



Westmorland and Furness
Safeguarding Children
Partnership

NHS
Harrogate and District
NHS Foundation Trust

NHS
North Cumbria
Integrated Care

NHS
University Hospitals of
Morecambe Bay
NHS Foundation Trust

 Westmorland
& Furness
Council

Unborn Baby Threshold of Need

This resource has been developed to support professionals working with expectant parents in making timely and informed decisions regarding safeguarding thresholds. It should be used in conjunction with the WFSCP Threshold Guidance, relevant local procedures, and professional judgement.

Guidance

- This document is intended to support and inform good practice; it is not a definitive statement on thresholds of concern.
- There may be circumstances not explicitly covered, and professional judgement should always be applied when considering individual situations.
- All organisations should ensure appropriate supervision or advisory arrangements are in place for staff who are responsible for identifying and supporting children and young people, and for determining whether safeguarding concerns are present.

Please note:

- It is not necessary for all criteria in either column to be met in order for a child or family to be considered for services outlined in the first column.
- A single concern or factor, in isolation, would not usually meet the threshold for accessing specialist or acute services.
- If you are unsure, seek advice from your designated safeguarding lead in the first instance, and then from the Multi-Agency Children's Hub. [How to report a concern | Westmorland and Furness Safeguarding Children Partnership](#)

Level of Need	Overview	Unborn Baby Development and Antenatal Factors	Family/Parenting and Environmental Factors
Level 1 - Universal Children and Families with no additional needs.	All babies, children and families access universal services, including schools, healthcare providers (such as midwives and health visitors), GPs, housing, and other readily available community services. At this level, babies and children would be expected to thrive with minimal additional intervention beyond these universal services.	• 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	• Stable family environment • Good support network of family and friends/ strong social support • No Housing Issues • Preparing for baby's arrival • No Domestic Abuse issues disclosed • Stable, supportive relationship between Mother and Father • No recent or historical involvement with police/Youth Justice Service or probation • Realistic expectations of impact on family of a newborn • 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 cared for by Local Authority • 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 newborn • (Partner of Mother must be considered also if not Father of unborn)

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Level 2-3 Family Help Single Agency Children and Families with Additional needs being responded to by a single agency (Consider Family Assessment)	Babies, children, and their families who have additional needs may require extra support from a single agency to help them achieve positive outcomes and make good progress. Their identified needs may relate to their health, educational or social development.	• Late booking over 20 weeks with no known social care concerns – (GP records must be thoroughly checked) • Unplanned pregnancy, mother struggling to accept the pregnancy • Does not attend antenatal appointments regularly but no social care concerns • Mother drinks alcohol (low-level), 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 • Three or more children under 5 years making it difficult for mother to access antenatal care • Previous history of Sudden Unexpected Death in Infancy • Pregnancy resulting from sexual assault (including rape outside of the family network and intra-familial abuse)	• 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 • 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 spending time with the children • Low level criminality but no violent offences Subject to bullying, prejudice, or harassment in the neighbourhood by reason of race, culture, sexuality, disability • Has minor physical disability and/or learning difficulties which could impact upon the care of a newborn • Parental history of Adverse Childhood Experiences that may impact on their parenting ability/capacity • Families who are new to the country and who may be asylum seekers, refugees or evacuees

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Level 3 Multi Agency Children and families with complex needs and higher complex needs who require the input from more than one agency. (Targeted Family Help/Child in Need)	Babies, children, and their families may require additional support to help them manage multiple challenges, in a way that is trauma informed and responsive, preventing difficulties from escalating and becoming more complex to resolve. This help may come from Targeted Family Help or Child in Need support through Westmorland and Furness Council.	• Late booking over 20 weeks unplanned pregnancy • Repeatedly misses or does not attend scheduled antenatal appointments without arranging alternatives or engaging with services. • No warmth felt towards baby, talks negatively of the pregnancy • 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 • Three or more children under 5 years making it difficult for mother to access antenatal care • Previous history of Sudden Unexpected Death in Infancy • Pregnancy resulting from sexual assault (including rape outside of the family network and intra-familial abuse)	• No family stability or support, or a history of family conflict, repeated patterns of challenging, unhealthy relationships • No friends, Isolated, recent move to area • One or both parents are care experienced and could benefit from additional support; however, this does not in itself require an automatic referral to Children's Social Care. • Mother or Father has a transient lifestyle, frequent moves, sofa surfing • Poor home conditions, unhygienic, no suitable flooring, 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 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, with the parent(s) currently in the relationship and potentially at ongoing risk. Parent(s) are engaging or willing to engage with appropriate support services, including those addressing domestic abuse • Child/Adolescent to parent aggression within the home environment • 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

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			- Vulnerable adult requiring social care (refer to adult social care) - Parent has physical or learning disability which could impact upon the care of a newborn - Significant criminality but no violent offences - Mother has had FGM, other children and unborn baby at risk of FGM (Follow FGM protocol)
Level 4 Multi-Agency Child Protection A baby or child is at risk of, or is experiencing, significant harm.	Babies, children, and families at this level are likely to be experiencing complex needs that require an integrated and coordinated response from multiple services or agencies, as they are at risk of significant harm without appropriate support. Children's Social Care will take the lead role in safeguarding babies and children at this level.	- Late booking over 20 weeks unplanned pregnancy - Repeatedly misses or does not attend scheduled antenatal appointments without arranging alternatives or engaging with services. - Not attending appointments due to previous child removed or children's social care involvement - Previous concealed pregnancy, mother delivering alone due to worries about services intervention - No warmth felt towards baby, talks negatively of the pregnancy - One or both parents have had previous child/ren removed from their care, and have no children in their care - Struggling with addiction and continues to use harmful levels of drugs and/or alcohol - On alcohol/drug treatment programme but is relapsing regularly - Poor maternal nutrition and poor self-care - Teenage pregnancy - Three or more children under 5 years making it difficult for mother to access antenatal care - Previous history of Sudden Unexpected Death in Infancy - Pregnancy resulting from sexual assault (including rape outside of the family network and intra-familial abuse)	- Extreme family conflict – involves police/community safety team - Socially isolated, does not have friends or support networks - One or both parents are care experienced and could benefit from additional support; however, this does not in itself require an automatic referral to Children's Social Care. - Mother and/or Father currently on a Child Protection Plan themselves - Mother and/or Father at risk of criminal or sexual exploitation. - Previous children in care due to neglect, physical, sexual, emotional abuse, domestic abuse, mental health challenges, parenting abilities - Transient Lifestyle with little evidence of antenatal care, regular moves to different parts of country, services have no clear understanding of parent's support needs - Domestic Abuse in current relationship, prior to or during pregnancy, known to MARAC (High Risk victim) parents are not accepting of support services. - Child/Adolescent to parent aggression within the home environment - 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

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			• 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 suitable flooring, hoarding, many animals (excrement) that could be a risk to the new born • Dangerous breeds of animals that could be a risk to the newborn • 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, other children and unborn baby at risk of FGM (Follow FGM protocol) • Parents and/or wider family have a belief in witchcraft, spirit possession which may cause a risk to the child • Has a significant physical or learning disability which will impact upon the care of a newborn • Criminal history including violent offence