FIFE MULTI-AGENCY CHILD PROTECTION DISCHARGE PLANNING PROCESSES

Document Name:	Fife Multi-agency Child Protection Discharge Planning Processes Guidance
Date:	May 2025
Last Reviewed:	
Agreed by/date:	CPC 15.05.2025
Review Date:	May 2027
Version:	1.0

Contents

Introduction

Child protection relates to the processes and considerations required, as well as child centred assessment, planning, and the actions needed where there are concerns that a child may be at risk of harm. Child protection procedures fall at the urgent end of service provision and should build on existing knowledge, strengths in planning and partnerships to reduce the risk of harm, and to meet the child's needs (Scottish Government 2021, updated 2023).

This procedure does not replace but complements existing child protection procedures and the CPC Multi-agency Child Protection Guidance.

Purpose of Protocol

Learning from local and national Learning Reviews highlights the need for coordinated planning at points of transition. This includes discharge from hospital, either following birth or elective/acute admission to hospital. The development of this protocol is in compliance with National Guidance for Child Protection in Scotland, 2021 (updated 2023).

This protocol provides professionals with a child centred and trauma informed strategy for children attending and being discharged from hospital where child protection concerns have been identified; it covers discharge from Acute Paediatric and Maternity Services. This allows collaborative decision-making between NHS Fife, Health and Social Care Partnership, Social Work and Police as appropriate to safeguard the baby, child or young person.

Discharge planning is underpinned by the United Nations Convention on the Rights of the Child and should incorporate trauma informed practice. It is important that the child's views are captured where possible and recognition given to the rights of older children to attend their own discharge planning meeting (DPM).

This protocol includes all babies, children, or young people who have been admitted and are being subsequently discharged from NHS Fife services whether within or out-with normal working hours.

Discharge Planning Meeting Operational Process

Assessment & Planning

Child Protection concerns may arise during admission or may be known prior to admission (*e.g.* by Emergency Department/Minor Injuries Unit/Scottish Ambulance Service/Community, or where there is a Multi-Agency Child's Plan in place, including for an unborn baby).

When any child or young person is admitted to hospital and there is a child protection concern, an Interagency Referral Discussion (IRD) is necessary as per Fife Interagency Referral Discussion Protocol.

Where Child Protection concerns exist, all children require coordinated assessment and planning. It should be noted that children with complex needs may be more vulnerable.

At all times communication between Health, Social Work and Police is pivotal to child-centred interventions and planning. The Named Person in the relevant agency should always be involved in this process. A Discharge Planning Meeting (DPM) and Post Birth Planning Meeting (home birth) ***must*** be convened when criteria is met, to ensure risk assessment and a co-ordinated multi-agency plan.

Criteria for calling a Discharge Planning Meeting

When Child Protection concerns are raised by professionals or parents prior to or emerge during admissions to hospital and a multi-agency coordinated plan is required (including newborns). All children:

- On the Child Protection Register including newborns
- Subject to IRD including pre-birth IRD
- Subject of an ongoing Child Protection Investigation
- Any child open to Social Work where there are new Child Protection concerns
- Consideration should be given to all children open to Social Work prior to their discharge from hospital, this can be discussed with the allocated worker
- Any child or baby who is being discharged from hospital and placed in foster/kinship care. A DPM may not be required in some circumstances if the child or young person is discharged into a previously established local authority care placement, although there should be positive communication with parents/foster carers
- Newborn infants where a Child Protection Order is served (if the birth took place in a hospital setting). **Note** - If birth takes place in community setting see 2.5.1.
- When new child protection concerns are identified by Maternity Services immediately before or following birth *i.e.* concealed pregnancy; parental engagement/conduct; new information comes to light which needs to be shared and discussed with Team Around the Child.

Core members of Discharge Planning Meeting(s)

- Parent/carers/Child/Young Person
- Named person/Lead Professional
- Social Work Team Manager/Senior Practitioner for the case responsible team
- If allocated, a Vulnerable in Pregnancy (VIP) Midwife
- Named ward staff (Children's Ward/Neonatal Unit)
- Neonatal Unit Community Liaison Nurse
- Medical staff representative (Senior Trainee or Consultant if significant and/or complex clinical issues *i.e.* fracture management/ongoing neurology care)
- Child Wellbeing Liaison Nurse (Children's Ward) (CWLN)
- Key specialists (*i.e.* CAMHS, Paediatrician, Neonatologist; Community Children's Nurse; Paediatric Specialist Nurse (*i.e.* CF/ADHD; Family Support Service, Advocacy Services)
- Police.

ALWAYS consider the need for a translator / advocacy.

Discharge Planning Meeting Arrangements

- Arrangements for a DPM should be made in advance of the children or young person being discharged from hospital
- Where possible the timing of a DPM should allow for discharge and assessment of the agreed safety plan before any out of hours involvement, to best support families. The DPM must agree a discharge on a Friday or during the weekend, with appropriate safety planning and family support
- The DPM will be hosted in Victoria Hospital, or via Microsoft Teams, in a timely fashion. Support for room booking and arranging date and time will be provided by the CWLNs (Children's ward only). On the occasions where no CWLNs are available, a Charge Nurse or Health CP Team staff member can support these arrangements. Discharge of a neonate is held in the Maternity Ward or the Neonatal Unit. The DPM will be arranged by the allocated social worker, VIP midwife or the named midwife
- The chair (Health or Social Work) will be agreed prior to the meeting. If it's not clear which agency should chair the meeting, staff should seek advice from their respective Line Manager
- The purpose of the DPM is to discuss concerns, examine risks, arrange adequate safety planning to mitigate those risks and identify professional responsibilities, ensuring the meeting remains child centred and inclusive of the child or young person.

Discussions will include:

- Medical history, presentation and concerns and the outcome of any investigations/assessments that can be shared.
- It is the responsibility of each agency to share the relevant and appropriate information held by their service. Agencies may have sensitive information they will share with professionals only.
- Discuss the known risks and risks still to be fully assessed.

Discuss protective factors and strengths:

- Define areas of uncertainty (*e.g.* limitations of medical information, pending investigations, social factors)
- Invite child or young person and family views
- Agree a discharge plan. This should be drafted in advance, with family involvement where possible. The purpose of the plan is to identify protective action to maximise the safety of the child or young person
- A contingency plan should also be included in the discharge plan
- Every child's discharge plan should reflect their personal circumstances, and it should be clear who is responsible for each action, including family members
- Protective actions around siblings should always be considered in the safety planning
- Agree any further Child Protection processes such as follow up X-rays, emergency contingency plan and clarify date of any further meetings such as Child Protection Planning Meeting or Child Protection Core Group
- Agree final discharge details with consideration given to ability to implement the agreed safety plan.

Single agencies should follow their own agency guidelines for documenting any plans (*i.e.* Interim Safety Plans, Child's Plans, health postnatal management plans) and are accountable for implementing agreed actions.

The Chair will distribute the summary to the parents/carers and all professionals involved as soon as practically possible.

DPM within Office Hours - Maternity (Postnatal) & Neonatal

- All DPM's within Maternity Services take place after the birth of a baby. If the Child Protection Birth Plan stipulates the need for a discharge planning meeting this will usually take place whilst a baby is in the Maternity Ward or the Neonatal Unit. The meeting will be arranged by the allocated Social

Worker in conjunction with the Named Midwife (usually a VIP midwife) at a time that is convenient to the birth parent, professionals and relevant ward staff

- On some occasions Child Protection concerns will only emerge after the birth of a baby in hospital. Concerns from Maternity or Neonatal Staff should be immediately escalated to Social Work and Police using an IRD and hospital staff should communicate directly with Social Work to coordinate the DPM.

DPM out with Office Hours - Maternity (Postnatal) & Neonatal

Newborn babies, who are the subject of Child Protection Registration, and a Child Protection Plan will not be discharged home with parent's out-with office hours until agreed by DPM, details of the Pre-Birth Plan will be clearly documented with the birth parent's electronic patient record and social work records. The plan should be reviewed ahead of DPM to ensure appropriateness and updated where necessary.

Assessment is fluid and information sharing must be robust to ensure plans are clear and are in the best interests of the child.

Post-Birth Planning Meeting - Babies Born in a Community Setting

- Where a Child Protection Plan is in place prior to a baby's birth and the baby is born in a community setting including at home, a post-birth planning meeting as opposed to a DPM should be held without undue delay. This meeting should be chaired by the Team Manager (or senior practitioner) of the responsible social work team and include members of the child protection core group and the baby's relevant family members, as well as named (or designated) midwife. It may also be necessary to consider inviting others, such as police, depending on the specific reason for the meeting (National Guidance for Child Protection in Scotland, 2021 (updated 2023)).
- If social work and members of the Child Protection Core Group conclude it is not safe for the baby to remain at home, an application for a CPO should not be delayed (National Guidance for Child Protection in Scotland, 2021 (Updated 2023).
- It may also be necessary to hold a post-birth planning meeting where there is no Child Protection Plan or discharge plan previously agreed, for instance, where adequate pre-birth planning was not possible due to late presentation and a full pre-birth assessment has not been completed- for example non engagement or a concealed pregnancy. (National Guidance for Child Protection in Scotland, 2021 (Updated 2023)).

Agency Contact Details

Professionals/ Agency	**Phone**	**Email**
Victoria Hospital Children's Ward	01592 643355 (ext. 29040)	N/A
Child Wellbeing Liaison Nurses (CWLNs)	01592 729076	CWLN@nhs.scot
Maternity Child Protection	01592 643355 (ext. 22081)	Fife.maternitychildprotection@nhs.scot
NHS Fife Child Protection Team	01592 648114	fife.initialreferraldiscussion@nhs.scot
Police/Public Protection Unit (PPU)	101 or 999 in an emergency (Details of the concern will be passed to the most appropriate officer/team for action)	FifeIRD@scotland.police.uk (only monitored 0800 to 2000 hours)
Social Work Child Protection Team (SWCPT) (for new IRDs)	03451 555555 (ext. 446999)	swcp.team@fife.gov.uk
Social Work Contact Centre (*to contact Social Work team*)	03451 551 503	sw.contactctr@fife.gov.uk

Record of Discharge Planning Meeting

Health and Social Work each have single agency templates to record the information from the Discharge Planning Meeting. Please follow your single agency document guidance.

References

- National Guidance for Child Protection in Scotland, 2021 (Updated 2023)
- Interagency Referral Discussion (IRD) Protocol (2025)