

Moray Multi-agency Support in Pregnancy Pathway



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Contents

1. Introduction	3
2. Scope	3
3. Background	3
4. National and local contexts	4
5. Moray Multi-agency Support in Pregnancy Pathway	6
6. Quality assurance	15
7. Implementation plan	15
Appendix 1 - Moray Support in Pregnancy Pathway flowchart	17
Appendix 2 - Contact numbers	18
Appendix 3 - Moray Support in Pregnancy Pathway toolkit (alphabetised)	19

1. Introduction

The Moray Support in Pregnancy Pathway outlines procedures for professionals working with pregnant women and birthing people where the pregnancy may be assessed as vulnerable. Vulnerability may present in terms of wellbeing or child protection concerns. The purpose of this Pathway is to promote early, multi-agency and needs-led intervention and to ensure that timely and proportionate care is received by all vulnerable individuals and their families across Moray.

The Support in Pregnancy Pathway replaces any previous multiagency vulnerable pregnancy guidance or policies in Moray.

2. Scope

The Pathway applies to professionals across all agencies involved in work relating to the wellbeing of unborn children under the direction of the Child Protection Committee of Moray, including Social Work, Health and Education. Police Scotland will fully support the processes detailed within, in accordance with their own national policies and procedures. This procedure may be applicable to third sector partners. This procedure can also be used by families to help understand the processes and procedures they may be a part of.

This Pathway should be followed from 01 November 2023. Any additions or potential exemptions to the Pathway will be considered on an exceptional basis by the approving bodies. The Pathway is expected to be reviewed every 24 months of its implementation, but early review may be triggered by changes in the local or national policy and legislative context. The owner of the Pathway, the NHS Grampian Public Protection team, is responsible for monitoring the context and initiating unscheduled or scheduled reviews.

Following the dissemination and implementation of the Pathway, individual staff members and line managers at all partner agencies are responsible for ensuring that they fully understand and comply with the Pathway outlined in this document.

This document complements and should be read alongside relevant single and multiagency documents, such as information sharing protocols and child protection procedures.

3. Background

All children and young people have the right to be cared for, protected from harm and abuse and to grow up in a safe environment in which their rights are respected and their needs are met. A number of children in Scotland, however, are born into families that may be considered vulnerable. Children at risk of harm and poor wellbeing outcomes in Scotland are

often identifiable before birth. The early identification of factors which may place an infant at risk during pregnancy and/or the postnatal period is crucial. The often inter-related and individual-specific risk factors may include (but are not limited to):

- Economic, material and social circumstances and the impact of poverty
- Domestic abuse/gender based violence, including previous relationships
- Risk of female genital mutilation
- Previous child care/child protection issues
- Alcohol and/or substance use, including prescribed medication and smoking
- Mental ill health, including perinatal
- Learning difficulties or disabilities; physical disabilities of parent
- Teenage pregnancies/young unsupported parents
- Homelessness/housing difficulties (e.g., rent arrears, migrant families with no recourse to public funds)
- Criminal Justice Social Work involvement
- Parents who have been subject to care proceedings in their own lives
- Families with many changes of address and relationships (i.e. transient males)
- Non-engagement with maternity services
- Late booking/concealment of the pregnancy
- Increased risk of Sudden and Unexpected Death of Infant (SUDI) due to drug/alcohol misuse and/or smoking within household
- Introduction of new/unknown partner into the family

Improving outcomes for children, unborn babies, and their families is a fundamental objective for all public services within the Moray area. To achieve this objective, services in Moray have developed a shared understanding of what constitutes a vulnerable pregnancy and use common approaches and language to identify, assess, and support pregnant women and birthing people and their partners/families. In addition, all agencies need to communicate and collaborate with each other and ensure the parent(s) and wider family are included and feel part of the decision-making process. This will ensure that multiagency decision-making and planning are robust and families get the help they need, when they need it.

4. National and local contexts

This Pathway was developed using both national and local guidance and policy as well as best practice explored via consultation.

One of the national drivers is the [UN Convention on the Rights of the Child](#) (UNCRC) and its upcoming enshrinement into Scottish law via the [United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Bill](#). The Preamble of the UNCRC notes that children, due

to their physical and mental immaturity, need “special safeguards and care, including appropriate legal protection, before as well as after birth”. Furthermore, Article 24 requires provision of pre-natal and post-natal health care. Evidently, the Moray Support in Pregnancy Pathway (SiPP) seeks to contribute to the implementation of UNCRC vision and articles.

One of the most influential pieces of national policy guiding the Moray Support in Pregnancy Pathway is the [National guidance for child protection in Scotland 2021](#). It sets out that services relating to child protection will uphold children’s rights; adopt a collaborative, preventative and contextual approach; provide support through [trauma-informed practice](#); engage with families to build trusting relationships, offer support and reduce risk of harm; and build on the strengths of children and families. Further, it notes that pre-birth child protection is about assessment, planning and support to reduce immediate risk of harms that can have lifelong consequences. Specifically in relation to vulnerable pregnancies and assessment, it states (p. 177, [National guidance for child protection in Scotland 2021](#)) that:

- 4.263: *A pre-birth assessment can begin whenever pregnancy is confirmed. When there is a risk of significant harm, it should begin as soon as possible. This provides the unborn child with the best possible opportunity to thrive and gives parents maximum opportunity to engage, achieve an understanding with key practitioners and family supports; and begin to work towards necessary changes.*
- 4.264: *Where appropriate, assessment should be multi-disciplinary, co-ordinated by a social worker as lead professional, consulting with key practitioners including GPs, midwives, family nurses, health visitors and relevant adult services. Professional judgement should be assisted by structured assessment tools.*
- 4.265: *The late allocation of the family to social work support can contribute to tensions in the working relationship, making a robust assessment less possible. Continued uncertainty about the care plan can raise anxiety for expectant parents as the baby’s arrival approaches.*

These considerations informed the approach taken by the local authority and relevant public bodies developing this Moray Support in Pregnancy Pathway.

[Getting it right for every child](#) (GIRFEC), the Scottish approach to improving the wellbeing of children and young persons, is another important national driver for procedures outlining the care, support and protection of vulnerable pregnancies and babies. According to the 2022 Policy Statement, the following principles and values apply:

- Placing children and their families’ needs first, and promoting their agency and participation in decision-making
- Working alongside families to enable the adoption of strengths-based, rights-respecting and inclusive approach
- Adopting a holistic understanding of wellbeing, which includes family, community and society

- Valuing diversity and ensuring that everyone is treated fairly
- Considering and addressing inequalities
- Providing support for children and their families when and as long as needed
- Working together within and across local areas to improve outcomes for children and their families

Additionally, GIRFEC clarified the meaning of wellbeing through the introduction of the [SHANARRI](#) indicators: safe, healthy, achieving, nurtured, active, respected, responsible, and included. Such indicators may be helpful in risk assessments of pregnancies.

In a similar fashion, [The Promise](#) provides the foundations of an approach to supporting families and children (including the unborn) in Scotland. These foundations outline that services should support children and families in a non-stigmatising fashion; that families and children should be given opportunities to share their views and for their views to be given due weight in planning and decision-making; that families should be supported coherently to overcome the difficulties bringing them in contact with services; and that children, families and the workforce must be scaffolded in a system that provides help as and when needed.

Local authorities and public bodies operating within the Moray area subscribe to the noted national policies, guidance and legislation, which is reflected in local multi and single agency policies, procedures and guidance. These local drivers, alongside the discussed national ones, provide a mandate for the adoption of trauma-informed, collaborative, relational, rights-based, family-centred procedures specifically focusing on the support and protection of unborn children. Amongst such local documents are the [Moray Children and Families Services Plan 2023-2026](#), the Moray Multiagency Child Protection Procedures, [NHS Grampian's Child Protection Statement](#) and [Working with Vulnerable Unborn Babies and their Families](#).

In addition to the consideration of these drivers, extensive consultation exercise took place. Consultation was undertaken with relevant staff and agency partners involved with supporting vulnerable pregnant women and birthing people across in the North East of Scotland. Specifically, the views of key agencies' practitioners and managers were sought regarding current and best practice across the three areas constituting Moray. Their comments were fundamental in the formulation of the pathway.

Aligning with the noted national and local policies, legislation and guidance, agencies in the Moray area aim to work strategically, collaboratively and in partnership with parents, as early as possible, in order to prevent the harms we can predict. Indeed, pregnancy is a window of opportunity to engage with parents to reduce risk and promote positive outcomes for children at risk of significant harm or neglect. Subsequent sections outline the procedures furthering this aim.

5. Moray Multi-agency Support in Pregnancy Pathway

Taking all the drivers explored in the preceding section into consideration, Moray Children and Families Social Work departments worked with NHS Grampian and Police Scotland (North East division) representatives to develop the Moray Support in Pregnancy Pathway (SiPP). The SiPP is described in terms of actions, responsibilities and timeframes in the table below. It is also summarised in a flowchart in Appendix 1.

The timelines outlined below are flexible and professionals are encouraged to progress the case and decisions at the earliest opportunities where that is appropriate. If a pregnant woman or birthing person presents after 20 weeks of gestation and there is considered to be a potential risk of significant harm, discussion with Social Work should not be delayed. In such cases, relevant assessments should be completed as soon as possible and a referral to Social Work should be made to initiate the SiPP which would be undertaken on a tighter schedule.

If the pregnancy is presented beyond 24 weeks of gestation and there is considered to be a potential risk of significant harm, 'standard' child protection processes (e.g., Interagency Referral Discussion) may need to be initiated. Practitioners should follow single and/or multiagency procedures and guidance governing their locality.

To ensure that our multi-agency workforce have the resources to support them to work with individuals and families during the ante-natal and post-natal period, a comprehensive toolkit providing an accessible suite of relevant and current materials has been collated. This toolkit is outlined in Appendix 3.

MIDWIFE-LED ASSESSMENT OF NEED AND RISK

KEY MESSAGES:

- Midwives undertake the Wellbeing Assessment (based on SHANARRI indicators and 5 GIRFEC questions) on all pregnant women and birthing people
- Where support or protection needs are identified, the midwife may refer or signpost the pregnant woman/birthing person and their family to other appropriate services
- Pre-referral discussions with Social Work and other agencies may inform the Health-lead Wellbeing Assessment
- Parents' voice should be gathered and carefully considered in any assessment, decision-making and planning

Action, timeframe and responsible professional	Procedure
<p>ACTION: ASSESSMENT, SUPPORT AND RESOURCES</p> <p>Target timeframe: 16 weeks of gestation</p> <p>Responsible: Named midwife or any other professional involved with the pregnant woman/ birthing person and their partner</p>	<p>Vulnerable pregnancies are identified by carrying out Wellbeing Assessment with all pregnant women and birthing people.</p> <p>Midwives will carry out a Health Plan Indicator assessment and liaise with Health Visitor colleagues and relevant multi-agency partners. The assessment is captured on Badgernet. GIRFEC and its SHANARRI indicators underpin the midwife's assessment as the framework for making the assessment.</p> <p>Specifically, the GIRFEC '5 questions' should be explored:</p> <ul style="list-style-type: none"> - What is getting in the way of this unborn baby's well-being? - Do I have all the information I need to help this unborn baby? - What can I do now to help this unborn baby? - What can my agency do to help this unborn baby? - What additional help, if any, may be needed from others? <p>The assessment process is continuous during pregnancy and the midwife may refer or signpost the pregnant woman/ birthing person and their families to other appropriate services.</p>

<p>ACTION: PRE-REFERRAL DISCUSSION AND INFORMATION SHARING</p> <p>Target timeframe: at the earliest opportunity and by 16 weeks, if possible</p> <p>Responsible: Named midwife</p>	<p>Where vulnerabilities have been identified by the Health-led Wellbeing Assessment, depending on the nature of vulnerability, the assessment may benefit from information, advice and guidance from Social Work services in the form of a pre-referral discussion. This is an initial single-agency information gathering process that may involve a conversation with Social Work or any other relevant agencies.</p> <p>Contact details for all agencies across the local authority are summarised in Appendix 2.</p> <p>Concerns can be explored and any proportionate and relevant information Social Work holds in relation to the pregnant woman/ birthing person and their family will be shared and guidance provided to the midwife about the potential applicability of the Support in Pregnancy Pathway (SiPP). Based on the information and guidance, the midwife can make a decision to make the referral to Social Work to initiate the Support in Pregnancy Pathway (SiPP).</p> <p>The midwife will commence a chronology at the start of the pregnancy that will identify any significant events and will form part of the assessment process.</p>
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SUPPORT IN PREGNANCY PATHWAY (SiPP)

KEY MESSAGES:

- All professionals have a responsibility to be alert to pregnancies which may be deemed vulnerable or pregnancies which have not been disclosed to Health services.
- Where a vulnerable pregnancy or undisclosed pregnancy is identified, it is the responsibility of the professional to alert Health and Social Work services to this using the contact details provided in Appendix 2.
- Timely intervention will allow for an assessment of the vulnerability and a plan of support to be put in place where this is required.
- Vulnerable pregnancies can be identified at any time during the pregnancy. This Pathway follows a timeline of early identification (before 16 weeks gestation) through to 28 weeks gestation (the time by which Child Protection Planning Meeting should be held if required).

- When a vulnerable pregnancy is identified at a late stage in the pregnancy (beyond 20 weeks gestation), the level of concern must be assessed and a decision made regarding the threshold for initiating the Support in Pregnancy Pathway (SiPP). Where risk of significant harm to the unborn baby is apparent, the SiPP should be initiated and a Child Protection Planning meeting should be convened without delay.
- If the pregnancy is presented beyond 24 weeks of gestation and there is considered to be a potential risk of significant harm, 'standard' child protection processes (e.g., Pre-birth Interagency Referral Discussion) may need to be initiated.
- The midwife also allocates the Health Plan Indicator at this stage
- Where appropriate, parents should be offered independent advocacy and their views need to be gathered and listened to during assessments, decision-making and planning
- Professionals need to be cognisant of any siblings and the risks they may face

Action, timeframe and responsible professional	Procedure
<p>ACTION: REFERRAL/INITIATING THE PATHWAY</p> <p>Target timeframe: at the earliest opportunity and by 16 weeks, if possible</p> <p>Responsible: Named midwife</p>	<p>If the unborn baby is considered to be at risk of significant harm or there are complex wellbeing issues, the midwife initiates the SiPP by referring the case to social work using the referral form used in the locality (templates in Appendix 3):</p> <ul style="list-style-type: none"> - Moray - sections 1-4 of the Child Planning Form <p>The midwife also needs to provide:</p> <ul style="list-style-type: none"> - Single agency chronology - Wellbeing Assessment which includes risk assessment and analysis for relevant SHANARRI indicators <p>As Social Work is a targeted service, the information above is required to evidence the need for Social Work involvement in the case. If it is deemed that Social Work involvement is unnecessary, then the single point of contact upon discharge (should any concerns arise) are the 'standard' points of entry to the service (e.g., Access team in Moray).</p> <p>Any concern for other children within the household/family should also be considered and shared.</p>

<p>ACTION: MULTIAGENCY CHILD PLANNING MEETING(S)</p> <p>Target timeframe: at the earliest opportunity and by 20-22 weeks, if possible</p> <p>Responsible: Named midwife or Social Work</p>	<p>Following the referral, professionals from partner agencies come together with the family in a Child Planning Meeting to assess the available information in terms of the identified protective factors and risks.</p> <p>The meeting or meetings can be chaired by Social Work or Health. The roles are clarified during the organisation of the first meeting.</p> <p>The purpose of the meeting is to explore risks and strengths and to determine:</p> <ul style="list-style-type: none"> - Whether single or multiagency actions are needed to address the identified concern(s) - Whether any multiagency actions should be within Child in Need or Child Protection frameworks - What support and services can be put in place to support the pregnant woman/birthing person and their family (Child’s Plan) - The lead professional: depending on the circumstances of the pregnancy, Social Work or universal services may take the role of the lead professional at this stage - Whether the allocated midwife needs to prepare an NHS Grampian Protection Plan and if appropriate, recommend the issuing of an NHS Grampian Midwifery Alert - The specific risks related to Sudden and Unexpected Death of an Infant (SUDI) (e.g., smoking, substance use -including prescription medication that can make adults drowsy, parental mental ill-health, domestic abuse, overcrowding, poor housing, social deprivation, etc.) and their planned mitigation detailed in the Child’s Plan. <p>The Child Planning Meeting is informed by the following:</p> <ul style="list-style-type: none"> - The views of the pregnant woman/birthing person and their family - The development stage of the unborn
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	<ul style="list-style-type: none"> - The Wellbeing Assessment, inclusive of relevant risk assessment/analysis, chronology and any updates are presented by the midwife - Social Work research <p>If the threshold for child protection is not deemed to be met but the wellbeing concerns are too complex to be addressed by universal services/single agency, the attending professionals develop a multiagency Child in Need Plan to support the pregnancy and the unborn.</p> <p>Regardless of the nature of the plan (single/multi-agency; Child in Need/Child Protection), the Child’s Plan must be monitored and subject to ongoing review as appropriate to the individual circumstances of the unborn.</p>
<p>ACTION: MULTIAGENCY MEETING TO EXPLORE CHILD PROTECTION CONCERNS</p> <p>Target timeframe: at the earliest opportunity and by 24-26 weeks, if possible</p> <p>Responsible: Social Work/Health</p>	<p>Where potential risk of significant harm is identified, the practice in Moray is to initiate the IRD process as per the Moray Multiagency Child Protection Procedures 2023.</p> <p>The Pre-birth IRD’s purpose is to determine the need for further investigation, pre-birth assessment and multiagency actions. A focus on prevention of Sudden and Unexpected Death of an Infant (SUDI) should be included in the process, and specific risks (e.g., smoking, substance use -including prescription medication that can make adults drowsy, parental mental ill-health, domestic abuse, overcrowding, poor housing, social deprivation, etc.) and planned mitigation detailed in the multiagency plan should be developed or reviewed as part of the Pre-birth IRD process. Additionally, any concerns for siblings in the family should be considered.</p> <p>The IRD meeting should be convened within 5 working days of the Child Planning Meeting, subject to the urgency of the situation and estimated due date (recognising that vulnerable pregnancies can result in premature births).</p>

	<p>Pre-birth IRD meetings will be attended by a minimum of Police, Social Work and Health. Detective Sergeants within the Moray Public Protection Unit will take part in the Pre-birth IRD.</p>
<p>ACTION: PRE-BIRTH CHILD PROTECTION PLANNING MEETING</p> <p>Target timeframe: by 28 weeks or as soon as possible after this stage</p> <p>Responsible: Social Work</p>	<p>Pre-birth Child Protection Planning Meetings (CPPMs) will consider whether serious professional concerns exist about the likelihood of significant harm to an unborn or newly born baby in advance of the baby's birth. It will consider whether practitioners need to prepare an inter-agency child protection plan which will meet the needs of the baby and family prior to and following birth. A focus on prevention of Sudden and Unexpected Death of an Infant SUDI should be included in this process and specific risks (e.g., smoking, substance use -including prescription medication that can make adults drowsy, parental mental ill-health, domestic abuse, overcrowding, poor housing, social deprivation, etc.) and planned mitigations should be detailed in the Child's Plan.</p> <p>Pre-birth CPPMs are required to take place within 28 calendar days of the decision to convene one (e.g., the IRD) and always within 28 weeks of gestation, taking in to account the family's needs and all the circumstances in each case. There may be exceptions to this where the pregnancy is in the very early stages. However, concerns may still be sufficient to warrant an inter-agency assessment and the CPPM may place the unborn baby's name on the Child Protection Register before birth.</p>
<p>ACTION: PRE-DISCHARGE CHILD PROTECTION PLANNING MEETING</p> <p>Target timeframe: at discharge</p> <p>Responsible: Social Work</p>	<p>If unborn baby's name is placed on the Child Protection Register or has an Unborn Child's Plan, a pre-discharge meeting must be considered. Where a Child Protection Plan is in place prior to a child's birth, a pre-discharge meeting is usually not necessary. However, a pre-discharge meeting may be appropriate where it is felt that the Child's Plan does not reflect the current circumstances. In such cases, the meeting itself is framed carefully and in a trauma-informed manner in order to be mindful of the family's circumstances.</p> <p>The purpose of the meeting is to ensure that the developed plan facilitates smooth transition to the community. Specifically, the plan needs to outline arrangements for the care of the child following discharge from hospital, including the mitigation of risks linked to SUDI (e.g., parental substance use, co-sleeping, domestic abuse,</p>

disruptions to normal routines, pre-mature birth, baby weighting less than 2.5 kg, sleeping on the sofa, unsupervised sleeping in car seat/bouncy chair, baby nest, etc.). This should include consideration of the role and level of involvement of community-based supports. Where the decision of this meeting is that the child would be at risk of significant harm by being discharged to the care of their parent/s, the Child Protection Plan should be amended to reflect this, and proportionate action should be taken to keep the child safe.

The single point of contact for vulnerable pregnancies where there are concerns for mother/birthing person and/or baby on discharge warranting multiagency planning is the allocated social worker.

6. Quality assurance

Quality assurance of this Pathway is undertaken with the Child Protection Committee's (CPC) own Quality Improvement and Assurance group (or equivalent), who may undertake thematic audits. Any feedback and recommendations that are identified should be shared with the Child Protection Partnership by the Child Protection Lead Officer.

It is recommended that this Pathway is evaluated after a two year timeframe by the owner of the document. Early evaluation can be triggered by changes in the national and local contexts. The owner of the document is responsible for monitoring the contexts and initiating any scheduled or unscheduled reviews.

7. Implementation plan

1. Title of document	Moray Multi-agency Support in Pregnancy
2. Owner of document	NHS Grampian Public Protection
3. What is it? (e.g., new policy, updated policy, guidance etc.)	New procedure
4. Where is it stored?	The pathway and its toolkit is hosted on each of the partners internet platforms: Moray Children and families website Moray Council Social Work Intranet NHS Grampian intranet Police - Public Protection Unit electronic files
5. What is the implementation date/timeframe?	01 July 2023
6. Dissemination methodology (e.g. Cascade through snr officers and individual services, team meeting approach, Locality approach, Launch event, Focus Groups, Event based approach, 7 min Briefings)	
<p>Moray Social Work</p> <ul style="list-style-type: none"> - Policy, Procedures and Commissioning Meeting - Team meetings - Briefing email cascaded across the workforce <p>NHS Grampian</p> <ul style="list-style-type: none"> - dissemination via Operational and Strategic Protecting Children groups <p>Police</p> <ul style="list-style-type: none"> - Detective Inspector at Public Protection Unit will directly disseminate the Pathway to all Detective Sergeants within the Public Protection Unit as well as all Detective Inspectors and Detective Chief Inspectors within Public Protection Unit and our Partnerships & Interventions (they would all disseminate as appropriate) 	

7. Stakeholders (audience), their roles and responsibilities

The key stakeholders are the workforce under the direction of the MCPCs. This includes staff at NHS Grampian and Police Scotland as well as employees of Moray local authority.

Following the dissemination and implementation of the Pathway, individual staff members and line managers at all partner agencies across the Moray are responsible for ensuring that they fully understand and comply with the Pathway outlined in this document.

8. Training Needs Assessment

Nature		Scope		Delivery Format		Resource	
One-off		Single Agency	X	Self-led	X	Met within existing	X
Ongoing	X	Multi-agency	X	Facilitated	X	Resource required	

Multiagency Safe Sleep training covers elements of the Pathway, particularly in relation to SUDI.

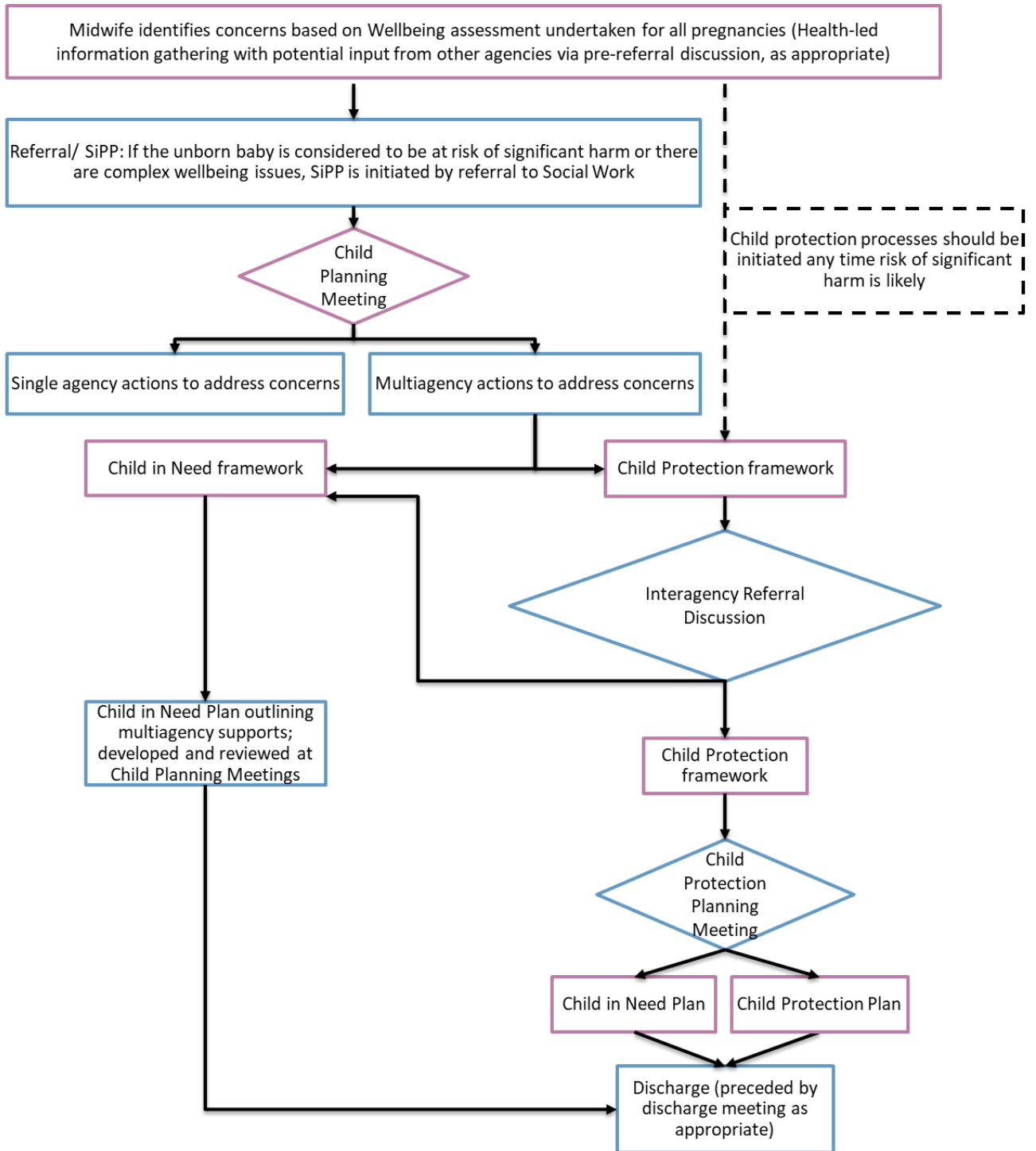
The Pathway will be part of NHS Grampian level 3 training.

9. Impact: What would you expect to see as a consequence and where would you look for impact? (e.g. case file reading, recording processes, Focus groups of parents/carers and families, and staff)

Key indicators of successful implementation may be:

- Consistency in the approach that the workforce adopts in supporting families in the Moray
- Improved outcomes for families who require extra support during pregnancy

Appendix 1 - Moray Support in Pregnancy Pathway flowchart








Appendix 2 - Contact numbers

Moray Children and Families Social Work	
Access Team	01343 554370
East Team	01542 837236
Out of Hours Team	03457 565656
West Team	01343 557922
NHS Grampian Maternity Contacts	
Ashgrove Ward	01224 551864
Inverurie Community Maternity Hub	01467 670920
Peterhead Community Maternity Hub	01779 482445
Summerfield Ward	01224 551791
Triage	01224 558855
Ward 3, Dr Gray's Hospital	01343 567220
NHS Grampian Unity Vulnerability in Pregnancy Team	
NHS Grampian Unity Team	gram.unityteam@nhs.scot
Specialist Midwife Perinatal Mental Health Shona McCann	Shona.mccann2@nhs.scot 07802538794
Specialist Midwife Public Protection Jennifer Smith	Jennifer.smith5@nhs.scot 01224 553538/07970182271
Specialist Midwife Substance Misuse Tracey Scorgie	Tracey.scorgie@nhs.scot 01224 554516/07811998935


Appendix 3 - Moray Support in Pregnancy Pathway toolkit (alphabetised)



Assessment Tools	
GIRFEC - National Practice Model	The National Practice Model sets out a shared framework and approach to identification, assessment and analysis of a child or young person’s wellbeing needs.
Guide to Chronologies	This resource draws on practitioner experience in order to define chronologies, explaining their uses and limitations.
Home conditions tool	This is a short assessment of the home conditions, and their impact on any children or young people who live there.
Breastfeeding	
Breastfeeding in the UK: Unicef Breastfeeding Initiative	An initiative aiming to increase breastfeeding rates in the UK.
Breastfeeding Resources: UNICEF	These resources cover a range of issues around establishing and continuing successful breastfeeding.
Breast pump hire	Medela or 0161 776 0400 Ardo Breast Pumps or 01823 336 362
NHS Grampian Feeding support services: - Maternity Services: gram.infantfeedingteamamh@nhs.scot - Moray: gram.infantfeedingmoray@nhs.scot - Neonatal Unit: gram.neonatalinfantfeedingteam@nhs.scot	Facilitating the provision of infant feeding support for women/birthing people and families in the community setting.

<p>-Peer support: gram.breastfeedingsupport@nhs.scot or call 07990 541351</p>	
<p>Scottish Government (2019) Becoming breast feeding friendly in Scotland</p>	<p>Scotland's results and the key recommendations for the continued protection, promotion and support for breastfeeding.</p>
<p>Domestic abuse</p>	
<p>Safe and together</p>	<p>Practitioners who received training in the Safe and Together approach should consider the use of appropriate tools available to their agency.</p>
<p>SafeLives Resources</p>	<p>The SafeLives resources library builds on the quality support offered by the Marac development programme, and opens it up to all professionals working with families affected by domestic abuse.</p>
<p>Support services in Moray for people experiencing domestic abuse</p>	<p>A resource summarising available support for those experiencing domestic abuse.</p>
<p>Drug and Alcohol Misuse</p>	
<p>Alcohol & Drugs in Moray and ADPs</p>	<p>Alcohol and Drug issues in Moray and Alcohol and Drug Partnerships (ADP). Alcohol and drug issues in Moray are addressed by the 3 geographically arranged alliances with Health and Social Care Partnerships and Council areas.</p>
<p>Arrows - Drug and Alcohol Support - Quarriers</p>	<p>An organisation that provides drug and alcohol support in Moray.</p>
<p>FASD Scotland</p>	<p>Provides tiered support services to all parents/carers across Scotland and professionals supporting families of people who were, or may have been exposed to alcohol during pregnancy, which can cause Foetal Alcohol Spectrum Disorder (FASD).</p>

Foetal Alcohol Spectrum Disorder - What education practitioners need to know	Facts about Foetal Alcohol Spectrum Disorder and links to further resources suitable for education practitioners
Forms	
Moray Social Work Child Planning forms (sections 1-4)	<div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="text-align: center; margin: 5px;">  CP section 1.docx </div> <div style="text-align: center; margin: 5px;">  CP section 2.docx </div> <div style="text-align: center; margin: 5px;">  CP section 3.docx </div> <div style="text-align: center; margin: 5px;">  CP section 4.docx </div> </div>
Police Information Sharing Request	<div style="text-align: center;">  V7 117-036 C Hub Info Sharing Request.r </div>
Gender Based Violence	
Female Genital Mutilation devised by the Royal College of Midwives	A video explaining Female Genital Mutilation.
Gender-based violence and learning disability - Guidance for practitioners	The guide explains how to recognise gender-based violence, and how to respond in a sensitive and suitable way.
Gender-based violence - Guidance Overview	A guide to support health staff respond to gender-based violence
Gender-based violence – what health workers need to now	This guide explains the nature of gender-based violence, its impact on health, and outlines how staff can respond.
National Guidance	
Getting it right for every child (GIRFEC)	The Scottish approach to improving the wellbeing of children (including the unborn)
National Guidance for Child Protection in Scotland 2021	National guidance for protecting children (including the unborn)

Scottish Government (2011) Pathway to Care for Vulnerable Families (0-3)	Guidance to support the implementation of GIRFEC through continuous assessment and a continuum of support.
Scottish Government (2016) Pregnancy and Parenthood in Young People Strategy 2016-2026	A strategy and a practical plan for action focusing on pregnancy and parenthood in young people.
The best start: maternity and neonatal care plan executive summary	Executive summary of the five-year forward plan for the improvement of maternity and neonatal services in Scotland.
The Promise	Scotland's approach to make sure care experienced children grow up loved, safe and respected.
Parenting resources	
Dad's Rock	Parenting support for all Dads/Male carers from families of all shapes and sizes, any nationality and including gay, trans and non-binary Dads via groups and activities.
ICON	National website supporting parents to cope with crying infants and reduce incidents of abusive head trauma. I-infant crying is normal C-comforting methods can help O-it's okay to walk away N- never ever shake a baby
InOurPlace	An online parenting course is available for parents, carers, grandparents and teens through the Solihull approach series. Parents can access this for free by entering the access code "TARTAN"
National Childbirth Trust	An organisation supporting parents to have best possible experience of pregnancy, birth, and early parenthood.
ParentClub	A website offering tips and advice for all the challenges that family life throws up, from experts and parents and carers who've been there before.

ParentLine Scotland	Scotland’s free helpline, email and web-chat service, for anyone caring for or concerned about a child.
Perinatal Mental Health	
Obstetrics and maternity or Mental Health	NHS Grampian referral guidance along with referral forms for both Community Perinatal Mental Health Team and Maternity Neonatal Physiological Interventions.
Scottish Government (2019) Perinatal infant mental Health delivery plan 2019-2021	Perinatal and Infant Mental Health Programme Board's Delivery Plan for 2020 to 2021.
Tackling neglect and poverty	
Aberdeenshire Neglect Toolkit	The toolkit provides a range of practitioner practice tools/materials in the form of guidance documents on the practice considerations and challenges across our diverse workforce when working with neglect.
A Review of Scotland's National Indicators relating to Child Neglect	 A Review of Scotland's National In
Best Start	Best Start Grant and Best Start Foods are payments that help towards the costs of being pregnant or looking after a child for parents in particular circumstances.
Child neglect in Scotland: Understanding causes and supporting Families	This document sets out guiding principles for working with children and young people who may be experiencing neglect.
Community Food Initiatives North East	Information and help around food poverty in Aberdeen City and Aberdeenshire.

<p>Five family payments</p>	<p>Social Security Scotland has five family payments to help balance family costs if you get Universal Credit, tax credits or other qualifying benefits. The website contains relating flyers, posters and factsheets.</p>
<p>Medical Neglect Pathway</p>	<p>   NHS Grampian NHS Grampian Neglect Medical pathwNEGLECT PATHWAY ç </p>
<p>Moray: Cost of Living Hub</p>	<p>This hub helps find the support that’s right for families in Moray.</p>
<p>Moray Food Plus</p>	<p>Information and help around food poverty in Moray.</p>
<p>Rethinking Did Not Attend</p>	<p>Useful short video that highlights the importance of reframing children who miss appointments to children who are not brought for appointments.</p>
<p>Sudden and Unexpected Death of an Infant (SUDI)</p>	
<p>HIS SUDI Toolkit</p>	<p>Resources to support families and professionals following the death of an infant.</p>
<p>Lullaby Trust- Safe Sleep resources</p>	<p>Resources to support the reduction of SUDI risks.</p>
<p>Safe Sleep Easy Read Leaflet for parents</p>	<p>Leaflet outlining the dos and don’ts of safer sleep for parents</p>
<p>Safe Sleep Scotland</p>	<p>Safe sleep information, including resources supporting the reduction of SUDI risks.</p>
<p>Safer sleep for babies: guide for parents and carers</p>	<p>National guidance supporting the safer sleep of babies.</p> <p>Anyone who requires copies of the Braille version should contact Brooke.Stirling@gov.scot who will arrange to have them distributed.</p>
<p>Safer sleep for babies: guide for parents and carers - BSL</p>	<p>British Sign Language and audio versions</p>

Safer sleep for babies: guide for parents and carers - translations	Translations of Safer sleep for babies
Trauma informed practice	
Trauma and the brain	A resource explaining the effects of trauma on the brain
Trauma-informed practice (TIP) toolkit	Firmly embedded in the existing published literature, the toolkit operationalises the Trauma Informed Practice (TIP) principles (Safety, Trust, Choice, Collaboration and Empowerment), by exploring real life, concrete examples of TIP being delivered in Scotland.
Trauma training programme	This learning site summarises the key trauma training resources from the National Trauma Training Programme that are openly available to support all members of the Scottish workforce.