Camden Safeguarding Children Partnership

Multi-agency guidance on pre-birth assessments and working with expectant parents

2022

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1 Introduction

Some prospective parents may need support to help them prepare for the parenting task; for others, intervention may be needed to safeguard the unborn child. Unborn children and new-born babies are extremely vulnerable to harm; during pregnancy, the mother's lifestyle could negatively impact on the development of the foetus and/or following birth, parents may be unable to cope with the demands of looking after a new born baby.

Information from safeguarding practice reviews shows that new-born babies under a year old are more vulnerable to harm and most likely to suffer serious or fatal injuries, often inflicted by carers, and particularly by male carers.

It is therefore critical that agencies and professionals working with expectant parents are able to take appropriate action depending on the level of risk. Assessment and planning should take place as early as possible in order to ensure suitable support and intervention are in place for when the child is born. Early intervention during pregnancy can be key to reducing future risk to a child as it can provide an opportunity to work with parents to address issues.

2 Purpose and scope of guidance

This guidance provides a framework for multi-agency working where expectant parents may need help and support or where there are concerns about the welfare of an unborn child and/or there may be concerns about their care following birth.

It sets out the role of agencies in referring expectant mothers to the most appropriate service for support, including referral to Children's Safeguarding and Social Work (CSSW) for a pre-birth assessment, contributing to any assessment and implementing any agreed plan of action to support families and safeguard and promote the welfare of the child.

The aim of the guidance is to ensure that there is a high quality, multi-agency response to concerns about the wellbeing of an unborn child, or where parents need extra support, with timely decision-making and proportionate action and intervention.

The guidance should be followed by all members of the children's workforce in Camden, but in particular midwifery services, adult mental health services, substance misuse services, the police and domestic abuse services and adult learning disabilities services.

3 Prevention and early help

Camden's Early Help service provides support to families in order to prevent emerging problems from escalating and provides extra support for children who need some help in order to achieve good outcomes. Early help in Camden is delivered by a range of services including children's centres and family workers.

Where professionals working with expectant parents believe that the parents may need extra help and support during the pregnancy and to care for their new-born child, a referral may be made to the Early Help Service via the Children and Families Contact Service. Parental consent must be obtained prior to a referral being made.

The Early Help Service manager will identify the most appropriate Early Help service and the family workers will convene a multi-agency planning meeting attended by parents and the professional network (the Team Around the Family) to share information and work with the parents to identify a suitable support package that will become the action plan. This meeting should happen at least prior to the 18th week of the pregnancy.

The plan will be reviewed regularly by the TAF to make sure it continues to support the family and is improving outcomes for the child.

Early help services also provide a step-down service for cases that are being closed by CSSW in order to ensure that families continue to get support if it is needed so that services do not end in an abrupt way that leaves them unable to cope.

4 Recognising risks for unborn children

4.1 Information for all agencies

Where there are concerns about the safety and welfare of an unborn child, it is vital that pre-birth assessments are carried out as early as possible so that professionals can recognise potential and future risk of harm to the child and to plan effectively to promote their welfare following birth.

Professionals should consider making a referral to CSSW for a pre-birth assessment to be carried out whenever:

- a previous child of the parent has suffered significant harm or died unexpectedly in their care
- a previous child has been removed from the parent's care either by public or private proceedings;

- a sibling of the child is looked after or is subject to care proceedings;
- a sibling in the household is or was subject to a child in need or child protection plan;
- the parent or another adult in the household is known to pose a risk to children;
- either parent is under 18 and subject to a child in need or child protection plan or is a looked after child or care leaver;
- the mother is a child under the age of 16
- the parent's lifestyle and behaviour during pregnancy may harm the unborn child or raises concerns about future care of the child. Risk factors include:
    - high levels of substance misuse
    - chronic and disabling mental health problems
    - high levels of domestic abuse and family violence
    - homelessness and chaotic lifestyles
    - parental learning difficulties
    - a parent has a previous history of neglect or abuse
    - one parent is thought to be a risk to children
    - a concealed pregnancy or failure to engage with ante-natal services
    - the mother has undergone female genital mutilation, is expecting a female child and there are concerns about the child.

Professionals should refer to Appendix 2 for further details of indicators of risk and protective factors for unborn children and should give consideration to those cases where there are a combination of issues (substance misuse, domestic abuse and mental illness) as this will increase the risk to the child.

4.2 Information for health professionals

Health professionals, particularly midwives, are most likely to be in contact with expectant mothers and therefore in a key position to recognise risk factors. General practitioners are responsible for meeting the mother's health needs and should share relevant information with the network about any factors that may affect the mother's parenting capacity.

When assessing risk, midwives should gather relevant information about the mother during the booking in appointment and consider whether any aspects of any of the following issues may have a significant impact on the child and if so, how.

- support from partners
- family structure and support available (or potentially not available)
- whether the pregnancy is planned or unplanned
- the feelings of the mother about being pregnant
- the feelings of the partner/putative father about the pregnancy
- the mother's dietary intake and any related issues
- any medicines or drugs, whether or not prescribed, taken before or during pregnancy
- alcohol consumption
- smoking
- previous obstetric history
- the current health status of other children
- any miscarriages or terminations
- any chronic or acute medical conditions of surgical history
- the mother's psychiatric history, especially depression and self-harming
- whether the mother has been subjected to Female Genital Mutilation and if any medical intervention is required to enable the mother to safely deliver her baby.

Hospital staff can also get advice from CSSW at the weekly maternity meetings held at the Royal Free Hospital and UCLH or the MASH social worker. Details of joint working can be found in the CSSW and hospitals joint working protocol: CSSW-joint-working-protocol-with-hospitals.doc (live.com)

Where the expectant mother is identified as having undiagnosed or untreated mental health or substance misuse problems, midwives and GPs should ensure they are referred on for appropriate treatment and supported to engage with services.

4.3 Information for mental health professionals

Mental health professionals are responsible for identifying pregnant service users and sharing relevant information with midwives and social workers on how the service user's mental health diagnosis may affect parenting capacity or how treatment may affect the development of the foetus. Professionals should also support service users to engage with maternity services.

Mental health professionals should be aware that although most parents with mental health problems are able to offer an adequate standard of care to their child, there is a link between parental mental ill health and risk of harm to children.

Professionals should be aware of the following which may raise risks to unborn and new-born children:

- parents who incorporate their (unborn) child into delusional thinking
- parents who are not complying with medication or treatment
- where the (unborn) child is viewed with hostility
- where there is a dual diagnosis (mental ill health coupled with substance misuse).

Mental health professionals should refer to the Mental Health Service/CSSW joint working protocol for further guidance on the impact of mental health issues on pregnancy and parenting and may wish to seek advice on a "no names" basis from the midwifery service or the MASH social worker. CSSW-and-Adult-Mental-Health-Joint-Working-Protocol.docx (live.com)

4.4 Information for substance misuse professionals

Substance misuse professionals are responsible for identifying pregnant service users and sharing relevant information with midwives and social workers on how the service user's substance misuse and any accompanying treatment may affect the development of the foetus or parenting capacity. Professionals should also support service users to engage with maternity services.

Substance misuse professionals should be aware that drug or alcohol misuse does not always indicate that the parent is not able to care for their child adequately but should take into account:

- patterns of substance misuse
- whether it can be managed compatibly with caring for a new-born child
- whether parents are willing to attend treatment
- any dual diagnosis (substance misuse coupled with mental health problems)
- the consequences for the unborn baby of continued misuse of substances or withdrawal during pregnancy.

Substance misuse professionals should refer to the CSSW/substance misuse services joint working protocol for further guidance on the impact of substance misuse issues on pregnancy and parenting and may wish to seek advice on a "no names" basis from the specialist substance misuse midwifery service at UCLH or the MASH team.
CSSW-Early-Help-and-substance-misuse-services-joint-working-protocol.doc (live.com)

4.5 Parents with learning disabilities or learning difficulties

Parents with global learning disabilities are likely to face many difficulties as parents and will need a high level of support from the professional network. It is important that these parents are identified as soon as possible to ensure suitable support is in place during the pregnancy and after birth.

Parents with diagnosed global learning disabilities will be known to the Camden Learning Disability Service (CLDS) and it is important that health professionals check medical records to identify expectant parents with learning disabilities and notify the CLDS. CLDS will then work in partnership with CSSW in order to support the parent and health professionals will be involved in planning and delivering support.

Where expectant parents present as having learning difficulties that may impact on their ability to parent effectively but who are not known to the CLDS, professionals should consider a referral to the Children and Families Contact Service for support from Early Help Services or for a CSSW pre-birth assessment where thresholds are met. Professionals can also seek the support of the hospital liaison nurses for people with a learning disability who can offer guidance and support.

4.6 Domestic abuse and inter-familial violence

Domestic abuse and inter-familial violence can have serious consequences for unborn and new-born children and pregnancy is known to increase the risk of domestic abuse or lead to the escalation of existing violence.

Domestic abuse can pose a serious threat of physical harm to an unborn child and on birth exposure to domestic abuse can have a negative effect on the baby’s emotional and cognitive development. The stress of caring for a new-born baby, particularly if the child is demanding or difficult can also trigger domestic abuse and violence within the home.

- It is essential that midwives and obstetricians are able to identify victims of domestic abuse by effective screening and use of routine questioning. It is an expectation that midwives are able to see all expectant mothers alone so that they are able to raise the issue of domestic abuse safely and to allow disclosure.

- Camden police should ensure that when attending domestic abuse call-outs, they are aware of the presence of expectant mothers in the household and share this information with CSSW and midwifery services via MERLIN.

- Domestic abuse services and refuges in Camden providing a service for an expectant mother should support her to engage with midwifery services.

- Substance misuse agencies and mental health services should also be aware of service users experiencing domestic abuse.

When gathering information and assessing risk on domestic abuse and violence, professionals should consider the following and may wish to carry out a CAADA-DASH risk assessment:

- the nature of domestic abuse and violent incidents
- their frequency and severity
- the triggers for abuse and violent incidents
- the extent to which the victim recognises the risk of the abuse or violence on the (unborn) child
- any incidents of hostility or aggression towards professionals by the perpetrator
- the effect of the abuse or violence on the pregnancy (for example if the mother is likely to go full term).

Where there are concerns about domestic abuse and violence, the mother can be referred to the Camden Safety Net for advice and support.

4.7 Concealed/denied pregnancy

Mothers may conceal or deny their pregnancy and may not seek medical care or book in with ante-natal services, and this may put the health and wellbeing of the mother and child at risk. Where health professionals begin working with a mother who is more than 24 weeks pregnant and the pregnancy has been concealed, or professionals suspect that a woman is pregnant but is concealing or denying the pregnancy, the Concealed Pregnancy Protocol should be followed. CSCP-Concealed-pregnancy-protocol-2022.pdf

4.8 Other vulnerabilities

Professionals should also be aware of the following circumstances that may indicate that the expectant mother is vulnerable and/or that the unborn child may be at risk:

- poor housing or homelessness
- chaotic lifestyles and frequent moves
- a care leaver from another borough

- a concealed pregnancy or non-engagement with ante-natal services (see section 4.7)
- pregnancy occurring following rape
- where the mother has experienced FGM.

5 Young mothers under 18

Many young mothers are able to provide a good standard of care for their child because they have the support of their partner and/or family. However some young mothers may have difficulties in meeting their child's needs due to their own vulnerabilities.

Young mothers under the age of 18 should only be referred for a pre-birth assessment if the professional believes them to be vulnerable or there are known risks, for example they:

- live in unstable families that are unlikely to be able to offer support
- may have become pregnant as a result of child sexual exploitation
- are under the age of 16 (these cases **must** be referred to the police and CSSW as an offence may have taken place)
- are concealing the pregnancy from their family and/or are concerned about their parent's reaction to the pregnancy
- have specific issues that make them more vulnerable, for example mental health difficulties.

Where a young mother is already known to CSSW, their allocated social worker will decide whether or not to carry out a pre-birth assessment based on the known risks and vulnerabilities.

Pregnancy and birth are also likely to have an effect on the young person's education and training opportunities and this will need to be taken into account within the pre-birth assessment.

6 Making a referral

All referrals for a pre-birth assessment to be carried out should be made to the Children and Families Contact team by e-CAF referral once the pregnancy has been confirmed, usually around 12 weeks.

Earlier referrals can be accepted by the MASH from 8 weeks gestation, particularly where there are long-standing concerns around parenting capacity and a previous history of children being removed. Professionals should discuss this with the MASH manager in advance.

Consent to referral should be sought from the parent and recorded on the e-CAF record. Where there are safeguarding concerns a referral may be made without consent if it is thought this is a proportional response to concerns but parents should be informed of the referral. Consent should not be sought if this may put the unborn child or a sibling at further risk, for example if it is believed the family may go missing.

Professionals may wish to discuss concerns with their agency safeguarding lead prior to referral. If professionals have any queries relating to the referral or need advice on whether or not to make a referral or on gaining consent, they can contact the MASH social worker on 020 7974 3317 for advice.

The MASH manager will make a decision on the referral within 24 hours and will notify the referrer of the outcome.

If the case meets the threshold for a social work service from CSSW because it is thought that the unborn child may be a child in need or at risk of harm, the case will be passed on to a social work team for a pre-birth assessment.

If the case does not meet the threshold for a social work service, the MASH manager will pass the case on to Camden's Early Help service for an early help service (see section 3).

If an immediate response is required to protect a new-born child where there has not been time to refer to CSSW for a pre-birth assessment, for example where the pregnancy has been concealed, professionals should contact the MASH immediately so that emergency intervention can be taken to safeguard the child.

Where the family normally resides outside of Camden, a referral should be made to the relevant home local authority.

7 CSSW responses

CSSW is responsible for providing statutory social work interventions for children who are in need or at risk of harm. CSSW will accept referrals from the professional network on unborn babies where the case meets the threshold for statutory social work intervention.

7.1 Pre-birth assessment

Pre-birth assessments are specialist assessments carried out by CSSW social workers whenever there are concerns about the impact of the mother's lifestyle on the unborn foetus or for the future care of the child.

- Social workers will begin pre-birth assessments at the 12th week of pregnancy but can, in exceptional circumstances start work with an expectant mother prior to this date and with her consent.

- Pre-birth assessments can be started at 8 weeks gestation or at the point MASH are notified of the pregnancy where there are long-standing concerns about the mother's parenting capacity.

- A pre-birth assessment must be started by the 20th week of the pregnancy with an aim of completing the assessment by the 24th week of the pregnancy in order to allow for effective birth planning.

The assessment is used to address the following concerns:

- Is the pregnant mother's current lifestyle putting the development of the unborn child at risk?
- Will the baby be safe in the care of these parents/carers once born?
- Is there a realistic prospect of these parents/carers being able to provide adequate care throughout childhood?

The purpose of pre-birth assessments is to allow social workers and the professional network to:

- identify sources of harm to the unborn child and predict future harm
- assess parental capacity for change and the likely timeframe for change
- enable work with parents that helps them reflect on the pregnancy and how the child's birth will affect them
- identify support parents may need to help strengthen parenting capacity including providing them with opportunities to learn parenting skills to meet the child's needs once born
- plan for the child's care and make decisions on interventions to keep the child safe in the present as well as long-term decisions on the child's future care.

If CSSW are assessing a family where a pregnant mother is already caring for older children, the pre-birth assessment will be carried out as part of the child and family assessment. The assessment will look at the impact of the birth on the family and the potential risks to the unborn child and their siblings once the child is born.

However, a separate specialist pre-birth assessment will be carried out to assess risk where the mother is not currently caring for other children, either because this is her first pregnancy or because she has had a child previously removed from her care. This means the assessment aims to predict how well the child is likely to be cared for once born.

Assessments will be completed within 35 working days of the referral. All agencies working with the expectant mother and her partner will be expected to contribute information with regard to immediate and future risk and parenting capacity.

The assessing social worker should hold a professional network meeting early on in the assessment process in order to gather relevant information from all agencies and identify any gaps in knowledge.

Where an expectant mother moves to another local authority after a pre-birth assessment has begun, CSSW will complete the assessment and transfer the case on completion.

7.2 Child in need procedures

If assessment shows that the unborn child is likely to be a child in need once born, the assessing social worker will convene a Child in Need review within 2 weeks of completing the pre-birth assessment. The meeting should be attended by the all professionals working with the child and family and will draw up the child's plan. The plan will be reviewed at a CIN review on a 6 monthly basis.

Professionals should refer to the CSCP children in need multi-agency guidance for further details. https://cscp.org.uk/wp-content/uploads/2019/08/CSCP-CIN-multi-agency-guidance-2019.pdf

7.3 Child protection procedures

Child protection procedures apply equally to unborn children and Camden follows the London Safeguarding Children Board safeguarding procedures:
London Child Protection Procedures (londonsafeguardingchildrenprocedures.co.uk)

Where there are concerns of a child protection nature in respect of an unborn child, the social worker will convene a strategy meeting to be held as soon as possible in order to:

- decide whether the threshold has been met for a child protection enquiry has been met and what action should be taken;
- decide what needs to be covered in the pre-birth assessment;

- identify which agencies and professionals need to be involved and their roles;
- decide on how parents will be informed of concerns;
- agree any actions to be carried out by adult services in relation to parents;
- agree any actions to be carried out by the midwife and/or obstetrician immediately after the birth (these should be incorporated into the birth plan and all staff notified so they are aware of concerns);
- decide on the circumstances at birth under which CSSW will seek an Emergency Protection Order from the court.

The social worker will convene the pre-birth assessment to be held within 15 working days of the strategy discussion. Pre-birth conferences have the same status as an initial child protection conference and need to be held as soon as possible after the pre-birth assessment has been completed and **at least** by the 28th week of the pregnancy.

Pre-birth conferences will always be held where:

- a pre-birth assessment shows that the unborn child is suffering or likely to suffer significant harm
- a previous child of the parent has died or has been removed from their care as a result of significant harm
- a child is to be born into a family where children in the household are already subject to a child protection plan
- an adult or child who poses a risk to children resides with the household or is a regular visitor.

A pre-birth conference may also be held where:

  - there are parental risk factors such as mental ill health, learning disabilities, substance misuse and domestic abuse.
  - the mother is under 18 years of age and there are concerns regarding her ability to self-care and / or to care for the child.

The core group will be identified at the pre-birth conference and should meet at least once before the birth to convene a birth planning meeting (see section 8).

Either a review conference or core group will be held within 10 days of the birth (or 20 days if the mother is not medically fit to attend) and all relevant health professionals should be present. The purpose of this meeting is to review the child protection plan and plan for the continued safeguarding of the child once they are discharged from hospital (see section 9).

Where an unborn child is subject to a child protection plan their details will be automatically uploaded onto the CP IS system and health professionals must enter details whenever a pregnant woman presents for medical treatment outside of normal ante-natal care. This will trigger a notification to the allocated social worker.

7.4 Emergency legal action and care proceedings

Sometimes CSSW will have a high level of concern about the safety and welfare of a new-born child if removed from the hospital by their parents. This may be because:

- CSSW may need to monitor the child's welfare and plan for their future care and there is a reasonable belief that parents would abscond with the child to avoid contact with social workers.

- Occasionally, CSSW may have decided in advance that the child cannot remain in the care of the parents based on historical information, and the plan for the child on birth is that they are removed from their parents care immediately and looked after by Camden while a permanent placement is sought. CSSW would apply for an Interim Care Order as soon as the child is born (no legal order can be sought on an unborn child).

In these cases, CSSW may direct that the child is not to be removed from the hospital, and the allocated social worker will inform midwives and obstetricians that the order will be sought and keep them informed on progress in seeking the order. It will be imperative that midwives and obstetricians notify social workers of the birth immediately so that CSSW can apply to the courts.

The birth planning meeting (see section 8) should be used to plan for this contingency and set out what action may be taken to stop the child from being removed by parents. This may involve hospital staff being advised to contact the police who can take out a Police Protection Order or for CSSW to apply to the court for an Emergency Protection Order.

Once the order is in place, hospital staff may take action to stop parents from removing the child from the hospital, including calling the hospital security or the police.

8 Birth planning meeting

A birth planning meeting should be held by the 34th week of the pregnancy for any child protection case where a pre-birth assessment has been carried out and there are high levels of concern.

The meeting will be convened by the allocated social worker and should be attended by the professional network (or members of the core group where a child protection plan is in place) and the parents in order to plan for the child's birth. This may take place at the same time as a core group meeting.

The meeting will consider:

- agency roles and responsibilities
- the mother's health and how this may impact on the child's neo-natal health
- what actions need to be taken to safeguard the child from risk of abduction or removal of the child
- whether the mother needs supervision in order to care for the child safely
- contact arrangements whilst in hospital
- whether alerts need to be sent to other hospitals
- contact details of CSSW staff to be notified, including out of hours
- any contingency planning.

9 Discharge planning meeting

Where a new-born child who is known to CSSW is to be discharged from hospital, the allocated social worker, in consultation with the professional network, will decide whether to convene a discharge planning meeting to ensure that it is safe for the child to be discharged from the hospital and that plans are in place to continue to support the family. For child protection cases this will normally take place at the same time as the core group meeting referred to in section 7.3.

If it is agreed that a discharge planning meeting is needed, it should be convened by the social worker and the relevant midwife and/or the named midwife for safeguarding at the hospital. The meeting should be attended by all relevant professionals involved in providing services for the child and the parent on discharge, including the community midwife and the health visitor.

The meeting should look at:

- whether a safety plan/contingency plan is in place
- where the child is to be placed with foster carers or with the mother in a mother and baby placement for assessment, what arrangements have been made for this
- where the child and mother will be going home, the suitability of the living arrangements
- whether adult services are in place to support the parents
- whether services are in place to meet the child's medical needs
- arrangements for visiting the child and parents at home or in placement.

If the child was made subject to a child protection plan prior to birth, the discharge planning meeting will also take place alongside a core group meeting and will review the child protection plan prior to the child returning home, and a review child protection conference should be convened within one month of this meeting.

Prior to discharge, health professionals should discuss safe sleeping, coping with crying and other safeguarding advice with parents of new-born babies and the discharge planning meeting should confirm that this discussion has taken place. Details for the discussion are available on the CSCP website at: Safeguarding Babies and Children Under 2 Years of Age - Camden Safeguarding Children Partnership — CSCP

10 Working with parents and partners

When working with prospective parents, professionals will need to be sensitive to their history and circumstances; some parents may have already experienced the loss of a child through removal and may still be coming to terms with this. Some may have ambivalent feelings about the pregnancy.

Parents may fear that their unborn child will be taken away from them, so it is important to try to engage parents to address these fears and to help them explore issues and address concerns.

Research suggests that pregnancy can often be a trigger for mothers to address lifestyle issues and pregnancy may be a window of opportunity to engage with mothers to affect positive change.

Referrals to early help services for a preventative service can provide parents with opportunities to reflect on and prepare for the pregnancy, utilise family and community support and help with engagement with the professional network.

It is also crucial that professionals engage fathers, same-sex partners and other adults living in the household in the process of assessment in order to explore their potential role in caring for the child and also to assess whether they may pose a risk to the child on birth.

11 Dealing with non-engaging and missing service users

Non engagement with ante-natal services can be a serious problem and may indicate that the mother wishes to conceal issues in the fear that the child may be removed from her care. Lack of contact with the pregnant mother will mean no information can be gathered about her circumstances or any risk to the unborn child.

Professionals must refer to the CSCP “Working with non-engaging and hostile families” guidance available at: https://cscp.org.uk/resources/non-engaging-families/

- Where pregnant service users are missing appointments with adult services and/or are known not to have presented for ante natal care, this should be taken into account when deciding whether to refer to CSSW. Midwives should be especially aware of service users missing ante-natal appointments or not engaging with the service.

- Where CSSW is already working with the mother, the social worker must be informed of all missed appointments.

- If a pregnant woman goes missing and there are concerns about the welfare of the unborn child, this must be referred to CSSW. Agencies should share information in order to try and locate the mother.

- If the family are known to have moved to another local authority, professionals should ensure that relevant information about possible risks to the unborn child are passed on. If the child is receiving a service from CSSW, the social worker should link with the new local authority children’s social care department in order to transfer the case.

- It is an expectation that if a pregnant woman presents at another hospital in London, Camden’s maternity services will be notified and requested to share information on concerns and risks. Where the case is known to CSSW, this information should be passed on to the allocated social worker.

12 Resolving professional differences

In the event that professionals or agencies have any disagreements in connection with this policy, this will be resolved under the CSCP escalation policy available at: https://cscp.org.uk/professionals/escalation-policy/

Appendix 1: Contact details

Children's Safeguarding and Social Work

MASH team	020 7974 3317
Early help team	020 7974 8791
Brief Intervention team	020 7974 2703
Child protection service manager	020 7974 4351

Midwifery services

UCLH	Safeguarding Midwife: Teresa Driver 020 344 76105 07534 265 622 teresa.driver@nhs.net
Royal Free	Safeguarding Midwife: Tina London 0207 794 0500 ext: 35040 or 31304 Tina.london@nhs.net Maternity Safeguarding Annie Galliers (nee Stewart) 0207 974 0500 ext: 31034 07976323851 annie.stewart2@nhs.net
Health visiting CNWL duty desk	0203 317 3032 Email: Camden.dutyhv@nhs.net
Family Nurse Partnership	0203 316 8673/4 Email: whhtr.FNPWhittington@nhs.net

Mental health services

Camden and Islington Mental Health Trust	0203 317 3500 (24 hours)
Out of hours crisis team	0800 988 2149

Substance misuse services

Camden and Islington NHS Foundation Trust	0203 317 6000

Domestic abuse and violence services

Camden Safety Net	020 7974 2526

Adult Learning Disabilities

CLDS	020 7974 3737

Appendix 2: Indicators of risk and protective factors for unborn children

Please note that these indicators are not a definitive list and other risks/ protective factors may be present in each individual case

	Risk factors	Protective factors
Unborn child	• Unwanted/concealed pregnancy • Pregnancy as a result of rape • Complex medical needs/special needs • Unrealistic expectations of baby • Poor engagement and/or co-operation with ante-natal services	• Wanted pregnancy • Healthy pregnancy and good foetal development • Realistic expectations of baby • Good engagement and co-operation with ante-natal services
Parents	• Childhood experience of neglect and abuse, looked after, lack of positive parenting role models • Lack of awareness of child's needs, lack of preparation for child's birth • Abuse or neglect of previous children, sibling looked after or removed • Presence of mental health issues, substance misuse or learning difficulties that could impact on parenting capacity • Very young or immature parent • Poor contact with professionals	• Positive childhood experiences, good parenting role models • Good awareness of child's needs and good preparation for birth • Absence of any parental issues that could impact on parenting capacity • Previous positive experience of being a parent • Good contact with professionals
Family, household and environmental	• Poor adult relationships, domestic abuse and violence • Homeless or unstable housing, poor home conditions • Significant debt, unemployment • Lack of family or community support • Criminal and anti-social behaviour	• Good adult relationships • Stable home in good condition • Stable finances, employment • Well supported by family and wider community