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| **West Sussex County Council Safeguarding Birth Plan**  All children open to social care should have a birth plan on file by 32 weeks. | | |
| **Child is subject to a child protection/child in need plan (please delete)** | | |
| **Date of plan** | | **EDD** |
| **Name of mother** | | **DoB**  **NHS number** |
| **Name of prospective father** | | **DoB** |
| **Name of mother’s partner** | | **DoB** |
| Professionals involved | Name | Contact number |
| Social worker |  |  |
| Social work manager |  |  |
| Out of Hours social work | Duty: | EDT: 0330 222 6664 |
| Health Visitor |  |  |
| Community midwife |  |  |
| Other |  |  |
| Police reference number (if required): | | |
| **Summary of risks, strengths** | | |
| **What are we worried about (brief summary):** | | **Strengths and support required:** |
| Learning difficulties  Mental health  RISE/WORTH issues  Substance misuse  Disability  Interpreter needed  Asylum seeker  Housing  Age (…………)  Other (specify above) | | |
| **Local authority safety plan**  *(further space on page 2 for any additional information)* | | |
| Is a discharge planning meeting required prior to discharge? | | Yes / No |
| Any prohibited visitors? | | Yes / no  Names: |
| What level of contact/care does the local authority recommend is safe; is there a recommendation for local authority organised supervision once baby is born? | | Yes / No  Details: |
| What are the arrangements/plans for initial legal proceedings?  E.g. type of order, mother and baby placement, foster care? | |  |
| Have agreed expectations of behaviour been discussed with the parents, and are they aware of the plan? | | Yes / No |
| Will parenting observation notes be required? | |  |
| What are the arrangements in relation to breastfeeding? | |  |
| **Health plan (midwife to sign and date when completed)** | | |
| When mum admitted in labour please contact Social Worker & Hospital Safeguarding Team | |  |
| When mum has given birth please contact Social Worker and/or Out Of Hours | |  |
| When mum is due to be discharged please contact Social Worker | |  |
| Inform social work team of baby’s NHS number | |  |
| Consider targeted midwifery postnatal visits | | Yes □ No □ |
| Who will be co-ordinating contraceptive advice post-birth? | |  |
| **Health – Antenatal/ Intrapartum Care Plan** | | |
|  | | |
| **Health - Postnatal Care Plan** | | |
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| **ADDITIONAL INFORMATION** |
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