

**Wakefield Multi-Agency Pregnancy Liaison**

**and**

**Assessment Group**

**(MAPLAG)**

Protocol for Multi-Agency Assessment and Support for High risk Vulnerable Pregnant Women and their Babies

(Revised 08/10/2020)

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**Introduction**

Effective sharing of information between practitioners and local agencies is essential for early identification of need, assessment and service provision. Serious case reviews have highlighted that missing opportunities to record, share and understand the significance of information in a timely manner can have severe consequences for the staffing and welfare of children.

Sharing information increases the capacity of practitioners to take actions to keep children safe. Practitioners should be proactive in sharing information.

**Working Together to Safeguard**

**Children 2018**

Multiple agencies recognise that pregnant women with complex health and social needs do not always access the services they require for both themselves and their unborn baby. Local agencies in Wakefield recognise that early intervention is essential if children and young people are to be safeguarded effectively. There is a need to shift the focus from protecting children from harm to preventing abuse and neglect in line with the findings of the Munro Review.

Within Wakefield key agencies have agreed to work collaboratively within the MAPLAG process to provide effective holistic health care and safety planning to safeguard and protect individuals, vulnerable pregnant women and their children and unborn baby.

The purpose of this document is to provide a rational and a basis for an agreement between local agencies and other associated organisations, to facilitate and govern the effective and efficient sharing of information necessary to ensure the safety and wellbeing of adults, children and the unborn baby.

This process will enable relevant agencies to work together, share information at the MAPLAG meeting and provide a collaborative consistent plan of advice, support and care to the pregnant women. Agencies should be aware that attendance at core group meetings, child protection conferences etc. are not replaced by MAPLAG meetings and attendance at all of the above should continue.

**The objectives of the MAPLAG are:-**

* To identify at an early state and during pregnancy, specific risk factors in high risk vulnerable families with complex needs.
* To have a collaborative co-ordinated approach to safeguarding and accessing the health and social needs of vulnerable pregnant women affected by one or more risks:-
	+ Drug misuse (Class A drug use, Poly drug use, prescription drug use,)
	+ Alcohol abuse/dependency
	+ Substance misuser on recovery programmes
	+ Domestic abuse (high level discussed at MARAC)
	+ Significant self-neglect, ill health, None/Poor engagement with services, No family/social support
	+ Disabilities (Physical, Learning Disabilities/Difficulties, Autism)
	+ Sexual health issues/families supportive of FGM
	+ Significant mental health issues with history of diagnosed/medicated interventions, Self-harm
	+ Homelessness, asylum seeker, refugees poverty, sex trafficking
	+ Exploitation (financial/economic, sexual, children, vulnerable)
	+ Involvement in the criminal justice system
	+ Previous child removal/Children on a Plan
	+ Concealed pregnancies, Late Bookings (>16 weeks)
	+ Other Significant Safeguarding concerns (flight risk, Young mother etc.)

If you are unsure if your referral does not fall into one or more of these risks please contact the MYHT Safeguarding Team on 01924 541968

* To normalise antenatal and postnatal care whilst recognising this social, medical and safeguarding issues associated with high risk vulnerable individuals/families and provide appropriate support and services to address these.
* To formulate an action plan to meet the needs of the pregnant women and her baby and where possible her family by a co-ordinated approach.
* To provide a consistent approach by all professional to the plan of support by means of effective inter-agency communication and information sharing in a collaborative manner.
* To reduce the risk of serious harm and increase safety and access to health services whilst addressing any risks faced by professionals involved in the care of the pregnant women.

**Terms of Reference**

The meetings will be held on a 6 weekly basis initially and maybe revised at a later depending on referral rate.

Referrals can be made by any agency using the referral form in Appendix II. Referrals can be made any time in the pregnancy from 12 weeks of pregnancy onward

Referral must be sent by secure e-mail to myh-tr.safeguardingchildrenteam@nhs.net

And must be received 10 days prior to the meeting to be added to the agenda.

The agenda and minutes of the previous meeting will be sent by secure e-mail one week before the meeting. Agencies will be responsible for the storing and disposal of the MAPLAG minutes/agenda according to their agency practice.

It is the responsibility of all members to ensure they have adequate security arrangements in place to receive, store and send information securely. Information must only be distributed to individuals with an identified secure e-mail.

All members should adhere to the Information Sharing Agreement on page 7.

These Terms of Reference will be reviewed annually.

**Membership**

Named contact from each of the agencies listed below are expected to attend the meetings. If the named worker is unable to attend then they must identify a representative to attend in their place.

Agencies who are committed to attend are:-

* Midwifery
* 0 – 19 Health Visiting/Family Nurse Partnership
* Children Social Care
* Mental Health
* Substance Misuse
* Police
* Domestic Abuse Support Service
* CCG
* Adult Social Care
* CSE Team (from March onwards)

Any services can be co-opted to assist with the business of the Wakefield MAPLAG.

If any agencies representative (or Deputy) fails to attend 3 consecutive MAPLAG meetings the Chair will contact the agency to request attendance and will inform the Wakefield Safeguarding Children Board member of their agencies non-attendance.

**Roles and Responsibilities**

It is the responsibility of all members to attend all meetings on the relevant dates.

All agencies are expected to contribute to the meeting in an appropriate manner, with due respect for equality, diversity and the seriousness of the subject matter and with respect for colleagues and subjects of the meeting.

Information should be clear, concise, relevant, factual and shared in the best interests of the pregnant women and in line with current legislation, statutory guidance and best practice.

Information should not be shared outside of the meeting however, if s situation arises where it may be appropriate consent must be sought from the Chair before the information is shared.

Minutes of the meeting will be shared with meeting attendees only.

Concerns of professional conduct during a meeting should be raised with the Chair.

**Concerns of a safeguarding nature would require the professional to make a referral to Children Social Care. A referral to MAPLAG should never replace a referral to relevant safeguarding services. If there are any safeguarding concerns a referral must be made to Children Social Care in addition to a referral to MAPLAG. It is Children Social Care’s decision whether the case meets the assessment criteria.**

**Information Sharing and Consent**

Gaining consent to refer into MAPLAG and share information about the client is recognised as good practice and encouraged where possible.

It is the responsibility of the referring agency to seek consent. However, in cases where there are concerns with regard to safeguarding and protecting vulnerable adults and children and the unborn from significant hare consent is not required to make a referral to MAPLAG.

Professionals should also recognise that in some cases gaining consent may put individuals/families at risk and may not be safe to do so.

Information discussed in the MAPLAG meeting is strictly confidential and should not be discussed with third parties. Information will be shared when an adult, child or baby is believed to be at significant harm/risk.

Representatives at the meeting should share clear. Concise information that is factual and relevant.

When considering information sharing good practice is guided by:-

* Caldicott Principles
* Seven Golden Rules of information Sharing
* Wakefield District Safeguarding Children Board procedures
* Inter-agency Information Sharing
* Working Together to Safeguard Children 2018
* Article 6(1)(e) and Article 9(2)(b) of the General Data Protection Regulation (GDPR)

**Meeting Process**

The MAPLAG meeting will be chaired by the MYHT Named Midwife for Safeguarding. Minutes will be taken by the Safeguarding Team Administration.

Minutes and agendas for the meeting will be sent to all representatives by secure e-mail one week prior to the meeting.

The discussion of each case will be opened by the Chair providing:-

* Details of the referral to MAPLAG
* Social, medical, psychological issues
* Mental Health issues
* Health and care of pregnant women
* Drug/Alcohol misuse details
* Attendance, compliance, engagement with services
* Previous Social Care involvement
* Women’s perceptions and commitment to support
* Domestic abuse notifications
* Partner details (using, in treatment etc.)
* Services involved with family

Representative will be invited to share:-

* Current relevant information
* Current involvement
* Concerns not already discussed

An initial risk assessment and a support plan will be made based on the information. The plan will identify co-ordinated support stating who will action certain pieces of work.

Each agency is responsible to take the actions from the MAPLAG meeting completing them and feeding back to the MAPLAG Chair for the subsequent review at the next meeting.

The meeting will agree who will be responsible for feeding the outcome of the meeting back to the mother and her partner (if appropriate).

In case where sufficient information is not available to carry out the initial risk assessment at the meeting the case will be brought back for further discussion at the next meeting.

If at any time information is obtained by a professional that warrants immediate escalation or action, this should be undertaken by the professional and share with all professionals and reported at the next MAPLAG meeting.

It is anticipated that the progress of the review of each case and the expected process flow will follow the process on page 12.

Once referral into MAPLAG the case will only be closed if:-

* Woman is found to not be pregnant
* Woman does not fit referral criteria
* Woman moves out of the Wakefield area prior to the birth of her baby (if this case information should be shared with new area by all agencies)

Representatives are reminded the minutes of the meeting are strictly confidential, should only be shared with relevant parties and stored in a secure manner.

**Governance Process**

MYHT Safeguarding Team will be accountable for managing the MAPLAG process.

The Chair will be responsible for:-

* Chairing the meetings
* Distribution of the meeting papers
* Escalating any concerns through relevant routes
* Providing a report to MYHT Safeguarding Group meeting, WDLSCB PiP Work stream

**References/Relevant Legislation**

* Data Protection Act 2018
* General Data Protection Regulations 2018
* Human Rights Act 1998
* Freedom of Information Act 2000
* Children Act 2004
* Health and Social Care Act 2001
* Domestic Violence Act 2018
* Caldicott Principles
* NICE Working with Pregnant Women with Complex Social Factors
* NICE Pregnant Women who have problems with Alcohol or Drugs
* Working Together to Safeguard Children 2018

**Wakefield MAPLAG Process Flow Chart and Referral Form**

**Criteria**

* + Drug misuse (Class A drug use, Poly drug use, prescription drug use,)
	+ Alcohol abuse/dependency
	+ Substance misuser on recovery programmes
	+ Domestic abuse (high level discussed at MARAC)
	+ Significant self-neglect, ill health, None/Poor engagement with services, No family/social support
	+ Disabilities (Physical, Learning Disabilities/Difficulties, Autism)
	+ Sexual health issues/families supportive of FGM
	+ Significant mental health issues with history of diagnosed/medicated interventions, Self - harm
	+ Homelessness, asylum seeker, refugees poverty, sex trafficking
	+ Exploitation (financial/economic, sexual, children, vulnerable)
	+ Involvement in the criminal justice system
	+ Previous child removal/Children on a Plan
	+ Concealed pregnancies, Late Bookings (>16 weeks)
	+ Other Significant Safeguarding concerns (flight risk, Young mother etc.)

If you are unsure if your referral does not fall into one or more of these risks please contact the MYHT Safeguarding Team on 01924 541968

**Pregnant women identified as vulnerable High Risk by any agency**

**Referral made to MAPLAG by any agency any time after the 12 week of pregnancy**

**MAPLAG Meeting**

**Risk Assessment undertaken**

**Plan formulated**

**Agency Referrals made to specific services for support (e.g. Mental Health, Substance Abuse, Domestic Abuse Service, Children Social Care, FNP, Adult Social Care, Women’s Centre etc.)**

**Review of MAPLAG as required identifying progress/preventing drift**

**Birth Plan and meeting of Professional (if appropriate) to be shared at MAPLAG Review**

**Baby Born**

**Wakefield Multi-Agency Pregnancy Liaison**

**and**

**Assessment Group**

**MAPLAG**

**Referral Form**

|  |
| --- |
| **Referrers Details:** |
| **Name:** | **Agency:** |
| **Contact telephone number:** | **Date of Referral:** |

|  |
| --- |
| **Mothers Details:** |
| **Name: NHS Number** | **Date of Birth:** |
| **Address:** | **Contact tel:** |
| **EDD:** |
| **Positive Pregnancy Test: Yes/No** |

|  |
| --- |
| **Partners Details:** |
| **Name:** | **Date of Birth:** |
| **Address** *(if different)* |

|  |
| --- |
| **Consent obtained from Client:** |
| Yes | No | Please state reasons if consent could not be obtained: |

|  |  |  |
| --- | --- | --- |
| **Does the Mother have any other children:** | **Yes** | **No** |
| Name: | Date of birth: |
| Name: | Date of birth: |
| Name: | Date of birth: |
| Name: | Date of birth: |

|  |
| --- |
| **Please give brief details for this referral e.g. substance misuse, domestic abuse, mental health problems, safeguarding concerns etc:** |
| **(See Criteria List on Flow chart)** |

|  |
| --- |
| **Please identify all agencies involved with the family currently:** |
| Agency: | Contact Details: | Reason for Support: |
|  |  |  |
| Agency: | Contact Details: | Reason for Support: |
|  |  |  |
| Agency: | Contact Details: | Reason for Support: |
|  |  |  |

**Please Note:**

It is good practice to obtain consent from the client when making a referral. Do not inform the client of the referral if you have reason to believe this would put the client or their baby at any risks.

This information will be used to ensure the client is provided with support appropriate to their needs. The information would not normally be shared outside the MAPLAG without the clients consent. Certain circumstances may necessitate the sharing of information without the clients consent such as where we required to do so by law, to safeguard public safety, if there are safeguarding issues or is an emergency situation.

This completed form should be sent by secure e-mail to:

myh-tr.safeguardingchildrenteam@nhs.net