



PRACTICE GUIDE

Respond to an unborn child

Child Safety receives reports of concerns about unborn children that may be in need of protection after birth. Any action taken by Child Safety is with the intent and focus of reducing the likelihood the unborn child will be in need of protection and require any level of statutory intervention after they are born (*Child Protection Act 1999*, section 22). The action Child Safety takes must not interfere with the rights and liberties of a pregnant person¹. There are opportunities to offer help and support to the pregnant person throughout the child protection continuum including at intake, through a safety and support response, a standard or priority response or a support service case.

Principles for working with a pregnant person

When working with a pregnant person, the following principles may be used to guide practice and achieve positive outcomes:

1. **Prevention** – remain focused on reducing risk and increasing safety for the unborn child after the child's birth, to reduce the need for and level of statutory intervention which may be required after the child is born.
2. **Early intervention** – offer a pregnant person help and support at the earliest opportunity to reduce risk to the unborn child after the child is born. Early and meaningful engagement can identify safety and support networks and other opportunities to reduce risk.
3. **Collaboration** – work closely with health services, as they are universal providers for pregnant people, are able to connect them with other services, and provide information to inform an assessment about an unborn child and pre-birth planning.
4. **Partner with Aboriginal and Torres Strait Islander services** – refer to and partner with culturally appropriate health and wellbeing services for culturally safe support for the pregnant person of an Aboriginal and Torres Strait Islander unborn child.
5. **Make active efforts** - make timely, thorough and purposeful efforts to apply the elements of the Aboriginal and Torres Strait Islander child placement principle for an unborn Aboriginal and Torres Strait Islander child.
6. **Respect** a pregnant person's right to decide whether and how they participate in Child Safety processes, which services they engage with or whether they engage with services.

Aboriginal and Torres Strait Islander child placement principle

Aboriginal and Torres Strait Islander children, including newborn children, are disproportionately represented in the child protection system. Practitioners are legally required to make active efforts to apply the five elements of the Aboriginal and Torres Strait Islander Child Placement Principle to reduce the disproportionate number of Aboriginal and Torres Strait Islander newborn children

¹ In this practice guide, the term 'pregnant person' is used to be inclusive of gender diversity. It is recognised that the legislation uses the term 'pregnant woman' and that practitioners will need to adapt their language to individual needs of each person and family.



receiving statutory child protection services and uphold their rightful connection to family, community, culture and country (*Child Protection Act 1999*, sections 5C and 5F).

Specific to the areas addressed in this practice guide and in relation to an Aboriginal or Torres Strait Islander unborn child, timely, thorough and purposeful efforts to apply the Aboriginal and Torres Strait Islander Child Placement Principle include but are not limited to:

- asking a pregnant person at the earliest opportunity if the unborn child is of Aboriginal or Torres Strait Islander descent
- offering a pregnant person culturally safe help and support at the earliest opportunity (the prevention principle)
- assisting a person who is pregnant with an Aboriginal or Torres Strait Islander child access to Aboriginal and Torres Strait Islander services, if this is their choice (the participation principle)
- asking a pregnant person whether they would like an independent person to help facilitate their participation in decision making and, if requested, arranging an independent person (the participation principle)
- asking a pregnant person for their consent to offer the unborn child's family an independent person to help facilitate their participation in decision making and, where agreed and requested, arranging the independent person (the participation principle)
- offering the services of the Family Participation Program for Aboriginal and Torres Strait Islander family led decision making (the participation principle)
- encourage the pregnant person to identify and involve the family of the unborn child to increase cultural connection, placement opportunities and support for the child (the *connection and placement principles*).

Information sharing

A contemporary information sharing framework enables the exchange of information between prescribed entities, service providers and Child Safety relating to unborn children for particular purposes. This information exchange may occur with or without a pregnant person's consent, however where possible and appropriate seeking consent from the pregnant person underpins a transparent and positive process. The information sharing framework supports Child Safety to fulfill its statutory obligation to take action to reduce the likelihood an unborn child will be in need of protection after the child's birth.

Relevant section of the <i>Child Protection Act 1999</i>	Who may share information	For what purpose
Section 159MA(b) – reporting suspicion to Child Safety	A prescribed entity or service provider may give a prescribed entity or service provider.	Information to help the recipient decide whether information about an unborn child who may need protection after birth should be given to Child Safety.
Section 159MB(1)(c) – assessment	A prescribed entity or service provider may give Child Safety information.	To help Child Safety assess, before the birth of a child, the likelihood that the child will need protection after the child is born.
Section 159MB(2) – assessment	Child Safety may give a prescribed entity or service provider information.	To help the prescribed entity or service provider decide whether to give information to Child Safety under subsection (1).
Section 159MC(1)(d) – assessing care needs and planning services	A prescribed entity or service provider may give Child Safety information.	to help Child Safety offer help and support to a pregnant woman

Section 159MC(2)(d) – assessing care needs and planning service	Child Safety or a prescribed entity may give a prescribed entity or a service provider information.	to help Child Safety offer help and support to a pregnant woman.
Section 159MC(3) – assessing care needs and planning services	A service provider may give a prescribed entity information.	to help the prescribed entity do a thing under subsection (2).
Section 159H – Child Safety may ask particular entities to provide a service	Child Safety may ask an entity named in subsection (1) to provide a service to an individual before the birth of a child.	to help meet the child's protection and care needs and promote the child's wellbeing after the child is born.

For further information, refer to the [Information sharing guidelines](#).

Intake

When information is received at intake that does not meet the threshold for recording a notification and a child concern report is recorded, a pregnant person may be offered help and support either by:

- the notifier referring the pregnant person to an appropriate service, with their consent under a protective advice response
- Child Safety referring the pregnant person to an appropriate service named in the *Child Protection Act 1999*, section 159H under a referral to another agency or active support response.

Protective advice response

When providing this response encourage the notifier to talk with the pregnant person about their concerns, the service options and how they could assist to make a referral with the pregnant person's agreement. When the notifier is a professional working with a pregnant person, encourage them to seek the pregnant person's consent to make a referral to a service of their choice.

Provide notifiers with the names and contact details of local community services which they could work through with a pregnant person to identify which service the pregnant person would feel comfortable engaging with and accepting support from. This includes, for an Aboriginal or Torres Strait Islander unborn child, a culturally safe and responsive service such as an Aboriginal and Torres Strait Islander health service or a Family Wellbeing Service.

Referral under section 159H

Where a child concern report has been recorded, Child Safety is only able to make a referral to particular entities, to help a pregnant person meet a child's protection and care needs and promote the child's wellbeing after the child is born (*Child Protection Act 1999*, section 159H). These include the chief executive of a department that is mainly responsible for any of the following matters: adult corrective services; community services; disability services; education; housing services; public health. A health service is included as an entity that Child Safety may refer to in these circumstances. In some instances, Aboriginal and Torres Strait Islander Family Wellbeing Services may be under the auspices of a health service and this would enable a referral to be made for a pregnant person with an Aboriginal or Torres Strait Islander unborn child. For a list of Family Wellbeing Services, refer to the [Aboriginal and Torres Strait Islander Family Wellbeing Services](#) website.

This referral can be made under a referral to another agency response or an active support response.

Under a referral to an agency response Child Safety does not require the pregnant person's consent to make the referral. The pregnant person however has the right to decide whether to accept help and support from the service.

Under an active support response when Child Safety makes contact with a pregnant person a pregnant person's consent is required to make the referral.

Responding to a notification

A notification is recorded on an unborn child when there is a reasonable suspicion that the unborn child may be in need of protection after birth.

The response to a notification on an unborn child will be one of the following:

- priority response
- standard response
- safety and support response.

Making contact and engaging with the pregnant person in response to a notification

Child Safety's involvement with a family may generate fear and defensiveness. Be sensitive when engaging with a pregnant person and offer them time to consider the information and options regarding the concerns for their unborn child and the offer of help and support. Pregnancy can also be a positive experience for the person and provide them with the motivation to make life changing decisions to positively impact the child.

Recognise that an Aboriginal and Torres Strait Islander pregnant person and their family are likely to have a particularly heightened fear of Child Safety due to past government policies, including forced removals resulting in the stolen generation creating ongoing intergenerational trauma and overrepresentation in the child protection system.

Where possible First Nation Intake Officers, Cultural Practice Advisors, or another Aboriginal or Torres Strait Islander person with a level of cultural authority would be the most appropriate to have the initial engagement with the Aboriginal or Torres Strait Islander pregnant person. Where this is not possible due to limited capacity, consultation with a person with a level of cultural authority should occur prior to engaging with the pregnant person to assist and guide the practitioner with their engagement and conversation with the pregnant person.

Prioritise the assessment

Where a notification is recorded during the early stages of pregnancy, prioritising the assessment enables maximum opportunity to:

- engage with the pregnant person
- for a priority response assess whether the unborn child will be in need of protection after the child's birth
- assess the pregnant person's support needs
- offer the pregnant person support from an appropriate service of their choice to reduce the likelihood the unborn child will be in need of protection after birth.

The earlier this can happen, the more time a service has to engage and support a pregnant person. This improves the likelihood that the risk to the unborn child after the child's birth is mitigated and reduces the need for statutory intervention.

Where an assessment cannot occur during the early stages of pregnancy, there may need to be a stronger focus on managing risk and pre-birth planning if the unborn child is assessed as a child in need of protection.

Planning the assessment

Given that an assessment about an unborn child does not involve an assessment about immediate safety or danger, unannounced home visits are not necessary. Consider planning the interview with the pregnant person or asking a professional working with the pregnant person to discuss:

- the assessment process and why Child Safety would like to speak with the pregnant person
- where and when they would like to meet with Child Safety to discuss the notified concerns
- who they would like to have present, including whether they would like:
 - a support person
 - for an Aboriginal or Torres Strait Islander unborn child, an independent person to help facilitate the pregnant person's participation in the decision making
 - the unborn child's father or the pregnant person's current partner (where there are concerns that the unborn child's father or current partner are perpetrating domestic violence, this may not be appropriate)
- the role of any other service that may attend the interview with Child Safety (Family Participation Program, Family Wellbeing Service or Assessment and Service Connect co-responder etc) and ascertain the pregnant person's agreement for this to occur.

If the interview cannot be pre-arranged, consider who is most appropriate to accompany Child Safety on the initial visit. This may include one of the following:

- a person from a Family Wellbeing Service or Family Participation Program, where an unborn child is an Aboriginal or Torres Strait Islander child
- an Aboriginal or Torres Strait Islander Child Safety staff member, where a pregnant person identifies as Aboriginal or Torres Strait Islander
- an Assessment and Service Connect co-responder
- other Child Safety staff, particularly where the pregnant person has other children subject to ongoing intervention and has an effective working relationship with people involved with the case management of those children.

Aboriginal and Torres Strait Islander people consider pregnancy women's business, and as such it is best practice to have a female lead the assessment to support engagement and demonstrate cultural respect.

It may, in some instances, take some time to engage a pregnant person in an assessment process. This may be because the pregnant person feels anxious or fearful about the process and the wellbeing of their unborn child.

For Aboriginal and Torres Strait Islander pregnant people seek their consent to partner with Aboriginal and Torres Strait Islander community controlled organisations who can work with the pregnant person to support their participation in the assessment or offer help and support.

When meeting with the pregnant person discuss the concerns held for the baby following birth and seek their views on these. Encourage them to share information about their family, support network and services that they are currently or have previously accessed. If this discussion occurs later in

pregnancy, seek information about health services that have been involved, where the child will be born and what post birth care is available to the unborn child and pregnant person.

Explore what services the pregnant person might need to help them to meet the needs of the unborn child following birth, to create safety and reduce risk. Provide information about services available and include Aboriginal and Torres Strait Islander services where the unborn child is Aboriginal and Torres Strait Islander.

Offering help and support to a pregnant woman at the earliest opportunity, to reduce the likelihood an unborn child will require protection after the child's birth.

Make active efforts to engage Aboriginal and Torres Strait Islander pregnant people with services and assist with overcoming barriers. Active efforts include collaborating with the pregnant person on which service is both preferred and culturally appropriate, supporting connection with and attendance to the service (if needed) and developing a clear outline of what the expectations are of engaging with the service.

Support service case

Planning for safety and wellbeing at birth

Where the child has been assessed as 'in need of protection' following birth and the pregnant person has consented to a support service case being opened, engage with the pregnant person and their support network, wherever possible, to plan for the child's safety and wellbeing at birth.

For an Aboriginal and Torres Strait Islander unborn child, involvement of the Family Participation Program for a pregnant person and their family can be helpful at this stage if the pregnant person consents.

Ideally, a plan for safety and wellbeing at birth is a collaborative process bringing together Child Safety, the pregnant person, the father or partner, their safety and support network and the health service to develop a plan that addresses any safety or wellbeing needs for the newborn child that may be present at birth. For an Aboriginal and Torres Strait Islander family, this may include someone with a level of cultural expertise to engage and advise the planning group.

Collaborate with the health service, hospital and other services working with the pregnant person to plan for the newborn child's safety and wellbeing needs directly following birth, as well as any assessment or intervention that may be required. Ensure that information is shared with the services to plan for the safety of the newborn child after birth, risk mitigation and how attachment and bonding will be supported.

If a pregnant person is engaged with an Aboriginal and Torres Strait Islander health service or Family Wellbeing Service, work in partnership with that service to plan for the newborn child's safety and wellbeing at birth.

Planning for safety and wellbeing at birth, requires consideration of:

- the likelihood one or more immediate harm indicators will be present at the time of the child's birth, suggesting the newborn child would be at immediate risk of harm directly following birth
- the outcome of the review of the support plan, where a pregnant person has been working with Child Safety via a support service case

- whether any risk to a newborn child's immediate safety would impact their ability to stay with their parent/s on the ward, impacting their bonding and attachment with potential implications for the newborn child's mental health.

If there is information about domestic and family violence by the partner of the pregnant person or father of the unborn child, consider how the risk of violence could be managed after the birth whilst the mother and child are in hospital, what information the hospital needs to manage this and whether any domestic violence orders are in place.

Ensure a plan for a newborn child's safety and wellbeing at birth is clear about any potential concerns and how these may be addressed, including 'what-ifs' and roles and responsibilities of all the parties. The focus should be on maximising the newborn child and parent's opportunities for building attachment and bonding while ensuring the child's safety. A safety assessment must still be completed following birth, and information and strategies identified prior to birth may inform the safety interventions post birth.

If safe, plan with health staff to allow a supported period of time for the parents with the newborn child, providing opportunities for skin-on-skin contact and breastfeeding to be established. When a person plans to breastfeed their newborn child following birth, ensure arrangements are made to support this.

Planning for safety and wellbeing at birth will also consider the cultural needs of the newborn child, parents and family. Seek advice about cultural considerations for Aboriginal and Torres Strait Islander people.

A plan for safety and wellbeing at birth also provides clarity to Child Safety After Hours Service Centre about actions and decisions to support a newborn child's safety and aims to reduce the need for a crisis response. Ensure that any actions that may be required by Child Safety After Hours Service Centre are clear. This may include completing the safety assessment or implementing or updating a safety plan following birth.

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