

SEFTON LOCAL SAFEGAURDING CHILDREN BOARD (LSCB)

LEVEL OF NEED – ADDITIONAL GUIDANCE

SPECIFIC CONSIDERATIONS FOR THE UNBORN CHILD



Safeguarding the Unborn Baby

Where a practitioner anticipates that prospective parents may **require statutory** support services to care for their baby or that the baby may be at risk of significant harm, a [referral](#) is to be made to Children's Social Care.

Where a practitioner anticipates that prospective parents may **require non-statutory** support services, access is to be made to [Early Help services](#).

The [2016 analysis of serious case reviews \(DfE, 2016\)](#) found that, as with previous national analyses, the largest proportion of cases were in relation to children under one year of age with nearly half of these (43%) being under three months of age.

This has been a pattern in Child Protection since records began to be kept, and seems to relate to 3 factors – physical vulnerability of the infant; its invisibility in the wider community and inability to speak for itself; and the physical and psychological strain it places upon its caregivers. It is critical, therefore, that Sefton LSCB work together to have robust procedures in place, both to identify the unborn children most at risk and then to effectively manage their welfare and safety at the earliest opportunity.

The nature of safeguarding work dictates that the most successful preventative action can be taken if vulnerable children are identified as early as possible – this includes identifying such children during pregnancy.

The Level of Need guidance is there to support practitioners in their practice. This guidance is an appendage to that with specific consideration of the unborn child.

Maternity Providers have internal un-booked guidelines/policies (in line with the Pan-Merseyside Concealed Pregnancy Procedure) that ensures appropriate Safeguarding processes are followed when a concealed or un-booked pregnancy presents.

Risk Factors to Consider

The following Risk Factors (but are not limited to) should alert professionals to consider a coordinated response:

Where mothers, fathers or partners or any other significant member of the household/family environment:

- Have perinatal/mental illness or support needs that may present a risk to the unborn baby or indicate their needs may not be met;
- Are victims or perpetrators of domestic abuse (domestic abuse may start or get worse when a woman is pregnant);
- Have been identified as presenting a risk, or potential risk, to children, such as having committed a crime against children;
- Have a history of violent behaviours;
- Are currently 'Looked After' themselves or were looked after as a child or young person;
- Are living in poor home conditions, homelessness or temporary housing;
- Where there are concerns that exist regarding the mother's ability to protect.
- Where the development and health of the unborn baby may be affected by maternal substance and/or alcohol abuse.
- Where expectant parents are themselves deemed as children/ young people (under age 18yrs) and there are a number of concerns/complicating factors evident that would need to be considered to ensure the safety of parent/s and unborn. Where expectant parents are under the age of 13 yrs, a referral regarding expectant parent/s and unborn baby **MUST** be submitted.
- Where the expectant parents are previously known or currently active to Social Care and/or they have children, who are previously known or currently known to Social Care.
- Where previous child/children have experienced neglect, emotional, physical or sexual abuse and these concerns continue to be evident and would impact on the unborn baby in pregnancy and once born by virtue of the child being dependent on their caregiver.
- If there is maternal ambivalence *
- Denial or concealment of pregnancy**
- Surrogacy***
- Any other circumstances or issues that give rise to concern.

*The analysis of Serious Case Reviews (DfE,2016) recognised that 'maternal ambivalence towards her child (both during and after pregnancy) was highlighted in many reviews as a potential indicator of a child's vulnerability. At its extreme, this may present with a concealed or denied pregnancy. Whilst such cases are rare, other presentations including delayed antenatal booking or uncertainty about keeping the pregnancy are far more common.' The report concluded that such presentations offer

professionals (particularly in primary care and maternity services) opportunities to explore parental concerns and feelings towards the pregnancy and the unborn infant. Where there are acute professional concerns regarding parenting capacity, particularly where the parents have either severe mental health problems, severe physical problems or learning disabilities.

** the concealment and denial of pregnancy will present a significant challenge to professionals in safeguarding the welfare and wellbeing of the unborn infant and the mother. Lack of antenatal care in concealed or denied pregnancies can mean that potential risks to mother and child are not detected. The health and development of the baby during pregnancy and labour may not have been monitored or foetal abnormalities detected. It may also lead to inappropriate medical advice being given, such as potentially harmful medications prescribed by a medical practitioner unaware of the pregnancy. The potential risks to a child through the concealment of a pregnancy are difficult to predict and are wide-ranging. [See Pan Merseyside Concealed Pregnancy Procedure.](#)

*** When any professional is made aware of a pregnancy as a result of a surrogacy arrangement, they should seek advice from their Designated Safeguarding Lead with responsibility for safeguarding children, to enable them to make the necessary enquiries to satisfy themselves of the legitimacy of the arrangement. If professionals, following such consultation, are satisfied that the relevant Code of Practice (HFEA, 2017) has been followed, the local authority need not be informed unless there are other concerns being expressed that might indicate that the child may be at risk. Where the circumstances of the conception and subsequent arrangements for the baby are not clear the parents should be informed of the need for a referral to Children's Social Care to allow for further enquiries to be made.

Early Help Intervention and Support

Where there are any of the above concerns parents of unborn babies should be offered intervention and support at the earliest opportunity. This will assist parents by offering them support services at a much earlier stage and will support in future care planning and assessments. We recognise the importance of parents and carers being able to access, at the point of request, appropriate early help and support to prevent escalation of need and ensure positive engagement and improved outcomes.

- Early help involvement can be offered as soon as the pregnancy is known with a lead professional being identified to co-ordinate the support and intervention to ensure their needs are met and positive outcomes are achieved.

An early response to expectant parents

- Avoids initial approaches to parents in the latter stages of pregnancy, as this is already an emotionally charged time.
- Enables parents to have more time to contribute their own ideas and solutions to concerns and increases the likelihood of a positive outcome.
- There is an expectation that professionals will discuss with parents the value of early help intervention and support and will ensure consent is obtained.

If consent is refused practitioners throughout their involvement should continue to advocate the benefits of this. However, if a refusal to give consent continues and practitioners believe that the level of need for statutory services is met, a referral should be made to Children's Services as soon as is practicable.

If parents' consent and a referral is made to Early Help and parents then do not engage it is the responsibility of Early Help to inform the referrer so that the referrer can continue to promote early help support and then if necessary follow the pathway above.

If parents engage with Early Help and then later disengage it is the responsibility of the Early Help professionals to make the referral to Children's Services as detailed above if it is felt statutory services are required.

Referring through to MASH (Multi-Agency Safeguarding Hub)

In any of the above circumstances, or where there are other factors which professionals believe the Level of Need has been met for a referral to Children's Social Care, the referral will be explored and reviewed by Sefton MASH to determine the most appropriate response.

Referrals about unborn babies where it is believed statutory services are required should be submitted at the earliest opportunity of the pregnancy following dating scan which confirms viability, unless it has not been possible to meet this timescale, for example, because the pregnancy has been concealed.

Referrals at this stage allows for:

- Sufficient time for a full and informed assessment.
- The provision of support services so as to facilitate optimum home circumstances prior to the birth and parents fully engage with other agencies.
- Sufficient time to make adequate plans for the baby's protection, where this is necessary.

Associated Reference Documents:

[PAN Merseyside Pre-Birth Protocol](#)

[Sefton LSCB Level of Need Guidance](#)

[Sefton LSCB - Practice Guidance Support for Professionals](#)

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