

# AiredaleLogo

# airedale nhs TRUST, bradford teaching hospitals nhs trust,

# bradford Metropolitan district council

# safeguarding birth plan

**This plan should be completed by Children’s Social Care in consultation with Health**

To be completed for all unborn babies who are: -

* Subject of a Pre-Birth Assessment regardless of the outcome i.e. Child Protection Plan and/or Public Law Outline (PLO) process.
* For removal from parents to the care of the local authority following birth.

The completed form should be sent by fax (do not email) to the relevant hospital and also shared with EDT.

**Airedale** – Rita Horsfall, Named Midwife for Safeguarding Children.

Telephone: 01535 292386 / 01535 652511(bleep via switchboard)

Fax: 01535 292397 for the attention of Rita Horsfall

**Bradford** – Eileen McArdle-Robinson, Named Midwife for Safeguarding Children.

Telephone: 01274 383636

Email [bthft.maternity@nhs.net](mailto:bthft.maternity@nhs.net) for the attention of Eileen McArdle-Robinson or Peter McNamara

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| --- | --- |
| **SUMMARY OF SAFEGUARDING PLAN** | |
| UNBORN BABY**:** (state proposed surname) | Social Care case ID number |
| EDD | Mothers name |
| **Local Authority Plan** | |
| Please put a cross in the correct box.  Baby to be separated from mother following birth  Baby to be separated from mother on discharge  Baby to become subject to a Child Protection Plan | |

**SAFETY SCALE**

Place the child on the scale on how concerned you are about that child

0 10

Child is at immediate risk Child is safe enough

Urgent Safeguarding Action We do not have any worries

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

**Regardless of the contents of this safeguarding birth plan, the mother’s wish for infant feeding must be respected (within the context of either Trust’s Breastfeeding Policy)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Family Composition | | | | | | | |
| Name | D.O.B | Relationship to unborn child | | Address | | Parental responsibility for unborn | Ethnic Origin (if appropriate) |
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| **Professionals involved with the family** | | | | | | | |
| Hospital / Midwifery Unit for birth | | | | | | | |
| Named Midwife | | | Named Social Worker | | | | |
| Contact details | | | Phone number (not mobile) | | | | |
| Other | | | CSC Team Manager  Phone number | | | | |
| EDT (Emergency Duty Team - out of office hours) Telephone no - 01274 431010 | | | | | | | |
| **Brief History using Signs of Safety**  What are we worried about?  What is working well? | | | | | | | |
| **Safeguarding plan in hospital** | | | | | | | |
| Agreed birthing partner’s name and status | | | | | | | |
| Risk to staff / patients on ward and actions agreed | | | | | | | |
| Supervision management plan (due to staffing levels hospital staff cannot supervise parents) | | | | | | | |
| **Note**  **Any difficult or disruptive behaviour within the hospital will not be tolerated and will automatically involve hospital security and/or the Police and the perpetrator’s will be removed as per hospital policy** | | | | | | | |
| **Plan for removal of baby from parents** | | | | | | | |
|  | | | | | | | |
| Please put a cross in the correct box:  Section 20 agreement  Powers of Police Protection  Emergency Protection Order  Interim Care Order | | | | | | | |
| Will a pre-discharge meeting be required? (between social care and mother/others which may  be facilitated by safeguarding midwife / hospital staff)  Yes No | | | | | | | |
| **Arrangements for discharge** | | | | | | | |
| Home with mother  Discharge with another  (relationship to child)  Discharge to foster care | | | | | | | |
| Date copy plan given by Social Worker to | | | | |  | | |
| EDT: | | | | | Hospital: | | |

This form has been completed by:

Name:

Children’s Social Care

Signed: Print: Date: