**Discharge From Care (DFC) - under Section 20 – 16/17yrs**

**The Local Authority has a duty to ensure that when children have been accommodated under Section 20 (Children Act 1989 and Children and Social Work Act 2017) are discharged from, or leave care that the discharge is in their best interests and those they will be safeguarded and their welfare will be promoted. Where a child has been accommodated for 20 days or more, the decision should be made by a Nominated Officer or Director of Children’s Services if the child/young person is 16/17 yrs. and has been accommodated under Section 20, before discharge. Circumstances around ceasing, or discharging, a child from being Looked After will vary as much as the original reasons for Accommodating the child, but the discharge of the child from being Looked After should always be undertaken in a timely and planned way that reflects the needs and best interests of the child.**

**Where a parent or carer requests the child be returned to their care outside of the Care Plan (if one has been established), the parent or carer should be asked to undertake the return in a planned or negotiated way that reflects the needs and best interests of the child and it safe for the child to do, (e.g. contact arrangements to assist the return; individual counselling, etc.), and to ensure appropriate support becomes available to them or the child. (Note: a lack of resources should not be a reason for delaying the child returning home). If the parent(s) wish to withdraw the Section 20 and it is unsafe for the child to return to their care, then the Local Authority must seek legal advice.**

**Where the plan is for a child to return to the care of their family when they cease to be looked-after, there should be a robust planning and decision-making process to ensure that this decision is in the best interests of the child and will safeguard and promote their welfare [regulation 39].**

**In making the decision to cease to look after a child, the responsible authority must assess:**

* Whether the proposed arrangements for the child’s accommodation and maintenance when they cease to be looked-after are suitable
* What services and support the child, and where the child is returning home, the parent, might need when they cease to be looked-after and what support and services will be provided following reunification and ensure that the child and parents understand who to contact for support [regulation 39(3)/39 (2)(a) and (b)]
* The local authority has general duties [regulation 42] to undertake an assessment of an eligible child’s needs as they transition to independence, and to prepare a plan setting out how these needs will be addressed [regulation 43]

Before granting the discharge approval the nominated officer or Director of Children’s Services must be satisfied that:

* Child’s wishes and feelings have been ascertained and given due consideration;
* Decision to cease to look after the child will safeguard and promote their welfare;
* The IRO has been informed; and
* Where the child is an eligible child the appropriate requirements have been met [regulations 40 – 44]
* The multiagency network is made aware of the request. E.g., if the child is registered as disabled or the young person is involved with probation or YOT.

Some children will be looked-after for very short periods, for example due to a family crisis or parental illness. While it will not be necessary to seek nominated officer approval to cease to look after a child in these circumstances, the authority must be satisfied that this is in the child’s best interests and that the proposed arrangements will safeguard and promote the child’s welfare.

**Date of Discharge from Care Record (DFCR):**

**Details of professional completing form:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SUBJECTS** | **NAME** | **DOB** | **ID NUMBER** | **ADDRESS** |
| **Name of young person** |  |  |  |  |
| Mother |  |  |  |  |
| Father |  |  |  |  |
| Sibling(s) |  |  |  |  |
| Sibling |  |  |  |  |
| **Other significant relatives.**  Paternal (step) grandfather |  |  |  |  |
| Maternal grandmother |  |  |  |  |
| Maternal Uncle |  |  |  |  |

**Name of person/s completing the review:**

|  |  |  |
| --- | --- | --- |
| **NAME** | **TITLE** | **CONTACT DETAILS** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Reason why discharge from care has been requested.** |  |
|  | **What are the proposed arrangements for the young person on leaving care, including accommodation and support?** |  |
|  | **What are the risks? (Consider cumulative risks and all aspects that demonstrate the likelihood of past, present and future abuse and/or neglect).** |  |
|  | **What measures will need to be in place to mitigate the above risks? (Consider all aspects that support safety & protection related to the risks)** |  |
|  | **What are the thoughts, wishes and feelings of the young person?** |  |
|  | **Is there any missing information that needs to be pulled together? If so what is it and who will be responsible for doing this and by when?** |  |
|  | **Please insert or detail the current pathway plan, including any communication and contact with the family if appropriate?**  **What needs to happen next (Include all specific actions required.)** |  |
|  | **What support / monitoring is required to ensure a safe discharge is achieved. Please describe actions to be taken, by whom and by when?** |  |
|  | **Has the IRO been informed? (Please add any comments made by the IRO)** |  |
|  | **Are all agencies, virtual school, Commissioning, in agreement with this plan? If not please state who and why. How will this disagreement be resolved?** |  |
|  | **Date the discharge is intending to be made and confirmation that all leaving care legislative requirements are in place ready for the discharge** |  |

**SAFETY ASSESSMENT TEMPLATE**

**This safety assessment must be completed**

**Outline any current risks and how these will be managed/monitored upon the placement being made:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Risks- what are we worried about** | **What needs to happen to reduce/monitor risk and provide support as appropriate** | **By when & by whom?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Name of Person completing the Record**: Role:

Signature:

**Date:**

**Team Manager Name:**

Signature …… **Date:**

**Service manager name:**

**Signature: …………………………………………………………. Date:**

**Head of Integrated Children’s Services name:**

**Comments:**

Signature……… **Date**

**DCS - Signature** ………………………………………………………

Signature ………………………………………..  **Date:**