ASSESSMENT, ADMISSION AND DISCHARGE POLICY AND PROCEDURES FOR CHILDREN AND YOUNG PEOPLE UNDER THE AGE OF 18 YEARS ABOUT WHOM THERE ARE SAFEGUARDING CONCERNS WITHIN ACUTE SERVICES (Version 3)

April 2014

| Authors                                      | Dr Barbara Bell, Consultant Paediatrician & Name Doctor Child Protection  
|                                              | Ruth Donaldson, Head of Acute Hospital Social Work  
|                                              | Emily Roberts, Named Nurse Safeguarding Children  
|                                              | Grace Hamilton, Head of Acute Paediatric Service  
|                                              | Daphne Johnston, CYP Governance Co-Ordinator  
| Directorate responsible for this Document   | Children & Young People’s Services  
|                                              | Acute Services  
| Date of Issue                                | April 2014  
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| Version                                      | 3
## Policy Checklist

<table>
<thead>
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<th>Name of Policy:</th>
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<tr>
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<td>Acute Directorate and Children &amp; Young People</td>
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| Name & Title of Author: (Version 3) | Dr Barbara Bell, Consultant Paediatrician & Name Doctor Child Protection  
Ruth Donaldson, Head of Acute Hospital Social Work  
Emily Roberts, Named Nurse Safeguarding Children  
Grace Hamilton, Head of Acute Paediatric Service  
Daphne Johnston, CYP Governance Co-Ordinator |
| Does this meet criteria of a Policy? | Yes |
| Trade Union consultation? | Yes – June 2009 (Version1) |
| Date Policy submitted to Policy Scrutiny Committee: | March 2014 |
| Members of Policy Scrutiny Committee in Attendance: | Vivienne Toal, Head of Employee Engagement & Relations (Chair), Anne Brennan, Senior Manager, Medical Directorate, Anita Carroll, Assistant Director of Acute Services – Functional Support Services, Claire Graham, Head of Corporate Records, Nigel McClelland, Risk & Governance Manager, Claudine McComiskey Head of Domiciliary Care (for Melanie McClements), Stephen McNally, Director of Finance & Procurement, Fiona Wright, Assistant Director of Nursing Governance |
| Policy Approved/Rejected/Amended | Approved |
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| Any other comments: | No |
| Date presented to SMT | 17 April 2014 |
| Director Responsible | Debbie Burns, Acting Director Acute Services  
Paul Morgan, Director Children and Young People’s Services |
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### POLICY DOCUMENT – VERSION CONTROL SHEET

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<td>Name of Authors &amp; Title: Ruth Donaldson, Head of Acute Hospital Social Work; Mary Rafferty, Named Nurse; Anne</td>
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### Southern Health and Social Care Trust
**Assessment, Admission and Discharge Policy and Procedures for Children and Young People Under the Age of 18 Years About Whom There Are Safeguarding Concerns within Acute Services**

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<tr>
<th>Originator – Version 2</th>
<th>McNally, Named Nurse; Dr Charles Shepherd, Consultant Pediatrician; Grania McBreen, Consultant Community Pediatrician; Linda Hewitt, Paediatric Staff Nurse</th>
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POLICY

Assessment, Admission, and Discharge Policy for Children and Young People under the Age of 18 Years about Whom There Are Safeguarding Concerns within the Acute Setting (Version 3 April 2014)

1 Introduction to the Policy
The SH&SCT has a duty of care to ensure that children and young people up to the age of 18 years about whom there are safeguarding concerns, are protected and that they and their families receive the necessary support from knowledgeable and competent staff.

1.1 Safeguarding children is a complex area of work. The Trust is required to have robust structures and systems that support effective safeguarding children practice which has been repeatedly emphasised in child death inquiry reports and in the DHSSPS Inspection Report (2006), Our Children and Young People – Our Shared Responsibility.

This policy sets out:

- Staff responsibilities within the acute sector when there are safeguarding concerns, giving clear direction to medical, nursing/midwifery, social work and allied health professionals (thereafter referred to as staff) within the Southern Health and Social Care Trust (SH&SCT) to meet the requirements and recommendations of the Laming Reports of 2003 and 2009.
2 Purpose and Aims

2.1 The purpose of the policy is to ensure that the Trust has arrangements in place to protect children and young people up to the age of 18 years, about whom there are safeguarding concerns during the assessment, admission, and discharge from hospital.

2.2 The aims of this policy are to ensure that:

- There is a systematic and rigorous approach to the investigation and management of cases of possible deliberate harm/neglect, by health professionals within the acute sector.
- Staff understand their responsibilities regarding safeguarding children and are supported to adhere to the Regional Child Protection Policies and Procedures (2005, amended and added to in 2008) and the DHSS&PS Standards for Child Protection Services (2008).
  
  www.dhsspsni.gov.uk/standards_for_child_protection_services.pdf

3 Policy Statement

3.1 The SH&SCT will ensure that it has systems and processes in place for the assessment, admission and discharge of vulnerable children admitted to acute facilities and that staff are skilled, knowledgeable and competent in carrying out their duty of care in relation to children about whom there are safeguarding concerns.
4 Scope of the Policy

4.1 This policy is applicable to all doctors, nurses, midwives, social workers and allied health professionals employed by the SH&SCT, who are involved in the care of children and young people up to the age of 18 years in the acute hospital setting.

5 Responsibilities

5.1 The Trust Chief Executive as Accountable Officer has overall responsibility for ensuring the aims of this policy are met.

5.2 Lead responsibility for policy monitoring and review lies with the Director of Acute Services and Director of Children and Young People’s Services.

5.3 It is the responsibility of the Director of Acute Services/Director of CYP Services to distribute this Policy and Procedure to all other Directorates within the Trust. It is then the responsibility of those Directorates to make their staff aware of this Policy and Procedure.

5.4 It is the responsibility of the Assistant Director of Safeguarding and Family Support to distribute to all agency colleagues on the Southern Area Safeguarding Panel.

5.5 It is the responsibility of all managers involved in the care of children and young people up to the age of 18 years in the acute hospital setting, to make staff aware of this Policy and Procedure and ensure adherence to it.

5.6 It is the responsibility of all staff to be familiar with this Policy and Procedure and adhere to it.
6 Legislative Compliance, Relevant Policies and Procedures

6.1 There are a number of relevant policies and procedures in place to effectively safeguard children these include:

- Co-operating to Safeguard Children (2003)
- GMC Protecting Children and Young People.
  http://www.gmc-uk.org/static/documents/content/Child_protection_guidance.pdf
- RCPCH Child Protection Companion
  www.rcpch.ac.uk/child-protection-companion
- Policy, Procedures and Guidance for Registered Nurses, Midwives and Specialist Community Public Health Nurses on Safeguarding Children and Young People
- SHSCT Bruising in Babies Not Independently Mobile Protocol.
  http://vsrintranet/shsct/HTML/PandP/documents/Protocolbruisinginpremobilebaby100613.pdf
- SHSCT Protocol between Acute Directorate and CAMHS for the Assessment of Children and Adolescents with Mental Health Presentations
- Adult and Children’s Services Joint Protocol. Responding to the needs of Children whose Parents have Mental Health and/or Substance Misuse Issues.
SHSCT Policy and Procedure for the Management of Domestic Abuse Presentations in the Southern Health & Social Care Trust


This is not an exclusive or exhaustive list and staff should refer to other policies and procedures as appropriate. Additional reading has been referenced in Appendix 4 of this document.

7 Equality and Human Rights Considerations

This policy has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these.

Using the Equality Commission's screening criteria, no significant equality implications have been identified. The policy will therefore not be subject to an equality impact assessment.

Similarly, this policy has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

8 Alternative Formats

This document can be made available on request in alternative formats, e.g. plain English, Braille, disc, audio cassette and in other languages to meet the needs of those who are not fluent in English.
9 Copyright

The supply of information under the Freedom of Information does not give the recipient or organisation that receives it the automatic right to re-use it in any way that would infringe copyright. This includes, for example, making multiple copies, publishing and issuing copies to the public. Permission to re-use the information must be obtained in advance from the Trust.

10 Sources of Advice

Line Managers should be contacted in the first instance, in relation to any specific queries on Policy content. Line Managers should then escalate queries which they are unable to address, to the relevant Policy Author for their professional advice.
**Procedures**

1. **Introduction**
   
   1.1 These procedures apply to the assessment, admission and discharge of children and young people under the age of 18 years about whom there are safeguarding concerns within acute settings in the SHSCT.
   
   1.2 Multi-disciplinary assessment and discharge planning of children and young people will help ensure safe transfer of care into the community.

2. **Initial Assessment and Agreeing Threshold**

   2.1 Concerns that the child is suffering or likely to suffer significant harm may come to professional’s attention as a direct allegation or disclosure. When considering significant harm staff should reference ACPC Regional Policy and Procedures (2005/2008) Chapter 2 Section 2.6 to 2.14. This will merit immediate referral to hospital social worker for child protection investigations. However sometimes concerns are raised as a result of a variety of indicators which may include:
   
   - An injury inconsistent with the explanation.
   - An unexplained injury.
   - Observed or reported concerning behaviour
   - Professional concern.

   2.2 In some cases, at first presentation, it is not always possible to ascertain whether there is an underlying medical condition. There are some children who may present with conditions (e.g. bruising), that without explanation could be indicative of a medical condition. In such cases a senior doctor and senior nurse should immediately discuss the case and decide whether to proceed with medical checks only at this stage, or proceed with a child protection investigation.
2.3 It is important that if medical checks only are selected at this stage that results are reviewed as soon as possible by the medical team. If there is likely to be delay in this process, concerns remain or if there are concerns for other children in the family then a child protection referral must be initiated. If a medical condition is not established decision to proceed to child protection investigation should be agreed, actioned and recorded. Delay must be minimised at all stages and safety of the child should be the priority. A decision may need to be made at this stage as to whether the child requires admission to hospital.

2.4 If the nurse or doctor are unsure about, or cannot agree whether the child protection threshold is achieved, and are uncertain whether to make a child protection referral to the hospital social worker the Safeguarding Children Nurse Specialist (SCNS) and Named Doctor for Safeguarding Children, where available, should be consulted for advice. Where there are dissenting views at any stage a discussion must take place between all those professionals involved and outcome of discussion and actions required must be clearly recorded. If necessary a second medical opinion should be sought.

3.0 Responding to Safeguarding Concerns

3.1 Once the threshold for safeguarding concerns are being considered the “Safeguarding Children in Hospital” leaflet (Appendix 6) must be given and discussed with parents/carers. Consent should be sought by the nurse/doctor to make a referral to the hospital social worker. If consent is withheld it should be explained to the parents that a professional can obtain and share information when child protection concerns are being considered. If in exceptional circumstances, it is judged that speaking with the parents would place the child (or children within the family) at further risk, the rationale for not informing the parents about the child protection concerns at this stage must be clearly documented within the child’s medical notes. The detail of what has been explained to the parents and the language used by staff must be recorded within the child’s notes.
3.2 It is normally the responsibility of the professional identifying the child protection concern to initiate the referral to the Hospital Social Worker/ Regional Emergency Social Service. However in situations where this is a joint concern then agreement should be reached between the professionals involved as to who will progress the verbal and written child protection referral (UNOCINI).

4.0 Professional Roles and Responsibilities:

4.1 If a child or young person discloses, or there is a suspicion regarding abuse, it is imperative to listen carefully to what he/she says. Staff should avoid using leading questions and a verbatim record of what the child says should be made. The child/young person should be reassured that attempts will be made to help stop the abuse with support from other people. Promises of confidentiality should not be made.

4.2 Nurses/midwives must:

The ward sister/charge nurse is responsible for the allocation of a registered nurse/midwife for the child.

- Record basic information about the child and family composition. This must include child's/young person’s name, DOB, family address, name of the child’s primary carer, GP and the name of the child’s school if applicable. Full details are required as to other family members.
- Discuss and share information and concerns with medical staff.
- Inform nurse in charge/line manager of child protection concerns and agreed actions.
- Contribute to a holistic assessment which includes listening and observing chid and parent’s/ carer’s interactions.
- Explain safeguarding procedures/concerns to parent/carer unless doing so places child or staff at greater risk. Provide and discuss leaflet “Safeguarding Children in
Hospital” leaflet (Appendix 6). It is best practice that this is undertaken jointly by the doctor and nurse.

- Explain safeguarding procedures/concerns to child/young person in an age appropriate manner depending on age and stage of development. It is best practice that this is undertaken jointly by the doctor and nurse.
- Discuss case with Safeguarding Children Nurse Specialist (SCNS).
- Make an immediate verbal child protection referral to hospital social worker /Regional Emergency Social Work Service.
- Complete child protection referral (UNOCINI) and forward within 24 hours to the Hospital Social Work Department.
- Share and seek information regarding pre-school children from family health visitor if available or health visiting team manager.
- Share and seek information regarding school aged children from school nurse manager.
- Share and seek information from midwifery staff if appropriate.
- Consult with other relevant community nursing staff involved with the family.
- Reference the Ward Child Protection Management Plan (where available) prior to discharge to ensure full compliance with the detail within (Appendix 2).
- Attend and contribute to decision making at all safeguarding children multi-disciplinary meetings.
- Complete the Child Protection Discharge Checklist (Appendix 4) by the allocated nurse prior to discharge.

A children’s trained nurse must accompany the child for any medical examination to provide support and reassurance and should complete proforma (see Policy, Procedures and Guidance for Registered Nurses, Midwives and Specialist Community Public Health Nurses on Safeguarding Children and Young People).

4.3 Medical Staff must:

- Discuss and share information and concerns with allocated nurse and agree who will progress the verbal and child protection referral (UNOCINI).
- Explain safeguarding procedures/concerns to parent/carer unless doing so places child or staff at greater risk. Provide and discuss “Safeguarding Children in Hospital” leaflet (Appendix 6). It is best practice that this is undertaken jointly by the doctor and nurse.
- Explain safeguarding procedures/concerns to child/young person in an age appropriate manner depending on age and stage of development. It is best practice that this is undertaken jointly by the doctor and nurse.
- Consider if it is in the best interests of the child or young person to take a history directly from them, even when the consent of the carer has not been obtained. The reason for progressing without consent must be fully documented and placed on the child or young person’s medical notes by the doctor and countersigned by a senior doctor as appropriate.
- Examine the child/young person and document signs of deliberate harm/neglect and fully record findings in child’s records (using RCPCH template if desired).
- Inform consultant paediatrician who will advise and make arrangements for further assessment.
- Refer the child or young person and their family to the hospital social worker/Regional Emergency Social Work Service.
- Discuss case with the multi-disciplinary team (nursing and social work staff).
- Record all concerns expressed about possible deliberate harm to a child or young person including suspicions voiced and observations made. Complete body map for any physical injuries.
- Document any explanations provided by parents/carers/child.
- Consult with the family GP (out of hours this information will not be available but can be followed up during the next working day).
- Enquire about any previous admissions to hospital.
- Consultant and/or allocated doctor will attend all multi-disciplinary safeguarding children meetings in relation to the child.
- Reference the Ward Child Protection Management Plan (where available) prior to discharge to ensure full compliance with the detail within (Appendix 2).

4.4 Hospital social worker must:

- Check for previous attendances/admissions to hospital and obtain all relevant information from each hospital to which the child or young person is found to have been admitted.
- Check for previous admissions to hospital for other family members if appropriate.
- Complete SOSCARE check to ascertain if child’s name is on the child protection register or if the child is known to community social services.
- Complete SOSCARE check to ascertain if child’s family are known to community social services.
- Make immediate verbal child protection referral to community social services (Gateway Team) and seek any background information and follow up with completed child protection referral (UNOCINI) within 24 hours.
- Meet with child/young person and parents/carers to discuss safeguarding concerns and obtain a social history and explain and update on case progression.
- Update medical and nursing staff of findings of multi-disciplinary checks and record same in medical records.
- Complete detailed and contemporaneous social work records.
- Discuss case with immediate line manager.
- Arrange, and attend any multi-disciplinary safeguarding meetings.
- Complete the Ward Child Protection Management Plan where applicable (Appendix 2).
- Chair the Child Protection Discharge Planning Meeting and record outcome in the medical records.
**Note** practitioners should not be discouraged from speaking to children or young people directly without their parents or carers present.

### 5.0 Multi-Disciplinary Safeguarding Children Meeting

5.1 Once the threshold for safeguarding concerns is reached, the diagnosis of potential deliberate harm must not be rejected without full discussion with the multi-disciplinary team. The multi-disciplinary team (as a minimum doctor/nurse/hospital social worker) will meet to jointly consider all the information available from primary care, education and members of the multi-disciplinary team before taking any decisions on the future management of the child or young person’s care. It will be agreed at the commencement of the meeting who will record the discussion using the “Record of Multi-Disciplinary Safeguarding Children Meeting” (Appendix 1). The meeting should be chaired by the consultant in charge of the child’s care or hospital social worker.

5.2 Where there are dissenting views at any stage a discussion must take place between all those professionals involved and outcome of discussion and actions required must be clearly recorded. If agreement cannot be achieved then professionals should escalate their concerns to their line management.

### 6.0 Discharge

6.1 Any child/young person about whom there are safeguarding concerns, who is being discharged from acute services, must have a clear discharge plan with arrangements in place to safeguard the child/young person’s welfare on return to the community. This plan must be agreed at a Child Protection Discharge Planning Meeting which will be chaired by the hospital social worker. It will be agreed at commencement of the meeting who will record
the minutes of the meeting. The minute will detail the plan for discharge. (See Appendix 3 for suggested template).

- Attendees at a Child Protection Discharge Planning Meeting should include the hospital social worker, consultant, nursing/midwifery staff, allied health professionals (if appropriate) and relevant community staff.
- When a child or young person being discharged does not have a GP, it is the responsibility of the consultant making the decision to discharge, to ensure that arrangements are made for the child to be registered with a GP.
- The Child Protection Discharge Planning Minutes (Appendix 3) detailing how the child or young person’s health, social and safeguarding needs, will be initially met in the community, must be filed in the medical records and copied to GP/ relevant community practitioners.
- The Hospital Social Worker as chair of the meeting has responsibility for recording the outcome of the meeting in the child/young person’s medical record.
- The Child Protection Discharge Checklist (Appendix 4) should be completed by the allocated nurse prior to discharge.

In some cases where there are known child protection concerns prior to admission to hospital, a Ward Child Protection Management Plan (Appendix 2) will be drawn up from the outset to inform staff of the safeguarding issues and how the case should be managed. This would be the case for example in ante-natal cases where the mother is planned to come to hospital to give birth. The hospital social worker will complete the Ward Child Protection Management Plan. This plan should be stored at the front of the child’s medical file and referenced by the hospital Consultant prior to discharge to ensure full compliance with the detail within.

7.0 Recording

Any child or young person up to the age of 18 years presenting with any safeguarding concerns must have a comprehensive and contemporaneous record of assessment, admission and
discharge from hospital. Professionals should be familiar with and apply the Regional Child Protection Policy and Procedures 2005, chapter 11 Record Keeping, Confidentiality and Sharing Information.

- All discussions held, including nursing/medical/social work/allied health professional handover, face to face, and telephone conversations relating to the care of a child/young person must be clearly documented contemporaneously.
- Advice from CPNS must be recorded by the nurse in child’s record and a copy of contact sheet/email must be filed in the child’s record.
- Advice obtained from Named Doctor for Safeguarding Children must be fully recorded.
- Documentation including the: UNOCINI Child Protection referral; Record of Multidisciplinary Safeguarding Meeting; Ward Child Protection Management Plan (where applicable) and the Record of Child Protection Discharge Planning Meeting must be filed in the child’s/young person’s record.

8.0 Training

Medical, nursing/midwifery, social work and allied health professionals should have knowledge of safeguarding children procedures and have received up to date safeguarding training to a level which is appropriate to their role. It is envisaged that training at different levels will be needed for all staff to ensure proper implementation of this policy and procedure. Training should be in accordance with the individual's own professional guidance and Laming recommendations.
Appendices

Appendix 1
Record of Multi-Disciplinary Safeguarding Children Meeting

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Southern Health and Social Care Trust
Assessment, Admission and Discharge Policy and Procedures for Children and Young People Under the Age of 18 Years About Whom There Are Safeguarding Concerns within Acute Services
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Parents/Carers aware of meeting  
Yes / No  
If no please record reason:

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<td>Name in Print :</td>
<td></td>
</tr>
<tr>
<td>Designation</td>
<td>Signature</td>
</tr>
</tbody>
</table>

**Reason for Admission:**
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

**Concerns/Events leading to multi-professional meeting:**
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

**Discussion:**
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

**Analysis of Information:**

<table>
<thead>
<tr>
<th>Protective Factors for Child/Family</th>
<th>Risks to Child/Family</th>
</tr>
</thead>
</table>

Southern Health and Social Care Trust  
Assessment, Admission and Discharge Policy and Procedures for Children and Young People Under the Age of 18 Years About Whom  
There Are Safeguarding Concerns within Acute Services  

24
### Agreed Action Plan

<table>
<thead>
<tr>
<th>Action</th>
<th>Timeframe</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Outcome of Meeting to be shared with parent/carer/young person**

Following Meeting

Please record information provided to Parent/Carer /Young person as appropriate

**Signature**

**Date**

---

### Appendix 2

**Ward Child Protection Management Plan**

(To be inserted into front of child/young person’s medical file)

---

**Addressograph**

Southern Health and Social Care Trust

Assessment, Admission and Discharge Policy and Procedures for Children and Young People Under the Age of 18 Years About Whom There Are Safeguarding Concerns within Acute Services

25
Background
(Brief summary of reason for admission and Hospital Social Work involvement)

Plan
(Please consider issues of: legal position, contact arrangements, interaction with parents/carers, risks, significant issues, assessment by relevant professionals, plan in and out of hours)

Signature of Social Worker
Date:

Appendix 3
Child Protection Discharge Planning Meeting
(Suggested Template)
Name, DOB, Address

Southern Health and Social Care Trust
Assessment, Admission and Discharge Policy and Procedures for Children and Young People Under the Age of 18 Years About Whom There Are Safeguarding Concerns within Acute Services
Parents/Carers Details

Siblings Details

Attendees and Designation

Apologies

Areas for Concern

Professional Intervention

Protective Factors

Risks

Discharge Plan and Actions (who and timescale involved)

Dissenting Opinion

Signature and date

---

**Appendix 4**

**Child Protection Discharge Checklist**

Name of child young person: ____________________________
DOB: ____________________________ H&C No. ____________________________
Date of Attendance/Admission ____________________________
Date of Discharge ____________________________

<table>
<thead>
<tr>
<th>Has the following been completed</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
<th>Date Completed</th>
</tr>
</thead>
</table>

Southern Health and Social Care Trust

Assessment, Admission and Discharge Policy and Procedures for Children and Young People Under the Age of 18 Years About Whom There Are Safeguarding Concerns within Acute Services
<table>
<thead>
<tr>
<th>Verbal Child Protection referral made to Hospital Social Worker/ Regional Emergency Social Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNOCINI child protection referral forwarded to Hospital Social Worker</td>
</tr>
<tr>
<td>Child Protection Register checked?</td>
</tr>
<tr>
<td>Was MD Safeguarding Children meeting held and minute taken?</td>
</tr>
<tr>
<td>Are all actions from MD Safeguarding Children meeting completed?</td>
</tr>
<tr>
<td><strong>Was there liaison with</strong></td>
</tr>
<tr>
<td>GP?</td>
</tr>
<tr>
<td>Health Visitor/School Nurse?</td>
</tr>
<tr>
<td>Community Midwife?</td>
</tr>
<tr>
<td>Safeguarding Children Nurse Specialist</td>
</tr>
<tr>
<td>Allied Health Professionals</td>
</tr>
<tr>
<td>CAMHS</td>
</tr>
<tr>
<td>Is the child registered with a GP?</td>
</tr>
<tr>
<td>Has a follow up appointment been arranged?</td>
</tr>
<tr>
<td>Has a Child Protection Discharge Planning Meeting been held?</td>
</tr>
<tr>
<td>Discharge Plan agreed?</td>
</tr>
<tr>
<td>Copy of Discharge Checklist given to Hospital Social Worker?</td>
</tr>
</tbody>
</table>

| Signature: __________________________ | Ward: __________________________ |
| Designation: ________________________ | Date: _________________________ |
Appendix 5

Relevant Supplementary Reading

- DHSSPS NI Standards for Child Protection Services

- The Laming Reports (2003 and 2009)

- UNOCINI guidance.

- SHSCT Sample UNOCINI Referral and Report Templates for Nurses, Midwives and Specialist Community Public Health Nurses.

- SHSCT Nursing Guidance and Standards for Notification, Referral and Community Follow-up of Children and Young People discharged from Hospital, Emergency Department, Minor Injuries and Treatment Room Settings,

- Regional Adoption Policies and Procedures (2006)

- SHSCT Safeguarding Vulnerable Adults Operational Procedure Guidance
Appendix 6

Safeguarding Children/Young People in Hospital

Information for families where a child protection concern is being considered.
This leaflet has been given to you because a child protection concern is being considered. The ward team are required to assess your child and family’s circumstances. It is everyone’s responsibility to make sure children/young people are safe and well cared for, therefore, we will work with you to promote and protect your child’s health and wellbeing. This involves medical, nursing and social work assessments. This could also include your GP, your health visitor or any other relevant professional with knowledge of your family being consulted.

Q: Why is there a concern about my child?
A: Concerns may have been raised about your child for a variety of reasons. It may be believed that your child has experienced or is at risk of significant harm. This might be because of:
- an injury that is inconsistent with the explanation
- an unexplained injury
- an allegation or disclosure
- reported concerning behaviour
- observed concerning behaviour
- professional concern

Q: This is upsetting to me and my child – why does this need to be done?
A: We know this can be very upsetting, but the only way to ensure children/young people are not suffering or likely to suffer significant harm is to investigate every case where concerns have been raised. However, you can be reassured that you and your family will be treated with courtesy and sensitivity. You will also be kept fully informed at all times so that you know exactly what is going on and why. You can ask questions at any time and will be given the opportunity to discuss your concerns fully at every stage. You and your child/young person’s views will be listened to.

Q: What about consent?
A: We will always seek consent from those with parental responsibility unless to do so would put a child at further risk. In such situations the reason why your child was interviewed, or any other action taken without your knowledge or consent, will be fully explained at a later stage.

Q: What if I refuse to give consent?
A: We anticipate that parents will work with us for the benefit of their child/young person. However, where consent is refused by the parent, a professional can still obtain and share information when
child protection concerns are being considered. If necessary emergency legal measures can be taken at any time. Where possible you will be kept fully informed of what is going on.

**Q: What happens next?**

**A:** Your child will be seen and examined by a doctor who will decide if any further investigations such as blood tests or x-rays are necessary. The doctor will explain all tests to you and your child as appropriate.

Your allocated nurse will provide on-going care, support and observation and will contribute to the team assessment.

You will also meet the hospital social worker, who will further discuss the concerns with you and will seek clarity about your family circumstances. He/she will contact community social services to gather further information and will liaise with other professionals if need be e.g. your child-minder or your child’s school.

We request that your child remains in hospital until initial assessments are completed.

Doctors, nurses and hospital social worker will meet to discuss the situation and following this you will be updated of the next steps and the plan for your child.

This may include:

- No further action
- Treatment
- Further tests and investigations
- Seeking further opinions
- A further period of observation in hospital
- Referral for additional family support to relevant community resources
- On-going Child Protection Investigation

In most cases children are not removed from their homes and will continue to live with their own families in their own community.

Voluntary arrangements may be made for your child to live with a family member or friend temporarily while investigations are on-going.
Q: What does an on-going Child Protection Investigation mean?

A: At all times the welfare of your child comes first. An on-going child protection investigation will require further professional input and assessment. If concerns are substantiated after a child protection investigation a Child Protection Case Conference will be held which you will be invited to attend. You will have a community social worker who will continue to work with you after your child is discharged from hospital.

Acute Paediatric Service
Hospital Social Work Team

Craigavon Area Hospital (CAH)
Tel: 02838 334444

Daisy Hill Hospital (DHH)
Tel: 02830 835000
Assessment, Admission and Discharge Policy and Procedures for Children and Young People Under the Age of 18 Years About Whom There Are Safeguarding Concerns within Acute Services