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| **Pan Bedfordshire Pre Birth Plan** | | | |
| The purpose of this plan is to agree what support is needed whilst the baby is in hospital and to consider any safeguarding concerns. This plan will usually be completed at a meeting with the parents present, on the rare occasions where this is not possible, this plan may be agreed through consultation.  This form should be completed by 34 weeks or at the earliest opportunity for all unborn babies subject to the following criteria;   * Subject to a child protection plan or Child in Need Plan * Subject to a pre-birth assessment (Children’s Services) * Subject to pre-proceedings processes (Children’s Services) * Where there are vulnerabilities and/or concerns about a family   The form should be completed for all children open to Children’s Services. Responsibility for completion and distribution of the plan should be agreed amongst the professional group. This form should complement, rather than duplicate other plans such as the Child in Need Plan or Child Protection Plan. | | | |
| **1. Family Details** | | | |
| **Baby’s name** | |  | |
| **Date of Birth / EDD** | |  | |
| **Ethnicity** | |  | |
| **NHS Number** | |  | |
| **Children’s Services reference** | |  | |
| **Category of Children Services involvement** | | | |
| Child Protection Plan - Category (delete as appropriate) Physical/Sexual/Neglect/Emotional. Date of CP plan:  Child in Need Plan  Assessment underway  Early Help Assessment/Plan | | | |
|  | **Name** | **Address** | **Phone** |
| **Mother** |  |  |  |
| **Father** |  |  |  |
| **Status of parent’s relationship? (Are they in a relationship and do they live together?)** | | | |
|  | | | |
|  | **Name** | **Address** | **Phone** |
| **Mother’s current partner (if not the father)** |  |  |  |
| **Father’s current partner (if not the mother)** |  |  |  |
| **Will the Father have parental responsibility? (i.e. married to Mother or likely to be named on birth certificate – (NB if there are any uncertainties about the identity of the father, please state it here).** | | **Yes or No** | |
| **Do any of the adults have any communication or learning needs (e.g. language, understanding), if so please state the best way that professionals can communicate with them?**  **(Consider: pictures, large font, easy read, translator etc)** | |  | |
| **Agreed birthing partner’s name and status. Are there any specific support needs for the mother’s birth partner?** | |  | |
| **Are there any person(s) who are to be excluded from the maternity unit? If so, who and reasons why? NB for a person to be excluded, the bar is high and the hospital would need background information to justify why, such as bail conditions not to be present, or public protection reasons (e.g. SOPO)** | |  | |
| **Names(s) and relationship(s) to the baby of any person(s) who may have access to the maternity unit, but whose behaviour may pose difficulties. State why: (This should include anyone where it is believed that the child has suffered or is at risk of suffering harm during contact)** | |  | |
| **Delete as applicable:** | | * Plan for baby to remain with mother/father but there are safeguarding concerns * Plan for baby to be separated from mother/father following birth * Plan for baby to be separated from mother/father following discharge | |
| **2. Names and Contact details of Practitioners involved with unborn and their family** | | | |
| **Name of Hospital and birthing unit – Contact details** | |  | |
| **Named Midwife - Contact details** | |  | |
| **Named Health Visitor - Contact details** | |  | |
| **GP/Practice - Contact Details** | |  | |
| **Named Social Worker - Contact details** | |  | |
| **Team Manager - Contact details** | |  | |
| **EDT contact details** | |  | |
| **Which family members and professionals contributed to this plan?** | |  | |
| **3. Assessment and Legal Proceedings** | | | |
| **3.1 Pre-birth assessment completed?** | | **Yes/No (Date completed)**  **If no, when will it be completed?** | |
| **3.2 Recommendations of completed pre-birth assessment;** | | | |
| **3.3 Public Law Outline meeting?** | | **Yes/No and date**  **If no, please add date if a meeting is pending?** | |
| **3.4 Outcome of PLO (please state if care proceedings will be issued immediately following birth, and the Order requested, if known)** | | | |
| **3.5 Is a Discharge Planning Meeting required after the baby is born?** | | **Yes/No**  **If yes, please provide date** | |
| **3.6 Is a legal order required?** | | **Yes/No** | |
| **3.7 If yes, what order is required?** | |  | |
| **4.** **Contact following birth within Hospital** | | | |
| **For Mother** | | | |
| **Is supervised contact required?** | | **Yes/No** | |
| **Date of discussion with Named Midwife for Safeguarding** | |  | |
| **Outcome of discussion. If contact is to be supervised please detail the:**   * **level of supervision required** * **who will supervise** * **reason why contact is to be supervised and legal framework** | | | |
| **For Father** | | | |
| **Is supervised contact required?** | | **Yes/No** | |
| **Date of discussion with Named Midwife for Safeguarding** | |  | |
| **Outcome of discussion. If contact is to be supervised please detail the:**   * **level of supervision required** * **who will supervise** * **reason why contact is to be supervised and legal framework** | | | |
| **Contact for any other person (detail names and relationship)** | | | |
| **Is supervised contact required?** | | **Yes/No** | |
| **Date of discussion with Named Midwife for Safeguarding** | |  | |
| **Outcome of discussion. If contact is to be supervised please detail the:**   * **level of supervision required** * **who will supervise** * **reason why contact is to be supervised and legal framework** | | | |
| **5. The Safeguarding Plan** | | | |
| **5.1 Is the plan for an application to Court requesting that the child is separated from the mother following birth?** | | | |
| If no, please move to **6. Discharge Planning** | | | |
| If yes: | | | |
| **5.2 Is there likely to be a medical need which may lead to the child going to the Neonatal Intensive Care Unit following birth?** | | **Yes/No** | |
| **5.2.1 If Yes, how will this Plan be shared with NICU and who will be responsible?** | |  | |
| **5.3 If part of the plan is for the child and mother to be separated following legal proceedings, what are the mother’s wishes about how this could happen?**  **e.g. who leaves the hospital first, what keepsakes does the mother want to keep or send with the baby, memory box** | |  | |
| **5.4 What is the proposed plan, should the child be separated from the mother? NB this plan may change over time, if possible parent(s) should be involved in tentatively discussing what could happen.** | |  | |
| **5.5** **What are we worried about?** | |  | |
| **5.6 What support is needed to support a safe birth?**  **(Consider: How will parents get to the hospital, who is the agreed birthing partner is, anyone who is excluded from the hospital and why, the names of anyone who’s behaviour could be a problem, the details of any siblings who also require safety planning)** | |  | |
| **5.7 What has everyone agreed is the support that will be offered whilst in hospital?**  **(Consider: basic care of baby, relationship between parent and child, relationship between adults present, how parents respond to baby, ensuring safety, inappropriate experiences for baby)** | |  | |
| **5.8 Who this plan will be shared with, and who will share it?** | |  | |
| **5.9 Feedback about the help provided in hospital will be shared with the parents and the**  **Professional’s working with them, this is to ensure they and the baby can continue to receive the right support once they leave hospital.**  **Please expand here as appropriate;** | |  | |
| **5.10 Any dangerous behaviour within the hospital will automatically involve the hospital’s security and police and those persons will be removed as per hospital policy.**  **Please advise of any incidents that other practitioners need to be aware of?** | |  | |
| **6. DISCHARGE PLANNING** | | | |
| **6.1 Detail who will participate: NB it is expected that the midwife, health visitor/Family Nurse, all professionals involved with the family, would be invited by the Social Worker.** | |  | |
| **6.2 Where mother and baby are to be discharged to home address, detail any action and support required, including who is to provide these and the timescales for doing so?** | |  | |
| **6.3 Is the plan for baby to be discharged from hospital to an alternative carer?** | | **Yes/No** | |
| **6.3.1 If yes:** | |  | |
| **6.4 Discharge to family and friends carers? Please state:** | | **Yes/No** | |
| **Name** | |  | |
| **Relationship to child** | |  | |
| **Address** | |  | |
| **6.5 To foster carer?** | | **Yes/No** | |
| **6.6 Is the foster carer’s address to remain confidential?** | | **Yes/No** | |
| **6.7 Address of F/C (if confidential please ensure this is not shared with parents/carers)** | |  | |
| **6.8 If baby and/or mother are being discharged to another area have maternity services been informed? If not when will this happen?** | | **Yes/No** | |
| **6.9 Any other issues to be noted?** | |  | |

**Pan Bedfordshire Discharge Planning Meeting Agenda**

This agenda is designed to aid decision-making in the rare circumstance of a child being removed from a parent at the hospital, so all points will not all be applicable to all families.

1. Introductions and purpose of meeting
2. Family members and professionals attending, and apologies
3. Clarify name, DOB, address, ethnicity of child and significant family members including other children
4. Agency updates in relation to pre-birth, birth and post-birth considerations during hospital stay
5. Discharge Plan to include:

* When and to whom baby is to be discharged
* Reasons why this is the proposed plan
* Is parental consent required to implement this plan? If not, detail what steps are being taken to place the matter before Court. How will parental wishes be taken into account?
* Consideration of the baby’s development and whether or not there are specific medical needs which need to be addressed with details
* Who will transfer/transport baby and/or parent/s to proposed address
* What equipment is required and who will provide this e.g. car seat, clothing, feeding equipment
* Who and when will parent/s be informed of discharge plan, if not present at discharge planning meeting
* Consider any equality and diversity issues in relation to baby and the family and how these may impact on implementation of plan
* Contingency plans
* Immunisations and who will give consent, who will be informed of Day 5 test results

1. Consideration of support needs for other siblings, parent/s and significant family members, including how and who will provide this.
2. Where the baby is to be separated from parent/s, consider contact arrangements with parents and any siblings following discharge.
3. Consider information to be shared or withheld from parent/s and the reasons for this.
4. Arrangements to inform (including who and when);

* The community Midwife
* The Health Visitor
* GP
* Any other professional involved with the family if relevant

1. Proposed multi agency visiting arrangements following discharge
2. Dates for review of arrangements

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| --- | --- | --- | --- | --- | --- | --- |
| **Pan Bedfordshire Discharge Planning Meeting** | | | | | | |
| A discharge planning meeting can be helpful to update everyone about how the support provided in hospital has helped the family, any ongoing support needs and to confirm the plans for discharge.  The meeting should usually be attended by all relevant partners or family members who have a key role in the plan. | | | | | | |
| **Baby’s name** |  | | | | | |
| **Date of Birth / EDD** |  | | | | | |
| **NHS Number** |  | | | | | |
| **Parents’ details:** | | | | | | |
|  | **Name** | | | **Address** | | **Phone** |
| **Mother** |  | | |  | |  |
| **Father** |  | | |  | |  |
| **Section 1: Details of the meeting and updates** | | | | | | |
| **Date of the meeting** |  | | | | | |
| **Name** | | | **Agency** | | | |
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| **Any apologies?** | | | | | | |
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| **Updates from health**  **(Include: time/date of birth, birth weight, gender, complications, observations about parenting)** | | | | | | |
|  | | | | | | |
| **Updates from Children’s Services**  **(Include: an update on the care plan and where is baby going when they leave hospital)** | | | | | | |
|  | | | | | | |
| **Feedback from parents**  **(Include: hopes and worries and how parents feel about the plan)** | | | | | | |
|  | | | | | | |
| **Updates from any other agencies** | | | | | | |
|  | | | | | | |
| **What is the plan for when the baby is discharged? (please select)** | | | | | | |
| Return to home address (complete sections 2 and 5)  Move to a parent and child placement (complete sections 3 and 5)  Baby moving to foster care or family member (complete section 4 and 5) | | | | | | |
| **Section 2: Where baby is being discharged to the home address:** | | | | | | |
| **Details about the baby’s health and development**  **(Consider whether there are specific medical needs, and if so, how these will be met)** | | | | | | |
|  | | | | | | |
| **How is the baby getting home?** | | | | | | |
|  | | | | | | |
| **How is the baby being fed, is any special equipment required to support this?** | | | | | | |
|  | | | | | | |
| **What other equipment is required and who will provide this e.g. car seat, clothing etc.?** | | | | | | |
|  | | | | | | |
| **Are both parents in agreement with this plan?** | | | | | | |
|  | | | | | | |
| **What are the things that the parents need to do to keep the baby safe at home?** | | | | | | |
|  | | | | | | |
| **Section 3: Where the plan is to move parent and child to a placement for assessment** | | | | | | |
| **Name and address of carer**  **(If this is confidential from anyone then please state the details and reasons for this)** | | | | | | |
|  | | | | | | |
| **Details about the baby’s health and development**  **(Consider whether there are specific medical needs e.g. medication, oxygen therapy, follow up appointments, and if so, how these will be met)** | | | | | | |
|  | | | | | | |
| **Contact details if the baby’s GP is different from above** | | | | | | |
|  | | | | | | |
| **Who will transport parent and baby to the placement?** | | | | | | |
|  | | | | | | |
| **What other equipment is required and who will provide this e.g. car seat, clothing etc.?** | | | | | | |
|  | | | | | | |
| **Are both parents in agreement with this plan?** | | | | | | |
| If not, what do they want to happen? | | | | | | |
| **When will other important people see the parents and baby, or when will decisions about this be made?** | | | | | | |
|  | | | | | | |
| **Section 4: Where baby is going to be cared for by a foster carer or family member** | | | | | | |
| **Name and address of carer:**  **(If this is confidential from anyone then please state the reasons and details of this)** | | | | | | |
|  | | | | | | |
| **Details about the baby’s health and development**  **(Consider whether there are specific medical needs, and if so, how these will be met)** | | | | | | |
|  | | | | | | |
| **How is the baby being transported to their carer?** | | | | | | |
|  | | | | | | |
| **How will parents be supported to say goodbye to baby when they leave the hospital?** | | | | | | |
|  | | | | | | |
| **How is the baby being fed, is any special equipment required to support this?** | | | | | | |
|  | | | | | | |
| **What other equipment is required and who will provide this e.g. car seat, clothing etc.?** | | | | | | |
|  | | | | | | |
| **Are both parents in agreement with this plan?** | | | | | | |
| If not, what do they want to happen? | | | | | | |
| **Contact details for the GP Surgery for baby** | | | | | | |
|  | | | | | | |
| **When will parents next see the baby after they have left the hospital?** | | | | | | |
|  | | | | | | |
| **Section 5: Ongoing support** | | | | | | |
| **Professional visits calendar**  **Midwifery: Day following discharge, Day 5, Day 10 and additional visits as clinically needed**  **Health Visitor: Day 10 - 14 primary visit**  **Social Worker: Determined by the plan** | | | | | | |
| **Date** | | **Time** | | | **Professional** | |
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| **Who these minutes will be shared with and who will share them?** | | | | | | |
|  | | | | | | |
| **What will happen if the plan is not followed?** | | | | | | |
|  | | | | | | |
| **Date / time / location of the next multi-agency meeting** | | | | | | |
|  | | | | | | |