Text

Description automatically generated with low confidence

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| **Pre-birth safeguarding and support 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.  The form should be completed for all children open to Children’s Social Care. It may also helpful to complete this form for families working with the Family Intervention Service.  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. | | | | | | | | | | | |
| Date of meeting/ date plan was agreed | | | | |  | | | | | | |
| Baby’s name | | | | |  | | | | | | |
| Date of Birth / EDD | | | | |  | | | | | | |
| CSC Care Plan Type | | | Planned separation of baby from parents? | | | | | | | | |
| Child Protection Plan  Child in Need Plan  Assessment underway  Early help plan | | | Yes | | | | No | | | | |
| NHS Number | | | | | LCS Number | | | | | | |
|  | | | | |  | | | | | | |
|  | | 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) | |  | | |  | | | |  | | |
| What are we worried about? | | | | | | | | | | | |
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| 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) | | | | | | | | | | | |
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| Do any of the adults have any communication or learning needs, if so please state the best way that professionals can communicate with them?  (Consider: pictures, large font, easy read, translator etc) | | | | | | | | | | | |
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| 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) | | | | | | | | | | | |
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| Will Parenting Observations Forms be completed? | Yes | | | | | No | | | | | |
| Professionals | Name | | | Contact number and email | | | | Professionals to be informed on arrival at labour ward | | Professionals to be informed following birth | Midwives please tick when actioned |
| Health Visitor |  | | |  | | | |  | |  |  |
| Social Worker |  | | |  | | | |  | |  |  |
| Team Manager |  | | |  | | | |  | |  |  |
| Community Midwife |  | | |  | | | |  | |  |  |
| GP |  | | |  | | | |  | |  |  |
| Emergency Duty Team | | | |  | | | |  | |  |  |
| Is a Discharge Planning Meeting required after the baby is born? | | | | | | | | Yes | | No | |
| Is a legal order required? | | | | | | | | Yes | | No | |
| If yes, what order is required? | | | |  | | | | | | | |
| Contingency planning to avoid extended stay in hospital  When the hospital is in escalation extended stays will no longer be supported. | | | | Consider if family members/friends could **temporarily** support the family until placement is found. | | | | | | | |
| Who this plan will be shared with, and who will share it: | | | | | | | | | | | |
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| Feedback about the help provided in hospital will be shared with the parents and the  professionals working with them, this is to ensure they and the baby can continue to receive the right support once they leave hospital.  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. | | | | | | | | | | | |

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| **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 |  | | LCS Number | |  |
|  |  | |  | |  |
| Parents’ details: | | | | | |
|  | Name | | Address | | Phone |
| Mother |  | |  | |  |
| Father |  | |  | |  |
| **Section 1: Details of the meeting and updates** | | | | | |
| Date of the meeting | | |  | | |
| People present at the meeting | | | | | |
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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) | | | | | |
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| Updates from Children’s Social Care  (Include: an update on the care plan and where is baby going when they leave hospital) | | | | | |
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| Feedback from parents    (Include: hopes and worries and how parents feel about the plan) | | | | | |
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| Updates from any other agencies | | | | | |
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| What is the plan for when the baby is discharged? (please select) | | | | | |
| Return to home address (complete sections 2 and 5)  Move to parent and child placement (complete sections 3 and 5)  Baby moving to foster care/ a 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) | | | | | |
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| How is the baby getting home? | | | | | |
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| How is the baby being fed, is any special equipment required to support this? | | | | | |
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| What other equipment is required and who will provide this e.g. car seat, clothing etc | | | | | |
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| Are both parents in agreement with this plan? | | | | | |
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| What are the things that the parents need to do to keep the baby safe at home? | | | | | |
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| **Section 3: Where the plan is to move parent and child placement for assessment** | | | | | |
| Name and address of carer  (If this is confidential from anyone then please state the details and reasons for this) | | | | | |
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| 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) | | | | | |
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| Baby’s GP if different from above | | | | | |
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| Who will transport parent and baby to the placement? | | | | | |
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| What other equipment is required and who will provide this e.g. car seat, clothing etc | | | | | |
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| Are both parents in agreement with this plan? | | | | | |
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| When will other important people see the parents and baby, or when will decisions about this be made? | | | | | |
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| **Section 4: Where baby is going to be cared for by a foster carer / family member** | | | | | |
| Name and address of carer:  (If this is confidential from anyone then please state the reasons and details of this) | | | | | |
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| Details about the baby’s health and development  (Consider whether there are specific medical needs, and if so, how these will be met) | | | | | |
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| How is the baby being transported to their carer? | | | | | |
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| How will parents be supported to say goodbye to baby when they leave the hospital? | | | | | |
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| 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 | | | | | |
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| Are both parents in agreement with this plan? | | | | | |
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| GP Surgery for baby | | | | | |
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| When will parents next see the baby after they have left the hospital? | | | | | |
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| **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: | | | | | |
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| What will happen if the plan is not followed | | | | | |
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| Date / time / location of the next multi-agency meeting | | | | | |
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