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UBB Risk Assessment Pathways – Pregnancy identified: Refer to Maternity Services

Local Resources for Hampshire, Isle of Wight, Portsmouth and Southampton can be found [here](#)

No known risk factors identified at booking

If risk factors identified through continued risk assessment; follow relevant Risk and Assessment Pathway

1st Trimester
0-14 weeks

Yellow
Family has additional needs that can be met within identified resources through single agency response and partnership working

Vulnerability identified; liaise with other professionals who will be involved in the perinatal period; discuss early intervention and support.
With consent, liaise/refer to appropriate services; agree an individualised care plan with parent/s and clearly document services contributing to plan. Ensure consideration of other children in the home if applicable using the HSCP [Neglect Toolkit](#) and [Threshold Chart](#)

2nd Trimester
14-28 weeks

Review vulnerability; liaise with professionals' contributing to the family's care plan, specifically the Health Visiting service prior to antenatal visit. Consider impact of risk and resilience on UBB through continued assessment ensuring consideration of other children in the home if applicable
If further risk factors identified, review pathway and with consent modify care plan accordingly; follow relevant referral pathway

3rd Trimester

Review vulnerability; liaise with professionals' contributing to the family's care plan. Consider impact of risk and resilience on UBB through continued assessment, ensuring consideration of other children in the home if applicable; Review care plan if required.
If further risk factors identified at this stage seek support from your organisation's safeguarding children lead, review pathway and with consent modify care plan accordingly.
If applicable agree pre and post birth planning by 34 weeks

Birth and Postnatal

Review vulnerability; liaise with professionals' contributing to the family's care plan. Consider impact of risk and resilience on baby through continued assessment, ensuring consideration of other children in the home if applicable; Review care plan if required.
If further risk factors identified at this stage seek support from your organisation's safeguarding children lead, pre-discharge planning meeting if required
If no further risk factors identified, clear handover to be given by maternity services to professionals contributing to family's on-going care plan

Amber
Family has multiple needs requiring a multi-agency coordinated response

Risk factors identified using appropriate pathway, liaise with other professionals who will be involved in the perinatal period. With consent, liaise/refer to appropriate services; agree an individualised care plan with parent/s and clearly document services contributing to plan. Ensure consideration of other children in the home if applicable using the HSCP [Neglect Toolkit](#) and [Threshold Chart](#)
Complete on-line [Inter-Agency Referral Form](#) if required; Case to be considered and outcome communicated to referring individual within 7-10 days

Follow up referral and contribute to multi-agency assessment. Liaise with professionals' contributing to the family's care plan, specifically the Health Visiting service prior to antenatal visit.
Consider impact of risk and resilience on UBB through continued assessment ensuring consideration of other children in the home if applicable
If further risk factors identified at this stage seek support from your organisation's safeguarding children lead, review pathway and with consent modify care plan accordingly.

Contribute to multi-agency planning and professional meetings where required; liaise with professionals' contributing to the family's care plan
Child in Need (CIN)/Child Protection (CP) Plans and assessments should be shared with all professionals contributing to the family's care plan
Where necessary a written report must be supplied for [all Child Protection](#) conferences regardless of attendance.
Contribute to UBB Protocol Pre and Post -birth plan if appropriate, plan to be completed by 34 weeks gestation and shared with appropriate partner agencies
If further risk factors identified at this stage seek support from your organisation's safeguarding children lead.

Review vulnerability; liaise with professionals' contributing to the family's care plan. Consider impact of risk and resilience on baby through continued assessment, ensuring consideration of other children in the home if applicable; Review/follow multi-agency care plan if applicable.
If further risk factors identified at this stage seek support from your organisation's safeguarding children lead, pre-discharge planning meeting if required
Clear handover to be given by maternity services to professionals contributing to family's on-going care plan

Red
Family has unmet and complex needs or UBB is in need of protection

Risk factors identified using appropriate pathway, liaise with other professionals who will be involved in the perinatal period.
Complete on-line [Inter-Agency Referral Form](#) or contact Children's Social Care directly if an immediate risk is identified.
Liaise with other professionals who will be involved in the perinatal period giving details of referral.
Agree an individualised care plan with parent/s and clearly document services contributing to plan

Follow up referral and contribute to multi-agency assessment. Liaise with professionals' contributing to the family's care plan, specifically the Health Visiting service prior to antenatal visit.
Consider on-going impact of risk and resilience on UBB through continued assessment ensuring consideration of other children in the home if applicable
If further risk factors identified at this stage seek support from your organisation's safeguarding children lead.

Contribute to multi-agency planning and professional meetings where required; A written report must be supplied for [all Child Protection](#) conferences regardless of attendance.
Liaise with professionals' contributing to the family's care plan
Child in Need (CIN)/Child Protection (CP) Plans and assessments should be shared with all professionals contributing to the family's care plan
Contribute to UBB Protocol Pre and Post -birth plan if appropriate, plan to be completed by 34 weeks gestation and shared with appropriate partner agencies
If further risk factors identified at this stage seek support from your organisation's safeguarding children lead.

Liaise with professionals' contributing to the family's care plan
Pre-Discharge planning meeting
Clear handover to be given by maternity services to professionals contributing to family's on-going care plan

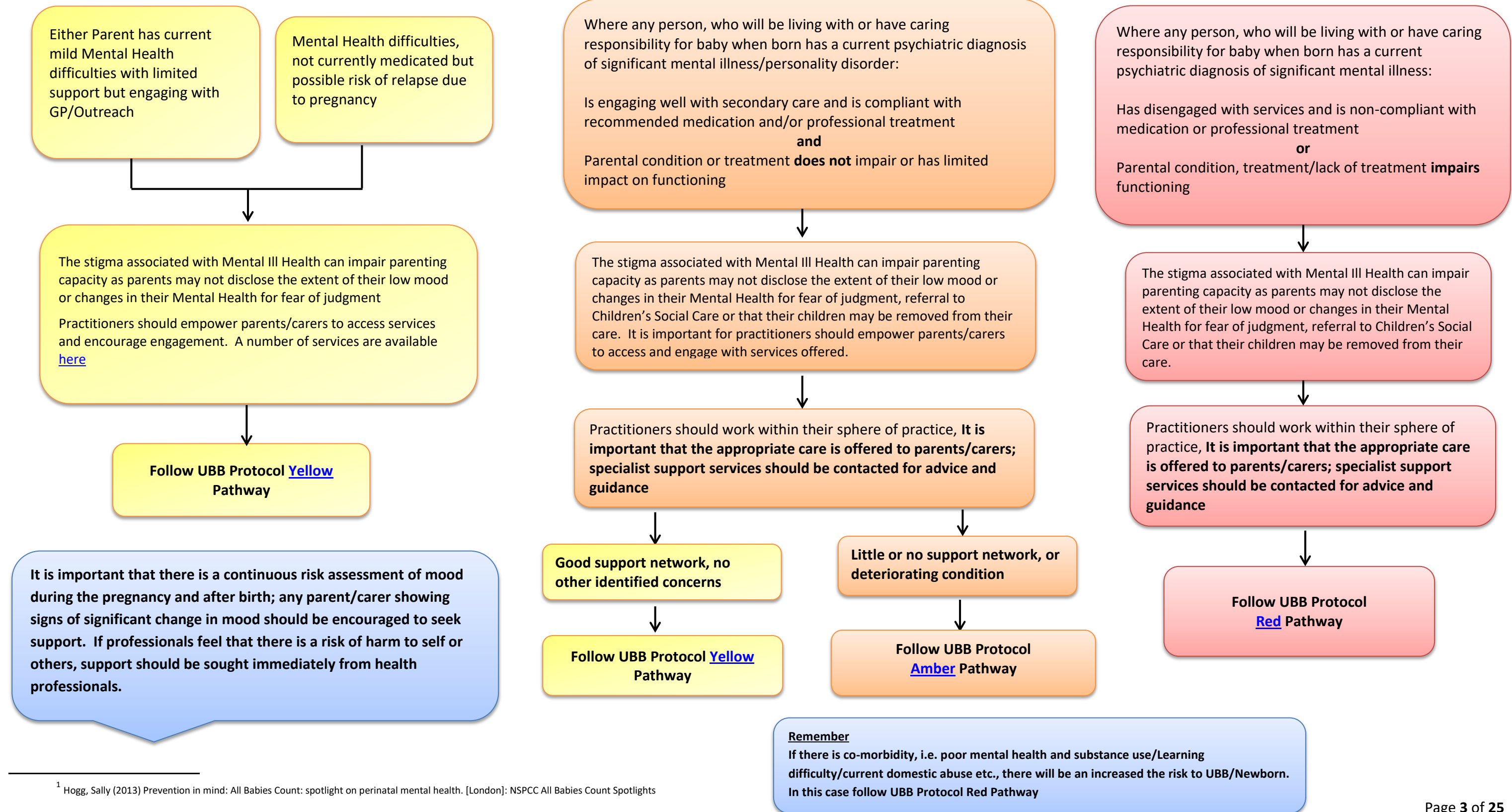
Parental Mental Ill Health

Significant Mental Illness

Schizophrenia, Schizoaffective disorder, psychosis, Bipolar affective disorder, personality disorder (Including emotional unstable personality disorder & Complex PTSD), Eating disorder, OCD, severe antenatal/postnatal depression (currently unwell requiring input from secondary mental health services or/and an inpatient admission). Previous involvement from secondary mental health services including previous admission to a mental health hospital.

Depression and anxiety are common and at any one time one in six adults may be affected. Psychotic disorders are much less common with about one in two hundred individuals being affected. Despite the medical effects of anxiety, depression, as well as the use of anti-psychotics, anti-depressants and sedatives on UBB's¹, parents with Mental Ill Health, may, through no fault of their own, neglect their own; and/or their children's physical, emotional and social needs. As a practitioner it is important to consider the impact of parental Mental Ill Health on other children already living in the home and not just the unborn/newborn.

It is important to remember, not all parents treated for a Mental Health condition will require multi-agency involvement, however, it is essential that professionals work within their scope of practice and refer appropriately if concerns are identified that may impact the unborn/newborn's safety or development. Appropriate referrals in the antenatal period will improve outcomes for children of parents with Mental Ill Health, ensuring the correct support is in place for families giving the best opportunities for parents to play an active role in their children's lives.



¹ Hogg, Sally (2013) Prevention in mind: All Babies Count: spotlight on perinatal mental health. [London]: NSPCC All Babies Count Spotlights

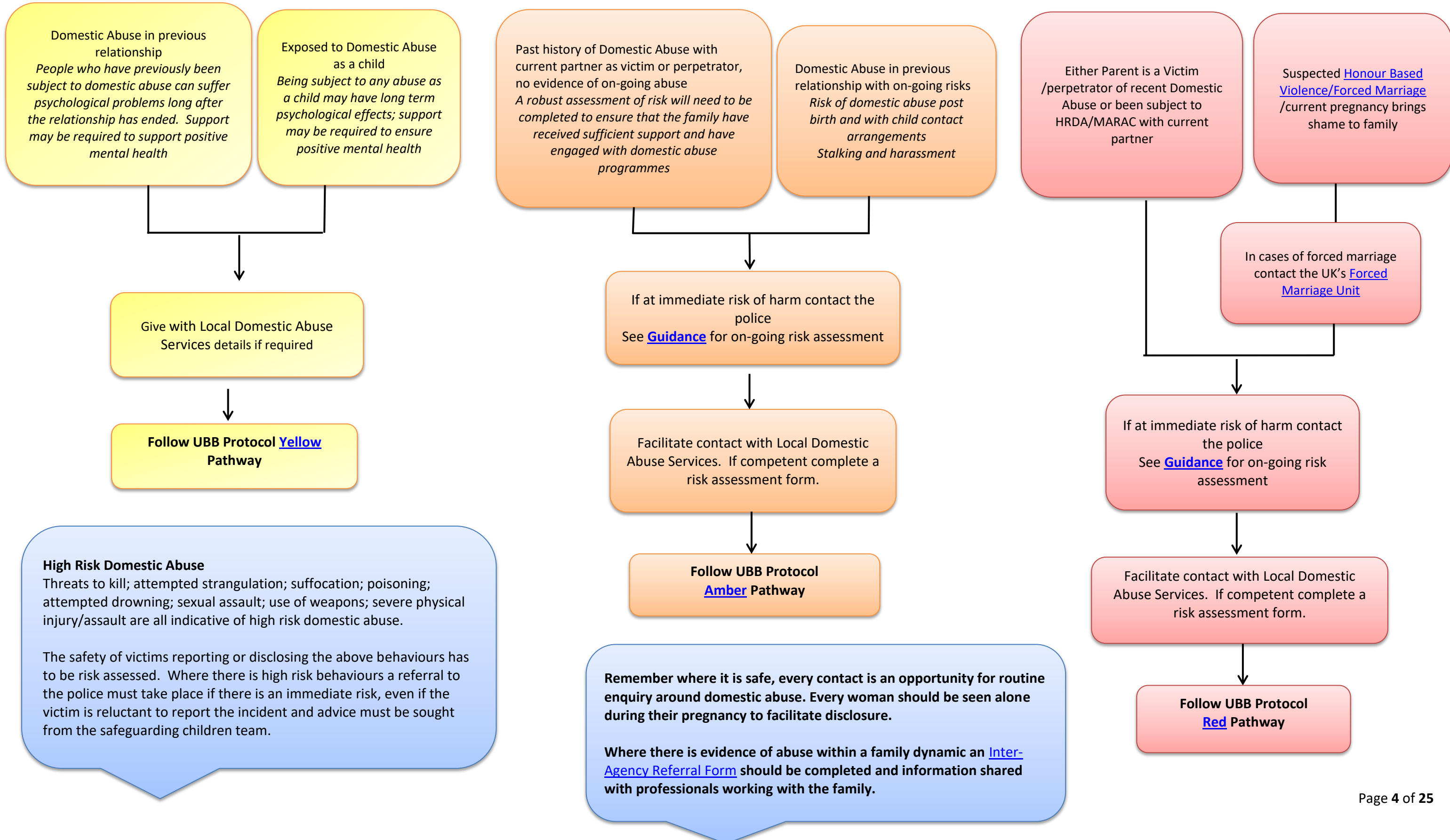
Remember
If there is co-morbidity, i.e. poor mental health and substance use/Learning difficulty/current domestic abuse etc., there will be an increased the risk to UBB/Newborn. In this case follow UBB Protocol Red Pathway

Domestic Abuse

Domestic Abuse Service Contacts for Hampshire, Isle of Wight, Portsmouth and Southampton can be found [here](#).

Use [Hampshire Domestic Abuse Pathway \(HDAP\)](#) for routine enquiry to assess level of risk and identify support for victim

Regardless of what the impact is on an individual child of witnessing domestic abuse; it is absolutely clear that children of any age are affected by domestic violence and abuse. At no age will they be unaffected by what is happening, even when they are in the womb. Royal College of Psychiatrists (2016)



Drugs and Alcohol Use/Misuse/Addiction

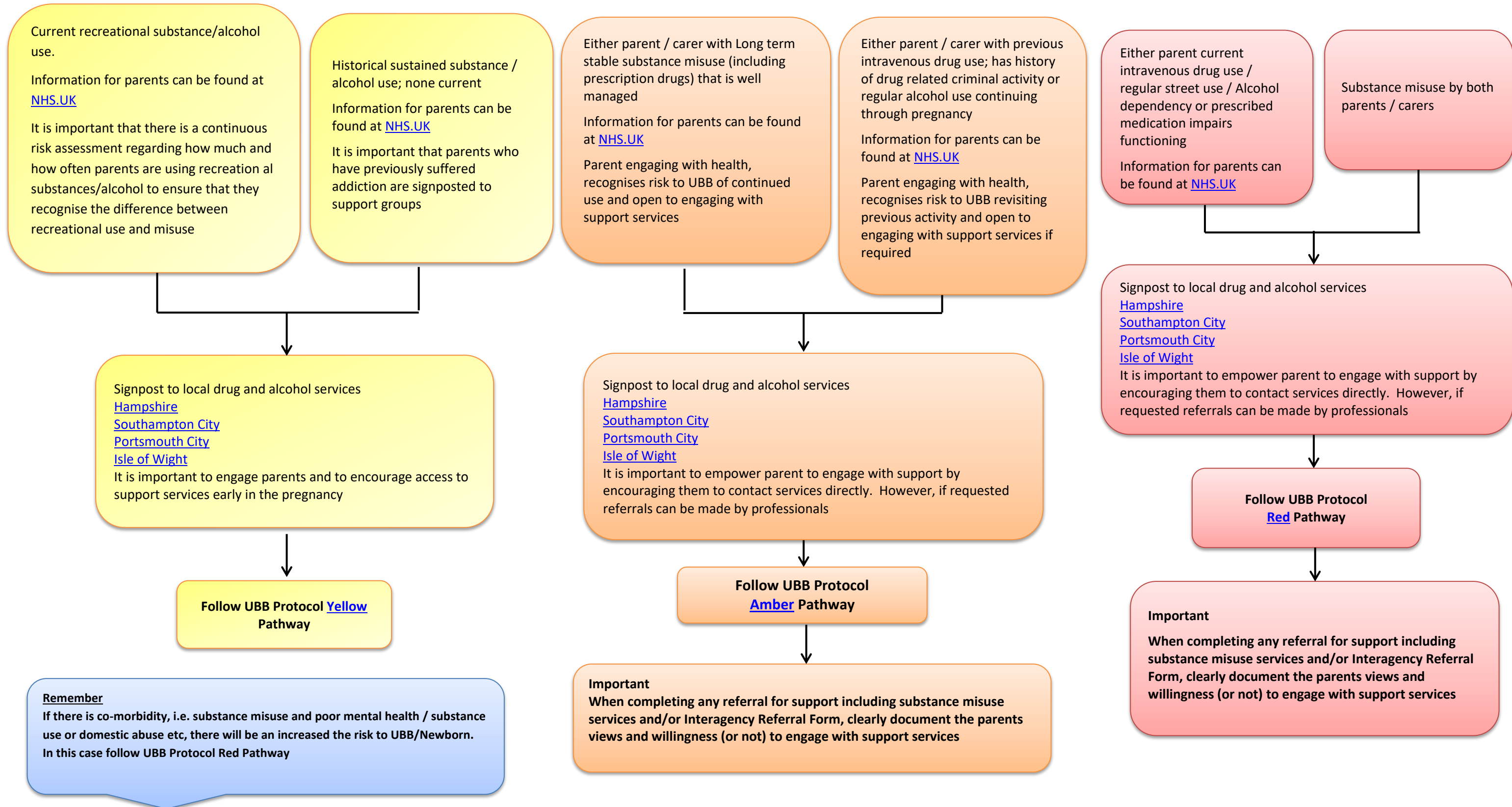
It should be recognised when working with families who disclose drug/substance and alcohol use that there is a distinct difference between substance use, misuse /abuse and addiction.

Recreational substance use is defined as a drug/substance use without medical justification for its psychoactive effects often in the belief that occasional use of such a substance is not habit-forming or addictive.

Misuse/Abuse is a patterned use of a substance in which the user consumes the substance in amounts or with methods that are harmful to themselves or others.

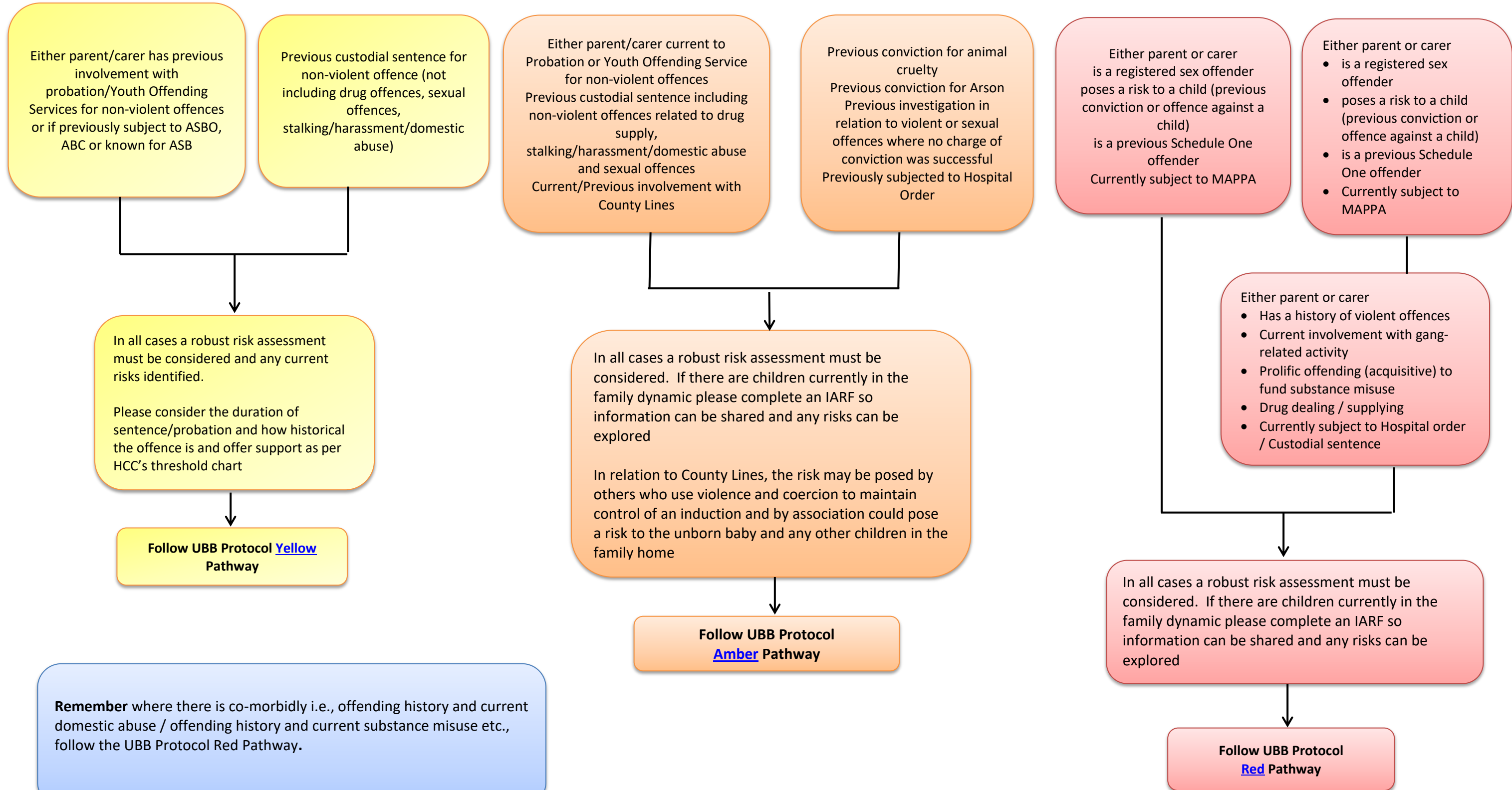
Drug Addiction is defined as **substance** seeking behavior and use, despite harmful consequences.

Please consider prescribed opiate/sedative medication when assessing drug misuse/abuse; it may be that the original condition which led to prescribed medication could be now be managed by other means, and/or the patient may have refused alternative treatment or medication that are less addictive or mind altering.



Acronyms

- YOS** – Youth Offending Service
- ASBO** – Antisocial Behaviour Order
- ABC** – Acceptable Behaviour Contracts
- ASB** – Antisocial Behaviour
- MAPPA** – Multi-Agency Public Protection Arrangements



Remember where there is co-morbidly i.e., offending history and current domestic abuse / offending history and current substance misuse etc., follow the UBB Protocol Red Pathway.

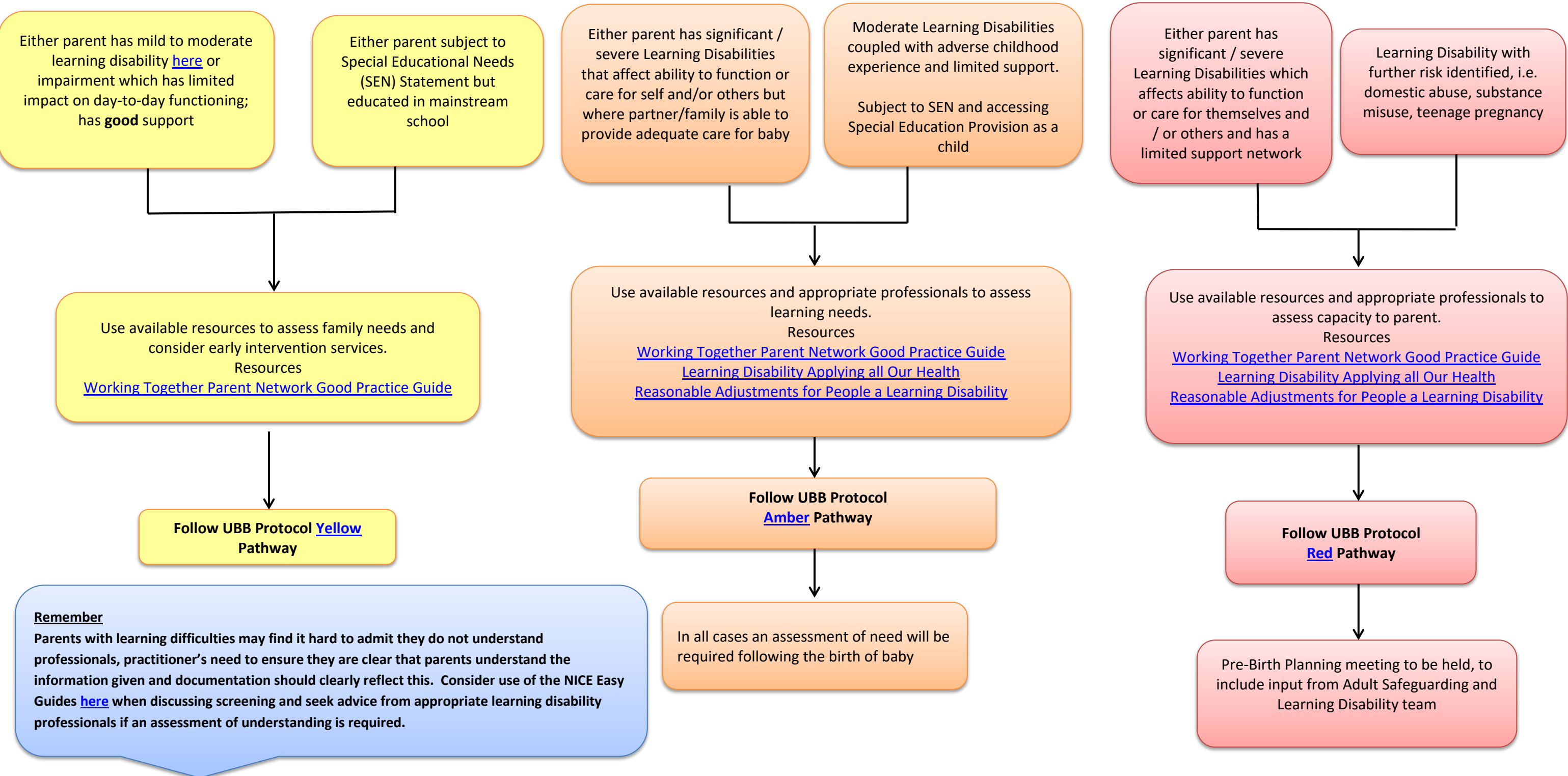
Parents with Learning Disabilities

The numbers of women with severe learning disabilities who will become mothers is low however, as more people with mild to moderate learning disabilities are supported to lead independent lives it is expected that numbers of parents accessing maternity services will increase.

In 2016-17, 1 in 218 people in the UK were recorded as having a learning disability; approximately 1,118,179 are adults, and around 939,228 are noted to be living in England⁽¹⁾

A diagnosis of learning disability is made when an individual has an IQ below 70 with significant deficits in daily living and coping skills, acquired by the age of 16 years. The statistics above are based on documented learning disabilities; there is undoubtedly a greater percentage of the population that may fall within the borderline of possibly having a learning disability without any formal diagnosis.

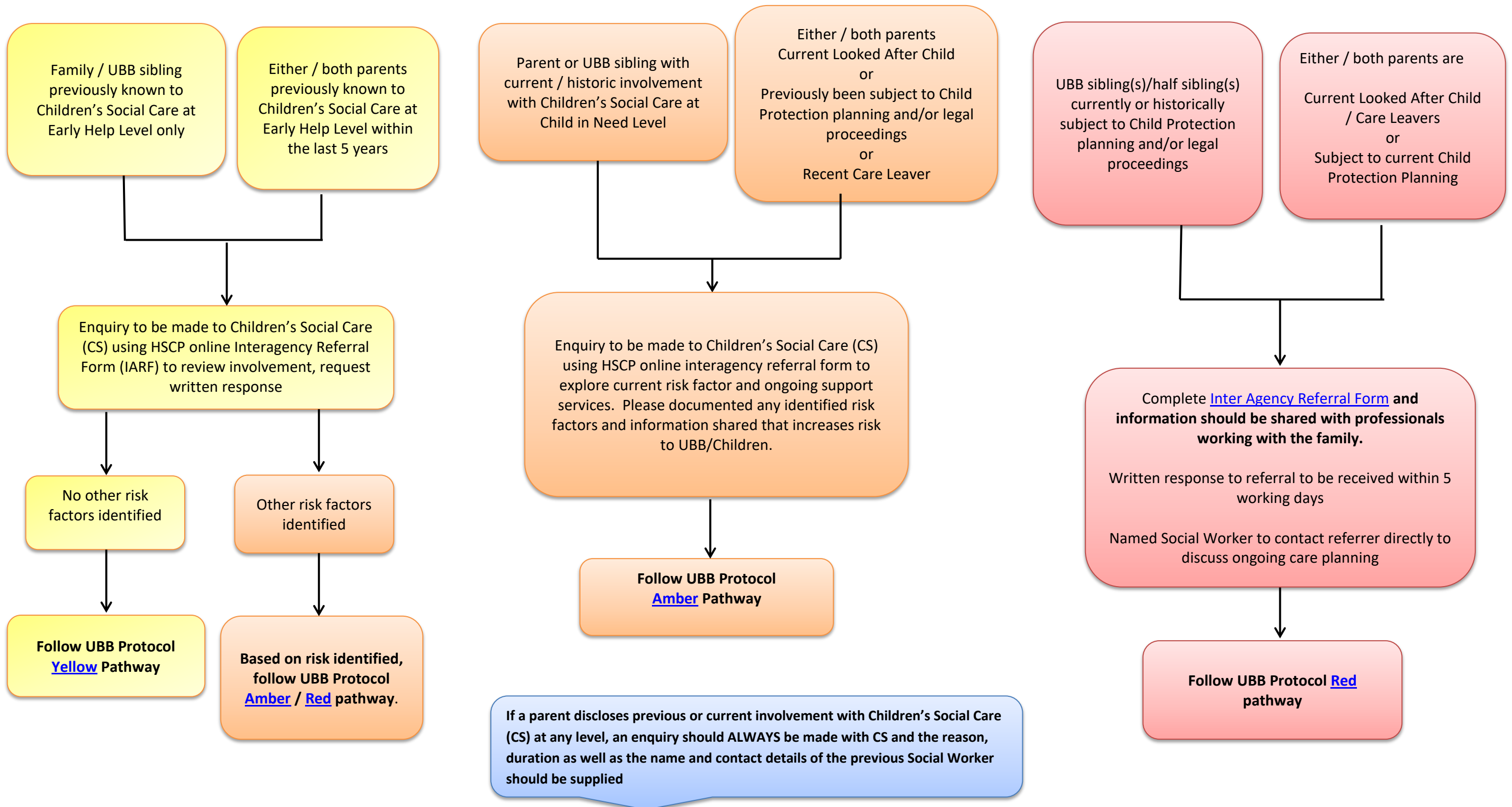
It is often only when individuals come into contact with services, such as during pregnancy, that an inability to fully engage with health advice and systems of care becomes apparent. This may alert practitioners of the need to consider the potential capacity of the prospective parent to care for and nurture their newborn child.



1. NHS Digital (2017) <https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities/health-and-care-of-people-with-learning-disabilities-experimental-statistics-2016-to-2017>

Previous Intervention by Children's Social Care (CS)

Following a review of serious case reviews where a child has died or suffered significant harm, statistics show that in majority of cases the child/children were known to children's social care, 55% had current involvement and 22% were previously known but their case was closed¹. It is important that a robust risk assessment is completed and children's social care are aware of the pregnancy to assess if there is an increased risk to children in the family home as well as the unborn baby.

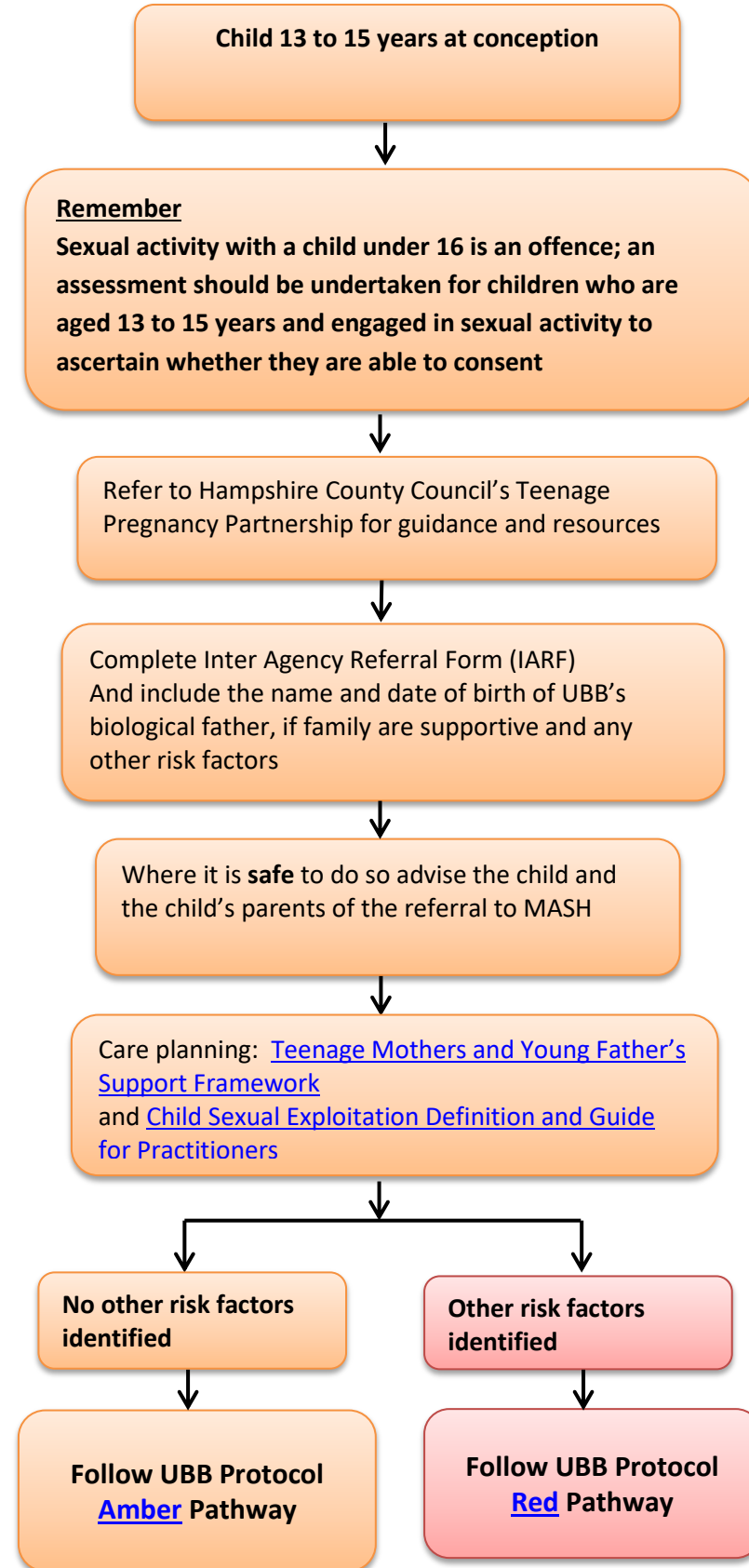
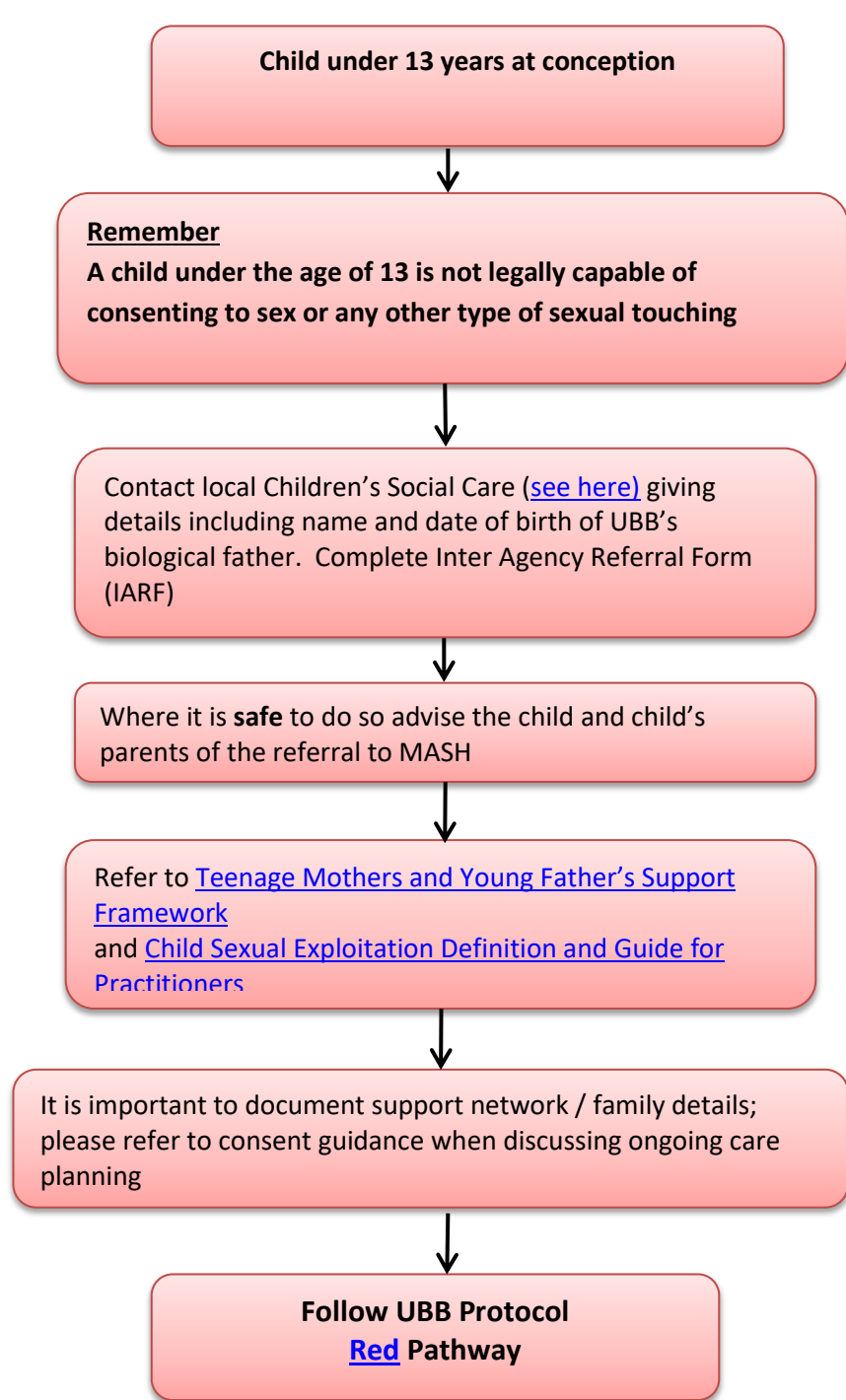


¹Brandon et al, B. (2020). *Complexity and challenge: a triennial analysis of SCRs 2014-2017*. London: Department of Education.

Teenage Pregnancy under 16yrs

The HIPS Child Exploitation Strategy can be found [here](#)

Children born to teenage mothers have a 63% higher than average risk of living in poverty; mother's less than 20 years of age have a higher risk of poor Mental Health two years after giving birth. Teenage parents are also less likely to be in education, employment or training. (Dfe)
 Not all teenage pregnancies are unwanted and positive professional attitudes are essential; pregnancy in teenagers is often viewed negatively and young patients can feel stigmatised, which, may prevent them from seeking adequate support.



	CSER 4 Questions	Yes	No
1	Have you ever stayed out overnight or longer without permission from your parent(s) or guardian? (Going missing)		
2	How old is your partner or the person(s) you have sex with? Age of partner _____ Age of client/patient _____ Age difference _____ If age difference is 4 or more years* then tick 'YES'. N.B. For 17 year olds, in the absence of any other risk indicators, an age difference of up to 6 years may be acceptable. (Older partner)		
3	Does your boyfriend/girlfriend or the person(s) you have sex with stop you from doing things you want to do? (controlling relationship)		
4	Thinking about where you go to hang out, or to have sex, are you or anyone else e.g. parent, guardian, friend, social worker, police worried about your safety? (Frequenting areas known for sexual exploitation)		
FULL CERAF GUIDANCE CAN BE FOUND HERE			

Regardless of what support may be in place for the child, If the child has answered 'yes' to **one or more of questions 1-4**, then a referral should be made to Children's Services as this indicates that the child is at risk of, or experiencing, child sexual exploitation

Support and guidance

Child Exploitation Hampshire Safeguarding Children Partnership

[CSE Definitions and guide for practitioners](#)

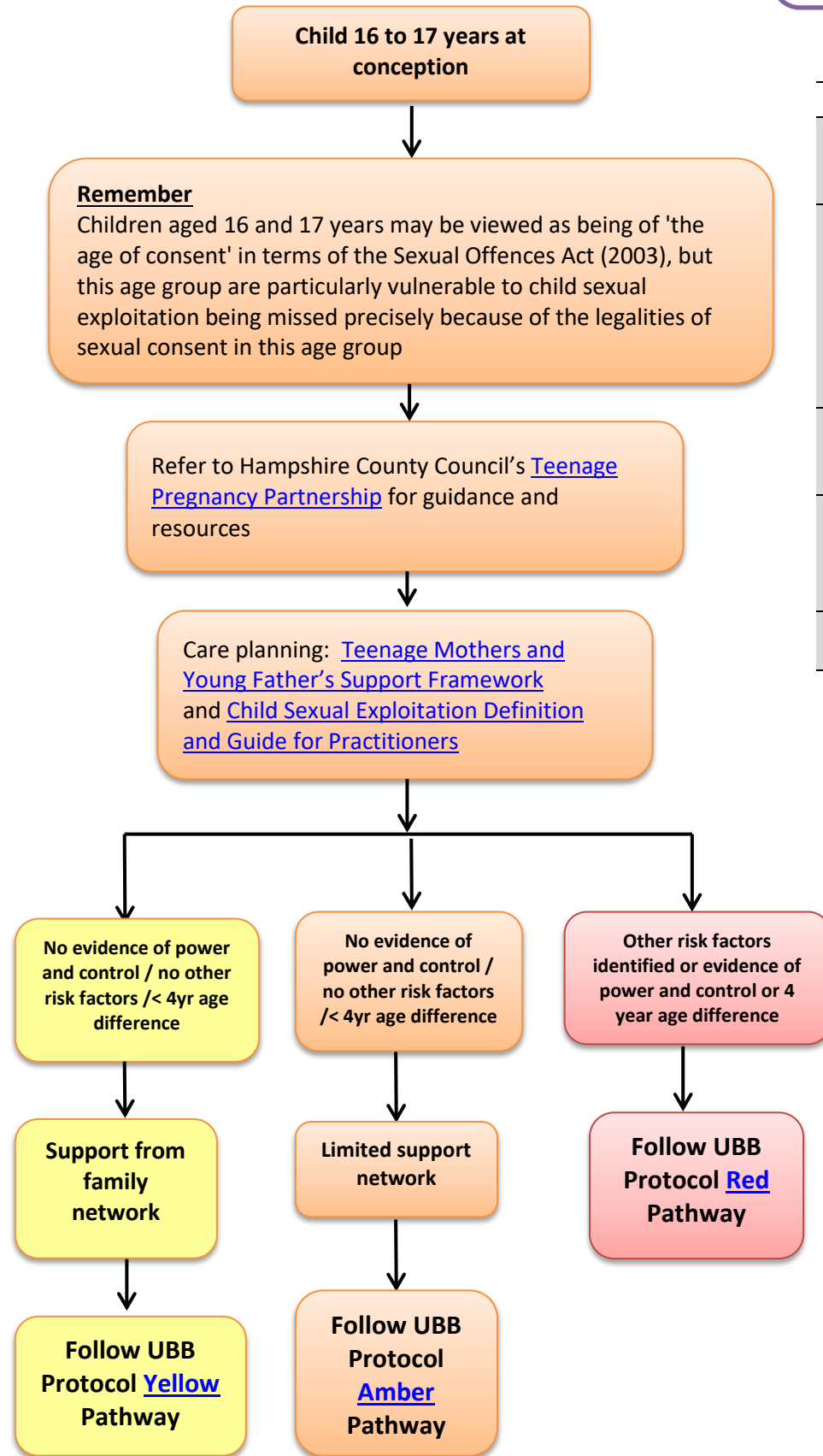
Exploitation

No individual, whatever their age, can give consent in a situation where there is intoxication, duress, violence, power imbalances and/or vulnerabilities through age differences, learning difficulties or Mental Health issues. A child under 18 years of age cannot consent to their own abuse through exploitation

Teenage Pregnancy 16 yrs and over

The HIPS Child Exploitation Strategy can be found [here](#)

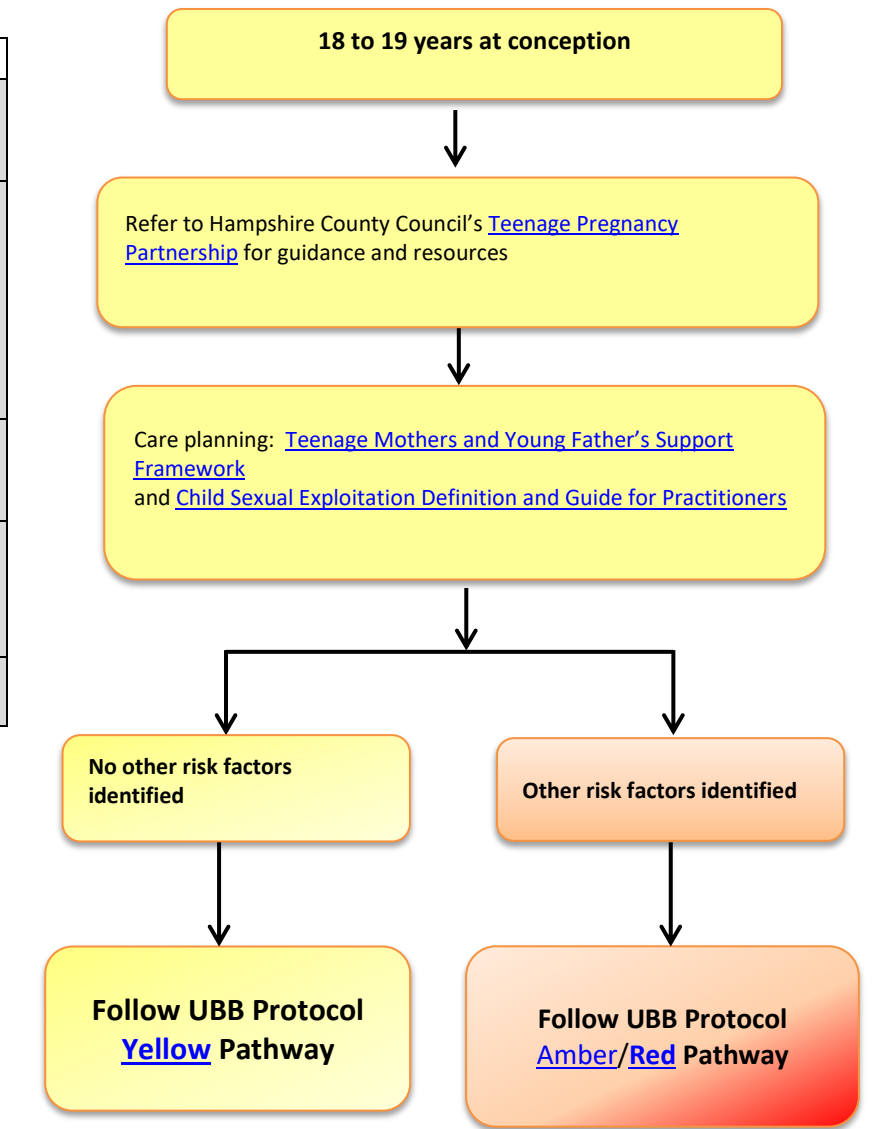
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4	Thinking about where you go to hang out, or to have sex, are you or anyone else e.g. parent, guardian, friend, social worker, police worried about your safety? (Frequenting areas known for sexual exploitation)		
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Regardless of what support may be in place for the child, If the child has answered 'yes' to **one or more of questions 1-4**, then a referral should be made to Children's Services as this indicates that the child is at risk of, or experiencing, child sexual exploitation

Power and Control
 It is an offence for a person to have a sexual relationship with a 16 or 17- year old if they hold a position of trust or authority in relation to them; Where sexual activity with a 16- or 17- year old does not result in an offence being committed, it may still result in harm, or the likelihood of harm being suffered ([CSE Definitions and guide for practitioners](#))



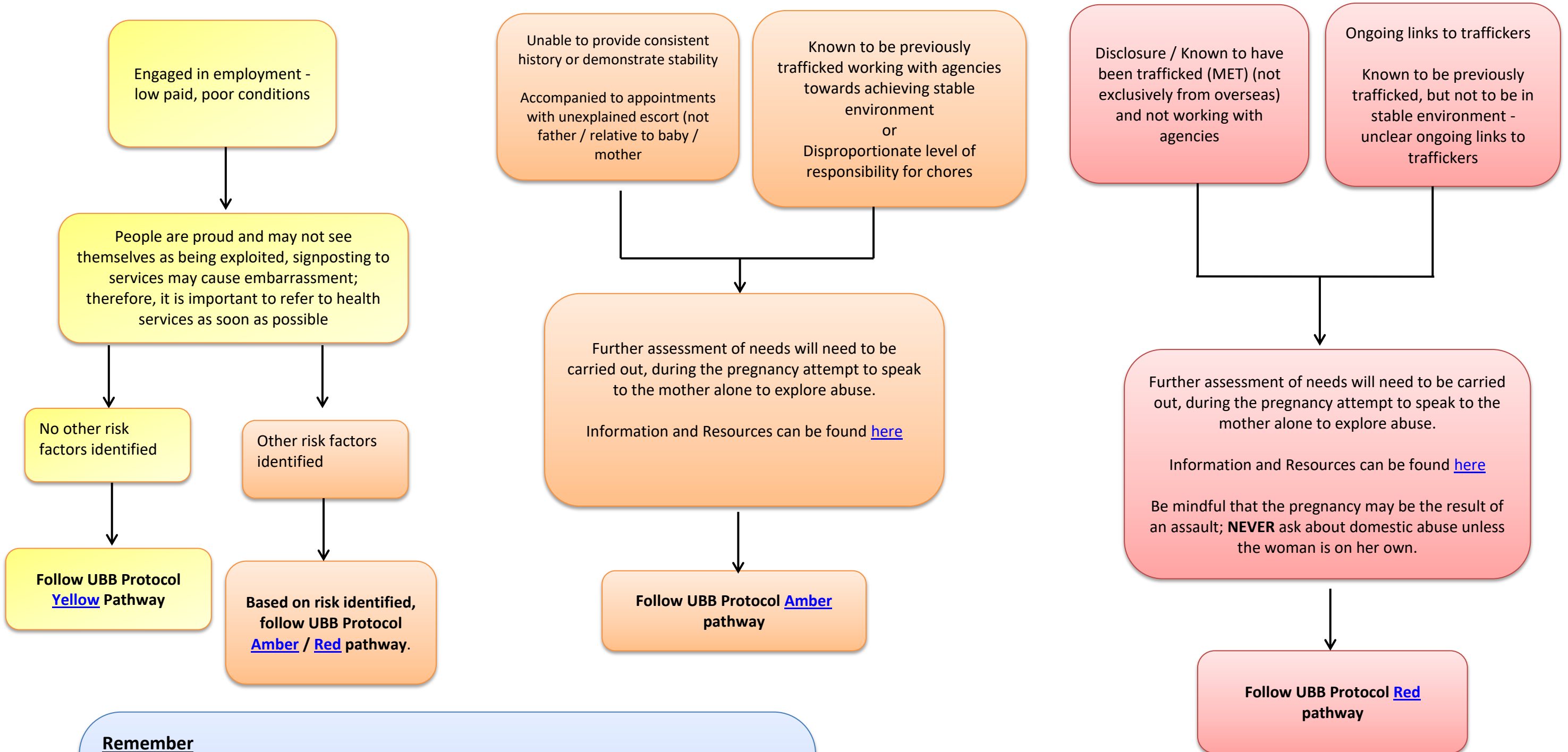
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Trafficking and Modern Slavery/Domestic Servitude

Information and Resources can be found [here](#)

Modern Slavery Helpline

If you are unsure how to support a victim of Modern Slavery/Trafficking or for general advice contact the [Modern Slavery Helpline](#)



Remember

More than a quarter of all victims of trafficking found in the UK in 2019 were British (26%), making this the most common victim nationality, followed by Albanian (16%) and Vietnamese (8%).

British people are trafficked in many ways. These could include:

- Homeless people offered jobs that turn out to come with threats and without pay
- Teenagers groomed by gangs into criminal acts such as shoplifting
- Young people and adults coerced or manipulated to act as drug couriers or dealers
- Girls and women forced into prostitution by abusive partners or by organised criminals.

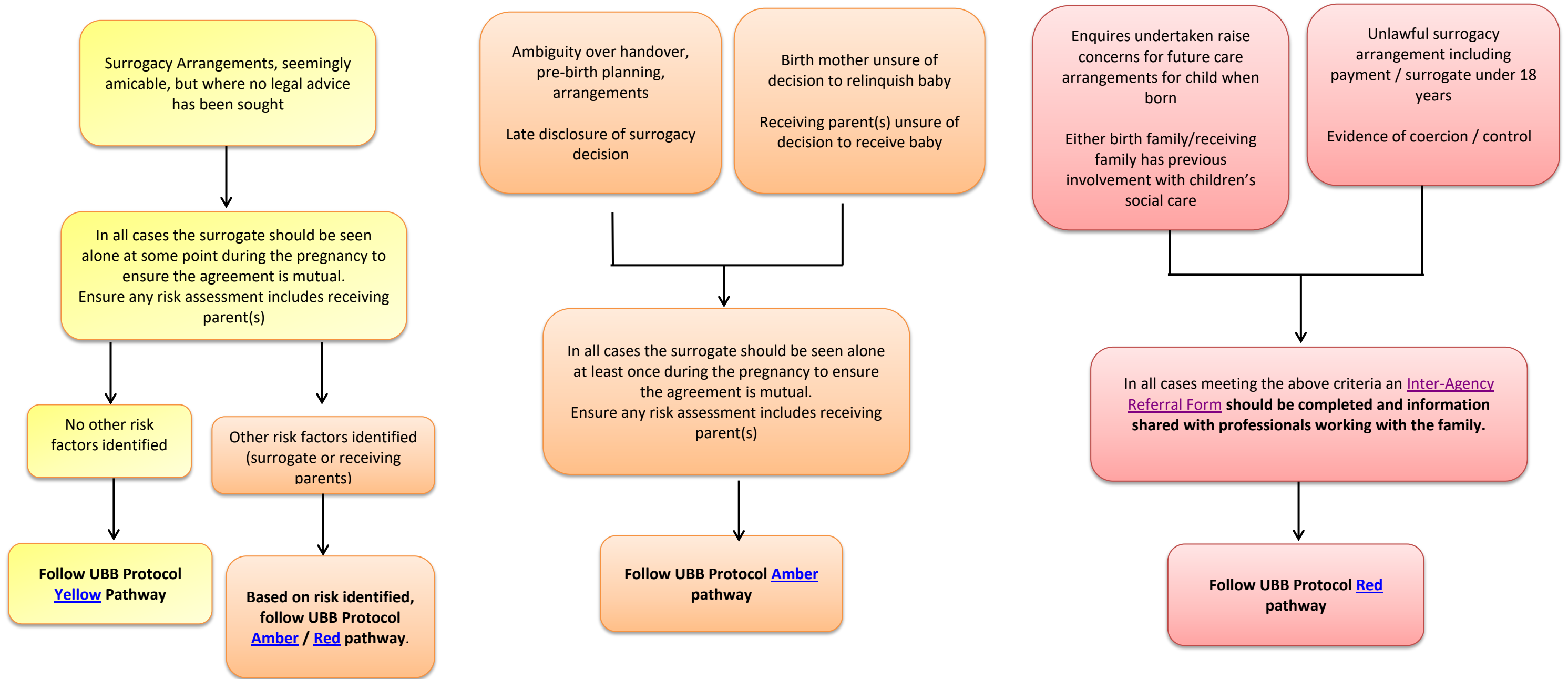
WHAT IS THE 'DUTY TO NOTIFY'?

From 1 November 2015, specified public authorities have a duty to notify the Home Office of any individual encountered in England and Wales who they believe is a suspected victim of slavery or human trafficking. If you suspected that any person accessing support is a victim of slavery or human trafficking please visit the Home Office NRM page [here](#)

Surrogacy

Surrogacy is legal in the UK, but if you make a surrogacy agreement it cannot be enforced by the law, further information regarding surrogacy and the law can be found [here](#)

It is important to ensure that a robust social risk assessment is completed for the receiving parents.

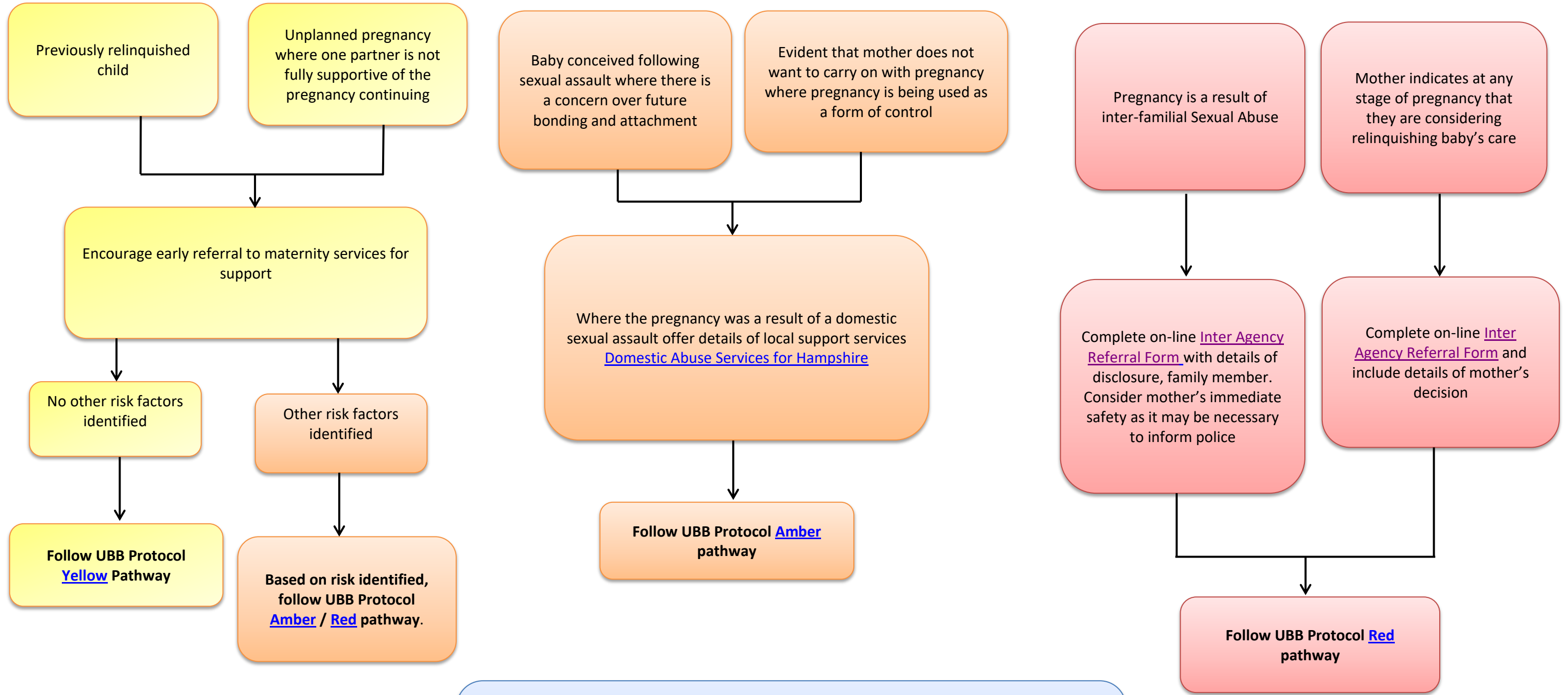


Remember

You must respect the birth mother's right to confidentiality; no information should be shared with the receiving parents without consent. Consent to share can be withdrawn at any time. Receiving parents do not have parental responsibility until the birth mother has legally relinquished care of the baby through parental order or adoption, information can be found [here](#)

Unplanned or Unwanted Pregnancy / Relinquishment

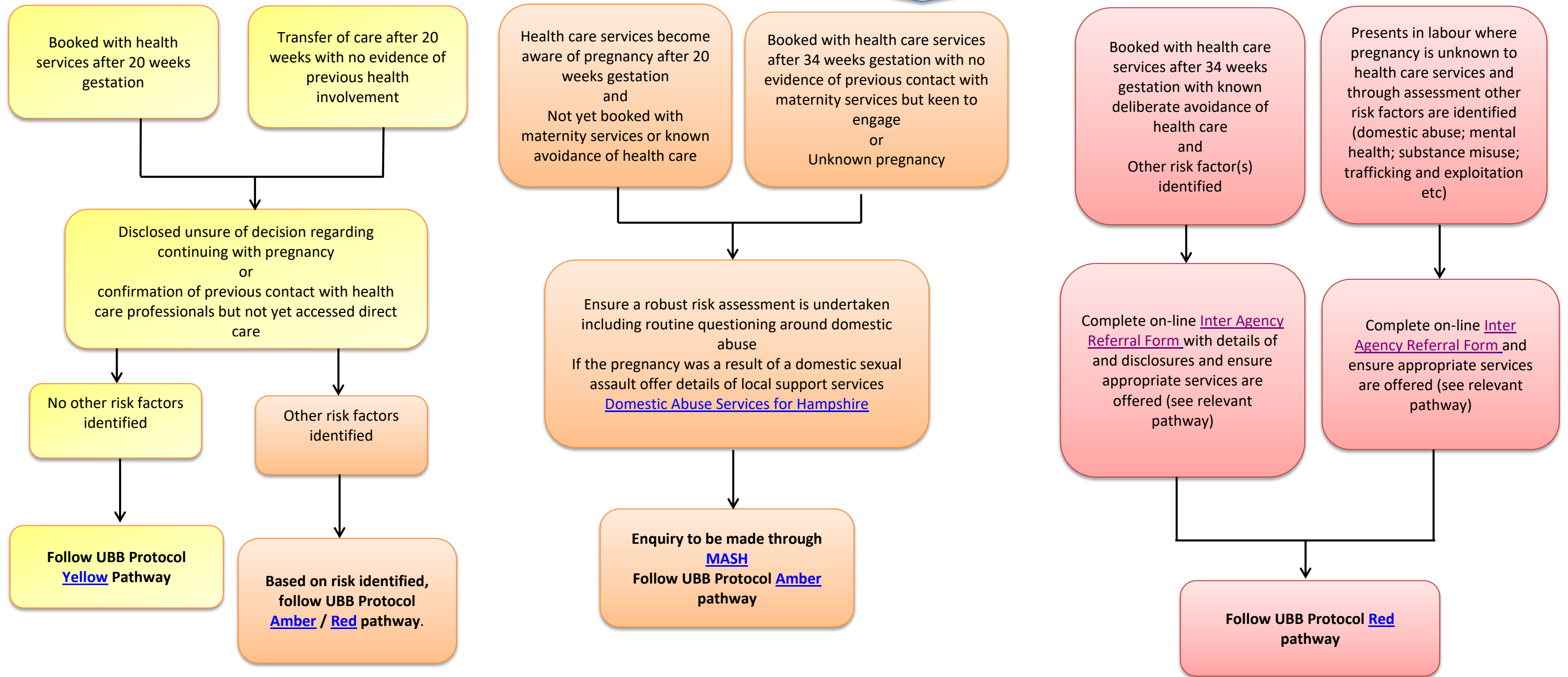
Some pregnancies may be the result of traumatic conception / sexual abuse. It is important that early referrals are made in for support. Offer details of [Rape Crisis](#); staff will be able to offer confidential advice and support. Also signpost to Domestic Abuse/HBV services if conception is a result sexual abuse in an abusive relationship.



Remember
 In all cases where a mother reports her decision to relinquish her child, she maintains parental responsibility immediately following birth and until there is a legal agreement in place.

Late Booking and Concealed Pregnancy

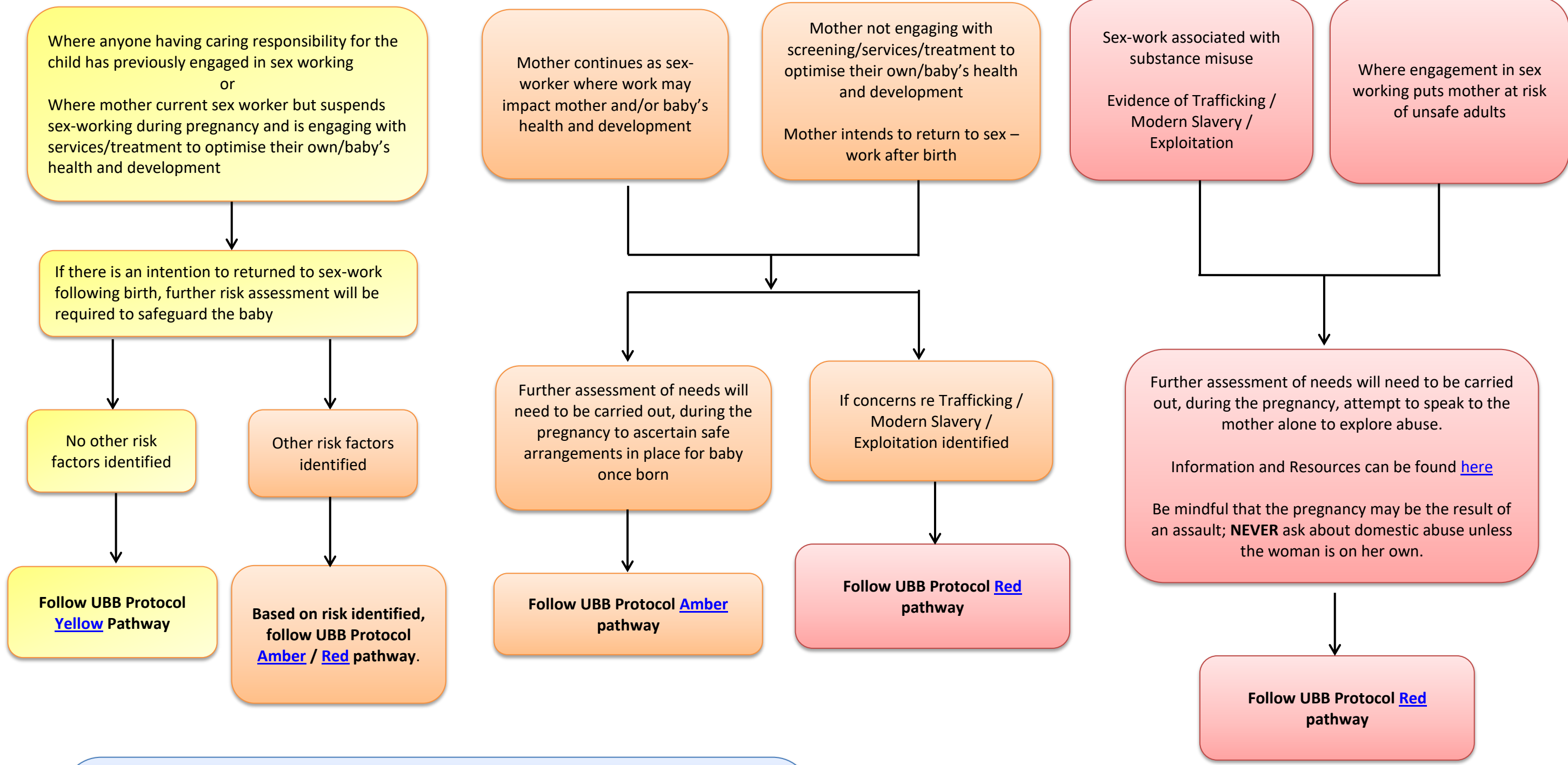
For the purposes of these pathways, a concealed pregnancy is defined as presentation in labour or a late booked post 34 weeks gestation where there is a:
 Known pregnancy with deliberate decision to avoid health care
 Unknown pregnancy and therefore health care has not been accessed
 See Concealed Pregnancy Guidelines [here](#)



There is a strong likelihood that birth in these cases may be at home and unassisted; very often the pregnancy remains concealed until delivery. Please complete a full risk assessment when attending or becoming aware of a concealed pregnancy, ensuring that domestic abuse; mental health; substance misuse; trafficking and exploitation are explored and appropriate services are offered.

Remember
 In all cases of concealed pregnancy the mother will need support and access to appropriate psychological and physical health care and a referral to Children’s Social Care should be made to safeguard the UBB/Newborn.

In all cases an assessment of should be carried out to ensure appropriate safeguards are in place to limit the baby’s exposure to risky behaviours and unsafe adults



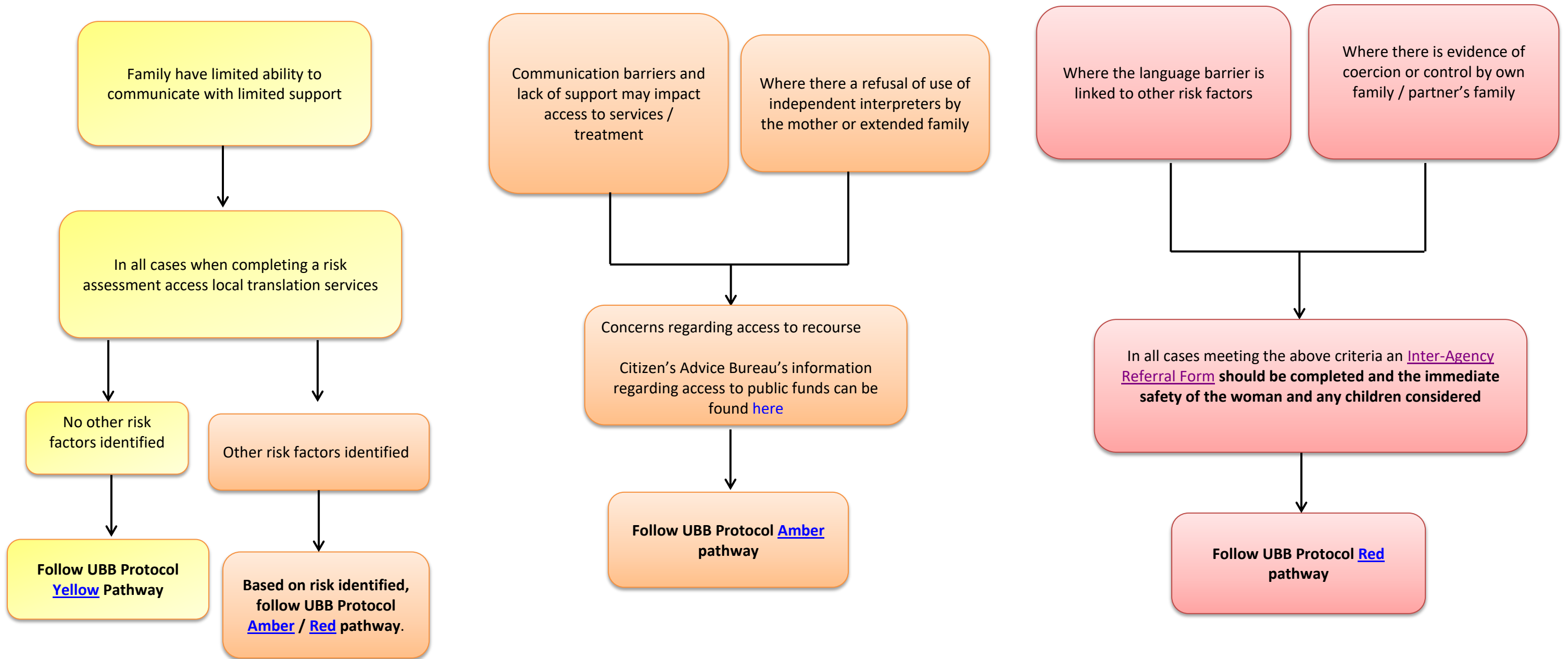
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 From 1 November 2015, specified public authorities have a duty to notify the Home Office of any individual encountered in England and Wales who they believe is a suspected victim of slavery or human trafficking. If you suspected that any person accessing support is a victim of slavery or human trafficking please visit the Home Office NRM page [here](#)

Communication and Language Barriers

NEVER use family members to translate when undertaking routine enquiry around domestic abuse.

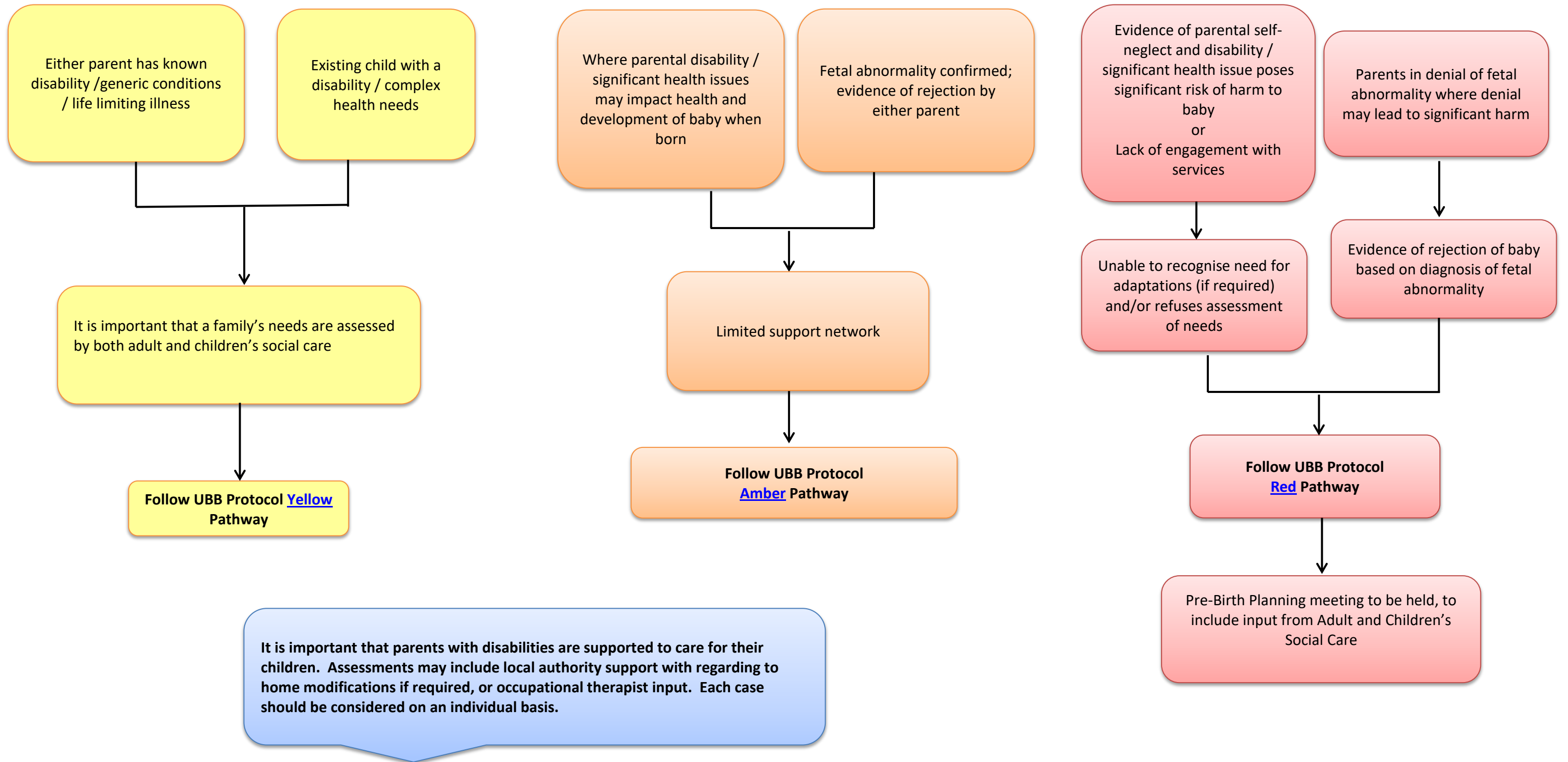


Remember

Women and their families should be given information in a clear and concise manner (in the language spoken by the woman and her family), avoiding organisational jargon, and using pictorial and graphic materials when needed to communicate processes or procedures.

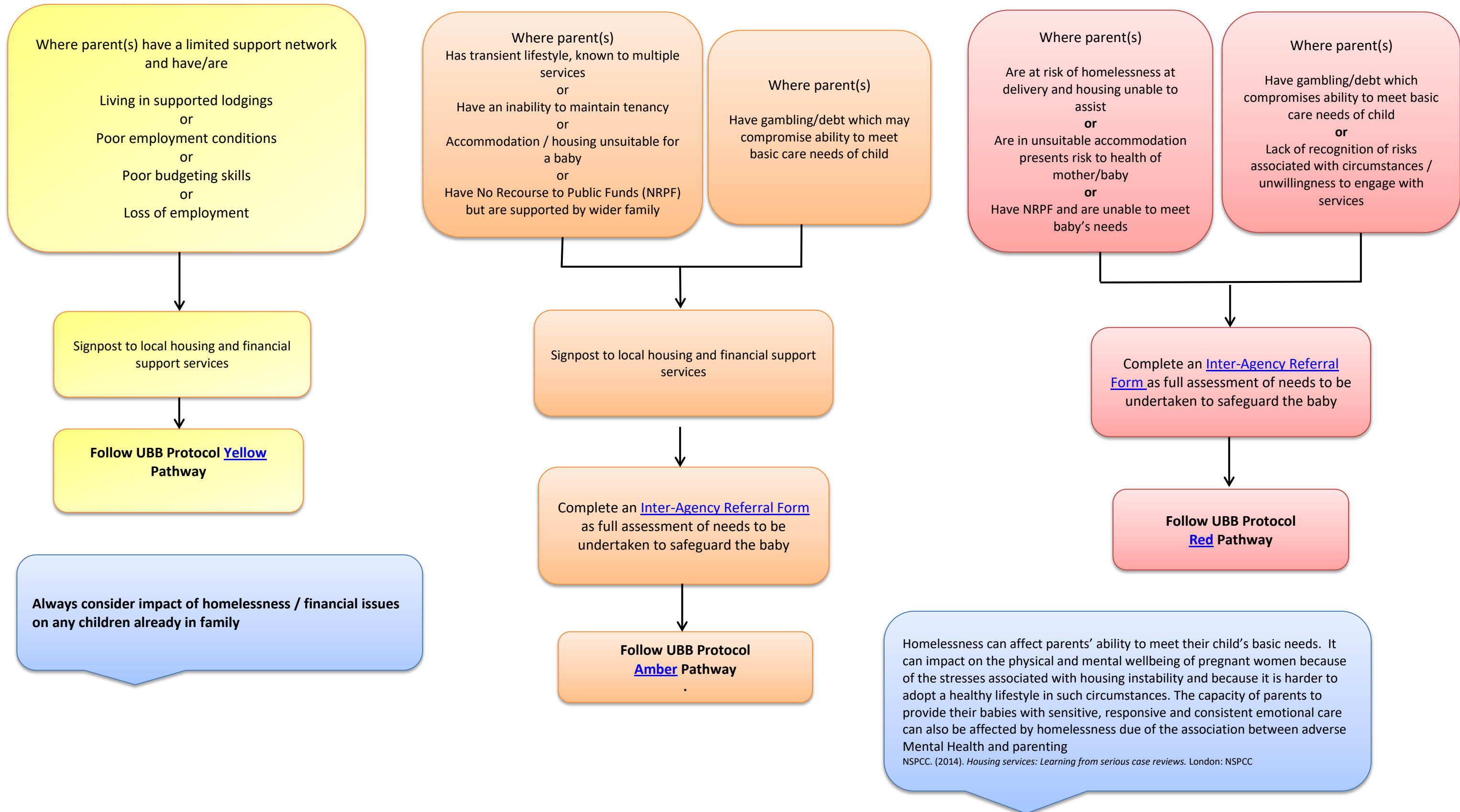
Physical Disabilities

Parents with disabilities have the same rights as parents with no disabilities. There is no 'parents with disabilities' legislation as such, but certain legislation and guidance protects the rights of adults with disabilities - including in their roles as parents. Information for families can be found online at [Family Rights Group](#)



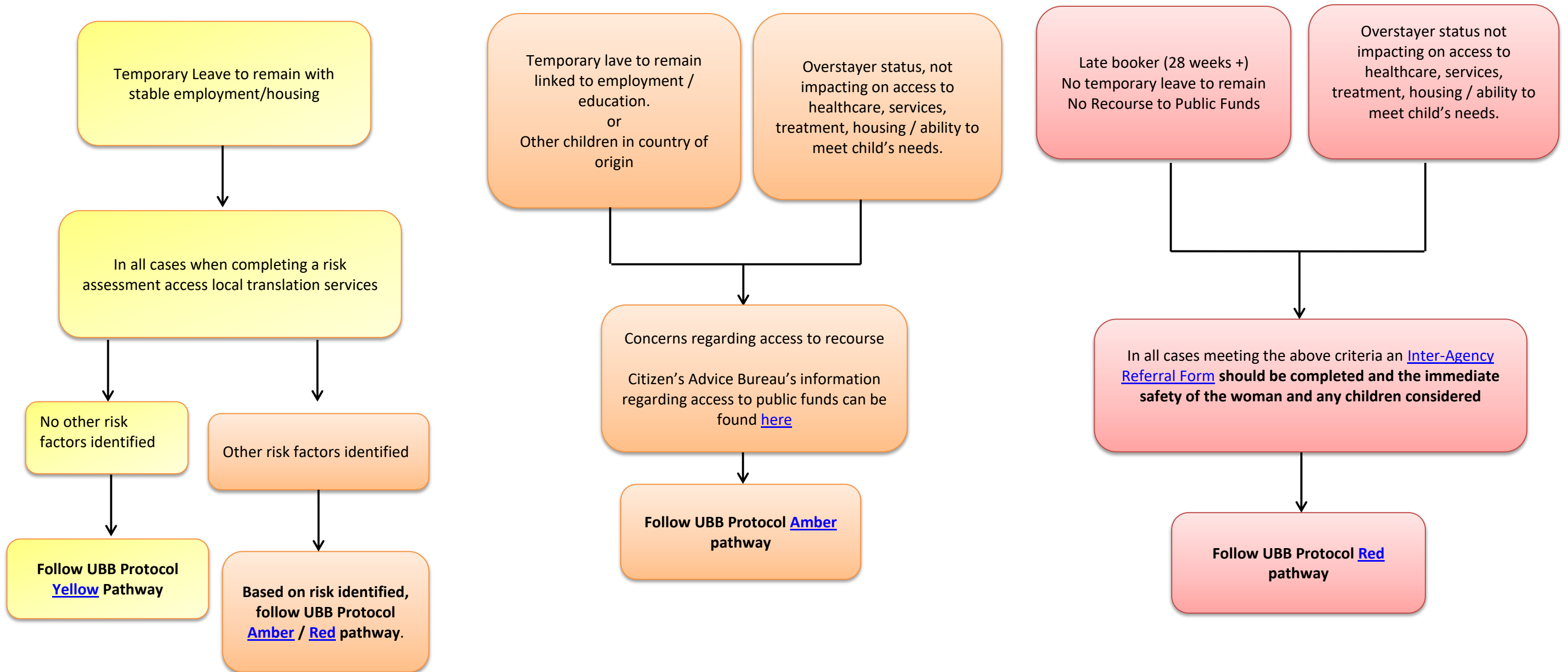
Financial/Housing issues including No Recourse to Public Funds

Citizen's Advice Bureau information regarding access to public funds can be found [here](#)



Asylum Seeker

NEVER use family members to translate when undertaking routine enquiry around domestic abuse. Asylum support and information can be found [here](#)



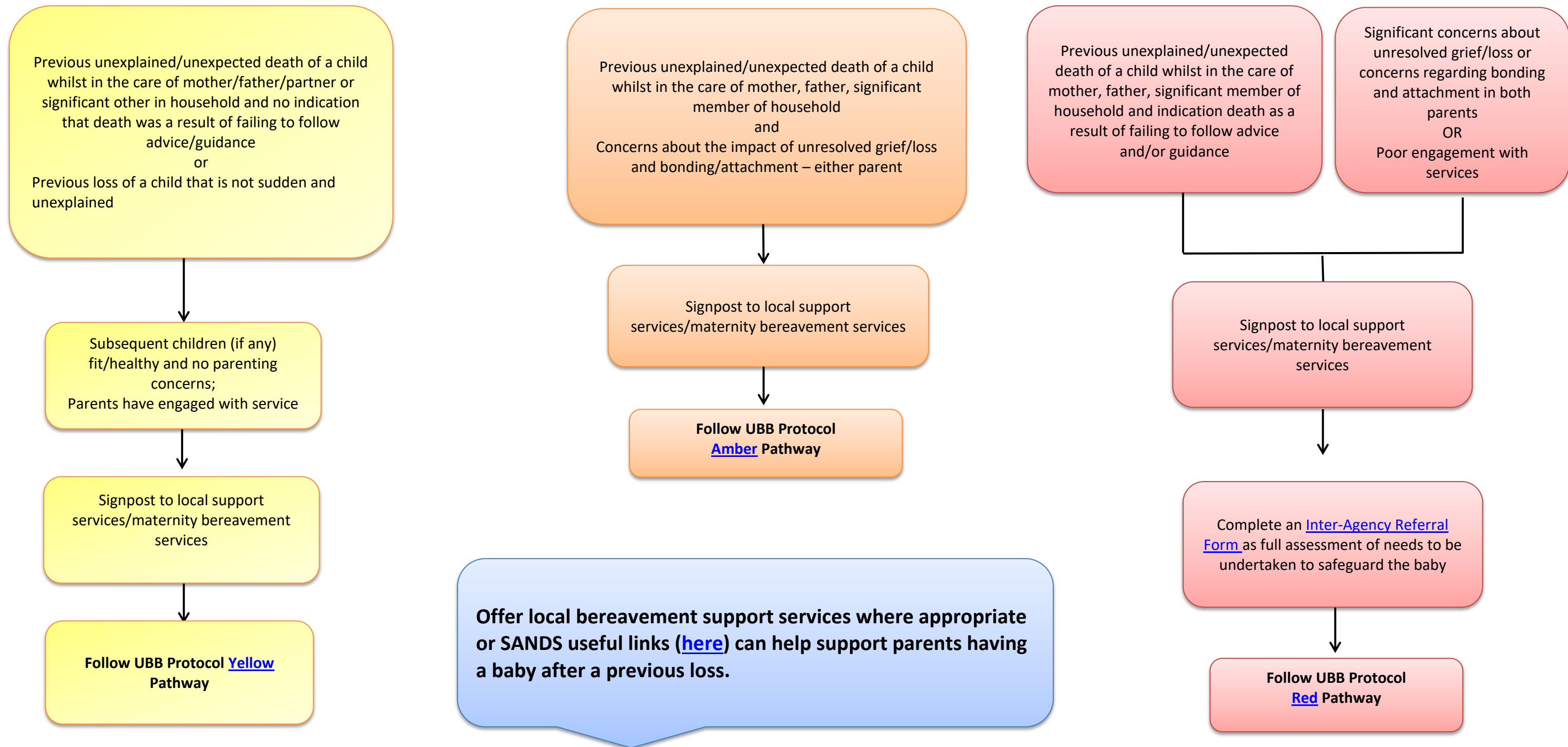
Remember

Women and their families should be given information in a clear and concise manner (in the language spoken by the woman and her family), avoiding organisational jargon, and using pictorial and graphic materials when needed to communicate processes or procedures.

Instability can affect parents' ability to meet their child's basic needs. It can impact on the physical and mental wellbeing of pregnant women because of the stresses associated with uncertainty and because it is harder to adopt a healthy lifestyle in such circumstances. The capacity of parents to provide their babies with sensitive, responsive and consistent emotional care can also be affected by homelessness due of the association between adverse Mental Health and parenting

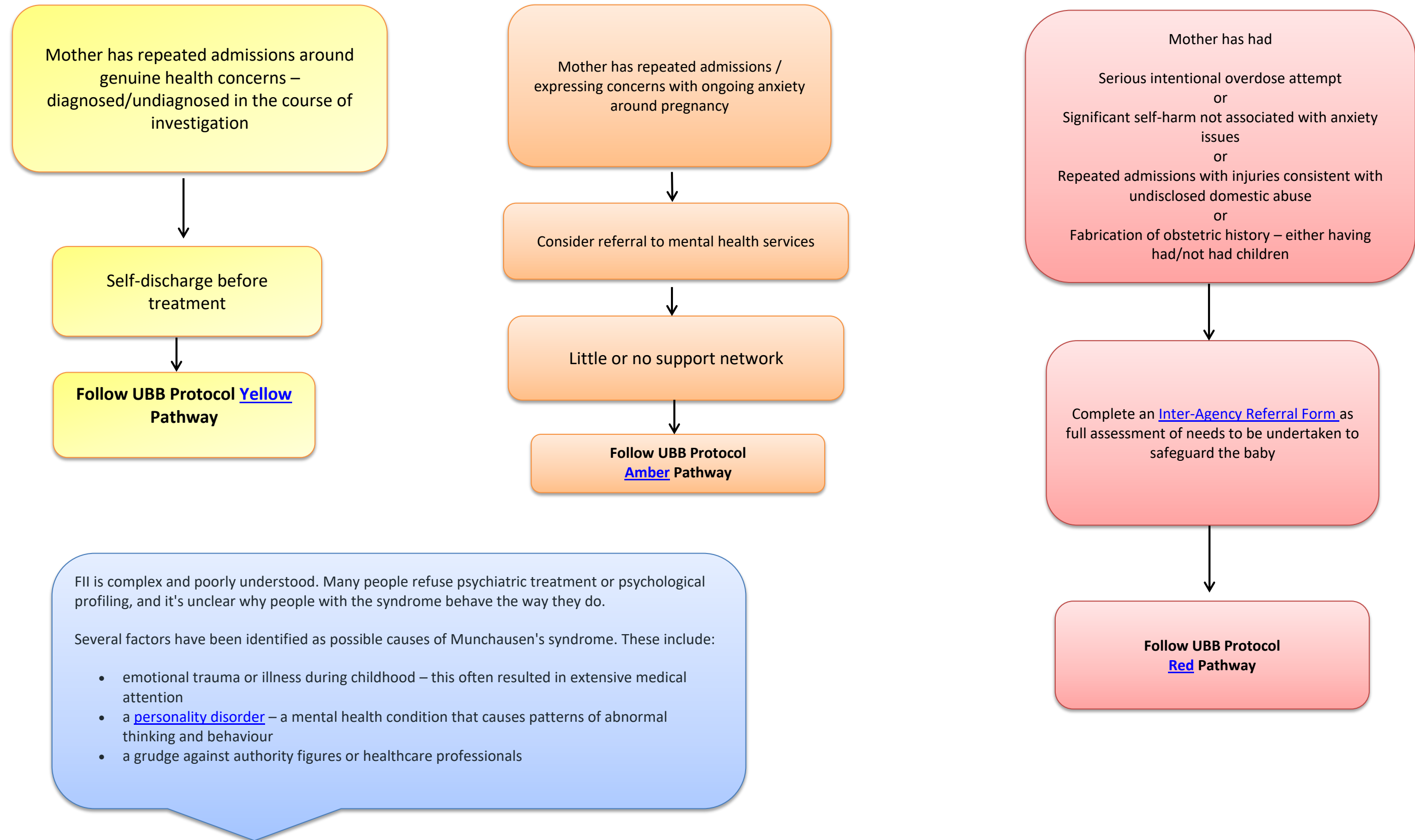
NSPCC. (2014). *Housing services: Learning from serious case reviews*. London: NSPCC

Previous Unexplained/Unexpected Death of a Child

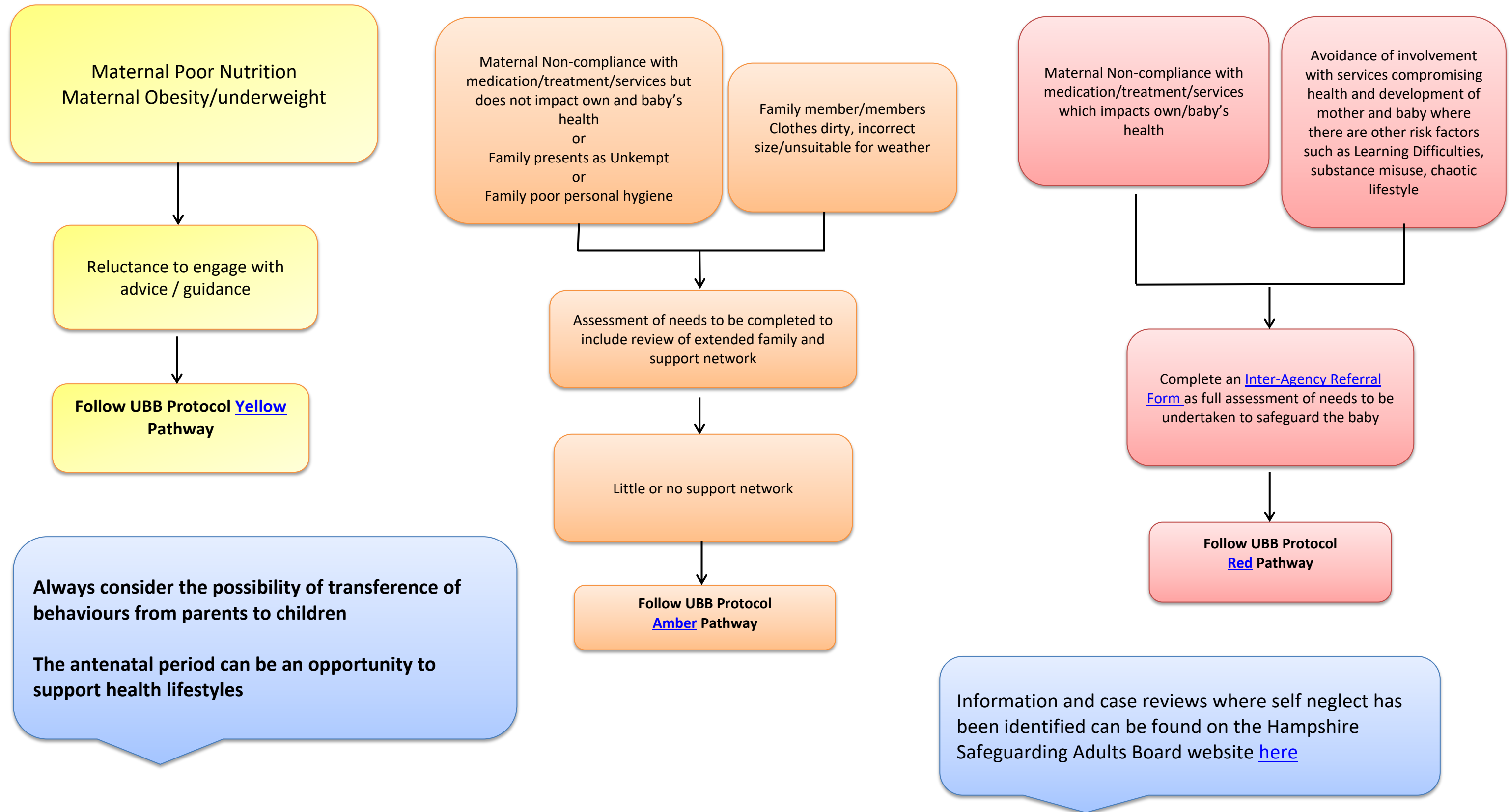


Fabricated/Induced Illness/Repeated Admissions/Self Harm

Factitious illness more commonly known as Munchausen's syndrome or FII. FII is a psychological disorder where someone pretends to be ill or deliberately produces symptoms of illness in themselves [NHS.UK](https://www.nhs.uk)

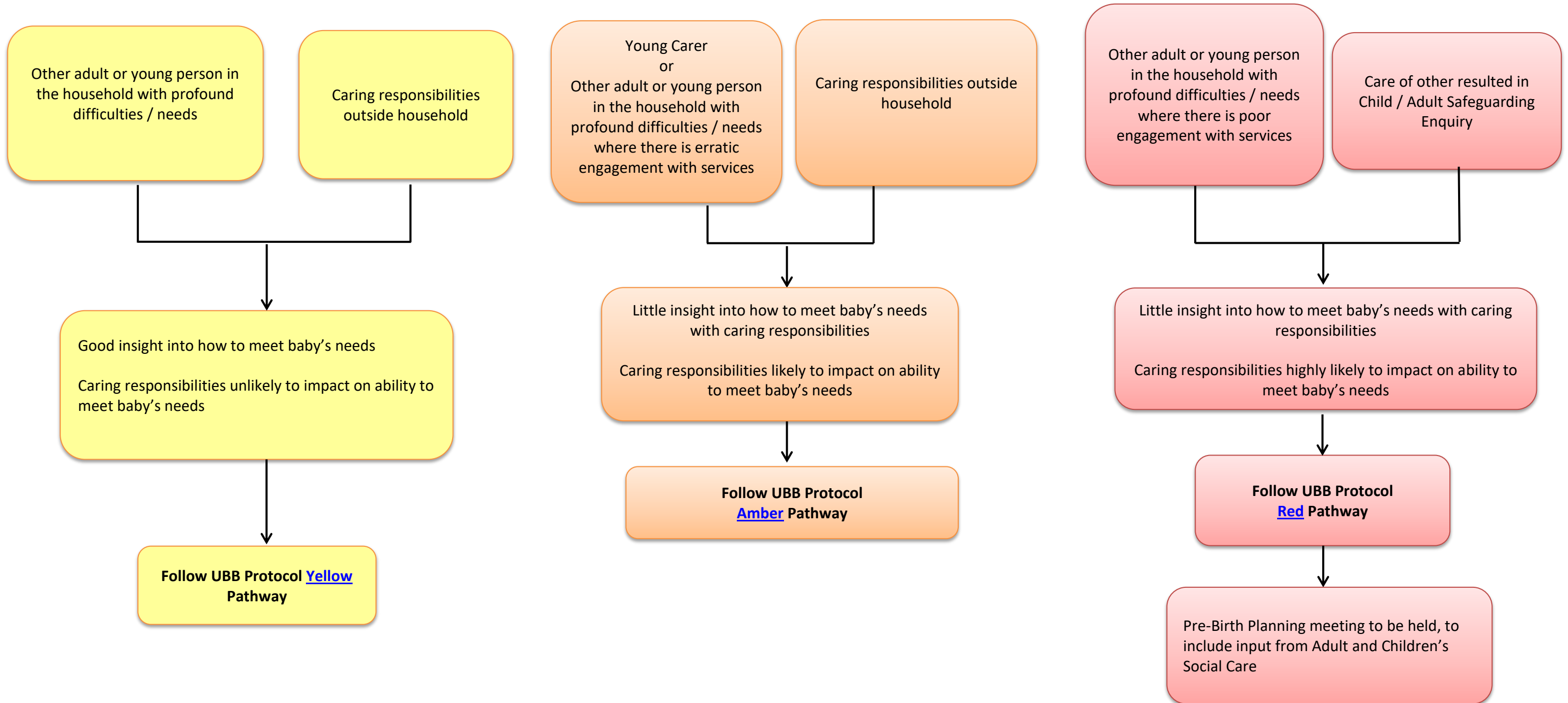


Self-Neglect / Avoidance of Involvement with services or treatment



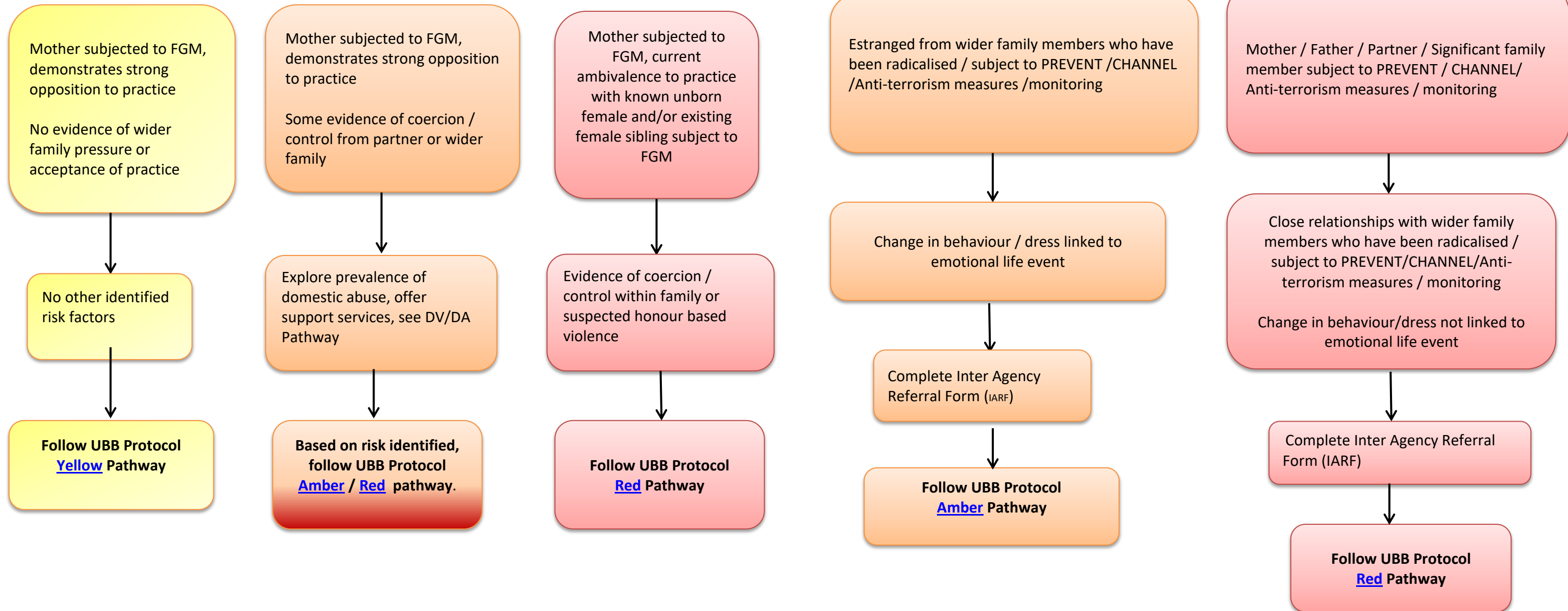
Caring Responsibilities

New parents who already have caring responsibilities for a family member may find it difficult to also care for a newborn. It is important that they are referred to local services for support.



Female Genital Mutilation (FGM)

FGM is illegal in the UK, there is clear guidance regarding the law and FGM see [CPS prosecution guidance](#). Health professionals should follow [NHS England Mandatory report guidance](#)



Remember FGM has been illegal in the UK since 1985, therefore any woman presenting having suffered FGM who was born or living in the UK since birth has been assaulted; in this case an IARF should be completed and an investigation undertaken to ascertain if there is a criminal charge to be brought

Contacts and Resources

Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS)	
Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) Procedures	
Neglect Toolkit	
Threshold Guidance	
Hampshire	
Hampshire Children's Social Care	0300 555 1381
Out of Hours	0300 555 1373
Hampshire Safeguarding Children Partnership	
Hampshire and Isle of Wight Interagency Referral Form	
Hampshire County Council Safeguarding Children Guidance	
Hampshire Domestic Abuse Support	
Hampshire Domestic Abuse Risk Assessment and Referral Pathways	
Hampshire Substance Misuse Support	
Isle of Wight	
Isle of Wight Children's Social Care	0300 300 0117
Professionals	0300 300 0901
Isle of Wight Safeguarding Children Partnership	
Hampshire and Isle of Wight Interagency Referral Form	
Isle of Wight Substance Misuse Support	
Isle of Wight Domestic Abuse Services	
Portsmouth	
Portsmouth Children's Social Care	023 9268 9793
Out of Hours	0300 555 1373
Portsmouth Safeguarding Children Partnership	
Portsmouth Interagency Referral Form	
Portsmouth Safeguarding Children Partnership Threshold Document	
Portsmouth Substance Misuse Support	
Portsmouth Domestic Abuse Services	
Southampton	
Southampton Children's Social Care	023 8083 3336
Out of Hours	023 8023 3344
Southampton Safeguarding Children Partnership	
Southampton Interagency Referral Form	
Southampton Substance Misuse Support	
Southampton Domestic Abuse Services	