

STANDARD OPERATING PROCEDURE	Maternity Safeguarding
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INTRODUCTION

- 1.1. Local agencies, including maternity services, have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.
- 1.2 All staff working within Maternity Services have a role in identifying and ensuring children are protected from harm. Maternity staff are likely to have significant contact with families who may require support and interventions in relation to safeguarding children. All maternity staff need to be aware of national and local procedures and their responsibility in relation to these health professionals including maternity staff are in a strong position to identify welfare needs or safeguarding concerns and where appropriate to provide support. This includes understanding risk factors, communicating effectively with children and families, liaising with other agencies, assessing needs and capacity, responding to those needs and contributing to multi-agency assessments and reviews. (Working Together to Safeguard Children (July 2018)).

2. PURPOSE/SCOPE

- 2.1. To help staff protect and safeguard children/the unborn child/vulnerable women and families at risk of abuse or neglect.
- 2.2. To help staff recognise that safeguarding children is everyone's responsibility.
- 2.3. To advise on what to do if maternity staff has concerns and explain what should happen when concerns are shared.
- 2.4 This SOP should be read in conjunction with the Trust Wide Policy – Child Protection Safeguarding Children and Young People Policy, Management of Children Young People & Neonates with Suspected Abuse, Safeguarding Supervision SOP, Domestic Abuse Recognition and Response Policy, Greater Manchester Safeguarding Children Procedures Manual at website: <https://greatermanchesterscb.proceduresonline.com/> and Wigan Safeguarding Children Board policies and procedures website. <https://www.wiganlscb.com/home.aspx>
- 2.5 This SOP is to help midwifery staff to be more effective when safeguarding issues have been identified in the pregnancy continuum to respond appropriately; to carry out their roles and responsibilities in accordance with Trust and multi-agency policies and procedures.

3. DEFINITIONS

- 3.1. Children' refers to a child or young person up to the age of 18 years including the unborn. This also includes mothers who themselves are under the age of 18.
- 3.2. Safeguarding and promoting the welfare of children is defined as:-
 - 3.2.1. Protecting children from maltreatment.
 - 3.2.2. Preventing impairment of children's health or development.
 - 3.2.3. Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
 - 3.2.4. Taking action to enable all children to have the best outcomes.

(Working Together to Safeguard Children July 2018).

4. NAMED MIDWIFE FOR SAFEGUARDING CHILDREN AND VULNERABLE FAMILIES

- 4.1. The Named Midwife will have expertise in the effects of pregnancy on families in relation to child abuse and neglect and will provide a point of advice and support to staff to ensure a robust communication pathway to provide consistency with reporting safeguarding issues within the Trust and be responsible for participating in local and serious case reviews on behalf of the trust.
- 4.2. The role will include policy development, audit, training and safeguarding supervision as well as required.

5. TRAINING

- 5.1 Staff should have the knowledge and skills relevant to their area of practice to contribute to safeguarding children from harm. Midwives working within WWL NHS Teaching Hospitals Foundation Trust will be required to undertake level 3 Children's and Adults safeguarding training facilitated by the Safeguarding team on a 3 yearly basis.
- 5.2 Safeguarding supervision is essential for all staff when dealing with safeguarding and child protection concerns to ensure practitioners are competent, confident and well supported in their role in Safeguarding Children. (See WWL NHS Teaching Hospitals Foundation Trust Safeguarding Supervision Policy and related standard operating procedures.).

6. INFORMATION SHARING

- 6.1. Information sharing is vital to safeguarding and promoting the welfare of children and young people.
- 6.2. A key factor identified in many serious case reviews has been a failure by practitioners to record information, to share it, to understand its significance and then take appropriate action. (Information sharing - Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers July 2018.)
- 6.3. The Data Protection Act 1998 requires that personal information is obtained and processed fairly and lawfully; only disclosed in appropriate circumstances; is accurate, relevant and not held longer than necessary; and is kept securely.
- 6.4. The Act balances the rights of the information subject (the individual whom the information is about) and the need to share information about them. Never assume sharing is prohibited – it is essential to consider this balance in every case.
- 6.5. Effective information sharing underpins integrated working and is a vital element of both early intervention and safeguarding. (Data Protection Act 1998)
- 6.6. It is important that each agency involved in providing services to children and families has a systematic approach to explain to children and families when they first access services, openly and honestly, what and how information will, or could be shared and why, and seek their agreement.

BOOKING APPOINTMENT

- 6.7. The booking appointment gives midwives the opportunity to meet women and their families at the early stages of pregnancy.
- 6.8. At the booking appointment, the midwife may identify a safeguarding concern when completing the green handheld maternity notes or risk assessment tool. (The purpose of this risk assessment is to identify potential areas of wider health need and to highlight any past or present social problems.) The midwife may also identify a concern on professional judgement. (See Maternity Guideline Obs 111 antenatal booking procedure and Appendix 1 when to initiate a special circumstances referral form SCRF)
- 6.9. Midwife to follow the process within the flowchart in Appendix 1 to safeguard the unborn and support the woman. (See Appendix 1 Safeguarding Flowchart)
- 6.10. Some women following risk assessment may benefit from additional support in pregnancy due to the impact of the safeguarding concerns or vulnerability. (Please see Appendix 3 for Daisy Team criteria)
- 6.11. Midwifery staff if unsure about the need for referral must discuss their concerns with their line manager immediately and/or seek advice from the named midwife for child protection and safeguarding vulnerable families 01942 822821 and Wigan council Children's social care team 01942 828300 if they feel that they need extra support and assistance to ensure the appropriate support and the relevant agencies are involved in the referral process and information is shared in a timely manner.
- 6.12. The midwife must give consideration to the woman's wellbeing and safety whilst eliciting this information; for instance, it is inappropriate and sometimes extremely dangerous to ask a woman about domestic abuse issues in the presence of other people; this includes the woman's partner and other family members. (See trust wide domestic abuse recognition and response policy/ Identification and related midwifery SOP-provision of support to women experiencing domestic abuse in pregnancy).
- 6.13. It may also be beneficial to consider an antenatal home visit to assess the 'wider picture' to identify factors that pose a risk to emotional and social well-being of the unborn in families that appear to be in need of additional support/chaotic lifestyle/non engagement with services etc. (NICE 2012).
- 6.14. With women whose first language is not English, it may be necessary to obtain the services of an independent interpreter/ use language line, as it not appropriate to use family members or partners for this purpose, as this may place the woman at risk.

7. SAFEGUARDING CONCERNS IDENTIFIED AFTER BOOKING/AT ANY TIME DURING THE PREGNANCY CONTINUUM

- 7.1. The process as outlined in Appendix 1 should be followed and any concerns discussed-with their line manager or safeguarding lead within their department as soon as possible and advice sought from the Named Midwife for child protection and safeguarding vulnerable families (01942 822821), and Wigan children's social care (01942 828300), to assist the midwife in referring appropriately to the relevant services to ensure the appropriate support and agencies are involved and information is shared appropriately and in a timely manner.
- 7.2. The midwife must also give consideration to the points raised in 8.5, 8.6 and 8.7 when safeguarding concerns are disclosed at any time during the pregnancy continuum.

8. OUT OF AREA CONCERNS

- 8.1 National and regional safeguarding/child protection alerts are emailed to the named midwife for child protection and safeguarding vulnerable families
- 8.2 The alerts are filed on the maternity safeguarding alerts shared drive and all midwives can access this drive, should a woman present from out of area.
- 8.3 Midwives should also use professional curiosity/judgement and liaise with the relevant midwifery unit/ social care in the relevant area if a lady presents at WWL from another borough/ out of area if not on the out of area alerts on the shared drive.
- 8.4 Midwives should also check if a CP-IS alert is linked to the mother's record on the NHS spine- to indicate a child protection plan on the unborn. Midwife to check with the midwife who has access to the NHS spine in your place of work/ seek advice and support from the safeguarding team to check the NHS spine. (See trust wide CP-IS SOP for further information).
- 8.5 The process as outlined in Appendix 1 should be followed and midwife must discuss their concerns with their line manager or safeguarding lead within their department immediately and seek advice from the Named Midwife for child protection and safeguarding vulnerable families 01942 822821.

9. ATTENDANCE AT MULTI-AGENCY MEETINGS

- 9.1. Midwives can provide vital information in terms of assessing and managing potential risk to the mother and/or the unborn baby. Attendance at Multi-agency meetings should be a priority for the midwife who has knowledge of the family.
- 9.2. A strategy meeting/discussion may be arranged following a social care referral for an unborn after referral, to instigate Section 47 Enquires.
- 9.3. The purpose of the Section 47 Enquiry is to determine whether any further action is required to safeguard and promote the welfare of the child/children who is/are the subject of the Enquiry.

10. OUTCOME OF SECTION 47 ENQUIRY

- 10.1. Child in Need one of the outcomes of the Section 47 Enquiry is that the unborn child may not be at risk of significant harm but may be in need of support to prevent issues worsening.
- 10.2. In such circumstances Children's Social Care will either step the case down if it does not meet Children Social Care threshold or, work with the family and other agencies to develop a Child in Need action plan to address the identified needs and outcomes to be achieved and within what times scales.
- 10.3. Regular child in need multi-agency meetings will be held with the family and all relevant agencies to review progress with achieving the outcomes and it is essential that the midwife attends.

11. CHILD IN NEED OF PROTECTION (See Wigan Safeguarding Partnership Threshold of needs)

- 11.1. Another possible outcome of the Section 47 Enquiry may be that there is evidence that the unborn baby is suffering or at risk of suffering significant harm once born.

- 11.2. In these circumstances Children's Social Care will convene an Initial Child Protection Conference and will need to consider the most appropriate timing for this to be held.
- 11.3. The aim of the conference is to ensure all the information is brought together from all relevant agencies and analysed. If the Child Protection Conference decides that the child is likely to suffer significant harm once born, a child protection plan will be drawn up that focusses on outcomes to be achieved, by whom and within what timescales.
- 12.4. When preparing for an Initial Child Protection Conference, which will usually be held no later than 24 weeks gestation, the midwife should compile and submit a written report, with support from the Named Midwife for child protection and safeguarding vulnerable families and a copy should be filed within the main maternity hospital case notes and emailed securely to the IRO at safeguarding team/ egress secure email. (See Maternity Z Drive Safeguarding alerts folder for Case Conference Template).

12. ADDITIONAL CONSIDERATIONS

- 12.1. Parental bonding with the new-born is expected and encouraged however there may be circumstances where it is deemed necessary for this contact to be supervised.
 - 12.2. If there are concerns regarding the safety of the new-born in the presence of the mother/parents, until there is a court order there can be no action to limit contact between a baby and mother, unless there is voluntary agreement to do so. (Greater Manchester Tri X Procedures). These agreements should have been made prior to delivery by children social care, the police, named midwife safeguarding, hospital staff and any other relevant agency and the plan discussed/agreed with the parents by the allocated social worker for the unborn.
 - 12.3. The risks posed should be identified and any requirement for supervision needs to be discussed. The decision as to whether it is safe for parents to remain unsupervised within the maternity departments should be a multi-agency one which must be agreed by the hospital staff and social care and all relevant agencies.
 - 12.4. Prior to admission, and ideally prior to 36 weeks gestation, if there are any specific risks to be considered including the need for parental supervision, a maternity multi-disciplinary meeting should be arranged, via the allocated midwife and the Named Midwife for child protection and safeguarding vulnerable families, to formulate and agree a robust plan. This plan must be filed within the main hospital case notes (See maternity Z Drive safeguarding alerts folder for Multi-Disciplinary Meeting Template).
 - 12.5. If there is a Court order regulating the contact that an adult can or cannot have with the child/children, that information must be recorded, and a copy filed in the hospital record.
 - 12.6. If the case escalates to court proceedings at birth, any copies of court orders must be filed within the hospital case notes and documented clearly on the pre discharge paperwork (See maternity Z Drive safeguarding alerts folder for the Maternity Postnatal safeguarding booklet template).
- ## **13. POLICE PROTECTION ORDER/EMERGENCY PROTECTION ORDER**
- 13.1. If a baby is on a child protection plan and the mother/family attempt to remove the baby or where there is an immediate risk to the life of a child or a likelihood of serious immediate harm, it will be necessary for staff to contact the police to obtain an immediate Police Protection Order (PPO) empowering the hospital to detain the child for up to 72 hours.

Under section 46 of the Children Act 1989, where a police officer has reasonable cause to believe that a child would otherwise be likely to suffer significant harm, the officer may:

- 13.1.1. Remove the child to suitable accommodation and keep him there; or
- 13.1.2. Take reasonable steps to ensure that the child's removal from any hospital or other place in which the child is being accommodated is prevented.

- 13.2. However, in circumstances where staff have grave concerns that parents may potentially attempt to remove the baby from the ward or where there is a potential risk to the life of a child or a potential likelihood of serious immediate harm, but have not yet attempted to do so, social care can be contacted to discuss/seek an Emergency Protection Order (EPO) in order to detain the baby in hospital, whilst care proceedings are put in place. (Also see Trust wide SOP Infant/Child Abduction). The court may make an emergency protection order with respect to a child, under section 44 of the Children Act 1989, if it is satisfied that there is reasonable cause to believe that a child is likely to suffer significant harm if the child.

13.2.1. is not removed to different accommodation.

13.2.2. does not remain in the place in which the child is then being accommodated.

('Working together to safeguard children' A guide to inter-agency working to safeguard and promote the welfare of children-July 2018).

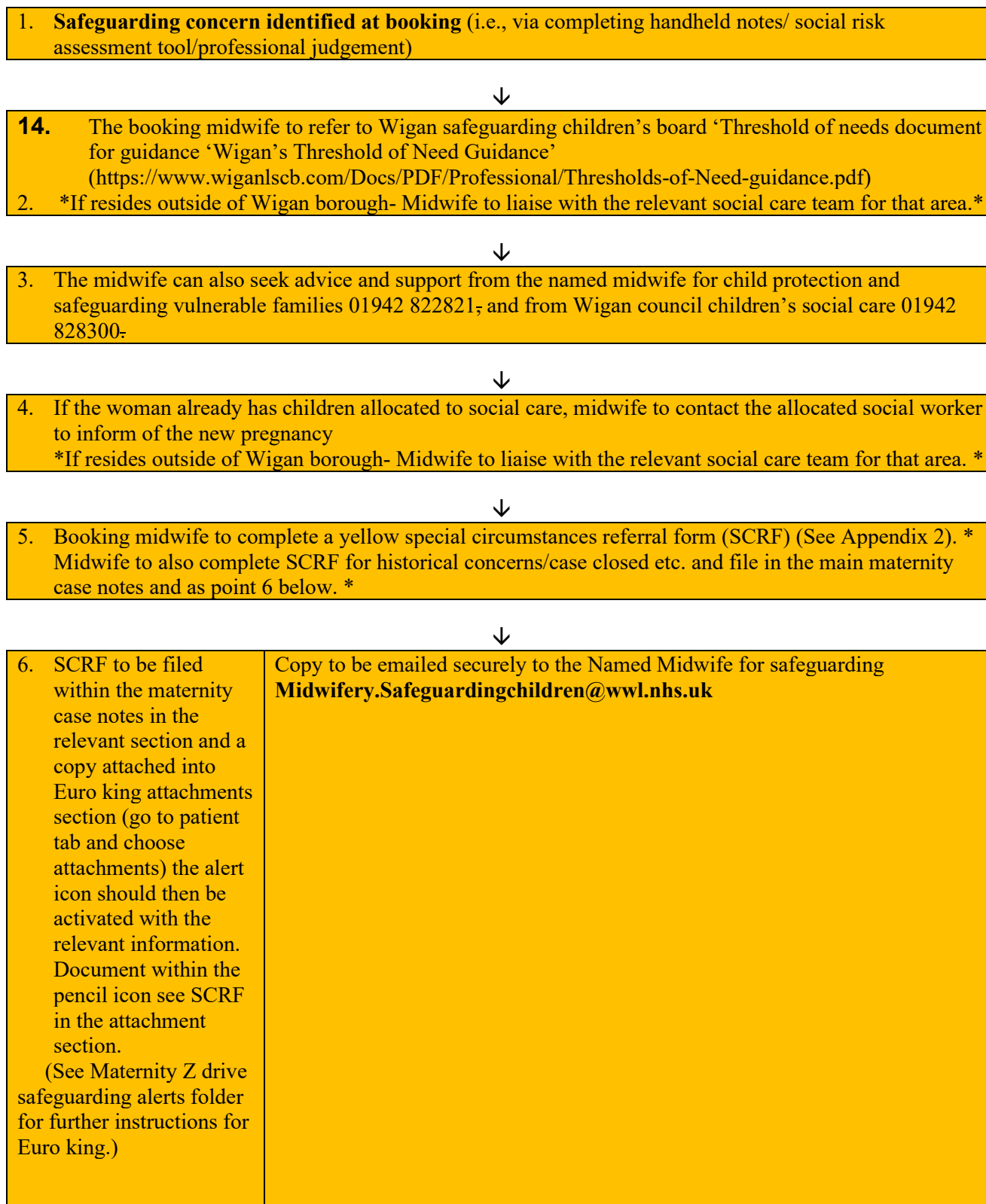
15 HUMAN RIGHTS ACT

Implications of the Human Rights Act have been taken into account in the formulation of this document and they have, where appropriate, been fully reflected in its wording.

16 ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g., large print, Braille and audio cd.

For more details, please contact the HR Department on 01942 77 3766 or email equalityanddiversity@wwl.nhs.uk

Appendix 1**Midwifery Safeguarding Flowchart**

7. If the antenatal safeguarding contact is a physical visit, midwife to also document in the antenatal contacts section on Euro king.



8. **If extra support is required, please consider referral to the multi-Agency panel meeting by securely emailing a copy of SCRF.** This is for consideration by Daisy Team, specialist health Visitor, and Start well.

See appendix 3 for daisy team criteria and multi agency panel outcome form.



9. The Booking in midwife may also consider early help/Start well support if not open to social care.

(Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Effective early help relies upon local agencies working together to identify children and families who would benefit from early help by Undertaking an assessment of the need for early help; and provide targeted early help services to address the needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.)

These cases should also be referred in via the SCRF to the Multi-Agency panel meeting and feedback will be emailed back to the referring midwife with guidance/instruction via the multi-Agency panel meeting outcome form.

The booking in midwife can also seek advice from Wigan council children's social care team 01942 828300/ refer in via this route.



10. If SCRF is referred to multi-Agency panel, the referring midwife will receive a Panel meeting outcome form with guidance/instruction after the case has been considered at the Multi agency panel meeting.(Copy also emailed to the named midwife safeguarding)

See Appendix 4 for Multi-Agency panel outcome form.



11. If the case requires escalating to social care- level 4 threshold (see Wigan Safeguarding Partnership Threshold of needs for further guidance)

Refer in line with Wigan council pre-birth protocol and contact-01942 828300 (Wigan children's social care)-to discuss the case and complete the online professional referral form as per Wigan Council pre-birth protocol www.wigan.gov.uk/professionalreferralform

.. * IF FROM OUT OF AREA/ RECENTLY MOVED- MIDWIFE TO CONTACT THE RELEVANT LOCAL AUTHORITY SOCIAL CARE FOR FURTHER INFORMATION AND TO REFER/LIAISE WITH THE APPROPRIATE SOCIAL CARE TEAM.*



12. All midwives to continue to contemporaneously update within the 'Pencil' icon on Euroking all safeguarding documentation with a short summary of the concerns. A special circumstances continuation sheet must be attached for any substantial/lengthy safeguarding information/ updates



13. In the postnatal period, the maternity postnatal safeguarding booklet will continue to be used as this has the postnatal parenting tool within it, this can remain handwritten for all safeguarding information, but the midwives can also utilize the Euro king pencil for a short summary of any safeguarding. The booklet should be scanned onto Euro king and attached with a reference made in the pencil to indicate that this is attached on postnatal discharge from maternity ward.
* NB -The pencil icon will have a red line underneath it when information is added *



14. **If level 4 /Social Care Threshold** - all community midwives (or ANC midwife for core patients) regardless if under care of community midwife or Daisy team. To complete the safeguarding alert following case conference/by 36 weeks gestation for Child in Need/Child Protection Plan/or likely legal proceedings at birth and attach a copy to Euro king and write in the pencil-Safeguarding alert attached. Midwife to also email a copy to the **Midwifery.Safeguardingchildren@wwl.nhs.uk** inbox to alert the Named midwife in the safeguarding team who will file a copy within the main maternity case notes and in the maternity safeguarding alerts file on the maternity z drive to ensure that all midwives and the neonatal unit have access to the safeguarding alerts.
15. Midwife to continue to contemporaneously update the 'pencil' icon on Euro king with a summary of meetings/social worker communication and all safeguarding concerns and to complete special circumstances continuation sheet for any substantial/ lengthy safeguarding information and attach to Euro king with the exception of the postnatal inpatient period which will remain handwritten in the postnatal maternity safeguarding booklet that can also be used for inpatient postnatal documentation in conjunction with the pencil icon on Euro king.



16. Any complex safeguarding cases should be considered at a Maternity Multi-Disciplinary meeting (MDT) in a timely manner ideally prior to 36 weeks gestation- Allocated midwife to liaise with the Named Midwife Safeguarding to arrange and invite all relevant professionals.



17. On admission to hospital, midwifery staff to check for the alert tab on Euro king and familiarise themselves with the safeguarding information on the 'Pencil' icon on Euro king and any attachments and follow the safeguarding plan. A copy of the safeguarding alert can also be located on WWL maternity Z drive 'maternity safeguarding alerts' and in the main case notes as a failsafe. (See Maternity Z Drive Safeguarding alerts folder for Safeguarding Alert Template).



18. Following delivery, hospital midwife to complete the postnatal parenting assessment tool found within the maternity postnatal safeguarding booklet on each shift for all women with active safeguarding

concerns.

Postnatal inpatient safeguarding documentation should continue to be contemporaneously updated (handwritten) within the postnatal maternity safeguarding booklet in conjunction with the pencil icon on Euro king.

On discharge home, this booklet should be scanned onto Euro king, with an entry on the pencil to indicate that the booklet is attached and then filed into the main maternity case notes.



19. Any safeguarding concerns arising in the postnatal period should be documented on the Pencil ICON until discharge from midwifery care.

***Should any safeguarding concerns arise at any time other than at booking,** seek advice as needed from your line manager, Named Midwife Safeguarding 01942 822821, and Children's social care 01942 828300 and refer to the same process as above.

*Out of area concerns/ Women presenting from out of borough, midwife to contact the relevant social care team and midwifery team for that region to gather relevant safeguarding information and then follow the process as above. *

Appendix 2

Special Circumstances Referral Form (SCRF)

Directorate of Obstetrics and Gynaecology
 Surgical Division

Name:	EDD: Dating Scan date:
Address:	DOB:
Telephone Number:	Unit number: NHS number:
Father Name/DOB:	Midwife/Team:
Partner Name/DOB if different to Father to unborn:	GP Name/Practice/Tel no:
Ethnicity: Language spoken:	Interpreter required: Yes /No


Names of other Children	D.O.B	Resides at Home (if not provide details)	School / Nursery Attends
Name of Parent / Carers	D.O.B	Address (if different from above)	Contact Number
Significant others/who else lives at home			

Other Agencies/Professionals Involved		
Agency	Name	Contact Details

Summary of Concerns/Support required/Actions Taken (please include, safeguarding concerns, social/environmental issues)

Is there a Mental Health concern? (Please document diagnosis, medication, support offered – see prompt card and amber or red MH threshold)

Please send the completed Special Circumstances referral form to the following partners:

Referral to	Y/N	Date	Email/Consent Obtained
Daisy Team (Will consider startwell referral)			wwl-tr.ihst@nhs.net Telephone 01942 822772
Social Care referral			Name of social worker (if known to social care)
Mental Health Midwife Referral			PNMH.MW@wwl.nhs.uk
Learning Disability Team/			Complete screening questions as per SOP TW19-036 Maternity Process for Women with Learning Disability/ Learning Difficulty/Hidden Disability/Autism and complete referral form  learning disability liason team referral form
Domestic Abuse support Needed			Tel 01942 778789 (hospital IDSVA) Follow Domestic Abuse in Pregnancy identification and provision of support TW16-022 SOP1
Email Copy to Named Midwife Safeguarding			Midwifery.Safeguardingchildren@wwl.nhs.uk
Copy to GP/HV			
Home start referral			admin@hsts.org.uk

Details of Midwife completing the form **form will not be accepted without this**

Name:

Team:

Date:

**Copy of SCRF to be printed on yellow paper and placed in maternity case notes, copy to be attached to euro king record(See Maternity Safeguarding SOP for further guidance.)*

Appendix 3**Daisy Team Referral Criteria****CRITERIA FOR REFERRAL TO DAISY TEAM**

Referrals will be made via the special circumstances referral form and reviewed for women who meet one or more of the criteria below. A traffic light system will be used when consideration is given for accepting on to the Daisy Team caseload. The review will allocate a Red, Amber or Green flag. Every effort will be made to accept women who are categorised Red, those who are Amber may be accepted on to the caseload depending on numbers, but if declined to the Daisy team the woman will be referred to Universal midwifery services with support available from the Daisy Team. All Green flags will be referred back to Universal midwifery services.

- Women suffering significant mental health issues (Red Flag)
- Women with significant substance misuse
- Women suffering from domestic abuse making them at risk of significant harm or death
- Teenage pregnancy 18 years and under
- Teenage age 19 with an additional risk factor
- Complex safeguarding: including care leavers, risk of baby being removed, case at Child Protection Level or if at Child in Need Level with potential to escalate
- Current/previous Child Sexual Exploitation or criminal exploitation
- Asylum seekers / refugees with complex needs
- Women with a significant learning disability/difficulty & autism
- Women who have suffered from Adverse Childhood Experiences
- Women with a physical disability that may cause safeguarding issues/need an MDT approach

NB COC pathway can only be offered to women who wish to birth at WWL.

Women who choose to birth with a different provider and live within the Wigan Borough will continue to be offered a traditional model of care with support to the community midwives from Daisy Team if necessary

Appendix 4

Multi Agency Panel Outcome Form

Multi Agency Panel Outcome Form

Name:

DOB:

Address:

Postcode:

Tel No:

The above woman was discussed at the multi-agency panel meeting on:

The outcome from the meeting was:

1. Client to be offered Specialist Health Visitor service – Midwifery and health visiting will be informed once the mother has accepted the Programme. Midwifery & Health visiting will be informed at a later date if the client does not accept the service	
2. The client is eligible for a Specialist Health Visitor, but the programme is at capacity therefore the referral is returned to community midwifery and routine health visiting for support.	
3. The client has met the Daisy Team criteria and has been accepted for this service.	
4. The client has met the Daisy Team criteria, but the programme is at capacity; therefore, the referral has been returned to community midwifery and health visitors for support.	
5. The client will be triaged for Start Well support.	
6. The client does not meet the criteria for Specialist HV, Daisy Team or Start Well at this time and referred back to community midwifery and health visiting.	

Please refer back to the multi-agency panel if the women's needs change or there is any additional information and concerns.

<u>Summary of concerns:</u>	
<u>Services/Agencies contacted:</u>	<u>DATE:</u>
<u>Outcome & Recommendations:</u>	

Signed / Role: _____		Date: _____
Telephone Number: _____		
Copy emailed / sent to the referrer and other agencies for information:		
Referring midwife	Y/N	
Community midwifery Safeguarding link:	Y/N	
Named midwife safeguarding:	Y/N	
Named HV or HV Team:	Y/N	
GP:	Y/N	
Start well Hub		Y/N
Specialist HV	Y/N	
Copy filed Midwifery case notes:	Y/N	

Appendix 5

References

- Data Protection Act (1998).
- Greater Manchester Safeguarding Partnership
<https://greatermanchesterscb.proceduresonline.com/chapters/contents.html>
- HM Government (July 2018) Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children. London: The Stationery Office
- Information sharing - Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers (July 2018)
- National Institute for Health and Clinical Excellence (NICE) (May 2019) 'Social and emotional well-being for children and young people' National Institute for Clinical Excellence, London
- The Children's Act (1989):DfES. London
- The Children's Act (2004): DfES. London
- The Human Rights Act (1998)