

Standard Operating Procedures for Midwives and Health Visitors on Receipt of Public Protection Notification's (PPN's) regarding Pregnant Women and Children involved in Domestic Abuse.

Document Type:	Standard Operating Procedure
Ref:	(For Non-Clinical References – Contact:
	CTM Corporate Governance@wales.nhs.uk
	For Clinical References – Contact:
	CTM_ClinicalPolicies@wales.nhs.uk
Author:	Lucy Holifield + Belinda Moore
	Clinical Nurse Specialists for Safeguarding
	Children
Executive Sponsor:	Gail Clack
Approved By:	Quality, Safety and Patient Experience Group
Approval / Effective Date:	(10/05/2024)
Review Date:	(10/05/2024)
Version:	1

Target Audience:

	This Standard Operating Procedure applies to all Midwives, Health Visitors, Senior Nurses and Clinical Nurse Specialists for Safeguarding Children across all locations of Cwm Taf Morgannwg University Health Board (CTMUHB).
People who need to have a broad understanding of this document	Head of Nursing CYP Deputy Head of Nursing CYP
People who need to know that this document exists	Senior Nurse Quality and Risk CYP

Ref:



Integrated Impact Assessment:

Equality Impact Assessment Date &	Date:		
Outcome	Outcome: Not required as stipulated in the Policy for the Development, Review and Approval of Organisational Wide Policies (CTMUHB 2021)		
Welsh Language Standard	Choose an item.		
Date of approval by Equality Team:	(00/00/0000)		
Aligns to the following Wellbeing of Future Generation Act Objective	Choose an item.		



Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_corporate_Governance@wales.nhs.uk

Ref:



	Standard Operating Procedures for Midwives and Health Visitors on Receipt of Public Protection Notification's (PPN's) regarding Pregnant Women and Children involved in Domestic Abuse.	Page
1	Statement	4
2	Scope	4
3	Aims and Objectives	4
4	Responsibilities 4.1 Administrative process 4.2 On receipt of high risk referral 4.3 On receipt of a medium risk referral 4.4 On receipt of a low risk	4
5	References	6
6	Main Relevant Legislation	7
	Appendices	
	Appendix 1 – Domestic Abuse MARAC Referral Form	8
	Appendix 2 - All Wales Domestic Abuse Pathway DA2	9
	Appendix 3 – C1 Referral Form	10

Ref:

1. STATEMENT

The Health Professional's responses to PPN's can have a positive impact on the outcome of children, young people and their families. The role of the health professional includes risk assessment, information sharing, maintaining confidentiality and providing ongoing support.

Violence against women, domestic abuse and sexual violence require a Public Service response. Professional confidence to identify these issues, to ask about them and to respond effectively is fundamental for good practice across the relevant authorities. Violence Against Women, Domestic Abuse and Sexual Violence (Wales), (2015).

2. SCOPE OF POLICY

This Standard Operating Procedure applies to all Midwives, Health Visitors, Senior Nurses and CNS for Safeguarding Children across all locations of the UHB.

3. AIMS AND OBJECTIVES

The aim of this standard operating procedure is to ensure good practice when a PPN is received and to promote safety for women, children and families in our care.

- To provide staff with clear guidance in relation to their responsibilities, in respect of their responses when they receive a PPN.
- To ensure there are clear processes in place which staff are aware of.

4. RESPONSIBILITIES

4.1 The PPN's are sent from police via the secure Criminal Justice System eMail (CJSM) to two Safeguarding admin teams. They will send on to the relevant Midwife/Health Visitor, copying in the Team leader.

4.2 On receipt of a **High Risk** Referral:-

- Review the PPN, Health Records and all information known about the Children and Family.
- Contact the Information Advice & Assistance Team (IAA) team to find out if the
 case is open or closed. The IAA team will be able to tell you the name of the
 Social Worker if the case is open to Children's Services. If the case is closed
 they will be unable to share any information under the General Data Protection
 Regulation (GDPR) regulations.
- If safe to do so complete the All Wales Domestic Abuse pathway (DA2) and the Coordinated Action against Domestic Abuse Domestic Abuse, Stalking and Honour based violence Risk Identification Checklist Domestic Abuse (CAADA-

Ref:

DASH RIC) to assess risk and refer to Multi-Agency Risk Assessment Conference (MARAC) if required.

- Discussion should take place between Midwife and Health Visitor in any case where both professionals are involved with the family.
- Document all discussions and actions in Community Health Records and Hospital Held Maternity records or Cause for Concern (CFC) file in accordance with CTMUHB record keeping guidelines.
- File the PPN in the Safeguarding section of the records and in hospital held maternity or CFC file, document the receipt of the PPN in the chronology and the family record.
- Discuss with CNS Safeguarding or Safeguarding Midwife if support or advice needed.
- Arrange a home visit to ensure family have ongoing support. Discuss the PPN if safe to do so, ensuring no action on the part of the Health Professional compromises her safety or that of any children.
- Discuss with other Health Professionals working with the family where judgement indicates that they need to know the circumstances.
- Following Child Protection enquiries the Health Professional should ensure that the family have ongoing support.
- If at any time the unborn child or child is believed to be at risk a C1 must be submitted immediately.

4.3 On receipt of a **Medium Risk** Referral

- Review the PPN, Health Records and all information known about the children and family.
- Contact the IAA team to find out if the case is open or closed. The IAA team will be able to tell you the name of the Social Worker if the case is open to Children's Services. If the case is closed they will be unable to share any information under the GDPR regulations.
- If safe to do so complete DASH RIC/DA2 assessment to assess risk and refer to MARAC if required.
- Discussion should take place between Midwife and Health Visitor in any case where both professionals are involved with the family.
- Document all discussions and actions in Community Health Records and in the hospital held maternity records or CFC file in accordance with CTMUHB record keeping guidelines.

Ref:

- File the PPN in the Safeguarding section of the records in hospital held maternity or CFC file, document the receipt of the PPN in the chronology and the family record.
- Contact family to offer support and assess if a home visit is required.
- Document any discussions, actions and plan in Community Health Records.
- Discuss with other health professionals working with the family where judgement indicates that they need to know the circumstances.
- Discuss with CNS Safeguarding or Safeguarding Midwife if any support or advice is needed.
- Re-assess if frequent Medium or low risk PPN'S are received and discuss with CNS Safeguarding to consider C1 referral.

4.4 On receipt of a **Low Risk** Referral

- Review the PPN, Health Records and all information known about the Children and Family.
- Assess if a telephone contact/home visit is required or whether the matter can be raised at the next contact. Consider Completion of DASH-RIC/DA2 ASSESSMENT.
- File PPN in the Safeguarding section of the records and in hospital held maternity records or CFC file, document the receipt of the PPN in the chronology and the family record.
- Re-assess if frequent low risk PPN'S are received and discuss with CNS Safeguarding or Safeguarding Midwife to consider C1 referral.

5. REFERENCES

General Data Protection Regulation (GDPR) and the Data Protection Act 2018 Available at: https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation (Accessed 2.11.2020)

UNICEF (2006) Behind Closed Doors: The Impact of Domestic Violence on Children, [Online] Available at: https://www.unicef.org/media/files/BehindClosedDoors.pdf (Accessed: 2.11.2020)

<u>Harold,G; Acquah,D; H Chowdry,H; and Sellers,R</u> (2016) What works to enhance interparental relationships and improve outcomes for children? EIF (Summary: pp 5) https://www.eif.org.uk/report/what-works-to-enhance-interparental-relationships-and-improve-outcomes-for-children/ Available at:

https://www.safeguarding.wales/chi/c6/c6.p4.html (Accessed:20.01.2021)

Ref:

Welsh Adverse Childhood Experiences Study (2015)
Public Health Wales (2015) Welsh Adverse Childhood Experiences (ACE) Study.
Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population. Available at: http://www.cph.org.uk/wp-content/uploads/2016/01/ACE-Report-FINAL-E.pdf (Accessed: 20.01.2021)

Social Services and Well-being (Wales) Act 2014. Available at: http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw/20140004 en.pdf (Accessed: 20.01.2021)

Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. Available at:

http://gov.wales/docs/dsjlg/publications/commsafety/150501-explanatory-memorandum-vawdasv-en.pdf (Accessed: 2.11.2021)

6. MAIN RELEVANT LEGISLATION

The legislation that guides this Standard Operating Procedure is the Violence Against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015.

APPENDIX 1

DOMESTIC ABUSE MARAC REFERRAL FORM



Ref:

APPENDIX 2

All Wales Domestic Abuse Pathway

DA2 - Pathway to be completed when there is a disclosure of abuse



APPENDIX 3

C1 Referral Form

