



Tayside
Regional
Improvement Collaborative

Tayside Multi-Agency Practitioner's Guidance: Concern for Unborn Babies



Document Control

Guardians / Keepers	Angus CPC Dundee CPC Perth and Kinross CPC Tayside Regional Improvement Collaborative Priority Group 5 (Safeguarding and Child Protection)
Version Number:	Refreshed in compliance with The National Guidance for Child Protection Scotland (2021) 1.2
Approval Date:	24 August 2022
Publication Date:	24 August 2022
Effective From:	24 August 2022
Review Date:	Continuous
ECHR Compliant:	Yes
Diversity Compliant:	Yes
Data Protection / GDPR Compliant:	Yes
FOI Compliant:	Yes
Health & Safety Compliant:	Yes

Tayside Regional Improvement Collaborative Priority Group 5 (Safeguarding and Child Protection) would welcome any feedback you may have on this Guidance which you can send to the Angus, Dundee City or Perth & Kinross CPC Lead Officers.

Table of Contents

1. INTRODUCTION	4
2. PURPOSE.....	4
3. AIM OF THE GUIDANCE	5
4. DESIRED OUTCOMES.....	5
5. INFORMATION SHARING.....	5
6. IDENTIFICATION OF EMERGING VULNERABILITY AND CHILD PROTECTION CONCERNS	6
7. COMPLETING AND SUBMITTING AN UNBORN BABY REFERRAL FORM	7
8. GOVERNANCE AND MONITORING	8
9. KEY REFERENCES	8
APPENDIX 1 TAYSIDE UNBORN BABY REFERRAL PATHWAY	10
APPENDIX 2 TAYSIDE MULTI AGENCY CONCERN FOR UNBORN BABY REFERRAL FORM	11
APPENDIX 3 SUPPORTING TOOLKIT	14
3.1 IDENTIFYING RISK FACTORS.....	16
3.2 CONSIDERATION FOR ADULT PROTECTION.....	19
3.3 GUIDANCE TO SUPPORT COMPLETION OF MULTI AGENCY UNBORN BABY REFERRAL FORM.....	20

1. INTRODUCTION

[The Children and Young People \(Scotland\) Act 2014](#) is about improving the wellbeing of children and young people in Scotland. The Act is wide ranging and includes key parts of the [Getting it Right For Every Child](#) approach, commonly known as **GIRFEC**.

GIRFEC is the key policy driver to achieve a more timeously, proportionate and appropriate service to achieve better outcomes for children. Its remit is to ensure that universal services have a common understanding of wellbeing and that all relevant agencies work together to deliver effective early intervention where needed, to improve outcomes for children in Scotland: **the pre-birth** period is crucial in the development of these outcomes. Early assessment during pregnancy can identify when a woman and / or her partner may require additional support to enable them to achieve the best health and wellbeing outcomes in preparation for the birth of their unborn baby.

All practitioners working with children, young people and adults within public, private and third sector services and agencies have a role to play in identifying and assessing vulnerable pregnant mothers and families in need of additional help and support or where there are wellbeing and protection concerns.

Unborn babies, children and young people should ***get the help they need, when they need it, for as long as they need it.*** They should also ***get the right help, at the right time, from the right people*** and their welfare is always paramount.

Unborn babies are particularly vulnerable to abuse and work carried out in the antenatal / pre-birth period can help minimise any potential harm if there is early intervention, assessment, planning and support. The early identification of factors which may place a baby at risk, during pregnancy and / or during the postnatal period following birth, is therefore crucial for a proactive prevention strategy for the protection of vulnerable children.

Across Tayside, we consider this to be ***everyone's job*** and ***everyone's responsibility*** and is a ***shared responsibility*** for all practitioners and managers. It is essential that ***everyone*** understands the contribution they have to make in ***keeping all unborn babies, children and young people safe*** and ***protected from harm and abuse***. Where Child Protection concerns are identified for other children / young people, practitioners **must** follow their local Child Protection Guidance / Instructions.

2. PURPOSE

This ***Tayside Multi-Agency Practitioner's Guide: Concern for Unborn Babies*** has been developed in collaboration with the partners of Angus Child Protection Committee (CPC); Dundee City CPC and Perth and Kinross CPC.

This guidance has been developed to provide all practitioners and managers, working directly or indirectly with children, young people and their families across Tayside, with clear practice guidance on how to identify and respond to concerns about **unborn babies**.

This guidance complements, but does not replace, any existing service or agency Unborn Baby Guidance and **at this time**:

- **NHS Tayside staff** should continue to follow NHS Tayside Concern for Unborn Baby Protocol with associated Referral Form.
- **Police Scotland** will continue to raise a concern for an Unborn Baby through Police Child Concern Reports.

3. AIM OF THE GUIDANCE

Guidance alone cannot protect children and young people; but a competent, confident and skilful workforce, working together with a vigilant public can.

This guidance aims to promote a standardised and consistent multi-agency approach to supporting unborn babies and prospective parents and families where vulnerabilities or emerging child protection concerns have been identified.

This guidance aims to ensure that appropriate supports are in place for the vulnerable pregnant mothers and families in need of additional help and support, whilst ensuring the unborn baby's needs remain the focus of the interventions by:

- Improving outcomes and maximising the health and wellbeing of unborn babies who may be vulnerable;
- Identifying vulnerable pregnant mothers and families in need of additional help and support, where existing factors may result in their unborn baby being considered in need of additional help and support or protection;
- Acting as a referral pathway for multi-agency intervention, assessment and planning to meet any identified needs and concerns.

4. DESIRED OUTCOMES

- Prospective parents will receive integrated support across service and agencies to ensure they experience a healthy pregnancy;
- Babies will be born healthy and safely to parents who are physically and emotionally well, reducing the likelihood of the baby requiring statutory intervention at birth;
- Future positive outcomes of vulnerable babies will be achieved by the development of strong attachments, positive parenting and stable environments;
- Practitioners working in partnership with parents, providing family-centred interventions, education and support, to address their needs and reduce the risks to the unborn / newborn child;
- Based on identified need, practitioners will have effective inter and intra-agency sharing of information, holistic assessment, co-ordinated joint working and care planning for pregnancy and the immediate period following birth.

5. INFORMATION SHARING

Maintaining a good working relationship with vulnerable pregnant mothers and families is crucial and clear communication with them is vital. Where you have decided to share information, it is good practice to inform them of what you are going to be doing and explain the reasons why. This would normally include advising them, where appropriate, of who you will be sharing information with and the reasons why.

This is not the same as seeking consent to share information, but simply being transparent in explaining what you are going to do. This may go some way in maintaining some form of working relationship between the practitioner and vulnerable pregnant mothers and families.

Practitioners should always refer to and comply with their own service / agency information sharing guidance.

In terms of [The Data Protection Act 2018](#); [The General Data Protection Regulation \(GDPR\)](#); [The Human Rights Act 1998](#) and the [European Convention on Human Rights \(ECHR\)](#) an Unborn Baby has no legal status in law and is therefore not defined as a data subject. Consent does not apply.

[GDPR](#) is a legal framework that sets out guidelines for the collection and sharing information of individuals within the European Union (EU). [GDPR](#) describes the principles which must underpin information sharing practice and the basis (formerly known as conditions) upon which information can be shared. All practitioners must understand the [principles](#) and **basis** for sharing information.

Proportionate information sharing is vital in order to **safeguard, support** and **promote** the **welfare** of **unborn babies**, children and young people.

Practitioners must understand **when** to share information; **what** information to share; **how much** information to share; **who** to share the information with and **the way in which** the information should be shared. Practitioners must also understand the possible adverse consequences **of not** sharing information.

6. IDENTIFICATION OF EMERGING VULNERABILITY AND CHILD PROTECTION CONCERNS

[Scottish Government \(2021\) National Guidance for Child Protection in Scotland.](#) (page 176), highlights:

“The Preamble to the UNCRC makes it clear all children need safeguarding and care, including appropriate legal protection, before as well as after birth; and Article 24(2)(d) requires public authorities to ensure appropriate pre-natal and post-natal health care for mothers in the context of access to health care services. In Scotland, all services providing for expectant mothers and babies must have protocols and supervisory structures in place to support equitable, proportionate, effective and timely action to keep mother and baby safe and well”.

Unlike many child protection situations, the antenatal / pre-birth period gives a window of opportunity for practitioners and vulnerable pregnant mothers and families to work together to:

- Form relationships with a focus on the unborn baby;
- Identify risks, needs and vulnerabilities at the earliest stage;
- Understand the impact of risk to the unborn baby when planning for their future;
- Explore and agree safety pre-birth planning options;
- Assess the vulnerable pregnant mother's and family's ability to adequately parent and protect the unborn baby and once the baby is born;
- Identify if any assessments or referrals are required before birth; for example the use of an Early Help Assessment (or alternative assessments agreed locally) and what actions should be taken next;
- Ensure effective communication, liaison and joint working with adult services that are providing on-going care, treatment and support to a parent;
- Plan on-going interventions and support required for the child, parent (s) and family;
- Avoid delay for the child where the child protection threshold is reached.

It is recognised that risk can be difficult to identify early in pregnancy, particularly in first pregnancies, as often little is known about the parenting experience and abilities of the expectant parent(s). It is therefore important for all practitioners to be professionally curious and link with each other when they are working with expectant parent(s).

Professional curiosity is a combination of *looking; listening; asking direct questions; checking out* and *reflecting* on information received. Professional curiosity means not taking a single source of information and accepting it at face value. It means triangulating information from different sources to gain a better understanding of family functioning which, in turn, helps to make predictions about what is likely to happen in the future. It means seeing past what appears to be obvious. It is about respectful scepticism and challenge. Working together and not in isolation will in turn support early and effective intervention and support for vulnerable pregnant women, their partners and their unborn baby.

When any practitioner becomes aware of, or has concerns regarding a vulnerable pregnant mother and family, or emerging child protection concerns, they should complete and submit a **Tayside Multi-Agency Notification of Concern for Unborn Baby Referral Form: Appendix 1** provides details of where Referral Forms should be sent within each locality across Tayside.

Early referral will ensure that there will be sufficient time for a multi-agency intervention, response and assessment and a child protection plan to be put into place, prior to the birth of the baby.

When risks or concerns are identified, it is important that practitioners, services and agencies work together to provide appropriate interventions, support and planning at the earliest opportunity to optimise the outcomes and support for the vulnerable pregnant mother and family.

It is also important that they fully consider the significant role of partners and wider family members in the care of the baby, even if the parents are not living together or remain in a relationship, so where possible they can be involved in any resultant assessment and planning. Involving partners in a positive way is important in ensuring comprehensive assessment and planning can be carried out and any possible risks fully considered.

Tayside Multi-Agency Notification of Concern for Unborn Baby Referral Form can be completed by any practitioner in any service or agency working with a pregnant mother and family where vulnerability in pregnancy is identified.

Practitioners **should not** assume that concerns for a vulnerable pregnant mother and family have been shared / reported by another service or agency.

7. COMPLETING AND SUBMITTING AN UNBORN BABY REFERRAL FORM

Practitioners, who are worried or concerned about emerging vulnerabilities for prospective parents and / or have a child protection concern, should, in the first instance, share their worry or concern with their immediate Line Manager / Supervisor / Designated Child Protection Officer and follow the child protection procedures for their own service / agency.

Where it has been agreed that a practitioner is to submit an Unborn Baby Referral Form, they must always speak with their local children's services social work team (see Appendix 1), before they complete and submit a **Tayside Multi-Agency Notification of Concern for Unborn Baby Referral Form** (see **Appendix 2**).

Completion of the Form **should not** be delayed by the referrer where they do not have all of the information or where information is not known, this should be indicated as "Not Known" within the Form.

Guidance to support the completion of the **Tayside Multi-Agency Notification of Concern for Unborn Baby Referral Form** can be found within **Appendix 3**.

Practitioners completing the Form are responsible for:

- seeking advice and support from their immediate Line Manager / Supervisor / Designated Child Protection Officer, when they are uncertain about what actions they should take; they should then ensure that any discussions are documented within the relevant record;

- ensuring that the rationale for completing the Form has been discussed with the vulnerable pregnant mother and family; all discussions must be recorded in the relevant record; documenting what information has been shared, with whom and why and including parental views;
- ensuring that the Form is completed when risks, needs or concerns are identified or as soon as possible;
- ensuring the Form is completed in its entirety (including recording “Not Known” where applicable);
- discussing the Form with their local children’s services social work team (Angus Investigation team; Perth & Kinross Child Protection and Duty Team and Dundee MASH) prior to submission of the Form;
- contacting their local children’s services social work team where immediate child protection concerns have been identified.

An outcome from an Unborn Baby Referral will be returned to the referrer within one month, however **if after making a referral, the referrer has not received an outcome**; the referrer is accountable for contacting their local children’s services social work team.

8. GOVERNANCE AND MONITORING

Performance monitoring and reporting will be undertaken through reporting structures within Angus CPC, Dundee City CPC and Perth and Kinross CPC.

9. KEY REFERENCES

[UN Convention on the Rights of the Child \(UNCRC\)](#)

[European Convention on Human Rights \(ECHR\)](#)

[Children \(Scotland\) Act 1995](#)

[Scottish Government \(2011\) A Pathway of Care for Vulnerable Families \(0-3\)](#)

[Scottish Government \(2012\) National Risk Assessment Framework](#)

[Scottish Government \(April 2013\) Getting our Priorities Right: Updated Good Practice Guidance for All Agencies and Practitioners Working With Children, Young People and Families Affected By Problematic Alcohol and / or Drug Use](#)

[Scottish Government \(2017\) Protecting Children and Young People: It is still everyone’s Job](#)

[Data Protection Act 2018](#)

[General Data Protection Regulation \(2018\)](#)

[Care Inspectorate \(2019\) A Quality Framework for children and young people in need of care and protection](#)

[Scottish Government \(2021\) National Guidance for Child Protection in Scotland.](#)

Other Useful WebPages

[Angus Child Protection Committee](#)

[Dundee Child Protection Committee](#)

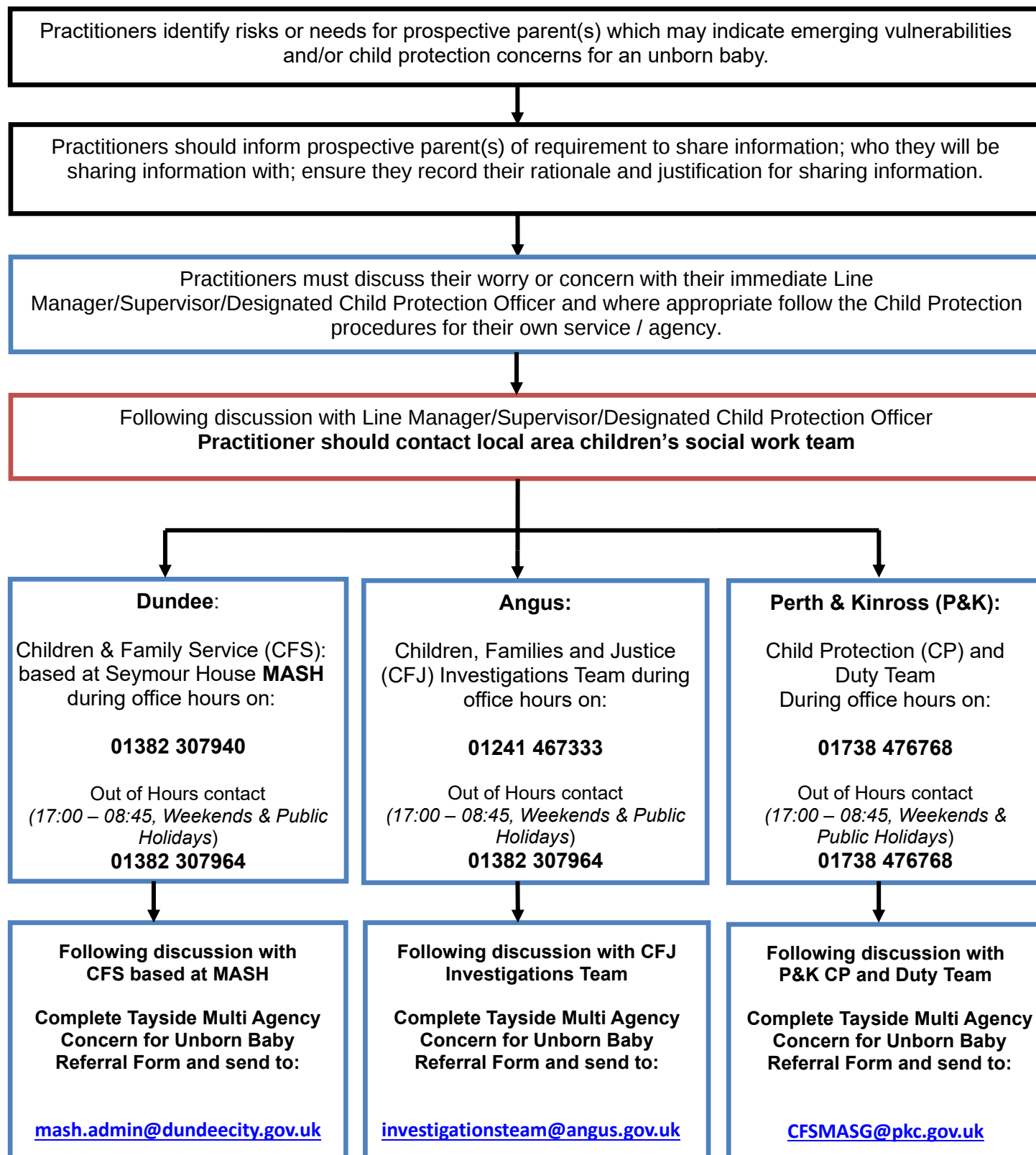
[Perth & Kinross Child Protection Committee](#)

[Scottish Government: Child Protection](#)

[Scottish Government: Getting it Right for Every Child \(GIRFEC\)](#)

[Tayside Regional Improvement Collaborative](#)

TAYSIDE UNBORN BABY REFERRAL PATHWAY

**NHS Tayside staff:**

- Should **continue to follow** NHS Tayside Concern for Unborn Baby Protocol and send UBB Referral to “*chinfo*” mailbox (details of email address can be found within Protocol).
- Should seek advice from their Team Leaders/Senior Managers and/or can also discuss their referral by contacting: **NHS Tayside Child Protection Advice line**, details of which can be found on NHS Tayside Child Protection staff net page.

TAYSIDE MULTI AGENCY CONCERN FOR UNBORN BABY REFERRAL FORM

This form can be completed by any practitioner and managers working in the public, private and third sectors across Tayside concerned for an Unborn Baby.

Prior to submission

- Call your local Social Work Duty Team or in Dundee MASH to discuss referral: contact details can be found at the end of this Referral Form.

SECTION 1 - CORE DETAILS <i>Please complete what you can: if not known please state "Not Known"</i>			
NOTIFIED BY:			
Name and job title:			
Agency/Dept:			
Contact Details:	Address Tel. No. E-mail address		
Contact person for feedback or further enquiry (if different from above):	Address Tel. No. E-mail address		
Line Manager / Designated CPO	Tel. No.		
Full Name(s) of prospective parent(s)	Address & Tel. No.	DOB	
Full name(s) of any other child(ren) in the household		<i>Information not known</i> ☐	
Name	DOB	Gender (M/F)	
Name of any PARENT who does not reside with the unborn child	Address & telephone number	DOB	Has Parental Rights & Responsibilities
<i>Information not known</i> ☐			
			Please select.
			Please select.
Full names of significant adults in the household	DOB	Gender (M/F)	Relationship to the child
<i>Information not known</i> ☐			

Other Professionals <i>(please provide details if known)</i>		Information not known ☐
Name	Designation	Contact Details

SECTION 2 – CONCERNS

Please describe the issues which give you cause for concern, and why.

Prompts:

- What have you seen/heard?
- When was this?
- How many occasions or how long has this been happening?
- What may be the possible impact for the unborn child (ren) or any other child (ren) in same family/household?

Other considerations

- Unborn Baby concerns: what is the expected date of delivery/stage of pregnancy
- Are there concerns about behaviours of parent/carer/other significant adult which may cause concern (for example: substance misuse, domestic abuse, significant mental ill health etc)
- You may wish to consider including your assessment/analysis using the SHANARRI indicators
(Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included).

Date of concern:

Location of concern:

Time of concern:

Nature of concern:

Does the concern involve any of the following *(tick all that apply)*

Parental Substance/Alcohol Misuse	☐	Domestic/Honour Based Abuse	☐
Previous Child Care/Child Protection Concerns	☐	Previous Child/ren removed from Care	☐
Significant Mental Health Issues	☐	Woman/Partner known to Criminal Justice	☐
Significant Learning Disability	☐		
Child Sexual Exploitation ☐	Radicalisation ☐	FGM ☐	Child/Human Trafficking ☐

Describe any discussions and/or actions that have already taken place regarding this concern
Are there any additional support needs for the family, e.g. interpreter?
Information Sharing
Have you made the prospective mother aware that information may be shared? Yes ☐ No ☐ Have you made the prospective partner/family member aware that information may be shared? Yes ☐ No ☐ If No - please provide your rationale below:

CONTACT DETAILS FOR SOCIAL WORK			
Local Authority Area	Office hours	Out of office hours	Email contact details
Dundee: Children & Young People Service Based at Seymour House MASH	01382 307940	01382 307964	mash.admin@dundeecity.gov.uk
Angus: Children, Young People and Justice Investigation Team	01241 467333	01382 307964	investigationsteam@angus.gov.uk
Perth & Kinross: Child Protection & Duty Team	01738 476768	01738 476768	CFSMASG@pkc.gov.uk
<i>Emails must be sent through a secure email account.</i>			
<i>Please Note:</i> <i>An outcome from an Unborn Baby Referral will be returned to the referrer within one month, however if after making a referral, the referrer has not received an outcome; the referrer is accountable for contacting their local children's services social work team to request an update.</i>			

FOR RECEIVING AGENCY PURPOSES ONLY:	
Notification received on:	Date:
Outcome of referral fed back to Referrer:	Date: By Whom:

**SUPPORTING
TOOLKIT**

Contents

- 3.1** Identifying Risk Factors: which may impact on Wellbeing of Unborn Baby
- 3.2** Consideration for Adult Protection
- 3.3** Guidance for Completion of Multi Agency Unborn Baby Referral Form

3.1 IDENTIFYING RISK FACTORS

Which may impact on the Wellbeing of the Unborn Baby

The Scottish Government's [Early Years Framework](#) defines early years as pre-birth to eight years old and recognizes the importance of pregnancy in influencing outcomes for children. Research has shown that the impact of the antenatal stage can affect outcomes for children.

Practitioners in particular working with adults will want to consider the needs of and the potential risk to any child/unborn child, closely linked with their adult service users.

Key considerations when making assessments should include:

- The ability of the parent/carer to protect or meet the needs of the baby before and after birth.
- Identification of protective factors which may positively impact on the ability to protect.
- Identification of adverse factors which may impact the unborn particularly following delivery.
- The capacity of parents to effect any necessary change before the baby is born.

Decisions and outcomes reached are influenced and determined by the exercise of professional judgement in relation to this, be it individual and/or collective. It is neither appropriate nor possible to provide simple answers for practitioners about how to do analysis as this is determined by individual case circumstances and the available practitioner skills, ability and knowledge as well as the service responses to these.

Where professionals are unsure of what actions should be taken then they should discuss with their immediate Line Manager/Supervisor/Designated Child Protection Officer (Schools).

When practitioners are considering initiating this Unborn Baby Guidance they should consider the following issues:

Domestic Abuse/Gender Based Violence

In relation to domestic abuse, pregnancy can be a vulnerable time for women. Research shows that pregnancy can act as a trigger for violence and that existing abuse may get worse during or after giving birth. Domestic abuse during pregnancy increases the risk of poor maternal and infant health outcomes and is associated with pregnancy complications including higher rates of miscarriage, infection, premature birth and injury or death to the baby.

Domestic abuse can profoundly disrupt a child's environment, undermining their stability, development and damaging their physical, mental and emotional health. Children and young people living with domestic abuse are at increased risk of significant harm, both as a result of witnessing the abuse between adults and also potentially being physically and emotionally abused themselves. Domestic abuse can affect children even when they are not witnessing it or being subjected to abuse themselves.

It is crucial that practitioners recognise that domestic abuse involves both an adult and a child victim when undertaking assessment or planning for any child (including unborn baby) affected by domestic abuse. Every effort should be made to work with the non-abusing parent/carer to ensure adequate and appropriate support and protection is in place to enable them to make choices that are safe for them and their child.

In Tayside where a practitioner has serious concerns about a client's situation they should complete the Safe Lives DASH risk indicator checklist (www.safelives.org.uk) with the client. When completing the Safe Lives DASH risk indicator checklist if 14 or more boxes are ticked as "yes" or

there is significant cause for concern (may include repeat victim cases) a referral to Multi Agency Risk Assessment Conference (MARAC) should be considered. MARAC is a model of multi-agency risk management that is specifically designed to address domestic abuse. The purpose of MARAC is to;

- Share information to increase the safety, health and well being of victims (and their children, if they have any).
- Determine whether the perpetrator poses a significant risk to any particular individual (other than the victim currently subject of the MARAC) or to the general community.
- Construct jointly and implement a safety plan that provides professional support to all those at risk and which reduces harm.
- Reduce repeat victimisation. Improve agency co-ordination and accountability.
- Improve support for staff involved in high risk domestic abuse cases

When contacting Social Work to discuss an Unborn Baby Referral you may be signposted to also make a referral for the adult to MARAC - contact details below:

- Tayside MARAC co-ordinator: 01382 596637
- Locality Multi Agency Independent Advocacy (MIA)
- MARAC email taysidemarac@scotland.pnn.police.uk

Further information can be found within:

[Scottish Government \(2016\): Equally Safe](#)

[Domestic Abuse \(Scotland\) Act 2018](#)

[Scottish Government webpage: Protecting people from domestic abuse](#)

www.safelives.org.uk

[Scottish Government \(2021\) National Guidance for Child Protection in Scotland.](#)

Problematic Parental Alcohol and/or Drug Use

The impact on children of parents/carers who use alcohol and drugs is known and well researched. Alcohol and/or drug use during pregnancy can have significant health impacts on both the pregnant woman and the unborn baby.

Parental alcohol and/or drug use can also result in neglect, physical and emotional abuse, behaviour problems and lack of parental primary care giving for the baby. Parents/carers with drug and/or alcohol problems often lack the ability to provide structure to the care of their child and their capacity to parent may be impacted resulting in a reduction in the ability to be emotionally and physically responsive to the needs of their child.

All practitioners who are working with children/unborn children, young people and/or with their families affected by problematic alcohol and/or drug use should familiarise themselves with [Scottish Government \(April 2013\): Getting our Priorities Right](#). Getting our Priorities Right, provides both child and adult service practitioners working with these vulnerable families, an overview of the supporting evidence base regarding problematic alcohol or drug use.

Further reading:

[Changing Scotland's relationship with Alcohol: A Framework for Action](#)

[Scottish Government \(2018\) Rights, Respect and Recovery](#)

[Scottish Government webpage: Alcohol and Drugs](#)

[Scottish Government \(2021\) National Guidance for Child Protection in Scotland.](#)

Parent/Carer who has Significant Mental Health Problems

Many adults who experience mental health problems can parent effectively and it is not inevitable that living with a parent/carer with mental health issues will have a detrimental impact on a baby/child's development.

However, evidence does suggest that families where there are significant parental mental health issues children are more vulnerable and there can be increased risks to the child.

These risks may include the parent/carer:

- being unable to anticipate the needs of a baby/child and unresponsive to cues
- behaving in inconsistent and unexpected ways
- the baby/child becoming the focus for parental aggression or rejection

Particular concerns are raised when a parent/carer fails to engage or engages poorly with mental health services or where they are non compliant with treatments. All staff should always look to put the interests of the unborn baby first and assess the impact of parent/carer mental health on their capacity to parent safely and effectively.

Further reading:

[SCIE Report, Think child, think parent, think family](#)

[The Mental Health of Children and Young People: A framework for promotion, prevention and care](#)

[Maternal Mental Health Alliance: Scotland Perinatal Mental Health is Everyone's Business](#)

[CELCIS webpage: Parental Mental Health](#)

[Scottish Government \(2021\) National Guidance for Child Protection in Scotland.](#)

Concealed Pregnancy

A concealed pregnancy is when a woman knows she is pregnant but does not tell anyone or those who are told conceal the pregnancy from agencies. The concealment of pregnancy represents a real challenge for professionals in protecting the welfare of both the unborn baby and the pregnant woman. Concealment of pregnancy may be revealed late in pregnancy, in labour or following delivery. For the purpose of this guidance, late booking is defined as presenting for maternity services after 24 weeks gestation.

There are many possible reasons for a woman to conceal her pregnancy. These could include ambivalence towards the pregnancy, concerning/inappropriate coping styles, questions about paternity or a tendency to dissociate, all of which are likely to have a significant impact on maternal bonding and parenting capacity.

Where a concealed pregnancy is identified, practitioners should consider the reasons why the pregnancy has been concealed/denied and the circumstances need to be explored fully with the mother to ensure that appropriate support and guidance is provided. An Unborn Baby Referral must always be considered as part of any assessment of needs, vulnerabilities and/or risks, for the pregnant mother and their family. This assessment should involve any other agency they are working with/known to.

Where there are identified risk factors including: previous child protection concerns, parental alcohol/drug misuse, domestic violence, hostile and non engaging behaviours, non compliance with treatment with potentially detrimental effects for the unborn baby, full concealment of a pregnancy followed by unassisted delivery, then a child protection Unborn Baby Referral **must** be made.

3.2 CONSIDERATION FOR ADULT PROTECTION

As society changes and these changes are reflected within our communities, so does the need to identify and respond to instances of harm.

When working with adults who are **prospective parents**, consideration should be given to whether they may be an “**adult at risk**” as defined in the [Adult Support and Protection Act](#)

Who are 'adults at risk?'

The Three Point Test:

“Adults at risk” are defined in the Act as individuals, aged 16 years or over, who:

1. are unable to safeguard themselves, their property, rights or other interests;
2. are at risk of **harm**; and
3. because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than others who are not so affected.

The presence of a particular condition does not automatically mean an adult is an “adult at risk”. Someone could have a disability but be able to safeguard their well-being etc. It is important to stress that all three elements of this definition must be met. It is the whole of an adult's particular circumstances which can combine to make them more susceptible to harm than others.

If you are unsure whether the prospective parent you are working with may also be an “**adult at risk**” you can seek further advice **and/or** report your concerns to your local authority by contacting:

Local Authority	Office Hours Tel:	Out of Hours Tel:	Email address
Dundee Health & Social Care Partnership First Contact Team	01382 434019 Monday to Friday, 8.45am to 5.00pm	01382 307964 <i>(answering machine</i> <i>9.30am to 4.30pm)</i> Weekdays: 4.30pm to 9.30am Weekends: 4.30pm (Friday) to 9.30am (Monday) <i>All public holidays</i> <i>are covered on a 24</i> <i>hour basis</i>	firstcontact.teamadmin@dundeecity.gov.uk
Angus Adult Support & Protection	ACCESS Line on 03452 777 778 <i>available 24 hours a day</i>		FirstContact@angus.gov.uk
Perth & Kinross Adult Support and Protection	0345 301 11 20 <i>available 24 hours a day</i>		accessteam@pkc.gov.uk

3.3 GUIDANCE TO SUPPORT COMPLETION OF MULTI AGENCY UNBORN BABY REFERRAL FORM

TAYSIDE MULTI AGENCY CONCERN FOR UNBORN BABY REFERRAL FORM

This form can be completed by any practitioner concerned for an Unborn Baby/Baby.

Prior to submission:

- Practitioners should discuss this referral with their Immediate Line Manager/Supervisor/Designated Child Protection Officer (Schools): however if this is a child protection concern **do not** delay in reporting.
- A telephone discussion with local Social Work Duty team or MASH (Dundee only) should be made prior to submission of the form (contact details can be found at end of Referral form but confirm email address is correct when calling).
- If you do not receive an outcome from your referral within a month: contact the local team you sent your original referral to.

SECTION 1 – CORE DETAILS <i>Please complete what you can: if not known please state “Not Known”</i>		
NOTIFIED BY:		
Name and job title:		
Agency/Dept:		
Contact Details:	Address <i>Please ensure that you provide details so you can receive feedback on the outcome of your referral.</i> Tel. No. _____ E-mail address _____	
Contact person for feedback or further enquiry (if different from above):	Address <i>If you know you are going off e.g. annual leave please provide details.</i> Tel. No. _____ E-mail address _____	
Line Manager / CP Lead (if appropriate)	<i>Please ensure your Line Manager/Designated CP Officer is aware of referral: if you are unavailable, they may be contacted for further details</i> Tel. No.: _____	
Full Name(s) of prospective parent(s)	Address & Tel. No.	DOB
<i>This should be the name of the adult you are working with or have the concern about.</i> <i>If you are aware of the partners details please include these</i> <i>If you do not know the complete address, name or Date of Birth: please indicate this</i>		
Full name(s) of any other child(ren) in the household		
Name	DOB	Gender (M/F)
<i>If you are aware of other children in the household or for the adult/prospective parent please include details.</i> <i>if you do not know all of the information please indicate this with an “X” in the box “information not known”</i> <i>If there are no other children known within the household or no information known please indicate this. This will allow the reviewer to be clear that you have given consideration to all fields of form.</i>		

Name of any PARENT who does not reside with the unborn child	Address & telephone number	DOB	Has Parental Rights & Responsibilities <i>*delete where applicable</i>
<i>If you are aware of a prospective parent who does not reside with the mother of the unborn baby: please indicate this.</i> <i>if you do not know all of the information please indicate this with an "X" in the box "information not known"</i>			Yes/No/Not Known *
Full names of ALL adults in the household (Include all known names i.e. maiden names, aliases, etc.)	DOB	Gender (M/F)	Relationship to the child
<i>If you are aware of other adults who reside with the mother of the unborn baby: please indicate this.</i> <i>if you do not know all of the information please indicate this with an "X" in the box "information not known"</i>			
Other Professionals (please provide details if known) <i>Information not known</i> ☐ <i>if you do not know all of the information please indicate this with an "X" in this box</i>			
Name	Designation	Contact Details	
SECTION 2 – CONCERNS			
Please describe the issues which give you cause for concern, and why. Prompts: - What have you seen/heard? - When was this? - How many occasions or how long has this been happening? - What may be the possible impact for the unborn child (ren) or any other child (ren) in same family/household? Other considerations - Unborn Baby concerns: what is the expected date of delivery/stage of pregnancy - Are there concerns about behaviours of parent/carer/other significant adult which may cause concern (for example: substance misuse, domestic abuse, significant mental ill health etc) - You may wish to consider including your assessment/analysis using the SHANARRI indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected and Responsible, Included).			

Date of concern:

Time of concern:

Nature of concern:

When completing this section consider all of the prompts provided above.

Please include why you have made the referral: Your assessment and analysis or situation is very important If SHANARRI indicators are used routinely as part of your job (for example: Education) please include your assessment and analysis using the SHANARRI indicators as a header within this section.

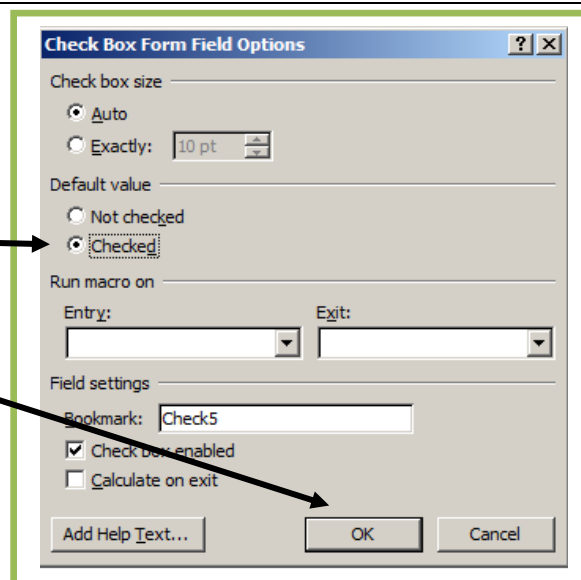
<https://www.gov.scot/policies/girfec/wellbeing-indicators-shanarri/>

Does the concern involve any of the following (tick all that apply)

Parental Substance/Alcohol Misuse	☐	Domestic/Honour Based Abuse	☐
Previous Child Care/Child Protection Concerns	☐	Previous child/ren removed from Care	☐
Significant Mental Health Issues	☐	Woman/Partner known to Criminal Justice	☐
Significant Learning Disability	☐		☐
Child Sexual Exploitation ☐	Radicalisation ☐	FGM ☐	Child/Human Trafficking ☐

Instructions on how to click in the boxes below:

- Use computer mouse to hover over the box
- double click left side of mouse
- check box field option will appear
- In section "Default Value":
 - click on "checked"
 - then "OK": this will put an x in the box ☒



Describe any discussions and/or actions that have already taken place regarding this concern

This can include:

- Discussion with social work prior to referral.
- Contact made with any other professional
- Referral made to another agency (for example third sector)

Are there any additional support needs for the family, e.g. interpreter?

Please indicate is interpreter etc required

Information Sharing

Have you made the prospective mother aware that information may be shared? Yes ☐ No ☐

Have you made the prospective partner/family member aware that information may be shared? Yes ☐ No ☐

If No - please provide your rationale below:

If you have not been able to discuss your referral with the prospective parents record your reason why

CONTACT DETAILS FOR SOCIAL WORK

When sending email within Message Options: request a delivery receipt this way you will have a record that your referral has been received.

Local Authority Area	Office hours	Out of office hours	Email contact details
Dundee: Children & Young People Service Based at Seymour House MASH	01382 307940	01382 307964	mash.admin@dundeecity.gov.uk
Angus: Children, Young People and Justice Investigation Team	01241 467333	01382 307964	investigationteam@angus.gov.uk
Perth & Kinross: Child Protection & Duty Team	01738 476768	01738 476768	CFSMASG@pkc.gov.uk

Emails must be sent through a secure email account.

Please Note:

An outcome from an Unborn Baby Referral will be returned to the referrer within one month, however if after making a referral, the referrer has not received an outcome; the referrer is accountable for contacting their local children's services social work team to request an update.