**Safeguarding Pre Discharge Planning Meeting Protocol**

**1.****Introduction**

This guidance has been developed to support multi-agency staff to make appropriate arrangements to ensure the safe discharge and transfer of children and young people where there are safeguarding concerns, from acute hospital inpatient settings.

This *pre discharge planning* meeting does not replace the multi-agency *strategy* meeting which will be required where there are concerns regarding significant harm. To make smart use of all professional’s time, and to prevent a prolonged stay in hospital, it is acknowledged a *review strategy* meeting could also include a section for *pre discharge* planning. All parties attending would need to be aware of, and in agreement to this combined purpose.

It is essential that effective planning between key professionals working with the child is undertaken before the child is discharged from hospital. This includes newborn babies through to young people before their 18th birthday. If a young person presents with a mental health crisis, please follow the Children and Young Person crisis pathway (link below).

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Children and young people who present at the Emergency Department who do not require acute admission need to follow the Emergency Department discharge process. The safeguarding Social Worker or Emergency Duty Team also need to be notified.

*There is no need to convene a discharge planning meeting if the reason for the current admission is unrelated to safeguarding concerns and involves routine medical treatment or intervention, e.g. a child subject to a Child Protection Plan is having their tonsils removed.*

Effective discharge planning promotes a child–centred and co-ordinated approach to safeguarding children. Plans for the child’s discharge should commence at the time the child is admitted to hospital where possible and build on other existing planning processes such as core groups, child protection conferences or a child in need plan.

Discharge planning should include consideration of both the child’s health and safety. For children who are admitted where there are health and safeguarding / child protection concerns, or where safeguarding / child protection becomes an issue during their admission, the main issues to consider prior to the child’s discharge whether they are medically fit and that it is safe for them to be discharged back into the care of their parents / carers.

The purpose of this protocol is to ensure that all practitioners are clear about the steps they need to take, to ensure that no child is discharged from hospital into an unsafe environment, where their health or well-being may be compromised or where further significant harm could occur. If the child is identified as at risk of significant harm, then a multi-agency strategy meeting would take precedence following referral to Children’s Social Care. [link to referral policy and procedures](https://www.saferbradford.co.uk/children/practitioners-who-work-or-volunteer-with-children-and-young-people/)

When the criteria for convening a Pre Discharge Planning Meeting is met, as outlined in Section 2 below, it is essential to ensure that the child is not discharged into the parent / carer’s care until he/she is medically fit, and it is assessed as being safe for the child to be discharged. Consideration should be given to the wider environment the child will be returning to, including siblings and other members of the household.

The Safeguarding Children’s Team must be informed and medical information should be sought from any other NHS trusts where the child may have received medical intervention. A child should not be transferred or discharged from hospital, where there are safeguarding concerns, without the permission of the Consultant Paediatrician. Agreed permission must be documented in the child’s medical notes.

**2****. Criteria for Convening a Pre Discharge Planning Meeting**

A Pre Discharge Planning Meeting must be convened before the child is discharged to return to their parent/carers care when:

* A child is admitted to hospital and is found to have new safeguarding concerns that have been substantiated
* A child is admitted to hospital and there are identified current safeguarding concerns
* A baby is born and is subject to a Child Protection Plan or Pre-legal proceedings.

The following list of examples where pre discharge planning meeting is indicated is not exhaustive but should be considered. For further examples see  [here](https://www.saferbradford.co.uk/children/practitioners-who-work-or-volunteer-with-children-and-young-people/)

* Female genital mutilation
* Forced marriage
* Honour based violence
* Victim of human trafficking
* Victim of modern slavery
* Domestic violence
* Poor engagement and neglect
* Differing professional opinions as to the level of risk
* Lack of agreement between professionals

**3. Consideration for convening a Pre Discharge Planning Meeting should be given when:**

* The child is subject to a court order or in a voluntary placement as Children in Care (CiC)
* A child or young person has been admitted because of mental health concerns including self-harm or suicidal ideation. (Please follow the Children and Young People crisis protocol on page one)
* Concerns have been identified during the child’s stay in hospital, such as poor nutrition, faltering growth, poor frequency of visiting by parents / carers, parental mental health, or substance misuse
* If a child is already known to Children’s Social Care, and there are new safeguarding concerns about a child during their stay in hospital, the situation should be discussed with the allocated social care worker or Children’s Social Care Team Manager and appropriate plans made prior to discharge, which should include a discharge planning meeting. If the child is known to Children’s Social Care, it is for the allocated worker or social care manager to chair the meeting.

**4. Babies who are born in the trust**

For the majority of babies born in the trust(s) any safeguarding concerns will have been identified during the antenatal period and Children’s Social Care will already have been involved and a pre-birth plan should have been put in place. **Please see appendix one**.

The pre-birth plan will also identify how, when and where the baby will be discharged. The pre-birth plan may or may not indicate that a Pre Discharge Planning Meeting is required. If a Pre Discharge Planning Meeting is required, this is initiated and co-ordinated by the allocated social worker.

Consideration should also be given to the timing of the baby’s discharge, to ensure appropriate professionals are available to provide community support.

**5. Reasons for not having a pre discharge planning meeting**

There may be a reason for not holding a pre discharge planning meeting. For example, a very recent (within 72 hours of proposed discharge) multi-agency meeting where a robust plan was agreed. If a pre discharge planning meeting is not convened and senior managers have been consulted, the reason for not holding a meeting must be recorded on the child’s records.

**6. Convening a pre discharge planning meeting**

The Pre Discharge Planning Meeting should be held as soon as practicable. If not possible, the reasons for not convening a Pre Discharge Planning Meeting should be recorded on all records.

Professionals should not give the impression to parents / carers that the Pre Discharge Planning Meeting is merely a formality ahead of the child’s discharge taking place. This is because professionals need to consider that the outcome of the meeting may be that whilst the child is medically fit for discharge it is not safe to discharge into the care of the parent / carer. In such circumstances additional actions will be agreed at the meeting.

**7. Agencies to be involved in the pre discharge planning meeting**

Meetings should be hosted by hospital staff on the relevant ward supported by safeguarding colleagues where required. The following agencies must be invited to attend the discharge planning meetings and should be represented for the meeting to be undertaken. The meeting will be held in the hospital or virtually (given Covid restrictions).

* Parents must be invited unless they pose a risk to the child.
* The child should be invited to participate according to their wishes if they are of sufficient age and understanding. Capturing the child’s voice should be documented in the discharge planning meeting record. **(Appendix two)**

Consideration should be given to inviting all practitioners who are involved in the support of the child, for example:

* Health professional for 0-19 years depending on the age of the child
* Identified social care representative
* CAMHS or another relevant therapeutic/ counselling professional
* GP (should be invited and contacted for relevant information by medical staff if required)
* Paediatrician; currently involved
* Any other consultant / paediatrician or community consultant involved in child’s care
* Relevant Professionals allied to medicine (e.g.  therapist, Dietician)
* Hospital Midwife looking after the child/mother
* Community Midwife
* Allocated nurse to the child if on the Paediatric ward
* School or Education representative if relevant
* Specific staff groups where expertise is required e.g. mental health, Independent Domestic Abuse Advisor (IDVA), drugs services, early help, probation, housing and/or police.
* Local Safeguarding Children team

Please note that this list is not exhaustive.

If the relevant practitioners cannot attend, consideration should be given for a deputy/alternative agency representative attending the meeting. This is to prevent delay in the discharge process. Any barriers to arranging a discharge planning meeting should be raised with the Senior Management in Children’s Social Care and Health Services Matrons.

The child must not be discharged home until the Pre Discharge Planning Meeting has taken place.

**8. Conduct of the pre discharge planning meeting**

The meeting will be chaired by the Team Manager or allocated social worker responsible for the child if the case is open to Children’s Social Care.

The Pre Discharge Planning Meeting should agree post-discharge actions as appropriate, for example:

* Any foster carer should have all medical information carefully explained and passed over
* Legal advice is sought in a timely way
* Placement from hospital is agreed and appropriate transport arrangements and risk assessment is completed if necessary. Addresses to be confirmed at the meeting
* Contact and supervision arrangements with parents is agreed if the child is not returning home
* Timeframe for the child’s stay in hospital is agreed
* Professional visiting arrangements are agreed
* Post-discharge follow-up for medical and professional appointments including follow up xrays to be given to carer for the child are agreed and given to the carer
* Contingency arrangements are agreed
* Review process is agreed

If it is considered unsafe to discharge a child, Children’s Social Care will facilitate alternative accommodation in a time frame which is specified and agreed as part of the plan.

**9. The discharge planning meeting must be fully documented and include:**

* The Chair will ensure that written notes recording actions agreed at the Pre Discharge Planning Meeting are circulated to all relevant people following the meeting. The Chair will agree the notes which will be typed and distributed to all relevant people within five working days.
* Additional medical investigations requested included timescales for completion, where and who the appointment is with.
* For children who are subject to a child protection plan or child in care, the social worker needs to discuss any significant issues with either the Independent Reviewing Officer (child in care) or Conference Chair (for child subject to child protection plan).
* Details of the child’s GP. If they are not registered, then this must be organised or actioned from the pre discharge planning meeting.
* If parents are not present at the meeting there should be agreement about what information will be shared with the parents/carers and other professionals, e.g. school staff, and also how and when this information will be shared.
* Any further meetings required and any review dates.

**10. Consent and Information Sharing**

Effective information sharing is an essential element of safeguarding children practice. The Children Act 1989, 2004 and Working Together to Safeguard Children 2018 all state we have a duty to co-operate with other agencies to safeguard and promote the welfare of children. Therefore, sharing information to protect children is in the public’s best interest.

[**https://www.saferbradford.co.uk/media/towhvcoq/tbp-multi-agency-information-sharing-and-consent-policy-march-2021.doc**](https://www.saferbradford.co.uk/media/towhvcoq/tbp-multi-agency-information-sharing-and-consent-policy-march-2021.doc)

**Appendix 1:**

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**Appendix 2:**



**Appendix 3**

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**Approved March 2022 Safeguarding and Professional Practice Subgroup**