disseminated to:</b>	
Document Library	
Proposed actions to communicate the document contents to staff:	Please detail how staff will be informed of document contents and changes. Include in the UHMB Weekly News – New documents uploaded to the Document Library

<b>11. TRAINING</b>		
Is training required to be given due to the introduction of this policy? *Yes / No * Please delete as required		
Action by	Action required	Implementation Date
20.10.17	None	

<b>12. AMENDMENT HISTORY</b>				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
New document	15/03/2013	All	Changes in Lancashire and Cumbria multi-agency thresholds guidance. Changes in terminology	15/03/2016
1.1			Review Date extended	01/11/2016
1.2	Nov 2016	Page 1	Review dated extended to 01/05/2017	01/05/2017
1.3	15/03/2017	Page 1	Review date extended (Form 055/2017)	01/09/2017
1.4	15/03/2017	Page 1	Review date extended (Extension form 077/2017)	01/11/2017
2.0	25/10/2017	Appendix 8	Links to Common Assessment Framework and Early Help Assessment added as an appendix	01/09/2020

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**Appendix 1**

**Parental Vulnerability Documentation – Maternity**

<p>DEMOGRAPHIC DETAILS</p> <p>Hospital No.....</p> <p>Name.....</p> <p>Address .....</p> <p>.....</p> <p>.....</p> <p>DOB .....</p> <p>NHS No .....</p>	<p>Date of referral .....</p> <p>Contact number for woman .....</p> <p>Named Midwife .....</p>
<p>LMP ..... EDD .....</p> <p>GRAVIDA ..... PARITY .....</p>	

For any previous births please list:  
Name; Date Of Birth; Where living and who with:

Name of current partner.....

Address .....

D.O.B ..... Age ..... GP .....

Does current partner have other children .....

If Yes:  
Name (s) and D.O.B for other children .....

If No: Why not? .....

Is current partner the biological father of the unborn baby:      Yes      No

Details of biological father of unborn if not current partner

Name .....

Address .....

D.O.B ..... Age ..... GP .....

Does current partner have other children .....

If Yes:  
Name (s) and D.O.B for other children .....

If No: Why not? .....

Is current partner the biological father of the unborn baby:      Yes      No

**Data confidentiality**  
Information should be shared with relevant agencies during the course of the woman’s pregnancy according to vulnerability identified. Obtain verbal consent from the woman and detail below. Circle agency informed

GP: Health Visitor; Children’s Social Care: Children’s Centre: Police Public Protection Unit (PPU): Other  
Please detail.....

Date women informed ..... Midwife signature.....

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Parental Vulnerability Documentation – Maternity	Page 2 of 4	
Name .....	RTX .....	
Vulnerability identified	Date and sign	Details
Current involvement with Children’s Social Care (CSC) – other children on Child in Need or Child Protection Plan		
Previous history of child removed and adopted, in foster care or under special guardianship, ‘looked after’ or under supervision of CSC		
Parent formerly a Looked After Child		
Teenage pregnancy – follow teenage pregnancy pathway		
Historical or current parentally involvement with probation service or policy, recently served a prison sentence		
Historical or current concerns of violent behaviour, animal abuse or Domestic Violence		
Concerns re parental substance alcohol misuse – refer to substance misuse midwife		
Concerns over mental health of mother and / or father and / or current partner,, including post-natal mental illness – follow mental health referral pathway		
Parent with learning difficulties and / or additional needs, including significant medical illness of physical disability		
Late booking for pregnancy care / concealed pregnancy, nodding difficulty with unborn noted		
Current partner is not the biological father – please record partner’s details in on page 1 (DOB & other children)		
Recent significant changes in household – address, job partner, family support, bereavement etc.		
Poor/ non-engagement with services. E.g. school, CSC, health, not registered with a GP		
Unsuitable accommodation – overcrowding, sofa surfing, homeless		
Partner age difference of more than 2 years (if teenager)		
Single parent, family isolation, lack of friend of family support		
Previous baby died / suffered from congenital abnormality/ severe physical or learning disability		
Any other concerns		

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<b>Parental Vulnerability Documentation – Maternity</b>		<b>Page 3 of 4</b>
Name.....RTX.....		
<b>Action Taken</b>	<b>Date</b>	<b>Details (including name of midwife)</b>
No action required – Universal Services only		
Consultation with other agency		
Referral to Specialist Midwife and/or Family Team		
Early Intervention and/or Common Assessment Framework (CAF)		
Children’s Social Care (CSC) referral using CAF or Pre-CAF as appropriate		
Referral to MARAC if appropriate		
Team Around the Child (TAC) meeting held		
Initial Child protection Conference held		
Unborn/baby on Child in Need plan		
Unborn/baby on Child protection Plan		
Core Group Meeting held		
Interim Care Order to be sought immediately after birth		
Birth and Post-natal Plan completed in hospital notes		
Review Child protection Conference held		
Other – please detail		

<b>Professional Involved In Care</b>	<b>Name</b>	<b>Contact Details</b>
Midwife		
Health Visitor		
GP / Consultant		
Specialist Midwife		
Support Worker		
Children’s Centre / Action for Children		
Family Nurse (FNP)		
Child and Parenting Support Service (CAPSS)		
Social Worker		
Other – please detail		
Other – please detail		



Appendix 2

Child in Need

**Child in Need Plan**

DEMOGRAPHIC DETAILS- Baby

HOSPITAL No.....

Name.....

Address.....

.....

.....

D.O.B.....

NHS No.....

DEMOGRAPHIC DETAILS- Mother

HOSPITAL No.....

Name.....

Address.....

.....

.....

D.O.B.....

NHS No.....

This baby is subject to a **Child In Need Plan**. A referral was made to Children’s Social Care for unborn baby for the following reasons:

An Initial Child Protection Conference was held on:

A Core Group meeting was held on:

The decision was made to place baby on a **Child in Need Plan**. Baby is able to go home with parent and they retain parental responsibility.

**Review Child Protection Conference is to be held on:**

Professional Involved In Care	Name	Contact Details
Midwife		
Health Visitor		
GP / Consultant		
Specialist Midwife		
Support Worker		
Children’s Centre / Action For Children		
Family Nurse (FNP)		
Child and Parenting Support Service (CAPSS)		
Social Worker		
Other – please detail		
Other – please detail		

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### Appendix 3

#### Child Protection Plan

DEMOGRAPHIC DETAILS- Baby

HOSPITAL No.....

Name.....

Address.....

.....

.....

D.O.B.....

NHS No.....

DEMOGRAPHIC DETAILS- Mother

HOSPITAL No.....

Name.....

Address.....

.....

.....

D.O.B.....

NHS No.....

This baby is subject to a <b>Child Protection Plan</b> . A referral was made to Children's Social Care for unborn baby for the following reasons:	
An Initial Child Protection Conference was held on:	
A Core Group meeting was held on:	

The decision was made to place baby on a **Child Protection Plan**. Baby is able to go home with parent and they retain parental responsibility.

Review Child Protection Conference is to be held on:	
--	--

Professional Involved In Care	Name	Contact Details
Midwife		
Health Visitor		
GP / Consultant		
Specialist Midwife		
Support Worker		
Children's Centre / Action For Children		
Family Nurse (FNP)		
Child and Parenting Support Service (CAPSS)		
Social Worker		
Other – please detail		
Other – please detail		

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## Appendix 4

### Interim Care Order

DEMOGRAPHIC DETAILS- Baby

HOSPITAL No.....

Name.....

Address.....

.....

.....

D.O.B.....

NHS No.....

DEMOGRAPHIC DETAILS- Mother

HOSPITAL No.....

Name.....

Address.....

.....

.....

D.O.B.....

NHS No.....

This baby is subject to an <b>Interim Care Order</b> . A referral was made to Children's Social Care for unborn baby for the following reasons:	
An Initial Child Protection Conference was held on:	
A Core Group meeting was held on:	

The decision was made to seek an **Interim Care Order** once baby was born. Parental responsibility is shared between the parents and the Local Authority.

<b>Review Child Protection Conference is to be held on:</b>	
---	--

Professional Involved In Care	Name	Contact Details
Midwife		
Health Visitor		
GP / Consultant		
Specialist Midwife		
Support Worker		
Children's Centre / Action For Children		
Family Nurse (FNP)		
Child and Parenting Support Service (CAPSS)		
Social Worker		
Other – please detail		
Other – please detail		

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## Appendix 5

### Hospital Birth And Postnatal Care Plan

DEMOGRAPHIC DETAILS- Baby

HOSPITAL No.....

Name.....

Address.....

.....

.....

D.O.B.....

NHS No.....

DEMOGRAPHIC DETAILS- Mother

HOSPITAL No.....

Name.....

Address.....

.....

.....

D.O.B.....

NHS No.....

Action	Date / time	By whom	To whom
Children's Social Care informed of birth of baby			
Safeguarding Midwife informed of birth of baby			
Professionals informed of discharge of mother and baby (CMW, HV, GP, Social Worker)			

### Unborn is subject of a Child in Need / Child Protection Plan

Plan agreed with Children's Social Care	Yes / No	Details	Date and Sign
Can the mother's partner be present for the birth?			
Can the mother provide care for the baby whilst in hospital?			
Can the mother's partner provide care for the baby whilst in hospital?			
Mother to be observed providing care for her baby			
Security arrangements / visitors restrictions			
Discharge planning meeting to be held on ward prior to discharge of mother and baby			
Baby to be discharged to care of another relative			
Baby to be discharge to care of Local Authority			
Does the Unit need a Policy Log Number for this case?			

Please document all social events in the Parental Vulnerability Documentation and contact Safeguarding Midwife and/or Social Worker if any concerns over care of baby.

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## Appendix 6

### Case Notes Alert Form

DEMOGRAPHIC DETAILS- Baby

HOSPITAL No.....

Name.....

Address.....

.....

.....

D.O.B.....

NHS No.....

DEMOGRAPHIC DETAILS- Mother

HOSPITAL No.....

Name.....

Address.....

.....

.....

D.O.B.....

NHS No.....

<b>Parental vulnerabilities were identified during pregnancy:</b>	
<b>As a result of these the following actions were taken:</b>	

Professional Involved in Care	Name	Contact Details
Midwife		
Health Visitor		
GP / Consultant		
Specialist Midwife		
Support Worker		
Children's Centre / Action For Children		
Family Nurse (FNP)		
Child And Parenting Support Service (CAPSS)		
Social Worker		
Other – please detail		
Other – please detail		

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## Appendix 7

Cumbria Levels of Need 'The Wedge'	Lancashire Levels Of Need
Universal – available to all children and young people and include primary health and education	Universal – children, young people and families whose needs are met by universal and are thriving.
Early Help – First level of intervention. Single setting/single agency response based on a dialogue with the child/family.	Additional Support Needs – children, young people and families who have additional unmet needs and are just coping, thus may be in need of Early Support from Services
Early Intervention – a professional seeking advice and input from other agencies in order to meet a child's needs. Discussion would first take place with child/family to identify needs and agree outcomes and actions. A CAF would be initiated at this stage.	Complex Support Needs – children, young people and families who have additional unmet needs and are just coping, thus may be in need of Early Support from Services.
Targeted Intervention – Provision of a multi-agency response around the needs of the child and the seriousness of the presenting need. Intervention is aimed at preventing escalation to statutory intervention.	Intensive Needs (Level 4a) – these children, young people and families are not coping and are more likely to need a response from a specialist service. Initial Assessment by CSC at Section 17, Child in Need level.
Intensive Intervention – The highest level of multi-agency intervention. Statutory intervention takes place in response to complex needs, involving multi-agency specialists where the consequence of non-intervention could lead risk of serious harm. These children may become looked after. This level also includes children with severe disabilities or complex learning difficulties.	Intensive Needs (Level 4b) – children, young people and families who are not coping and are in need of protection requiring intensive statutory intervention. They are children and young people who may be suffering or likely to suffer significant harm. Initial Assessment by CSC at Section 47, Child Protection level. Or they are a Child in Need with a disability where the Local Authority has a duty to intervene.
	Intensive Needs (Level 4c) – these children and families require a statutory specialist service. They are children who are or have been looked after by Local Authority.

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## Appendix 8

### Lancashire Common Assessment Framework (CAF)

[Click here to access page](#)

### Cumbria Early Help Assessment Form

[Click here to access page](#)

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## Appendix 9: Equality & Diversity Impact Assessment Tool

### Equality Impact Assessment Form

Department/Function	Maternity Safeguarding			
Lead Assessor	Jane Heath			
What is being assessed?	Safeguarding – Maternity Guidelines			
Date of assessment	20/10/2017			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input checked="" type="checkbox"/>	Staff Side Colleagues	<input checked="" type="checkbox"/>
	Service Users	<input checked="" type="checkbox"/>	Staff Inclusion Network/s	<input checked="" type="checkbox"/>
	Personal Fair Diverse Champions	<input checked="" type="checkbox"/>	Other (Inc. external orgs)	<input checked="" type="checkbox"/>
	Please give details:			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> <li>➤ Advance Equality of opportunity</li> <li>➤ Foster good relations between different groups</li> <li>➤ Address explicit needs of Equality target groups</li> </ul>	<ul style="list-style-type: none"> <li>➤ Unlawful discrimination, harassment and victimisation</li> <li>➤ Failure to address explicit needs of Equality target groups</li> </ul>	<ul style="list-style-type: none"> <li>➤ It is quite acceptable for the assessment to come out as Neutral Impact.</li> <li>➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged</li> </ul>
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
		<ul style="list-style-type: none"> <li>➤ Provide brief description of the positive / negative impact identified benefits to the equality group.</li> <li>➤ Is any impact identified intended or legal?</li> </ul>
<b>Race</b> (All ethnic groups)	Neutral	
<b>Disability</b> (Including physical and mental impairments)	Neutral	
<b>Sex</b>	Neutral	
<b>Gender reassignment</b>	Neutral	
<b>Religion or Belief</b>	Neutral	
<b>Sexual orientation</b>	Neutral	
<b>Age</b>	Neutral	
<b>Marriage and Civil Partnership</b>	Neutral	
<b>Pregnancy and maternity</b>	Neutral	
<b>Other</b> (e.g. caring, human rights)	Neutral	

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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	
--	--

<p>3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan <b>to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.</b></p> <ul style="list-style-type: none"> <li>➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups</li> <li>➤ This should be reviewed annually.</li> </ul>
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Action Plan Summary
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Action	Lead	Timescale
No action required		

*This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to [EIA.forms@mbht.nhs.uk](mailto:EIA.forms@mbht.nhs.uk) once completed.*

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