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| **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** |
|  |  |  |  |
|  |  |  |  |
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| --- | --- | --- |
|  | **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.** |  |  |  |  |

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

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

**Name of attendees Role Signature Date**