

# Derby and Derbyshire Multi Agency Protocol for Pre-Birth Assessments and Interventions

## June 2016

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### Version Control

<b>Protocol to be read in conjunction with the Derby and Derbyshire Safeguarding Children Procedures Please note this joint document replaces the Derby City Multi-Agency Protocol for Pre-Birth Assessment and Interventions (2013)</b>					
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Derby City version	Multi-agency task group led by Derby City Children Services	n/a	Derby Safeguarding Children Board	August 2013	August 2014
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Joint version 2		Derby City Council, Head of Service Quality Assurance and P & P representatives	DSCBs P & P group	May 2016	April 2019

## **1. Introduction**

This protocol has been developed to support agencies and practitioners in their decision making and assessment processes when working with a pregnant woman, her partner and family. It has been developed for use by all adult and children's services practitioners working with pregnant women and their families in Derby and Derbyshire.

The aim of this protocol is to ensure that all unborn babies with additional needs are identified as early as possible and ensure that appropriate and timely services are delivered in an integrated manner. See appendix one.

The protocol must be read in conjunction with the [Derby and Derbyshire Safeguarding Children Procedures](#) and Derby City and Derbyshire [Threshold document](#); these are located on [www.derbyscb.org.uk](http://www.derbyscb.org.uk) and [www.derbyshire.org.uk](http://www.derbyshire.org.uk).

## **2. Pre-birth Assessment and Interventions**

Most women attend a booking appointment with Midwifery Services between 6 and 12 weeks pregnancy, where routine antenatal assessment and screening processes are commenced.

The Community Midwife is in a key position to identify women and their families who are in need of early support or when there are child protection concerns.

Other practitioners working in children's or adult services may also be in contact with pregnant women or their partners. They should actively consider the need for support and whether any additional services are required and if there is any child protection issues that warrant a referral to Children's Social Care.

All practitioners should refer to their agency records to establish whether information held in relation to a previous pregnancy or family history may have an impact on the current pregnancy.

This process needs to take place with each pregnancy, regardless of whether a network is already in place in relation to siblings.

It is vital that there is good communication with the pregnant woman, the birth father and, if different, her current partner. Consideration must be given to the communication needs of the pregnant woman and her family; communication aids, interpreters, sign language etc. should be used as appropriate.

The period between assessment and birth presents a vital window of opportunity for direct work with parents to ensure the baby has the best possible start in life and is kept safe.

## **3. Early Support and Help**

Where it has been identified that the parent/s may need additional support to meet the needs of their unborn child, an early help assessment should be considered as the means to clearly identify needs/strengths and the support required.

Families who may need early support and help include:

- Parent/s who are asking for help and support.
- Young parents under 18 or with limited support from family/friends.

- Care Leavers.
- Families whose dynamics result in levels of instability.
- Parent/s struggling to maintain standards of hygiene/repair with the family home.
- Families in poverty or where food, warmth and other basics may not always be available.
- Families where the advent of a new baby may exacerbate existing difficulties.
- Families with housing issues which places them at risk of homelessness or are currently homeless.
- Parent/s with mental health issues or drug and/or alcohol issues or with learning disabilities, where it is considered this may impact on parenting.

Pregnant women and their families may only require additional advice and support from the agency or agencies currently involved.

All pregnant women and their families should be given information about their local children's centre and where appropriate, a referral made. Young parents age 19 or under in their first pregnancy and under 28 weeks pregnant, and in Derby young first time parents under 25 years, should be referred to the Ripplez Family Nurse Partnership (FNP); See appendix two. Particular consideration should also be given to when there will be a multiple birth and impact of this on the family.

Practitioners should give consideration as to whether the parent/s and their unborn baby may have emerging needs where:

- There are concerns about progress or wellbeing;
- Needs are unclear, not known or not being met; or
- Needs are broader than their own service can address.

In these circumstances an early help assessment (EHA) should be initiated; an early help pre-assessment checklist and request for support form can help practitioners determine if an early help assessment is needed. An early help assessment can be initiated by any of the practitioners from agencies involved with the pregnant woman and her family.

Midwifery staff will offer the early help assessment, obtain consent and commence the early help assessment process at the woman's antenatal booking appointment. Support for Community Midwives for the early help assessment and associated processes is available via the Royal Derby Hospital and Chesterfield Royal Hospital Safeguarding Team/Named Professionals.

Practitioners working in other children's services such as Children's Centres, Multi-agency Teams (MAT) and the Voluntary Sector, who identify the need for early intervention should also offer the early help assessment, obtain consent and commence the assessment. Support for conducting the assessment is available through local arrangements and internally through line management structures.

In **Derby** if additional support is required about the early help process, a locality based Early Help Advisor should be contacted; see appendix two. Practitioners working in adult services should liaise with the Early Help Advisors for assistance to progress the early help assessment and the services available to support pregnant women, their partners and family; see appendix two.

Practitioners in **Derbyshire** will be expected to make a referral for early help through Starting Point or directly to the pregnant woman's local children's centre or multi agency team (MAT).

Any practitioner taking steps to initiate an early help assessment should always liaise with midwifery services to ensure antenatal assessments and interventions are integrated. Clarification of current service involvement with the pregnant woman, birth father, current partner and the unborn baby's sibling/s or half siblings must be made. Liaison between services must take place to ensure that a holistic assessment of needs and strengths is achieved and a comprehensive multi agency action plan involving the pregnant woman and her family is agreed. It is important that there is liaison with both the pregnant woman's as well as the birth father's GP.

Further information about the early help assessment and process can be found in the [Derby and Derbyshire Safeguarding Children procedures](#), Chapter 1.1 Providing Early Help and on the DSCB websites [www.derbyscb.org.uk](http://www.derbyscb.org.uk) and [www.derbyshirescb.org.uk](http://www.derbyshirescb.org.uk).

Given the relatively short timescales of a pregnancy any decisions regarding the effectiveness and impact of the early help process needs to be tightly managed.

In **Derby** a Team Around the Family (TAF) meeting should be convened at **16 weeks pregnancy** where the assessment is completed as far as possible and an action plan formulated. If the services involved with the family believe that they cannot meet the needs of the pregnant woman and her family or additional services are required but unknown, the early help assessment should be presented at the locality Vulnerable Children's Meeting (VCM). See appendix two.

A review TAF meeting should take place at **24 weeks pregnancy** to review the progress of the action plan. There should be an explicit discussion about whether the early help assessment remains the most appropriate way to meet the unborn baby's needs or if escalation to Children's Social Care is required.

If there has been a previous sudden infant death, Midwifery Services will make a referral to the Care of Next Infant (CONI) scheme at **25 weeks** pregnancy. Introduction to the Health Visitor should take place at **28 weeks** pregnancy and, where appropriate, a joint visit with the Midwife made at **32-36** weeks pregnancy to commence the delivery of the Pregnancy Birth and Beyond programme.

If it becomes evident at any point that the early help process is not having the desired impact because a parent is not engaging with the plan, requires a more intensive plan, or steps need to be taken to safeguard the unborn child, a referral should be made to Children's Social Care.

In **Derbyshire** a Pre-Birth Team Around the Family (TAF) meeting will be convened at the most appropriate time to meet the needs of the pregnant woman and her unborn baby, following which time there will be review of any care plans on at least a 6 weekly basis.

Escalation to Social Care will be in line with the Derby and Derbyshire Threshold document and can be made at any point.

In cases of previous sudden infant death, Midwifery Services will make a referral to CONI scheme following the viability scan at **28 weeks** pregnancy.

Health Visitors in Derbyshire carry out an ante-natal visit and there is an expectation that in cases where there are identified vulnerabilities, joint working arrangements with the Midwife are commenced.

#### 4. Families where there are specific issues

##### 4.1 Parents with Substance (drugs and /or alcohol) Issues

Drug or alcohol misuse is not in itself a contra-indication that the parent(s) will be unable to care safely for the baby, however there will need to be careful assessment, analysis and, where appropriate, support and intervention.

All agencies should routinely ask pregnant women about their alcohol and prescribed or illegal drug use (including new psychoactive substances); this routine questioning should also apply to partners or other significant adults. If the parents-to-be use drugs or alcohol they should be asked if they are in contact with support or treatment services.

Where known there should be active liaison with substance services or consideration made for referral to the most appropriate service at the earliest opportunity. There is a range of drug and alcohol agencies available including a Specialist Substance Misuse Midwifery Service, a family drug and alcohol service (Aquarius; Derby only) as well as support and treatment services; see appendix two.

Referrals to the **Derby City/Southern Derbyshire** Specialist Substance Misuse Midwifery Service should be completed no later than **16 weeks** pregnancy; this referral would usually be made by the Community Midwife via the ante-natal booking process, however practitioners from any agency are also able to make a referral.

Any drug and/or alcohol service receiving a referral involving a pregnant woman or her partner should ensure that services are in place at the earliest opportunity; **these should be in place no later than 24 weeks pregnancy.**

Referrals to the Specialist Substance Midwife in **North Derbyshire** should be made as soon as it becomes apparent that the pregnant woman and/or prospective father are involved in substance misuse.

All substance using parents-to-be should be offered appropriate advice, support and treatment to ensure that the implications of drug and alcohol use on the unborn baby and birth and post-delivery issues are explored.

When a service user of a substance agency discloses they are pregnant or their partner is pregnant, the Substance Worker must consider the support needs of the unborn baby and the parent/s-to-be and take appropriate action. This should include referral to the Specialist Drug and Alcohol Midwifery Service, Aquarius (Derby only) and liaison with children's services. In cases where there are complex or serious needs and/or child

protection concerns a referral to Children's Social Care must be made in line with Derby City and Derbyshire [Threshold document](#).

#### 4.2 Parents with mental health Issues

Practitioners involved with pregnant women, birth fathers or partners who have mental health issues, should seek clarification as to whether they are currently or previously known to mental health support services. It is important that there is liaison between all involved services and mental health services. If mental health is likely to be a significant issue a more detailed assessment must be sought from mental health services; see appendix two. Women already in the care of mental health services will have their care extended to include the Perinatal Mental Health Team; this will usually be co-ordinated by Midwifery Services or the Mental Health Team involved with the woman.

Any concerns about the pregnant woman or her partner's mental health should be raised with the Midwife and the GP. A referral can be made to the Specialist Mental Health Midwife; this would usually be made by the Community Midwife however practitioners from any agency are also able to refer.

In **Derby** referrals should be completed at **16 weeks** pregnancy.

In **Derbyshire** this referral is completed as soon as the mental health issue is recognised.

Consideration about the involvement of advocacy services should also be made; see appendix two. Any mental health services receiving a referral involving a pregnant woman or her partner should ensure that services are in place at the earliest opportunity; **these should be in place no later than 24 weeks pregnancy.**

Midwifery Services routinely screen women's mental health early in pregnancy at the booking appointment and again around **26-30 weeks** pregnancy.

If a service user of mental health services discloses that they are pregnant or their partner is pregnant, practitioners must consider the support needs of the unborn baby and parents-to-be and take appropriate action. This should include referral to the Specialist Midwife and the Perinatal Mental Health Team. Steps should also be taken to liaise with children's services, or where there are concerns about complex/serious needs or child protection concerns, a referral to Children's Social Care should be made in line with Derby City and Derbyshire [Threshold document](#).

#### 4.3 Parents with Learning Disability

It is important that it is identified as early as possible where the pregnant woman or birth father/partner has a learning disability.

Where pregnant women or the birth father/partner have a known learning disability, checks should be made to see if they are known to Adult Learning Disability Services (health teams) or Adult Social Services (social care teams). Midwifery staff can do this via the Learning Disability Liaison Nurse based at the relevant Hospital. GP's may have information on their systems indicating whether an individual has a known learning

disability. Practitioners from other agencies should contact Adult Social Care) and /or the relevant Community Learning Disability Team (DHCFT); see appendix two.

Alerts should be raised with the learning disability services from booking with the Midwife at **12 weeks** pregnancy. If the parent-to-be is known it is vitally important that children's services actively liaise with adult learning disability services to ensure that there is an understanding of the parents' needs and the potential impact of this on their ability to care for a baby and developing child. This is vital to ensure that appropriate support services become involved and effective interventions made. Where a full assessment of the parent-to-be is required a referral to the appropriate Community Learning Disability Team Clinical Assessment Service (CAS) should be made.

In **Derby** this should be completed by **16 weeks** pregnancy. Referrals to Adult Social Care where adult care needs require consideration should be made via Derby City People Directorate; see appendix two.

When a pregnant woman, birth father/partner is not known to services and an assessment is required to assess whether they have a learning disability, a referral should be made to Specialist Learning Disability Health Services, Clinical Assessment Service (CAS); see appendix two.

In **Derby** these should be by **16 weeks** pregnancy.

In **Derbyshire** as soon as possible.

At the point of referral all practitioners should consider if the parent-to-be requires a fuller assessment (including cognitive assessment) from Specialist Learning Disability Services to ascertain psychological, functional and communication difficulties and the support that would be required for the parent to be able to care for their baby.

In all cases consideration about the involvement of advocacy services should also be made; see appendix two.

Any learning disability services receiving a referral involving a pregnant woman or her partner should ensure that services are in place at the earliest opportunity.

In **Derby** these should be in place no later than **24 weeks** pregnancy.

In **Derbyshire** as soon as possible.

#### **4.5 Families where there is domestic abuse**

All practitioners should be aware that domestic abuse may start or escalate during pregnancy. Each agency should routinely screen for domestic abuse and this should include seeing the pregnant women alone without the presence of their partner. Midwifery

Services will routinely see all pregnant women by themselves on two occasions during their antenatal care to allow for disclosures.

Domestic abuse alerts should also be a standard part of agency recording systems.

When attending to domestic abuse call outs the Police must be alert to the presence of a pregnant woman and share information with relevant children's services, or if there are concerns about complex/serious needs or child protection concerns, a referral to Children's Social Care should be made. Health notification should be through the relevant Named Midwife.

All practitioners' should routinely use the [DASH risk assessment checklist](#) and where appropriate refer to the [Multi Agency Risk Assessment Conference \(MARAC\)](#). Where there is an adult at risk, practitioners should refer to the [Safeguarding Adults: Policy and Procedures](#).

#### 4.6 Other issues which impact on a pregnancy

- **Adults with a risk to children status.** Where adult services are aware that a parent or adult living in the household, or planning to move into the household, has a Risk to Children Status, there should be a referral to Children's Social Care as soon as possible after **12 weeks** pregnancy.
- **Concealed pregnancy or delayed presentation to antenatal services.** Concealment or delayed presentation to antenatal services may be a deliberate act, act of denial or in some cases the woman may be unaware that she is pregnant. The reason for the delay or concealment is key to determining the risk to the unborn baby and the need for additional support from children's agencies or if there are concerns about complex/serious needs or child protection concerns a referral should be made to Children's Social Care.
- **Families who move area or go missing.** When a pregnant woman and her family move area either in Derby and Derbyshire or beyond, all agencies should take appropriate steps to ensure that there is a smooth transition of care and support. Where the unborn baby is an open case to Children's Social Care, the transfer protocol must be used. If the unborn baby has an early help assessment and the family move out of the area, this information should be shared with the new health professionals involved.

When a pregnant woman and her family go missing, all involved agencies should seek to clarify her location and re-engage her with services. Midwifery and other health services must action unborn baby regional and/or out of area alerts. Children's Social Care and the police should be informed immediately where there are significant concerns about the unborn baby or where the unborn baby is already an open case to Children's Social Care (See also Runaway or Missing from Home or Care Protocol located in [DSCBs safeguarding children procedures](#)).

- **Missed appointments.** Where the pregnant women consistently misses appointments agencies should seek to ascertain the reasons for this and take appropriate steps to address any issues. Consideration should be given to any additional assessment or support that may be required; this could include initiating an early help assessment or



where there are concerns about complex/serious needs or child protection concerns, a referral must be made to Children's Social Care.

## 5. Safeguarding and Child Protection

Where there are serious concerns about the parent's capacity to meet the needs of the baby when it is born, or if the baby may be at risk of significant harm, a referral to Children's Social Care should be made at the earliest opportunity to allow sufficient time for a full and informed assessment, enable appropriate interventions and support, and time to make plans for the baby's protection.

In the following circumstances unborn babies should be referred to Children's Social Care as soon as possible after **12 weeks** of pregnancy:

- A parent, or other adult in the household, or the person a parent is in an on-going relationship with, is a person who poses a risk to children.
- A sibling or child in the household is subject to a child protection plan.
- Another child has previously been removed from the care of either parent, either temporarily or by a court order (this may include where the child has been placed with a family member).
- There is evidence of one or more parental risk factors:
  - high risk domestic abuse, or
  - Female genital mutilation (FGM), or
  - problematic and chaotic substance misuse, or
  - severe and enduring mental illness.
- There are concerns about the parental ability to self-care and /or to care for the child, e.g. where the parent is learning disabled.
- The expectant mother is under the age of 13 years or where the mother is under 16 years and there are additional concerns.
- Any other concerns exist that the baby may be at risk of significant harm.

**This should include any cases later in pregnancy where concerns have escalated.**

In **Derby** all relevant information must be provided at the point of referral. In most circumstances this will be through completion of an early help assessment or an equivalent assessment. The referral, with the assessment or equivalent report, should go direct to the VCM in the appropriate locality. If the referrer does not have sufficient information to complete an assessment, the referral should go to the First Contact Team. Where the First Contact Team considers that a safeguarding intervention is likely to be needed, they will pass the referral through to the relevant VCM for direct allocation, rather than to a reception team.

In **Derbyshire** child protection referrals for unborn babies should be made by telephoning Starting Point and follow up the referral in writing within 48 hours. Any early help assessment work should be shared with Starting Point at the point of referral.

A single assessment should be carried out by Children Social Care; this will be in conjunction with other agencies. The outcome of the assessment may decide that the unborn baby is a child in need or does not need Social Care involvement but does require

the support from a MAT or other services. There may be a decision that no additional support or services are required.

Where there are reasonable concerns to suspect that an unborn baby is suffering or is likely to suffer significant harm, a strategy discussion/meeting will be convened involving all relevant agencies. Where there is uncertainty, and in all cases the County, advice should be sought from a Child Protection Manager.

The strategy discussion/meeting must include Children Social Care, Police, Health and other relevant agency to consider the following areas:

- The need for a section 47 enquiry;
- If an Initial Child Protection Conference should be convened;
- Alternative family care arrangements, including family group conferencing;
- Legal action, including Public Law Outline (PLO) or removal at birth.

In cases where a child protection conference is deemed necessary a **pre-birth conference should be held at 28 weeks pregnancy**, especially as some babies are likely to be born prematurely. When the unborn baby is subject to a child protection plan, the Delivery Protection Plan must be finalised by **30 weeks** pregnancy at the first core group meeting which takes place 10 days after the initial child protection conference.

If the assessment and strategy meeting concludes that it may not be safe for the baby to be cared for by the birth parents, the case should be presented at the Derby Children's Social Care Locality Case Management meeting or Derbyshire Edge of Care meeting; **this should take place by 26 weeks pregnancy and must include the completed single assessment and genogram, with reference to the views of all partners from the strategy meeting.**

In **Derby** if the recommendation is to instigate legal proceedings, **the case must be presented by 28 weeks pregnancy at the Children's Social Care Gateway Panel.** This panel will explore the legal options available and agree the route to be taken.

By **30 weeks** pregnancy the Delivery Protection Plan should then be finalised in collaboration with Midwifery Services.

On rare occasions after a baby's birth a woman will require supervision while caring for her baby. This must be identified prior to the baby's birth and be the result of a clear risk assessment which would allow a supervision plan to be developed and appropriate supervision staff identified. Supervision arrangements must be noted in the Delivery Protection Plan.

Where a decision is made to remove the baby at birth, Children's Social Care and Legal Services should follow PLO processes, issuing a Letter before Proceedings and prompting parents to take legal advice. It will not be necessary to hold a child protection conference, but a multi-agency meeting will still be held to ensure information is shared and to co-ordinate services for the baby and parent/s. A conference should be held where the plan is for the baby to remain with parent/s after birth, subject to PLO or Supervision Order.

## Appendix One: Pre Birth Assessment and Intervention Timeline

(Note: timings may be more flexible in Derbyshire)

Pregnancy	Key Activity
<b>6 – 12 weeks</b>	Booking Appointment with Midwifery Services. If learning disability, Midwife to alert learning disability services. Where appropriate Midwife or other agency to offer early help assessment (EHA). Consent for EHA obtained and process commenced.
<b>From 12 weeks</b>	If criteria met refer to Children's Social Care, where appropriate pre-birth assessment commences.
<b>16 weeks</b>	Referral to Specialist Midwifery Services completed if mental health issues or substance use issues identified. Note: the referral can be made by any agency. If required, referral to learning disability services or advocacy services completed. EHA /TAF meeting, assessment completed as far as possible and action plan formulated.
<b>17 to 18 weeks</b>	<b>Derby only:</b> Where required, case presentation to Vulnerable Children's Meeting.
<b>24 weeks</b>	Review EHA/TAF meeting. Explicit discussion whether EHA remains appropriate or if escalation is needed. If required, specialist services (mental health, substance misuse, learning disability) in place.
<b>25 weeks</b>	Referral to Coni Scheme if previous sudden infant death.
<b>26 weeks</b>	If it may not be safe for the baby to be cared for by the birth parents presentation at <b>Derby</b> Children's Social Care Locality Case Management meeting or <b>Derbyshire</b> Edge of Care meeting.
<b>28 weeks</b>	EHA case review to confirm discharge arrangements. Introduction to the Health Visitor, if not allocated to FNP services Pre-birth conference held. <b>Derby only:</b> If legal proceedings being considered presentation at Children's Social Care Gateway Panel. Baby to be subject to PLO if plan to remove at birth.
<b>30 weeks</b>	Delivery Protection Plan completed for unborn baby with a child protection plan or where legal proceedings being instigated.
<b>32 to 36 weeks</b>	Where appropriate, delivery of Pregnancy, Birth and Beyond programme commences.
<b>34 to 40 weeks</b>	Baby born.

Number of week's

## Appendix Two: Key Agency Contact Details

### Local Safeguarding Children Board's

**Derby Safeguarding Children Board**, including DSCB Safeguarding Children Procedures and early help assessment  
01332 642351  
[www.derbyscb.org.uk](http://www.derbyscb.org.uk)  
Direct link to [safeguarding children procedures](#)

**Derbyshire Safeguarding Children Board**, including DSCB Safeguarding Children Procedures  
01629 535716  
[www.derbyshirescb.org.uk](http://www.derbyshirescb.org.uk)  
Direct link to [safeguarding children procedures](#)

### Derby City Council Children's Services [www.derby.gov.uk](http://www.derby.gov.uk)

**Children's Social Care**  
First Contact Team: 01332 641172  
Careline: 01332 786968 (out of hours, weekends & bank holidays)  
Derby City Council website – [safeguarding for professionals](#) or [www.derby.gov.uk](http://www.derby.gov.uk)

**Children's Centres**  
Via Derby Direct 01332 293111  
Derby City Council website – [children's centres](#) or [www.derby.gov.uk](http://www.derby.gov.uk)

**Multi Agency Teams 'MAT's', locality working, Vulnerable Children Meetings 'VCM's' & Early Help Advisors**  
Via Derby Direct 01332 293111  
Derby City Council website – [early help](#) or [www.derby.gov.uk](http://www.derby.gov.uk)

**Information about childcare, family services, community support groups and organisations**  
Families Information Service  
01332 642610  
[fis@derby.gov.uk](mailto:fis@derby.gov.uk)

### Derbyshire County Council [www.derbyshire.gov.uk](http://www.derbyshire.gov.uk)

**Children's Social Care**  
Starting Point: 01629 533190 (office hours)  
Out of Hours Team: 01629 532600  
Derbyshire County Council website – [worried about someone?](#) or [www.derbyshire.gov.uk](http://www.derbyshire.gov.uk)

**Children's Centres**  
Via Call Derbyshire: 01629 533190  
Derbyshire County Council website – [children's centres](#) or [www.derbyshire.gov.uk](http://www.derbyshire.gov.uk)

**Multi Agency Teams 'MAT's'**  
Via Call Derbyshire: 01629 533190  
Derbyshire County Council website – [support for families and early help](#) or [www.derbyshire.gov.uk](http://www.derbyshire.gov.uk)

### Midwifery Services

**Derby Hospitals NHS Foundation Trust Maternity Services**, includes:  

- Antenatal care, including specialist midwifery services (substance misuse & mental health)
- Community midwifery

Hospital: 01332 340131  
Antenatal Clinic: 01332 785469  
[www.derbyhospitals.nhs.uk](http://www.derbyhospitals.nhs.uk)

- Labour wards
- Maternity unit

**Derby Ripplez Family Nurse Partnership and Families First**

For young parents age 19 or under in their first pregnancy & under 28 weeks and young first time parents under 25 years

Single Point of Contact: 01332 888091  
[www.ripplez.co.uk](http://www.ripplez.co.uk)

**Chesterfield Royal Hospital NHS Foundation Trust**

Hospital: 01246 277271  
 Antenatal Clinic: 01246 512494  
[www.chesterfieldroyal.nhs.uk](http://www.chesterfieldroyal.nhs.uk)

**Derbyshire Ripplez – Family Nurse Partnership**

Tel: 01246 562137  
[www.ripplez.co.uk](http://www.ripplez.co.uk)

**Health Visiting & School Nursing Services**

**Derbyshire Healthcare NHS Foundation Trust**

01332 623700  
[www.derbyshirehealthcareft.nhs.uk](http://www.derbyshirehealthcareft.nhs.uk)

**Derbyshire Community Health Service NHS Foundation Trust**

Health Visiting and School Nursing (south) Service: 01629 812525  
 School Nursing (north): 01246 516102  
[www.dchs.nhs.uk](http://www.dchs.nhs.uk)

**Chesterfield Royal Hospital NHSFT**

01246 277271

**Domestic Abuse Services**

**Derby Domestic Abuse and Sexual Violence Advocacy Team**

07812 300927  
 Derby City Council website – [domestic abuse](http://www.derby.gov.uk) or [www.derby.gov.uk](http://www.derby.gov.uk)

**Hadhari Nari**

Domestic abuse service primarily for black and minority ethnic women

01332 270 0101  
 Via Metropolitan Housing website – [domestic violence and women's services](http://www.metropolitan.org.uk) or [www.metropolitan.org.uk](http://www.metropolitan.org.uk)

**Domestic Abuse Services – North Derbyshire**

Helpline for Derbyshire Women: 01246 540444  
 Agency Line: 01246 540464

**Women's Aid**

0808 2000 247  
[www.womensaid.org.uk](http://www.womensaid.org.uk)  
[www.refuge.org.uk](http://www.refuge.org.uk)

**Adult Services**

**Derby City Council, People Service, Adult Social Care** for help, advice or to report concerns

01332 640777  
 Careline: 01332 786968 (out of hours, weekends & bank holidays)  
 Derby City Council website – [adult social care](http://www.derby.gov.uk) or [www.derby.gov.uk](http://www.derby.gov.uk)

**Derbyshire County Council, Adults, Health and Housing**

01629 533190  
 Derbyshire County Council website - [adult care services](http://www.derbyshire.gov.uk) or [www.derbyshire.gov.uk](http://www.derbyshire.gov.uk)

**Derbyshire Healthcare NHS Foundation Trust (DHCFT):**

- Substance Misuse Service
- Learning Disability Services, including Clinical Assessment Service
- Adult Mental Health
- Perinatal Care Services (The Beeches)
- Child and Adolescence Mental Health (CAMHS)

01332 623700

[www.derbyshirehealthcareft.nhs.uk](http://www.derbyshirehealthcareft.nhs.uk)

**Chesterfield Royal Hospital NHS Foundation Trust**

- Learning Disability Team
- Child and Adolescence Mental Health (CAMHS)

Learning Disability Team: 01246 516261  
CAMHS: 01246 514412

**ONE Advocacy Derby (OAD)**

An integrated advocacy service for all independent statutory and non-statutory advocacy.

01332 228748

[www.oneadvocacyderby.org](http://www.oneadvocacyderby.org)

**Advocacy Support in Derbyshire**

For details of see Derbyshire County council - [advocacy support in Derbyshire](#) or [www.derbyshire.gov.uk](http://www.derbyshire.gov.uk)

**Drug and Alcohol Services**

**Derby Substance Misuse Services:**

- Phoenix Futures & DHCFT
- Aquarius Family Drug & Alcohol Service
- Arch Initiatives & DIP Team
- Specialist Community Alcohol Misuse Service

All via St Andrews House 0300 7900265

[www.derbysubstancemisuseservices.org.uk](http://www.derbysubstancemisuseservices.org.uk)

**Derbyshire Substance Misuse Service**

0300 123 1201

[www.derbyshirehealthcareft.nhs.uk](http://www.derbyshirehealthcareft.nhs.uk)

[www.phoenix-futures.org.uk](http://www.phoenix-futures.org.uk)

[www.spoda.org.uk](http://www.spoda.org.uk)

**Safeguarding Adults**

**Derby Safeguarding Adults Board,**  
including Safeguarding Adults Procedures

[www.derbysab.org.uk](http://www.derbysab.org.uk)

**Derbyshire Safeguarding Adults,**  
including Safeguarding Adults Procedures

Safer Derbyshire: 01629 533190

[www.saferderbyshire.gov.uk](http://www.saferderbyshire.gov.uk)

**Police**

**Derbyshire Police**

Non-emergencies

101

Emergencies

999

Referral Unit

0300 1228719

[www.derbyshire.police.uk](http://www.derbyshire.police.uk)