**Appendix 3**

**Safeguarding Birth Plan and Discharge Plan**

The purpose of the plan is ensure that any necessary information is shared between professionals supporting the parents and family network to keep the baby safe, and that, where possible, parents are fully involved in discussions about safeguarding plans for their baby.

**This plan should be completed for all unborn babies who are:**

* + Subject of a child protection plan
  + Subject of Public Law Outline pre-proceedings process
  + Subject of a plan to issue care proceedings following birth

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| 1. **Summary of safeguarding plan** | |
| Unborn baby (state mother’s surname) | Liquid Logic Reference:  NHS Number of Mother: |
| Estimated Due Date | Ethnicity |
| Delete as applicable:   * Plan for baby to remain with mother but there are safeguarding concerns * Plan for baby to be separated from mother following birth * Plan for baby to be separated from mother following discharge | |
| Name of person recording and updating the Plan on behalf of the network:  Date: | |

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| 2. **Family Information** | |
| Mothers name | Date of birth |
| Home address | |
| Father’s/Partner’s name | Date of birth |
| Home address | |
| 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/No |
| Are there any barriers to communication? e.g. language, understanding. Please explain, including reasonable adjustments which could be made. | |
| Are there any specific observation, assessment or support needs for the mother during birth or the post-natal period? | |
| Are there any other children that need considering within this plan? (please detail names, ages, and nature of concern/consideration) | |
| Agreed birthing partner’s name and status. Are there any specific support needs for the mother’s birth partner? | |
| Person(s) who are to be excluded from the maternity unit 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) | |
| **NB: Any difficult or disruptive behaviour within the hospital will automatically involve the hospital’s security, could involve police, and lead to a risk of being removed as per hospital policy.** | |

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| 3. **Health and social care professionals** | |
| Name of Hospital and birthing unit |  |
| Named Midwife Team  Contact details |  |
| Named Health Visitor Contact details |  |
| GP/Practice Contact Details |  |
| Named Social Worker Team  Contact details |  |
| Team Manager Contact details |  |
| EDT contact details | 0344 800 8020 |
| Which family members and professionals contributed to this plan? |  |
| Child Protection Plan | Yes/No |
| Category (tick as applicable)  Physical Sexual Neglect Emotional | |
|  |  |
| Date of CP plan |  |
| Pre-birth assessment completed? | Yes/No |
| Recommendations of completed pre birth assessment | |
| Public Law Outline meeting? | Yes/No and date |
| Outcome of PLO  (please state if care proceedings will be issued immediately following birth, and the Order requested, if known) | |

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| **Professionals to be notified about the baby’s birth** | |
| **On admission to hospital NAME** | **CONTACT DETAILS** |
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| If out of hours, Emergency Duty Team | 0344 800 8020 |
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| **Following birth NAME** | **CONTACT DETAILS** |
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| If out of hours, Emergency Duty Team | 0344 800 8020 |
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| 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 |  |

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| **5. The Safeguarding Plan** | |
| Is the plan for an application to Court requesting that the child is separated from the mother following birth? | Yes/No |
| If no, please move to **6. Discharge Planning** | |
| If yes: | |
| 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 |
| If Yes, how will this Plan be shared with NICU and who will be responsible? |  |
| 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 |  |
| 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. |  |

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| **6. DISCHARGE PLANNING** | |
| 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. | |
| **Arrangements for discharge** | |
| 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. | |
| Is the plan for baby to be discharged from hospital to an alternative carer? | Yes/No |
| If yes: | |
| Discharge to family and friends carers? Please state: | Yes/No |
| Name |  |
| Relationship to child |  |
| Address |  |
| To foster carer? | Yes/No |
| Is the foster carer’s address to remain confidential? | Yes/No |
| Address of F/C (if confidential please ensure this is not shared with parents/carers) | |
| If baby and/or mother are being discharged to another area have maternity services been informed? If not when will this happen? | Yes/No |
| Any other issues to be noted | |

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| **6. Distribution of notes** | | |
| Is the plan agreed by the mother? | Yes/No | |
| Signed:  Dated: | | |
| Is the plan agreed by the father/partner? | Yes/No | |
| Signed:  Dated: | | |
| Date plan given to: | | |
| Midwife | |  |
| Named midwife for safeguarding | |  |
| Health Visitor | |  |
| Others (please state) | |  |
| Date when plan shared with Mother | |  |
| Date when plan shared with Father | |  |
| If plan not shared with parent/s state reason why | |  |
| Date copy signed by Social Worker | |  |

**Discharge Planning Meeting Agenda**

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

1. Agency updates in relation to pre-birth, birth and post-birth considerations

during hospital stay

1. 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.

1. Where the baby is to be separated from parent/s, consider contact arrangements

with parents and any siblings following discharge.

1. Consider information to be shared or withheld from parent/s and the reasons for

this.

1. 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

NB 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.