Joint Health, Housing and Social Care Protocol for the Discharge of Vulnerable Children from Hospital

Including Discharge Protocol for Children Where There are Child Protection Concerns and
A Discharge Protocol for Vulnerable Children Returning to Accommodation with Disrepair or Overcrowding Issues
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1. Introduction

Lord Laming made recommendations about the arrangements for discharging children from hospital in his report in 2003 and this protocol is intended to ensure they are followed.

Further to this an issue arose which highlighted the need to have a protocol for addressing issues of children discharged from hospital at risk from the physical conditions of their dwelling.

It should be noted any discharge concerns must be addressed as soon as a child is admitted to hospital.

Purpose

The purpose of the protocol is to ensure that all staff in hospitals and all workers in Cardiff Children’s Services are clear about the steps to take to ensure that no child is discharged from hospital into an unsafe environment where further significant harm could occur.

Scope

The scope of this protocol addresses both these issues:

- All children who are admitted to hospital who are known to Children’s Services and about whom there are child protection concerns.
- All children discharged from hospital where there may be a serious risk to their health by the accommodation that they intend to occupy.

It is presented as separate operating protocols, a) for children where there are child protection issues and b) where there is a risk from the physical conditions of the dwelling they are to be accommodated in.

Legislative Framework and Guidance

Children Act 1989
Safeguarding Children: Working Together Under the Children Act 2004
The Victoria Climbié Enquiry
Homelessness and Allocations: The Housing Act 1996 Parts 6 and 7
2. Procedure A – A Protocol for Children where there are Child Protection Issues

All child protection concerns must be addressed as soon as they arise and must not be left until the point of discharge.

2.1 Identification and referral of Relevant Children

If a member of hospital staff considers that there are child protection concerns about a child they must refer the matter to the consultant in charge or to a paediatrician of middle grade or above.

The member of hospital staff will contact the Intake and Assessment service (029 2053 6400) to ascertain if the child is known to Children’s Services and to make an immediate referral if necessary. If the concern arises out of office hours and discharge is imminent the enquiry must be referred to the Emergency Duty Team (029 2078 8570).

If a member of Children’s Services believes a child on the Child Protection Register or about whom there are child protection concerns is in hospital, they should contact the hospital ward.

If a health worker is aware or suspects that a child who is in hospital is on the Child Protection Register or is Looked After they should contact Children’s Services to inform them.

2.2 Process in Children's Services

If the child is known to Children Services the named worker will be notified of the admission by intake and assessment or the Emergency Duty Team.

The child’s worker will consult with the relevant manager to ascertain if a child protection investigation is required.

If a child protection investigation has been carried out prior to admission to hospital or if it is not necessary the team manager will decide if an initial assessment is required to ensure that the home environment is safe.

At the conclusion of the assessment/investigation the relevant manager will decide if it is considered safe to discharge to the carers. This decision should be given in writing to the hospital. Standard letters are attached at Appendix 1 and 2 for this purpose.
If the child is to return home the manager will liaise with the consultant or doctor of middle grade or above to agree the plans that are in place. This can be done as part of the strategy meeting in appropriate cases, or a discharge meeting can be convened which would include the hospital, Children’s Services and the child’s health visitor or school nurse. The arrangements for discharge will be recorded.

If the child is to be accommodated the manager will notify the relevant hospital staff of the name and address of the foster carer or social worker to whom the child is to be discharged to ensure that the necessary follow up occurs.

If possible the foster carer should visit the hospital prior to the child’s discharge.

The foster carer should have identification to show to hospital staff and should be accompanied by the child’s social worker if this is possible.

Where possible the child should be collected from hospital by someone with whom they are familiar.

2.3 Process in Hospital

If a member of hospital staff considers that there are child protection concerns about a child they must refer the matter to the consultant in charge or a paediatrician of middle grade or above, and to Children’s Services Intake & Assessment, in line with All Wales Child Protection Procedures.

When discharge is considered, the member of hospital staff will contact the named social worker to ascertain if the child is to return home or the name and address of the carer to whom the child is to be discharged. A discharge meeting will be held to draw up a written discharge plan. In the case of a child who has been admitted to hospital and child protection procedures have been initiated an initial or outcomes strategy meeting may also be held at the point of discharge. The aim of the strategy meeting is to plan Section 47 enquiries/police investigation if not already commenced or to plan immediate protection or ongoing safeguarding issues for the child following discharge, in line with part 3 All Wales Child Protection Procedures.

Arrangements for health follow up will be recorded after consultation with the consultant or paediatrician in the case notes and on the discharge summary.

The member of hospital staff will ascertain the name of the child’s GP and health visitor and inform them of the treatment and discharge.

If a child is of school age the relevant school health nurse should be notified of the treatment and discharge.

If the child has no GP, discharge will be delayed until a GP is identified. In some circumstances, it will be in the child’s best interests to be discharged before a GP can be identified, for example at a weekend, to avoid contact with infection.
paediatric liaison health visitor will identify a GP the next working day. The reasons for this will be recorded in the discharge plan.

3. Procedure B – A Protocol for Children Discharged from Hospital where there may be a Serious Risk to their Health by the Accommodation that they Intend to Occupy

3.1 Introduction to Procedure B

This is a process for Health Visitors, and other Health and Social Services professionals which aims to address acute housing need in circumstances where a child’s health is seriously at risk. One example would be where a child should not return home from hospital because their family’s living conditions are such that they would provide a serious risk to the child’s health.

This process should only be used where there is a serious i.e. life threatening risk to a child’s health. We cannot define this further; it is up to those using the system to realise that it is an exceptional referral mechanism, rather than a normal request to ensure that a family’s living conditions are given the priority they are entitled to by housing policy and legislation.

If this system is abused it will be withdrawn for any individual user, it is an honest attempt to provide an emergency response and we will be grateful if it could be used as such.

It does address housing problems in all tenures.

Information provided will be treated confidentially.

3.2 Response to Request for Assistance

The response from housing services will normally be in the same day, but will be within 24 hours. This response will be to evaluate the housing situation of the family, make a decision on its response and to make the health visitor and the family aware of that response. This response could include the provision of temporary alternative accommodation.
3.3 Making A Referral

Please see Appendix 3 for the 'Information for a Referral' proforma.

Please send this referral form to all listed below:

Housing Advice Unit, HAU@cardiff.gov.uk

If for some reason the email is not working please fax this form to 029 2087 1241 and telephone 029 2087 1050 to inform Housing Advice Unit staff that you are making an emergency referral by fax.

For those cases not considered an emergency but where there are issues or concerns about the accommodation, a referral letter template is at Appendix 4.

4. Conflict Resolution

Any difficulties with the protocol will be referred to Case Management for Fieldwork within the local authority Children’s Services, or the consultant on duty or Named Doctor or Nurse for Safeguarding Children for resolution.

5. Review

The protocol has been reviewed within one year of implementation. The protocol has been ratified by the LSCB / Children’s Services and will be further reviewed every 2 years.
Appendix 1

Standard Letter to Hospital re Safe Home Circumstances for Discharge

Lead Nurse Safeguarding Children
Child Health
Children’s Hospital for Wales
Heath Park
Cardiff
CF14 4HS

Dear

Re: [child]
DOB:

Thank you for notifying Children’s Services that [child] was admitted to [ ] hospital on [date]. I confirm that the home circumstances have been assessed by [ ]. The home environment is considered safe. I would be grateful if you would notify me of the date of discharge so that appropriate arrangements can be made.

Yours sincerely
Appendix 2

Standard Letter to Hospital where the Home is not Deemed Safe for Discharge

Lead Nurse Safeguarding Children
Child Health
Children’s Hospital for Wales
Heath Park
Cardiff
CF14 4HS

Dear

Re:  [child]
DOB: 

Thank you for notifying Children’s Services that [child] was admitted to [ ] hospital on [date]. I confirm that the home circumstances have been assessed by [  ]. The home environment is not considered safe. (Child) is to be placed with ---------------------------------------------. I would be grateful if you would notify me of the date of discharge so that appropriate arrangements can be made.

Yours sincerely
### Appendix 3

**Information Required for a Referral**

Reference: Children Discharged from Hospital where there may be a Serious Risk to their Health by the Accommodation that they Intend to Occupy

<table>
<thead>
<tr>
<th>Date of referral</th>
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<tbody>
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<td>Time of referral</td>
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</table>

**Person making the referral**

<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Contact number landline</td>
<td></td>
</tr>
<tr>
<td>Contact number mobile</td>
<td></td>
</tr>
<tr>
<td>Email address</td>
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</table>

**Family information**

**Parent(s) information**

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
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<tbody>
<tr>
<td>Date of birth if known</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Date of birth if known</td>
<td></td>
</tr>
</tbody>
</table>

**Children(s) information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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**Name of child at centre of concern**

**Details of concern including list of all risk factors**
## Tenure details

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact if known</th>
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<tbody>
<tr>
<td>Housing Association</td>
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<tr>
<td>Council</td>
<td></td>
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<tr>
<td>Private Landlord</td>
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<tr>
<td>Owner Occupier</td>
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Appendix 4 - Referral Letter

The Common Waiting List Officer
Allocations Section
Housing and Neighbourhood Renewal
Cardiff Council
Willcox House
Cardiff
CF11 0BA

Date:

Ref: [Please type name of family, address including postcode]

Dear Sir or Madam,

I am writing to you because I have concerns about the person/family [delete as appropriate] above and their current housing situation. I would like to ensure that they have the housing priority which their case deserves.

I have visited the property and [Name of Person/Parent/Carer/Guardian] has informed me that there are housing issues which affect the health of [Please type in the names of those whose health are affected by their housing, if the whole family are affected just type in ‘the family’].

[Please select the appropriate paragraph(s) below; you will need to complete both where overcrowding is an issue.]

- I believe that the family are overcrowded as there are [X] adults and [X] children living in the property which is a house / flat [delete as appropriate] and has [X] bedrooms.

- I believe that their current accommodation is adversely affecting their health [please type details of anything you would like to report, specifying how living in the property is affecting the person/family and if there are any medical conditions for any members of the household which exacerbate this].

- [X] above has [medical condition, please be as specific as possible stating how long they have had the condition and what medication they are taking, please detail any recent change in their condition requiring medical intervention].

[Please repeat the medical information statement for all members of the household concerned.]
I would like to formally support the person/family’s [delete as appropriate] request for rehousing and would hope that they are considered for rehousing as soon as is practically possible.

Yours sincerely [name, title, address, contact number]

Appendix 5 – Completed example of a Referral Letter

The Common Waiting List Officer
Allocations Section
Housing and Neighbourhood Renewal
Cardiff Council
Willcox House
Cardiff
CF11 0BA

Date: 23/05/2009

Ref: [Please type name of family, address including postcode]

Dear Sir or Madam,

I am writing to you because I have concerns about the family above and their current housing situation. I would like to ensure that they have the housing priority which their case deserves.

I have visited the property and [Name of Person/Parent/Carer/Guardian] has informed me that there are housing issues which affect the health of [Please type in the names of those whose health are affected by their housing, if the whole family are affected just type in ‘the family’].

I believe that the family are overcrowded as there are [X] adults and [X] children living in the property which is a house/flat [delete as appropriate] and has [X] bedrooms.

I believe that their current accommodation is adversely affecting their health. [please type details of anything you would like to report, specifying how living in the property is affecting the person/family and if there are any medical conditions for any members of the household which exacerbate this].

I would like to formally support the person/family’s [delete as appropriate] request for rehousing and would hope that they are considered for rehousing as soon as is practically possible.

Yours sincerely

[name, title, address, contact number]
Appendix 6 - Useful Contacts

Intake & Assessment
Children’s Services
Cardiff Council
Global Link
PO Box 97
Cardiff
CF11 1BP
Tel: (029) 2053 6400

Emergency Duty Team (EDT)
Out of hours service only
Tel: (029) 2078 8570

Detective Inspector
South Wales Police
Child Protection Unit
Cardiff Central Police Station
King Edward VII Avenue
Cathays Park
Cardiff
CF10 3NN

Detective Sergeant
Public Protection Unit
Cardiff Central Police Station
King Edward VII Avenue
Cathays Park
Cardiff
CF10 3NN
Tel: (029) 2022 2111 ext 20420

Named Doctor Safeguarding Children
Cardiff & Vale University Health Board
Children’s Centre
St David’s Hospital
Cowbridge Road East
Cardiff
CF11 9XB
Tel: (029) 2053 6789
Fax: (029) 2053 6779

Named Nurse Safeguarding Children
Cardiff & Vale University Health Board
Corridor 500
Lansdowne Hospital
Sanatorium Road
Cardiff
CF11 8PL
Tel: (029) 2093 2645
Fax: (029) 2022 2730
Lead Nurse Safeguarding Children
Child Health
Children’s Hospital for Wales
Heath Park
Cardiff
CF14 4HS
Tel: (029) 20746407

Head of Health Visiting
Health Visiting and Flying Start Headquarters
Lansdowne Hospital
Sanatorium Road
Canton
Cardiff
CF11 8PL
Tel: (029) 2093 2634