

## **Hospital Stays for Children Where there are Welfare Concerns**

### **Introduction**

1. The National Service Framework for Children, Young People and Maternity Services (NSF) (2004) sets out standards for hospital services. Standard 6 of the NSF is to be taken alongside the hospital standard, which was published in 2003 to meet the commitment made in the Government's response to the report of the Public Inquiry into Children's Heart Surgery at the Bristol Royal Infirmary 1984-1995: Learning from Bristol. The Healthcare Commission has undertaken an improvement review of the NHS implementation of the hospital standard.

### **Considerations When Child is in Hospital**

2. When children are in hospital, this should not in itself jeopardise the health of the child or young person further. The NSF requires hospitals to ensure that their facilities are secure and regularly reviewed. There should be policies relating to breaches of security and involving the Police. The Local Authority where the hospital is located is responsible for the welfare of children in its hospitals.
3. Children should not be cared for on an adult ward. The NSF Standard for Hospital Services requires care to be provided in an appropriate location, and in an environment that is safe and well suited to the age and stage of development of the child or young person. Hospitals should be child-friendly, safe and healthy places for children. Wherever possible, children should be consulted about where they would prefer to stay in hospital, and their views should be taken into account and respected. Hospital admission data should include the age of children, so that hospitals can monitor whether children are being given appropriate care in appropriate wards.

### **Actions to Safeguard**

4. Section 85 of the Children Act 1989 requires Hospital and Health Trust with in-patient care to notify the 'Responsible Authority' - i.e. the local authority for the area where the child is ordinarily resident, or where the child is accommodated if this is unclear - when a child has been, or will be, accommodated by the ICB for three months or more (e.g. in hospital). This is so that the local authority can assess the child's needs and decide whether services are required under the Children Act 1989.
5. A referral to Children's Social Care should be explicitly considered for any child admitted to hospital following an episode of deliberate self harm - see the [Making a Referral to Children's Social Care Procedure](#).

6. When children are in hospital and there are concerns about their welfare if they are discharged then the protocol described in the flow charts - to follow should be followed.

### **Hospital Discharge Arrangements**

7. Where abuse is alleged, suspected or confirmed and children have been admitted to hospital they should not be discharged until:
  - Children's Social Care has been notified initially by telephone of the Child Protection Concerns;
  - Written confirmation of the nature of concerns is provided within 24 hours;
  - A [Strategy Discussion](#) (usually in the form of a meeting) is held which includes relevant hospital staff in order to ensure that the professionals involved are clear in respect of the Discharge Plan.
8. It is the responsibility of Children's Social Care to undertake a [Assessment](#) to ascertain whether it is safe for the child to return home and to assess the support required to ensure that the child/young person's welfare is safeguarded following discharge. Such an assessment and decision making should involve discussion with the child/young person. If a decision is taken that this is not appropriate or possible the reason for this decision should be recorded on the child/young person's file and explained to other professionals.
9. If it is not safe for the child/young person to be discharged from hospital, consideration should be given to reasonable steps being taken to ensure that the child's removal from hospital is prevented until support can be in place and a full Assessment/Enquiry completed.

### **Category A Cases (Child Protection Cases)**

10. This category will include:
  - Actual non- accidental injuries;
  - Serious health concerns of presentation; or
  - Repeated presentations that are considered to be fabricated illness;
  - Significant injuries where there are serious doubts about the explanation or inconsistent explanations;
  - Actual sexual abuse;

- Mental health/disability; or
- Drug/alcohol abuse having an immediate and significant impact on the child or the parent's ability to parent adequately;
- Evidence of domestic violence;
- The death of sibling under suspicious circumstances.

### **Category B Cases (High Level Concerns)**

11. This category will include:

- Unusual inappropriate behaviour of parent/carer;
- Unexplained delay in seeking medical attention for significant injuries;
- Serious or repeated weight loss;
- Failure to thrive without medical reason;
- Previous child protection registration/strategy meeting in respect of a child in the family;
- Serious concerns about drug or alcohol misuse;
- Suspicion of sexual abuse;
- Serious concerns about home conditions;
- Suspicion of domestic violence;
- Serious concerns about a parent's reluctance or inability to cope with a child with disabilities;
- Significant mental health of child/parent.

### **Category C Cases (Children in Need)**

12. This category will include:

- Frequent visits to the GP;
- Number of child or sibling A & E attendance's in last 12 months;
- Non-suspicious death of a sibling;
- Not registered with a GP;
- A display of fear or apprehension when partner/carer visits;

- Parental ability to cope;
- Concerns Child/YP's drug or alcohol misuse;
- Concerns parent's drug or alcohol misuse where it may affect their children;
- History of repeated separation of parents/partners/carers;
- Frequent change of address;
- Concerns about a parent's reluctance or inability to cope with a child with disabilities;
- Parent's reluctance to visit child in hospital;
- Concerns about the mental health/disability of the parent;
- Aggression or violence on the ward (Immediate internal response).