**Appendix 3**

**Information Sharing Form**

This form outlines the minimum information to be shared between agencies/services when there are safeguarding concerns arising for an unborn baby or other children within a family.

This form can be completed at any point during the pregnancy by any professional working with the family, particularly at the Information Sharing points detailed on the full risk assessment in the [**HIPS Unborn/New born baby protocol**](https://urldefense.proofpoint.com/v2/url?u=https-3A__hipsprocedures.org.uk_qkyyoh_children-2Din-2Dspecific-2Dcircumstances_unborn-2Dbaby-2Dsafeguarding-2Dprotocol&d=DwMGaQ&c=pbUzoxRZCRvayVvkYvkiMO6u1jPMdBrTZxWyx_2PsKs&r=mdGxJYPs5BKiWTXSpf-n7jfIrb8PCBzL6PoHwwWU6Y4&m=tp3qIfYiaC_gKG8Tt6-lXdQvpBAWNJxa7ibh8Xb7qSA&s=3UIBaC-F1I5AN2M0HArIDvRO0-V9fWGu4PQOT3PcyWY&e=). It is to be shared with all significant agencies/professionals involved in the care of a pregnant person (e.g. Midwife, G.P, mental health services, social care).

Please note that this form DOES NOT replace the need for an Interagency or MASH Referral. If there is an allocated social worker then this form is to be shared with them directly. Where there is not an allocated social worker and a MASH referral is indicated following reviewing the risk assessment then follow the MASH process for your area.

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| **Name of professional completing form:** |  |
| **Agency:** |  |
| **Contact number:** |  |
| **Date:** |  |
| **Unborn Baby of (Pregnant Person’s Name) :** |  |
| **Estimated Due Date:** |  |
| **Details of concern/information to share (*please use bullet points*):** | |
|  | |
| **What support has been offered/actions have been taken so far?** | |
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| [ ] I have also completed a MASH referral alongside this form | |
| ***I am sharing this information within the consent of the parent or according to the information sharing protocol for my organisation.*** | |

**Family Information**

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| **Mother** | |
| Name: | Date of Birth: |
| Home Address: | Telephone Number: |
| NHS number (if known): |
| First language: | Interpreter Required: Y/N |
| Are there any barriers to communication? (e.g. limited English, hearing or eyesight problems ) | |
| Is the Mother a Looked After Child? | |
| **Partner(Second Parent):** | |
| Name: | Date of Birth: |
| Home Address: | Tel No: |
| First language: | Interpreter Required: Y/N |
| Are there any barriers to communication? | |
| Is the Partner (Second Parent) a Looked After Child? | |
| **Any Other Key Adults:** | |
| Name: | Date of Birth: |
| Relationship to Unborn Baby:  Home Address: | Tel No: |
| First language: | Interpreter Required: Y/N |
| Are there any barriers to communication? | |

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| **Unborn Baby’s Siblings or other children that need considering in the family unit:** | | | | |
| **Name** | **DoB** | **Gender** | **Address** | **Primary Carer** |
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| **Key Professionals’ Contact Details:** | |
| Name of Hospital/ Birthing Unit: |  |
| Allocated/Named Community Midwife  Contact Details |  |
| Health Visitor or Family Nurse Partnership  Contact Details |  |
| GP Name  Contact Details |  |
| Named Social Worker  Contact Details |  |
| Lead consultant (Obstetrics)  Contact Details |  |
| Mental Health  Contact details: |  |
| Other support services *(Housing, Substance Misuse Team, Domestic Abuse, Probation Service, Specialist Learning Disability Team, etc.)* **Please specify and provide contact details where known:** | |

**Contact Details**

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| **Maternity (Hospital) Contact Numbers** | |
| Southampton (Princess Anne Hospital) | Maternity Operation Coordinator available 24 hours a day-  Telephone switchboard 023 8077 7222 and ask for Bleep Holder 2872 |
| Portsmouth (Queen Alexandra Hospital) | Maternity Coordinator- Bleep 1333  Labour Ward- 02392 286000 Ext 4500 |
| Winchester (Royal Hampshire County Hospital) | Labour Ward- 01962 824231 |
| Basingstoke (Basingstoke and North Hampshire Hospital) | Delivery Suite-01256 313600 |
| Frimley Park Hospital | Labour ward Matron - Clare Smith-White  Labour ward coordinator - 01276 604035  Bleep holder - 01276 604604 bleep 5059 |
| Isle of Wight (St Mary’s Hospital) | Maternity Coordinator-01983 822099 ext 3210  Labour Ward- 01983 534334 |

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| **Maternity Safeguarding Children Teams Contact Details** | |
| Southampton (Princess Anne Hospital) | Tel 023 8120 6333  Secure Email  [uhs.maternitysafeguarding@nhs.net](mailto:uhs.maternitysafeguarding@nhs.net) |
| Portsmouth (Queen Alexandra Hospital) | Tel 02392 286000 Ext 6058  Secure Email [safeguardingchildrenteam@nhs.net](mailto:safeguardingchildrenteam@nhs.net) |
| Winchester (Royal Hampshire County Hospital) | Tel 07787270233  Secure Email [bnh-ft.maternity-safeguarding@nhs.net](mailto:bnh-ft.maternity-safeguarding@nhs.net) |
| Basingstoke (Basingstoke and North Hampshire Hospital) | Tel 07787270233  Secure Email [bnh-ft.maternity-safeguarding@nhs.net](mailto:bnh-ft.maternity-safeguarding@nhs.net) |
| Frimley Park Hospital | Tel 07721237435  Secure Email [fph-tr.maternitysafeguarding@nhs.net](mailto:fph-tr.maternitysafeguarding@nhs.net) |
| Isle of Wight (St Mary’s Hospital) | Tel 01983 822099 ext 5412  Secure Email [iownt.maternity.safeguarding@nhs.net](mailto:iownt.maternity.safeguarding@nhs.net) |

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| **Children’s Services Department Contact Numbers** | |
| Southampton City Council | Daytime MASH- 023 8083 2300  MASH Email- [MASH@southampton.gov.uk](mailto:MASH@southampton.gov.uk)  Early Help- 023 8083 3311  Early Help email- [EarlyHelpHub@southampton.gov.uk](mailto:EarlyHelpHub@southampton.gov.uk).  Out of Hours/Emergency Duty Team- 023 8023 3344  Online [referral form](https://my.southampton.gov.uk/service/Safeguarding_Children_Referral) |
| Portsmouth City Council | Daytime MASH- 023 9268 8793  MASH Email- [MASH@portsmouthcc.gov.uk](mailto:MASH@portsmouthcc.gov.uk)  Out of Hours/Emergency Duty Team- 0300 555 1373  Early Help and Prevention- 023 9281 5005 |
| Hampshire County Council | Daytime MASH (including Early Help)- 0300 555 1384  MASH Email- [childrens.services@hants.gov.uk](mailto:childrens.services@hants.gov.uk)  Online [referral form](https://forms.hants.gov.uk/en/AchieveForms/?form_uri=sandbox-publish://AF-Process-7e6115a7-b0ba-484d-991f-084c1248ac72/AF-Stage-52cf8e73-0daf-47d4-bb55-0fdad856d3e6/definition.json&redirectlink=/en&cancelRedirectLink=/en)  Out of Hours/Emergency Duty Team- 0300 555 1373 |
| Isle of Wight | Daytime MASH (including Early Help)- **0300 300 0117 (running 24 hours a day)** |

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| **Police Contact Numbers**  General Police MASH Cover across Hampshire, Southampton and Portsmouth- 0800-1700 Monday to Friday  Hampshire MASH provides contact at the weekends Sat-Sun 0800-2000 and also weekdays until 2000 (from December 2016).  Police will be notified of any concerns that meets threshold following referrals into the MASH. | |
| General Police Contact | 999 for emergencies  101 for all other enquiries |