STANDARD OPERATING PROCEDURE:

FOR PRE-BIRTH COMMUNICATION BY THE PUBLIC HEALTH NURSING SERVICE, MIDWIFERY & GENERAL PRACTITIONERS

|  |  |
| --- | --- |
| Version: | 3.0 |
| Date of Issue: | 01/2023 |
| Review Date: | 01/2026 |
| Updated by: | Liz Wheatley PHN Named Nurse for Safeguarding Children.  Dawn Sherry Named Midwife Safeguarding for Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust.  Dr Jo Nicholl Designated Doctor for Safeguarding Children NHS Somerset Integrated Care Board. |

**DOCUMENT CONTROL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reference:** | **Version: 3** | **Status:** | **Authors:**  LW/DS/JN |
| **Amendments:** | April 2022 revised and updated communication form  January 2023 removal of communication form | | |
| **Approving Body:** | Somerset ICB Quality Committee | **Date: 15.02.2023** | |
| SFT Safeguarding Committee | **Date: 16.02.2023** | |
| Maternity / Neonatal Governance Group | **Date: 08.03.2023** | |
| PH / SCC | **Date: 03.02.2023** | |
| **Equality Impact Assessment:** |  | **Date:** 01/2022 | |
| **Ratification Body:** | Somerset ICB Quality Committee | **Date: 15.02.2023** | |
| SFT Safeguarding Committee | **Date: 16.02.2023** | |
| Maternity / Neonatal Governance Group | **Date: 08.03.2023** | |
| PH / SCC | **Date: 03.02.2023** | |
| **Date of Issue:** | 01/2023 | | |
| **Review Date:** | 01/2026 | | |
| **Contact for Review:** | Liz Wheatley PHN Named Nurse for safeguarding Children. | | |
| **Lead Directors:** | Sarah Ashe Associate Director of Safeguarding, Mental Health, LD and autism, Somerset ICB.    Richard Painter, Director of Safeguarding, Somerset NHS Foundation Trust  Trudi Grant - Director of Public Health, Somerset County Council | | |

**CONTRIBUTION LIST Key individuals in developing the document**

|  |
| --- |
| **Designation or Group** |
| Liz Wheatley (LW), Named Nurse Safeguarding Children PHN Safeguarding Service -Somerset NHS Foundation Trust |
| Dawn Sherry (DS), Named Midwife Safeguarding for Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust |
| Dr Jo Nicholl (JN), Designated Doctor for Safeguarding Children NHS Somerset Integrated Care Board |

**VERSION CONTROL - CHANGE RECORD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Author** | **Version** | **Page** | **Reason for Change** |
| 05/2022 | All original authors | 1 |  |  |
| 31/08/2022 | All original authors | 2 |  | Update 2yrs post introduction.  New communication form. |
| 20/01/2023 | All original authors | 3 |  | Removal of communication form due to new maternity digital records and introduction of information sharing with paternal GP. |

**REVIEWERS/CONTRIBUTORS**

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Version Reviewed & Date** |
| Sarah Ashe | Associate Director of Safeguarding, Autism, Mental Health and LD, Somerset ICB | Version 2 / 30.09.2022 |
| Maria Davis | Designated Nurse Safeguarding Children, Somerset ICB | Version 2 / 24.11.2022  Version 3 / 03.02.2023 |
| Rachael Parker | Head of Public Health Operations | Version 3 / 03.02.2023 |
| Trudi Grant | Director of Public Health, Somerset County Council | Version 3 / 03.02.2023 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Content Page**

Introduction 5

Process 6

Flowchart 8

Professional responsibility 9

Risk Assessment 9

Accountability 9

Related documents 1

**INTRODUCTION**

**Purpose**

1. This Standard Operating Procedure (SOP) is designed to ensure that all midwives, health visitors and GP’s assess and communicate risk collectively and in a standardised format in relation to unborn babies.
2. To define and standardise communication between partner services and agencies at the earliest stages of pregnancy to safeguard unborn babies.
3. Outline responsibilities to ensure services adherence to Southwest Child Protection Procedures Pre-birth Protocol and Working Together 2018 to safeguard unborn babies.

**Who should read this document?**

This Standard Operating Procedure is applicable to all GP services, Public Health Nursing services and Midwifery Services across Somerset, they include those employed on a fixed term contract, honorary contract, agency or locum staff, students affiliated to educational establishments and volunteers

These guidelines will also inform health service practitioners and allied professionals of the process for communication in the pre-birth period, the requirement to contribute risk information and participate in the assessment process

**Key messages**

This Standard Operating Procedure (SOP) provides a framework for the effective communication between health professionals in relation to identifying, assessing and communicating safeguarding risks in relation to unborn babies.

This SOP should always be considered alongside Southwest Chid Protection Procedures, the Somerset Safeguarding Children Partnership (SSCP) Pre-birth Protocol/toolkit and Working Together to Safeguard Children 2018 and be understood that consistent standardised communication is the essence of working together to safeguard children

All risk information should be shared to facilitate clear identification and action in respect of an unborn baby’s needs. The sharing of risk information should lead to collective decision making. See [Somerset pre-birth protocol](https://www.proceduresonline.com/swcpp/somerset/p_prebirth_sg_unborn.html) for clarity in relation to risk information to be shared. Explicit consent should be sought for wider multiagency sharing/referrals unless it is likely to place the unborn or a family member at risk of significant harm.

**1 Safeguarding Unborn Babies/ Process Description**

* 1. There is an expectation that review of safeguarding information and associated actions will be commenced by all professionals in a timely manner, namely on receipt of midwifery booking (by 12wks gestation) or as soon as pregnancy notification receipted for late midwifery bookings.

* 1. In accordance with Working Together to Safeguard Children (2018) all professionals should consider if there is any information they hold relating to any family member that would indicate a potential risk to unborn baby/ies (by 12wks gestation or as soon as booking receipted for late midwifery bookings).
  2. All identified risks related to unborn baby should be shared consistently by all professionals in order that a collective assessment can be undertaken which includes a comprehensive understanding of the risks and protective information.
  3. The forum for information sharing can take many forms including maternity booking forms, Early Help Assessment (EHA’s), strategy discussion, Child Protection meetings and reports, Child in Need meetings, Team Around the Family (TAF), primary care safeguarding/child protection meetings (to be quorate includes GP, Midwife, Health Visitor) and/or professional liaison forums.
  4. If there is a wider professional team working with any one of the prospective parents or associated family members, (e.g.SIDAS, CAMHS) they too should be informed of the pregnancy and invited to share safeguarding information which will inform any safeguarding assessment. If additional/complex concerns have been noted, then consent should be obtained from the parent / family member to share information.
  5. The Effective Support for Children and Families in Somerset should be used alongside the pre-birth protocol (SWCPP) and Somerset pre-birth toolkit to determine the level of support indicated.
  6. Dependant on the level of support the unborn baby requires, key health service professionals will undertake referrals, identify lead professional and commence Team Around the Family (TAF) meetings to ensure ongoing communication, sharing of risk information and contributing to action plans and assessments throughout the length of pregnancy.
  7. Given the short window of opportunity that pregnancy allows, there should be regular communication and reviews between professionals involved in supporting the parents and wider family. Good practice is that these should take place a minimum of monthly.
  8. All the forums for communication must follow standardised processes and clearly outline the following
     1. Prospective parent’s involvement in the plan

* + 1. The agreed actions to improve the outcomes and/or safeguard and protect the unborn baby.
    2. Clearly state who is responsible for each SMART action and when SMART actions will be reviewed.

1. **flowchart/algorithm**

Maternity booking form sent to maternal and paternal GP & HV ideally by 12wks. If additional/complex or acute needs are identified this will be recorded within the booking form.

GP and HV will review local service records including maternal, paternal and sibling records. If any risks identified share with all professionals working with family (ideally by 16weeks).

If additional concerns are raised, then progress to multiagency discussion to agree actions, including undertaking EHA in order to establish level of effective support, and subsequently coordinate TAF, or acute child protection referral where indicated.

Midwife will in the first instance be lead Professionals but this can be reappointed by agreement of all professionals and expectant family. If family meet Child Protection threshold then Named Social Worker will become lead.

Continually share and assess regarding any new risks receipted by any service.



All actions should be completed in a time bound manner and outcomes shared with all involved professionals**.**

1. **Professional Responsibility** 
   1. All health professionals should access regular and consultancy safeguarding supervision advice via their safeguarding lead or service single point of contact.

* 1. All health professionals have access to and should be compliant with participation in safeguarding supervision as per the Intercollegiate Document (2019)
  2. All health professionals will be familiar with the related procedural documents and guidelines and their role in relation to working together to safeguard unborn babies and children.
  3. All health professionals should make both the information they hold in relation to risk available to all professionals undertaking assessments and make themselves available to contribute to the assessment decisions.

1. **Risk Assessment** 
   1. Non-compliance with the Standard Operating Procedure and related guidance poses the risk of serious incidents.
   2. Where non-compliance is identified this should be considered as a near miss and the service incident reporting systems utilised.

* 1. Serious incidents will be reviewed in line with the respective health service reporting systems and oversight mechanisms

1. **Governance Arrangements** 
   1. Analysis of SSCP Rapid Reviews, Local Child Safeguarding Practice Reviews and serious incident reports will allow the Named Midwife, Named PHN and Named GP for Safeguarding to assess the effectiveness of and compliance with this procedural guidance.
2. **Documents that should be read in Association with this SOP**

**Legislation**

Working Together to Safeguard Children 2018

**Guidance**

Southwest Child Protection Procedures Prebirth Protocol

SSCP Effective Support for Children and Families in Somerset

Intercollegiate Document 2019

**Toolkits**

SSCP prebirth planning toolkit

**References and Links**

[https://www.proceduresonline.com/swcpp/](https://www.proceduresonline.com/swcpp/%20)

<https://sscb.safeguardingsomerset.org.uk/effectivesupport-documents/>

[https://sscb.safeguardingsomerset.org.uk/neglect](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsscb.safeguardingsomerset.org.uk%2Fneglect&data=02%7C01%7CJMRoss%40somerset.gov.uk%7Cdca7194de41a4051934908d7fc0d6b13%7Cb524f606f77a4aa28da2fe70343b0cce%7C0%7C0%7C637255006864568870&sdata=NE%2BpTQNyolfYwjy6Gjg7mpstZFZA61lAMRqMiMR97A0%3D&reserved=0)

Intercollegiate Document ‘Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff’: RCN 2019

Working Together to Safeguard Children: Department for Education 2018