

BIRTH PROTECTION PLAN – DISCHARGE HOME

RE UNBORN BABY (*insert mothers surname*) E.D.D *(insert date)*

The following are the arrangements, which must be adhered to relating to the birth of:

Baby *(mother’s surname*).

The Birth Protection Plan forms a working agreement between Children’s Services, parent (s), family members and other agencies involved in the birth of Baby (*insert* *mother’s surname)*.

This plan was agreed at a Birth Protection Planning Meeting on *(insert date)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agencies present:  (Example)   |  |  | | --- | --- | | Role | Name *(insert names below)* | | Team Manager, Children’s Service |  | | Social Worker, Children’s Services |  | | Named Midwife for Safeguarding |  | | Community Midwife |  | | Health Visitor |  | | Adult / specialist services |  | | Add further as required |  | |  |
|  |  |

Parents Present:

*(Insert parent(s) – name)* were invited to the meeting and were also in attendance.

Or

*The (parent(s) – insert name)* stated on *(insert DATE)* that they would / would not be attending because *(insert reason)* / or did not attend (Delete as appropriate).

The Birth Protection Plan

The Birth Protection Plan outlines, as far as is possible, the actions that must be taken once *(MOTHER – insert her name)* goes into labour and following the birth of Baby *(insert mother’s surname).*

There are a number of concerns relating to *(insert parent(s) - name),* as discussed at the Initial Child Protection Conference. They are as follows:

* *Insert all concerns*

It is due to these concerns that it was agreed at an Initial Child Protection Conference on *(insert date)* that baby *(insert mother’s surname)* will be subject to a Child Protection Plan at birth under the category of: *(insert category)* The Social Worker’s Report for Initial Child Protection Conference should be attached to this Birth Protection Plan for more details.

Due to the above concerns it is the Local Authority’s plan:

Baby *(insert mother’s surname)* will go home with mother under her care and will remain subject to a Child Protection Plan.

1. When *(insert woman’s name)* is in labour, she is to telephone the labour suite for advice on tel. no (insert). Then should act on that advice. If it is an emergency they should ring 999 for an ambulance and inform the labour suite if possible.
2. As soon as any agency, including paramedic, midwife, hospital staff are aware that *(insert woman’s name)* is in labour they must inform Children’s Services immediately.

Social Worker: (*insert name / Tel No.)*

If *(insert social workers name)* is not available they must advise that they need to speak to the Team Manager

Team Manager: *(insert name / Tel No.)*

If the Team Manager is not available ask to speak to the Duty social Worker as a matter of urgency.

If it is outside of office hours then the Emergency Duty Team need to be informed.

EDT:  *(insert number)*

1. Should Children’s Services become aware that *(insert woman’s name)* is in labour they will inform the ambulance service and the labour suite.
2. Who will accompany *(insert woman’s name)* in labour. (*Insert Name*)
3. The midwife should inform the social worker when the baby is born as above.
4. Name(s) of identified person / people who should not have contact with the baby and / or should not attend the hospital. Include the reasons why and the action that should be carried out should the identified person attend.

*Insert Names and detail:*

1. Consider the plan for discharge and complete the discharge planning template during the pre-birth planning meeting and attach to the pre-birth plan. This may reduce the need for a DPM to be held post-birth, unless new concerns arise in hospital.
2. A discharge planning meeting is required – see attached discharge plan and inform Social Care of birth of baby as soon as possible in order to make arrangements for DPM.

Or (delete as appropriate)

A discharge planning meeting is not required unless new concerns arise in hospital – see the attached discharge plan. (Complete DPM template and attach to the birth plan). If no concerns arise in hospital, ensure social care is informed (as above) of discharge of mother and baby.

This Birth Plan has been sent to: Include as appropriate:

Team Manager Children’s Services

Social Worker, Children Services

Named Midwife Safeguarding

Community Midwife

Service Manager Children’s Services

CGL

Recovery Network

Relevant Police team

Emergency Duty Team

CPC/IRO

Safeguarding Children Information Management Team (SCIMT)

Parent(s)

Children and Adults Legal Team, Legal Services

**Signatures:**

SIGNED:

……………………………………………………………………………………………………….

(Parent)

……………………………………………………………………………………………………………

(Parent)

……………………………………………………………………………………………………………

(NAMED MIDWIFE FOR SAFEGUARDING)

………………………………………………………………………………………………………..

(COMMUNITY MIDWIFE)

……………………………………………………………………………………………………………..

(SOCIAL WORKER)

………………………………………………………………………………………………… ..

(TEAM MANAGER)

**Dated:**

**DISCHARGE PLANNING MEETING TEMPLATE**

**Discharge Planning Meetings (DPM) should be held on all babies, children and young people where safeguarding concerns have been identified but the plan is not to remove the baby / child at point of birth or discharge from hospital. The aim of the DPM is to consider the immediate and medium-term safety plans to ensure the baby/child remains safeguarded once they have left hospital and returned to the care of their parents/carers.**

**DPM meetings should be held where:**

* there are any unexplained injuries to a pre mobile child
* adult / parental issues are impacting significantly on their ability to care for the child e.g. mental health problems, substance misuse
* concerns are judged as serious, e.g. domestic violence, poor engagement, neglect and cumulative risk
* there are differing opinions about the cause of injury or the level risk
* there is a lack of agreement between agencies as to the plan for the child
* there are concerns about self-harm

**Date of Discharge Planning Meeting (DPM): \_\_\_ / \_\_\_ / \_\_\_**

**Details of professional completing form:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SUBJECTS** | **NAME** | **DOB** | **ID NUMBER** | **ADDRESS** |
| **Baby / child** |  |  |  |  |
| **Mother** |  |  |  |  |
| **Father** |  |  |  |  |
| **Sibling(s)** |  |  |  |  |
| **Other significant relatives** |  |  |  |  |

**PRESENT:**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **TITLE** | **ADDRESS** | **CONTACT DETAILS** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**APOLOGIES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **TITLE** | **ADDRESS** | **CONTACT DETAILS** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Reason why DPM being held.** |  |
|  | **Is the child subject to a Child Protection Plan?** *(If child not subject to CP plan consider need to place this within CP procedures).* **If the decision is taken not to place this within Section 47 Enquiries please explain the reasons for this decision.** |  |
|  | **What are the risks? What are you worried about? (Consider cumulative risks and all aspects that demonstrate the likelihood of past, present and future abuse and/or neglect).** |  |
|  | **Strengths/What’s working well? (Consider all aspects that indicate safety & protection that relate to the risks e.g. exceptions, strengths, resources, goals, willingness and ability to make changes)** |  |
|  | **What is the child worried about? What do they think is going well? What would they like to happen?**  **(Use Three Houses tool to gather their wishes and feelings)** |  |
|  | **Is there any missing information that needs to be pulled together? If so what is it and who will be responsible for doing this and by when?** |  |
|  | **For infants 0 – 6 months has work been undertaken with the parents to ensure their understanding of safe Sleep and the increased risk factors associated with SUDI** |  |
|  | **( 0 No signs of Safety) (10 Child Safe)**  **Taking into account the child’s views & families strengths and risks rate the situation on a scale of 0 – 10.**  **0 means things are so bad the family can no longer care for the child or recurrence of similar or worse abuse/neglect is certain and 10 means that everything that needs to happen for the child to be safe in the family is happening.**  **How safe does the child/young person feel?**  **How safe do the parent’s believe their child is?**  **You may find it useful to scale each risk and child individually.**  **In the event of being unable to come to a group consensus record each individual’s safety scale.**  **Professional Safety Scale =**  **Parent’s Safety Scale =**  **Child/Young Person’s Safety Scale =** | **N.B. For completion by city colleagues only** |
|  | **What is the current plan? Include information about forthcoming ICPC / strategy meetings OR recommendations from these meetings if they have already been held.**  **What needs to happen (consider how will this make a difference to the child and what is the parent’s ability/willingness to do this?)**  **N.B Please provide a detailed explanation of the normal/usual sleeping arrangements for the baby which take into account safer sleep guidance and also indicate how parents will deal with “out of routine” situations.** |  |
|  | **What support / monitoring is required to ensure safe discharge from hospital. Please describe actions to be taken, by whom and by when?** |  |
|  | **Are all agencies in agreement with this plan? If not please state who and why. How will this disagreement be resolved?** |  |
|  | **Is the child in agreement with this plan? If not please state what they disagree with & why. How will this be managed?** |  |
|  | **Is the family in agreement with this plan? If not please state who and why. How will this be managed?** |  |
|  | **Date this plan will be reviewed.** |  |
|  | **Now please complete the Safety Assessment Template** |  |

**SAFETY ASSESSMENT TEMPLATE**

**TO BE USED FOR DISCHARGE PLANNING MEETINGS (DPM) IN RELATION TO**

**BABIES, CHILDREN AND YOUNG PEOPLE**

**Outline any current risks and how these will be managed/monitored upon discharge from hospital:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Strengths- what’s working well** | **Risks- what are we worried about** | **CITY ONLY**  **Level of Safety**  **0-3 Low**  **4- 6 Medium**  **7- 10 High** | **What needs to happen to reduce/monitor risk and increase safety upon discharge** | **By when & by whom?** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |

**This safety assessment must be completed either during pre-birth planning meeting *or* at the Discharge Planning Meeting and attached to the minutes of the meetings.**

**Name (chair of DPM)** ………………………………………..  **Role** ………………………………………..

**Signature** ………………………………………..  **Date** ………………………………………..

**Name of attendees Role Signature Date**