

**Children & Families and Health Birth Planning Arrangements Form**

***The Birth Planning Arrangements Form should be shared by the social worker with parents unless to do so is felt to put the mother or baby at increased risk of harm.***

<b>Date of Plan:</b>	
<b>Date Plan shared with parents:</b>	

To be completed by Children’s Social Work Services by **34 weeks** for the unborn child who will be:

- Supported by a Family Plan *which is developed through a Family Group Conference and owned by the family*
- Subject to an Early Help plan at birth
- Subject to a Child in Need plan at birth
- Subject to a Child Protection Plan at birth
- Subject to a plan under the Public Law Outline (PLO) at birth
- Discharged home to care of parents with a legal arrangement in place
- Will be placed away from parents following birth with alternative family members or in foster care (this could be via S.20 or a Court Order)

**Please forward a copy of the Plan to the Children’s Safeguarding Team at: [Leedsth-tr.SafeguardingChildren@nhs.net](mailto:Leedsth-tr.SafeguardingChildren@nhs.net)**

**During Team Office Hours of 8.30am – 4.30pm please call Children’s Safeguarding Team on: 0113 3923937 if advice is required.**

**If this is an urgent plan and outside of team working hours, the plan must be shared with a Senior Midwife on Delivery Suite. Call: St James 0113 2065703/LGI 0113 3927445**

## Family Information

<b>UNBORN BABY'S NAME:</b>	<b>EDD:</b>
<b>MOTHER'S NAME &amp; ADDRESS:</b>	<b>DOB:</b>
<b>FATHER'S NAME &amp; ADDRESS:</b>	<b>DOB:</b>
<b>Siblings Name(s):</b>	<b>DOB:</b>
<b>OTHER SIGNIFICANT FAMILY MEMBER NAME:</b>	<b>DOB:</b>

## Summary of Plan

<b>PLAN FOR DELIVERY AND POSTNATAL PERIOD IN HOSPITAL &amp; DISCHARGE:</b>	
<b>Note: All supervision between parents and baby must be provided by Children's Social Work Service. LTHT cannot provide any supervision</b>	
• Baby to be discharged to home address with parents	<input type="checkbox"/>
• Baby to be discharged to alternative address with parents	<input type="checkbox"/>
• Baby to live separately from parents	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Baby requires supervision with Mum after birth</li> <li>• Baby requires supervision with Dad after birth</li> <li>• Baby requires supervision with a significant other after birth</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Please give additional details in the section below</b>	
<p><b>If the plan for the baby is to live separately from parents at birth or there are additional complex factors, then a meeting should be held with the Children's &amp; Midwifery Safeguarding Team to detail specific planning post-birth, including the supervision of family time. It may be appropriate for parents to attend this meeting, but if not their views on the plan should also be included.</b></p>	

<p><i>Specific details of the plan for the baby following birth if known, e.g., risk of physical harm should be highlighted, details of placement, supervision of parents in relation to who presents the risk or alternative address.</i></p>
<p><b>Please inform the named social worker on the number below during office hours, or call Emergency Duty out of hours to notify children’s social work services of birth if no discharge plan in place.</b></p> <p style="text-align: center;"><b>On all occasions the CSWS should be informed of birth of baby.</b></p> <p style="text-align: center;"><b>Please call the police if any attempt is made to remove the baby from the ward if outside the social work plan</b></p>
<p><i>Please detail any areas of risk that health staff need to be aware of, for example any individuals who should not be allowed to be present on the ward.</i></p>

**Children’s Social Work Services**

<p>Social Worker:</p> <p>Team Manager:</p> <p>Service Delivery Manager:</p>	<p>Contact details:</p> <p>Office base:</p> <p>Email:</p> <p>Phone Number:</p> <p>EDT Number: 0113</p>
<p>Background Information:</p>	

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Reason for current social work involvement:

**Other professionals involved**

Agency:	Named Professional:
Community Midwife:	
Health Visitor:	
GP:	

<b>Name of social worker completing plan:</b>	<b>Phone number:</b>

<b>Update to plan</b>	<b>Date:</b>

**Please Remember: best practice guidance is for a qualified social worker to collect the baby with a court order and professional ID**