

SECTION 10.6: PROCEDURE FOR ALLOWING CHILDREN TO LEAVE HOSPITAL WHERE THERE ARE CONCERNS ABOUT THEIR SAFETY

This is a joint agency policy between Stockport PCT, Stockport NHS Trust and Stockport Children's Social Care to ensure compliance with Recommendations 56, 70 and 71 of the Laming Report.

Any child or young person presenting at Stepping Hill Hospital where there are child protection concerns will be seen by a Paediatrician of at least middle grade.

The Paediatrician will, as part of a Section 47 enquiry, make an initial assessment of the child's welfare. This will include assessment of the likely cause of any injuries, and the physical, social and emotional presentation of the child/young person.

10.6.1 In-patient admissions

As part of the Section 47 enquiry discussion will usually be held between the Paediatrician, Nursing staff, Health Visitor, Children's Social Care, and Police and where appropriate school and other agency representatives before the child/young person is discharged from hospital.

The purpose of this discussion is to identify and assess the risk factors the child or young person is exposed to and plan post discharge support. This discussion will include consideration of the need for immediate protection. The Paediatrician will have responsibility for ensuring that nature and content of the discussion is written up in the hospital case records and for ensuring that the Hospital Discharge Plan is completed.

- Areas of professional agreement and disagreement will be clearly noted.

The Paediatrician will have responsibility for ensuring that the Hospital Discharge Plan is circulated to the parent/carer; the young person (where appropriate); Children's Social Care and relevant professionals including Health, Education, CAMHS, YOT, etc.

If either the Paediatrician, medical/nursing staff Children's Social Care, have any concerns about the safety of a child/young person's planned discharge then a Hospital Discharge meeting will be called. Medical/nursing staff must liaise with Designated and Named professionals to discuss their concerns before discharge.

This meeting will usually include attendance of the Consultant Paediatrician, Designated/Named Nurse Safeguarding Children, Nursing staff, Health Visitor, Children's Social Care and Police and where appropriate school and other agency representatives. Parents or carers will also be invited to attend.

If the child or young person has been seen in the Emergency Department, the examining doctor and relevant nursing staff should be invited to the meeting, or send a report.

In the event of differential diagnosis, a legal planning meeting would be held before the child is discharged, this will be held at a maximum of two working days.

The Consultant Paediatrician will have responsibility for ensuring that this meeting is recorded using the Hospital Discharge Plan and that areas of professional agreement and disagreement are clearly noted.

All professionals should endeavour to provide written reports. Where this is not possible i.e. due to time constraints – verbal presentations are acceptable. A written report should be provided within 2 days of the meeting.

The Consultant Paediatrician will provide a report outlining their professional opinion and their assessment as to the likelihood that the child is 'suffering harm' and the degree to which this is attributable to parental or carer actions or omissions.

The nursing staff will provide a report of their involvement and observations since the child was admitted to hospital. This will include direct interactions with the child and observations of the child's behaviour and presentation and interaction with parents and carers.

Children's Social Care will provide an initial assessment, which will include a chronology of previous involvement, an outline of the child's views, an assessment of the home environment. This will be by way of a social work visit to the child's home to assess the safety of the home environment and will include observations of the whole house including the child's bedroom.

School, Health Visitor, Police and other relevant agencies will provide a report outlining details of knowledge and involvement with the child/young person.

The Consultant Paediatrician and the Designated/Named Nurse Safeguarding Children will have responsibility for ensuring that the Hospital Discharge Plan is circulated to the parent/carer; the young person (where appropriate); Children's Social Care and relevant professionals/agencies, including Health, Education, CAMHS, YOT, etc.

No child/young person about whom there are serious child protection concerns will be discharged from Hospital until Children's Social Care has completed the home environment assessment and the Hospital Discharge Plan is agreed and in place. This should happen within 2 days.

10.6.2 Requested medical on a child who is not admitted

The Paediatrician will provide an initial verbal report to Children's Social Care and the parents/carers outlining their professional opinion and their assessment as to the likelihood that the child/young person is 'suffering harm' and the degree to which this is attributable to parental or carer actions or omissions. The Paediatrician will describe the evidence on which they are basing their conclusions.

Before the child is allowed home, the Paediatrician and Children's Social Care will identify and assess the risk factors the child/young person is exposed to. Children's Social Care will take responsibility for recording and circulating notes of this discussion. Areas of professional agreement and disagreement will be clearly noted. This discussion will include consideration of the need for immediate protection. This will inform Children's Social Care's initial risk assessment and subsequent actions.

The Paediatrician will provide a written report, which will be sent to Children's Social Care within three working days.