





UNBORN THRESHOLDS OF NEED

	Overview	Unborn Baby Development	Family and Environmental Factors	Parenting Factors
		and Antenatal Factors	. a.m.y and Entra details	
Universal Families and children with no Additional Needs	All children use universal services which include schools, healthcare Midwives and Health visitors, GP's Housing and other easily accessed services. At this level, babies and children would be expected to do well with minimum intervention from any additional services	Early booking,	Stable family environment	Mother aged 16 – 19yrs, mature young woman with good family support
		Attends all antenatal appointments / care	Good network of family and friends/ strong social support	Stable , supportive relationship between Mother and Father
		Planned and wanted baby	No Housing Issues	Realistic expectations of impact on family of a new-born
		Unplanned pregnancy but very happy to be pregnant	Preparing for baby's arrival	Both parents have no drug or alcohol issues No unmet health needs
		Warmth conveyed towards pregnancy Aware of Nutritional	No Domestic Abuse issues disclosed No recent or historical involvement with police/YOS or probation	No concerns regarding Mothers ability to cope
				Positive experience of parenting other children in family
		requirements during pregnancy		No communication difficulties known
		Does not smoke		Good educational attainment
		Does not drink alcohol in pregnancy		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)
		Does not misuse substances		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				Consider the Vulnerable Parent's Pathway (Northumberland)
Agency Families	Babies and children with additional needs may need extra support from a single agency to help	Late booking over 20 weeks with no known social concerns – (GP records must be thoroughly checked)	Some instability within family network, but has a supportive role model (e.g. grandmother, close friend)	Mother / Father aged 16-19yrs and immature for age may require support but declined
and Children			Sofa surfing in early pregnancy but has made plans to be housed	Concerns regarding Mother and Father's ability to cope with new baby
with	them achieve their outcomes and to make	Unplanned pregnancy, mother struggling to accept the pregnancy	Recently moved to area, isolated Poor home conditions – unhygienic on a low level, cluttered	Previous History of risk taking behaviour, self-harm, overdose - but no current concerns Recent or previous low level (Infrequent or experimental, within the last 2 years, not requiring or continuing
additional needs:	good progress. Their identified needs may	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	Little preparation for baby's arrival (does not have the finances to buy baby equipment)	treatment) substance/alcohol misuse (prior to pregnancy)
consider Early Help	relate to their health, educational or social development.		Unemployment requiring support with work or benefits 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	Difficulties bonding /parenting a previous child which required another family members support to care for child
Assessme				Older children subject to Early Help Assessment Communication difficulties, Poor or no English, Cannot read or write,
nt				Mild physical/learning disability but with good robust support.
				Asylum Seeker
				Mother or Father have history of being a Looked after Child themselves
				Current reactive depression to life events with some on-going issues of low mood /hopelessness / depression
		Three or more children under 5 years making it difficult for mother to access antenatal care		Mother or Father have mental health problems but engaged with GP/CPN or are willing to engage with support services (Referral Pathway for Women's Health Psychology and Mental Health services)
				Surrogate pregnancy, information required regarding proposed parents
Multi-Agen				Consider the Vulnerable Parent's Pathway (Northumberland)
cy Families	At this level babies and	Late booking over 20 weeks unplanned pregnancy	No family stability or support, or a history of family conflict , Persistent dysfunctional relationships	Mother and or Father aged 16-19yrs immature for age
raniiles			No friends , Isolated, recent move to area	







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and Children with complex needs and Higher Complex Needs (Early Help Assessme nt) Children and their families will need additional help to prevent problems escalating and becoming more difficul to resolve. The help ma come from Health services, children's centres or early help teams in the local authority through locality hubs.		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 new born 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 but 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 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	Mother aged between 13-16yrs but with good family and social networks Mother aged 16 – 19 years with considerably older partner (consider sexual exploitation) Unrealistic expectations of a new born, Mother or father are currently a Looked after Child (LAC) themselves Concerns regarding Mother of Fathers ability to cope with a new baby (history of anger issues/stress/personality disorder) – but parents are willing to accept support Inability to care for self, unkempt (could be linked to a learning disability) Mother low level substance misuse continues in pregnancy or Father has current low level drug or alcohol misuse Mother continues to drink alcohol regularly in pregnancy Either parent has a recent history of drug or alcohol misuse requiring treatment or currently engaged with a treatment programme (check out engagement with treatment provider) Mother or Father currently involved in YOS / Children's social care in their own right Recent risk taking behaviour self-harm and or overdose – prior to pregnancy/being aware of pregnancy Mother or Father have a long standing history of current mental health concerns (Service involvement) and have poor or no engagement with support services (Referral Pathway for Women's Health Psychology and Mental Health services) DISCUSS THE FOLLOWING WITH CHILDREN'S SOCIAL CARE, MULTI AGENCY APPROACH TO CONSIDER POSSIBLE REFERRAL: Previous difficulties parenting children who are now cared for by other family members Previous removal of a child from either parent or Mothers partner – may have a legal order in place but subsequently have a child now living with them with or without current social care involvement Mother or Father are on a Child in Need Plan Vulnerable adult requiring social care (refer to adult social care)
Specialist Families and Children with Acute/Sev ere needs Babies, children and families at this level wil be facing complex problems which will require an integrated and co-ordinated response from services agencies as they may be at risk without support. Children's social care will take the lead in safeguarding Babies and children at this level	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	Extreme family conflict – involves police/community safety team Social exclusion, does not have friends or support networks Current risk taking behaviour or sexual vulnerability(could be due to capacity/Learning disability/sexual exploitation) 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 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	Consider the Vulnerable Parent's Pathway (Northumberland) Mother aged under 16 years with no support Immature young Mother, no family stability or support, Looked after Child exhibiting risky behaviours that are of concern e.g. self-harm, overdose, sexual vulnerability Mother aged 16 – 19 years with considerably older partner (consider sexual exploitation) Acute concerns about parenting ability / capacity: Mother or Father are currently on a Child Protection Plan themselves Mother or father have current complex mental health concerns which impact on their ability to safely care for an unborn/child such as schizophrenia, personality disorder, admission to psychiatric care, significant self-harm or threats to harm unborn child; including suicidal intent (Referral Pathway for Women's Health Psychology and Mental Health services) Misuse of substances - frequent drug /alcohol use that is impacting upon daily functioning and has no engagement in treatment programme Previous concerns that parents have abused or neglected a child- no children in their care currently Parents have a history of suspicious child death involving their previous children or significant non-accidental

Mother has had FGM and other children and unborn baby at risk of FGM (complete data set and referral to CSC)

preparation for baby's arrival, no desire to address this

Continues to use harmful levels of drugs and or Alcohol although

injury

Previous children in care due to neglect, physical, sexual, emotional abuse, DV, mental health issues, parenting







advised of risks to unborn On a drug/alcohol treatment programme but relapses regularly	Parents and/or wider family have a belief in witchcraft, spirit possession	abilities 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 Mother or Father have a severe learning or physical disability requiring daily one to one support and care which will impact upon care of new born
		Extensive police/YOS involvement with violent offences