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No known risk factors identified at booking

Yellow

Family has additional needs that can be met within identified resources through single agency response and partnership working



Vulnerability identified; liaise with other professionals who will be involved in the perinatal period; discuss early intervention and support.

With consent, liaise/refer to appropriate services; agree an individualised care plan with parent/s and clearly document services contributing to plan. Ensure consideration of other children in the home if applicable using the HSCP Neglect Toolkit and Threshold Chart



2nd Trimester 14-28 weeks

3rd Trimester

Birth and

Postnatal

1st Trimester

0-14 weeks

Review vulnerability; liaise with professionals' contributing to the family's care plan, specifically the Health Visiting service prior to antenatal visit. Consider impact of risk and resilience on UBB through continued assessment ensuring consideration of other children in the home if applicable

If further risk factors identified, review pathway and with consent modify care plan accordingly; follow relevant referral pathway



Review vulnerability; liaise with professionals' contributing to the family's care plan. Consider impact of risk and resilience on UBB through continued assessment, ensuring consideration of other children in the home if applicable; Review care plan if required.

If further risk factors identified at this stage seek support from your organisation's safeguarding children lead, review pathway and with consent modify care plan accordingly.

If applicable agree pre and post birth planning by 34 weeks



Review vulnerability; liaise with professionals' contributing to the family's care plan. Consider impact of risk and resilience on baby through continued assessment, ensuring consideration of other children in the home if applicable; Review care plan if required.

If further risk factors identified at this stage seek support from your organisation's safeguarding children lead, pre-discharge planning meeting if required

If no further risk factors identified, clear handover to be given by maternity services to professionals contributing to family's ongoing care plan

Amber

Family has multiple needs requiring a multi-agency coordinated response



Risk factors identified using appropriate pathway, liaise with other professionals who will be involved in the perinatal period. With consent, liaise/refer to appropriate services; agree an individualised care plan with parent/s and clearly document services contributing to plan. Ensure consideration of other children in the home if applicable using the HSCP Neglect Toolkit and Threshold Chart

Complete on-line <u>Inter-Agency Referral Form</u> if required; Case to be considered and outcome communicated to referring individual within 7-10 days



Follow up referral and contribute to multi-agency assessment. Liaise with professionals' contributing to the family's care plan, specifically the Health Visiting service prior to antenatal visit.

Consider impact of risk and resilience on UBB through continued assessment ensuring consideration of other children in the home if applicable

If further risk factors identified at this stage seek support from your organisation's safeguarding children lead, review pathway and with consent modify care plan accordingly.



Contribute to multi-agency planning and professional meetings where required; liaise with professionals' contributing to the family's care plan

Child in Need (CIN)/Child Protection (CP) Plans and assessments should be shared with all professionals contributing to the family's care plan

Where necessary a written report must be supplied for <u>all Child Protection</u> conferences regardless of attendance.

Contribute to UBB Protocol Pre and Post -birth plan if appropriate, plan to be completed by 34 weeks gestation and shared with appropriate partner agencies

If further risk factors identified at this stage seek support from your organisation's safeguarding children lead.



Review vulnerability; liaise with professionals' contributing to the family's care plan. Consider impact of risk and resilience on baby through continued assessment, ensuring consideration of other children in the home if applicable; Review/follow multi-agency care plan if applicable.

If further risk factors identified at this stage seek support from your organisation's safeguarding children lead, pre-discharge planning meeting if required

Clear handover to be given by maternity services to professionals contributing to family's on-going care plan

Red

Family has unmet and complex needs or UBB is in need of protection



Risk factors identified using appropriate pathway, liaise with other professionals who will be involved in the perinatal period.

Complete on-line <u>Inter-Agency Referral Form</u> or contact Children's Social Care directly if an immediate risk is identified.

Liaise with other professionals who will be involved in the perinatal period giving details of referral.

Agree an individualised care plan with parent/s and clearly document services contributing to plan



Follow up referral and contribute to multi-agency assessment. Liaise with professionals' contributing to the family's care plan, specifically the Health Visiting service prior to antenatal visit. Consider on-going impact of risk and resilience on UBB through continued assessment ensuring consideration of other children in the home if applicable

If further risk factors identified at this stage seek support from your organisation's safeguarding children lead.



Contribute to multi-agency planning and professional meetings where required; A written report must be supplied for <u>all Child Protection</u> conferences regardless of attendance.

Liaise with professionals' contributing to the family's care plan

Child in Need (CIN)/Child Protection (CP) Plans and assessments should be shared with all professionals contributing to the family's care plan

Contribute to UBB Protocol Pre and Post -birth plan if appropriate, plan to be completed by 34 weeks gestation and shared with appropriate partner agencies

If further risk factors identified at this stage seek support from your organisation's safeguarding children lead.



Liaise with professionals' contributing to the family's care plan

Pre-Discharge planning meeting

Clear handover to be given by maternity services to professionals contributing to family's on-going care plan

Parental Mental Ill Health

Significant Mental Illness

Schizophrenia, Schizoaffective disorder, psychosis, Bipolar affective disorder, personality disorder (Including emotional unstable personality disorder & Complex PTSD), Eating disorder, OCD, severe antenatal/postnatal depression(currently unwell requiring input from secondary mental health services or/and an inpatient admission). Previous involvement from secondary mental health services including previous admission to a mental health hospital.

Depression and anxiety are common and at any one time one in six adults may be affected. Psychotic disorders are much less common with about one in two hundred individuals being affected. Despite the medical effects of anxiety, depression, as well as the use of anti-psychotics, anti-depressants and sedatives on UBB's¹, parents with Mental III Health, may, through no fault of their own, neglect their own, neglect their own; and/or their children's physical, emotional and social needs. As a practitioner it is important to consider the impact of parental Mental III Health on other children already living in the home and not just the unborn/newborn.

It is important to remember, not all parents treated for a Mental Health condition will require multi-agency involvement, however, it is essential that professionals work within their scope of practice and refer appropriately if concerns are identified that may impact the unborn/newborn's safety or development. Appropriate referrals in the antenatal period will improve outcomes for children of parents with Mental III Health, ensuring the correct support is in place for families giving the best opportunities for parents to play an active role in their children's lives.

Either Parent has current Mental Health difficulties, mild Mental Health not currently medicated but difficulties with limited possible risk of relapse due support but engaging with to pregnancy GP/Outreach The stigma associated with Mental III Health can impair parenting capacity as parents may not disclose the extent of their low mood or changes in their Mental Health for fear of judgment Practitioners should empower parents/carers to access services and encourage engagement. A number of services are available <u>here</u> Follow UBB Protocol Yellow Pathway

It is important that there is a continuous risk assessment of mood during the pregnancy and after birth; any parent/carer showing signs of significant change in mood should be encouraged to seek support. If professionals feel that there is a risk of harm to self or others, support should be sought immediately from health professionals.

Where any person, who will be living with or have caring responsibility for baby when born has a current psychiatric diagnosis of significant mental illness/personality disorder:

Is engaging well with secondary care and is compliant with recommended medication and/or professional treatment

and

Parental condition or treatment **does not** impair or has limited impact on functioning

The stigma associated with Mental III Health can impair parenting capacity as parents may not disclose the extent of their low mood or changes in their Mental Health for fear of judgment, referral to Children's Social Care or that their children may be removed from their care. It is important for practitioners should empower parents/carers to access and engage with services offered.

Practitioners should work within their sphere of practice, It is important that the appropriate care is offered to parents/carers; specialist support services should be contacted for advice and guidance

Good support network, no other identified concerns

Follow UBB Protocol <u>Yellow</u> Pathway Little or no support network, or deteriorating condition

Follow UBB Protocol
Amber Pathway

Where any person, who will be living with or have caring responsibility for baby when born has a current psychiatric diagnosis of significant mental illness:

Has disengaged with services and is non-compliant with medication or professional treatment

or

Parental condition, treatment/lack of treatment **impairs** functioning

The stigma associated with Mental III Health can impair parenting capacity as parents may not disclose the extent of their low mood or changes in their Mental Health for fear of judgment, referral to Children's Social Care or that their children may be removed from their care.

Practitioners should work within their sphere of practice, It is important that the appropriate care is offered to parents/carers; specialist support services should be contacted for advice and guidance

Follow UBB Protocol
Red Pathway

Remember

If there is co-morbidity, i.e. poor mental health and substance use/Learning difficulty/current domestic abuse etc., there will be an increased the risk to UBB/Newborn. In this case follow UBB Protocol Red Pathway

¹ Hogg, Sally (2013) Prevention in mind: All Babies Count: spotlight on perinatal mental health. [London]: NSPCC All Babies Count Spotlights

victim is reluctant to report the incident and advice must be sought

from the safeguarding children team.

Use Hampshire Domestic Abuse Pathway (HDAP) for routine enquiry to assess level of risk and identify support for victim Regardless of what the impact is on an individual child of witnessing domestic abuse; it is absolutely clear that children of any age are affected by domestic violence and abuse. At no age will they be unaffected by what is happening, even when they are in the womb. Royal College of Psychiatrists (2016)

Domestic Abuse in previous **Exposed to Domestic Abuse** Past history of Domestic Abuse with relationship as a child current partner as victim or perpetrator, People who have previously been Domestic Abuse in previous Either Parent is a Victim Being subject to any abuse as no evidence of on-going abuse subject to domestic abuse can suffer relationship with on-going risks /perpetrator of recent Domestic a child may have long term A robust assessment of risk will need to be psychological problems long after Risk of domestic abuse post Abuse or been subject to psychological effects; support completed to ensure that the family have the relationship has ended. Support birth and with child contact HRDA/MARAC with current may be required to ensure received sufficient support and have may be required to support positive arrangements partner positive mental health engaged with domestic abuse mental health Stalking and harassment programmes If at immediate risk of harm contact the police Give with Local Domestic Abuse See **Guidance** for on-going risk assessment Services details if required Follow UBB Protocol Yellow Facilitate contact with Local Domestic the police **Pathway** Abuse Services. If competent complete a risk assessment form. assessment **High Risk Domestic Abuse Follow UBB Protocol** Threats to kill; attempted strangulation; suffocation; poisoning; **Amber** Pathway attempted drowning; sexual assault; use of weapons; severe physical injury/assault are all indicative of high risk domestic abuse. The safety of victims reporting or disclosing the above behaviours has to be risk assessed. Where there is high risk behaviours a referral to Remember where it is safe, every contact is an opportunity for routine the police must take place if there is an immediate risk, even if the

enquiry around domestic abuse. Every woman should be seen alone

Where there is evidence of abuse within a family dynamic an Inter-Agency Referral Form should be completed and information shared

during their pregnancy to facilitate disclosure.

with professionals working with the family.

Suspected **Honour Based** Violence/Forced Marriage /current pregnancy brings shame to family In cases of forced marriage contact the UK's Forced **Marriage Unit** If at immediate risk of harm contact See **Guidance** for on-going risk Facilitate contact with Local Domestic Abuse Services. If competent complete a risk assessment form. **Follow UBB Protocol Red** Pathway

Drugs and Alcohol Use/Misuse/Addiction

It should be recognised when working with families who disclose drug/substance and alcohol use that there is a distinct difference between substance use, misuse /abuse and addiction.

Recreational substance use is defined as a drug/substance use without medical justification for its psychoactive effects often in the belief that occasional use of such a substance is not habit-forming or addictive.

Misuse/Abuse is a patterned use of a substance in which the user consumes the substance in amounts or with methods that are harmful to themselves or others.

Drug Addiction is defined as substance seeking behavior and use, despite harmful consequences.

Please consider prescribed opiate/sedative medication when assessing drug misuse/abuse; it may be that the original condition which led to prescribed medication could be now be managed by other means, and/or the patient may have refused alternative treatment or medication that are less additive or mind altering.

Current recreational substance/alcohol use.

Information for parents can be found at NHS.UK

It is important that there is a continuous risk assessment regarding how much and how often parents are using recreation al substances/alcohol to ensure that they recognise the difference between

recreational use and misuse

Historical sustained substance / alcohol use; none current

Information for parents can be found at NHS.UK

It is important that parents who have previously suffered addiction are signposted to support groups

Either parent / carer with Long term stable substance misuse (including prescription drugs) that is well managed

Information for parents can be found at NHS.UK

Parent engaging with health, recognises risk to UBB of continued use and open to engaging with support services

Either parent / carer with previous intravenous drug use; has history of drug related criminal activity or regular alcohol use continuing through pregnancy

Information for parents can be found at NHS.UK

Parent engaging with health, recognises risk to UBB revisiting previous activity and open to engaging with support services if required

Either parent current intravenous drug use / regular street use / Alcohol dependency or prescribed medication impairs functioning

Information for parents can be found at NHS.UK

Signpost to local drug and alcohol services

Hampshire

Southampton City

Portsmouth City

Isle of Wight

It is important to empower parent to engage with support by encouraging them to contact services directly. However, if requested referrals can be made by professionals

Hampshire
Southampton City
Portsmouth City
Isle of Wight
It is important to engage parents and to encourage access to support services early in the pregnancy

Follow UBB Protocol Yellow
Pathway

Signpost to local drug and alcohol services

Signpost to local drug and alcohol services

<u>Hampshire</u>

Southampton City

Portsmouth City

Isle of Wight

It is important to empower parent to engage with support by encouraging them to contact services directly. However, if requested referrals can be made by professionals

Follow UBB Protocol
<u>Amber Pathway</u>

Follow UBB Protocol
Red Pathway

Important

When completing any referral for support including substance misuse services and/or Interagency Referral Form, clearly document the parents views and willingness (or not) to engage with support services

When completing any referral for support including substance misuse services and/or Interagency Referral Form, clearly document the parents views and willingness (or not) to engage with support services

Remember

If there is co-morbidity, i.e. substance misuse and poor mental health / substance use or domestic abuse etc, there will be an increased the risk to UBB/Newborn. In this case follow UBB Protocol Red Pathway

Offending Behaviour

Acronyms

YOS – Youth Offending Service

ASBO - Antisocial Behaviour Order

ABC – Acceptable Behaviour Contracts

ASB - Antisocial Behaviour

MAPPA – Multi-Agency Public Protection Arrangements

Either parent/carer has previous involvement with probation/Youth Offending Services for non-violent offences or if previously subject to ASBO, ABC or known for ASB

Previous custodial sentence for non-violent offence (not including drug offences, sexual offences, stalking/harassment/domestic

abuse)

Either parent/carer current to Probation or Youth Offending Service for non-violent offences Previous custodial sentence including non-violent offences related to drug supply, stalking/harassment/domestic abuse and sexual offences Current/Previous involvement with

County Lines

Previous conviction for animal cruelty Previous conviction for Arson Previous investigation in relation to violent or sexual offences where no charge of conviction was successful Previously subjected to Hospital Order

Either parent or carer is a registered sex offender poses a risk to a child (previous conviction or offence against a child) is a previous Schedule One

offender Currently subject to MAPPA Either parent or carer

- is a registered sex offender
- poses a risk to a child (previous conviction or offence against a child)
- is a previous Schedule One offender
- Currently subject to MAPPA

In all cases a robust risk assessment must be considered and any current risks identified.

Please consider the duration of sentence/probation and how historical the offence is and offer support as per HCC's threshold chart

> Follow UBB Protocol Yellow Pathway

In all cases a robust risk assessment must be considered. If there are children currently in the family dynamic please complete an IARF so information can be shared and any risks can be explored

In relation to County Lines, the risk may be posed by others who use violence and coercion to maintain control of an induction and by association could pose a risk to the unborn baby and any other children in the family home

> **Follow UBB Protocol Amber Pathway**

Either parent or carer

- Has a history of violent offences
- Current involvement with gangrelated activity
- Prolific offending (acquisitive) to fund substance misuse
- Drug dealing / supplying
- Currently subject to Hospital order / Custodial sentence

In all cases a robust risk assessment must be considered. If there are children currently in the family dynamic please complete an IARF so information can be shared and any risks can be explored

> **Follow UBB Protocol Red** Pathway

Remember where there is co-morbidly i.e., offending history and current domestic abuse / offending history and current substance misuse etc., follow the UBB Protocol Red Pathway.

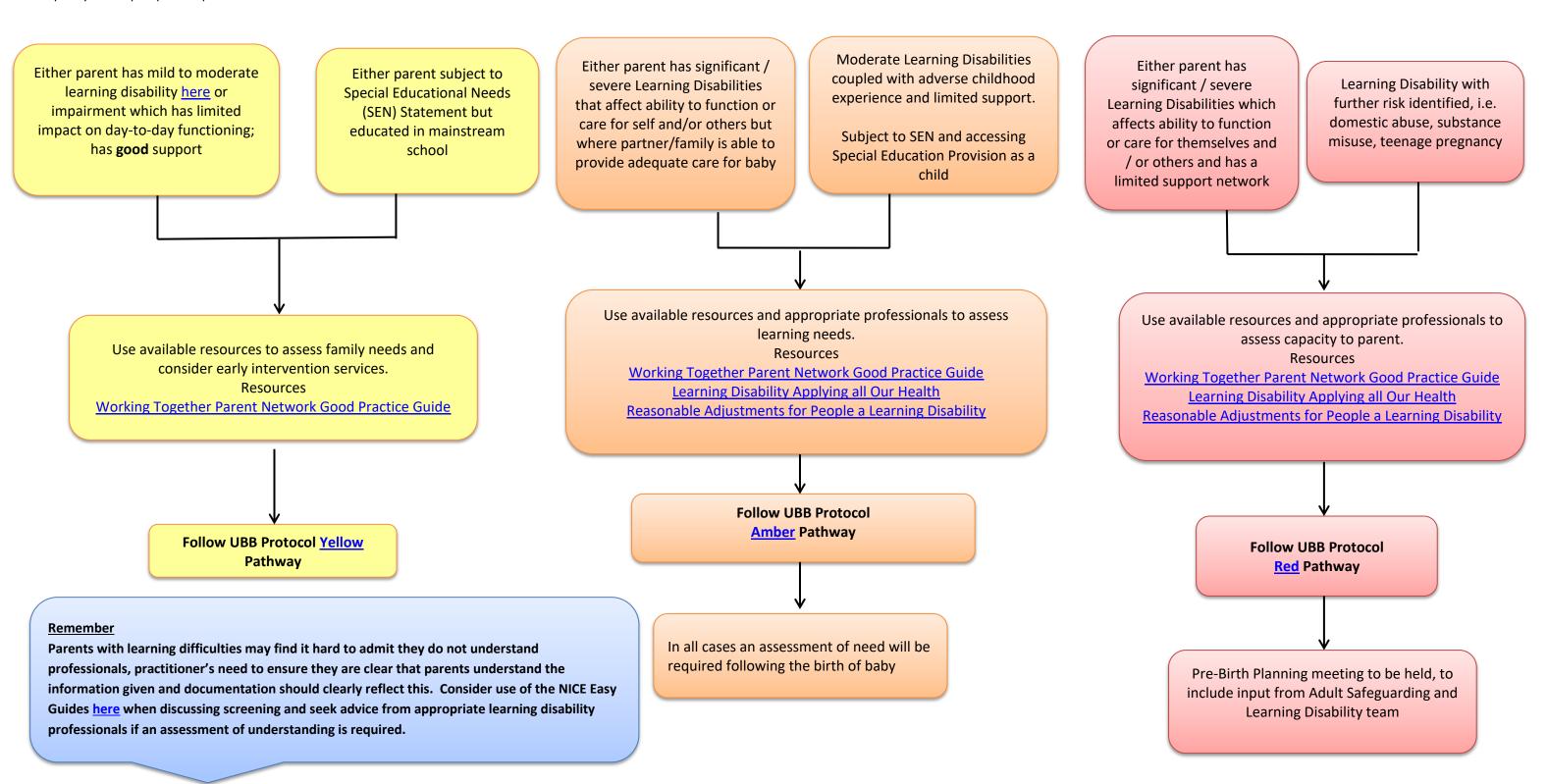
Parents with Learning Disabilities

The numbers of women with severe learning disabilities who will become mothers is low however, as more people with mild to moderate learning disabilities are supported to lead independent lives it is expected that numbers of parents accessing maternity services will increase.

In 2016-17, 1 in 218 people in the UK were recorded as having a learning disability; approximately 1,118,179 are adults, and around 939,228 are noted to be living in England(1)

A diagnosis of learning disability is made when an individual has an IQ below 70 with significant deficits in daily living and coping skills, acquired by the age of 16 years. The statistics above are based on documented learning disabilities; there is undoubtedly a greater percentage of the population that may fall within the borderline of possibly having a learning disability without any formal diagnosis.

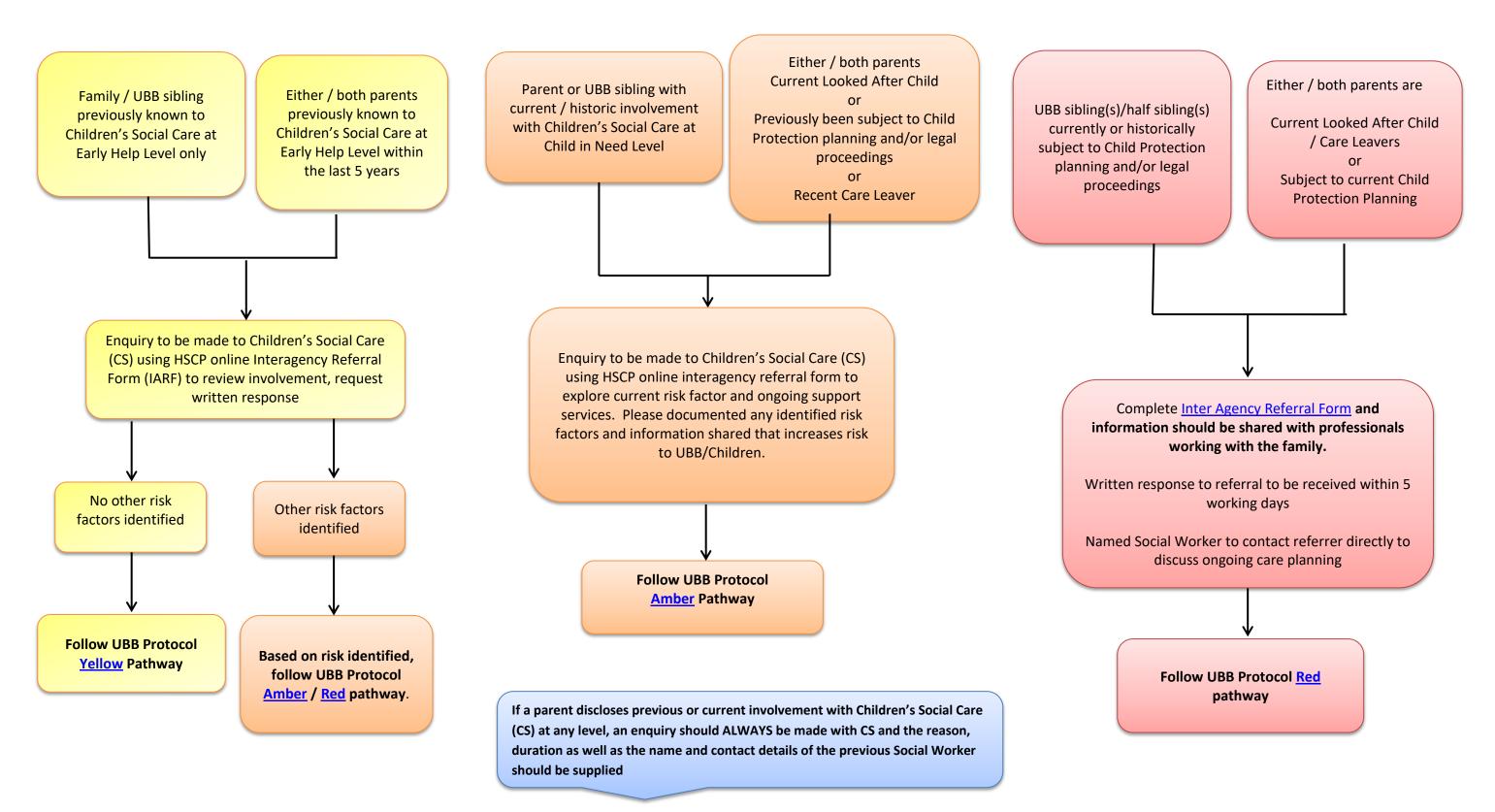
It is often only when individuals come into contact with services, such as during pregnancy, that an inability to fully engage with health advice and systems of care becomes apparent. This may alert practitioners of the need to consider the potential capacity of the prospective parent to care for and nurture their newborn child.



^{1.} NHS Digital (2017) https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities/health-and-care-of-people-with-learning-disabilities-experimental-statistics-2016-to-2017

Previous Intervention by Children's Social Care (CS)

Following a review of serious case reviews where a child has died or suffered significant harm, statistics show that in majority of cases the child/children were known to children's social care, 55% had current involvement and 22% were previously known but their case was closed¹. It is important that a robust risk assessment is completed and children's social care are aware of the pregnancy to assess if there is an increased risk to children in the family home as well as the unborn baby.



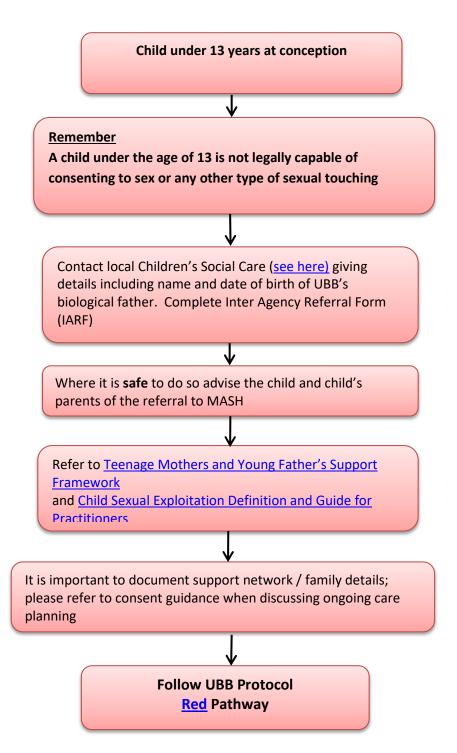
¹Brandon et al, B. (2020). *Complexity and challenge: a triennial analysis of SCRs 2014-2017.* London: Department of Education.

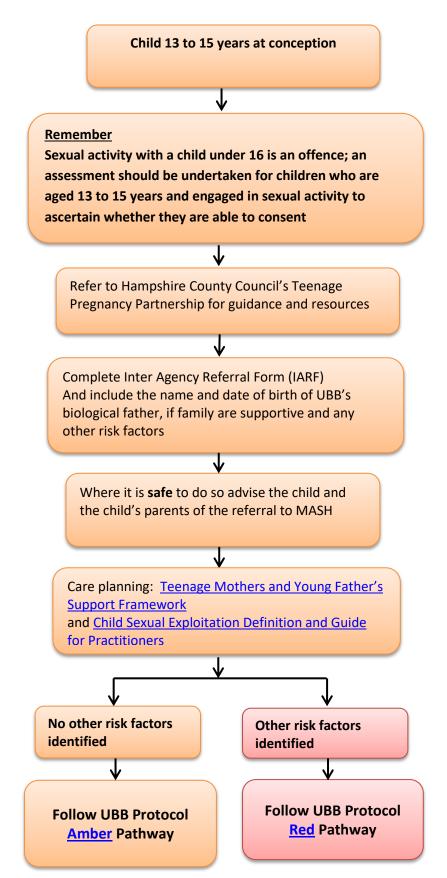
Teenage Pregnancy under 16yrs

The HIPS Child Exploitation Strategy can be found here

Children born to teenage mothers have a 63% higher than average risk of living in poverty; mother's less than 20 years of age have a higher risk of poor Mental Health two years after giving birth. Teenage parents are also less likely to be in education, employment or training. (Dfe)

Not all teenage pregnancies are unwanted and positive professional attitudes are essential; pregnancy in teenagers is often viewed negatively and young patients can feel stigmatised, which, may prevent them from seeking adequate support.





	CSER 4 Questions	Yes	No
1	Have you ever stayed out overnight or longer without permission from your parent(s) or guardian? (Going missing)		
2	How old is your partner or the person(s) you have sex with? Age of partner Age of client/patient Age difference If age difference is 4 or more years* then tick 'YES'. N.B. For 17 year olds, in the absence of any other risk indicators, an age difference of up to 6 years may be acceptable. (Older partner)		
3	Does your boyfriend/girlfriend or the person(s) you have sex with stop you from doing things you want to do? (controlling relationship)		
4	Thinking about where you go to hang out, or to have sex, are you or anyone else e.g. parent, guardian, friend, social worker, police worried about your safety? (Frequenting areas known for sexual exploitation)		
	FULL CERAF GUIDANCE CAN BE FOUND HERE		

Regardless of what support may be in place for the child, If the child has answered 'yes' to **one or more of questions 1-4**, then a referral should be made to Children's Services as this indicates that the child is at risk of, or experiencing, child sexual exploitation

Support and guidance

Child Exploitation Hampshire Safeguarding Children Partnership

CSE Definitions and guide for practitioners

Exploitation

No individual, whatever their age, can give consent in a situation where there is intoxication, duress, violence, power imbalances and/or vulnerabilities through age differences, learning difficulties or Mental Health issues. A child under 18 years of age cannot consent to their own abuse through exploitation

Teenage Pregnancy 16 yrs and over

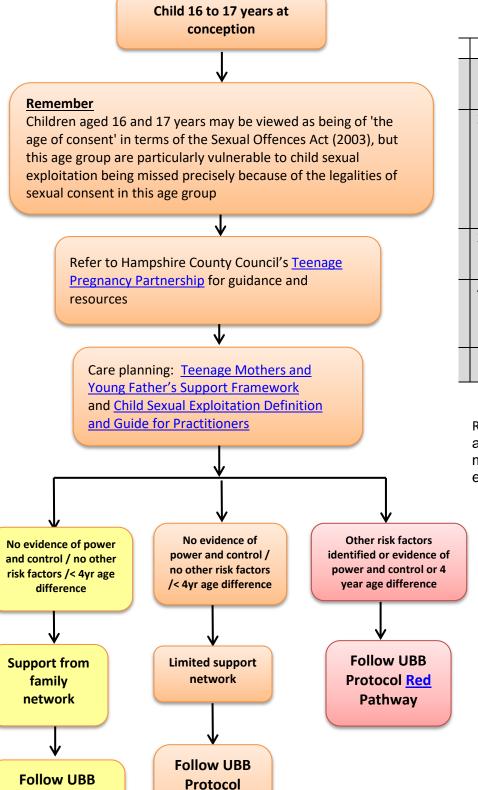
Protocol Yellow

Pathway

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Not all teenage pregnancies are unwanted and positive professional attitudes are essential; pregnancy in teenagers is often viewed negatively and young patients can feel stigmatised, which, may prevent them from seeking adequate support.



<u>Amber</u>

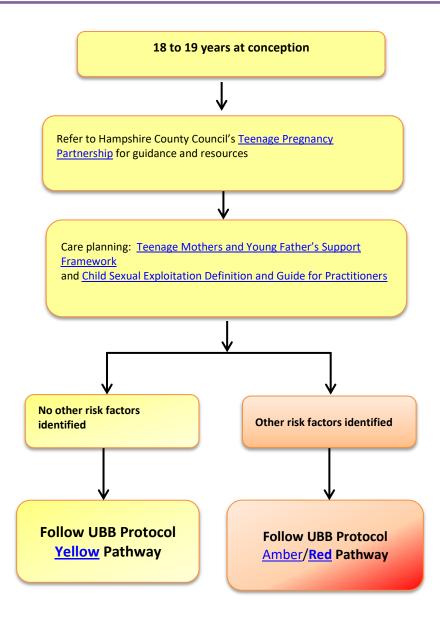
Pathway

	CSER 4 Questions	Yes	No
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3	Does your boyfriend/girlfriend or the person(s) you have sex with stop you from doing things you want to do? (controlling relationship)		
4	Thinking about where you go to hang out, or to have sex, are you or anyone else e.g. parent, guardian, friend, social worker, police worried about your safety? (Frequenting areas known for sexual exploitation)		
	FULL CERAF GUIDANCE CAN BE FOUND HERE		

Regardless of what support may be in place for the child, If the child has answered 'yes' to **one or more of questions 1-4**, then a referral should be made to Children's Services as this indicates that the child is at risk of, or experiencing, child sexual exploitation

Power and Control

It is an offence for a person to have a sexual relationship with a 16 or 17- year old if they hold a position of trust or authority in relation to them; Where sexual activity with a 16- or 17- year old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered (CSE Definitions and guide for practitioners)



Exploitation

No individual, whatever their age, can give consent in a situation where there is intoxication, duress, violence, power imbalances and/or vulnerabilities through age differences, learning difficulties or Mental Health issues.

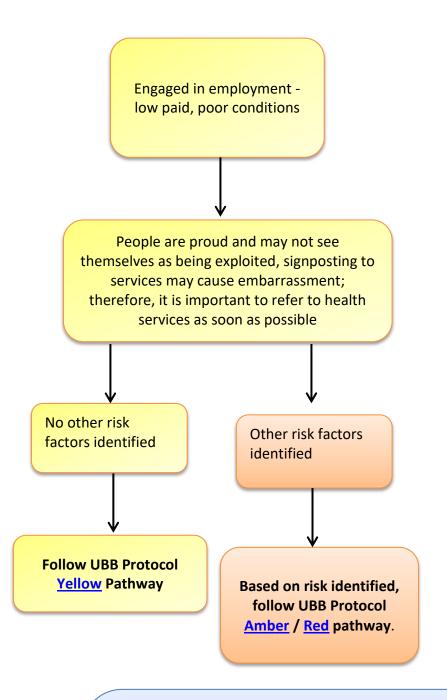
A child under 18 years of age cannot consent to their own abuse through exploitation

Trafficking and Modern Slavery/Domestic Servitude

Information and Resources can be found here

Modern Slavery Helpline

If you are unsure how to support a victim of Modern Slavery/Trafficking or for general advice contact the Modern Slavery Helpline



Unable to provide consistent Known to be previously history or demonstrate stability trafficked working with agencies towards achieving stable Accompanied to appointments environment with unexplained escort (not or father / relative to baby / Disproportionate level of mother responsibility for chores Further assessment of needs will need to be carried out, during the pregnancy attempt to speak to the mother alone to explore abuse. Information and Resources can be found here **Follow UBB Protocol Amber** pathway

Disclosure / Known to have been trafficked (MET) (not exclusively from overseas) and not working with agencies Ongoing links to traffickers

Known to be previously trafficked, but not to be in stable environment - unclear ongoing links to traffickers

Further assessment of needs will need to be carried out, during the pregnancy attempt to speak to the mother alone to explore abuse.

Information and Resources can be found here

Be mindful that the pregnancy may be the result of an assault; **NEVER** ask about domestic abuse unless the woman is on her own.

Follow UBB Protocol Red pathway

Remember

More than a quarter of all victims of trafficking found in the UK in 2019 were British (26%), making this the most common victim nationality, followed by Albanian (16%) and Vietnamese (8%).

British people are trafficked in many ways. These could include:

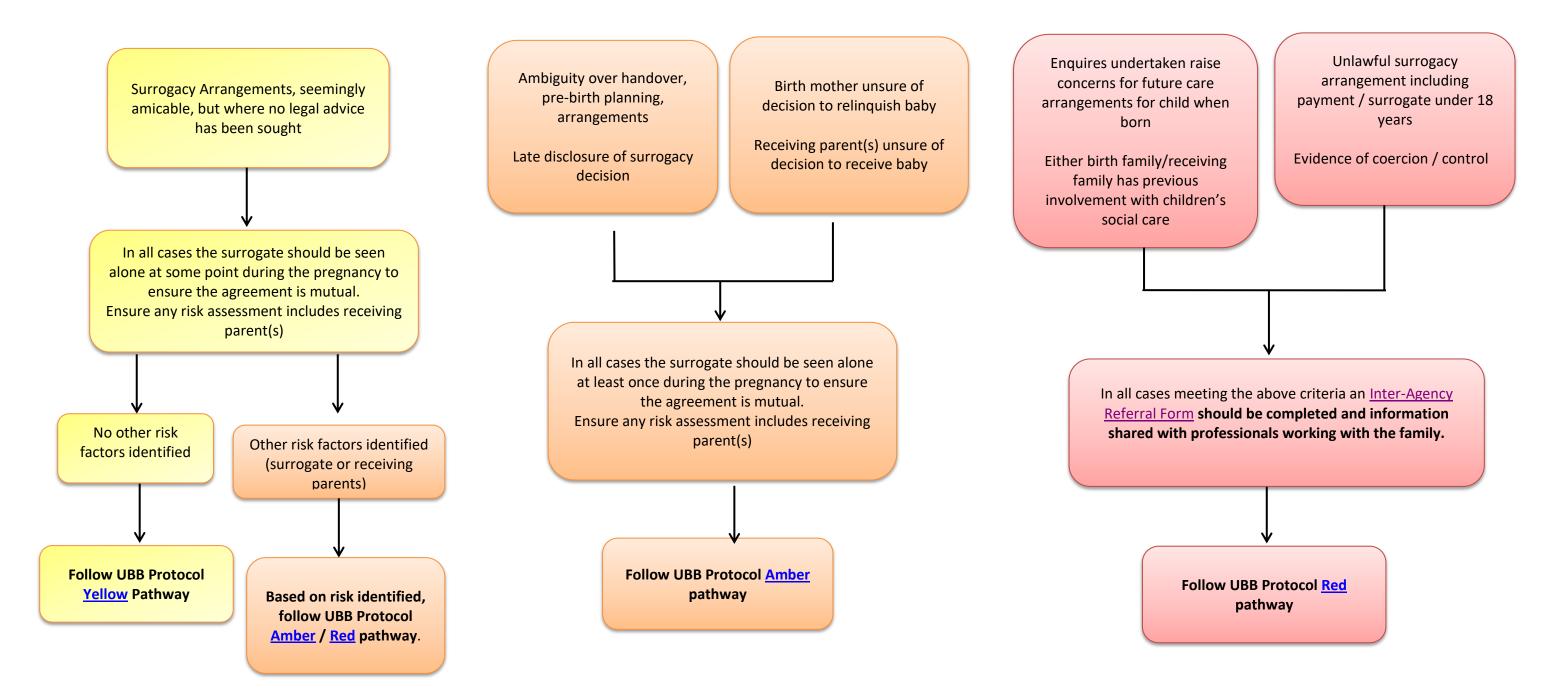
- Homeless people offered jobs that turn out to come with threats and without pay
- Teenagers groomed by gangs into criminal acts such as shoplifting
- Young people and adults coerced or manipulated to act as drug couriers or dealers
- Girls and women forced into prostitution by abusive partners or by organised criminals.

WHAT IS THE 'DUTY TO NOTIFY'?

From 1 November 2015, specified public authorities have a duty to notify the Home Office of any individual encountered in England and Wales who they believe is a suspected victim of slavery or human trafficking. If you suspected that any person accessing support is a victim of slavery or human trafficking please visit the Home Office NRM page here

Surrogacy

Surrogacy is legal in the UK, but if you make a surrogacy agreement it cannot be enforced by the law, further information regarding surrogacy and the law can be found here. It is important to ensure that a robust social risk assessment is completed for the receiving parents.

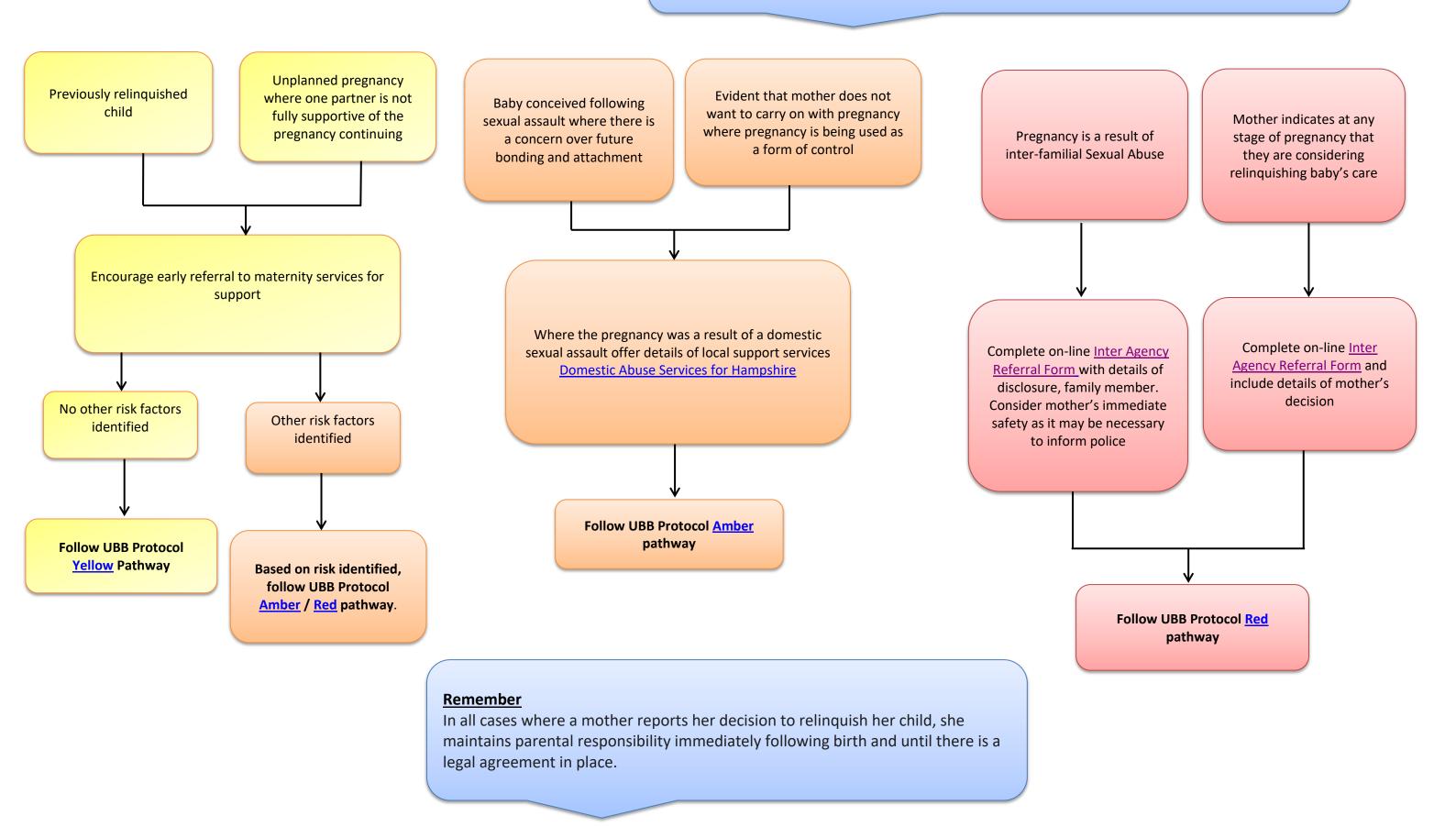


Remember

You must respect the birth mother's right to confidentiality; no information should be shared with the receiving parents without consent. Consent to share can be withdrawn at any time. Receiving parents do not have parental responsibility until the birth mother has legally relinquished care of the baby through parental order or adoption, information can be found here

Unplanned or Unwanted Pregnancy / Relinquishment

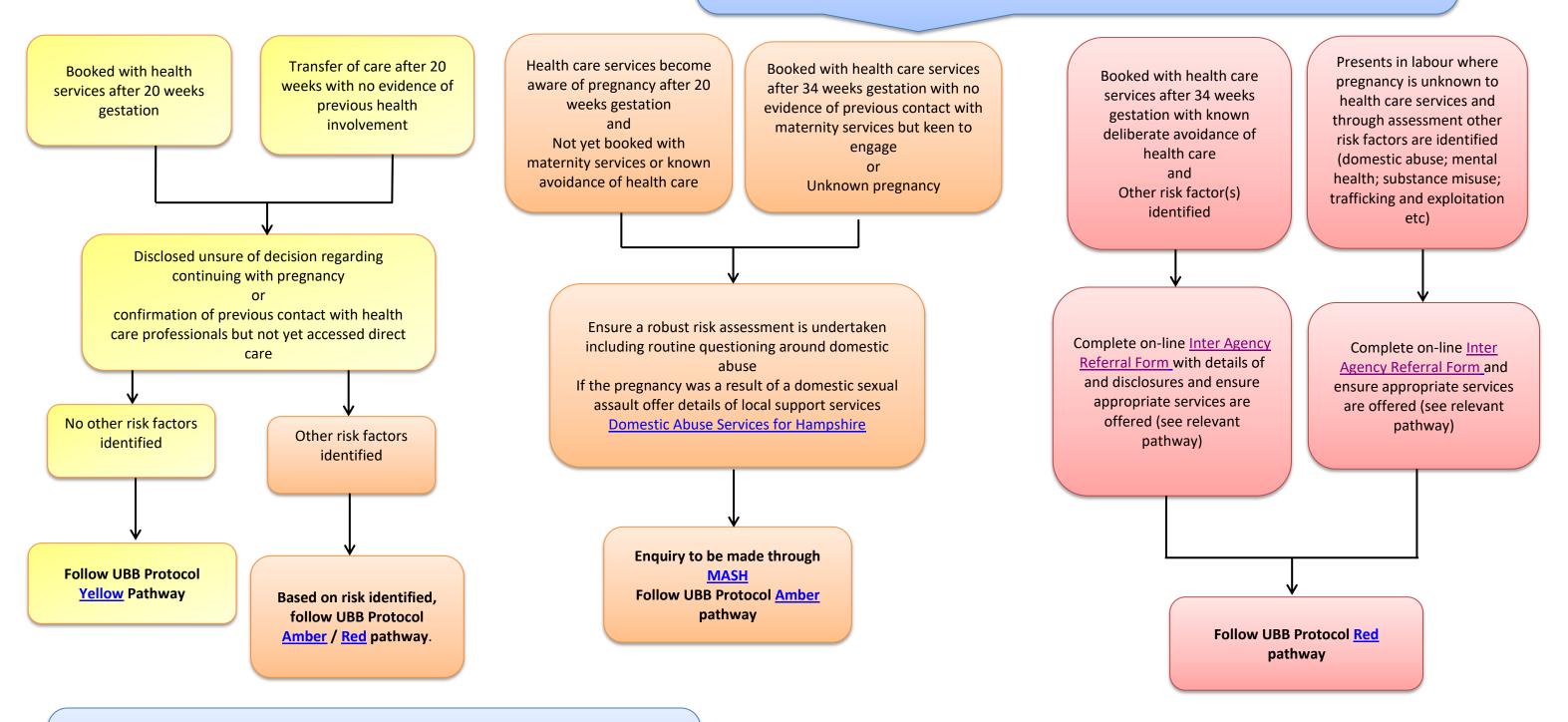
Some pregnancies may be the result of traumatic conception / sexual abuse. It is important that early referrals are made in for support. Offer details of Rape Crisis; staff will be able to offer confidential advice and support. Also signpost to Domestic Abuse/HBV services if conception is a result sexual abuse in an abusive relationship.



Late Booking and Concealed Pregnancy

For the purposes of these pathways, a concealed pregnancy is defined as presentation in labour or a late booked post 34 weeks gestation where there is a:

Known pregnancy with deliberate decision to avoid health care Unknown pregnancy and therefore health care has not been accessed See Concealed Pregnancy Guidelines here

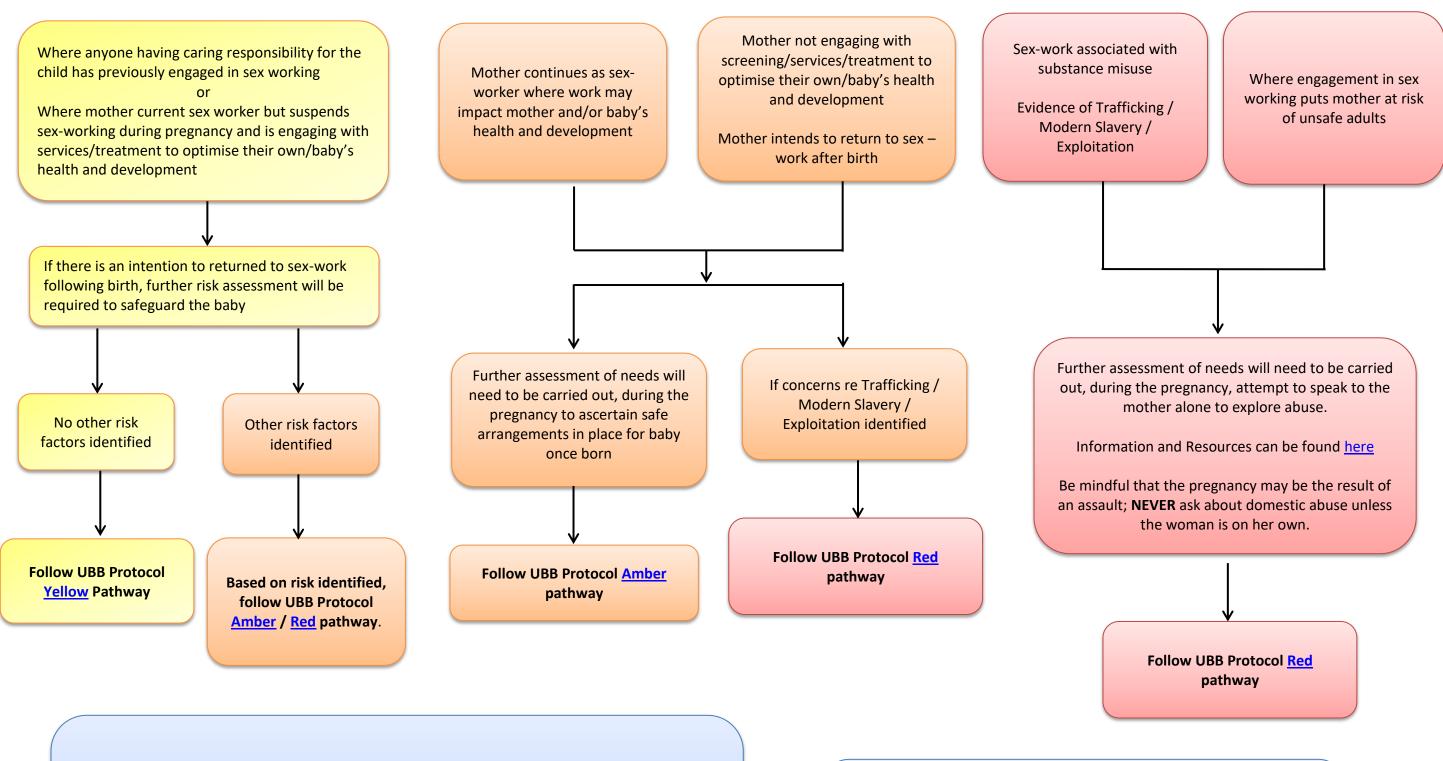


There is a strong likelihood that birth in these cases may be at home and unassisted; very often the pregnancy remains concealed until delivery. Please complete a full risk assessment when attending or becoming aware of a concealed pregnancy, ensuring that domestic abuse; mental health; substance misuse; trafficking and exploitation are explored and appropriate services are offered.

Remember

In all cases of concealed pregnancy the mother will need support and access to appropriate psychological and physical health care and a referral to Children's Social Care should be made to safeguard the UBB/Newborn.

In all cases an assessment of should be carried out to ensure appropriate safeguards are in place to limit the baby's exposure to risky behaviours and unsafe adults



Remember

More than a quarter of all victims of trafficking found in the UK in 2019 were British (26%), making this the most common victim nationality, followed by Albanian (16%) and Vietnamese (8%). British people are trafficked in many ways. These could include:

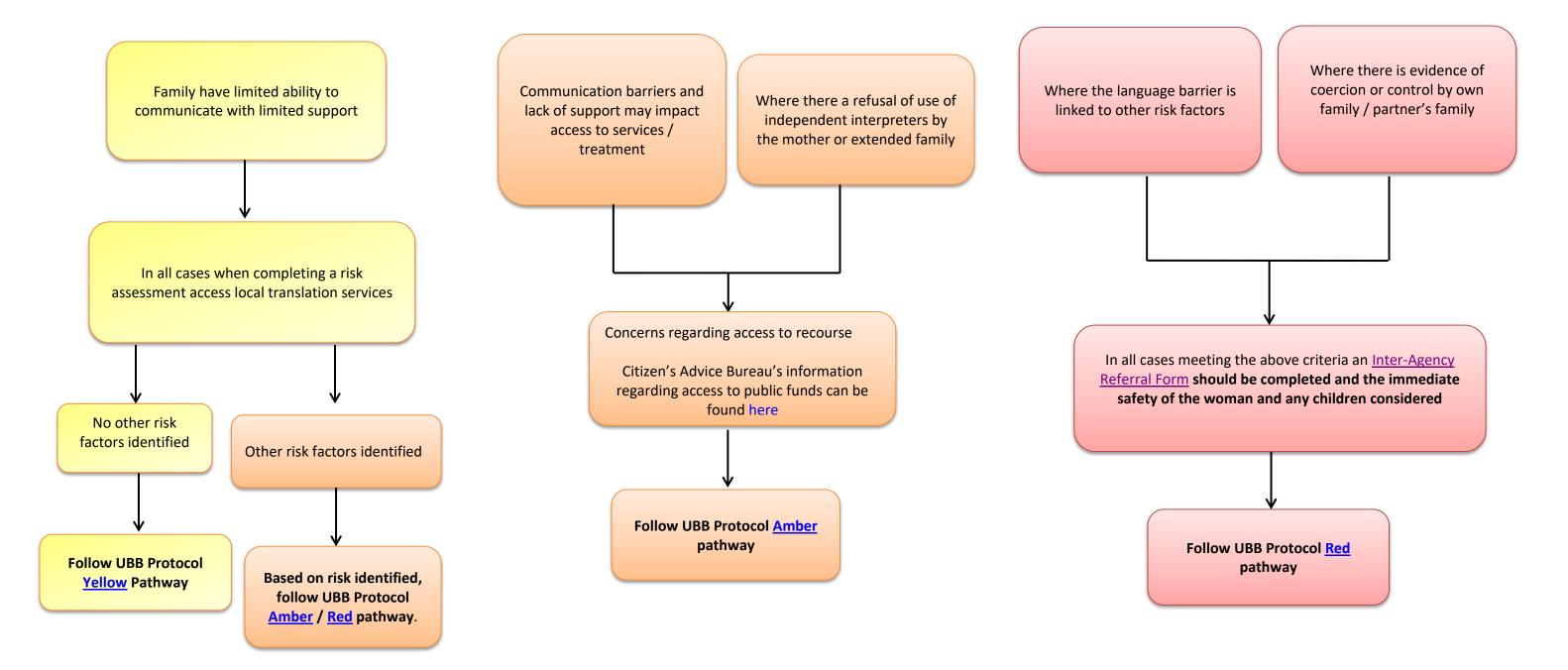
• Girls and women forced into prostitution by abusive partners or by organised criminals.

WHAT IS THE 'DUTY TO NOTIFY'?

From 1 November 2015, specified public authorities have a duty to notify the Home Office of any individual encountered in England and Wales who they believe is a suspected victim of slavery or human trafficking. If you suspected that any person accessing support is a victim of slavery or human trafficking please visit the Home Office NRM page here

Communication and Language Barriers

NEVER use family members to translate when undertaking routine enquiry around domestic abuse.

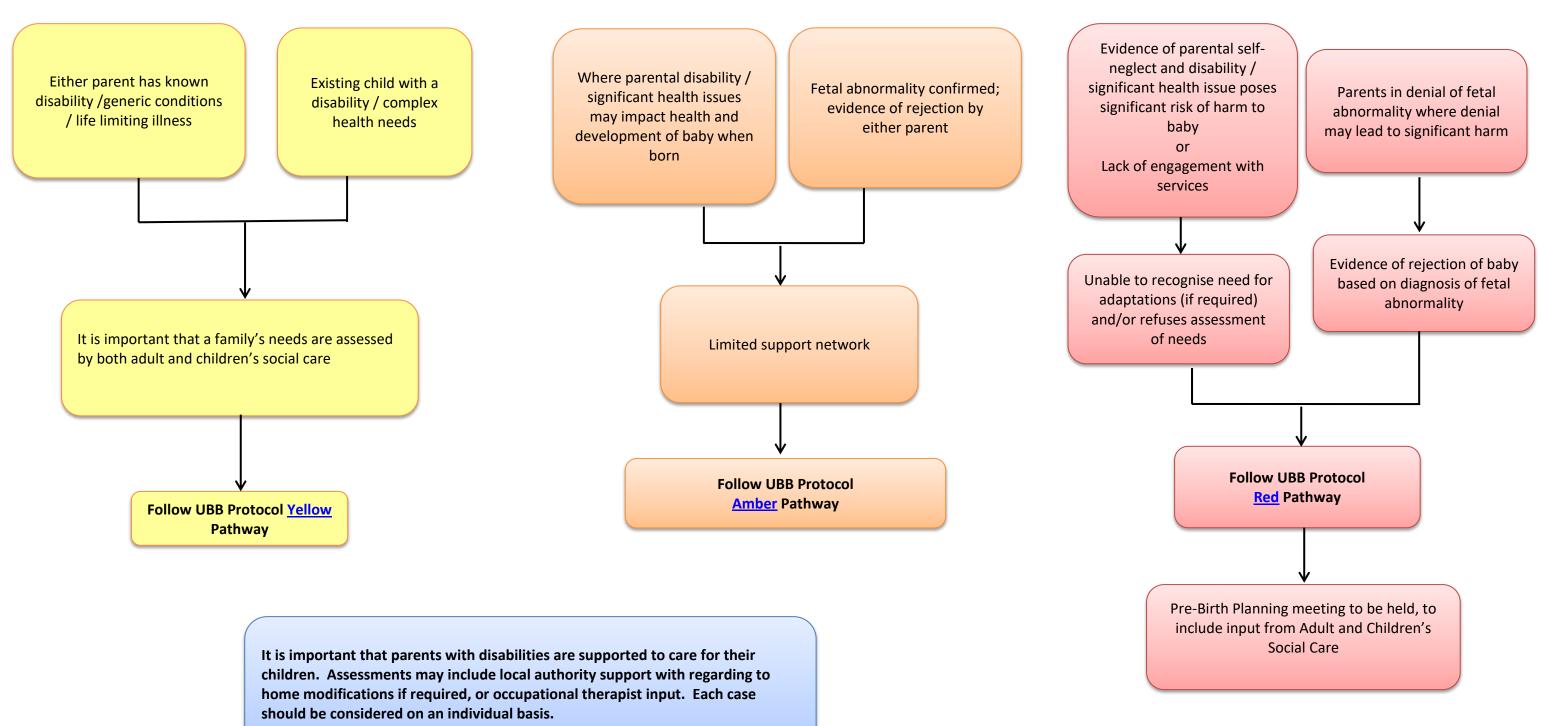


Remember

Women and their families should be given information in a clear and concise manner (in the language spoken by the woman and her family), avoiding organisational jargon, and using pictorial and graphic materials when needed to communicate processes or procedures.

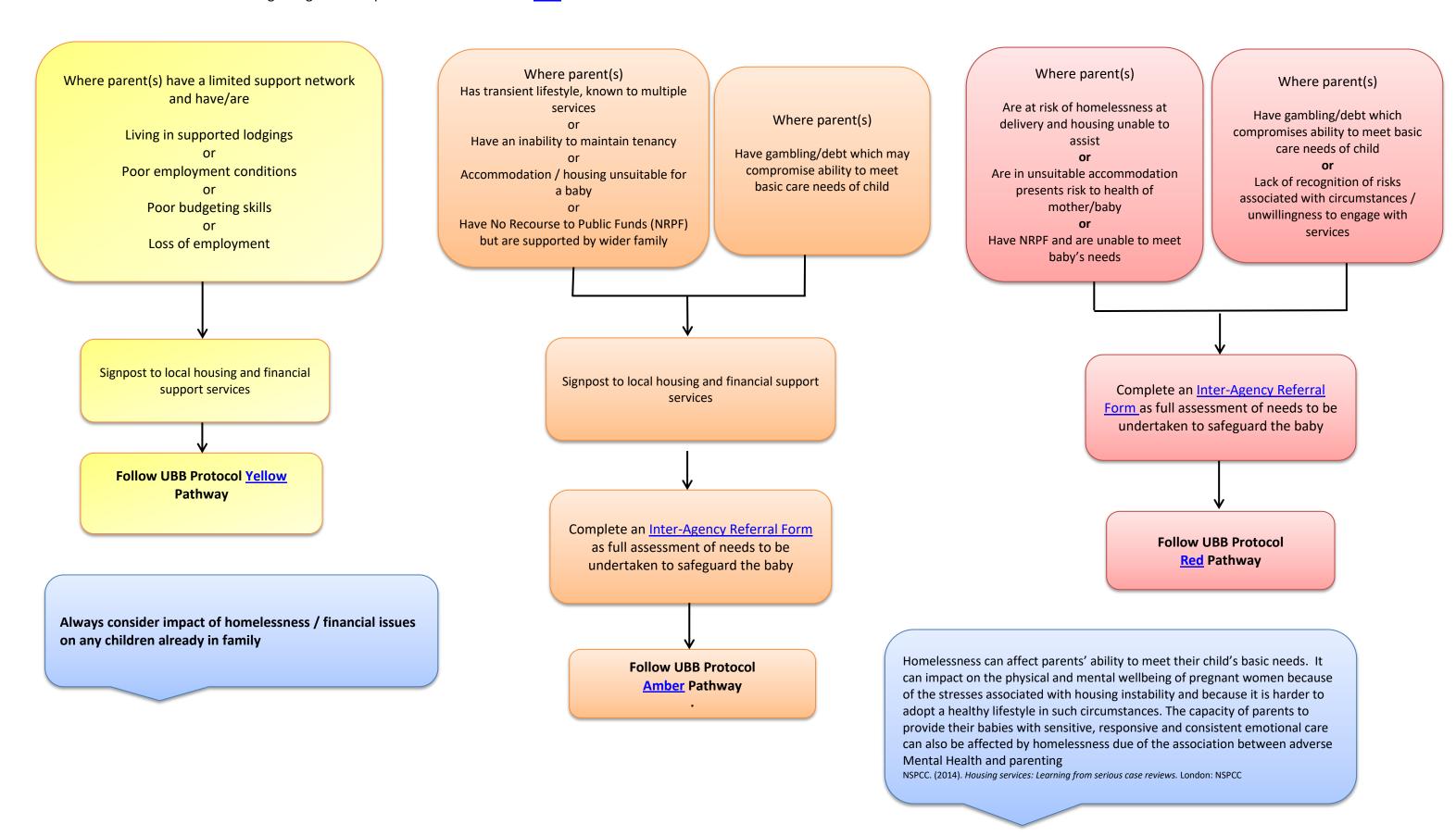
Physical Disabilities

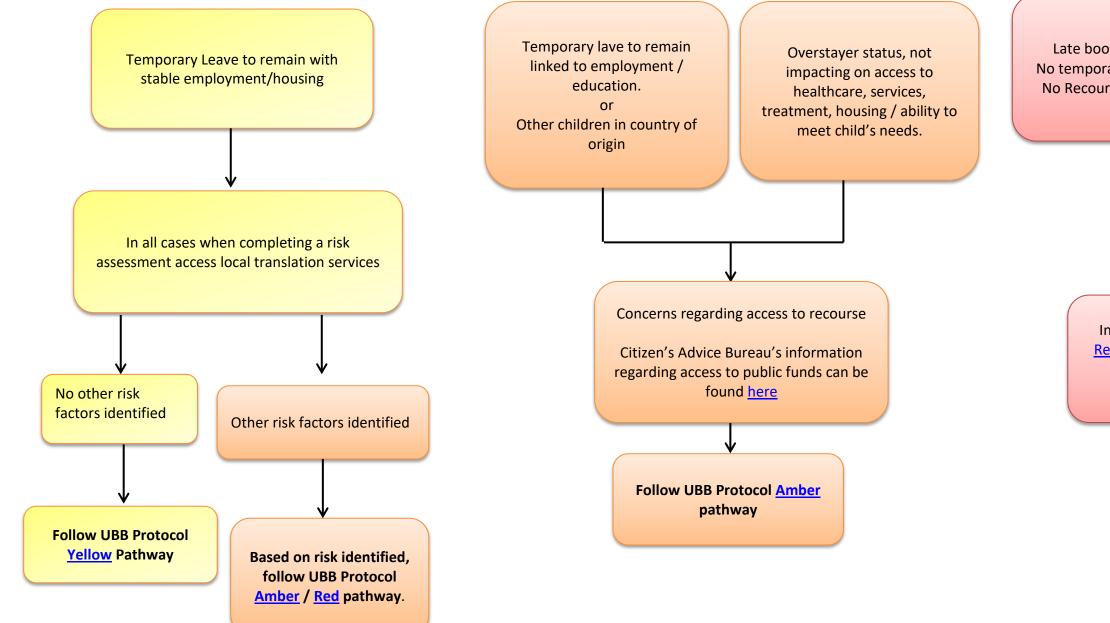
Parents with disabilities have the same rights as parents with no disabilities. There is no 'parents with disabilities' legislation as such, but certain legislation and guidance protects the rights of adults with disabilities - including in their roles as parents. Information for families can be found online at Family Rights Group

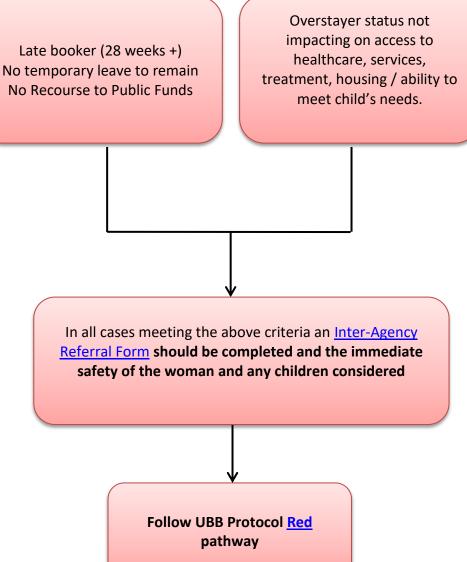


Financial/Housing issues including No Recourse to Public Funds

Citizen's Advice Bureau information regarding access to public funds can be found here







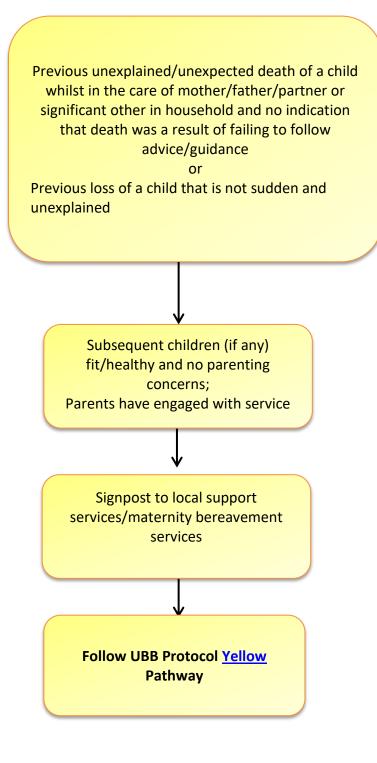
Remember

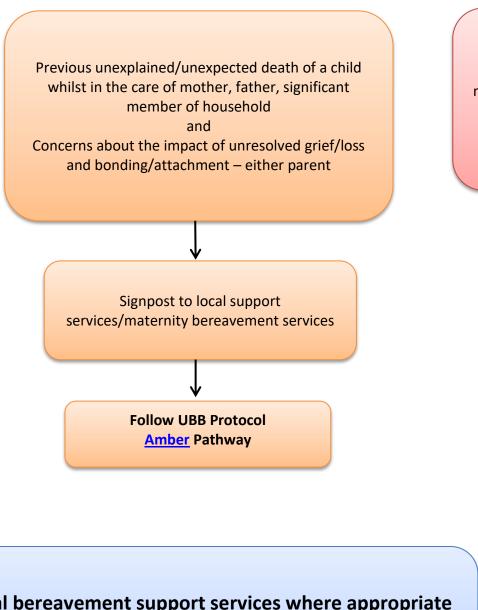
Women and their families should be given information in a clear and concise manner (in the language spoken by the woman and her family), avoiding organisational jargon, and using pictorial and graphic materials when needed to communicate processes or procedures.

Instability can affect parents' ability to meet their child's basic needs. It can impact on the physical and mental wellbeing of pregnant women because of the stresses associated with uncertainty and because it is harder to adopt a healthy lifestyle in such circumstances. The capacity of parents to provide their babies with sensitive, responsive and consistent emotional care can also be affected by homelessness due of the association between adverse Mental Health and parenting

NSPCC. (2014). Housing services: Learning from serious case reviews. London: NSPCC

Previous Unexplained/Unexpected Death of a Child





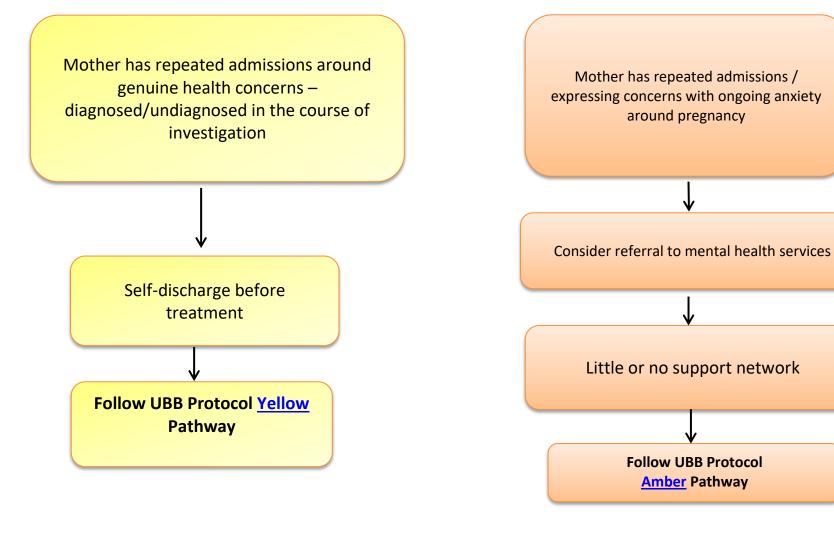
Significant concerns about Previous unexplained/unexpected unresolved grief/loss or death of a child whilst in the care of concerns regarding bonding mother, father, significant member of and attachment in both household and indication death as a parents result of failing to follow advice OR and/or guidance Poor engagement with services Signpost to local support services/maternity bereavement services Complete an Inter-Agency Referral Form as full assessment of needs to be undertaken to safeguard the baby **Follow UBB Protocol**

Red Pathway

Offer local bereavement support services where appropriate or SANDS useful links (here) can help support parents having a baby after a previous loss.

Fabricated/Induced Illness/Repeated Admissions/Self Harm

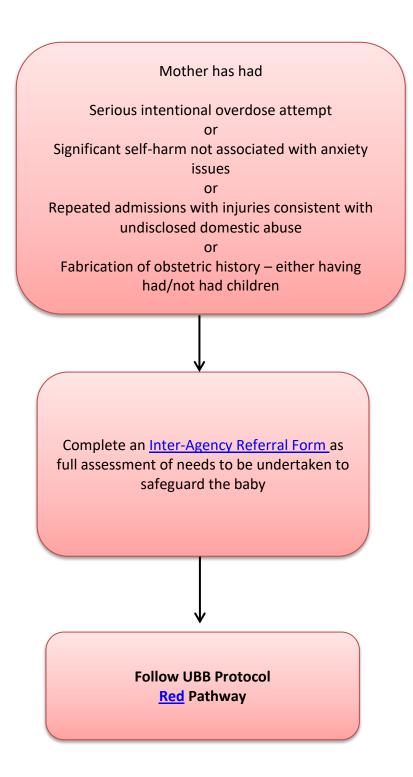
Factitious illness more commonly known as Munchausen's syndrome or FII. FII is a psychological disorder where someone pretends to be ill or deliberately produces symptoms of illness in themselves NHS.UK

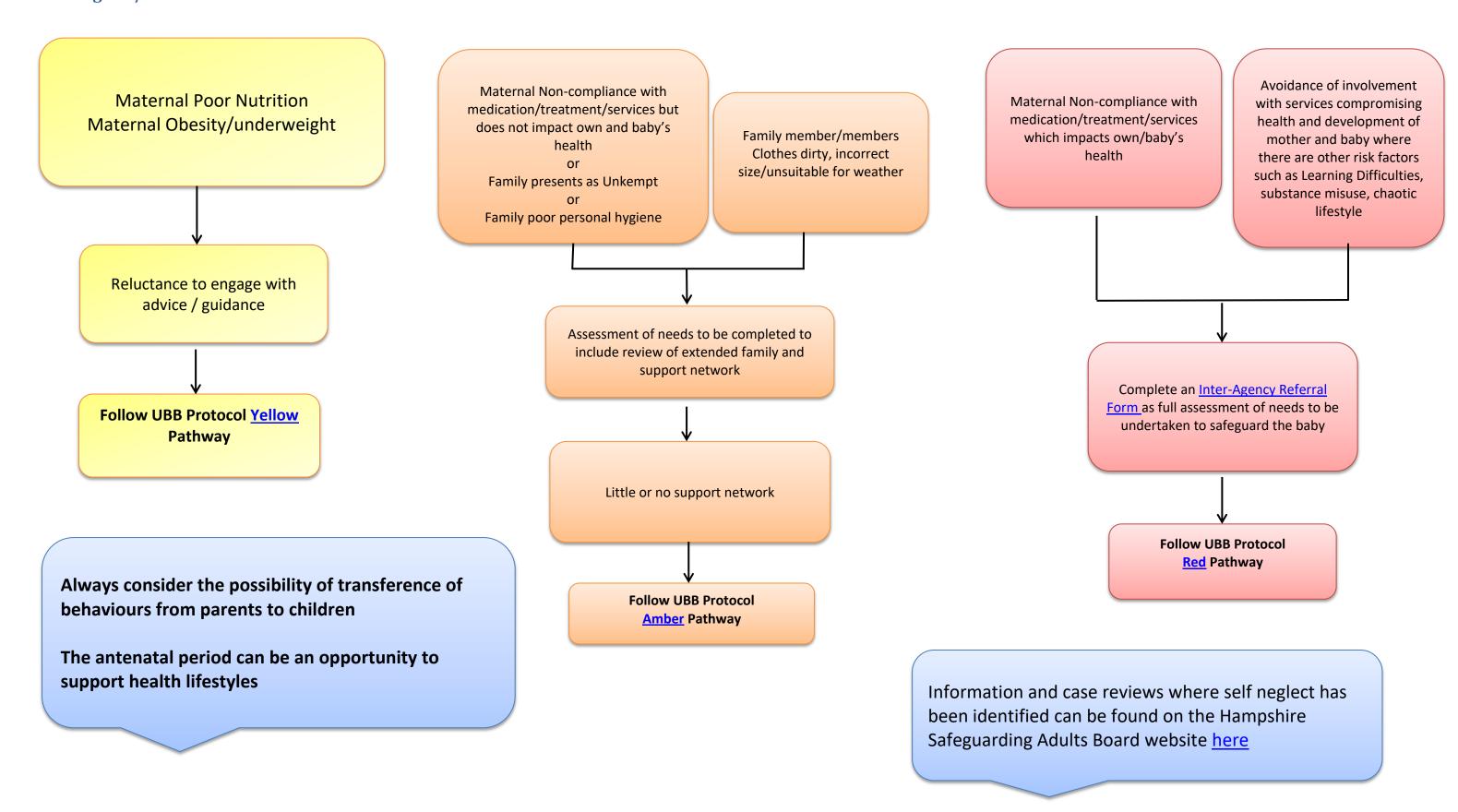


FII is complex and poorly understood. Many people refuse psychiatric treatment or psychological profiling, and it's unclear why people with the syndrome behave the way they do.

Several factors have been identified as possible causes of Munchausen's syndrome. These include:

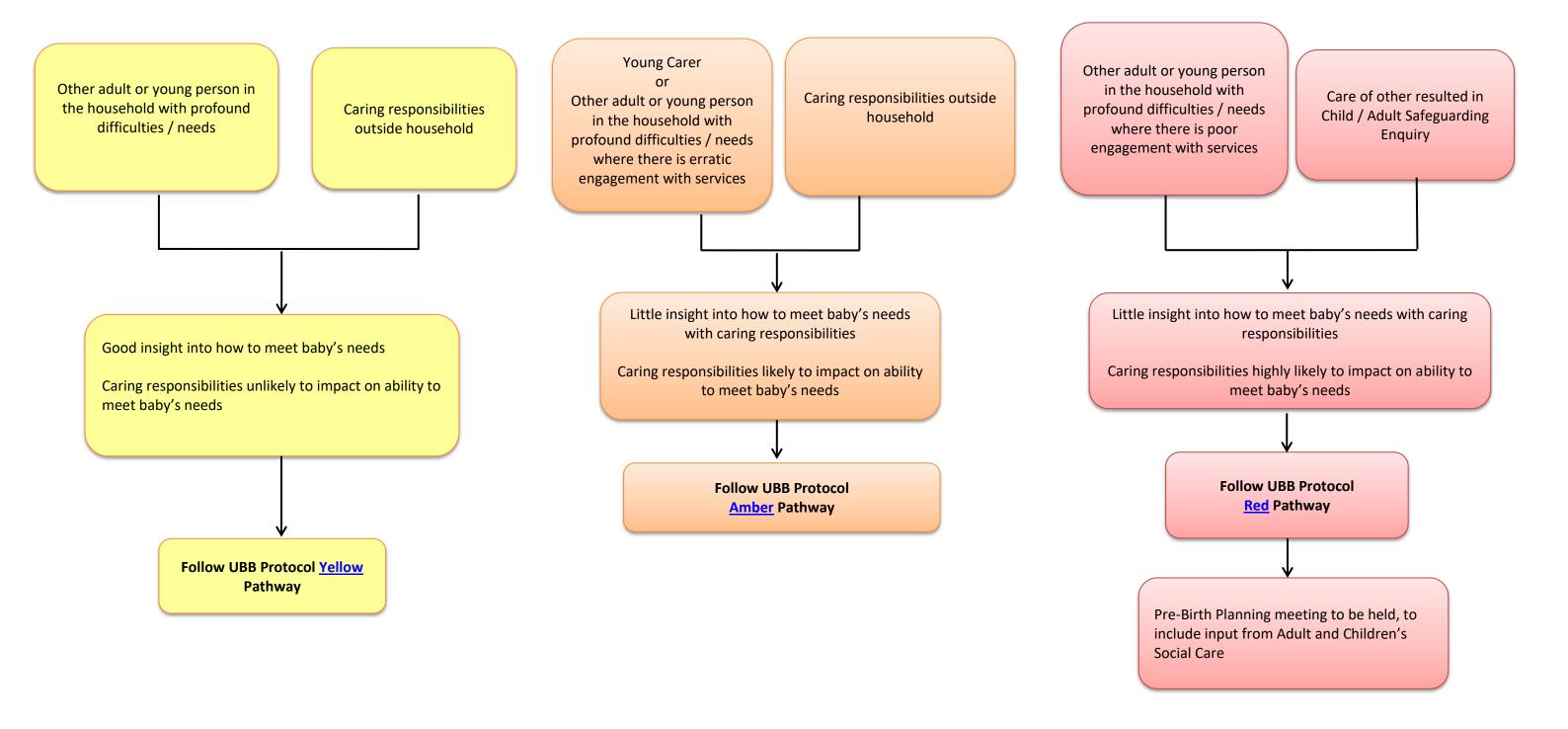
- emotional trauma or illness during childhood this often resulted in extensive medical attention
- a <u>personality disorder</u> a mental health condition that causes patterns of abnormal thinking and behaviour
- a grudge against authority figures or healthcare professionals





Caring Responsibilities

New parents who already have caring responsibilities for a family member may find it difficult to also care for a newborn. It is important that they are referred to local services for support.



Female Genital Mutilation (FGM)

FGM is illegal in the UK, there is clear guidance regarding the law and FGM see <u>CPS</u> <u>prosecution guidance</u>. Health professionals should follow <u>NHS England Mandatory</u> <u>report guidance</u>

Mother subjected to FGM, Mother subjected to FGM, demonstrates strong opposition demonstrates strong to practice opposition to practice Some evidence of coercion / No evidence of wider control from partner or wider family pressure or family acceptance of practice Explore prevalence of No other identified domestic abuse, offer risk factors support services, see DV/DA Pathway **Follow UBB Protocol** Based on risk identified, follow UBB Protocol **Yellow** Pathway Amber / Red pathway.

Mother subjected to FGM, current ambivalence to practice with known unborn female and/or existing female sibling subject to FGM

Evidence of coercion / control within family or suspected honour based violence

Follow UBB Protocol Red Pathway

Estranged from wider family members who have been radicalised / subject to PREVENT /CHANNEL /Anti-terrorism measures /monitoring

Change in behaviour / dress linked to emotional life event

Complete Inter Agency Referral Form (IARF)

Follow UBB Protocol
Amber Pathway

Radicalisation

Mother / Father / Partner / Significant family member subject to PREVENT / CHANNEL/ Anti-terrorism measures / monitoring

Refer to https://www.hants.gov.uk/educationandlearning/safeguardingchildren/guidance Type

Radicalisation into the 'show me' box for information and guidance

Close relationships with wider family members who have been radicalised / subject to PREVENT/CHANNEL/Antiterrorism measures / monitoring

Change in behaviour/dress not linked to emotional life event

Complete Inter Agency Referral Form (IARF)

Follow UBB Protocol Red Pathway

Remember FGM has been illegal in the UK since 1985, therefore any woman presenting having suffered FGM who was born or living in the UK since birth has been assaulted; in this case an IARF should be completed and an investigation undertaken to ascertain if there is a criminal charge to be brought

Contacts and Resources

Contacts and Resources	
Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS)	
Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) Procedures	
Neglect Toolkit	
Threshold Guidance	
Hampshire	
Hampshire Children's Social Care	0300 555 1381
Out of Hours	0300 555 1373
Hampshire Safeguarding Children Partnership	
Hampshire and Isle of Wight Interagency Referral Form	
Hampshire County Council Safeguarding Children Guidance	
Hampshire Domestic Abuse Support	
Hampshire Domestic Abuse Risk Assessment and Referral Pathways	
Hampshire Substance Misuse Support	
Isle of Wight	
Isle of Wight Children's Social Care	0300 300 0117
Professionals	0300 300 0901
Isle of Wight Safeguarding Children Partnership	
Hampshire and Isle of Wight Interagency Referral Form	
Isle of Wight Substance Misuse Support	
Isle of Wight Domestic Abuse Services	
Portsmouth	
Portsmouth Children's Social Care	023 9268 9793
Out of Hours	0300 555 1373
Portsmouth Safeguarding Children Partnership	
Portsmouth Interagency Referral Form	
Portsmouth Safeguarding Children Partnership Threshold Document	
Portsmouth Substance Misuse Support	
Portsmouth Domestic Abuse Services	
Southampton	
Southampton Children's Social Care	023 8083 3336
Out of Hours	023 8023 3344
Southampton Safeguarding Children Partnership	
Southampton Interagency Referral Form	
Southampton Substance Misuse Support	
Southampton Domestic Abuse Services	