

UNBORN THRESHOLDS DOCUMENT

Resilience - Parents may have had many adverse events in their life which can impact upon their future ability to parent, however normal attachment to at least one significant carer or the presence of at least one unconditionally supportive parent or parent substitute can greatly improve their ability to achieve, giving them the capacity to re-frame adversities so that the beneficial as well as the damaging effects are recognised. Exposure to challenging situations can provide opportunities to develop both problem-solving abilities and coping skills.

UNIVERSAL SERVICES NO RISK FACTORS	EHA / CHILD IN NEED MEDIUM RISK FACTORS	CHILD PROTECTION HIGH RISK FACTORS
<p>Early booking, planned or unplanned pregnancy</p> <p>Warmth conveyed towards pregnancy</p>	<p>Poor medical and obstetric history Previous neonatal- perinatal mortality, infant mortality / congenital abnormality history</p> <p>Persistent defaulter but no social concerns Frequent child bearing / 3 children under 5 years old</p>	<p>Late booking over 20 weeks. Failure / delay in seeking medical attention / concealed pregnancy/social concerns</p> <p>No warmth felt towards baby, talks negatively of the pregnancy</p> <p>Persistent defaulter with social concerns Risk of mother fleeing from authorities</p> <p>Mother may deliberately deliver alone to evade services</p>
<p>Stable family environment</p> <p>No housing issues</p> <p>Preparing for baby 's arrival</p>	<p>Homelessness / sofa surfing but has made plans to be housed</p> <p>Recently moved to the area, may be isolated</p> <p>Housing problems, home in poor physical state</p> <p>Little preparation for baby's arrival</p>	<p>Homelessness /sofa surfing, no support, no plans to establish housing or living in un inhabitable dwelling.</p> <p>Acute concern about parenting ability /parenting capacity</p> <p>Transient life style frequent moves puts self in risky situations Chaotic lifestyle with no preparation for unborn child</p> <p>Unemployment, poverty and social exclusion with little prospect of change</p>
<p>Realistic expectations of impact on family of a new-born</p> <p>No drug or alcohol issues</p> <p>No unmet health needs</p>	<p>Unrealistic expectations of a new-born</p> <p>Poor diet / understanding of personal and baby's needs</p> <p>Concerns regarding mother's ability to cope Previous or recent low level substance use</p>	<p>Unrealistic expectations of a new-born.</p> <p>Inability to care for self, unkempt, inadequate food intake, Needs urgent health care, misusing substances on a treatment programme past or present</p>
<p>Mum aged 16-19 years Mature young woman with good family support</p>	<p>Mum aged 16-19 years Immature Family instability/ some supportive role model</p>	<p>Mum aged under 16 or 16-19 Family instability/ no supportive role model Risk taking behaviour Self-harm, Overdose Sexual vulnerability</p>
<p>Good network of family and friends. No domestic violence issues</p> <p>Strong social support</p>	<p>History of Domestic abuse but no longer living with perpetrator but may still be at risk of abuse. Volatile relationship (relationship described as difficult)</p>	<p>History of Domestic abuse or incidents of domestic violence causing physical injury prior to pregnancy or during pregnancy. History of family conflict and persistently dysfunctional relationships</p>

networks	No support network of family and friends	Lives with a sex offender or dangerous person who uses Drugs or Weapons Does or does not have supportive networks
Positive experience of parenting other children in family	Difficulties bonding/ parenting a previous child which required another family members support to care for child. Older children subject to EHA	Previous difficulties parenting children who are now cared for by other family members. Children in care due to neglect, physical, sexual emotional abuse, DV, mental health issues, parenting abilities.
No Involvement with police or YOS or probation	Mother or father is still involved with social workers or YOS Teenage parents who require support from teenage pregnancy team but decline referral for support Police involvement some low level criminality but not violent offences	Extensive YOS involvement Criminality Domestic violence Substance misuse Mental health issues Violence against others Anger management issues
No communication difficulties known	Communication difficulties Asylum seeker, Ethnic minority poor English Cannot read or write Has a learning disability Cultural/religious beliefs that may be detrimental to the unborn/child	Female Genital Mutilation in mother (potential for child to have same procedure, midwife should discuss with parents) Belief in Witchcraft, spirit possession corporal punishment Vulnerable by nature of race/ethnicity/first language/political/immigration status. Isolated from support networks and/or subject to prejudice and harassment in the neighbourhood by reason of race, culture, sexuality, disability or background
Mother or Father have no history of being looked after by local authority	Mother and father have had some family instability as a child Some intermittent support from the local authority as a child growing up. Family difficulties during teenage years which Resolved Surrogate pregnancy – information required regarding proposed and surrogate parents.	Mother or Father have a history of being looked after /Adopted/Fostered by the Local Authority- were victims of abuse themselves Previous concern that parents have abused or neglected this or another child Previous removal of a child from either parent A legal order has been ascertained stating that previous children are not to live with their mother/ father History of suspicious child death in the family
Physical / learning disabilities good robust support	Physical disability / educational needs Parents have learning difficulty/ physical disability cannot read or write. Parents have physical disability, life limiting or life threatening illness including	Severe learning / physical disability Requires daily one to one from support care Vulnerable adult requiring adult social care
No history of depression or Reactive depression to life events , such as bereavement (if not current and no further long term depression	Reactive depression to life events , such as bereavement current on-going issues Low moods/hopelessness/depression. Mother or father have mental health problems, including regular low moods.	Mother or father have a history of mental health (services involvement) Schizophrenic/ personality disorder Admitted for psychiatric care