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Safeguarding in Maternity services: A guideline for practice

Introduction

The NMC code of conduct states that all midwives and nurses must "Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection". In order to achieve this it states "all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse" must be taken and information MUST be shared "if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information". The Social Services and Well-being Act Wales (2014) supports this and placed a legal duty on health professionals to report children or adults at risk.

The Childrens Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Physical Abuse, Sexual Abuse, Emotional Abuse, financial abuse and Neglect are all categories of Significant Harm. That is to say when the harm experienced by the child or likely to be experienced by the child is having an effect on their health and development compared with that of a similar child, that harm would be classed as significant harm.

The words "woman" and "women" have been used throughout this document as this is the way that the majority of those who are pregnant and having a baby will identify. For the purpose of this document, this term also includes girls. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity

Aim and objectives

- Safeguarding children can be defined as actions taken to promote the welfare of children and protect them from harm. This can include; protecting children from maltreatment, preventing impairment of children's health and development, ensuring that children grow up in circumstances consistent with the provision of safe and effective care and enabling all children to have the best outcomes. This guideline therefore aims to ensure all children are safeguarded effectively and appropriately at all times, in line with national procedures and guidance.
- To include safeguarding of the unborn baby, newborn baby, any siblings that could be impacted and the Mother or Father themselves if under the age of 18.
- To provide staff with procedural guidance facilitating a standardised approach.
- To ensure staff have a good knowledge base and an understanding of the process and rationale involved.
- To improve knowledge and therefore competence and confidence.

Scope

This guideline applies to all staff within Maternity services

Documents to read alongside thisProcedure	Adoption and Children's act 2002Children's Act 1989 Wales safeguarding procedures 2019 Social services and wellbeing act 2014 Domestic abuse in Maternity services
Group consulted Via/Committee	Maternity Professional Forum / O&G Quality & Safety
Accountable Executive or Clinical Board Director	

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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Review date
2	January 2009	January 2009	January 2012
3	December 2011	January 2012	January 2015
4	January 2017	February 2017	February 2020
5	June 2018	10/07/2018	June 2021
6	November 2022		
7	7/2/2024	7/2/2024	

1 Table of Contents

1 Trigger List for Referrals

- Previous children in the family have been removed
- Mother or Father to the unborn baby is a child themselves and is in foster care (or care of the local authority in a residential placement)
- Other children in the family have their names included on the child protectionregister.
- Consideration to be given to any transferrable risk if other children in the family are open to social services for a care and support plan
- The expectant mother/father has previously abused or allegedly abused a child; this can include convictions for physical abuse of a child, child neglect or child sexual offences.
- The expectant Mother, Father, Partner, or someone they are regularly in contact with has a criminal history where there is a transferrable risk to a child, i.e. substance misuse, violence including domestic violence, child or animal abuse, etc
- The Mother or Father to the unborn is under the age of 13 (12 or under), or one party is under the age of 16 and the other over (i.e. Expectant Mother is 14 and Father is 17).
- Female genital mutilation (FGM) in a child under the age of 18 or intention/risk of FGM in any child, including female siblings.
- Concern regarding potential internal or external human trafficking and/or child sexual exploitation.
- Any significant harm to a child witnessed by staff, either physical, emotional,sexual, or prolonged/significant neglect.
- A bruise not previously identified (i.e. not from birth) on an immobile baby.
- The expectant Mother reports she wishes for the baby to be put up for adoption. (see point
- Concerns about compromised parenting capacity for example:
  - Significant learning difficulties
  - Serious mental health problems (including a previous history of puerperal/postnatal psychosis where there were concerns regarding parenting capacity);
  - Alcohol or substance abuse (could be affecting the health of an unborn baby, and may significantly impair parental capacity);
  - Serious or persistent incidents of domestic abuse (which give cause for concern about a child's safety or well-being).
  - A very young expectant parent may require a dual assessment of her/his ownneeds as a child, as well as her/his capacity to meet the baby's needs (please refer to section on safeguarding of under 18s in maternity)
  - The lifestyle of the expectant mother and/or the people she is in contact with issuch that the child may be at risk at birth;

Back to Contents

2 Concern Identified

- Please refer to trigger list above for child protection concerns.Please note however that this list is by no means exhaustive and simply provides clear indicators. Please liaise with the safeguarding team if unsure about a child protection concern.

- For a child protection referral, it is best practice to discuss your concerns with the parents and receive consent to share information. The only reason not to discuss concerns is if you feel this would place the child, parent or yourself at risk of further significant harm.

- If the referral however is completed for a well-being assessment (previously known as child in need), where there is no child protection concern, but it is felt the family require extra support through services, consent is always required.

- It is always important to remember the principles of confidentiality. However, the right to confidentiality is not absolute and where there is a serious safeguarding risk to the health, safety or welfare of a child or others, this, as always, outweighs the person's right to privacy. The patient should also be made aware of this.

Back to Contents

3 Referral process

- All referrals to social services should be completed on the appropriate local authorities', multi-agency referral forms (MARF) found on sharepoint on the 'safeguarding children' intranet page or on the following link Make a Referral . Any urgent referrals should be phoned through to children's services and then followed up with a written referral (within 48 hours). Referrals for an unborn baby should be completed from 12 weeks gestation onwards, ideally with confirmation of a viable pregnancy. Earlier referrals will not be accepted unless there are other children potentially at risk in the family. Example MARF available on point of this guideline.

- Information within the referral form should be as comprehensive as possible. All known names and identifiable information for members ofthe household should be included, as well as any known risks to staff and a detailed account of the nature of the concern, and the potential impact upon the child. If the Mother is unable to provide the name of the father to the baby please ensure this is outlined in the body of the referral.
- All multi-agency referral forms, for any local authority, should be completed on a computer and e-mailed to safeguarding.referrals@wales.nhs.uk from an NHS computer using the practitioners NHS email account.

- These referrals are then received by the Cardiff and Vale UHB safeguarding team and forwarded on to the appropriate local authorityfor discussion.

- Social services to then inform referring agency of the outcome of the referral via telephone or post, within 10 working days. It is however the responsibility of individual employees and professionals to ensure that their child protection concerns are followed through. Therefore, if no response is received in the appropriate time scale, this should be followed up with a phone call to the relevant local authority.

- Initial assessment by social services to be completed (ideally) within 7 working days of receipt of the referral. Or within 24 hours if immediate child protection concern identified.

- Case conference to be routinely convened between 24-32 weeks gestation ifchild protection section 47 enquiry determines there is a substantiated risk of harm. Named community midwife to attend with written report in line with All Wales Child Protection Procedures. Template available on clinical portal.

- Named community midwife to take overall responsibility for co- ordinating individual child protection or child in need cases. All electronic maternity databases and handheld notes to be updated (if accessible) with relevant details, including name of social worker, any relevant warning markers for involved staff and outline of the plan, including the category of abuse if unborn to be placed on child protection register.

- Any patients with ongoing involvement or assessments undertaken by social services should be offered referral to the ELAN team or flying start

  team (in the Vale), for more intensive antenatal care. If the patient declines referral, the named community midwife should continue to co-ordinate the care, but to liaise with safeguarding midwife to ensure all appropriate measures are taken to safeguard effectively.

- Core groups following a case conference to be attended in line with Wales Safegarding Procedures. Initial core group within 10 workingdays of the child protection conference, and every 4 weeks thereafter. Any changes to the child protection plan should be updated on the electronic maternity system.

- Care and support meetings (previously known as child in need) to be attended at regular intervals throughoutthe pregnancy and postnatal period, to ensure all support needs are met.

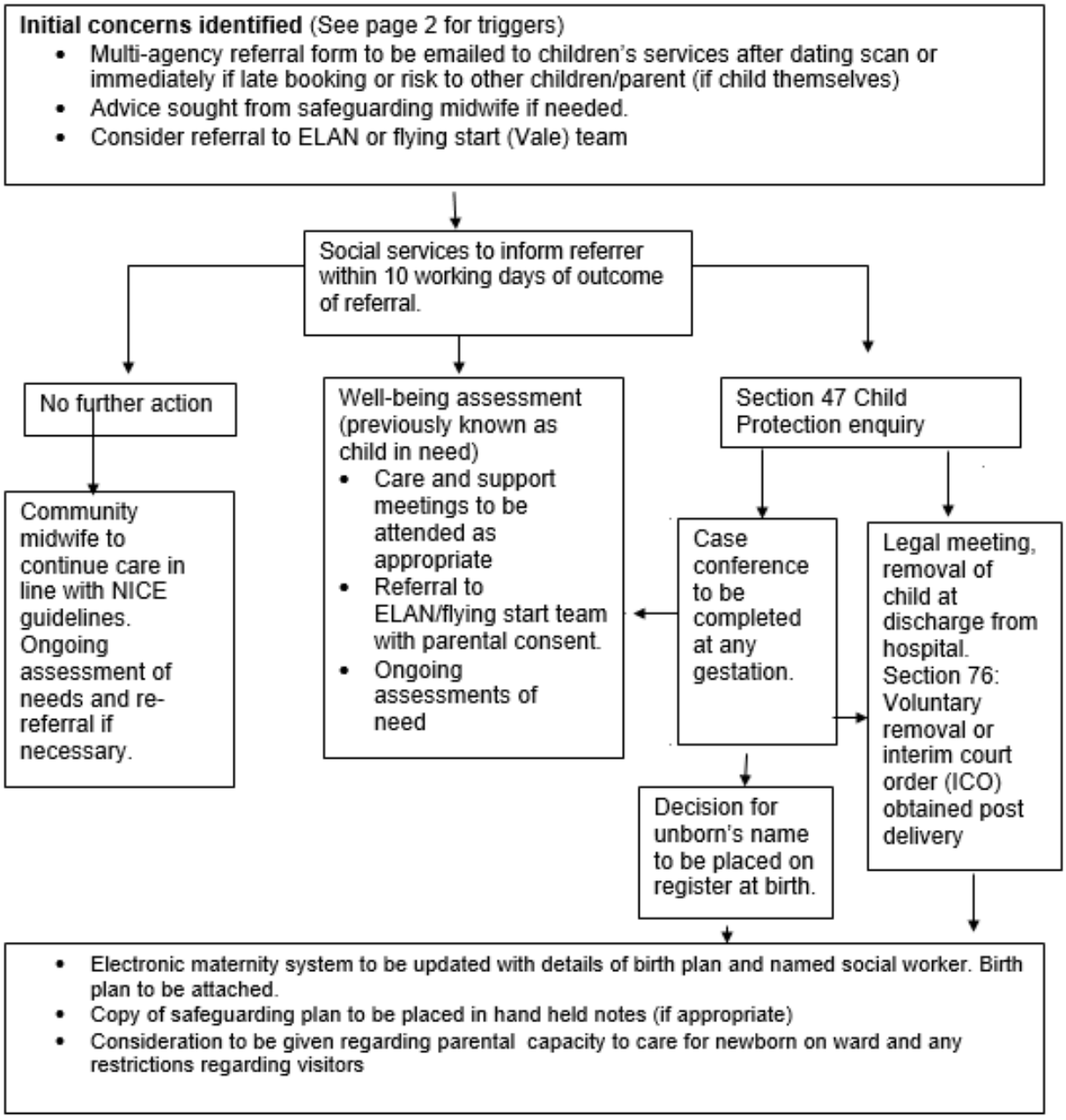
- Any unborn baby open to social services at time of delivery should have a social services birth plan in place. This is routinely received at 36 weeks' gestation and will be available on the appropriate Electronic documentation. It is the responsibility of the named midwife to request this if not already received by social services to ensure communication with the hospital.

- Possible outcomes of referral include closure, care and support plan, child protection registration, PLO (public law outline which is where legal team are also involved but not yet at the point of separation), separation to foster care or safe family member, Mother and baby placement (this can include foster placement or a residential unit), placement with parents (in which the baby is discharged into care of parents but there is a care order in place and parents therefore share parental responsibility with social services) or Family placement (including Father or partner). Outcomes should be communicated to parents in a timely manner in the pregnancy by social services. It is not the midwife's duty to communicate this plan to the family.

Back to Contents

3 Safeguarding flowchart for antenatal period

"Whilst local authorities play a lead role, safeguarding children and protecting them from harm is everyone's responsibility" (working together to safeguard children 2015)



Back to Contents

4 Voluntary adoption

Initial expression

- Any expression of interest for a baby to be placed for adoption following birth (care relinquished) should be recorded clearly on the current electronic maternity information system so that staff involved in her care are aware and fully briefed of the woman's intention. Documentation should only be included within the handheld records if safe to do so (i.e. risks of family members if they become aware of plan to relinquish care) and if the woman

- consents If the midwife receiving the information is not the named community midwife, this information should also be communicated to her to ensure this possibility is also passed onto the health visitor.

- The staff member receiving the information for the first time should inform the parents that the process for adoption involves a referral to social services, as per the Wales Safeguarding Procedures 2019. This referral should be completed on an electronic Multi Agency Referral Form (MARF) and sent to Safeguarding.Referrals@wales.nhs.uk as soon as possible after expression of interest, in the same manner a child protection referral is completed. Please ensure all relevant information is included on the MARF including reason for relinquishing care, up to date contact details, safe times to make contact (if required) and any known risks to working with the family.

- Parents should be assured that this referral will give them the opportunity to discuss their options with a named social worker and to commence the process. Parents can change their mind regarding adoption until an adoption order is in place, which itself can take a number of months post birth.

- A referral to the ELAN team or flying start midwives in the Vale, can be considered but is not essential. This should be left to professional judgement based on the parents support needs and the capacity of the individual staff member.

Following referral

- Once an unborn baby has been referred to children's services to be placed for adoption, the case will be allocated to a social worker. The named social worker will then begin the process by visiting the family to clarify their wishes and to fully explain the procedure.

- It is then the responsibility of the social worker to liaise with the local fostering and adoption team so that foster parents can be arranged for the newborn baby.

- It is the named midwife's duty to ensure regular liaison with the allocated social worker. The details of the social worker must be updated on the electronic maternity information system as an alert and be available within the handheld maternity record if the parents consent.

- Consideration should be given to the mother's wishes at delivery and a birth plan should be completed taking these into account and including all relevant contact details of who to inform. This birth plan should include a comprehensive discussion regarding mode of delivery and whether or not the Mother wishes to see the baby after delivery.

- If the Mother does not wish to meet the baby following delivery, consideration should be made to provide her with a single room postnatally, separate from the postnatal wards. However realistic expectations should also be conveyed that this may not always be possible due to bed spaces and availability of foster carers. If separation at birth is requested discussion should be had antenatally to establish if the Mother consents to routine care for the newborn such as administration of vitamin K following birth. Any emergency care can be provided without maternal consent however routine care must be discussed. If the patient declines to discuss these options or declines consent, this can be re-visited with social workers following obtaining legal orders. Any consent obtained pre-birth can be documented on the electronic maternity information system or the green sheet within the handheld notes.

- If a foster carer is required to care for the newborn baby whilst still an inpatient the foster carer should be provided with a side room, ideally a room with en-suite facilities and provided with hospital food as per normal patient care.

Delivery and postnatal procedure

- At the earliest opportunity, the midwife allocated to the woman should inform social services that she is in established labour and/or has delivered. This is to ensure good communication and an efficient procedure for discharge to foster care.

- If it is part of the mother's wishes not to see the baby after delivery then it is the responsibility of the named midwife to inform children's services so they can arrange a foster carer whilst the baby remains as an inpatient. The UHB will not provide additional staff members to offer a baby 1-1 care unless medically indicated.

- When the newborn is suitable for discharge from the hospital, social services should again be contacted, so that they can attend the ward to receive the baby. The parents will be required to sign a section 76 agreement under the Social services and wellbeing Act 2014 to voluntarily relinquish care of their child. This can only be completed following delivery.

- If the birth Mother has had contact with their child postnatally, parents wishes should be sought how they would like their goodbyes and handover to proceed. For example if they wish to be present or do they wish to leave prior to handover. Discharge documents should be prepared before social worker arrives for both the Mother and the baby, to ensure both can leave as soon possible. Goodbye and handovers should not have to take place in a multiple bedded bay and if a side room is available when social services are present this should be facilitated to maintain patient dignity.

- A separate postnatal care pathway and discharge information should be handed to the social workers to give to the named foster carer. This information should include contact numbers for the ward in case of emergency or to obtain advice.

- The mother should be provided with a postnatal pathway herself but the newborn section removed. The question should be asked prior to discharge if the patient wants to continue to have community midwifery care, or if due to the circumstances she would prefer to seek any ongoing medical advice from her GP instead. This is not uncommon and should be offered prior to discharge and the postnatal pathway kept with hospital records if ongoing care is declined.

- When the social worker attends the ward their identity badge should be checked by the allocated midwife. The social worker/foster carer must provide an age appropriate car seat to transport the baby.

- The midwife at discharge must obtain the address and contact details of the foster carers from the social worker, as well as ensuring up to date information for the birth mother. This information should be communicated to the community office and the named midwife. To ensure relevant follow ups are arranged. If follow up appointments including the newborn hearing screening are required, the relevant agency must be informed that the child will be in foster care and the future address provided for appointments to be sent.

  Babies that are relinquished from parents care are eligible for a set of free photographs via Bounty whilst still on the ward. These prints will be included in the child's "life story" book which they will receive as adults, so should always be offered.

5 Foster care due to safeguarding concerns

Delivery and postnatal procedure

- At the earliest opportunity, the allocated midwife for the woman should inform social services that she is in established labour and/or has delivered. This is to ensure good communication and an efficient procedure for discharge to foster care.

- If it is part of the mother's wishes not to see the baby after delivery or she has been risk assessed by the social worker as not being fit to care for the child whilst an inpatient, social services must provide a foster carer whilst the baby remains in the hospital or a police protection order (PPO) must be obtained as an emergency measure by the police once the baby is fit for discharge, if the parents refuse to sign a voluntary care order. The UHB will not provide additional staff members to offer a baby 1-1 care unless medically indicated.

- Unless indicated within the hand held maternity records, birth plan and/or electronic maternity information system, the child should be cared for by it's mother until discharge from the hospital and the necessary legal documents have been sought.

- Social services must be kept up to date regarding the possible date the newborn will be suitable for discharge from the hospital. To reduce the chance of delays.

- If the parents consent to sign a section 76 agreement (of the social services and well being act 2014) for voluntary foster care prior to a court appearance for an Interim Care Order (ICO), this can be completed by the social worker within the hospital but only following the birth of the baby.

- If the parents do not consent to voluntary foster care an ICO must be obtained through the courts after the birth. Court dates are not available out of normal working hours. Social worker must be made aware infants can only be kept in hospital awaiting a court date in an emergency and the first available court date should be sought. If parents must attend court a suitable family member or foster carer should be arranged by social services. The UHB will not provide additional staff members to offer a baby 1-1 care unless medically indicated.

- Staff should be sensitive to the parent's individual circumstances and should be asked how they wish the goodbyes and handover to proceed. For example if they wish to be present or do they wish to leave prior to handover. Discharge documents should be prepared before social worker arrives for both the Mother and the baby, to ensure both can leave as soon possible. Goodbye and handovers should not have to take place in a multiple bedded bay and if a side room is available when social services are present this should be facilitated to maintain patient dignity.

- When the social worker attends the ward their identity badge should be checked by the midwife allocated to the mother. The social worker/foster carer must provide an age appropriate car seat to transport the baby.

- A separate postnatal care pathway and discharge information should be handed to the social workers to give to the named foster carer. This information should include contact numbers for the ward in case of emergency or to obtain advice.

- The mother should be provided with a postnatal pathway herself but the newborn section removed. The question should be asked prior to discharge if the patient wants to continue to have community midwifery care, or if due to the circumstances she would prefer to seek any ongoing medical advice from her GP instead. This is not uncommon and should be

offered prior to discharge and the postnatal pathway kept with hospital records if ongoing care is declined.

- The midwife at discharge must obtain the address and contact details of the foster carers from the social worker, as well as ensuring up to date information for the birth mother. This information should be communicated to the community office and the named midwife. To ensure relevant follow ups are arranged. If follow up appointments including the newborn hearing screening are required, the relevant agency must be informed that the child will be in foster care and the future address provided for appointments to be sent.

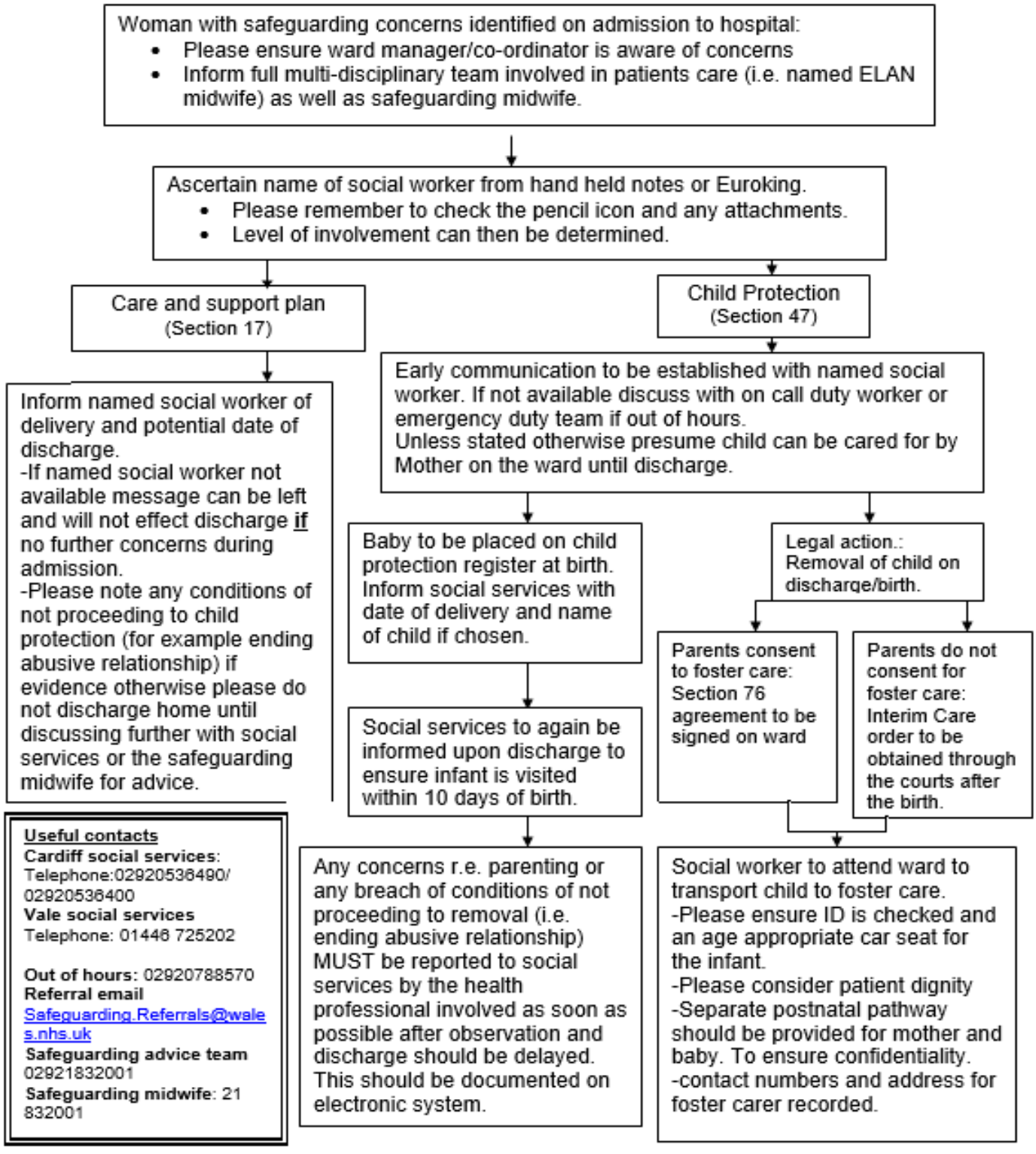
Back to Contents

6

7 Flowchart for postnatal actions

Safeguarding flowchart for postnatal period

"Whilst local authorities play a lead role, safeguarding children and protecting them from harm is **everyone's** responsibility" (working together to safeguard children 2015)



Back to Contents

8 Safeguarding under 18s in maternity services

Booking appointment and planning care:

- On confirmation of pregnancy the named midwife should book the patient in line with local guidelines. A full history should be taken which assesses their social, psychological, physical and emotional needs.

- Engaging teenagers with effective communication, including both verbal and non-verbal communication is essential to promote good engagement. All questions should be directed to the pregnant woman herself, rather than any friends or family members.

- All teenage pregnancies for Mothers aged 16 or below should be offerred referral to the ELAN team or flying start midwives (in the Vale) with informed consent, to enable a more in depth social and emotional assessment of needs. All teenage pregnancies aged 18 or below should be considered for ELAN or flying start referral in view of other relevant risk factors. Some possible risk factors may include, having little support, being homeless, living with domestic abuse, learning difficulties or limited parenting capacity, concerns of child sexual exploitation, substance misuse, previous history or current involvement with social services as a child or parent, defaulting regular appointments, or expressing negative comments regarding the pregnancy. If residing in a supportive environment and aged 16-18 with no other risk factors normal community care is sufficient.

- Following this where possible the patient should receive continuity of care from their community midwife. This will allow trust to build between patient and health professional and ensure the midwife can be an advocate to the patient.

- There should be a sensitive and confidential discussion regarding consent and capacity for sexual activity in any young person under the age of 16 years old. Young person's proforma in this guideline should be used for any patients under the age of 16 and consideration given to use for those aged 16-18 if there is a cause for concern or known learning difficulties. This proforma may indicate concerns relating to child sexual exploitation and may need to be discussed with the UHB's safeguarding team to determine if a referral to social services and/or police is required.

- Do not initiate questions regarding sexual or domestic abuse, or any sensitive questions in the presence of family members or friends. If a parent or guardian attends with the patient they should be asked to leave the room for 5 minutes to allow a confidential discussion and completion of the "young person's proforma". If this is not possible the midwife should aim to meet with the young person alone at the next appointment to allow her to voice any concerns not mentioned previously.

If child abuse is disclosed or suspected

- It is important to remember the principles of confidentiality owed to a person under 16 is the same as that owed to any other person. However the right to confidentiality is not absolute and where there is a serious safeguarding risk to the health, safety or welfare of a young person or others, this, as always, outweighs the young person's right to privacy. The patient should be made aware of this.

- It is best practice to discuss your concerns with the young person, especially if you are going to break their confidentiality by referring to an outside agency, unless you feel this would place the young person or yourself at risk of further significant harm.

- Between the ages of 16-17 years sexual activity is not an offence unless the partner is in a proven position of trust (i.e. a support worker or teacher), however young people under 18 are still offered the protection of the Wales safeguarding procedures. Staff must consider issues of sexual exploitation and offences of rape and assault and then act accordingly.

- Under the Sexual Offences Act 2003, children under the age of 13 are considered of insufficient age to give consent to sexual activity. For this reason all cases of children under the age of 13 who are believed to be or have been engaged in penetrative sexual activity must be referred to Children's Social Services and the police as a potential case of rape (rape is penetration of any orifice). Consent for this is NOT required.

- If child sexual exploitation is suspected and the child has been moved to a different location in order to exploit them. This is considered internal human trafficking and advice must be sought from the UHBs safeguarding team immediately and action taken.

- Child protection concerns for an unborn child or young parent should be considered a priority. It is the health professionals duty of care to report any concerns to children's services and/or the police, this is not information which can be handed over or delayed. Acting in the best interests of the child is always a priority.

Subsequent antenatal checks

- Continue to address issues and give appropriate advice and support in relation to mental and physical health at all follow up appointments. All findings, progress and any advice given should be documented in the patient's records and the appropriate electronic maternity system. Any safeguarding concerns noted should be referred in line with the safeguarding unborn children protocol. Safeguarding is an ongoing risk assessment.

- Liaison should occur between the young parent's midwife, social worker (if involved), support services and Health Visitor, especially if there are concerns around lack of support, to ensure a multi- agency approach. Consideration should be given to apply for flying start outreach support if they family do not reside in a flying start postcode.

Postpartum management

- During inpatient stays in hospital a risk assessment for Children and Young People cared for on Adult Areas should be completed (See appendix 2). All under 18s should be offered a side room and parent/guardian offered to stay if partners cannot.

- Enhanced care should be offered to all teenage mothers in order to provide support as well as assessments of parenting, therefore an increase in the frequency of postnatal visits should be considered.

- During the postnatal period, ensure that contraceptive advice is given and plans have been made. Consider contraception prior to discharge from hospital. Around 12% of births conceived under the age of 20 are to young women who are already teenage mothers.

Back to Contents

9 Risk assessment for young person on an adult ward

Risk Assessment for Children and Young People cared for on Adult Areas within Cardiff and Vale UHB

ADDRESSOGRAPH

Ward:

Date:

This assessment has been formulated to help identify the needs of a child or young person placed in an adult area. For the purpose of the assessment a child is defined as being up to the age of 18yrs (Children Act 1989, UN Convention on the Rights of the Child, 1991).

Care Environment

Wherever possible children and young people admitted to adult areas should be placed in single cubicles (Carlile 2002, paragraph 13.21).

1) Is the child or young person being nursed in a single cubicle?

☐ Yes ☐ No

If no, inform senior nurse of potential risks that maybe posed by other patients and visitors

2) Has the opportunity been given to the child or young person for an appropriate adult to accompany them during their stay?

☐ Yes ☐ No

3) Is the child or young person able to have the same visiting hours as experienced on the paediatric unit? (Normal child health visiting hours 8am-8pm, unlimited for parents and carers).

☐ Yes ☐ No

If no, please discus the possibility with the relevant senior manager

4) Has the child or young person been given the opportunity to ask questions and voice any concerns that they may have?

☐ Yes ☐ No

If no, please ensure that this takes place

Is this young person deemed to be "vulnerable" as per pathway? YES/ NO
If yes please indicate action taken: ……

……

……

If you wish to access help and support you can contact any member of the Safeguarding Team on 02921 832001
Signature/Designation: ……

Signature of Young Person: ……
Please ensure a copy of the Risk Assessment is placed in the medical records

Back to Contents

12 Young person safeguarding proforma

ALL UNDER 18-YEAR-OLD CLIENTS MUST BE SEEN BY A RN OR RM FOR ASSESSMENT.

Patient Initials and Hospital No.	
Date of Birth:	
Age (must be under 18):	
Date:	

Please go through these questions verbally with the patient, rather than giving them the pro forma to fill out themselves.

If a patient chooses not to reveal information, please write declined

Explain to the patient: '**We are here to support you in your choice, and in your health and wellbeing more generally. As part of this commitment, we ask every client the same questions about any support needs they may have.**'

1. Confidentiality and Disclosure	
Do you understand that your answers will be confidential, unless you wish for us to share them, or unless we have a legal duty to involve other agencies such as social services or the police? This includes times when we may need to speak to agencies who are currently involved with you to ensure you and others around you are safe.	Client signature to say they understand and agree with statement: χ

2. Drugs and Alcohol		
Have you regularly used drugs in the past year? Drugs include: methamphetamines (speed, crystal), cocaine, crack cocaine, cannabis (marijuana, pot), spice, narcotics (heroin, oxycodone, methadone) inhalants (paint thinner, aerosol, glue), hallucinogens (LSD, mushrooms), tranquilizers (valium)	☐ Yes ☐ No	Details (*consider how or where YP is accessing drugs and if any wider concerns i.e. CSE or county lines*)
How often have you used these drugs?	☐Monthly or less ☐Weekly ☐Daily or almost daily	
If concerns about drug intake/ substance misuse, please discuss with UHB safeguarding team on 02921 832001 / 02921 832002. Signpost YP to breaking free online app (available on apple and android phones). Referrals can be made with the YP's consent to substance misuse services in CAMHS via an email with all demographics and details of usage to childrensspoa.cav@wales.nhs.uk		
How often do you drink alcohol?	☐Not at all ☐Monthly or less ☐2-4 times a month ☐2-3 times a week ☐4 or more times	Details:

How many units do you drink when you are drinking? 1 unit = half a pint of lager or cider, 1x 25 ml shot of spirit. 1.5 units = small glass of wine	☐1 or 2 units ☐3 or 4 units ☐5 or 6 units ☐7, 8 or 9 units ☐10 or more units	

If concerns about alcohol misuse, please discuss with UHB safeguarding team on 02921 832001 / 02921 832002.

Signpost YP to breaking free online app (available on apple and android phones). Referrals can be made with the YP's consent to substance misuse/alcohol services in CAMHS via an email with all demographics and details of usage to childrensspoa.cav@wales.nhs.uk

3. Mental Health

Do you regularly feel down/low mood/depressed?	☐ Yes ☐ No	*Detail:*
Have you ever been diagnosed with a mental health condition or have any history of mental health issues?	☐ Yes ☐ No	
Have you ever self harmed or had any suicidal thoughts or made plans to commit suicide? If yes, is this recent or in the past:	☐ Yes ☐ No Details:	

If client is in current mental health crisis, please speak to GP (if assessment completed on community) or consider referral to adult liaison psychiatry via switch board (if assessment completed in hospital).
Please also speak to UHB safeguarding team on 02921 832001 / 02921 832002 for further advice

4. Family Relationships/ Social Services Involvement/ Looked After Child

Who do you live with?	How are things at home?	Do you feel like you can talk to someone at home about sex and relationships?	Are your parents or Guardian aware of your pregnancy? (Encourage to tell if safe to do so)

Have you or your children ever had a social worker, or support worker? This could mean you or your children have lived away from your parents/ caregivers and been in foster care or in a residential care home or with family or friends.	☐ Yes ☐ No Reason given for social services involvement and details of worker:

5. Education/ Employment

Are you in school, college or employment?	☐ Yes (continue below) ☐ No (continue below)
If yes, do you attend regularly? How is it going? Are they aware of the pregnancy?	Details:
If no, details must be provided. **If concerns child is missing from education (not home schooled or after statutory school age) phone the UHB safeguarding team on 02921 832001 / 02921 832002 as this could be an indicator for CSE**	Details:

6. Past or present Child Sexual Abuse

Are you in a relationship at present?	☐ Yes (continue below) ☐ No (go to question 2) **If yes, details of partner:** Name: Age: How did you meet: Length of relationship:
If no, do you know who you became pregnant by?	☐ Yes (continue below) ☐ No (Consider CSE) Name: Age: How did they meet: Length of relationship:

	If no, please telephone the UHB safeguarding office on 02921 832001 / 02921 832002 for advice	
How old were you when you first had sex?		
Has anyone ever given you something like gifts, money, drugs, alcohol, or protection for sex?	☐ Yes ☐ No	Details:
Do you feel safe and comfortable in your intimate/ sexual relationships?	☐ Yes ☐ No	Details:
Have you ever felt forced or pressured to have sex, sexual contact or take sexual images, including by phone or social media?	☐ Yes ☐ No	Details:
If yes to any questions or professional concern • **Phone UHB safeguarding team on 02921 832001 / 02921 832002** • **Provide leaflet / telephone numbers for support services if available**		
Would you like us to refer you specialist services for support, this can include the police sexual assault referral centre (SARC) or Newpathways?	☐ Yes ☐ No Details:	

7. Domestic Abuse

If you have a partner, is your partner aware of your pregnancy ? Are they supportive? If no why?	☐ Yes ☐ No Details:
Has your partner, your ex-partner, or anyone close to you ever:	
a. Made you feel frightened or anxious?	☐ Yes ☐ No
b. Hit, slapped, kicked, or otherwise physically hurt you?	☐ Yes ☐ No
c. Ever isolated you from other family or friends?	☐ Yes ☐ No
d. Constantly called, texted, harassed, or attempted to control you?	☐ Yes ☐ No
e. Regularly called you names or tried to humiliate you?	☐ Yes ☐ No
If answered yes to any questions: Do you feel things are getting worse or out of control?	☐ Yes ☐ No

Would it help you to talk to someone about this?	☐ Yes ☐ No
If yes - please discuss case with UHB safeguarding team on 02921 832001 / 02921 832002 and offer support via Health IDVA on 02920 748748 or community IDVA service (Cardiff RISE 02920 460566 or Vale Atal Y Fro 01446 744755	

8. Honour Based Violence (if appropriate, consider high risk communities & countries- India, Pakistan, Middle East countries, Albania, travelling communities)	
Are you worried that any harm would come to you if your family/local community found out about the pregnancy, termination or that you have been sexually active?	☐ Yes ☐ No Details what they are worried about:
Does family honour, respect or reputation mean more to your family than your safety?	☐ Yes ☐ No Details:
Do you feel that you have been, or could be forced into a relationship/marriage that you were unable to say 'no' to?	☐ Yes ☐ No Details:
If concerns identified- please complete ask and act form, discuss case with UHB safeguarding team on 02921 832001 / 02921 832002 and offer support via Health IDVA on 02920 748748 or community IDVA service (Cardiff RISE 02920 460566 or Vale Atal Y Fro 01446 744755)	

9. Modern Slavery (if appropriate). ** Please complete these questions from professional opinion and observation/ assessment **	
Does the patient have a partner/ friend/family member insistent on interpreting or speaking for them?	☐ Yes ☐ No
What is the client's home country? Consider high risk countries UK, Albanian, Nigeria, Romania, Vietnam, Slovakia, Poland, Lithuania, China, Hungary, Czech Republic and Latvia	Details:
Is the client without a GP in the UK?	☐ Yes ☐ No
Is the client or partner/ friend/ family paying privately for treatment, particularly if treatment is being paid for in cash?	☐ Yes ☐ No
Does the client act as if instructed by another e.g. give prepared statements, refuse to ask without seeking accompaniers advise?	☐ Yes ☐ No Details:

If yes to 3 or more of the concerns and/ or your professional judgement believes that a client is a victim of modern slavery or human trafficking, please discuss with Senior nurse or midwife please report to:

- **The police (in emergency and client not immediately safe) via 999**
- **Contact the UHB safeguarding team on 02921 832001 / 02921 832002**
- **Contact the Modern Slavery Helpline via 08000 121 700 for further advice if required**

10. Female Genital Mutilation (FGM)

Have you been cut or undergone FGM/ female circumcision? If no move to section 11.	☐ Yes ☐ No
Do you believe anyone in your family or community might be at risk of FGM? If YES please speak to UHB safeguarding team for further advice on 02921 832001 / 02921 832002	☐ Yes ☐ No Details:

If patient has been a victim of FGM. Inform patient as under 18 we have a mandatory duty by law to report to the police via 101. Referral must also be made to social services.

Please follow and complete All Wales FGM Clinical Pathway for full guidance.

Do you have any female children living in the UK? [If yes, note full names, DOBs, and schools in **section 6**, and make client aware that we also have a duty of care to refer to Social Services]	☐ Yes ☐ No

11. Under-16 Fraser Guidelines

Does the young person have and fully understand the information they require to make an informed choice?	
Can the young person retain and repeat this information back to you in her own words?	
Can the young person weigh and use the information you've provided her in order to make her own independent choice?	
Have you encouraged the young person to inform her parents?	
Is the young person likely to continue a sexual relationship with or without treatment/care?	
Is the young person's physical or mental health likely to suffer unless she receives treatment/care?	
Is it in the best interests of the young person to receive treatment /care without parental consent?	

If you have answered all the above 'yes', the young person is Fraser Competent.

Sign Off

Actions Taken:

☐**No concerns**

☐**Non-Immediate Concerns-** discussed with safeguarding team, appropriate documentation or pathways completed and care plan made (please document care plan)

☐**Immediate Concerns-** immediate action required e.g. discussed with UHB safeguarding team, police called, immediate social services contacts. (Please document care plan)

Safeguarding Care Plan:

1.
2.
3.
4.
5.

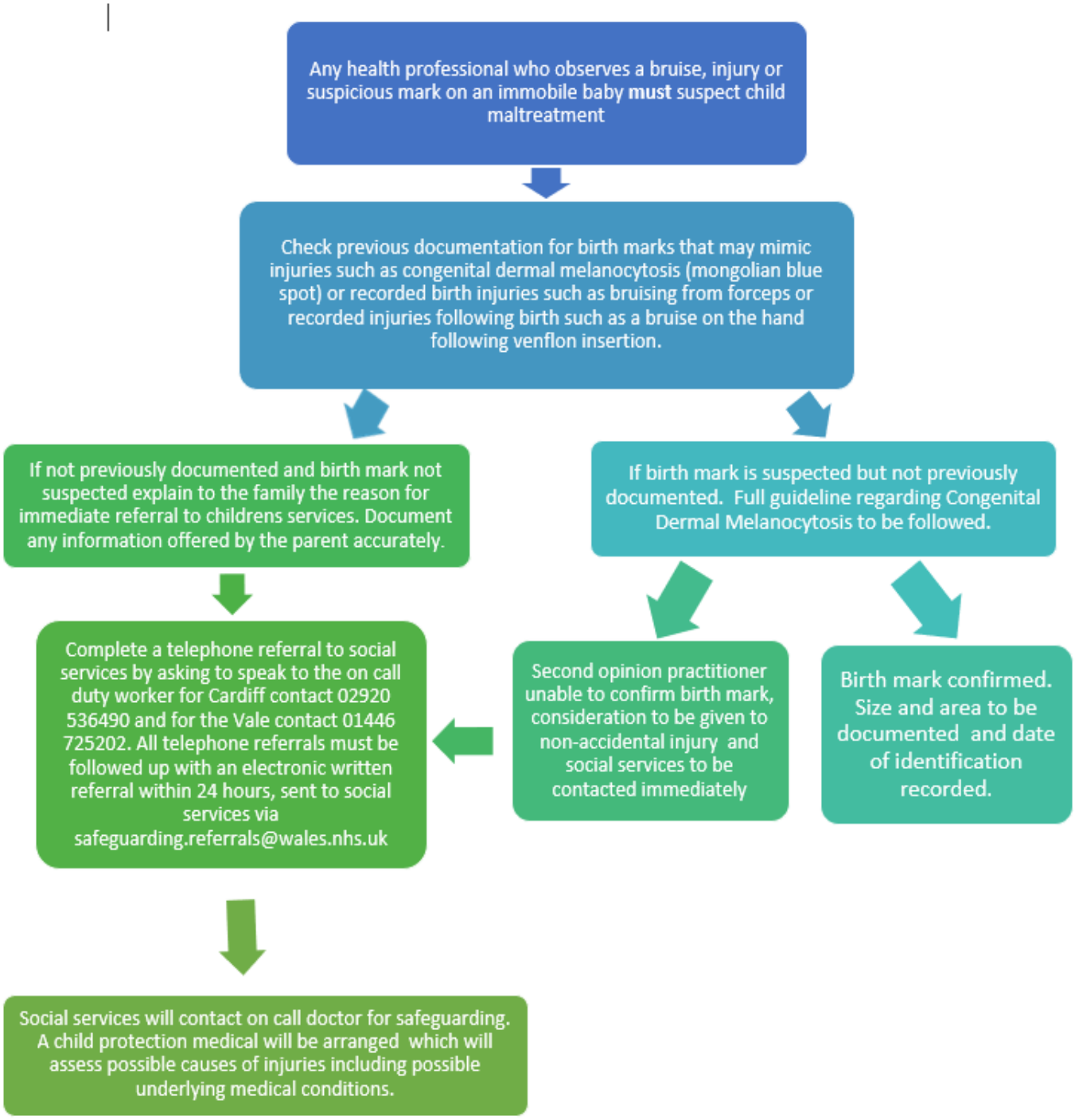
Name/Designation:		Signature:		Date:	
Safeguarding Lead (if applicable):		Signature:		Date:	

SAFEGUARDING PROFORMAS MUST BE FILED IN CONFIDENTIAL NOTES OR UPLOADED TO EUROKING/ IN ACCORDANCE WITH NMC CODE OF CONDUCT

Additional comments

[Back to Contents]

13 Marks on an immobile baby



Back to Contents

14 Example MARF (multi agency referral form) for unborn baby

Multi Agency Report (Referral) Form (Child Safeguarding)

Date of referral:	01/06/2022
Is the Parent/ Carer aware of the referral:	☐ Yes
Has consent been obtained to make this referral:	No
If No, give reason:	Parent declined however in view of child protection concern MARF being submitted without consent.

CHILD/ YOUNG PERSON'S DETAILS					
Surname:	Bloggs	Forename:	Unborn	Gender:	Unknown
D.O.B: or E.D.D.	01/01/2023	Age:	Unborn – 21 weeks	Social Services Number (if known):	
Address:	1 Cardiff Road Cardiff	Postcode:	CF11 1AB	Telephone Number:	07123456789
Current address if different from above:		**Child's first language or preferred means of communication:**		Is an interpreter/ signer required:	
Child's Religion:		**Child's Ethnicity:**	**British**	**Child's Nationality (if not British):**	
Is the child an asylum seeker:		Child's immigration status (if known):		Home office registration number (if known):	
Is the child "looked after":		Is the child named on the child protection register:		Does the child have a disability?	
Is the child a traveller:		Is the child a young carer:		Any other information about the child's identity:	

BIRTH PARENT DETAILS/ MAIN CARERS/ PERSONS WITH PARENTAL RESPONSIBILITY (PR)							
Mother's Name:	Jane Bloggs	Mother's address if different from child:	S/A	Is an interpreter required:	no	Mother's First Language:	english
Mother's DOB:	01/01/1991	Mother's Ethnicity:	British	Parental needs (learning difficulties, physical disabilities)		Telephone Number:	07123456789
Father's Name:	Jo Bloggs	Father's address if different from child:	22 Cardiff Road	Is an interpreter required:	No	Father's First Language:	English
Father's DOB	01/01/1991						
Father's Ethnicity:	British	Parental needs (learning difficulties, physical disabilities)	Learning difficulties	Telephone Number:	07712345 678	Does father have PR:	At birth

Name and DOB:		Relationship to child:		Does this person have PR:		Is an interpreter required:	
Name and DOB:		Relationship to child:		Does this person have PR:		Is an interpreter required:	

OTHER HOUSEHOLD MEMBERS (including NON-Family members)					
Name:		D.O.B:		Relationship to Child:	
Name:		D.O.B:		Relationship to Child:	
Name:		D.O.B:		Relationship to Child:	
Name:		D.O.B:		Relationship to Child:	
Name:		D.O.B:		Relationship to Child:	
Are all children in this **household** subject to this referral:		☐ YES ☐ NO			

SIGNIFICANT OTHERS WHO ARE NOT MEMBERS OF THE CHILD'S HOUSEHOLD **(i.e. alleged offender; other family members you consider relevant to this referral; fathers of half/ step siblings; partners of parent- carer)**							
Name:	Jason Bloggs	D.O.B:	01/01/2014	Address:	LAC	Relationship to child:	Brother
Name:	Janey Bloggs	D.O.B:	01/01/2013	Address:	LAC	Relationship to child:	Sister
Name:		D.O.B:		Address:		Relationship to child:	

REFERRAL INFORMATION ***(Guidance notes have been produced to assist the person submitting this referral)***					
Referred by (name):	Alice Fairman	Agency/ relationship to child:	Safeguarding Midwife	Does the referrer wish to remain anonymous:	***(please note a professional cannot refer anonymously)***
Address:	UHW	Telephone Number:	02921832001	Email:	Alice.fairman@wales.nhs.uk
Reason for report:	☐ *Physical Abuse* ☐ *Sexual Abuse* ☐ *Emotional Abuse* ☐ *Neglect* ☐ *Financial Abuse* ☒ *Other - please specify below (e.g. contextual safeguarding, CE, CSE, FGM, Forced Marriage, parental substance/alcohol misuse, parental learning disabilities, parental mental ill health, parental physical ill health, domestic abuse)* Previous children removed.				
Request for services:	☒ *Initial advice and assistance* ☐ *Care and support needs* ☐ *Child with disabilities* ☒ *Child protection*				
What has already happened and what are the circumstances now: include any Harm Statements	*Detail the reasons why you are contacting/referring including any details of the date, time and place where any alleged harm occurred. State concerns and impact on child/ren. Include any past incidents that add context and are relevant to the referral.* Jane Bloggs is currently 21 weeks and 4 days into her pregnancy, with an estimated due date of the 01/01/2023. Jane has named the Father to the baby as Jo Bloggs, her Husband, This is Jane's third pregnancy however her older two children have been removed from her care and subsequently adopted, these children were removed in December 2018. Jane has self reported that prior to her children being				

	removed their names were on the child protection register under the category of neglect. From records it appears that concerns which led to the children being removed were ongoing high risk domestic abuse perpetrated by Jo Bloggs towards Jane, poor home conditions which impacted upon the childrens health and also confirmation of substance misuse by both Jane and Jo. Jane booked this pregnancy on the 20/05/22 and attended for her dating scan on the 31/05/22 which showed that she was already 21 weeks pregnant. Jane stated that this was a surprise and did not realise how far into the pregnancy she was. Jane has booked her two previous pregnancies late. A booking appointment should ideally occur between 12 -14 weeks gestation to ensure that all tests and scans are accurate, this is therefore considered to be a late booking. Jo was not present at the recent visit therefore I was able to ask the routine enquiry and Jane denied any current domestic abuse.
What are you worried about now? (What are the risks or vulnerabilities?)**:**	*State actual concerns, and impact on child / ren. Young person not understanding the risk; escalation of risk if not supported; short term and long term risks to overall wellbeing* *PLEASE ALSO DETAIL ANY RISK WHICH MAY AFFECT THE SAFETY OF STAFF* • I am concerned that Jane has had two children removed from her care. The newborn baby when born could therefore be at risk of suffering the same harm. • I am also worried about the history of domestic violence between Jane and Jo. Whilst Jane denies any current domestic abuse, records indicate the most recent police report was in March 2022 and Jane would have been pregnancy at this stage. Domestic abuse can effect unborn babies including negatively affecting their brain development and can restrict growth. At worst the unborn baby is at risk of a physical incident causing stillbirth, fetal injuries or miscarriage. Sadly domestic abuse statistically is more likely to worsen in pregnancy. Hearing any arguments can also be very frightening for newborn babies and can continue effecting development. • I am also concerned that Jane has presented very late to maternity services and reports this is because she did not realise how advanced the gestation was. Jane has booked both of her previous pregnancies late also. Whilst antenatal care is not statutory it can indicate that the health needs of the unborn baby have not been prioritised and does reduce the accuracy of scans. • I am concerned that both Jane and Jo have been known to misuse substances. Substance misuse in general increases the risk of harm, due to negatively impacting upon parenting capacity. Substance misuse can lower inhibitions and therefore also increase the risk of a violent incident. As well as the overall financial impact and risk of exposure to criminal activities.
Whats working well	*Positive/ protective relationships; family are keen to engage; good family network, trusted adults;* • Jane has been honest with midwifery services regarding her previous history with social services and consented to this referral to social services. • Jane reports she is not currently using any substances and consents to regular urine toxicology screenings.
What are the barriers:	*Reluctance to engage with support; financial difficulties; child care issues; communication issues (language/ hearing/ visual impairment)* Late booking and therefore minimal time for important work and assessments to be completed.
What action/ support has already been undertaken in yours and other agencies to	*Include details of referrals to other services i.e. Early Help. Also include information where referrals have been made to other agencies, ie. Preventions* Health records reviewed. Advice taken from safeguarding.

address these concerns:	
What other assessments have been undertaken by other agencies (if known)**:**	*e.g. DASH; SERAF; MIRAF; Routine enquiry and CSERQ4, Recent medical examinations (including child protection medicals); any health assessments* Routine enquiry
What are the expected outcomes of this referral:	*Safeguarding assessment undertaken to assess potential risk; services are put in place to support the child/ family; information is recorded for the child* Unborn Bloggs to be assessed. Given late gestation this should be considered high priority and strategy discussion considered.
Any other relevant information:	*Are you aware of the child previously being named on the child protection register or being "looked after" previously; aware of previous convictions/ safeguarding concerns in relation to the alleged abuser* All included in document space above.

KEY AGENCIES			
Agency:	**Name:**	**Address:**	**Telephone Number:**
GP	Cardiff GP	Cardiff Road Cardiff	02920 111121
Health Visitor/Midwife	Alice Fairman	UHW	02921 832001
Nursery/ School	N/A		
Other Agency (please specify)			

SUBMISSION OF THE REFERRAL
Completed referrals to be sent to Safeguarding.referrals@wales.nhs.uk

OUT OF HOURS/ EMERGENCY DUTY
Between the hours of 17:00pm - 08.30am Monday to Thursday, Weekends and Bank Holidays. Friday 16:30pm – 08:30am **YOU MUST PHONE** your concerns through to the Emergency Duty Team **029 2078 8570** then complete the Multi Agency Report (Referral) Form (MARF) and send to Safeguarding.referrals@wales.nhs.uk

Back to Contents

15

16 Example FGM MARF

Multi Agency Report (Referral) Form (Child Safeguarding)

Date of referral:	01/01/2022
Is the Parent/ Carer aware of the referral:	☐ YES ☐ NO
Has consent been obtained to make this referral:	☐ YES Verbal or Written Consent ☐ NO
If No, give reason:	

CHILD/ YOUNG PERSON'S DETAILS					
Surname:	Bloggs	Forename:	Baby	Gender:	Female

D.O.B: or E.D.D.	01/01/2022	Age:	Newborn	Social Services Number (if known):	
Address:	1234 Cardiff Road	Postcode:	CF11 1XX	Telephone Number:	07123456789
Current address if different from above:		**Child's first language or preferred means of communication :**	Mother speaks arabic	Is an interpreter/ signer required:	Yes
Child's Religion:	**Muslim**	**Child's Ethnicity:**	**Black African**	**Child's Nationality (if not British):**	**Sudanese**
Is the child an asylum seeker:	No	Child's immigration status (if known):	n/a	Home office registration number (if known):	n/a
Is the child "looked after":	No	Is the child named on the child protection register:	no	Does the child have a disability?	n/a
Is the child a traveller:	no	Is the child a young carer:	no	Any other information about the child's identity:	n/a

BIRTH PARENT DETAILS/ MAIN CARERS/ PERSONS WITH PARENTAL RESPONSIBILITY (PR)

Mother's Name:	Jane Bloggs	Mother's address if different from child:		Is an interpreter required:	Yes	Mother's First Language:	Arabic
Mother's DOB:	01/01/1980	Mother's Ethnicity:	Sudanese	Parental needs (learning difficulties, physical disabilities)		Telephone Number:	07123456789
Father's Name:	Joe Bloggs	Father's address if different from child:		Is an interpreter required:	No	Father's First Language:	Arabic and English
Father's DOB	01/01/1980						
Father's Ethnicity:	Sudanese	Parental needs (learning difficulties, physical disabilities)		Telephone Number:	Not known	Does father have PR:	Yes
Name and DOB:		Relationship to child:		Does this person have PR:		Is an interpreter required:	
Name and DOB:		Relationship to child:		Does this person have PR:		Is an interpreter required:	

OTHER HOUSEHOLD MEMBERS (including NON-Family members)

Name:	Joseph Bloggs	D.O.B:	01/01/2012	Relationship to Child:	Brother
Name:	Jodie Bloggs	D.O.B:	01/01/2018	Relationship to Child:	Sister
Name:		D.O.B:		Relationship to Child:	
Name:		D.O.B:		Relationship to Child:	
Name:		D.O.B:		Relationship to Child:	
Are all children in this **household** subject to this referral:		☐ YES	☐ NO		

SIGNIFICANT OTHERS WHO ARE NOT MEMBERS OF THE CHILD'S HOUSEHOLD

(i.e. alleged offender; other family members you consider relevant to this referral; fathers of half/ step siblings; partners of parent-carer)

Name:		D.O.B:		Address:		Relationship to child:	

Name:		D.O.B:		Address:		Relationship to child:	
Name:		D.O.B:		Address:		Relationship to child:	

REFERRAL INFORMATION

(Guidance notes have been produced to assist the person submitting this referral)

Referred by (name):	Alice Fairman	Agency/ relationship to child:	Safeguarding midwife	Does the referrer wish to remain anonymous:	***(please note a professional cannot refer anonymously)***
Address:	UHW Heath Park Cardiff CF14 4XW	Telephone Number:	02920 748961	Email:	Alice.fairman@wales.nhs.uk

Reason for report:

☐ *Physical Abuse* ☐ *Sexual Abuse* ☐ *Emotional Abuse*

☐ *Neglect* ☐ *Financial Abuse*

☐ *Other - please specify below (e.g. contextual safeguarding, CE, CSE, FGM, Forced Marriage, parental substance/alcohol misuse, parental learning disabilities, parental mental ill health, parental physical ill health, domestic abuse)*

FGM

Request for services:

☐ *Initial advice and assistance* ☐ *Care and support needs*

☐ *Child with disabilities* ☐ *Child protection*

What has already happened and what are the circumstances now: include any Harm Statements

Detail the reasons why you are contacting/referring including any details of the date, time and place where any alleged harm occurred. State concerns and impact on child/ren. Include any past incidents that add context and are relevant to the referral.

Jane Bloggs was born in the city of Dafur in Sudan and had type 3 FGM performed when she was approximately 5 years old. Jane sadly had to experience the procedure twice in the space of a week due to complications and still remembers the pain.
Jane has lived in the UK now for almost 10 years and has had the FGM deinfibulated (type 3 FGM opened up to reduce symptoms and increase chance of natural child birth) in 2012 with the birth of her first child and has NOT been re-infibulated since.
Jane has given birth on the 01/01/2020 via a normal delivery without complications, she no longer suffers any symptoms from her FGM. This is the couple's second female child and were made aware during the pregnancy that if she gave birth to a female child a MARF would be required as per the Wales Safeguarding Procedures and both Jane and her husband consented to this referral.
Jane has stated that her 2 year old daughter Jodie has not had FGM.

What are you worried about now? (What are the risks or vulnerabilities?)**:**

State actual concerns, and impact on child / ren. Young person not understanding the risk; escalation of risk if not supported; short term and long term risks to overall wellbeing
PLEASE ALSO DETAIL ANY RISK WHICH MAY AFFECT THE SAFETY OF STAFF

One risk factor of maternal FGM with female infant.

What is working well and what are the strengths?:

Positive/ protective relationships; family are keen to engage; good family network, trusted adults;
Jane and her husband are aware of the Legislation and both understand the implications of this practice, and would not wish this to be carried out on their daughter.
Jane attended FGM clinic during her pregnancy in 2018 when the clinic had first been set up and had a full assessment with Emily Brace (FGM midwife at the time) and had a good understanding of the harm of FGM and is strongly opposed to its practice.
FGM is illegal in some areas of Sudan and Jane did not raise any concerns regarding her wider family.
The family have no plans to travel in the near future.

What are the barriers:	*Reluctance to engage with support; financial difficulties; child care issues; communication issues (language/ hearing/ visual impairment)* *N/A*
What action/ support has already been undertaken in yours and other agencies to address these concerns:	*Include details of referrals to other services i.e. Early Help. Also include information where referrals have been made to other agencies, ie. Preventions* FGM risk assessment completed (end of MARF) Health assessment Discussion around legalities and need for referral. Womens wellbeing appointment arranged by midwife and attended by Jane.
What other assessments have been undertaken by other agencies (if known)**:**	*e.g. DASH; SERAF; MIRAF; Routine enquiry and CSERQ4, Recent medical examinations (including child protection medicals); any health assessments* Previous assessment by social services
What are the expected outcomes of this referral:	*Safeguarding assessment undertaken to assess potential risk; services are put in place to support the child/ family; information is recorded for the child* Strategy discussion as per local protocol.
Any other relevant information:	*Are you aware of the child previously being named on the child protection register or being "looked after" previously; aware of previous convictions/ safeguarding concerns in relation to the alleged abuser*

KEY AGENCIES

Agency:	**Name:**	**Address:**	**Telephone Number:**
GP	Cardiff GP		02921 832001
Health Visitor/Midwife	Jane Salisbury		02921 832001
Nursery/ School			
Other Agency (please specify)			

Indicator	Yes	No	Details
Consider Risk			
Woman discloses FGM herself (child's mother or influential guardian)	X		Country where the FGM was performed: Sudan
Woman/husband or partner comes from a community known to practice FGM	X		Sudanese
Woman/husband or partner have limited or no understanding of the harm associated with FGM or UK Law		X	Very good understanding
Child within the household under the care of an influential family member who has undergone FGM	X		Jane herself but does not believe in practice.
Woman's nieces, siblings or other associated family members have undergone FGM	x		Jane's sisters but not nieces.
Woman has failed to attend FGM clinic appointment or follow up FGM appointment		x	Appointment attended and engaged well
Parents say that they or a relative are going abroad for a prolonged period with a child		x	
FGM is referred to in conversation by the child, family member or friend		x	
Significant or Immediate Risk	**Yes**	**No**	**Details**
Woman already has daughters who have undergone FGM		x	If yes, has Police 101 been contacted? Yes ☐ No ☐ If Yes, Crime Reference Number :
Parent or family member expresses concern that FGM may be carried out		x	
Woman or woman's partner/family member requesting reinfibulation following childbirth		x	
Woman states that FGM is integral to cultural or religious identity		x	
Family are already known to social services – (if FGM identified within the family, then information must be shared)		x	
Girl herself discloses she has had FGM or her siblings have had some type of celebratory procedure		x	
A child or sibling asks for help relating to FGM		x	
Girl has spoken about going away for a 'special celebration' or 'special procedure' (to become a woman or be like my mum/sister)		x	

SUBMISSION OF THE REFERRAL

Completed referrals to be sent to Safeguarding.referrals@wales.nhs.uk

OUT OF HOURS/ EMERGENCY DUTY

Between the hours of 17:00pm - 08.30am Monday to Thursday, Weekends and Bank Holidays.
Friday 16:30pm – 08:30am

YOU MUST PHONE

your concerns through to the Emergency Duty Team

029 2078 8570

then complete the Multi Agency Report (Referral) Form (MARF) and send to

Safeguarding.referrals@wales.nhs.uk

Back to Contents

17 Example case conference report

MIDWIFE REPORT FOR INITIAL CHILD PROTECTION CONFERENCE ON Baby Bloggs on 01/01/16

1. Family Structure

Surname	Forenames	DOB	Relationship to Child
Bloggs	**Jane**		**Mother**
Bloggs	**Unborn**		**Unborn**

Address: 123 Cardiff Road, Cardiff, CF11 1CF

MW: Alice Fairman (ELAN midwife)

2. Information regarding incident or concerns that led to the convening of this child protection conference

Two children on child protection register.

3. Any relevant background information, frequency of contacts etc

19/05/2016 - Home assessment with Alice Fairman ELAN midwife – Present

26-05-2016- Booking appointment at UHW – dating scan.- Attended

03-06-2016– Glucose tolerance test- Cancelled by Jane

22/06/2016- Home antenatal check - Present

07-07-2016– Consultant appointment and glucose tolerance test- Attended

11-08-2016– Consultant appointment- Awaiting

4. Pregnancy progress.

Jane booked the current pregnancy later than the recommended range at 30weeks, providing a due date of the 1st August 2016. A booking appointment ideally should occur between 12- 14 weeks gestation at the latest, to ensure all blood tests, and scans are accurate and actions can be taken in a timely manner. Jane consented to all routine blood tests, which were returned as within the normal ranges and no anomalies were found on scan.

This pregnancy was unplanned and the father to Jane's other two children, Joe Bloggs has been provided as the father to the unborn. Jane booked for consultant led care in view of the late booking and the increased medical risk to the unborn associated. Jane has been referred for a glucose tolerance test to rule out diabetes due to previous large babies and a family history, however this result has been returned as normal.

home visits. She did also inform myself at booking of the involvement with social services making the referral to ELAN straight forward. Jane is under the care of ELAN for closer monitoring and support in the pregnancy due to the involvement of social services and the history of domestic abuse.

The pregnancy is progressing well and Jane is currently 37 weeks gestation. Despite being an unplanned pregnancy, Jane now seems more excited for the future birth and has found out she is expecting a boy, and has begun preparing.

5. Unborns developmental needs e.g. health, education, emotional and behavioural development, identity, family and social relationships, social presentation, selfcare skills
(To include) Health, Education, Emotional, Behavioural Development, Identify, Family and Social Relationship, Social Presentation, Self Care Skills ***and the parent's capacity to meet those needs***

Jane has cut down on smoking and denies any misuse of substances. No PPNs have been received in the pregnancy.

Jane denies being in a relationship with Joe and all responses to the routine enquiry have been negative. However it is important to note that given the current due date the approximate date of conception would have been in the weeks including the 5-13th November 2015, therefore there was still some element of a relationship going on at this stage.

6. Parenting Capacity e.g. basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability

Please consider: - Parental illness, Disability, Periods spent in care, Experience of abuse as a child, Known history of abuse of children, History of violence, Drinking / Drug taking

On visiting the property at Jane's address it has always been clean and tidy and I have seen both children at the property who have been chatty and appropriately dressed and clean. There are dogs at the property however Jane always ensures they are out of the way for my visit and has a baby gate set up to help her limit the dogs access to the living room.

A birth plan will be requested post case conference, to ensure all areas regarding the labour and discharge from hospital are considered.

Jane has discussed possibly breastfeeding the baby, which would ensure significant health benefits for both Jane and the baby.

7. Family and Environmental Factors e.g. family history and functioning, wider family, housing, employment, income, social integration, community resources

Jane is a full time Mother and on the appropriate benefits. There are currently no debts or large outstanding bills that I am aware of. Jane has been provided with healthy start vouchers to ensure healthy eating for the remainder of the pregnancy.

8. Summary of key points for conference (strengths / concerns)

Has attended all consultant and home appointments on time with notes.
Cut down on smoking.
Starting to prepare for baby.
Routine enquiry negative

Concerns

Historic accusations of domestic abuse
Concerns r.e. potential to resume relationship especially with increased pressure of newborn and potentially difficult emotions.
Late booking

This report has been shared with parents NO

Signed:
Team/base: ELAN, UHW
Tel No: 02920745196
Date:1/7/2016

Back to Contents

17 Useful Contact Numbers

Useful	Contacts
Cardiff childrens services	02920 536400 / 02920 536490
Vale childrens services	01446 725202
Emergency duty team (Cardiff and Vale)	02920 788570
Non emergency police	101
Safeguarding team (for advice)	02921 832001 (32001)
Safeguarding midwife	02921 832001 (32001)
Health IDVA (independent domestic violence advisors)	02920 748748
NSPCC FGM Helpline	800 028 3550

Back to Contents

18 References

Wales safeguarding Procedures 2019

National Institute for Health and Clinical Excellence (NICE) Clinical Guideline 89: When to Suspect Child Maltreatment NICE: Full guideline NICE: Quick guide

Social services and wellbeing act (2014)

The Children Act 1989

The Children Act 2004

The Code 2008 . NMC .

Welsh Assembly Government 2006. Safeguarding Children: Working together under the Children Act 2004. Safeguarding Children

Back to Contents