CSCP
CROYDON SAFEGUARDING CHILDREN PARTNERSHIP

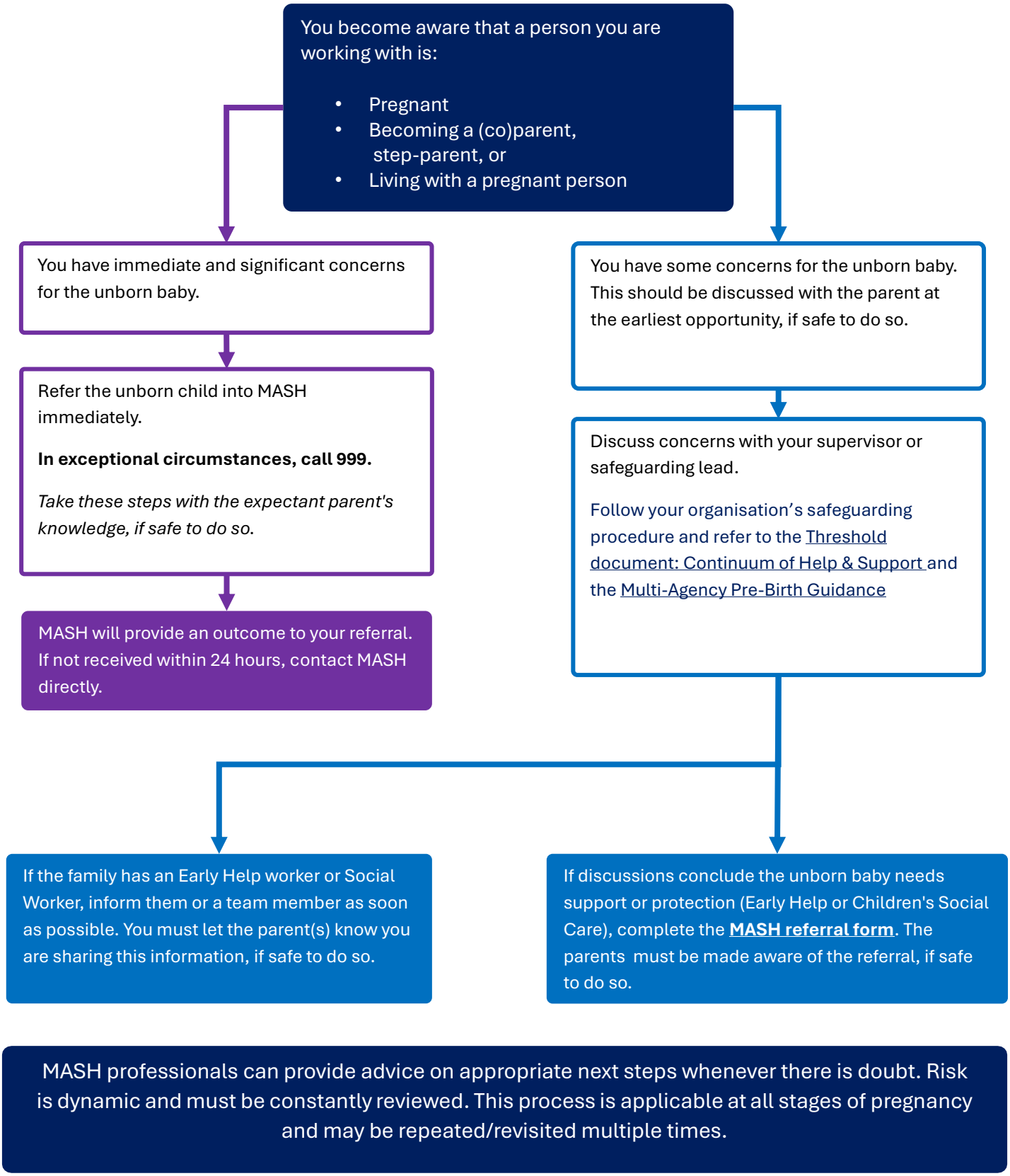
Multi-Agency Pre-Birth Guidance

This document was updated: 20th August 2025

Contents

Multi-agency Pre-Birth Assessment Flow Chart

Please always refer to the Pan London Safeguarding Procedures for pre- birth referrals and assessments



MASH professionals can provide advice on appropriate next steps whenever there is doubt. Risk is dynamic and must be constantly reviewed. This process is applicable at all stages of pregnancy and may be repeated/revisited multiple times.

The following circumstances might indicate an increased risk to an unborn child. A referral should be made to Children's Social Care (CSC) to decide if a pre-birth assessment needs to be undertaken.

- A child has previously sustained non accidental injuries in the care of either parent / carer (this includes the sudden, unexpected death of a child where safeguarding concerns were raised);
- Previous children in the family have been removed from the care of the parent(s) either by a private arrangement or by a court order;
- A child in the household is the subject of a Child in Need or Child Protection Plan or is a Looked after Child;
- Either parent is the subject of a Child in Need or Child Protection Plan or is a Looked after Child or Care Leaver;
- The mother is a child aged under 16 who is found to be pregnant (see **Sexually Active Children Procedure** and **Sexual Exploitation Procedure**);
- A parent or other adult in the household, or regular visitor, has been identified as posing a risk to children (see **Risk Management of Known Offenders Procedure**);
- There are concerns about the parent(s) ability to protect the baby;
- There are concerns regarding domestic violence and abuse (see **Domestic Abuse Procedure**);
- Either or both parents have mental health problems that might impact on the care of a child (see **Mental Illness (Parenting Capacity) Procedure**);
- Either or both parents have a learning disability that might impact on the care of a child (see **Learning Disability (Parenting Capacity) Procedure**);
- Either or both parents abuse substances; alcohol or drugs (see **Parents who Misuse Substances Procedure**);
- Any other concerns exist that the baby may be at risk of Significant Harm including a parent previously suspected of fabricating or inducing illness in a child (see **Fabricated or Induced Illness Procedure**) or harming a child;
- The mother had not registered for antenatal care;
- If the pregnancy is denied or concealed.

This list is not exhaustive, and professionals will need to apply their professional judgement.

For more information about risk factors, refer to "**The myth of invisible men: safeguarding children under 1 from non-accidental injury caused by male carers**".

Introduction

This guide provides a framework for multi-agency working where there are concerns about the risk of significant harm and/or welfare of an unborn baby during pregnancy and following their birth. Partnership working is essential in providing babies and their families the greatest opportunity to stay safe and thrive during pregnancy and postnatally. This guidance has been written collaboratively by the agencies who form the Croydon Safeguarding Children Partnership (CSCP).

This guidance sets out:

- Indicators and circumstances where an unborn baby require the support and/or safeguarding provided by multi-agency pre-birth assessment
- The roles and responsibilities of agencies in referring expectant parents to the most appropriate services for support, including referral to Children's Social Care.
- Where necessary, assessment and planning for babies should take place as early as possible to ensure suitable support, intervention and protection are in place for when the child is born. The guidance sets out our professional responsibilities in ensuring that this happens in a timely way.
- This guidance details our professional responsibilities in contributing to assessment and implementing any agreed plan of action.

Although Children's Social Care (CSC) can take no legal action under the Children Act 1989 until a child has been born, where there are safeguarding concerns regarding an unborn child, local authorities and related agencies can intervene during pregnancy by undertaking a pre-birth assessment and/or offering intervention and support.

This guidance should be followed by all relevant agencies in Croydon, alongside each agency's own internal safeguarding procedures. It should be read together with information from the CSCP, relevant legislation including Working Together 2023, and the Pan-London Child Safeguarding Procedures.

Purpose

Some prospective parents may need support to help them prepare for the parenting task; for others, intervention may be needed to safeguard the unborn baby. Unborn babies and new-born babies are particularly vulnerable to harm.

The CSCP is committed to providing support for families who are expecting a baby using a strengths-based approach. We also recognise that babies are particularly vulnerable to harm, the National Panel data for 2023-2024 indicates that 33% of Serious Incident Notifications during that period, related to Under 1's.

We have also responded to the learning from the Child Safeguarding Practice Reviews that have taken place in respect of Under 1's in Croydon Baby Eva and Emily and Jack. Both reviews highlighted the critical importance of effective multi agency information sharing, professional curiosity and optimising opportunities for early intervention. It is integral to the development of our practice as a safeguarding system and thus our ability to safeguard this most vulnerable cohort of children, that we embed the learning from these reviews and other key review documents, such as 'The Myth of Invisible Men', into our practice.

During the antenatal period, all professionals have a role in identifying and assessing those families in need of additional support and in sharing information where there are safeguarding concerns. Early intervention during pregnancy can be key to reducing future risk to a child as, unlike many safeguarding situations, the antenatal period creates a unique window of opportunity for professionals and families to work together, not only to safeguard the child, but to ensure that parents who are vulnerable receive the kind of support and services they need in order to have a healthy pregnancy and to be able to parent effectively.

Ensuring that wherever possible, prospective parents and care givers are fully informed when referrals are made, what the pre-birth assessment and intervention process involves, and are able to form consistent and transparent relationships with the key professionals supporting them, is central to a positively impactful approach.

The antenatal period can be filled with a myriad of mixed emotions for prospective parents, partners and family members. It is critical that the support and intervention that we offer to families is sensitive to this, striving to build on strength and safety, whilst seeking to minimise and reduce risk of harm.

Equality, Diversity and Inclusion

We work with some of the most disadvantaged and marginalised individuals, families and communities, often at the most difficult points in their lives. As professionals within the children's partnership, we need to be aware of power dynamics and be proactive in addressing these through anti-discriminatory and anti-oppressive approaches.

Equality Act 2010 protected characteristics include:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

An awareness of these protected characteristics and a trauma informed approach to assessment and intervention is integral to effective and impactful pre-birth assessment and intervention.

Anti racist practice

There are deep-rooted inequalities in society and in our organisational systems. Long term change is needed to address racism, and this requires multiple strategies at 'organisational, workplace, interpersonal and intrapersonal levels used simultaneously and over time' (Priest et al., 2015).

It is paramount that all agencies and practitioners involved in prebirth assessment approach this from an anti-racist perspective.

The Royal College of Midwives state:

> *Overt and covert racism exists in our maternity services. The seventh MBRRACEUK Perinatal Mortality Surveillance Report1 Saving Lives, Improving Mothers' Care showed that mortality rates among Black women are four times higher than white women during pregnancy and childbirth and Asian women two times more likely to die because of complications in pregnancy. Furthermore, Asian infants are three times more likely to die within the first year of life.*

Recognising and addressing the impact of racism, and in some contexts the multiple and intersecting experiences of oppression and discrimination that the women and their partners and families who are subject to pre-birth planning may be experiencing, is critical in ensuring that this process does not compound these experiences but challenges, enables and empowers the families that we work with.

Multi-Agency Recognition of Risks for Unborn Children

All agencies play a key role in identifying risks and providing support, through advice or referral, for vulnerable expectant parents, partners and their unborn child and should be confident in sharing information appropriately in line with Early Help, Child in Need and Child Protection processes. It is the responsibility of all professionals to understand and work to statutory guidance, as well as the guidance in this document, the Pan London procedures and their own agency's procedures.

The Pan-London threshold document provides a framework for professionals who are working with children, young people and their families. It aims to help professionals identify when a child may need additional support to achieve their full potential through a graduated response from universal, early help, targeted early help or specialist services. The threshold document should be used alongside this guidance to consider what level of assessment and support is most appropriate for the family.

Where neglect is a concern, the local documents to support the identification and reduction of risk should be consulted.

Recognising risks for unborn children

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.

The Pan London Safeguarding Procedures consider that the following circumstances might indicate an increased risk to an unborn child. A referral should be made to Croydon MASH to decide if a pre-birth assessment needs to be undertaken in the following circumstances: -

- A child has previously sustained non accidental injuries in the care of either parent / carer (this includes the sudden, unexpected death of a child where safeguarding concerns were raised);
- Previous children in the family have been removed from the care of the parent(s) either by a private arrangement or by a court order.
- A child in the household is the subject of a Child in Need or Child Protection Plan or is a Looked after Child.
- Either parent is the subject of a Child in Need or Child Protection Plan or is a Looked after Child or Care Leaver.
- The mother is a child aged under 16 who is found to be pregnant (see **Sexually Active Children Procedure** and **Sexual Exploitation Procedure**);
- A parent or other adult in the household, or regular visitor, has been identified as posing a risk to children (see **Risk Management of Known Offenders Procedure**);
- There are concerns about the parent(s) ability to protect the baby;
- There are concerns regarding domestic violence and abuse (see **Domestic Abuse Procedure**);
- Either or both parents have mental health problems that might impact on the care of a child (see **Mental Illness (Parenting Capacity) Procedure**);
- Either or both parents have a learning disability that might impact on the care of a child (see **Learning Disability (Parenting Capacity) Procedure**);
- Either or both parents abuse substances; alcohol or drugs (see **Parents who Misuse Substances Procedure**);
- Any other concerns exist that the baby may be at risk of Significant Harm including a parent previously suspected of fabricating or inducing illness in a child (see **Fabricated or Induced Illness Procedure**) or harming a child;
- The mother had not registered for antenatal care;
- If the pregnancy is denied or concealed.

Early Help

Croydon's Early Help services provide support to families in order to prevent emerging problems from escalating and provide extra support for children and parents who need some help in order to achieve best outcomes.

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 below services using the specific referral routes. Parental consent must be obtained prior to a referral being made for Early Help.

Early help in Croydon is delivered through a range of services, including children's centres, family hubs, and family workers, each accessible through specific pathways. Below is an overview of the services available and guidance on how to access them:

Best Start Services: Best Start offers both universal and targeted services, providing early intervention support from pregnancy to a child's fifth birthday. These services include a variety of community activities and programs designed to assist families.

Best Start Children's Centres: These centres provide services, activities, and support for families with children under 5. Each centre offers a unique set of programs, such as antenatal sessions like 'Now I'm Expecting,' and family support services that include general signposting, advice, and guidance. View list of Croydon children centres here.

Community Builders focus on working with local communities, celebrating their strengths and assets to foster growth and collaboration.

Home-Start Croydon: This service supports families by training volunteers to provide informal, confidential, and friendly assistance through one-to-one home visits. Parent Champions also lead universal community groups to engage and support families. Learn more about this service here

Parent and Infant Relationship Service (PAIRS): Delivered by Croydon Best Start, PAIRS works with parents-to-be and parents of babies up to 24 months, promoting healthy parent-child attachment and early bonding.

Parenting Courses: Led by South London and Maudsley NHS Trust (SLaM) and Empowering Parents, Empowering Communities (EPEC), these peer-led courses help families give children the best start in life. Programs include 'Baby & Us' and 'Being a Parent.'

Access more information about the Best Start services available here.

The **Family Hubs** approach in Croydon is a pivotal offer, providing comprehensive support to families from pregnancy until children turn 19, or 25 for those with special educational needs and disabilities. It is the front door to the borough's early help network. The family hub delivery model integrates services from health, council, and voluntary sectors to offer a wide range of support, signposting, and information for 24 services.

The model encompasses activities for children aged 0-5, antenatal support, midwifery, support for fathers and male carers, domestic abuse support, early language & learning, home learning support, evidence-based programs for parents and care givers, peer support services, parent carer panel services, health visiting, housing, infant feeding support, intensive targeted family support services, and mental health services.

By offering these services, Family Hubs ensure accessible early intervention, which is crucial in addressing potential issues before they escalate. This holistic approach enables all families to access the help they need in one place, promoting the well-being and development of children and young people in Croydon.

Through their work, Family Hubs embody the 'Start for Life' offer, a commitment to giving every child the best start in life. Thus, Family Hubs play an essential role in shaping the future of the community by investing in its youngest members and their caregivers. The network of Family Hubs in the borough is an invaluable element that makes a significant difference to all families living in Croydon.

We are committed to ensuring that the principles, ambition and scope of the family hub approach, and Best Start, shape the work in the long term.

Early Help Family Solutions is the support we give to children, young people and their families where they have additional needs that are not being met by universal services – for example, midwifery and a GP.

The aim of the service is to provide locality based early help to families to prevent difficulties becoming worse. It offers intensive and targeted support to children pre-birth to 18 years, and their families who are experiencing difficulties, such as:

- Domestic violence
- Living with drug and alcohol misuse
- Mental ill health
- Low level neglect

To refer to the Family Solutions Service, a MASH referral must be completed, and you can find the process for completing this here.

When a referral is accepted by the Family Solutions Service, the allocated worker will convene a multi-agency planning meeting attended by parents and the professional network (the Team Around the Family - TAF) 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 CSC in order to ensure that families continue to get support if it is needed.

Information for Health professionals

Health professionals have a key role and specific responsibilities in safeguarding and promoting the welfare of unborn children. Professionals must be alert to the needs of the unborn baby including whether there could be any child protection risks after birth, whilst taking into account the needs and rights of the pregnant person.

When assessing risk, key health professionals should gather relevant information about the mother during the booking in appointment/first contact and consider whether any aspects 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.

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.

Midwives

Maternity staff are the primary health professionals likely to be working with and supporting pregnant people and their families throughout pregnancy. This relationship provides a key opportunity to observe the attitudes towards the unborn and identify any potential concerns during pregnancy, birth and the child's early care.

Midwives are responsible for planning and providing midwifery care to pregnant people and their babies during the antenatal, intrapartum and postnatal periods. They have a duty to ensure that the needs of the parent and baby are an integral focus of their practice, referring to the necessary services when needed. Throughout this time, they have a responsibility to work with other professionals in order to safeguard a baby from harm.

At booking interview, Midwives must undertake an assessment of the pregnant person's individual needs including a social history to ensure that they receive appropriate care. At this time, the person's partner/father/significant other details must be obtained where possible, as well as details for any other children. If possible, expectant parents should be spoken to alone to allow screening for domestic abuse. If this is not possible at any appointments, arrangements should be made to ask at future appointments. Questions relating to Domestic Abuse should not be viewed as being at the booking appointment only and should be considered throughout the provision of care.

If vulnerabilities or risk factors are identified in respect of domestic abuse, Midwives must consider offering the pregnant person an enhanced midwifery/continuity of care service and must signpost to the appropriate care pathway within their own health Trust. Consideration should also be given to discussing the mother at the Vulnerable Women's Meeting coordinated by Croydon Health Services Maternity Safeguarding Team. Contact Croydon Health Safeguarding team for further information: ch-tr.safeguardingmaternity@nhs.net

If maternity staff conclude that a referral to CSC is required, they should discuss this with parents unless this is likely to put the unborn child/children at immediate risk. Referrals should be made to CSC in line with the Trust Safeguarding Policy. Midwives should ensure that the estimated date of delivery (EDD) and all relevant relationship information is included in the referral, including father and/or partner's details. Contact should also be made to the maternity safeguarding team where the expectant mother has chosen to have maternity care and where this is unknown, the Local Maternity Safeguarding Team.

Midwives will share information as appropriate with the GP, health visiting service and other agencies. Expectant parents with vulnerabilities can be referred to a monthly multi-agency vulnerable women's group, to ensure that a joined-up approach is taken to the expectant parent's care and to safeguard the unborn child.

Assessment of any family's needs should be on-going. If new concerns arise or if concerns escalate, professionals should complete a new referral to Children's Social Care; this includes if a family disengages from support offered or has poor attendance at appointments. If concerns decrease, cases can be stepped down to a lower level of support judged by Children's Social Care.

Midwives should offer enhanced postnatal care to parents where there are safeguarding concerns or vulnerabilities. Throughout the postnatal period, maternity services and Health Visitors can help to identify emerging mental health problems and refer to appropriate mental health interventions. Where there are safeguarding concerns for a child, midwifery representation must attend multi-agency meetings for example child protection conferences and core groups, recognising that they are experts in the unborn child's health and development and are often well-placed to build relationships with parents. Additional support could also be provided by the Maternity Safeguarding Team (including the wider team and/or hospital IDVA).

Health Visitors

The Health Visitor will offer an assessment to all known women (and their families) who are identified as being pregnant between 28 weeks gestation and the birth of the infant. Health visiting will consider enhanced antenatal care for women identified as vulnerable.

Where there are safeguarding concerns for a child, Health Visitor s should ensure attendance at multi-agency meetings for example child protection conferences, recognising that they are experts in that child's health and development and are often well-placed to build relationships with parents. Health visiting will seek joint liaison with Midwifery, GP and Social Worker and joint contact will be undertaken if unborn infant is subject to a child protection plan.

If a Health Visitor encounters a person that they believe to be pregnant who has not sought health advice, they should encourage them to access health advice and care from a midwife and/or GP. If the person refuses to seek health advice, then a referral should be made to the MASH.

GP's

It is good practice that all pregnancies are referred to a midwife as soon as possible, so that the most appropriate care can be given. Where an expectant parent is not engaging in antenatal care this is usually a cause for concern and a referral should be made to MASH.

The GP must fulfil their duty of care when it comes to safeguarding. They must have the professional curiosity to explore risks, undertake a risk assessment to guide next steps and share their concerns with the safeguarding lead and follow their organisational safeguarding policy, this should include both parents.

The GP should be alert to factors that may affect an expectant parent's parenting capacity or which may pose a risk to an unborn child (for example mental illness, domestic violence, alcohol or other drug use), and must share information appropriately with the Midwife, Health Visitor and colleagues from other agencies, to ensure that any pre-birth assessment is fully informed; this includes sharing relevant medical information regarding assumed fathers, partners and other residents known to be in the family home.

GP's must provide reports and engage with meetings and conferences that are held in respect of unborn and newborn babies. This may require a creative approach (such as booking in a specific timeslot for the GP to attend) but it is critical to ensure that the welfare of the child remains paramount.

Important adults and siblings of the unborn baby may be registered at different surgeries. Where this occurs, it is necessary to highlight this when information returns are being made and/or information is being requested. Communication across surgeries may be required to provide a full response. It is critical that appropriate safeguarding (SNOMED) coding is used, to ensure that concerns are flagged.

Professionals working with parents in specific circumstances

Information for substance misuse professionals

Drug and Alcohol Services in the community can play a key role in supporting expectant mothers, such as identifying drug and alcohol use in pregnancy at an early stage, referring on to appropriate help and support, and providing advice and intervention. Drug and Alcohol Service professionals should consider whether a referral to Children's Social Care is required using relevant risk assessment tools.

Within the bounds of their usual consent and confidential policies, Drug and Alcohol Service professionals are responsible for sharing relevant information with Midwives, GPs, Health Visitors, Social Workers and other relevant professionals about how the expectant parents' alcohol and other drug and accompanying treatment may affect parenting capacity, or development of the foetus, to support in assessing risk to the unborn child. Professionals should also support service users to engage with maternity services.

Whilst drug or alcohol use does not in itself indicate that a parent will be unable to care safely for a child, excessive parental alcohol and/or other drug use is likely to have a detrimental impact on an unborn or new-born child and professionals should consider certain factors, including:

- Patterns of substance/alcohol 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.

In Croydon, the alcohol and drug service provided by Change Grow Live (CGL) offers a specific service covering the perinatal period (pregnancy and the first year of the child's life). Midwives and substance misuse practitioners are closely aligned with maternity services to ensure that the pathway does not leave pregnant or expectant parents feeling stigmatised if they needed help. Where alcohol and/or drug use is identified by maternity staff, Social Workers or substance misuse workers, parents should be offered a referral to the Maple Clinic (consent is required). CGL referral should also be considered if fathers, or anyone else in household is impacted by substance misuse or alcohol.

Social Workers and other professionals should use the expertise of community alcohol and drug use teams when considering the implications of drug and alcohol use on the unborn child and the potential impact on parenting capacity. CGL can be contacted via their general contact number (0300 123 9288)

Professionals should be alert to the elevated risks to children where there are concerns about a combination of parental alcohol and drug use, parental mental illness and domestic abuse. Cases involving multiple complex problems such as these cannot be effectively worked by a single agency and cooperative working with other professionals is vital to capturing a full picture of the risks for the unborn baby.

Parents with Learning Disabilities

Parents with a learning disability may require additional support in order to understand and access antenatal care. When any professional working with an adult with a learning disability becomes aware that a service user is pregnant, they should encourage the expectant parents to engage with antenatal services and should seek consent to contact the named midwife and GP to share information. Even in the absence of a diagnosed learning disability, if any professional has concerns about a parents' level of understanding or their cognitive capacity, they will need to adjust their approach and ensure they are working in line with good practice guidance.

Midwives who believe that an expectant parent may have a learning disability should check health records and seek consent to contact Adult Social Care to confirm if they are known to the Community Learning Disability Team service and should consider alongside other professionals whether additional support is required. Where there are significant concerns about the impact of an expectant parents' learning needs on their parenting capacity, a referral

must be made to Children's Social Care. An early referral will allow for a pre-birth assessment to be undertaken to ensure that professionals have a clear understanding of the expectant parents' needs and how best to support them to safely care for the child where possible.

A pre-birth assessment will focus on how the learning disability may impact on the adults' ability to parent and the provision of appropriately tailored services and support that may assist them to do so; it should also consider the level of family support available to the parents. Social Workers can refer parents for further assessment, for example from the Croydon Learning Disabilities Parenting Service, particularly if there is no confirmed learning disability but professionals have identified a concern about a parents' cognitive ability. Social Workers can also access specialist parenting assessments such as Parent Assess in order to ensure that parents are prepared for their baby.

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 upon 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, 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.
- Croydon police should ensure that when attending domestic abuse allegations, they are aware of the presence of expectant mothers in the household and share this information with Croydon MASH and midwifery services via CONNECT.
- Domestic abuse services and refuges in Croydon 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 are advised to complete 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 Family Justice Service for advice and support. Full contact and referral details are available on the Family Justice Service website.

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. Professionals should be aware that although most parents with mental health problems are able to provide an acceptable standard of care to their child, there is a link between parental mental ill-health and risk of harm to children. Parents with multiple or complex problems are particularly likely to find the parenting role more difficult to adapt to, for example those with substance use issues, learning difficulties or unsupportive relationships in addition to their mental health problems. In these cases, a referral should be made to Children's Social Care for a pre-birth assessment; this will ensure that the unborn child is safeguarded and will allow for robust multi-agency planning of support for parents during the pregnancy and postnatal period.

Mental health professionals will follow all relevant advice in liaising with multi-agency services such as midwifery, GP's and Children's Social Care where they have concerns.

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)

The Perinatal Mental Health Team is a multidisciplinary mental health service for pregnant and postnatal women with severe and complex mental illness. The team aims to prevent, detect and treat perinatal mental health problems and work to improve the experience of pregnancy and the postpartum period for women and their families, as well as early life experiences for babies.

Women at risk of relapse in pregnancy and following delivery are assessed early in pregnancy to allow them time to consider the treatment and care options available. The Perinatal Mental Health Team works collaboratively with women, their families and other professionals to plan care during pregnancy and the early postpartum period.

The Perinatal Mental Health Teams work jointly with adult mental health services already providing care for a woman when she becomes pregnant. They work in partnership with maternity services, children and families' social services, primary care and other Trust mental health services.

The service consists of psychiatrists, psychologists, perinatal nurses, perinatal nursery nurses, Midwives, occupational therapists and administrators. The service works with women who cannot be effectively managed in primary care. Health professionals are able to refer into this service.

Mental health professionals should refer to the NICE protocol for further guidance on the impact of mental health issues on pregnancy and parenting an may wish to seek advice from the midwifery service or a MASH Social Worker.

Housing

While homelessness is an issue for children of all ages, it is a factor of special importance for young babies (NSPCC 2015) The quality of housing itself can be an additional stressor for new parents and frequent moves between different temporary accommodation can make it more difficult for services such as midwifery and health visiting to provide a consistent service and monitoring of baby's development at a crucial time in their lives. Professionals should take into account the additional stress of homelessness or inadequate support when undertaking a risk assessment for an unborn baby. The housing conditions for the expectant parent(s) may influence vulnerability and might require a referral to MASH.

Housing professionals should ensure that they communicate with other involved professionals to share any relevant information. Housing Officers should be alerted to unborn babies open to Children's Social Care for pre-birth assessments, and in those circumstances, should ensure that the professional network is kept up to date with any changes of address for a vulnerable family. This would include residents in temporary accommodation and those in council properties.

Police and Probation

Probation professionals should make a referral to MASH if they become aware that a service user, or the partner of a service user, is expecting a baby where the risk of serious harm and/or criminal history is likely to impact on the child. For example, if a violent or sexual offence has been committed, or any offence against a child; if there has been domestic abuse; or if drug

and alcohol use or mental health are factors in offending. Professionals should ensure a referral through MASH for pre-birth assessment is made if there is any likelihood of an expectant mother receiving a custodial sentence or being remanded in custody.

Croydon Police should ensure that they ask about expectant parents when attending incidents and make a referral to Children's Social Care if there are concerns about the unborn child. Police must be involved in Strategy Discussions regarding unborn children, particularly in respect of birth and discharge planning where there are significant concerns about the immediate safety of a baby once they are born.

Concealed Pregnancy, late booking or non-engagement with antenatal care

Where there is a late booking or a concealed pregnancy the health practitioner should complete an immediate assessment to identify which agencies need to be involved and make appropriate referrals. In the case of a concealed pregnancy a referral must be made to Children's Social Care.

Professionals should adhere to the Pan-London procedures in relation to concealed pregnancy or late booking of pregnancy. All professionals are responsible for supporting a pregnant person to access and attend antenatal care at the point that a concealed pregnancy is disclosed or suspected.

Concealment may be an active act or a form of denial where support from relevant health professionals is not sought. A concealed pregnancy is when:

- A person knows they are pregnant but does not tell anyone
- A person appears genuinely unaware that they are pregnant.

If a professional has a concern that a young person (under 18 years old) could be pregnant and not accessing antenatal care, they should make a referral to Children's Social Care and an assessment will be carried out.

Where the expected pregnant parent is over 18, every effort should be made to resolve the issue of whether they are pregnant or not. No person can be forced to undergo a pregnancy test or other medical examination, but in the event of refusal with clear reason to suspect that the person is pregnant, professionals should proceed on the assumption that they are pregnant, unless it is proven otherwise. A referral to Children's Social Care will be required for multi-agency decision and assessment to make plans to safeguard the baby's welfare at birth. All professional referrals should include an assessment of risk.

A late booking is defined as presenting for maternity services after 20 weeks. It is important to remember that unless the expectant parent has genuinely not been aware that they are pregnant, they have still concealed their pregnancy up until the point they have accessed antenatal care. A booking appointment with a midwife should ideally be by 10 weeks (NICE 2008).

A person who presents to antenatal care late in their pregnancy should be assessed by maternity services at the booking appointment and potential risks highlighted and considered in relation to safeguarding the unborn baby and any other children within the household or family, as well as the young person themselves if the expectant parent is under 18 years old. This will inform the decision as to whether to refer to Children's Social Care and/or whether other services could support the family e.g. Early Help. CP-IS should also be checked once it is embedded in maternity services in line with the national roll out. The parent must be informed that the referral has been made, unless there are significant immediate child protection concerns that prevent this.

Late booking can be the result of a person presenting for a termination of pregnancy but unable to have this procedure because the pregnancy is over 24 weeks, or because of ambivalence about whether to go ahead with the procedure. When these parents continue with the pregnancy, professionals need to be alert to the impact of any missed antenatal care. Professionals must consider the reasons for presenting late to termination services, associated risk factors, and level of support needed when the parent continues with an unwanted pregnancy including their psychological support needs.

Concealment of pregnancy may be revealed late in pregnancy, in labour or following delivery. **In all cases where a person arrives at hospital in labour or following an unassisted delivery as a result of a concealed pregnancy, an immediate referral must be made to Children's Social Care**. The baby should not be discharged until a Strategy Discussion has been held and appropriate assessments undertaken. The Strategy Discussion must consider the initiation of a psychiatric assessment; mental health representation should be included in this meeting.

Where the referral to Children's Social Care is received out of hours in relation to a baby born as the result of a concealed pregnancy, the Out of Hours Service will take steps to prevent the baby being discharged from hospital until Children's Social Care have given their approval for discharge; most instances this would be after a Strategy Discussion has been undertaken. The baby should not be discharged out of hours.

Young parents under 18

Many young parents 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 parents may have difficulties in meeting their child's needs due to their own vulnerabilities. Young parents 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 Croydon mash 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 and father are already known to Croydon Children's Services, their allocated Social Worker will decide in partnership with their leadership team and the muti agency whether a referral should be made for 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.

A young mother may receive their midwifery care though the hospital-based specialist Midwives able to offer continuity of care and flexibility around appointment frequency and duration.

Children Looked After

When a child who is looked after becomes pregnant, all professionals have a responsibility to consider both their welfare and that of their unborn child, to support and assist them throughout their pregnancy and after the birth to give them the best opportunity to make a successful transition into parenthood.

If a child who is looked after is aged 16-18 years, their allocated social worker should consider and discuss with them whether a referral for their unborn child to MASH for a pre-birth assessment is required. The social worker will need to consider any risk factors or vulnerabilities for the prospective parents. However, the paramount concern in making this decision must be the welfare of the unborn child and there should be no circumstances in which a necessary referral is not made due to lack of parental consent.

For those pregnant children who are looked after and who are under the age of 16 years, the unborn baby should always be referred to MASH for plans for them to be made. The child looked after will continue to have their own allocated social worker to safeguard them and to offer them support and assistance in their own right.

On learning of a pregnancy for a child looked after who is under 16 years old, the social work team and other professionals will also need to assess whether the young person is sufficiently competent and able to make safe decisions for themself and their unborn child both before and after the birth and will need to seek legal advice, if required.

All pregnant teenagers who are looked after may need significant support and guidance to enable them to make informed choices about their future and to prepare for the birth of their baby. They should be put in contact with relevant health professionals at the earliest opportunity and should be referred to the children's looked after specialist nurses Their allocated social worker will have primary responsibility for ensuring that they are able to access all of the necessary support services and for the coordination and updating of their care or pathway plan

Care Experienced Young People

When a care experienced young person announces and/or establishes that they are expecting a baby, either as the expectant pregnant person, or their partner, the professional informed must consider whether a referral to the MASH for a pre-birth assessment for the unborn child is required. This will not be necessary for all care experienced young people and should be determined in accordance with the agency knowledge of the young person, the continuum of need, threshold document and this pre-birth guidance.

When it is determined that a referral to the MASH for a pre-birth assessment is required, this must be done at the earliest opportunity and the young person must be informed, unless this would comprise their safety, or the safety of the baby.

In all cases where information is received by a professional that a care experienced young person, or their partner, are expecting a child, if they have a Personal Assistance (PA), the young person should be encouraged to contact their PA to advise them of the pregnancy. If there are any safeguarding/risks concerns a referral will be made and the PA informed. This must be explained to the young person unless it is unsafe for them or their unborn baby to do so.

The PA, with the consent of the young person, should work in partnership with them and their professional network to update their pathway plan, considering the skills and preparation specific to becoming a new parent, what community and specialist support resources are available, as well as any concerns for the unborn baby or the young person's ability to parent. This also needs to include the young person's own experience of being parented and how this might impact their practical and emotional parenting support needs

The early stages of pregnancy can be a celebratory time for many, but best practice involves using careful language, being transparent, taking thoughtful action, and exploring young people's histories to understand how these may affect their engagement with services.

Making a Referral to Children's Social Care

Referrals should be made to the MASH when a pre-birth assessment may be required. Consent to the referral should be obtained from the parent unless this is likely to cause immediate safety concerns for an expectant parent or child. Where the family normally resides outside of Croydon, a referral should be made to the relevant local authority.

Professionals should make the referral as soon as the need is identified, and the MASH should accept and triage the referral at this point (within 24 hours). If a pregnancy is suspected by professionals but there is some uncertainty, efforts should be made by professionals to gain further certainty around the pregnancy status, however it is recognised that this is not always possible. If the clear professional view following observation is that mother is pregnant, the referral must be accepted.

Professionals should familiarise themselves with their own agency policies on referring to and consulting with Children's Social Care where there are concerns about a child. Professionals may wish to discuss concerns with their own safeguarding lead prior to referral. If professionals have any queries relating to the referral or need advice on whether to make a referral or in relation to consent, they should contact the MASH to discuss on 0208 255 2888.

Journey of a child through Croydon Social Care

MASH: A referral will be made to MASH where an initial screening will take place. The referral may come from a number of sources or be a self-referral. If support for the family after the birth is considered by MASH to be needed from non- statutory services, then referral can either be made to Family Solutions Service where a Child and Family Wellbeing Assessment, or a referral to parenting programmes, or the Family Hub can take place.

Family Assessment Service (FAS): Pre-Birth Child and Family Wellbeing Assessments are undertaken by FAS when there are identified areas of need and support for the unborn child and their family. This assessment should start after the pregnancy has reached 12 weeks gestation

Purpose of the assessment

1. To gather important information about the family.
2. To assess the parents' potential parenting capacity
3. Identify any potential sources of harm to the unborn child and to consider likelihood of future need,

4. To identify the support parents may need to help strengthen parenting capacity including providing them with opportunities to learn parenting skills to meet the child's needs
5. Plan for the child's care and make decisions on interventions to ensure the child's needs are met

Family Assessment service (FAS)

Pre-birth assessments are carried out in FAS whenever there are concerns about potential risks to the future care of the child within the birth family. Referrals are made to FAS by MASH within 24 hours of the referral being received.

Social Workers will usually begin pre-birth assessments at the 12th week of pregnancy but as outlined above, pre-birth assessments should be started earlier where there are long-standing concerns about the mother's parenting capacity such as a long history of parenting concerns, alcohol or drug misuse or learning difficulties or where there is concern for a parent's immediate safety. These are circumstances where a longer period of involvement will give the parent/ parents time and opportunity to address their difficulties

If there is a concealed pregnancy or late referral, the pre-birth assessment should start immediately to give the maximum time to gather all the necessary information about the family's current situation and any history from social care and partner records. High risk situations, where some of the factors outlined above are present require robust multi-agency planning and considerations should be given to a legal planning meeting taking place.

Purpose of assessment

The pre-birth assessment is used to address the following areas:

- To gather important information about the family.
- To assess the parents' potential parenting capacity
- Identify any potential sources of harm to the unborn child and to consider risk of future harm, to decide whether the child is a Child in Need (Section 17) and/or is suffering or likely to suffer Significant Harm (Section 47)
- Assess parental capacity for change and the likely timeframe for any necessary changes they need to make
- To identify the support parents may need to help strengthen parenting capacity including providing them with opportunities to learn parenting skills to meet the child's needs
- Plan for the child's care and make decisions on interventions to keep the child safe

- The assessment will be in the form of a C&F Assessment using the pre-birth prompts attached.

If Children's Social Care are assessing a family where a pregnant mother is already caring for older children, the pre- birth assessment will include those children. The assessment will consider the impact of the birth of another child on the family and the potential risks to the unborn child and their siblings once the child is born.

If there are no other children in the parent/ parent's care, the C&F Assessment should aim to assess how well the child is likely to be cared for once born, looking at risk factors and the impact on family dynamics on the birth and care of a child.

If concerns are identified, the assessment should consider the parents and families ability to address/mitigate these concerns ahead of the baby's birth and formulate a plan for change that can be implemented during the pre-birth and post birth period.

The Decision-Making Process

The maximum time frame for the pre-birth assessment to conclude, should be no longer than 45 working days from the point of referral. If an assessment exceeds 45 working days, the social worker and professionals involved should record the reasons for exceeding the time limit.

The possible outcomes of the assessment should be decided on by the social worker and their line manager, who should agree a plan of action setting out the services to be delivered, how and by whom, in discussion with the child and family and the professionals involved.

The outcomes of the assessment may be as follows:

- No further action.
- Additional support which can be provided through universal services and single service provision or the Early Help / FSS service.
- The development of a multi-agency Child in Need plan for the provision of child in need services to promote the child's health and development.
- Undertaking a Strategy Discussion and a Section 47 child protection enquiry.
- Need for an immediate safety plan
- It is important to note that if a cognitive assessment is required for the mother, that this cannot take place any later than 34 weeks gestation or within 6 weeks of giving birth. As such, it is critical that the need for such an assessment is identified as soon as possible in order that this does not compromise the progression of other assessments, or the impact of change work.

The outcome of the assessment should be:

- Discussed with family and provided to them in written form.
- Taking account of issues of confidentiality and consent, provided to the professional network including the person who made the referral.

Pre-birth child protection conferences

Pre-birth conferences have the same status as an initial child protection conference and will decide whether a pre- birth CP plan is needed to protect the child during the pregnancy and after the birth.

If a pre-birth child protection conference is needed, they must be held within 15 days of the strategy meeting taking place

If a CP plan is put in place, it should:

- Identify what further work is needed as identified in the pre-birth assessment and reports provided by partners
- Identify changes the parents need to make
- Consider family support/ alternative carers
- Identify which agencies and professionals need to be involved and their roles.
- Agree any actions to be carried out in relation to parents.
- Identify the date for a pre-birth planning meeting at 28 weeks gestation to agree any actions to be carried out by the midwife and/or obstetrician or police immediately after the birth (these should be incorporated into the birth plan and all staff notified so they are aware of concerns).
- Complete hospital alerts
- Consider whether a GCP2 Tool should be completed (where neglect is a concern either pre or post birth)

There should be no delay in transfer to SWWF occurring, and this should occur at the ICPC. Delay in transferring to SWWF can affect the ability of the newly allocated Social Worker to establish meaningful relationships and complete purposeful work with parents.

A first core group and membership will also be agreed at the pre-birth CPC and should meet throughout the rest of the pregnancy and post birth to provide a multi-agency response. The first core group meeting should take place 10 days after the CPC.

A safeguarding midwife must be invited to attend all core group meetings completed pre-birth.

Child In Need procedures

If the pre-birth assessment shows that the unborn child is likely to be a child in need once born, transfer to SWWF should happen at the first CIN meeting to be organised by the Social Worker in FAS and should take place within 10 days of the C&F Assessment being completed.

The meeting should be attended by all professionals working with the unborn and family and will draw up the child's plan. This must include midwifery. The plan will be reviewed at a CIN review on a 6-weekly basis.

The CIN plan should

- Identify what further work needs to be undertaken following on from the pre-birth assessment, when this will be completed and how the impact of it will be assessed.
- Identify any changes the parents need to make
- identify which agencies and professionals need to be involved and their roles.
- Include a family support plan/identification of alternative carers
- Agree any services needed in relation to the 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).

Working with parents in Social Work with Families (SWwF)

When working with prospective parents, Social Workers will need to be sensitive to their history and circumstances. Some parents may have already experienced the loss of a child following care proceedings and may still be coming to terms with this. Some may have ambivalent feelings about the pregnancy. Parents may fear social care actions after the birth and so it is important to try to engage parents to address these fears and to help them explore issues and address concerns.

Referrals to 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. Involving the parent/s in an ongoing review of the progress of the CP, or CIN plan is also needed

It is also crucial that professionals engage fathers, current partners and other adults living in the household on an ongoing basis 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.

It is important that contingency planning is also considered, and any alternative family members are assessed as potential sources of support/ alternative carers at the earliest possible time.

Within SWwF, the focus should be on progressing the plan for the unborn child and ensuring that any services/ support/ education that the parents may require are provided. This may involve the Social Worker or family support worker doing sessions with the parents to increase their knowledge/ understanding of parenting and any potential challenges

Assessment is a dynamic process, and the progress of the CP/ CIN plan should be reviewed and updated on a regular basis and the threshold for intervention reviewed at CIN planning meetings, core groups and child protection conferences.

Prebirth planning meeting

At 28 weeks into the mother's pregnancy, a multi-agency hospital safeguarding plan should be put in place which can be completed at a core group or CIN planning meeting.

The pre-birth plan is attached to this guidance and will consider:

- How the mother would ideally like the birth to proceed
- Agency roles and responsibilities
- The mother's health and how this may impact on the child's neo-natal health
- What actions (if any) 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
- Family time arrangements whilst in hospital
- Whether alerts need to be sent to other hospitals
- Contact details of children's social care staff to be notified, including edt
- Any contingency planning

The pre-birth plan should be produced and signed by the participants and reviewed regularly prior to the EDD to ensure the information is up to date.

Care/ Pre-proceedings

Sometimes Children's Social Care will have a high level of concern about the safety and welfare of a new-born child if they were to be return home with their parents. If this is the case, a Legal Planning Meeting (LPM) should be held as soon as possible in the pre-birth period and consideration given to completing assessments and having a clear agreed plan in pre proceedings.

Assessments should include assessment of any alternative family members by the friends and family team.

If a LPM or during pre-proceedings it has decided that Children's Social Care would need to apply for an Interim Care Order as soon as the child is born (no legal order can be sought on an unborn child), Children's Social Care must inform hospital staff 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. The Social Worker should ensure all court documents are completed in advance so that care proceedings can be issued immediately at birth where needed.

If the plan is that the parent/s and baby will move to a parent and child foster placement or to a residential assessment after the birth, it is important that appropriate resources are found in a timely way and if possible, initial introductions are completed prior to the birth. This will require the Social Worker to make a referral and attend care panel to secure consent for a placement search in advance of the birth.

It will be imperative that Midwives and obstetricians notify Social Workers of the imminent birth immediately so that Children's Social Care can issue the application. The pre- birth planning meeting should have been 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 (PPO) or for Children's Social Care to apply to the court for an Emergency Protection Order (EPO).

Once an interim care order or EPO is in place or the police have used Police Powers of Protection, hospital staff can take action to stop parents from removing the child from the hospital, including calling the hospital security or the police. Where necessary the Emergency Duty Team may need to initiate the post birth plan, so it is critical that this is clear on the child's CRS record, and all other professionals are sighted on this

After the Birth

Discharge planning meeting

Where a new-born child who is known to Children's Social Care 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.

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(s) on discharge, including the community midwife and the Health Visitor.

The meeting should look at:

- Whether a safety plan/contingency plan is in place
- The suitability and safety of the proposed living arrangements
- Whether services are in place to support the parents and meet the child's needs

- Plans for visiting the child and parents at home or in placement
- Where the child is to be placed with foster carers or with the mother/ father in a mother/father and baby placement for assessment, what arrangements have been made for this and for family time to take place.

If the child is subject to a child protection plan prior to birth, the discharge planning meeting will also review the child protection plan prior to the child returning home. The child protection chair must be notified of the child's birth. A core group or CIN planning meeting will be held within a maximum of 4 weeks of the return home, and all relevant professionals should be present. The purpose of this meeting is to review plans and the continued safeguarding of the child. An updated C&F Assessment should be completed after the initial 6 weeks following birth although assessment of the care being received should be ongoing during all social work/ professional visits.

Resolving Professional Differences

If there is disagreement regarding decision making at any stage professionals should seek advice and supervision as per their own agency's process. Where these differences cannot be resolved professionals should follow their own escalation process and the CSCP Escalation Policy.

Resources and Useful Contacts

Pan-London Child Safeguarding Procedures: Comprehensive guidance for safeguarding practices.

- London Safeguarding Children Procedures

Croydon Safeguarding Children Partnership (CSCP): Includes the Neglect Strategy, GCP2 Tool, and Escalation Policy.

- Guidance & Policy | Croydon Safeguarding Guidance & Policy | Croydon Safeguarding

Family Justice Service: Support and advice for families experiencing domestic abuse.

- Family Justice Service | Croydon Council

Change Grow Live (CGL) – Croydon: Support for substance misuse during the perinatal period.

- Info - Drug and Alcohol Service - Croydon | Change Grow Live

Parent and Infant Relationship Service (PAIRS): Support for bonding and attachment in early parenthood.

- Children, young people and families support directory | Croydon Council

Family Hubs: integrated support from pregnancy to age 19 (or 25 for those with special needs), a central access point for health, council, and voluntary sector services.

- Family Hubs | Croydon Council

Best Start Services: Antenatal and early parenting support programs.

- Best Start service: for children up to the age of 5 | Croydon Council

South London and Maudsley NHS Trust (SLaM) Parenting Programs: Parenting and mental health support.

- Home - South London and Maudsley

Key Contacts

Croydon Multi-Agency Safeguarding Hub (MASH)

- Phone: 0208 255 2888
- Email: mash@croydon.gov.uk

Croydon Health Safeguarding Team - Contact for maternity-related safeguarding.

- Email: ch-tr.safeguardingchildren@nhs.net

Perinatal Mental Health Team: Specialist mental health support for pregnant and postnatal women.

- Contact: perinatal@slam.nhs.uk

Emergency Contacts

- **Immediate Concerns: Call 999**
- Out-of-Hours Social Care: 0208 726 6400 (Croydon Emergency Duty Team)