

UNBORN THRESHOLDS OF NEED



Guidance

- This document should be used to inform good practice. It is not a definitive statement of thresholds for concern.
- There may be circumstances that are not covered, or professional judgement of individual circumstances may lead to a different conclusion.
- All organisations should have suitable supervisory or advisory arrangements for staff involved in identifying and supporting children and young people and considering whether there are safeguarding concerns.
- **If you have serious concerns telephone: Integrated Referral Team 0191 433 2653 (office hours) or Emergency Duty Team on 0191 477 0844 (out of hours).** Safeguarding referrals should be made via the online portal – [report a child protection concern](#)

PLEASE NOTE:

- Not all criteria have to be met in order to be considered for services in the first column.
- One concern/factor in isolation would not necessarily meet threshold for accessing specialist/acute services.

	Overview	Unborn Baby Development and Antenatal Factors	Family/Parenting and Environmental Factors
Universal Families and children with no Additional Needs	<p>All children use universal services which include schools, healthcare Midwives and Health visitors, GP's Housing and other easily accessed services.</p> <p>At this level, babies and children would be expected to do well with minimum intervention from any additional services.</p>	<ul style="list-style-type: none"> • Early booking • Attends all antenatal appointments / care • Planned and wanted baby • Unplanned pregnancy but very happy to be pregnant • Warmth conveyed towards pregnancy • Aware of Nutritional requirements during pregnancy • Does not smoke • Does not drink alcohol in pregnancy • Does not misuse substances 	<ul style="list-style-type: none"> • Stable family environment • Good network of family and friends/ strong social support No Housing Issues • Preparing for baby's arrival • No Domestic Abuse issues disclosed • No recent or historical involvement with police/YOS or probation • Stable, supportive relationship between Mother and Father • Realistic expectations of impact on family of a new-born • Both parents have no drug or alcohol issues No unmet health needs • No concerns regarding Mothers ability to cope • Positive experience of parenting other children in family No communication difficulties known • Good educational attainment • Mother, Father or partner have no history of being looked after by Local Authority (Partner of Mother must be considered also if not Father of unborn) • No mental health concerns such as depression, self-harm, overdose (May have had reactive depression to a life event such as bereavement but this is not current or on-going depression) • No physical or learning disability which could impact upon the care of a new born
Single Agency Families and Children with additional needs: consider Early Help Assessment	<p>Babies and children with additional needs may need extra support from a single agency to help them achieve their outcomes and to make good progress.</p> <p>Their identified needs may relate to their health, educational or social development.</p>	<ul style="list-style-type: none"> • Late booking over 20 weeks with no known social concerns – (GP records must be thoroughly checked) • Unplanned pregnancy, mother struggling to accept the pregnancy • Does not attend antenatal appointments regularly but no social concerns • Mother drinks alcohol, would like to stop drinking • Mother has a recent history of low level drug misuse but has now stopped • Mother smokes but would like help to stop • Three or more children under 5 years making it difficult for mother to access antenatal care • Poor maternal nutrition and poor self-care • Teenage pregnancy or history of multiple pregnancies • Previous history of SUDI 	<ul style="list-style-type: none"> • Some instability within family network, but has a supportive role model (e.g. grandmother, close friend) • Sofa surfing in early pregnancy but has made plans to be housed Recently moved to area, isolated • Poor home conditions – unhygienic on a low level, cluttered • Little preparation for baby's arrival (does not have the finances to buy baby equipment) Unemployment requiring support with work or benefits • No mental health concerns such as depression, self-harm, overdose • History of domestic abuse / no longer in relationship with perpetrator, may still be at risk of abuse - consider issues such as Father having contact with the children • Low level criminality but no violent offences • Subject to bullying, prejudice, or harassment in the neighbourhood by reason of culture, sexuality, disability • Has minor physical disability and/or learning difficulties which could impact upon the care of a new born • Parental history of ACES that may impact on parenting
Multi- Agency Families and Children with	<p>At this level babies and children and their families will need additional help to prevent</p>	<ul style="list-style-type: none"> • Late booking over 20 weeks unplanned pregnancy • No warmth felt towards baby, talks negatively of the pregnancy 	<ul style="list-style-type: none"> • No family stability or support, or a history of family conflict, Persistent dysfunctional relationships No friends, Isolated, recent move to area • One or both parents are care leavers

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<p>complex needs and Higher Complex Needs (Early Help Assessment)</p>	<p>problems escalating and becoming more difficult to resolve.</p> <p>The help may come from Health services, children’s centres or early help teams in the local authority through locality hubs.</p>	<ul style="list-style-type: none"> • Persistent defaulter to antenatal care • Mother continues to drink alcohol, has been advised of risks • Mother uses low level drugs such as cannabis and continues despite advice • Previous involvement with children’s social care • Poor maternal nutrition and poor self-care • Teenage pregnancy or history of multiple pregnancies • Previous history of SUDI 	<ul style="list-style-type: none"> • Mother or Father has a transient lifestyle, frequent moves, sofa surfing – chaotic lifestyle • Poor home conditions, unhygienic, no carpets, hoarding, many animals that could be a risk to the newborn • Maternal or paternal mental health concerns such as depression, self-harm, overdose • Mother has housing or financial difficulties and no means to improve circumstances • Unemployment requiring support with work or struggling to access appropriate benefits, at risk of financial exclusion e.g. fuel poverty • Little preparation for baby’s arrival (does not have the finances to buy baby equipment and no desire to address this) • History of domestic abuse, still in relationship with perpetrator and potentially at risk of abuse but parents are willing to engage/are engaging, with appropriate support services- including child on parent violence • Mother accompanied at every appointment with a ‘partner’ who talks for her, mother hesitant to speak when ‘partner’ with her (consider trafficking or modern day slavery and Domestic Abuse, coercive and controlling behaviour) • Cultural/religious beliefs that may be detrimental to the unborn/child • Unknown immigration status • Vulnerable adult requiring social care (refer to adult social care) • Parent has physical or learning disability which could impact upon the care of a new born • Significant criminality but no violent offences
<p>Specialist Families and Children with Acute/Severe needs</p>	<p>Babies, children and families at this level will be facing complex problems which will require an integrated and co-ordinated response from services / agencies as they may be at risk without support.</p> <p>Children’s social care will take the lead in safeguarding Babies and children at this level.</p> <p><i>Note: One concern/factor in isolation would not necessarily meet threshold for this level (ie teenage pregnancy).</i></p>	<ul style="list-style-type: none"> • Late booking over 20 weeks persistent defaulter due to previous history with children’s social care • Previous concealed pregnancy. Mother deliberately delivering alone to evade services • Does not attend antenatal care although unborn baby has a known anomaly/small for gestational age • No warmth felt towards the baby, talks negatively of the pregnancy • When one or other of the parents has had previous children removed and have no children in their care. • Where there are social concerns-please expand on meaning? • Continues to use harmful levels of drugs and or Alcohol although advised of risks to unborn • On a drug/alcohol treatment programme but relapses regularly • Poor maternal nutrition and poor self-care • Teenage pregnancy or history of multiple pregnancies • Previous history of SUDI with risk factors 	<ul style="list-style-type: none"> • Extreme family conflict – involves police/community safety team Social exclusion, does not have friends or support networks • One or both parents are care leavers • Mother or Father currently on a Child Protection Plan themselves • Current risk taking behaviour or sexual vulnerability (could be due to capacity/Learning disability/sexual exploitation) • Previous children in care due to neglect, physical, sexual, emotional abuse, domestic abuse, mental health issues, parenting abilities • Transient Lifestyle with little evidence of antenatal care, regular moves between family members, different parts of country • Domestic Abuse in current relationship, prior to or during pregnancy, known to MARAC (High Risk victim) and/or in denial regarding the abuse and not accepting of support services- including child on parent violence • Lives with a sex offender or dangerous person (consider violence, use of drugs, weapons, MAPPA) and does not accept the risk to the unborn or other children • Maternal or paternal mental health concerns such as depression, self-harm, overdose and/or other diagnosed or undiagnosed mental health conditions • Poor home conditions, no heating or electricity regularly, unhygienic, no carpets, hoarding, many animals (excrement) that could be a risk to the new born • Dangerous breeds of animals that could be a risk to the new born • Homelessness, no plans to establish housing and no support or inhabitable dwelling • financial difficulties often no food to eat in the home, Mother goes without or depends on others to provide food, no preparation for baby’s arrival, no desire to address this • Mother has had FGM and other children and unborn baby at risk of FGM (complete data set and referral to CSC) Parents and/or wider family have a belief in witchcraft, spirit possession • Has a significant physical or learning disability which will impact upon the care of a new born • Criminal history including violent offences