**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.

|  |  |
| --- | --- |
| **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?** | |
|  | |
| [ ] 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**

|  |  |
| --- | --- |
| **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? | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** | |