MATERNITY SAFEGUARDING POLICY

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POLICY

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POLICY

1. KEY DEFINITIONS

Advocate

The advocate's role is widely described as 'protecting the rights of children', 'speaking up' on behalf of children or enabling them to 'have a voice' or 'put their views across' or gain access to much needed services.

Children and Young People

We define children and young people as all those who have not yet reached their 18th birthday. The unborn child must also be considered.

Children that are looked after

This term is used to describe any child who is in the care of the local authority or who is provided with accommodation by the local authority social services department for a continuous period of more than 24 hours. This covers children in respect of whom a compulsory care order or other court order has been made. It also refers to children accommodated voluntarily, including under an agreed series of short-term placements which may be called short breaks, family link placements or respite care, as well as those who are on remand.

Care leavers

Those children and young people formerly in care before the age of 18 years of age. Such care could be in foster care, residential care (mainly children's homes), or other arrangements outside the immediate or extended family.

Child maltreatment

Child maltreatment is the abuse and neglect that occurs to children under 18 years of age, including the unborn child. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Witnessing domestic abuse – seeing or hearing the ill-treatment of another – is child abuse.

Child protection

Child protection is a part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer significant harm as a result of maltreatment or neglect.

Safeguarding

The term safeguarding and promoting the welfare of children is defined in Working Together (2018) as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable

Parental responsibility

All mothers and most fathers have legal rights and responsibilities as a parent – known as parental responsibility. A mother automatically has parental responsibility for her child from birth. A father usually has parental responsibility if he's either:

1. married to the child's mother
2. listed on the birth certificate (after a certain date, depending on which part of the UK the child was born in).

2. INTRODUCTION AND WHO THE GUIDLINE APPLIES TO

All staff working within Maternity Services at Northampton General Hospital has a role in identifying risk 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 needs to be aware of national and local procedures and their responsibility in relation to these.

This policy has been developed in addition to the existing Safeguarding Children Policy at NGH to support staff in safeguarding pregnant women, unborn child and family. The safeguarding children policy can be accessed via NGH website reference NGH-PO-243.

'Safeguarding means protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility.

Those most in need of protection include:

- Children and young people
- Adults at risk, such as those receiving care in their own home, people with physical, sensory and mental impairments, and those with learning disabilities.

All staff, whether they work in a hospital, a care home, in general practice, or in providing community care, and whether they are employed by a public sector, private, or not-for-profit organisation, have a responsibility to safeguard children and adults at risk of abuse or neglect in the NHS.' (NHS England, 2020)

3. LEGISLATION

The Maternity Safeguarding policy has been produced in line with Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children (DCF 2018) which provides a comprehensive framework for the care and protection of children. This statutory guidance should be read and followed by strategic and senior leaders and frontline practitioners of all organisations and agencies. This guidance focuses on the core legal requirements making it clear what individuals, organisations and agencies must and should do to keep children safe. In doing so, it seeks to emphasise that effective safeguarding is achieved by putting children at the centre of the system and, by every individual and agency playing their full part.

https://www.gov.uk/government/consultations/working-together-to-safeguard-children-revisions-to-statutory-guidance

It should be read in conjunction with the Local Safeguarding Children's Partnership Board for Northamptonshire policies and procedures online manual.

www.northamptonshirescb.org.uk/about-northamptonshire-safeguarding-children-partnership/policies/

This policy reflects the principles recognising children's rights to expression and receiving information contained within the United Nations Convention on the Rights of the Child 1989 (ratified by the UK in 1991) for a summary please see:

http://www.unicef.org.uk/Documents/Publication-pdfs/crcsummary.pdf?epslanguage=en and the European Convention for the Protection of Human Rights(1950) http://conventions.coe.int/Treaty/Commun/QueVoulezVous.asp?NT=005&CL=ENG
It also meets the requirements of the Children Act 1989

http://www.legislation.gov.uk/ukpga/1989/41/contents which provides a comprehensive framework for the care and protection of children and young people, and the Children Act 2004 http://www.legislation.gov.uk/ukpga/2004/31/contents.

Northampton General Hospital has a statutory requirement to ensure it is compliant with Section 11 of the Children Act 2004 and with the Care Quality Commission (Registration) Regulations (2009). This means we are required to have an Executive Lead for Safeguarding. This is our director of Nursing, Midwifery and Patient services, Sheran Oke.

4. SAFEGUARDING CHILDREN

Babies are particularly vulnerable to abuse. If concerns are identified at an early stage, support and intervention can be put into place by agencies to help minimise any potential harm to the baby and family. It is important that midwives understand the different levels of risk and harm that children are exposed to and the impact this can have on families.

Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

Working Together to Safeguard Children (2018).

Effective information sharing between practitioners, local organisations and agencies is essential for early identification or need, assessment and service provision to keep children safe.

5. ADULT SAFEGUARDING

Adult safeguarding means to work with an individual to protect their right to live in safety, free from abuse, harm and neglect. This can include both proactive and reactive interventions to support health and wellbeing with the engagement of the individual and their wider community. The aim is to enable the individual to live free from fear and harm and have their rights and choices respected.

There are ten categories of abuse which adults can experience, these are;

1. Physical abuse
2. Sexual abuse
3. Psychological abuse
4. Financial abuse or material abuse
5. Neglect and/or acts of omission
6. Self-neglect
7. Domestic abuse (including Female Genitial Multilation)
8. Discriminatory abuse
9. Organisational abuse
10. Modern slavery

Please refer to safeguarding vulnerable adults policy-
https://thestreet/ClinicalInformation/Safeguarding-Service/SafeguardingAdults/Downloads/Safeguarding-Vulnerable-Adults-Policy.pdf

6. INFORMATION SHARING

Within the Caldecott report, the Data Protection Act 1998 or the Human Rights Act 1998 there is nothing stipulated which should prevent the justifiable and lawful exchange of information for the protection of children. Research and expertise show that keeping children safe from harm requires professionals and agencies to share information. Normally personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of the information. Where there are concerns that a child is or maybe at risk of harm, the needs of the child must come first and consent may not be possible, the safety of the child over rules consent.

If the woman moves area during the pregnancy or in the post-natal period; handover of care is required to include all relevant safeguarding information to the local hospital that mother will be supported by.

Midwives need to work collaboratively through a multi-agency approach to ensure relevant and factual information is shared for the purpose of safeguarding.

7. MATERNITY SAFEGUARDING TEAM

We have a Maternity Safeguarding Team based at Northampton General Hospital. The maternity safeguarding team also supports the Neonatal and Gynaecology services at NGH.

The team consists of a Named Midwife for safeguarding (1.0WTE) and two safeguarding midwives (1.4WTE) The team advise and support staff on any safeguarding concerns, deliver training, undertake audit, and participate in multi-agency meetings as part of the requirement of our local Safeguarding Children Boards to ensure systems and processes are in place to safeguard children.

The maternity safeguarding team can be contacted via-
Landline 01604 544 225
Mobile 07748 646170
Email Sgoffice.ngh@nhs.net

8. TRAINING

Staff should have the knowledge and skills relevant to their area of practice to contribute to safeguarding children from harm. Midwives are required to complete three hours of level three children's safeguarding training annually in accordance with the Intercollegiate document. Midwives are required to contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person and/or parenting capacity (regardless of whether there have been previously identified child protection/safeguarding concerns or not) (RCN, 2019).

9. SAFEGUARDING SUPERVISION

If the midwife is unsure whether social care thresholds have been met, the midwife must liaise with the maternity safeguarding team to arrange supervision. The supervision can be completed over the phone or face-to-face.

All safeguarding supervision will be uploaded onto Maternity Medway and the maternity supervision database will be updated by the safeguarding team.

Further information regarding safeguarding supervision at NGH can be accessed - https://netconsent.ngh.nhs.uk/NETconsentPMC/content

10. RECORD KEEPING

Contemporaneous record keeping is essential across maternity services, specifically when safeguarding concerns have been identified.

Important information to be documented and considered at each consultation;

- Who is present with the woman during the consultation, to include the name of attending family members and what relation they are to the woman
- Woman's presentation, such as appropriate clothing and cleanliness
- Household arrangements
- Accompanied adult or child's presentation
- Any worrying interactions between adults or children present.
- Exploration of finances and the woman's basic amenities
- Does the woman/ family require, currently in receipt of or request any social support.
- Explore any relationships that have recently broken down and any new individuals that become involved with the family
- Consider any other agencies that may be supporting the family, such as police, probation or substance misuse services.

- If the woman is or has received care out of area it is essential that handover is documented and the midwife is to ask if they have identified any safeguarding concerns on receipt of the information.
- If concerns are identified within the family home then the midwife must elaborate on the findings and use the appropriate tools to establish the risks. The tools used to identify and explore the safeguarding concerns should be filed within maternity records.

Safeguarding tools-

Neglect toolkit-

file://intranet.ngh.nhs.uk/Users/UserData/Userdata-RZ/SmithRH1/My%20Documents/NSCB-Neglect-Toolkit.pdf

Dog assessment- **See appendix D**

CSE risk assessment form- **See appendix E**

11. THE SAFEGUARDING ASSESSMENT

When there is cause for concern whether identified through assessment or from information gained, staff must refer to the Northamptonshire Levels of Need: Child and Young people's developmental Needs, which will support staff in establishing the level of need required for the woman and family. The thresholds can be assessed-

https://www.northamptonshire.gov.uk/councilservices/children-families-education/help-and-protection-for-children/Documents/NSCB%20Thresholds%20Guidance%202018.pdf

Some reasons staff may have for raising a safeguarding concern may include-

- Where the woman's previous children have been removed by social care because they have suffered harm.
- Sibling to the unborn is previously known or is an open case to social care.
- Previous or current Domestic Abuse experienced in this relationship
- Concerns identified in relation to woman's parenting capacity including
- learning disability, difficulty or where the woman has a lack of mental capacity.
- Any child under the age of 14 who is pregnant (child sexual exploitation)
- Any child or woman who has been a looked after child herself.
- The lifestyle choices of the expectant mother to include association with risky adults who would be deemed a risk to the baby when born. For example, the unborn's parents misusing alcohol and/or drugs.
- Where the woman discloses that she has had Female Genital Mutilation and there is an significant/immediate risk to unborn or existing children, or one of the siblings has undergone FGM (see FGM policy)
- Concealed or Denied pregnancy
- Serious mental Health concerns, either previous or current that remain unmanaged.

- Where a woman is at risk of Modern Day Slavery
- Where a woman or her family are at risk Human Trafficking (If you believe a person is being trafficked and is in immediate danger, you should call 999 straight away). This is not an exhaustive or definitive list and each safeguarding assessment should be reviewed individually, if necessary support should be sought from the maternity safeguarding team.

It is essential for midwives to exert professional curiosity when supporting women and their families. If something is out of the ordinary it requires professional curiosity and not taking everything at face value. It is essential that midwives look for warning indicators and should not take things at face value, recognising that people may say what they want the midwives to hear. A midwife is expected to ask questions about background, context and home life which might then trigger concerns and further action accordingly.

The midwife making the referral is responsible for following up the written referral once identified. Where problems arise in relation to inter-agency communication, the midwife will be responsible for alerting the Safeguarding Team.

Although safeguarding concerns are often identified at booking, midwives are responsible for the on- going assessment of the woman throughout the pregnancy, labour and post-natal period. Concerns may be identified at any time and the individual identifying such concerns is responsible for initiating an interagency referral form (MASH referral). Any new referral should be shared with the woman's named or booking midwife, whichever is relevant.

Where a midwife has concerns or suspects that there are safeguarding issues, early communication with Social Services is advised to ensure all information is shared. To obtain further information, the patient's Base folder, Symphony (A&E records) and GP records are to be screened for additional safeguarding concerns.

See Appendix A which demonstrates the process required when a safeguarding concern is noted. For urgent concerns regarding the well-being of children a telephone referral will need to be made immediately, in addition to the written MASH referral. In some circumstances, it may be necessary to call the police to safeguard the child.

Northamptonshire MASH is open to referrals 0900-1700 Monday to Friday and is contactable on 0300 126 1000 Option 1 Option 1 to make an initial verbal referral where immediate safeguarding action is required. Any verbal referral is to be followed up with an

electronic referral prior to the end of the employee's shift to ensure contemporaneous record keeping.

The Social Services Out of Hours team is contactable on 01604 626938 after 5 p.m. Monday to Friday or at the weekend or Bank Holidays

Once the MASH referral has been completed, a copy of the referral must be forwarded to-

- NGH Maternity safeguarding team- Sgoffice.ngh@nhs.net
- Northamptonshire Health Visiting services (0-19safeguarding.admin@nhs.net)
- woman's GP practice (see Appendix C)

It is essential to share this information to ensure the safeguarding concerns are shared with the relevant health professionals.

On receipt of the MASH referral, the maternity safeguarding team will review and upload the referral onto Maternity Medway and add an alert onto the woman's records to indicate a referral has been made.

It is the responsibility of the midwife having contact with the woman to review the safeguarding information and action appropriately at each appointment, regardless of on-going involvement with the woman.

If the case progresses to a single assessment then the NGH Central team midwives will be informed via email- centralteamreferrals@nhs.net, who will be asked to case hold the woman.

If safeguarding concerns are noted and no safeguarding referral has been made then a Datix should be completed.

12. RECOGNISING SAFEGUARDING CONCERNS ON MATERNITY MEDWAY

Professionals are able to recognise if there are safeguarding concerns by noting the blue bar along the top of the patient's Maternity Medway records.

MASH REF- This means that a Multi-Agency Safeguarding Hub referral has been sent by maternity services and is uploaded onto Medway.

MASH OUTCOME- This means that MASH has sent an outcome to a referral which they have received.

Child Protection Plan- This indicates that the unborn/baby is subject to a child protection plan, meaning that professionals have shared information that would indicate that the child is at risk of significant harm.
A child protection plan is a plan drawn up by the local authority. It sets out how the child can be kept safe, how things can be made better for the family and what support they will need. As a parent, you should be told:

- the reason for the plan
- what you should do to make sure the child is protected
- what services are being offered
- Who you should contact for more information.

Child In Need Plan- This indicates that the unborn/baby is subject to a child in need plan. Children in need are defined in law as children who are aged under 18 and:

- need local authority services to achieve or maintain a reasonable standard of health or development
- need local authority services to prevent significant or further harm to health or development
- are disabled

Domestic Abuse- This indicates that a domestic abuse notification has been received from Northamptonshire Police.

MARAC- This indicates that the woman has been discussed at MARAC during the pregnancy.

Pre-birth Plan- If an unborn child is subject to a Child In Need or Child Protection Plan, a pre-birth discharge planning meeting is convened. The meeting takes place between the maternity safeguarding midwife and the allocated social worker. This alert will indicate that a pre-birth plan has been completed.

Case Closed- This indicates that the local authority are not currently involved with the woman/ family and there is no allocated social worker.

If a safeguarding alert is noted on mother's Medway records, the relevant safeguarding forms/referrals can be found on the documents section on Medway. If the case is being escalated by the maternity safeguarding team some emails will be added into the documents for staff to review if required. A 'safeguarding summary' document may be uploaded onto maternity Medway, which will include current and historical safeguarding concerns, contact details for social workers and the relevant plan (See Appendix B).

It is the responsibility of the professional receiving the safeguarding information to update the alerts on Maternity Medway; if assistance is required the professional is to liaise with the maternity safeguarding team.

13. MIDWIFE BOOKING APPOINTMENT

The booking interview gives midwives the opportunity to meet women and their families at the early stages of pregnancy. The purpose of the booking interview in relation to safeguarding children is to undertake an initial assessment.

At the booking appointment where a safeguarding concern is identified, following discussion regarding concerns with the woman, she should be notified of the need to share the information and the referral being made. A MASH referral form should be completed. The referral should be completed with appropriate and adequate information. A referral to social care / enquiry should be made to collate relevant information and added to the MASH referral.

It is essential that these records are maintained to a high standard so that verbal and written communication is clearly documented.

The responsibility for the overall care of the woman is with the Midwife. In most cases this is the named community midwife as she provides the most continuity of care in the antenatal period, as a result knows this woman best.

However the responsibility does not lie exclusively with the named community midwife, but any healthcare practitioner that provides care to the mother and her family.

The Community midwife is responsible for ensuring robust communication with her colleagues so that all team members are aware of any safeguarding referrals within their

area of practice. In addition, she will ensure good communication with the Health Visiting Service and the GP for that woman during the ante natal and postnatal period.

The named midwife for the woman will attend multi-agency meetings or ensure that a nominated colleague attends in her place. If the named midwife cannot attend she must provide a report and inform both the safeguarding team and the social worker of their non-attendance forwarding them a copy of their report.

Referrals to social services must include as much information as possible regarding the woman, her family and the specific concerns in relation to safeguarding children.

The community midwife is to explain the role of the Central team to the woman and the woman to decide whether she is happy to receive their support. If the woman does not wish to be supported by the Central team, then this must be articulated in the MASH referral.

The midwife will need to explain to the mother that if an assessment is to be completed by the local authority then it would be recommended she is support by a Central team midwife. If safeguarding concerns are identified at booking/ antenatal period then a home visit is to be completed by community midwives before 32 weeks gestation, to ensure adequate home conditions and support is in place.

If the woman is aged 20 or below at the booking appointment, then the midwife is to following the under 20's guideline- https://netconsent.ngh.nhs.uk/NETconsentPMC/content, the midwife is to ensure that appropriate referral is made to the family nurse partnership, with consent. If accepted and the woman engages with the programme then the midwife is to continue to liaise with the Family Nurse Partnership as the pregnancy progresses.

14. THE CENTRAL TEAM

The Central team complete a weekly allocations meeting each Tuesday, where all the new referrals are discussed and allocated to a midwife if appropriate. Email confirmation will be sent out by the central team confirming the outcome of the referral.

If the case is accepted by the Central team the following processes must take place;

- Medway to be updated to include new allocated midwife information
- Email to be sent to GP and health visitor (0-19 hub) stating that a new midwife has taken over care.
- Email to be sent to MASH stating that a new midwife has taken over care.
- Base folder, symphony and system one records to be screened for additional safeguarding concerns and continually reviewed as appropriate.

If social care close the case during the pregnancy or the outcome of the referral is for an early help assessment to be put into place, then the Central team will need to liaise with the

maternity safeguarding team to ascertain whether the woman is to remain on their caseload.

If it is determined that the woman can be referred back to routine community midwifery services then the Central team midwife will need to email the midwife and the maternity safeguarding team.

If the Central team do not accept the case, they must document on Maternity Medway the rationale and liaise with the maternity safeguarding team.

15. DOMESTIC ABUSE

All midwives are required to routinely ask every woman about domestic abuse at least twice during the woman's pregnancy, as well as adopting a target approach where signs or indicators of domestic abuse are observed at any time throughout maternity services be it following the birth or during the post-natal period.

Please refer to NGH Domestic abuse: Obstetrics and Gynaecology guideline: https://netconsent.ngh.nhs.uk/NETconsentPMC/content?directLink=&noheader=true&pep_name=&type=

16. FEMALE GENITAL MUTILATION

See NGH FGM policy- https://netconsent.ngh.nhs.uk/NETconsentPMC/content

17. DOMESTIC ABUSE NOTIFICATIONS

The maternity safeguarding receives Police Protection Notification's (PPN) from Northamptonshire Police on a weekly basis. The maternity safeguarding administrator will alert maternity services of the notification by uploading the following onto Maternity Medway:

Confidential information
Domestic abuse notification received from Northamptonshire Police. Incident took place on (**insert date**). DASH completed- (**Standard/Medium/ High**) risk. Perpetrator and context of incident unknown.
Plan-

- Ask domestic abuse questions when mother is alone and when possible.
- Provide mother with the details for domestic abuse services in Northamptonshire. Sunflower Centre- 01604 888211.
  Voice- 0300 303 1965
- If domestic abuse is disclosed liaise with VOICE/ Sunflower Centre on how best to support woman.
- If safeguarding concerns are noted a MASH referral to be completed.

- Any concerns, CMW to liaise with maternity safeguarding team.

The safeguarding administrator will then send an email to the named midwife for the woman, notifying them that a PPN has been received and to review maternity medway.

18. MARAC

Each week the maternity safeguarding team will review the list of MARAC cases to establish if the individuals listed have a booked pregnancy at Northampton General Hospital. When pregnant women are identified, an alert is added onto the woman's Maternity Medway records and an interagency safeguarding referral form (MASH) is to be completed by the named midwife.

The maternity safeguarding administrator will alert maternity services by uploading the following onto Maternity Medway:

Confidential information
Case heard at MARAC on (insert date), alleged perpetrator (include NAME and DOB or perpetrator)
Plan-

- MASH referral to be completed by named midwife for woman, to include any other relevant safeguarding information.
- Ask domestic abuse questions when mother is alone and when possible.
- Provide mother with the details for domestic abuse services in Northamptonshire. Sunflower Centre- 01604 888211.
- Midwife to liaise Sunflower Centre on how best to support woman, an IDVA will be allocated to the victim when case is heard at MARAC.
- Any concerns, CMW to liaise with maternity safeguarding team.

If the midwife completes a MARAC referral it is essential for the midwife to liaise with the MARAC co-ordinator, and will be required to present the case at MARAC. If the midwife is unable to present the case at MARAC the maternity safeguarding team must be notified and MARAC co-ordinator.

If the midwife attends MARAC, it is essential that the woman's records are updated and liaise with social care and the maternity safeguarding team if additional safeguarding concerns are identified. The safety plan from the MARAC is to be included in the records so that professionals are aware of the provisions in place to safeguard the victim and vulnerable individuals.

19. TRAFFIKING/MODERN DAY SLAVERY

Human trafficking is a global crime which affects many individuals worldwide. Midwives may come into contact with women who are being trafficked, specifically those being sexually exploited.

- Keep your eyes and ears open. If you suspect that someone is being controlled or forced by someone else to work or provide services, tell someone.
- If an unknown person appears to be monitoring the movements of a worker or appears to be controlling them in some way, tell someone. This may include the worker being collected and dropped off at work each day.
- If a colleague tells you something you think might indicate that they are being exploited or ill-treated speak to your manager, or seek further advice. Talking to someone about your concerns may stop someone else from being exploited or abused.
- Often victims are physically abused. Does the person you are concerned about have any injuries which appear consistent with abuse or maltreatment? Do they appear scared or frightened?
- People may try to use business premises to traffick people. Be alert and report any suspicious activity.
- Seek advice from your manager, and challenge corporate behaviour if you think that your employer is not doing enough to prevent people from being exploited.

If you think that a situation is not right, ask questions and report any concerns or suspicions you have.

20. SAFEGUARDING PROCEDURES

In 2017, Northamptonshire County Council embedded the Signs of Safety approach with their staff and partners. The model is used to build relationships and working together; with families children, professionals and colleagues.

20.1. STRATEGY MEETINGS

Whenever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm there should be a strategy discussion involving the local authority children's social care (including the residential or fostering service, if the child is looked-after), the police, health and other bodies such as the referring agency. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including during the assessment process and when new information is received on an already open case.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

20.2. CASE CONFERENCE

It is the responsibility of the named midwife to attend the case conference and provide a report of the care she has given. If the midwife is unable to attend the conference herself she should arrange for a team colleague to attend or at the least provide a report for the

conference and inform both the safeguarding team and the named social worker of their non-attendance forwarding them a copy of the report.

This report summarises the midwives involvement with the woman and her family during the pregnancy and/or the postnatal period. It will also include where there have been missed appointments, who the woman attended with, and her preparation for the baby. The midwife should document within the report her professional opinion as to whether she believes the woman has the capacity to safeguard the child and promote their welfare. This should include your decision as to whether the child should be placed on a child protection plan.

The conference report is to be shared with the woman 72 hours prior to the Child Protection Conference.

20.3. THE CORE GROUP

The named midwife should attend the core group meeting. The Core group members review the requirements for the family set out in the Initial child protection plan. The key worker is usually the social worker and other members will include professionals with a specific involvement, including midwives. Core groups are an important forum for working with parents, wider family members, and children of sufficient age and understanding. Where there are conflicts of interest between family members in the work of the core group, the child's best interests should always take precedence.

The date of the first core group meeting must be within ten working days of the initial child protection conference. After that the core group should meet within six weeks of the first meeting and at a minimum frequency of once every two months following the first review conference. More regular meetings could be required according to the needs and age of the child.

20.4. PRE-BIRTH PLAN

A Pre-Birth Planning Meeting should be arranged where there are safeguarding concerns for the unborn child. A Child Protection plan, Child in Need plan or single assessment in place for the unborn child would indicate that a pre-birth plan is required. The meeting should agree a detailed plan to safeguard the baby around the time of birth which should include:

- How long the baby will stay in hospital (for babies born to substance using mothers there needs to be a period of time to monitor for withdrawal symptoms);
- How long the mother will remain on the ward;
- Any advice to be given, re the risks to the baby in relation to breastfeeding due to substance miss use or infections. And if this was provided in the antenatal period;

- If national alerts for missing persons are required, or local ambulance alerts in the event that a mother may choose to birth at home to avoid the removal of the baby at birth or the immediate postnatal period;
- The arrangements for the immediate protection of the baby if the risk assessment has highlighted serious risks to the child e.g. from parental substance misuse, mental health concerns, domestic abuse. This should also include contacting the police or the use of hospital security;
- The risk that the parents might seek to remove the baby from the hospital especially if the plan is to make an application to court for the removal of baby at birth;
- The plan for managing contact with the baby by the mother, father or an extended family and who will supervise the contact;
- The plan for the baby upon discharge, and what visits will be made upon discharge and by which professionals.
- Contingency plans should be in place in the event of a sudden change in circumstances. These should include instructions for hospital staff if the birth happens over the weekend or a Bank Holiday and who to contact if the birth takes place after hours. The Emergency Duty Team should also be notified of the pre-birth plans for the baby.
- Contact number of social services/ named social worker/ emergency duty team for out of hours when the mother is admitted to hospital in established labour.

All agencies should be involved in the development of a safeguarding risk assessment when undertaken. Any risk assessments should be completed at least 4 weeks (by week 33 of pregnancy) before the expected delivery date (where term is 37 weeks). All discussions, decisions and actions should be clearly documented in the appropriate agency record, including dates and names of professionals involved (See Northamptonshire Social care Partnership pre-birth practice guidance-

http://northamptonshirescb.proceduresonline.com/p_pre_birth_pg.html#issues).

All agencies attending the meeting should receive a copy of the plan as well as other relevant agencies for example the parents' GPs. The Lead Midwife should inform midwifery staff of the details of the plan. The pre-birth plan is to be distributed to the relevant health professionals within the Northampton General Hospital and uploaded onto Maternity Medway.

See **Appendix D** for a copy of the NGH pre-birth plans.

It is the midwives responsibility, supported by the safeguarding midwives to attend the pre-birth planning meeting. It is their responsibility to make sure the plan is appropriate for maternity services and the safety of the newborn baby. The plan should include information

regarding any extra support that will be required, the need for parenting logs, supervision and any restrictions on contacts/ visitors to the mother and baby.

All staff are responsible for accessing the plans on Maternity Medway and acting appropriately.

Staff involved in the care of the woman during the birth and the early post-natal period will be responsible for accurately documenting the mother and baby's progress in the patient notes and ensuring that any parenting logs that are required are completed.

20.5. SAFE DISCHARGE MEETING

A safe discharge planning meeting should take place prior to discharge home if new concerns are raised or the pre-birth plan has not taken place. The midwife should request a safe discharge planning meeting with social care prior to the mothers and baby's discharge from hospital to ensure there is a safety plan in place at home.

The midwife should inform the NGH safeguarding midwives of the request and outcome of the meeting. If the meeting is completed by the ward midwife they should document the meeting on Maternity Medway and email the maternity safeguarding team of the plan.

If the mother and the baby are to be discharged home together, midwives working within the ward area have the responsibility to hand over any ongoing care plan and any risks identified to the community. At each postnatal assessment, midwives should assess the safeguarding concerns, which include the family's interaction with the baby.

20.6. REMOVAL OF BABY

When a discussion is made that the baby will not be discharged home with parents, a pre-birth plan should be in place and documented within the mother and baby's records. Included in the plan should be;

- Contact number of social services/ named social worker/ emergency duty team for out of hours when the mother is admitted to hospital in established labour
- Contingency plans if the baby is born outside of hospital
- Parents level of contact with the baby whilst in hospital must be agreed taking into consideration the limitations of supervision available in a busy maternity unit i.e., the parents will have unsupervised contact during their stay.
- Practical care arrangements such as breast feeding
- A decision of whether other hospitals need to be alerted to the plan or ambulance service, should the mother be at risk of birthing at home/ not engaging with maternity care.
- Agreement of who will be responsible for deciding removal arrangements.
- Arrangements for legal proceedings
- Action for midwives to take in the event of the parents attempting to remove the baby from hospital, to include of a police incident or occurrence number where appropriate

The mother and baby are not to be separated unless an order is in place.

20.7. INTERIM CARE ORDER (ICO)

This is when a decision is made by the courts to grant the local authority parental responsibility. This allows the local authority to make decisions about the baby's living arrangements without the permission of the parents. This could mean that the baby goes into a foster placement alone or with its mother into a mother and baby placement. This plan should be available prior to the baby's birth and will be documented on Maternity Medway.

Prior to the discharge from the hospital the midwife must check the ID of the social worker and have site/ confirm the court order. The baby ID labels must be checked along with the mothers prior to discharge/ handover.
Emotional support may be required for the mother, prior to discharge from the maternity unit.

20.8. POLICE PROTECTION ORDER (PPO)

If a professional believes that a child is currently at risk of significant harm under the care of the legal guardian then they must call the police immediately, for police to consider a Police Protection Order.

Under section 46 of the children's act 1989, a police constable has the legal right to remove a child from accommodation or prevent removal, where they have reasonable cause to believe the child would otherwise be likely to suffer significant harm. The child may be kept at the police station or removed to a suitable accommodation (such as remaining/ returning to the hospital) for up to 72 hours. A PPO does not confer Parental Responsibility and the order should allow the parent or any persons with Parental Responsibility to have a reasonable amount of contact. The police will liaise with social care to establish whether an application by the local authority will need to be made for an Emergency Protection Order (EPO).

20.9. EMERGENCY PROTECTION ORDER (EPO)

Under section 44 of the Children Act 1989, the local authority has the legal right to remove a child from accommodation or prevent removal, where they have reasonable cause to believe that the child would otherwise be likely to suffer significant harm. An EPO can be made for 8 days with a possible extension of up to a maximum of fifteen days.

20.10. COURT STATEMENTS

If court proceedings are initiated by the local authority to safeguard children the midwife involved in caring for the mother and baby may be asked to complete a court statement. If an individual professional is named within the court request, they must complete the statement, with support of the maternity safeguarding team if required.

When individual professionals are not named, the hospital may be required to provide a summary of the care in which the mother and baby has received. The safeguarding team will complete these statements upon reviewing the documentation held for mother and baby. Parenting logs completed by hospital staff are valuable for this process. Therefore, it is essential that the logs are regularly updated by staff supporting mother and baby within the hospital, so that a clear and accurate account can be provided to the courts.

20.11. ESCALATING SAFEGUARDING CONCERNS

It is essential that practitioners and front-line staff advocate for the best interests of children, even though this may result in a professional dispute. Escalating concerns within safeguarding is expected Safeguarding decisions

If you are experience a professional dispute it is important that you express your concerns to the professional in a clear and concise way. If your dispute is not resolved, the Maternity Safeguarding team must be contacted who will following the NSCP Escalation pathway until the dispute is resolved

(http://northamptonshirescb.proceduresonline.com/p_conflict_res.html)

21. SAFEGUARDING CHILDREN DURING THE POST NATAL PERIOD

If the mother and the baby are to be discharged home together, midwives have the responsibility to ensure the appropriate community team of midwives are made aware of the ongoing care and support to maintain continuity. For women and babies discharged outside of Northampton General Hospital catchment, verbal handover must take place between the midwife and a midwife working within the mother and/or babies discharge address. This must be documented within the woman's medical records and to include the name of the midwife who received the handover of care. It is essential to include current and historical safeguarding information, current plan and details of the allocated social worker.

At each post-natal visit, midwives should observe, discuss and document attachment, adaptation to parenthood and parenting ability. Capacity to parent and interaction with the baby should be assessed and documented in the postnatal records. Any new safeguarding issues should be documented and reported to the local authority, with support of the maternity safeguarding team if required.

Women and baby's with social care involvement will require postnatal care until they are 28 days post-delivery. Enhanced visits may be required and will be documented within the pre-birth plan.

Verbal handover should take place between the midwife and allocated health visitor to ensure the safeguarding concerns, plan and updates are shared.

22. REGULATION OF POLICY

This policy will be regulated by an annual audit being completed by the maternity safeguarding team. The audit will identify safety, effectiveness, care and response when safeguarding concerns are recognised by maternity services at Northampton General Hospital.

When incidences occur, datix's will be completed; staff supported through supervision and learning from incidences will be shared at level three children's safeguarding training.

23. CONCLUSION

This protocol has been written to support and advise maternity staff how to recognise and manage safeguarding issues in maternity care. Midwives are encouraged to contact the maternity safeguarding team for support, advice and supervision.

APPENDICES

Appendix A Flowchart Process when safeguarding concern is noted

Appendix B GP Practises Secure Emails

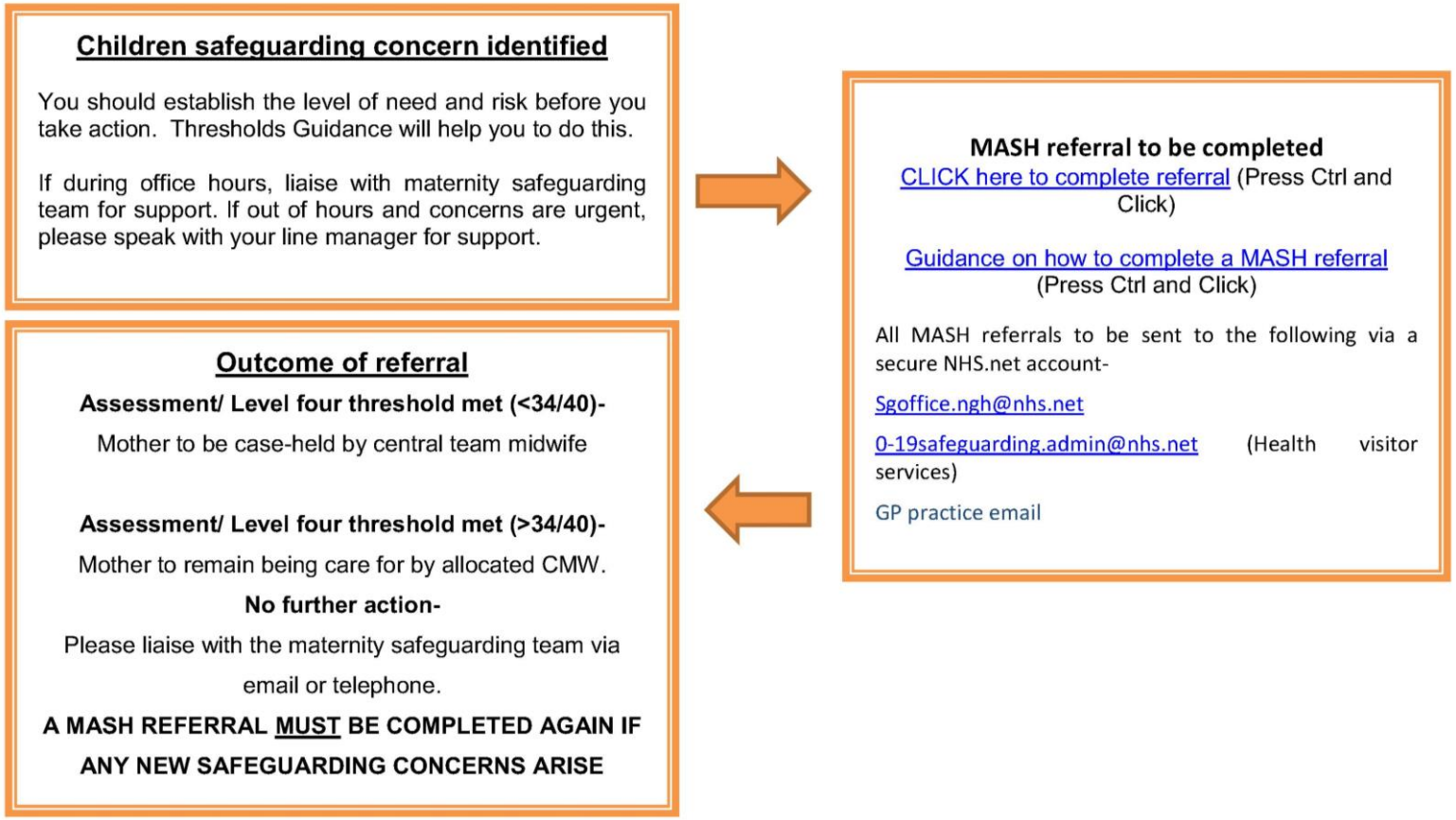
Appendix C Risk Assessment Safer Dogs around Children

Appendix D Child Sexual Exploitation Assessment

Appendix A- Process required when a safeguarding concern is noted

Mother Pregnant- No other children in the family home

Threshold Guidance for NCC- https://www.northamptonshire.gov.uk/councilservices/children-families-education/help-and-protection-for-children/Documents/NSCB%20Thresholds%20Guidance%202018.pdf



Mother Pregnant and children in the family home or postnatal period

Children safeguarding concern identified

You should establish the level of need and risk before you take action. Thresholds Guidance will help you to do this.

If during office hours, liaise with maternity safeguarding team for support. If out of hours and concerns are urgent, please speak with your line manager for support.

Urgent Concerns

If it is an emergency and you think that a child may be in immediate danger please contact the emergency services directly by calling **999**.

If you have an urgent concern please do not hesitate to call the MASH immediately on **0300 126 1000** where you will be able to speak to a professional who will listen to and record your concern. You will be required to submit a written copy of the referral following this conversation if it meets the thresholds for a referral.

If you need to contact MASH urgently during the evening, at night or at the weekend, please phone the out-of-hours team on **01604 626 938**

MASH referral to be completed

CLICK here to complete referral(Press Ctrl and Click)

(Press Ctrl and Click)

All MASH referrals must sent to the following via a secure NHS.net account;

-
- (Health visitor services)
- GP practice email

Outcome of referral

Assessment/ Level four threshold met (<34/40)-

Mother to be case-held by central team midwife

Assessment/ Level four threshold met (>34/40)-

Mother to remain being care for by allocated CMW.

No further action-

Case is to be escalated to maternity safeguarding team.

A MASH REFERRAL MUST BE COMPLETED

POLICY

Appendix B GP Practises Secure Emails

Practice Name	K codes			Secure e-mail address
Abbey House Medical Centre	K83032	SystmOne	Daventry	abbeyhousedaventry.K83032@nhs.net
Abbey Medical Practice	K83047	SystmOne	Wellingborough	abbey.k83047@nhs.net
Abington Medical Centre	K83043	SystmOne	Northampton	abington.k83043@nhs.net
Abington Park Surgery	K83029	SystmOne	Northampton	aps.safeguarding@nhs.net
Albany House Medical Centre	K83026	SystmOne	Wellingborough	pacforms.k83026@nhs.net
Brackley Medical Centre	K83049	SystmOne	Brackley	notificationsk83049@nhs.net
Brook Health Centre	K83620	SystmOne	Towcester	brookhealth.k83620@nhs.net
Brook Medical Centre (N'pton)	k83048	SystmOne	Northampton	reception.k83048@nhs.net
Bugbrooke Medical Centre	K83070	EMISWeb	Bugbrooke	bugbrooke.k83070@nhs.net
Burton Latimer Medical Centre	K83037	SystmOne	Burton Latimer	burtonlatimer.k83037@nhs.net
Byfield Medical Centre	K83031	EMIS PCS	Byfield	byfield.k83031@nhs.net
Castlefields Surgery (Mannock Medical Centre)	Y01139	SystmOne	Wellingborough	castlefieldssurgery.y01139@nhs.net
County Surgery	K83056	Emis LV	Northampton	County.k83056@nhs.net
Crick Medical Practice	K83053	EMIS PCS	Crick	crickmedicalpractice@nhs.net
Sahni	K83610	SystmOne	Northampton	danescamp.k83610@nhs.net
Danetre Medical Practice	K83015	SystmOne	Daventry	information.dmp@nhs.net
Eleanor Cross Healthcare - Delapre Medical Centre & Whitefields Surgery	K83010	SystmOne	Northampton	nccg.safeguarding.k83010@nhs.net
Denton Village Surgery	K83068	SystmOne	Denton	denton.safeguarding@nhs.net
Dryland Medical Centre	K83039	Emis LV	Kettering	K83039.admin@nhs.net
Earls Barton (part of Penvale)	K83081	SystmOne	Earls Barton	ebmc@nhs.net
Eskdaill Medical	K83013	SystmOne	Kettering	nccg.eskdaillnenesafeguarding@nhs.net
Favell Plus Surgery	K83616	SystmOne	Northampton	favellplus@nhs.net

Practice Name	K codes			Secure e-mail address
Great Oakley Medical Centre	K83622	SystmOne	Corby	notificationsk83622@nhs.net
Greens Norton	K83066	SystmOne	Greens Norton	gnwmpadmin@nhs.net
Greenview Surgery	K83077	SystmOne	Northampton	greenview.k83077@nhs.net
Harborough Field Surgery (Dr Wingfield)	K83007	EMISWeb	Rushden	harboroughfield.k83007@nhs.net
Headlands Surgery	K83006	SystmOne	Kettering	Pacforms.K83006@nhs.net
Higham Ferrers Surgery	K83080	EMISWeb	Higham Ferrers	nccg.highamferrerssafeguarding@nhs.net
Irchester Surgery/Summerlee (Finedon)	K83081	SystmOne	Irchester	Irchester.surgery@nhs.net/summerlee.k83081@nhs.net
King Edward Road Surgery	K83012	SystmOne	Northampton	kingedwardroad@nhs.net
Kings Heath	Y00028	SystmOne	Northampton	childprotection.kh@nhs.net
Kingsthorpe Medical Centre	K83035	SystmOne	Northampton	Kingsthorpe.K83035@nhs.net
Lakeside Surgery	K83002	SystmOne	Corby	Paclakeside@nhs.net
Langham Place Surgery	K83027	SystmOne	Northampton	notificationsk83027@nhs.net
Leicester Terrace Healthcare Centre	K83014	SystmOne	Northampton	leicesterterrace.k83014@nhs.net
Linden Medical Centre	K83036	SystmOne	Kettering	safeguarding.linden@nhs.net
Long Buckby Practice	K83019	SystmOne	Long Buckby	K83019.discharges@nhs.net
Maple Access Practice	K83620	SystmOne	Northampton	mapleaccess.nenesafeguarding@nhs.net
Marshalls Road Surgery	K83069	EMISWeb	Raunds	nccg.safeguarding.marshallsroad@nhs.net
Mawsley Surgery	K83625	EMISWeb	Mawsley	Mawsley.k83625@nhs.net
Moulton Surgery	K83009	SystmOne	Northampton	Moulton.k83009@nhs.net
Nene Valley Surgery, Thrapston	K83065	Emis LV	Thrapston	nene.surgery@nhs.net
Park Avenue Medical Centre	K83042	SystmOne	Northampton	safeguarding.k83042@nhs.net
Parklands Surgery, Rushden	K83044	EMISWeb	Rushden	parklands.k83044@nhs.net
Penvale Park Medical Centre(part of Earls Barton)	K83618	Emis LV	Northampton	ebmc@nhs.net
Queensview Medical Centre	K83003	EMIS PCS	Northampton	Nccg.safeguarding.queensview@nhs.net
Queensway Medical Centre	K83005	EMISWeb	Wellingborough	QMC.K83005@nhs.net

Practice Name	K codes			Secure e-mail address
Redwell Medical Centre	K83011	EMISWeb	Wellingborough	Redwell.k83011@nhs.net
Rillwood Medical Centre (partners with Danes Camp)	K83020	Emis LV	Northampton	rillwood.k83020@nhs.net
Rothwell and Desborough	K83021	SystmOne	Rothwell	pacforms.k83021@nhs.net
Rushden Medical Centre (Dr Hanspaul & Partners)	K83024	SystmOne	Rushden	rushden.k83024@nhs.net
Saxon Spires Practice	K83064	EMISWeb	Guilsborough	pacforms.k83064@nhs.net
Spinney Brook Medical Centre	K83028	EMISWeb	Irthlingborough	notificationsk83028@nhs.net
Springfield Surgery	K83018	EMISWeb	Brackley	Secretary.springfieldsurgery@nhs.net
St Lukes Primary Care Centre	K83041	Emis LV	Northampton	gp.k83041@nhs.net
Dr Sumira's Practice, Studfall Medical Centre	K83607	SystmOne	Corby	drsumira.k83607@nhs.net
Summerlee, Finedon	K83081	SystmOne	Finedon	summerlee.k83081@nhs.net
The Cottons	K83030	EMISWeb	Raunds	thecottons.k83030@nhs.net
The Crescent Medical Centre	K83050	EMISWeb	Northampton	Thecrescent.K83050@nhs.net
The Meadows	K83616	SystmOne	Thrapston	themeadows.k83616@nhs.net
The Mounts Medical Centre	K83025	SystmOne	Northampton	admin.k83025@nhs.net
The Parks Medical Practice	K83052	SystmOne	Northampton	theparks.k83052@nhs.net
The Pines	K83008	SystmOne	Northampton	k83008.medications@nhs.net
The Studfall Partnership	K83614	SystmOne	Corby	drkumarandpartners.k83614@nhs.net
Towcester Medical Centre	K83022	EMISWeb	Towcester	Hcsupportk83022@nhs.net
Weavers Medical	K83051	SystmOne	Wellingborough	weavers.safeguardingteam@nhs.net
Weedon Surgery	K83049	SystmOne	Weedon	gnwmpadmin@nhs.net
Weston Favell Health Centre	K83033	SystmOne	Northampton	Reception.wfhc@nhs.net
Weston Favell Health Centre (Dr Jameel)	K83076	SystmOne	Northampton	nccg.safeguarding.wfhc@nhs.net

Practice Name	K codes			Secure e-mail address
Wollaston Surgery/Bozeat	K83079	EMISWeb	Northampton	Wollaston.k83079@nhs.net
Woodsend	K83059	SystmOne	Wollaston/Bozeat	woodsendreception@nhs.net
Woodview	K83040	SystmOne	Corby	Woodview.K83040@nhs.net
Wootton Medical Centre (Dr Moore & Partners)	K83055	SystmOne	Northampton	wootton.medicalcentre@nhs.net

Appendix C Risk Assessment Safer Dogs around Children

Northamptonshire Safeguarding Children Board

Safer Dogs around Children

(Risk Assessment)

Background:

It is understood that whilst children need to be protected from injuries from dogs, and the potential for severe injury must not be underestimated, dogs are also highly beneficial to children in many way, especially to those who may have experienced dysfunctional human relationships.

Triggers for dog aggression are complex and behaviourists no longer refer to the 'pack leader' theory, where dogs are believed to need dominating in order to feel safe and secure. Instead, dogs are seen as social animals that respond best to kindness.

This document is to be used to assist assessment of potential (rather than actual) risk of any dog that may come into contact with a child. This document is specifically aimed for use by professionals within Targeted Support or Statutory social care for Children.

The following document has also been produced to assist practitioners in carrying out a risk assessment of any dog. ***Prompting Professional Curiosity - Signs of Poor Welfare in Dogs***

Legislation:

The 1991 Dangerous Dogs Act states it is illegal to own, sell, breed or exchange certain dogs. Whether the dog is a 'banned' type will depend on what it looks like rather than its breed name, and police will make this assessment. Banned breeds (including any cross breeds) are:

- Pit Bull Terrier
- Japanese Tosa
- Dogo Argentino
- Fila Brasileiro

Looked After Children or Prospective Foster Carers/Adopters:

Northamptonshire County Council do not support placement of fostering or adoption in households where there are banned breeds.

Child in Need or Child Protection:

Northamptonshire County Council strongly recommends that this assessment is undertaken to consider any dog that may come into regular contact with children.

Scoring:

A 'fail' should prompt a professional assessment by an animal behaviourist. See appendix A for details.

DOG AND OWNER	
CHILD	
ASSESSMENT SCORE	

Safer Dogs around Children

(Risk Assessment Form)

Owner's name:	
Owner's address:	
Owner's relationship to Child:	
Children in Household:	
Dog's name:	
Description:	
Length of time with current owner:	
Child's name: (where applicable)	
Person completing assessment:	
Date:	

1. ABOUT THE DOG

1.1 History and origins of the dog

Prompts:

How old was the dog when you acquired it? If it was a puppy, are you aware of any behavioural issues with its parents?

Has the dog had previous owners? If so, what do you know about them and the dog's experiences with them?

Scoring:

☐ Full history known, no concerns (score 0)

☐ Full history known, some concerns (score 2)

☐ Full history known, significant concerns (automatic fail)

☐ History not known, no concerns (score 1)

☐ History not known, some concerns (score 3)

☐ History not known, significant concerns (automatic fail)

Additional comments:

1.2 Health

Prompts:

Is the dog registered with a vet? Record the vet details and when last seen.

Has the 'vet card' been seen?

Does the dog receive regular worming, flea treatment and vaccinations?

Is the dog in good general health?

Does the information provided require follow up call to the vet practice?

Scoring:

☐ All health needs met (score 0)

☐ Some health needs met (score 2)

☐ Health needs not met (score 5)

Additional comments:

1.3 Behavioural history

Prompts:

Is the dog familiar with children (consider if they are used to children that this matches the proposed age range for placement)?

Have there been any previous incidents of negative or aggressive behaviour near children, adults or animals?

Scoring:

☐ No historical behavioural concerns and familiar with children (score 0)

☐ No historical behavioural concerns but dog is unfamiliar with children (score 2)

☐ Previous incidents of negative or aggressive behaviour to people or animals outside of the family unit (score 5)

☐ Previous incidents of negative or aggressive behaviour to people or animals inside of the family unit (automatic fail)

Additional comments:

1.4 Behavioural management

Prompts:

How obedient is the dog? Do they go to their area and stay there when told to? Do they respond immediately, or only if threatened?

Are there problems if their food is removed or food bowl is touched whilst they are eating?

Are there problems if their toy is removed or touched whilst it is near the dog?

Does the dog get exercise outside the house regularly?

Does the dog get exercised off the lead regularly?

Scoring:

☐ No behavioural concerns (score 0)

☐ Some behavioural concerns, but well managed (score 2)

☐ Some behavioural concerns, not managed well (score 4)

☐ Significant behavioural concerns (automatic fail)

Additional comments:

2. ABOUT THE OWNER

2.1 Having a dog

Prompts:

Why have you got a dog?

Scoring:

☐ Any social or health reason (score 0)

☐ Any reason relating to protection of self or property (score 2)

☐ Any reason relating to fighting or threatening purposes (automatic fail)

Additional comments:

2.2 Owner interaction with the dog

Prompts:

Can the owner identify and meet the dog's needs?

Does the owner understand the issues relating to the concerns about dogs and children?

Are they able to manage the transition of having children placed in relation to the dog?

Does the owner prioritise the dog over the children in the household?

Scoring:

☐ Good understanding of dog's needs and the issues associated with having a dog, and no additional actions needed (score 0)

☐ As above but additional actions needed (score 1)

☐ Reasonable understanding of dog's needs and the issues associated with having a dog, and no additional actions needed (score 2)

☐ As above but additional actions needed (score 3)

☐ Poor understanding of dog's needs and the issues associated with having a dog, but no additional actions needed (score 4)

☐ As above, but additional actions needed (score 5)

Additional comments:

2.3 Addressing concerns

Prompts:

Is the owner motivated and capable of addressing any concerns about the dog?

What action would the owners take if any concern arose from their dog's behaviour?

Scoring:

☐ Capable and willing to address concerns (score 1)

☐ Capable but unwilling to address concerns (score 3)

☐ Not capable and not willing to address concerns (automatic fail)

Additional comments:

3. ABOUT THE HOUSEHOLD

3.1 Domain of the dog

Prompts:

Is the space that the dog(s) live in suitable for their size or number of dogs in the space?

Are the sensible boundaries set for where the dog is permitted to go, including when there are visitors at the door?

Is there an area that the dog can go to feel safe if they feel threatened?

Can the dog be kept away from people if needed?

Are there any signs of dog damage in the household?

Additional comments:

Scoring:

☐ Suitable safe spaces and boundaries in place (score 0)

☐ Suitable safe spaces but limited boundaries in place (score 2)

☐ Limited safe spaces but boundaries in place (score 3)

☐ Limited safe spaces and limited boundaries (score 5)

Additional comments:

3.2 Hygiene

Prompts:

Are animal and human foods kept separately?

Do the dog bowls appear to be regularly washed?

Does the dog beg for food during the owner's meal times or during food preparation?

Is there a designated place for dog to go toilet? Is this area regularly cleaned? Is it a place that is also used by children or adults?

Does the dog have a suitable area to sleep at night? Is this away from children?

Additional comments:

Scoring:

☐ Appropriate hygiene in place (score 0)

☐ Some hygiene measures in place (score 2)

☐ Limited hygiene measures in place (score 4)

Additional comments:

3.3 Other issues

Prompts:

Is there an established household routine?

Are there concerns about domestic abuse, aggression or domestic tension in the household?

Is the owner linked to any historical or current criminal activity, anti-social behaviour, drugs or violence?

Scoring:

☐ None to Low level concerns (score 1)

☐ Low to Moderate concerns (score 2)

☐ Moderate to Elevated concerns (score 3)

☐ Elevated to High concerns (score 4)

☐ Extreme concerns (automatic fail)

Additional comments:

4. ABOUT THE CHILD

4.1 The Child

Prompts:

How old is the child? Has the child got previous experience of dogs?

Do they have an understanding of how to behave appropriately around dogs?

What are the supervision arrangements for the dog around the child?

Has the child got any behaviours that may impact on the dog?

Additional comments:

Scoring: *NB any child under the age of 5 years (or developmental equivalent) cannot be classified as low vulnerability.*

☐ Low level vulnerability (score 0)

☐ Moderate level vulnerability (score 1)

☐ Elevated level of vulnerability (score 2)

☐ High level of vulnerability (score 3)

☐ Extreme vulnerability (automatic fail)

Additional comments:

5. OVERALL ASSESSMENT

Prompts:

Comment on the how the vulnerability of the child will interact with any risks identified within the household, owner or dog.

Comment on if there are protective measures that are in place to mitigate these risks.

Comment on whether there is a recommendation for a professional assessment to be undertaken.

Assessment:

Scoring:

☐ Low level overall risks (score 1) No additional action required

☐ Moderate level overall risks (score 2) Give advice about changes needed

☐ Elevated level of overall risks (score 3) Further assessment *recommended*

☐ High level of overall risks (score 4) Further assessment *required*

☐ Extreme overall risks (automatic fail) Consider a referral to MASH/Police

Additional comments:

AREA	SCORE
About the dog (9 or below to pass)	
About the owner (5 or below to pass)	
About the household (6 or below to pass)	
About the child (1 or below to pass)	
Overall Assessment (2 or below to pass)	
TOTAL (23 or below to pass)	

APPENDIX A: Identifying a suitable behaviourist for further assessment

The government Department for Environment, Food and Rural Affairs (DEFRA) has issued guidelines (October 2014) around dealing with irresponsible dog ownership and has identified the Animal Behaviour and Training Council (ABTC) as the organisation to use to locate a behaviourist.

ABTC is the newly formed regulatory body that represents animal trainers and animal behaviour therapists to both the public and to legislative bodies. It sets and maintains the standards of knowledge and practical skills needed to be an animal trainer or animal behaviour therapist, and it will maintain the national register of appropriately qualified animal trainers and animal behaviourists. It promotes the welfare of animals in their interactions with

human, lobbying for humane methods in training and behaviour modification, and for the education of the animal owning public.

More about DEFRA:
www.gov.uk/government/organisations/department-for-environment-food-rural-affairs
More about the Animal Behaviour Training Council:
www.abtcouncil.org.uk
Find a dog trainer:
www.abtcouncil.org.uk/register-of-instructors.html

Find a dog behaviourist:
www.abtcouncil.org.uk/clinical-animal-behaviourists.html

Appendix D Child Sexual Exploitation Assessment

The Northamptonshire Safeguarding Children Board's Child Sexual Exploitation (CSE) Assessment

The Northamptonshire Safeguarding Children Board's Child Sexual Exploitation Assessment has been designed to be used by professionals working with children and young people, for whom there are concerns that they may be vulnerable to being targeted for, or involved in child sexual exploitation. This includes concerns that the young person's Social Media use is putting them at risk of CSE.

CSE is defined as: *"Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology."*
Reference: DFE-00056-2017

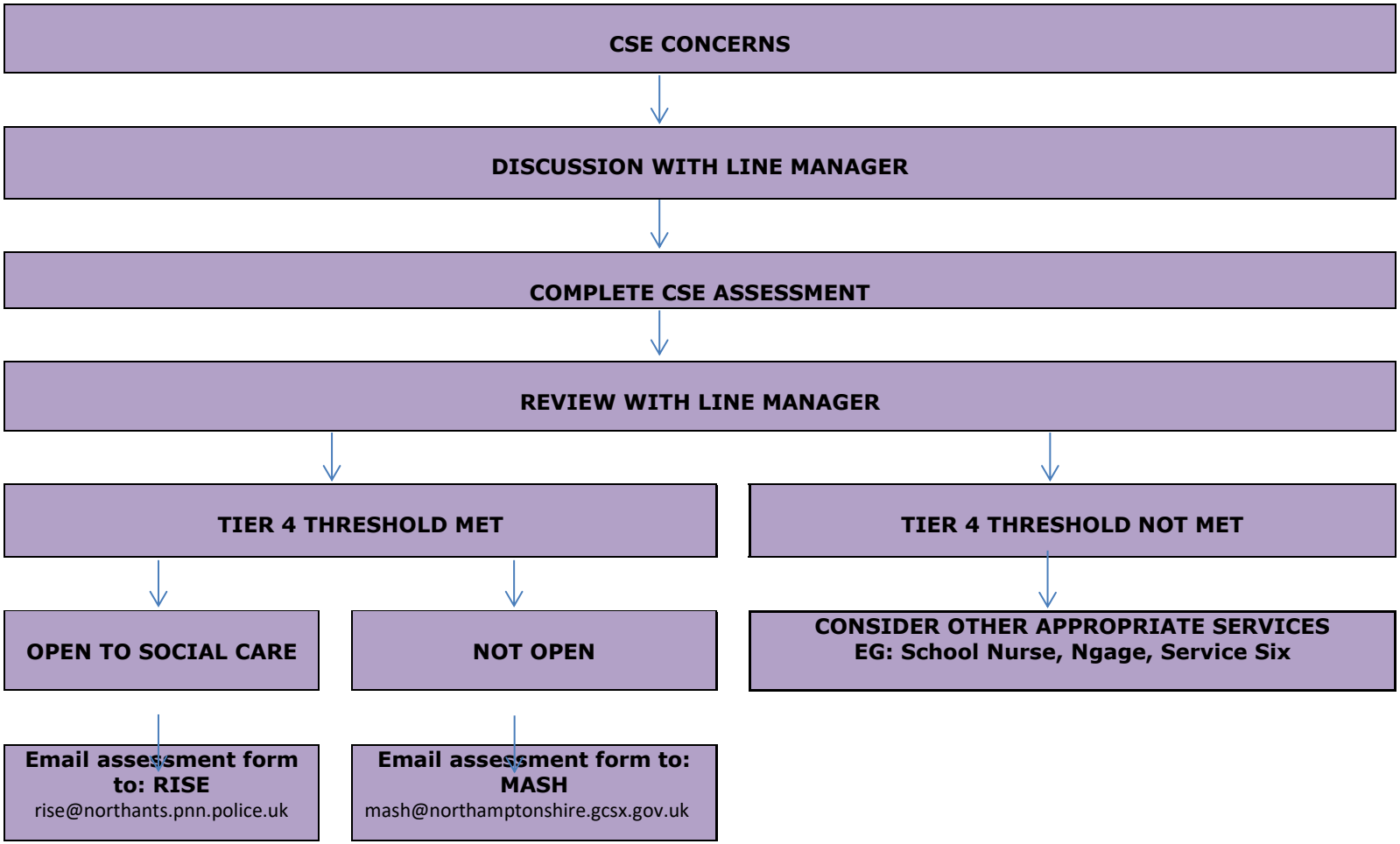
The CSE risk assessment should be completed as far as possible and professional judgement used to determine the child or young person's risk of sexual exploitation.

Some of the indicators mirror normal teenage behaviour but professionals should consider each statement in the context of other concerns about the young person's behaviour or presentation.

Further information can be found in the CSE toolkit: INFORMATION ON CSE INDICATORS/VULNERABILITIES/PUSH & PULL FACTORS

Date agreed LSCB: This is the revised version to be utilised from 01/06/2019
Review Date: 01/06/2020

POLICY


CSE CONCERNS
DISCUSSION WITH LINE MANAGER
COMPLETE CSE ASSESSMENT
REVIEW WITH LINE MANAGER
TIER 4 THRESHOLD MET
TIER 4 THRESHOLD NOT MET
OPEN TO SOCIAL CARE
NOT OPEN
CONSIDER OTHER APPROPRIATE SERVICES
EG: School Nurse, Ngage, Service Six
Email assessment form to: RISE
rise@northants.pnn.police.uk
Email assessment form to: MASH
mash@northamptonshire.gcsx.gov.uk

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Child Sexual Exploitation Assessment

CHILD/YOUNG PERSON'S INFORMATION:		
Name:	DOB: Age:	Child/Young person's Contact No:
Address:	Sexuality:	Ethnicity:
	Gender:	
What school/college/education provision does the child/young person attend:		
Date of assessment:	Is the YP aware of this referral Y/N	
Name of Parent/carer:	Parent/carers contact no's:	
Learning Difficulties/Disability Y/N	Please explain:	
Are there any health concerns: Physical/Sexual/Emotional/Mental Health/self-harm concerns Y/N Are CAMHS involved Y/N	Please explain:	
Is the child or young person known to YOS? If yes, please provide details		
Is the child open to a Social Work team?	Please explain:	

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Is there a history of domestic violence in the family?	Please explain:
Any significant loss/bereavement, if so has the young person received any support services?:	Please explain:
Is the YP open to any other services Y/N	Please explain:
REFERRERS DETAILS:	
Name of referrer:	Service / Team:
Phone no:	
Email address:	

Section 1. Episodes of missing from home/care		**Mandatory Field; please complete as fully as possible providing evidence for the box ticked.**
	Tick box applicable: √	Details:
No missing episodes / stays out late.		
Young person believed to have missing episodes but these are not being reported.		
Occasionally goes missing, whether for short or prolonged episodes.		
Frequent and short missing episodes.		
Frequent and prolonged missing episodes.		

Section 2. School/College attendance		**Mandatory Field; please complete as fully as possible providing evidence for the box ticked.**
	Tick box applicable: √	Details:
Engaged/re-engaged in full time education or training or in work, no identified concerns.		
Registered in fulltime education including complimentary education, but attendance is a concern.		
Not engaged in full time education, training or employment, is on a reduced timetable, persistently absent from school, sudden or noticeable changes in attendance performance or behaviour.		
Young person excluded from school, no provision in place. Young person Not in Education, Employment or Training (NEET) - however shows an interest in accessing opportunities.		
Not engaged in any education, training or employment. Shows no interest in accessing educational or training opportunities.		
Elective home educated.		
Section 3. Misuse of substances		**Mandatory Field; please complete as fully as possible providing evidence for the box ticked.**
	Tick box applicable: √	Details:
No substance use or concerns.		
Some concerns about drug/alcohol use.		
Moderate drug or alcohol use - increasing concerns.		
Problematic drug/alcohol use known or suspected.		
Child/Young person is currently dependent on alcohol/ drugs (this can either be the child/young person's disclosure or the reasoned view of the referrer).		

Section 4. Parent/Carer – Child Relationships		**Mandatory Field; please complete as fully as possible providing evidence for the box ticked.**
	Tick box applicable: √	Details:
Parent/Carer has a positive relationship and communication is effective. Significant understanding and good communication between parent/carer and YP. Parent/carer displays emotional warmth and provides stability for the child/young person. Child/Young person responds to boundaries.		
Parent/Carer and child/young person generally have a positive relationship. Boundaries in place; however the young person does not always adhere to them.		
Relationship between the parent/carer and child/young person is inconsistent and strained. There has been a sudden or negative change in the quality of the relationship.		
History of abuse within the home environment (neglect, emotional, physical, sexual) Poor and negative communication, little warmth, young person not adhering to boundaries.		
Breakdown in relationship between parent/carer and child/young person or current abuse (neglect, emotional, physical, sexual). Poor communication, low warmth, poor attachment, appropriate boundaries are not in place or implemented.		

Section 5. Accommodation		**Mandatory Field; please complete as fully as possible providing evidence for the box ticked.**
	Tick box applicable: √	Details:
Accommodation meets the child/young person's needs and is a stable/secure home environment.		
There are some concerns about longer term stability of the young person's home environment such as risk of family or placement breakdown.		
Unstable or unsuitable accommodation.		
Placement/family breakdown, frequent placement moves.		
Homeless, in temporary accommodation, sofa surfing.		
Section 6. Ability to identify abusive/exploitive behaviour		**Mandatory Field; please complete as fully as possible providing evidence for the box ticked.**
	Tick box applicable: √	Details:
Good understanding of exploitative/abusive behaviour.		
Reasonable understanding of abusive/exploitative behaviour.		
Some understanding of abusive/exploitative behaviour. May recognise and understand risk but are unable to implement this.		
Has young person has received any gifts – money, mobile phone, clothing, accessories etc.		
Very limited recognition of abusive/exploitative behaviour.		
No recognition of abusive/exploitative behaviour or parent carer unable to recognise the risk of abuse or exploitation.		
Section 7. Engagement with appropriate services		**Mandatory Field; please complete as fully as possible providing evidence for the box ticked.**
	Tick box applicable: √	Details of agency involvement:
Meaningful engagement with services.		
Reasonable engagement with services, regular contact.		
Some engagement with services, occasional contact.		

Brief engagement with services; early stages or sporadic contact.		
Not engaging with services/ no contact.		
Section 8. Sexual Health		**Mandatory Field; please complete as fully as possible providing evidence for the box ticked.**
	Tick box applicable: √	Details:
No sexual health concerns: young person is not sexually active.		
Child/Young person is sexually active, sexual activity is consensual and contraception/ sexual health services are being accessed appropriately.		
Child/Young person is sexually active and is not accessing sexual health services/contraception appropriately leading to risk of pregnancy and/or STI's.		
Child/Young person has frequent changes of sexual partner and/or frequent visits to sexual health services for STI or pregnancy testing.		
Competence to consent to sexual activity is impaired by age or intoxication and/or there is evidence of coercion, bribery, power and/or age imbalance in sexual relationships.		
Section 9. Association with gangs/criminals or adults and peers who pose a risk		**Mandatory Field; please complete as fully as possible providing evidence for the box ticked.**
	Tick box applicable: √	Details:
Child/Young person is not at risk through contact with risky adults and peers or gang associations.		**Please list all known risky peer/adult associates of the young person:**
Child/Young person has some contact with risky peers, however has positive support networks and peers. Young person is aware of gang activity in their area but is not actively involved.		
Child/Young person associates with vulnerable peers or is in contact with peers who pose a risk.		
Child/Young person has received gifts: money, mobile phone, clothing, accessories etc.		
Child/Young person is in some contact with risky adults and/or gangs.		
Child/Young person is known to be habitually associating with risky adults and/or peers, or is actively involved with a gang or criminal group or associated to gang members through peers or family.		

Section 10. Social Media (Internet and mobile usage)		**Mandatory Field; please complete as fully as possible providing evidence for the box ticked.**
	Tick box applicable: √	Details:
Child/Young person engages in limited or apparently safe use of social media. They have good awareness of potential risks / danger of internet use and there are suitable parental controls and monitoring are in place.		
The child/young person has a limited understanding of safe online behaviour.		
Unmonitored / secretive use of internet. Concerns young person is being groomed online. In possession of electronic communication devices which parent / carer has no or only limited knowledge of.		
Child/Young person has posted or received inappropriate images of themselves online.		
Child/Young person has posted inappropriate language / information / sexual pictures when contacted by an adult / peer / unknown person.		
Child/Young person plans to meet face to face person they only know online or has attempted to.		

Consultation – this risk assessment must be carried out in consultation with the young person

Views, wishes and feelings of young person:

Professional Judgement: Please explain why you are concerned about CSE. Include current known level of abuse/exploitation. Use this section to provide an analysis of what the information you have from all agencies is telling you about the child/young person and their life. Highlight any concerns that have been raised which add to the young person's vulnerability such as recent bereavement, domestic abuse, mental health issues, low self-esteem, learning disabilities etc. (use the vulnerability indicators in the guidance section) Also include any previous referrals (even if NFA).

Professional Judgement:

Risk Scale:

Definition Risk:

High Risk – indication that a child is encountering situations or persons posing risk to their safety. A child/young person who may be at significant risk or is already being sexually exploited. This is likely to be habitual and self-denied. Coercion and control will be implicit in the relationship with perpetrators.

Medium Risk – a child/young person who may be at heightened risk of being groomed for CSE. Risks indicate that child/young person is encountering situations or persons potentially posing risk to their safety.

Low risk – a child/young person identified as vulnerable. Risks indicate that the child/young person may be vulnerable to CSE; low level risk taking behaviour is identified.

References

Royal College of Nursing (2019) Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition. Available online:

https://www.rcn.org.uk/professional-development/publications/pub-007366 [Accessed; 29/06/2020]

NHS England (2020) NHS England Safegaurding. Available online;

https://www.england.nhs.uk/safeguarding/about/ [Accessed 29/06/2020]