



Cardiff Local  
Safeguarding Children Board  

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Bwrdd Lleol  
Diogelu Plant Caerdydd

## **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**

*Page 1 of 16*

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2.CH.437	Issue 1	02/12	Process Owner; Chief Children's Services Officer	Authorisation : CSMT 02/02/12	Page 1 of 16
----------	---------	-------	--	-------------------------------	--------------

## **Contents**

	<b>Page Number</b>
<b>Introduction</b>	<b>3</b>
<b>Procedure A – A Protocol for Children where there are Child Protection Issues</b>	<b>4</b>
Identification of Relevant Children	4
Process in Children's Services	4
Process in Hospital	5
<b>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</b>	<b>6</b>
Introduction to Procedure B	6
Response to Request for Assistance	6
Making a Referral	6
<b>Conflict Resolution</b>	<b>7</b>
<b>Review</b>	<b>7</b>
 <b>Appendices</b>	
Appendix One: Standard letter to Hospital re safe home circumstances for discharge	8
Appendix Two: Standard letter to Hospital where the home is not deemed safe for discharge	9
Appendix Three: Information required for a referral proforma	10
Appendix Four: Referral Letter	12
Appendix Five: Completed referral letter	13
Appendix Six: Useful Contacts	14

*Page 2 of 16*

Ratification Date: 14 07 2010

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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*

Page 3 of 16

Ratification Date: 14 07 2010

Draft Reviewed Protocol 12 10 2011

Review Date: 14 07 2011

2.CH.437	Issue 1	02/12	Process Owner; Chief Children's Services Officer	Authorisation : CSMT 02/02/12	Page 3 of 16
----------	---------	-------	--	-------------------------------	--------------

## **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.

*Page 4 of 16*

Ratification Date: 14 07 2010

Draft Reviewed Protocol 12 10 2011

Review Date: 14 07 2011

2.CH.437	Issue 1	02/12	Process Owner; Chief Children's Services Officer	Authorisation : CSMT 02/02/12	Page 4 of 16
----------	---------	-------	--	-------------------------------	--------------

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. The

*Page 5 of 16*

Ratification Date: 14 07 2010

Draft Reviewed Protocol 12 10 2011

Review Date: 14 07 2011

2.CH.437	Issue 1	02/12	Process Owner; Chief Children's Services Officer	Authorisation : CSMT 02/02/12	Page 5 of 16
----------	---------	-------	--	-------------------------------	--------------

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.

*Page 6 of 16*

Ratification Date: 14 07 2010

Draft Reviewed Protocol 12 10 2011

Review Date: 14 07 2011

2.CH.437	Issue 1	02/12	Process Owner; Chief Children's Services Officer	Authorisation : CSMT 02/02/12	Page 6 of 16
----------	---------	-------	--	-------------------------------	--------------

### 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](mailto: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

*Page 8 of 16*

Ratification Date: 14 07 2010  
Review Date: 14 07 2011

Draft Reviewed Protocol 12 10 2011



## 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

*Page 9 of 16*

Ratification Date: 14 07 2010  
Review Date: 14 07 2011

Draft Reviewed Protocol 12 10 2011

## 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**

Date of referral	
Time of referral	

Person making the referral

Title	
Name	
Contact number landline	
Contact number mobile	
Email address	

### Family information

#### Parent(s) information

Name	
Date of birth if known	
Name	
Date of birth if known	

#### Children(s) information

	Name	Sex	Date of birth
1			
2			
3			
4			
5			
6			
7			
8			

Name of child at centre of concern

Details of concern including list of all risk factors

*Page 10 of 16*

Ratification Date: 14 07 2010

Draft Reviewed Protocol 12 10 2011

Review Date: 14 07 2011

**Tenure details**

	Name	Contact if known
Housing Association		
Council		
Private Landlord		
Owner Occupier		

## 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.]**

Page 12 of 16

Ratification Date: 14 07 2010  
Review Date: 14 07 2011

Draft Reviewed Protocol 12 10 2011

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**]

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2.CH.437	Issue 1	02/12	Process Owner; Chief Children's Services Officer	Authorisation : CSMT 02/02/12	Page 14 of 16
----------	---------	-------	--	-------------------------------	---------------

## **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