Wiltshire Safeguarding Children Board
Multi agency Pre-birth Protocol to Safeguard Unborn Babies

December 2015

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Introduction

Young babies are particularly vulnerable to abuse, and work carried out in the antenatal period can help minimise any potential harm if there is early assessment, intervention and support. This multi-agency protocol sets out how to respond to concerns for unborn babies, with an emphasis on clear and regular communication between professionals working with the mother and her family.

The aim of this protocol is to enable practitioners to work together with families to safeguard unborn babies where vulnerability and risk indicators are identified. It provides an agreed process between Health agencies, Children's Social Care and other agencies working with the mother and her family on the planning, assessment and actions required to safeguard the unborn baby.

The National Service Framework for Children, Young People and Maternity Services (2004) recommends that Maternity Services and Children's Social Care have in place joint working arrangements to respond to concerns about the welfare of an unborn baby and his/her future, due to the impact of the parents' needs and circumstances.

Although Maternity Services have specific responsibilities, all professionals have a role in identifying and assessing families in need of additional support or where there are safeguarding concerns. Where professionals become aware a woman is pregnant, at whatever stage of the pregnancy, and they have concerns for the mother or unborn b ab y's welfare, or that of siblings, they must not assume that Midwifery or other Health services are aware of the pregnancy or the concerns held. Each professional should follow their
a gen cy's child protection procedures and discuss concerns with their safeguarding lead/named professional for safeguarding. In the absence of a safeguarding lead/named professional for safeguarding a referral should be made directly to Ch ild ren 's Social Care.

Unlike many safeguarding situations, the antenatal period gives a window of opportunity for practitioners and families to work together to:-

- Form relationships with a focus on the unborn baby
- Identify risks and vulnerabilities at the earliest stage
- Understand the impact of risk to the unborn baby when planning for their future.
- Explore and agree safety planning options
- Assess the family's ability to adequately parent and protect the unborn baby and once the baby is born
- Identify if any assessments or referrals are required before birth; for example the use of Common Assessment Framework (CAF) or alternative assessments agreed locally.
- Ensure effective communication, liaison and joint working with adult services that are providing on-going care, treatment and support to a parent
- Plan on-going interventions and support required for the child and parent(s).
- Avoid delay for the child where a legal process is likely to be needed such as pre-proceedings.

When risks have been identified, it is important that practitioners work together to provide appropriate interventions and planning at the earliest opportunity to optimise

the outcomes and support for the child and their family. It is essential in safeguarding children that practitioners share information and they should refer to the cross-government guidance on how to share information: *Information Sharing: Guidance for practitioners and managers* 2015 or the WSCB guidance based on this and discuss concerns in the first instance with their safeguarding lead/named professional for safeguarding.

The protocol applies to **all professionals** who have identified any concerns for the unborn baby and provides a robust framework for responding to safeguarding concerns and safe planning by practitioners working together, with families, to safeguard the baby before, during and following birth.

In the vast majority of situations during a pregnancy, there will be no safeguarding concerns. However, in some cases it will be clear that a co-ordinated response is required by agencies to ensure that the appropriate support is in place during the pregnancy to best support and protect the baby before and following birth. It may also be necessary to consider the need for particular arrangements to be in place during and immediately following the baby's birth in order to do so.

Where there is a **late booking or a concealed pregnancy** the health practitioner should complete an immediate assessment in order to identify which agencies need to be involved and make appropriate referrals. In the case of a concealed pregnancy a referral must be made to Children's Social Care.

The following Risk Factors should alert professionals to consider a co-ordinated response:

Where mothers, fathers or partners or any other significant member of the household;

- Are involved in risk activities such as substance misuse, including drugs and alcohol
- Have perinatal/mental illness or support needs that may present a risk to the unborn baby or indicate their needs may not be met
- Are victims or perpetrators of domestic abuse
- Have been identified as presenting a risk, or potential risk, to children, such as having committed a crime against children
- Have a history of violent behaviours
- Are not able to meet the unborn baby's needs e.g. significant learning difficulties and in some circumstances severe physical or mental disability
- Are known because of historical concerns such as previous neglect, other children subject to a child protection plan, subject to legal proceedings or have been removed from parental care
- Are known because of parental involvement as a child or adult with Children's Social Care.
- Are currently 'Looked After' themselves or were looked after as a child or young person
- Are teenage/young parents
- Are living in poor home conditions, homelessness or temporary housing
- Any other circumstances or issues that give rise to concern

1. Early Intervention and Common Assessment Framework (CAF)

There are many professionals who may have the first contact or be aware that a woman or the partner of a man with whom they are working, is pregnant or about to become a principal carer. These may be workers in Learning Disability services, Mental Health services, Sexual Health Services, Women's Aid, Drug and Alcohol Services, Police, Probation, Leaving Care Teams, Housing and Adult Safeguarding, GP or Family Nurse Partnership (FNP).

When any professional becomes aware of pregnancy or impending parenthood and is of the view that there will be a need for additional support or that the unborn child will be vulnerable due to the circumstances of their service user they must inform maternity services of their involvement and highlight any vulnerabilities identified.

The Common Assessment Framework (CAF) is a holistic assessment that considers the child's developmental needs, parenting capacity and environmental needs to identify and co-ordinate multi-agency service provision and interventions to best support the child and carers.

A Common Assessment is undertaken in relation to the **unborn child.** If the parent was under 18 at the point of conception, the young mother must be also be offered a CAF by her Midwife, see the 'Wiltshire Common Assessment Framework (CAF) Pathway for Expectant Young Mothers'. The CAF provides an opportunity for multi-agency early intervention to support the mother. For more details and a copy of the pathway go to the WSCB website: www.wiltshirelscb.org.

Where a professional is concerned that unborn child or other children in the family may be at risk of, or suffering harm they should seek advice from their manager and/or their named practitioner/lead for safeguarding without delay and together consider whether to consult with or refer to Children's Social Care. In the absence of a safeguarding lead the professional may consult with or refer directly to Children's Social Care.

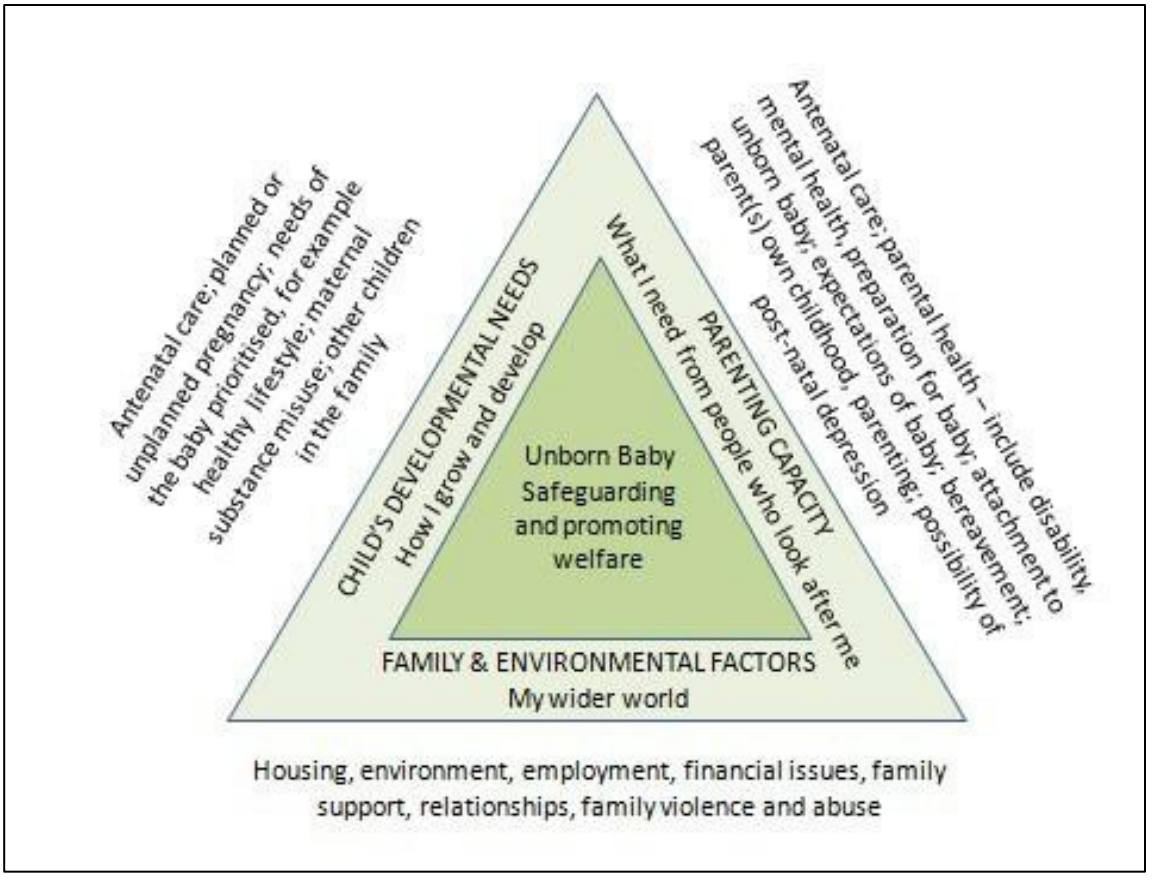
In the early stages of the pregnancy, the Midwife must assess the strengths, risks and needs of the family and where there are concerns for the welfare of the unborn baby consider completing a CAF in relation to the unborn child to ensure that services and TAC (Team Around the Child meetings) are in place or where safeguarding concerns exist a referral to Children's Social Care (CSC) is made.

Providing early help is more effective in promoting the welfare of Children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Working Together to Safeguard Children 2015

It is important for practitioners to remember that a CAF or alternative assessment is not required where it has been identified that the unborn baby has already met the threshold of being at significant risk of harm**. However all agencies are expected to contribute to a safeguarding risk assessment where undertaken.**

- The WSCB Thresholds guidance sets out differing levels of needs and risk and need www.wiltshirelscb.org
- Advice and guidance is available in Appendix 1 regarding Low, Medium and High level concerns.
- All discussions, decisions and actions should be clearly documented in the appropriate agency record, including dates and names of professionals involved.
- The circumstances of the mother and other relevant adults must be reviewed regularly to allow for ongoing assessment of need and risk and consider any further action required.

2. Common Assessment Pre-Birth Triangle - Unborn Baby's needs, Parenting Capacity and Family and Environment:



Factors when considering the Risk to an Unborn Baby:

These are examples and not an exhaustive list

Parenting Capacity	
Negative childhood experiences	Age - very young/teenager/under 20/ immaturity
Unborn baby	Communication difficulties
Abuse or neglect in childhood; denial of abuse	Mental health/personality health issues
Drug/alcohol misuse	Learning difficulties

Violence/abuse of others	Lack of engagement with practitioners
Abuse/neglect of previous children	History of Postnatal depression
Previous care proceedings	History of mental illness
Previously in care	No recourse to public funds
Known offender against children	Homelessness/asylum seekers

Family and Environment	
Domestic abuse	Relationship disharmony
Unsupportive relationship	Multiple relationships
Frequent moves of home	Lack of support networks
Inappropriate home environment	Financial difficulties
Negative or abusive intra-familial relationships Unemployment	Isolation Inappropriate associates
Change of partner	Uncontrolled or potentially dangerous animals
History of violence	Mistreated animals

Working with fathers

It is important that all agencies involved in pre and post birth assessment and support, fully consider the significant role of fathers with their baby.

3. Involvement of Children's Social Care (CSC)

Referrals to Children's Social Care about unborn babies should be made early in the pregnancy as soon as concerns have been identified and no later than 18 weeks into the pregnancy. It may be that concerns are not known until later on in the pregnancy at which point a referral should be made.

Where identified concerns indicate risk of significant harm at any point during the pregnancy an immediate referral should be made to Children's Social Care. Early referral will enable Social Care with other agencies involved to assess the family circumstances and plan any necessary actions and support required in a timely way. This includes whether any actions are required to safeguard the child once born.

It's never too early

- Promoting informed choices and resilience *pre-conception* creates the conditions for families to thrive.
- The *antenatal* period is a vital stage in child development and in preparation for parenthood.

In any of the following circumstances a referral **must always** be made:-

- **There is a perinatal mental illness that present a risk to the unborn baby**
- There has been a previous unexpected or unexplained death of a child whilst in the care of either parent.
- A parent or other adult in the household is a person identified as presenting a risk, or potential risk, to children. This may be due to domestic abuse, violence, substance/alcohol abuse, mental health or learning difficulties.
- Children in the household / family currently subject to a child protection plan or previous child protection concerns.
- A sibling (or child in the household of either parent) has previously been removed from the household temporarily or by court order.
- Where there are serious concerns about parental ability to care for the unborn baby or other children.
- Where there are maternal risk factors e.g. denial of pregnancy, **concealed pregnancy,** avoidance of antenatal care (failed appointments), non-co-operation with necessary services, non-compliance with treatment with potentially detrimental effects for the unborn baby.
- Any other concern exists that indicate the baby may be at risk of harm.

Professionals should familiarize themselves with their agency policies and guidance on referring to and consulting with Children's Social Care where there are concerns about a child.

Most agencies will have in place safeguarding leads to whom they should discuss any emerging concerns they have about a parent or child. Professionals should utilize this resource in the first instance. Where a safeguarding lead is not available professionals should consult with or refer directly to Children's Social Care without delay.

Advice and guidance is available on the WSCB procedures webpage regarding the process to follow where a professional has concerns a child is being abused or is at risk of harm. The WSCB Thresholds Document also provides important information about thresholds for safeguarding children. www.wiltshirelscb.org

4. Outcome of Referral to Children's Social Care

There are a number of possible outcomes from a referral to Children's Social Care:

1. It may be that the unborn child is assessed to be in need of support or at risk of harm. In such cases a social worker will undertake a full assessment to identify the level of need and risk and the service required to address these to support the child and family.

2. Where Children's Social care assess the child is at risk of significant harm, the baby's needs and those of their family will be considered within the child protection process. Agency professionals involved with the family will contribute to assessments and interventions.

3. Children's Social Care may assess that the threshold for their services has not been met however they may signpost the referrer to other appropriate agencies /services. This may include recommending a CAF is completed.

If the referrer is of the view that the decision of Children's Social care leaves the baby at ongoing risk of harm they must seek advice from their safeguarding lead and utilize the WSCB Escalation Policy as appropriate.

In cases where Children's Social care accepts the referral and completes a Single Assessment to determine whether the needs of and any risks to the unborn baby they will take the lead responsibility for the coordination of the case and involve other professionals as relevant to contribute toward the assessment continue to work with the family.

Notifying the referrer of the outcome of a referral

It is the responsibility of Children's Social Care to notify the referrer of the outcome of their referral which should normally be received within 72 hours. If this is not received within this time it is the responsibility of the referring practitioner to check the outcome with Children's Social Care.

Practitioners can re-refer any case at any point if they become aware that there has been a significant change that increases the risk to the unborn baby.

5. Child Protection Concerns

Strategy Discussion

If there is reasonable cause to suspect an unborn baby is likely to suffer significant harm, a Strategy Discussion will be convened. This will be co-ordinated and chaired by Children's Social Care who will involve all other professionals involved with the family. For further information on Strategy Discussions and the child protection process please refer to the WSCB Strategy and S47 Enquiries protocol. www.wiltshirelscb.org

Depending on the stage of pregnancy when a referral is received an initial strategy discussion may be convened with an outcome that a further strategy discussion is convened later into the pregnancy. The strategy discussion will determine if there is evidence of risk of or actual risk of significant harm. If this is the case then a s47 enquiry will be initiated either jointly with Children's Social Care and Wiltshire Police or Children's Social Care only to ascertain the level of and source of risk to the unborn baby and any others. It will include seeing the mother and any other significant adults as well as seeing and speaking to other children in the family as relevant to the circumstances of the case.

Outcome of S47 Enquiry

Child in Need

One of the outcomes of the s47 enquiry is that the unborn child may not be at risk of significant harm, but may be in need of support to prevent issues worsening. In such circumstances Children's Social care will work with the family and other agencies to develop a Child in Need action plan to address the identified needs and outcomes to be achieved and within what times scales. Regular child in need multi-agency meetings will be held (4-6 weekly) with the family to review progress with achieving the outcomes. These

should happen on at least a 6 weekly basis.

Child in Need of Protection

Another possible outcome of the s47 enquiry may be that there is evidence that the unborn baby is suffering or at risk of suffering significant harm once born. In these circumstances Children's Social Care will convene an Initial Child Protection Conference and will need to consider the most appropriate timing for this to be held. It may be that, where the pregnancy is in the early stages there is sufficient time for assessment and interventions to be provided to address the identified risks prior to birth. In such cases Children's Social Care may decide, in consultation with other agencies undertake this work and hold a further strategy discussion at a later point in the pregnancy if necessary to consider whether the risk of significant harm is still evident. In such cases the unborn child will be subject to a child in need plan.

Whether the decision following the S47 enquiry is to proceed to an Initial Child protection Conference or hold a strategy discussion later in the pregnancy the Initial Child Protection Conference must take place **within 15 working days** of the date of the **LAST** strategy discussion and **no later than week 28 of pregnancy.** The Child Protection Conference should be informed by completed assessments to evidence the risk of significant harm.

The aim of the conference is to ensure all the information is brought together and analysed. If the child protection conference decides that the child is likely to suffer significant harm once born, a child protection plan will be drawn up that focusses on outcomes to be achieved, by whom and within what timescales.

6. Safeguarding Birth Plan

Following an initial child protection conference, where the unborn baby is subject to child protection planning, it is the responsibility of the Social Worker with core group members and involvement of the Named Midwife for Safeguarding, at the first core group meeting to develop a detailed safeguarding birth plan and ensure that it is disseminated to agreed partners and relevant birthing units. This will detail the planning for delivery and the immediate post-natal period, including who should be notified upon the birth of the baby.

The detailed safeguarding birth plan must be disseminated to relevant professionals including the Emergency Duty (out of hours social care) Service (EDS).The safeguarding birth plan should include contact numbers and names of professionals involved and the agreed arrangements for where the baby once born is to be discharged to.

It is the responsibility of the Named Midwife for Safeguarding Children to ensure that other health practitioners involved are informed, for example the obstetrician, neonatologist, GP, Health Visitors (HVs). The social worker is responsible for ensuring other relevant agencies such as EDS and the police are aware of the detail of the safeguarding birth plan. All professionals will need to be clear about their role and that of others, which should be set out in the safeguarding birth plan.

The Safeguarding Birth Plan should be shared with parents unless to do so is felt to put the mother or baby at increased risk of harm. Professionals will need to agree how the plan will be shared with parents.

Appendix Two provides a template for practitioners to record the information required for a Safeguarding Birth Plan.

Additional Considerations

- During the stay of mother and baby, there may be a number of occasions when either the baby and / or mother will need to stay in hospital for a further period, for example where there are medical needs in relation to the baby. In such circumstances professionals will need to assess the baby and mother's needs and risks during this period and how these will be met and managed during this period.

- In situations where the mother has been discharged from the birthing unit/hospital and there are safeguarding concerns for the baby, a multi-agency risk assessment and safety plan may need to be made with the parents about contact with their baby in the hospital setting. This will include whether unsupervised contact between parents, other relatives and the baby is allowed.

- In some cases where a pre-birth risk assessment has been undertaken by Children's Social Care it may conclude that the baby would be at significant risk of harm if they were discharged home to the immediate family following birth. In these circumstances Children's Social Care will consider the best way to safeguard the baby including whether to apply to the courts for an order to remove the baby following birth.

Where the plan is to apply for a court order this will be conveyed to the mother and any other person with parental responsibility by the social worker at the most appropriate time. It is however the decision of the courts whether to grant an order and there should be an alternative agreed care and management plan following discharge of the baby by all partners if this situation arises. Where Children's Social Care plan to apply for a court order at birth Wiltshire Police should be invited to the discharge planning meeting in order to consider any immediate protective action required. The discharge plan will set out where the baby is to be discharged to if not to parental care.

Midwives have a safeguarding responsibility to all babies and will ensure that any protective action required within the hospital setting is managed following birth of the baby.
These arrangements must be included within the safeguarding birth plan, where the circumstances require, including any protective action that Wiltshire Police may need to consider.

Where babies are subject of a Child Protection Plan they should be delivered within the hospital setting and a Discharge Planning Meeting must take place before the baby leaves

7. Discharge Planning Meetings

Please also refer to Discharge Planning Protocol: Discharge of Children and Young People from Acute Hospital settings in Appendix Three

The discharge planning process should be initiated as soon as the mother is admitted/ presents for delivery and all Midwives caring for her should have full access to and knowledge of the Safeguarding Birth plan.

The following agencies must be invited to attend discharge planning meetings (to be arranged by staff within the hospital) and should be represented in order for the meeting to proceed. The social worker will lead the discharge planning meeting where there is a child protection plan in place or the child is in need.

- Children's Social Care Team Manager /Social Worker
- Paediatric Consultant (or specialist registrar with consultants consent).
- Acute Named Nurse/Midwife Safeguarding Children
- Other relevant hospital staff involved in the care of the child/family
- Health Visitor if there is a child under 5
- Other agencies may need to be involved in cases and attendance should be considered such as; School Nurse, Police, Mental Health colleagues, Learning Disability colleagues, GP and any other key professionals that are in a position to support the safeguarding of the new-born.

An agreed multi-agency discharge plan will set out arrangements for the care and safety of the child following discharge from hospital into the community and will include actions; timescales and responsibility for actions, including:

- Details of the child's GP. If they are not registered this must be organised before the child leaves hospital
- Additional medical investigations requested including timescales for completion
- Documentation of any legal orders arising from the admission (with copies filed if available)

The Social Worker will ensure that the parents and any support person they choose will be informed when and where the meeting will take place. Depending on the nature of the risk and any information withholding requirements parent/s may not be invited to participate in the meeting. If this is the case the meeting will need to discuss how and when parents will be informed of the outcome of the meeting.

Where a baby is born prematurely it is reasonable to plan the discharge meeting 7 – 10 days prior to the earliest likely discharge date. All agencies should aim to agree the baby's discharge as soon as safely and practicably possible.

<u>The newborn baby should not be discharged at weekends or on bank holidays unless there is a consensus of opinion that it is safe and reasonable to do so. This is documented in the ch i ld 's medical record and discharge plan.</u>

Appendix Four provides an agenda for the discharge planning meeting. The discharge planning meeting must be fully documented and stored in the child's agency records.

8. **References and useful information**

Wiltshire CAF Pathway for Expectant Young Mothers -
http://www.wiltshirelscb.org

Common Assessment Framework DH
http://www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/caf

Information Sharing: Guidance for practitioners and managers (2015) DH

The National Service Framework for Children Young People and Maternity Services (2004) DH
https://www.gov.uk/government/publications/national-service-framework-children-young-people-and-maternity-services

NICE guidelines [CG192] Antenatal and postnatal mental health: clinical management and service guidance 2014)
http://www.nice.org.uk/guidance/cg192

Working Together to Safeguard Children (2015) DH
www.wiltshirelscb.org

Wiltshire Hidden Harm Working Protocol
http://www.wiltshirepathways.org/UploadedFiles/Hidden_harm_working_protocolfinal.pdf

WSCB Thresholds for Safeguarding
http://www.wiltshirelscb.org

WSCB Escalation Protocol
http://www.wiltshirelscb.org

Appendix One

Risk to Unborn Babies

Low concern process

When assessing the needs of unborn children, use this process when you are concerned but believe basic physical and/or psychological needs will be met and the child's health or development is not likely to be impaired.

You should follow up concerns from as soon as possible, by 12 weeks gestation.

	WHAT	WHO	BY WHEN
1.	Talk to the family about your worries, and explain you need to talk to other professionals to get them the right support for their baby. Record their consent, or if declined discuss in supervision or with your safeguarding lead.	All staff	12 weeks gestation or immediately on recognition of concerns
2.	Advise your manager about your concerns. Decide whether a Common Assessment Framework assessment is the right response. If the parent did not consent to be involved, decide how to respond following the information sharing guidelines.	Staff & manager	As above
	If consent has not been obtained and should not be overridden, continue working with the family to minimise concerns and continue to monitor. If concerns arise discuss again with your manager or safeguarding lead to agree next steps and whether a consultation with Children's Social Care is appropriate.	All staff	Ongoing

3.	The safeguarding lead can check, where concerns exist whether there are any children from the family who are subject to a child protection plan.	Health professional	Within one week of concern
4.	If you believe the concern has risen to medium/high, a referral to Children's Social Care should be made, either via telephone or in writing following discussion with your manager or safeguarding lead where in place. Any telephone referral must be followed up in writing.	Any staff	At any point
5.	If the family already have an allocated social worker they will make contact with and share information with the named community midwife, if known, or the child protection lead midwife or named nurse for acute or primary health to continue to monitor and support the family. If the family are not known then Children's Social care will undertake an assessment and consider the next steps. If the professional making the referral is not informed of the outcome of their referral they must follow up after 72 hours or sooner if required.	Children's social care	Within 72 hours
6.	If Children's Social Care accepts a referral, follow the procedure for medium/high concern. If you remain concerned discuss again with your manager safeguarding lead where in place and if you still suspect the child is at risk follow the **WSCB escalation procedure.**	All staff	On acceptance of referral

Medium/high concern

Follow this procedure where when there are concerns an unborn baby may be 'in need' (section 17) or 'in need of protection' (section 47) which means that their basic physical and/or psychological needs will not be met and is likely to impair the child's health or development.

Actions required

	WHAT	**WHO**	**BY WHEN**
1.	Write to/contact Children's Social Care & the midwifery service with referral. Midwifery will discuss with the referrer undertake an ante-natal assessment and liaise with Children's Social Care as necessary.	All staff	By 12 weeks gestation or immediatel y on recognition of concerns
2.	If referral to Children's Social care is accepted work with social worker to complete an assessment and contribute to the relevant processes (CIN/CP) such as strategy discussions.	All staff	Immediate
3.	If the referral is not accepted consider undertaking a Common Assessment (CAF) or whether further discussion with Children's Social Care is required. If you remain concerned discuss again with your manager/safeguarding lead where in place and if you still suspect the baby child is at risk follow the **WSCB escalation procedure.**	All staff	Immediate

If necessary a child protection conference will be held or a children in need plan must be in place as soon as possible **but no later than by week 28 of the pregnancy**, unless there is a late referral

when plans must be agreed as soon as possible following identification of concerns. Father and extended family must be involved unless there are strong reasons to prevent this.

A referral must always be made to Children's Social Care if:

- There has been a previous unexpected or unexplained death of a child whilst in the care of either parent.
- A parent or other adult in the household is a person identified as presenting a risk, or potential risk, to children. This may be due to domestic abuse, violence, substance/alcohol abuse, serious mental illness (particularly involving a risk of puerperal psychosis or delusions involving the (unborn) child) learning difficulties.
- Children in the household / family currently subject to a child protection plan or previous child protection concerns.
- A sibling (or child in the household of either parent) has previously been removed from the household temporarily or by court order.
- Where there are serious concerns about parental ability to care for the unborn baby or other children.
- Where there are maternal risk factors e.g. denial of pregnancy, concealed pregnancy, avoidance of antenatal care (failed appointments), non-co-operation with necessary services, non-compliance with treatment with potentially detrimental effects for the unborn baby.
- Any other concern exists that the baby may be at risk of significant harm.

Escalation procedure

If after following these protocols professionals or agencies still have concerns contact your safeguarding lead and if required implement the **WSCB escalation procedure**:

www.wiltshirelscb.org

Safeguarding Birth Plan

This form is to be completed for all unborn babies who are;

- Subject to a child protection plan
- Subject to a pre-birth assessment (Children's Social Care)
- Subject to pre-proceedings processes (Children's Social Care)

1. **Summary of safeguarding plan**	
Unborn baby (state family name)	Care First Reference
EDD	Ethnicity
Delete as applicable: • Baby to remain with mother but there are safeguarding concerns • Baby to be separated from mother following birth • Baby to be separated from mother following discharge	

2. **Family Information**	
Mothers name	Date of birth
Home address	
Putative Father's name	Date of birth
Home address	
Will the putative Father have parental responsibility (i.e. married to Mother or likely to be named on birth certificate)	Yes/No
Are there any barriers to communication e.g. language understanding	
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
Person(s) who are to be excluded from the maternity unit and reasons why
Names(s) and status of any person(s) who may have access to the maternity unit but whose conduct and behaviour may pose difficulties. State why:
NB: Any difficult or disruptive behaviour within the hospital will automatically involve the hospital's security and police and those persons will be removed as per hospital policy.

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	
EDS contact details	
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	

Professionals to be notified – including EDS if required	
On admission to hospital NAME	**CONTACT DETAILS**
Following birth NAME	**CONTACT DETAILS**

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	
For putative Father	
Is supervision 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	
Contact for any other person (detail names and relationship)	
Is supervision 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	

5. The Safeguarding Plan	
Is the child to be separated from the mother following birth?	Yes/No
If yes	
On delivery suite following birth and transferred to a designated place of safety	Yes/No
On discharge from post-natal ward	Yes/No
Are there any concerns about the mother's capacity to consent to the plan? E.g. mental health issues, learning disability, due to mother's young age?	Yes (detail)/No
Is the plan agreed by the mother?	Yes/No
Is the plan agreed by the Father?	Yes/No
Evidence of and date of Agreement **NB: Consent can be withdrawn at any time by any person with parental responsibility**	
Where the plan is not agreed or consent is withdrawn detail the contingency plan to safeguard the child upon birth. Please include the names of professionals who will be enacting the contingency plan.	
State how lawful authority for the plan will be obtained:	
Police Powers of Protection	Yes/No
Emergency Protection Order	Yes/No
Interim Care Order application	Yes/No
6. DISCHARGE PLANNING	
Is a Discharge Planning Meeting required?	Yes/No
Detail the date of the meeting and who will participate:	
Arrangements for discharge	
Is the baby to be discharged from hospital to an alternative carer?	Yes/No
If yes:	

To foster carer?	Yes/No
Is the foster carers address to remain confidential?	Yes/No
Address of F/C (if confidential please ensure this is not shared with parents/carers)	
Discharge to others carers? Please state:	Yes/No
Name	
Relationship to child	
Address	
If baby and/or mother are being discharged to another area have maternity services been informed? If not when will this happen?	Yes/No
Where mother and baby are to be discharged to home address, detail any action and support required, including who is to provides these and the timescales for doing so.	
Any other issues to be noted	

6. Distribution of notes	
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 putative Father	
If plan not shared with parent/s state reason why	
Date copy signed by Social Worker	

Wiltshire Safeguarding Children Board

Discharge Planning Protocol: Discharge of Children and Young People from Acute Hospital Settings.

Multi-agency Guidance

This guidance has been developed to support multi-agency staff to make appropriate arrangements to ensure the safe discharge and transfer of children and young people where there are safeguarding concerns, from acute hospital settings. This guidance applies to children already known to have safeguarding concerns prior to admission and children in whom a safeguarding concern arises during admission.

1. Child Protection Concerns – actions for Staff in Acute Hospitals

Children with known safeguarding concerns may be admitted to hospital with an acute medical or surgical problem, or for a planned period of observation or intervention, or they may be admitted due to further safeguarding concerns. Other children will be admitted to hospital and during their stay safeguarding concerns may arise.

Where there are new safeguarding concerns the child should be referred to Children's Social Care (CSC) and the child should not be discharged without a discharge planning meeting or the agreement of the allocated social worker or the emergency duty team and, where appropriate, other multi-agency partners such as the Police. If a child is already known to CSC with ongoing child protection or safeguarding concerns, there must be a discussion with the allocated social worker or emergency duty team and appropriate plans made prior to discharge (which may include a discharge planning meeting).

The Named Nurse for Safeguarding Children for the NHS Trust where the child has been admitted must be informed and medical information should be sought from the previous NHS Trust(s) before discharge if they have been treated at another hospital. No child can be discharged or transferred from hospital, where there are child protections or safeguarding concerns without the permission of the responsible Consultant Paediatrician or Emergency Duty Consultant. This permission must be documented in the child's medical record.

Permission should only be provided once the Consultant confirms that there is a clear, agreed discharge plan in place and receives confirmation that the child is being discharged or transferred to a place of safety.

Discharge letters which detail the discharge plan should be copied, with the patient's/parent's/carer's knowledge, to the relevant health and social care children's professionals involved with the family, with clearly documented plans for further follow up or investigations. So far as possible, all investigations should be completed before discharge. If the child is discharged to an address other than their home address, or into the care of someone other than their parent, this must be clearly recorded in the child's records.

2. Discharge planning meetings

The following agencies must be invited to attend discharge planning meetings (to be arranged by staff within the hospital) and should be represented in order for the meeting to proceed. When the meeting relates to concerns of significant harm/child protection concerns CSC will chair the meeting.

- Children's Social Care Team Manager /Social Worker
- Paediatric Consultant (or specialist registrar with consultants consent).
- Acute Named Nurse/Midwife Safeguarding Children
- Other relevant hospital staff involved in the care of the child/family
- Health Visitor if there is a child under 5
- Other agencies may need to be involved in cases and attendance should be considered such as, School Nurse, Police, Mental Health Colleagues, Learning Disability colleagues.

When a child that is subject to a child protection plan is admitted with a medical condition (unrelated to ongoing child protection concerns) a teleconference on discharge between a senior doctor and allocated social worker must occur.

3. Timing of Discharge Planning Meeting

When it is agreed that a Discharge Planning meeting should be held this should be convened if possible, at least 24 hours prior to discharge to allow for appropriate arrangements to be made to support or safeguard the child or young person.

4. The discharge planning meeting must be fully documented and include:

- An agreed multi-agency discharge plan will set out arrangements for the care and safety of the child following discharge from hospital into the community and will include actions; timescales and responsibility for actions.
- Details of the child's GP. If they are not registered this must be organised before the child leaves hospital.
- Additional medical investigations requested including timescales for completion
- Documentation of any legal orders arising from the admission (with copies filed if available)
- Agreement about what information should be shared with parents/carers and other professionals, e.g. school staff, and how and when this information will be shared.
- Any further meetings required or other review dates.

A copy of the Discharge Planning meeting must be placed in the child's medical notes.

Appendix Four

Discharge Planning Meeting Agenda

1. Introductions and purpose of meeting

2. Professionals attending and apologies

3. Clarify name, DOB, address, ethnicity of child and significant family members including other children

3. Agency updates in relation to pre birth, birth and post birth considerations during hospital stay

4. Discharge plans to include:

- When and to whom baby is to be discharged to
- Reasons why this is the proposed plan
- Is parental consent required to implement this plan? If not detail how consent will be dispensed with
- Consideration of the baby's development and whether or not there are specific medical needs which need to be addressed, including how these will be addressed
- 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
- Consider any equality and diversity issues in relation to baby and the family and how these may impact on implementation of plan
- Contingency plans

5. Consideration of support needs for other siblings, parent/s and significant family members, including how and who will provide this.

6. Where the baby is to be separated from parent/s consider contact arrangements with parents and any siblings following discharge.

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

8. Arrangements to inform (including who and when);

    - The community midwife
    - The health visitor

9. Proposed multi agency visiting arrangements following discharge

10. Dates for review of arrangements