

A Place of Safety: Section 12 Admissions to a Regional Paediatric Department

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Section 12 of the Child Care Act 1991¹ grants power to An Garda Síochána to take a “child to safety” where they have reasonable grounds to believe that there is “an immediate and serious risk to the health or welfare of a child”.

In the event that the child is removed from the home under Section 12 of the Child Care Act 1991, an emergency placement is secured by a TUSLA contracted agency to which An Garda Síochána must transport the child. However, where no placement is found or means of transportation is not available the child is instead admitted to the nearest Paediatric Department. Within one working day of such an admission a TUSLA social worker must secure a suitable and safe placement for the child¹.

In the past decade (2008-2018), there were 174 admissions under Section 12 to the Paediatric Department at University Hospital Limerick (UHL) with an average length of stay of 1.9 nights². The Paediatric Department, via the Paediatric ED, is the only place of safety available to children in the Midwest region where an emergency foster placement cannot be established or reached by An Garda Síochána / TUSLA, whether or not they require medical review.

There were a total of 19 admissions under Section 12 to the Paediatric Department at UHL between July 2019 – July 2020. 53% were between one and 12, 35% 12 or older and, 11% under one year old. 74% were female and 26% male. All presented to the Paediatric Emergency Department, with most (89%) brought directly by An Garda Síochána. The reasons for referral to a place of safety included: witness to domestic violence in the family home (89%), experience or risk of direct assault (21%), experience of significant neglect (63%) and, due to family unit breakdown (5%).

As standard on presentation to the ED, all children required vital signs, history, and examination. Within the cohort 16% required speciality review (ENT, Dermatology, Cardiology), 21% required bloods and imaging, 11% required urinalysis (to assess for infection and toxicology). 16% required medical treatment. As established in law, a secure placement should be established within one working day. The median length of stay was 2 nights, mean 1.2 nights and the range 1-4 nights.

The majority of those admitted did not need medical treatment yet stayed in hospital at least one night, receiving at the very least physical examination and rudimentary tests, likely exacerbating the fear that they already felt. Follow-up studies across multiple sites with further evaluation of the patient profiles including both medical and non-medical issues with input from all involved Health and Social Care Professionals, would be helpful to allow for greater evaluation of the number of admissions under Section 12 and the suitability thereof.

We must advocate for appropriate places of safety for such vulnerable young people. Or, if this trend is to continue, multi-disciplinary staff must be trained appropriately to understand the unique needs of these children and the situation that they find themselves in.

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References:

1. *Child Care Act 1991* (Ireland) s 12.
2. Beirne, N., Mahomed H., Haider A., O'Reilly, P., Cronin S., Power L., Murphy, A. (2018) Children brought to the Emergency Department under Section 12: a 10 year review. *Welsh Paediatric Journal*, December 2018.