|  |  |  |
| --- | --- | --- |
| **PBRA** | **UNOCINI** *Understanding the Needs of Children in Northern Ireland***PRE-BIRTH CHILD PROTECTION CONFERENCE REPORT** | DSCN0407 |

# Child Protection Conference Date:

# Unborn Child/ren Details

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |  |  |
| --- | --- | --- | --- |
| Proposed Surname at Birth | EDD | Ethnic Origin | Home Address (at birth) |
|  |  |  |  |

 |  |  |  |
|  |  |  |  |

### Family Composition

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | DOB | Relationship to Unborn Child | PR? | Address |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Significant Others

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | DOB | Relationship to Unborn Child | PR? | Address |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Family GP:

Family Midwife:

Family Health Visitor:

### Dates Parents/Carers Seen for Completion of Pre-Birth Assessment

|  |  |
| --- | --- |
| Name: | Date(s) seen: |
|  |  |

### Multi-Agency Involvement

|  |  |
| --- | --- |
| Agency: | Person: |
|  |  |

### Specialist Assessment(s)

|  |  |
| --- | --- |
| Agency: | Purpose of Assessment: |
|  |  |

### Significant Events

|  |  |
| --- | --- |
| Date  | Event |
|  |  |
|  |  |

**Pre-Birth Risk Assessment**

|  |
| --- |
| ***Ante Natal Medical And Obstetric History***  |
|  |
| ***Social History***  |
|  |
| ***Current Family Structure And Sources Of Support***  |
|  |
| ***Attitude To Previous Intervention (If Appropriate)*** |
|  |
| ***Attitude To Current Pregnancy***  |
|  |
| ***Existence Of Previous Abuse And Acceptance Of Responsibility***  |
|  |
| ***Non-Abusing Parent’s Ability To Protect***  |
|  |
| ***Understanding of Expectant Baby’s Needs and Ability to Meet Them*** |
|  |
| ***Contributing Risk Factors*** |
|  |
| ***Home Environment***  |
|  |
| ***Support Networks***  |
|  |
| ***Parents’ Potential And Motivation To Change***  |
|  |

**Analysis**

|  |
| --- |
| ***What needs have you identified?*** |
|  |
| ***What strengths have you identified?*** |
|  |
| ***What existing and/or potential risks have you identified?*** |
|  |
| ***What resilience and protective factors have you identified?*** |
|  |

### Conclusions

|  |
| --- |
| ***What are your conclusions?*** |
|  |

**PRE BIRTH CHILD PROTECTION CONFERENCE MEETING OUTCOME**

**Areas of Discussion**

**Agreed Parental Plan**

The baby will have a Child in Need Plan / Child Protection Plan (delete as appropriate) ( see below) due to risk of ................................

Risk issues for: mother  baby  staff  during hospital stay  on return home 

* Little / no extra support or observation required
* Mother and baby to be placed together on Post Natal Ward.
* Observation, assessment and support required with caring for baby
* Mother and baby to be placed together on Transitional Care Unit/Mother & Baby Unit for a maximum of 5-7 days
* Baby to be placed on Transitional Care Unit or Neo-natal Unit and all contact for …………..

……………………………………………………..to be arranged / supervised by Children's Services

* It is proposed to place Baby with alternative carers/ Foster Carers as soon as possible once medically fit for discharge from hospital and any legal process has been completed

**Other relevant information**

A brief history of issues to include *eg proposed legal status of baby, risk of aggression or violence, restricted contact for family members etc*

**Specific discharge details**

*Please inform Children’s Services /RESWS prior to discharge*

Should any emergency situation arise contact Police by dialling 101 or 999

Date: Signature:

Copies to Parents, Social Worker, Regional Emergency Social Work Service, Midwife, Liaison Midwife, Ambulance Service and Police in child protection cases.

### Recommendations and Proposed Child Protection Plan

|  |
| --- |
| Recommendation Regarding Proposed Registration of baby upon birth (including category) |
|  |
| Recommendation Regarding Composition of Core Group |
|  |

### Proposed Child Protection Plan

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Needs | Planned Action | Desired Outcome | Responsibility |
| Target Date |
|       |       |       |  |
| Parental Capacity | Planned Action | Desired Outcome | Responsibility |
| Target Date |
|       |       |       |  |
| Environmental Factors | Planned Action | Desired Outcome | Responsibility |
| Target Date |
|       |       |       |  |
| Has Specialist Assessment been considered?If yes please specify (offered/accepted/provided) | Yes [ ]  No [ ]  |
| Has Family Group Conference been considered?If yes please specify (offered/accepted/provided) | Yes [ ]  No [ ]   |

### About the Person Completing/Coordinating the Pre-Birth Risk Assessment

|  |  |
| --- | --- |
| Name:  | Position:  |
| Agency:  |
| Signature:  | Date:  |
| Supervising Manager:  |
| Signature:  | Date:  |

### About Other People Contributing to the Pre-Birth Risk Assessment

|  |  |
| --- | --- |
| Name:  | Position:  |
| Agency: |
| Signature:  | Date:  |
|  |  |
| Name:  | Position:  |
| Agency:  |
| Signature:  | Date:  |
|  |  |
| Name:  | Position:  |
| Agency : |
| Signature:  | Date:  |
|  |  |
| Name:  | Position:  |
| Agency: |
| Signature:  | Date:  |