



Gloucestershire

## **Discharge from Hospital of Children in Care Protocol 2020**

Gloucestershire Discharge from hospital protocol is designed to provide safe planning for any child leaving hospital

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## 1. Introduction

In Gloucestershire, we are committed to ensuring that all children who leave hospital have a safe destination that has been planned by professionals and in consultation with parents and carers. As there has been an increase in the numbers of \*Children in Care, it is vital that professionals have the following:

- A common understanding about what it means for a Child to be in Care.
- A clear understanding of their own contribution to safeguarding and promoting the health of Children in Care.
- A clear understanding of the roles and responsibilities of other professionals involved.

This guidance is the agreed protocol for Children in Care to leave hospital. The guidance includes a circumstances and safe practice approaches but does not include all eventualities

All staff in hospital and working with the

Child must be aware of the issues around consent and parental responsibility (PR)\* for individual children and this should be documented and checked for each episode of care.

Staff should feel confident in challenging decisions that they feel are not in the best interests of the child and where necessary follow Gloucestershire's escalation policy.

\*The definition of a child under the [United Nations Convention on the Rights of the Child \(UNCRC\)](#) which defines a child as everyone under 18 unless, "under the law applicable to the child, majority is attained earlier. If the child has a disability, then they are deemed to need support until they are 25 years of age.

## 2. Purpose

- 2.1 To improve the understanding for staff involved in the care of vulnerable children who are in care or who are being discharged from Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) into new care placement, including the implications for the provision of health care.
- 2.2. To improve the understanding of processes involved during Health Care delivery to ensure a smooth transition when children move into foster care or parent and baby placements.
- 2.3 To improve the knowledge and skills of foster carers in the care of children.
- 2.4 To ensure clear lines of communication between partners in hospital, Social Workers, Family First and Community.

### 3. Parental/ Responsibility and Consent

Birth parent(s) retain PR (shared with the local authority if a Care Order is in place) unless a baby is placed for adoption (under a Placement Order) when PR is shared with prospective adopters. Once the Adoption Order is complete, the child is no longer looked after and adoptive parents will hold full PR.

Foster carers do not have PR but consent for some interventions can be 'delegated' to the carers via a Delegation of Authority form which is discussed and agreed with the birth parent/s and which they sign.

Foster carers are expected to give one copy to their GP and take a copy for health appointments.

## 4. Information Sharing

All Children in Care are entitled to the same level of confidentiality as other children – hospital staff should not include third party information (particularly foster carers), personal information within the child's clinical record. This is placed in the confidential section of the child's health records.

### **Guidance for Staff when babies are discharged into Care**

Health colleagues should be aware that some foster carers, particularly those who are newly approved may only have attended very basic training. Staff should ensure that carers are given any necessary advice and information before discharge, especially in relation to infants with complex medical needs.

This should be agreed at the discharge planning meeting and include family members who will be caring for the baby on discharge.

There are some foster carers which are providing a 'Fostering to Adopt' or 'Early Permanence' placement. These are adopters who are approved to care for the child whilst awaiting the application of the Placement Order. In these cases, the carers may have had very little training or recent experience of caring for babies. Hospital staff should treat these carers as though they were first time parents unless there is evidence to suggest otherwise.

## 5. Discharge/ Placement Planning Meeting

This is a multi-agency meeting that should be convened at the earliest opportunity before the discharge from hospital to discuss the child's needs, plans for placement and whether foster carers need any additional support, information or training to care for the child safely.

The discharge planning meeting should be convened at the earliest opportunity (see discharge planning meeting section) to ensure that a clear plan is agreed and before discharge from hospital. As well as foster carer/s, it is good practice for this meeting to be attended by the child's fostering Social Worker along with the relevant hospital staff to ensure that consistent messages are given about the needs of the child and their carers.

The foster carer should be given a copy of the placement plan, which will detail where the child is to be discharged and to whom. This should be signed by the child's Social Worker. The foster carer should ensure that they take this along with their photo ID badge to show the hospital staff when the child is being handed over for discharge.

If hospital staff have concerns regarding the ability of the foster carer to provide

safe, evidence based care, they should in the first instance contact the child's Social Worker.

All foster carers also have a supervising Social Worker who should also be made aware of any difficulties.

### **Good Communication at all times**

It is essential that there is a good communication between health and social care professionals and the carers, ward staff, foster carers or connected carers, fostering Social Workers, baby's Social Worker and the parents Social Worker (if applicable), in order to develop safe plans for when the child is discharged from hospital. Failure to do this can have considerable impact on the safeguarding of the child.

## Discharge Planning Form

Name of Child Date of Birth	Expected date of discharge (if known)		Comments
Social Worker for the Child and contact details (The Social Workers photo ID must be checked each time they attend)			
Fostering Social Worker name and contact details including Team Manager			
Foster carer name, contact address and phone number :			
Actions Required	Date/Time completed	Sign/print name	Comments
Child is deemed medically fit by medical team For children the Consultant Paediatrician must approve the discharge and record this in writing			
Multi-agency strategy discharge meeting has occurred with plan agreed and recorded in the child's notes If parents/carers have Parental Responsibility (PR) they have been informed of discharge plan			
New GP details are entered into the child's hospital health record, where commissioning has sourced a residential placement, they have new GP details or will have this within 5 working days after the child is in placement.			
Clarity from Social Worker regarding the information foster carer has been given about child and birth family and any withheld information			
Consider whether a memory box/ diary is appropriate - which is to go with the child on discharge.			
Leaflet pack (specific to age, discharging ward) and red book (if available) should be given to foster carers.			
Address of foster carers added to TRAK care ( <i>care must be taken not to share foster carers personal details with the child's birth family</i> )			
Foster Carers photo ID checked on initial visit with a photo copy taken and put in legal section of health record if visiting more than once <b><i>Social Workers and foster carers must have photo ID with them at all times when attending the hospital wards and departments</i></b>			
A copy of Delegation of Authority form is obtained from Social Care and filed in legal section of health record			



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Actions Required	Date/ Time	Sign/ print name	Comments
Additional Training based on child's medical condition and age a) Any additional nursing or age appropriate training required by Foster Carers is agreed and delivered by nursing staff and recorded in health record. b) Foster Carer is assessed on the unit by observed practice as being able to perform the agreed tasks. This is recorded within the child's hospital notes.			
Discharge medication a) Dosage/ safe storage /how to administer/ side-effect of any prescribed medication explained and understood by Foster Carers. b) Foster Carers are competent and can safely administer medication, record in Child's hospital notes			
Provide GP, Social Worker and Carer at time of discharge or Person with Parental Responsibility with discharge letter			
At Discharge			Comments
<b>The following staff completed the final checks to ensure all actions are completed to enable the child to be safely discharged:</b> (Sign/print name and designation)			
Ward Nurse/ Midwife:			
Consultant Paediatrician:			
Escorting Social Worker:			
Post Discharge Actions	Date /Time Completed	Sign/print name	Comments
For babies discharged from Maternity/ NICU: Inform Community midwife covering foster carer's area of discharge via form to Maternity ward and by telephone if possible (if baby <28 days) & document.			
Other relevant professionals informed and documented: Public Health nurses for foster carers, Children's Community Team, etc.)			
Inform children in care health team at: <a href="mailto:CiChealth@ghc.nhs.uk">CiChealth@ghc.nhs.uk</a> or: <a href="mailto:GCC.GlosCICHealth@nhs.net">GCC.GlosCICHealth@nhs.net</a>			
Ensure Social Worker has informed birth parent of child's discharge			
Ward clerk to change patient address and GP to those of foster carer (if this is where the child is to be registered)			
For babies in NICU ensure medical staff complete Badger letter with social details filled in and sensitive information banner ticked.			

## 6. Training for Foster Carers

There may be confusion regarding any health related training that foster carers have received. The following may help to clarify what is delivered as standard, and what would need to be delivered individually, dependent on the need of the individual child.

Training offered by Independent Fostering Agencies (IFA) may be different from that offered by the Local Authority or inconsistent and variable, therefore the quality of the training should be quality assured by Childrens Social Care Commissioning.

### **‘First Aid for Foster Carers (and Basic Life Support)**

All foster carers are expected to attend ‘First Aid for Foster Carers’ training as one of the mandatory courses within the first 12 months of their being approved as carer. This is a one day bespoke course that aims to equip people with the essential skills required to save a child or baby’s life until the emergency first aid services arrive.

It covers the following:

- Vital Signs and Recognition of the unwell
- Management of the Unconscious  
Causality
- Safe Airway Positions/recovery Position
- Choking

- Cardiopulmonary Resuscitation
- Safe use of an Automated External Defibrillator
- Confidently employing audit CRP Techniques for young people of any age

Observation and assessment is made throughout the day to ensure practical application.

Attendees receive a ‘Certificate of Assessment’ which is valid for three years (but does not qualify them as a first aider).

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## **Infant Care Training for Foster**

### **Carers**

All Local Authority carers approved to care for babies and children under five are expected to complete this one day mandatory training which is delivered by the Health Visitors for Children in Care and included the following, through quizzes, DVD's and Group Work:

- Infant mental health and emotional health – Saving Brains DVD
- 0-2 Development
- 2-5 Development
- New Born Observations (NBO)
- Sleep
- Feeding, weaning, solids, safe preparations of formula feeding
- Skin care
- Health Professionals involved in the care of the child, roles and responsibilities
- Gloucestershire Family Offer
- Immunisations

This does not include carers from IFAs and it is essential that staff in hospital and social workers work together to ensure that they are confident that the foster carers have appropriate on the ward training to care for that individual baby or child.

## **Babies and Children with Additional Medical Needs**

Foster carers who are caring for babies and children with additional medical needs may need specific training from hospital teams before discharge in areas such as special medication, alternative feeding requirements, dressings or any other specific need identified. This will need to be identified by the hospital staff caring for the child and agreed with the foster carer and Social Worker before discharge.

## **Promoting the Health of Children in Care**

This training is delivered by the nurses for Children in Care and includes the statutory requirements with regards to the health of Children in Care, foster carers responsibilities, local services and process, safe administration of medication in home and infection control in the home. It is very basic training intended for newly approved carers, or those wishing to refresh their knowledge. It is one of the mandatory courses to be completed with the first 12 month of carer approval.

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## **Supporting the Emotional and Mental Health of Children in Care**

Children in Care are more likely to experience emotional and mental health difficulties than their peers who are not in care. A variety of training and support is provided by the Children in Care team with a focus on attachment and understanding and managing behaviours. This also forms a part of their initial mandatory training along with 'Safeguarding Children', which explores the principles of Child Protection, identifying vulnerability factors and the impacts of Child Sexual Exploitation.

## **What Training is not routinely given for Foster Carers?**

Practical:

- Demonstration of making up feeds and bathing baby

Please visit the below for more information:

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