

## **Appendix 2**

### **Standards for Joint Pre-birth Assessments between the Midwife and Health Visitor/Family Nurse**

The aim of the joint assessment when there are safeguarding concerns identified is to promote partnership working and embed the ethos of joint assessment. The sharing of professional analysis and shared understanding of the woman, her unborn baby and her family's strengths and risks. This is to inform joint decision making around the need for further assessment and planning of interventions to support the woman, her unborn baby and family.

The assessment should draw together relevant information gathered from the woman and her family and from relevant professionals using the Assessment Framework. In Norfolk, Signs of Safety is used as the mechanism for collecting and analysing the information. The aim is to use all the information available to identify worries, harm, and any complicating factors, as well as developing a picture of the strengths and safety factors for the child.

#### **The purpose of the assessment is:**

- To gather important information about a woman and her family.
- To analyse their needs and/or the nature and level of any risk and harm being suffered.
- To decide whether a referral to MASH is needed to commence safeguarding children processes.
- To provide support to address identified needs to improve the outcomes for children and to keep them safe. This may include involving Early Help within a Family Support Plan Framework.

#### **Planning the Joint Visit:**

- At the monthly Midwife and Health Visitor meetings vulnerable women are discussed and a joint decision reached on next steps and identify lead.
- The identified lead will make contact with the family to arrange a joint visit and will liaise with the appropriate team to provide an overview of the concerns raised.
- The Health Visitor/Family Nurse will review health care records for background information
- If no access visit, to complete a joint assessment of risk, agree next steps and rebook within 2 weeks or sooner if deemed appropriate.
- If visit is cancelled by the professional this must be rebooked within 2 weeks if alternative cover is not available.

- If an unexpected urgent concern arises professionals should contact their organisational safeguarding team for further support.

### **Assessment outcomes and further action**

- Assessments are rarely straight forward and often it takes a number of visits in order to fully assess the situation for a woman and her family.
- Communication and collaboration is important throughout the assessment process.
- The focus must always be on the woman's lived experience and the level of risk and harm to the unborn baby and any other children in the family. Discussions should include whether a referral to MASH is required.
- In the event of a professional disagreement around the type of plan required for the unborn baby or other children, safeguarding advice should be sought. The NSCB policy for Resolving Professional Disagreements may be followed as required.
- Both practitioners will make records in accordance with their organisation's record keeping policy. If a referral to MASH is the outcome of the joint assessment then a joint NSCB1 should be completed and a decision to be made who will send this to MASH and the report should be shared with the woman. The GP should be informed of this referral and a copy sent to them.
- The Midwife caseholder and the family Health Visitor/Family Nurse should both attend with their report to the Initial Child Protection Conference.
- Any relevant antenatal information pertinent to the baby's health development and welfare should be documented in the child's health record by the Health Visitor/Family Nurse.