Clinical

Child Visiting Policy

Document Control Summary

<table>
<thead>
<tr>
<th>Status:</th>
<th>Replacement. Replaces: Child Visiting Policy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version:</td>
<td>V1.0</td>
</tr>
<tr>
<td>Date:</td>
<td>10th February 2016</td>
</tr>
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<td>Approved by:</td>
<td>Policy and Procedures Committee</td>
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<tr>
<td>Date:</td>
<td>17/03/2016</td>
</tr>
<tr>
<td>Ratified:</td>
<td>Trust Board</td>
</tr>
<tr>
<td>Date:</td>
<td>18/03/2016</td>
</tr>
<tr>
<td>Related Trust Strategy and/or Strategic Aims</td>
<td>Demonstrate our commitment to treating and caring for people in a safe environment and protecting them from avoidable harm</td>
</tr>
<tr>
<td>Implementation Date:</td>
<td>February 2016</td>
</tr>
<tr>
<td>Review Date:</td>
<td>February 2019</td>
</tr>
<tr>
<td>Key Words:</td>
<td>Children, Young People, Visiting</td>
</tr>
<tr>
<td>Associated Policy or Standard Operating Procedures</td>
<td>Admission, Discharge and Transfer Policy</td>
</tr>
</tbody>
</table>

Contents

1. Introduction ........................................................................................................................................... 2
2. Purpose .................................................................................................................................................. 2
3. Scope .................................................................................................................................................... 3
4. Children Visiting .................................................................................................................................. 3
5. Process For Monitoring Compliance And Effectiveness ..................................................................... 8
6. References ........................................................................................................................................... 9
1. Introduction

1.1. The Trust welcomes and supports the Code of Practice recommendations (2015) in relation to Children Visiting in Hospital and endorses the position that regular visiting to the patient should be accommodated when this is required. This policy is applied equally to all ensuring that there is no discrimination on the grounds of age, race, ethnicity, gender, religion, belief or disability.

1.2. The Trust does not place any restrictions upon children visiting their relatives or loved ones unless it is absolutely necessary and is considered to be in the child or patient’s best interest. The Trust respects the rights of all individuals whilst embracing the responsibility of reducing the risk of significant harm to both child and the parent, and this policy endeavors to meet these objectives.

1.3. The last decade has seen a gradual recognition that many adult mental health service users are also parents and a steady growth in concern over the implications of this for their children. Contact between parents and children when a parent is in hospital needs to be actively encouraged by staff. (Barnardo’s 2007)

2. Purpose

2.1. The policy is provided to give guidance on how to promote the health and relationship between children, young people and the patient they are visiting, whilst ensuring that appropriate steps have been taken to consider and prioritise the welfare and safety of children visiting Trust premises.
2.2. This policy sets out the circumstances for all contact between service users and children within Trust premises. This policy provides guidance on the arrangements about the visiting of service users by children. The Forensic Directorate (SSSFT) have a separate Child Visiting Policy.

3. Scope
3.1. This policy applies to all SSSFT staff that work in adult in-patient areas. It applies to all employees and volunteers of the Trust including permanent, temporary and bank staff.

3.2. A child is defined as a person under the age of 18 years in the Children Act (1989)

4. Children Visiting
4.1. General Principles

The welfare of the child is paramount and the Trust has a statutory responsibility for safeguarding children and promoting their welfare in accordance with Section 11 of the Children Act 2004. All visiting children should be accompanied by a responsible adult, who remains with them throughout their visit and accepts responsibility for them. Discretion/risk assessment is required when older teenagers are visiting.

Any concerns that a particular visiting environment is unsafe for a child must be the subject of a risk assessment and the identification of an alternative venue.

4.2. Facilitation of Visits

The Department where the visit will take place should be sufficiently flexible to enable regular visits if in the child's best interest. The facilities provided should be comfortable, welcoming, child friendly, well equipped and provide a safe environment. Such visits should be supported by a qualified member of staff who has received training in safeguarding children and is familiar with the Child Visiting Policy. Staff should discuss any potential risks with the accompanying adult and the importance of a prompt response, should the visit need to be terminated imminently.

Mental Health professionals must consider the family context of service users and consider the well-being of any dependent children.
It would be helpful if, after visiting a parent with a mental illness, a member of staff talks to the child and accompanying adult about the child’s experience during the visit. (Parents as Patients 2011)

4.3. Guiding Principles

- The Trust is supportive to children visiting service users in the hospital setting and presents these principles to offer guidance and support in that area. The ward/clinic area should know if children are expected to visit and who is visiting, this can be incorporated into the adult’s care plan.

- Contact between parents and children when a parent is in hospital should be actively encouraged by staff. (Parents as Patients, 2011)

- When there are visits by children to service users within the Trust, there should be a risk assessment by the member of staff admitting the service user, to enable a decision to be made to ascertain that such a visit would be in the child’s best interest. The Trust would normally support children visiting their parent, but if the parent was seriously unwell, then a decision would have to be made by the care team involved to decide that the visit was in the child’s best interest. Visiting under these circumstances may be injurious to the child’s health and/or relationship with the service user. A record of assessment and decisions should be recorded in the patient’s records. Advice, if required, may be sought from Named Nurse for Safeguarding Children.

- The relationship criteria should also contain some consideration for children visiting in that the patient is
  - The Parent, sibling or grandparent of that child or,
  - Has parental responsibility (PR) for that child

- If there are inherent difficulties on the ward such as there being service users with a history of offences against children, then alternative arrangements must be made to facilitate safe contact.

- All children must be accompanied by a responsible adult i.e. parent/relative/other with Parental Responsibility. If a child turns up unaccompanied for an unplanned visit, each visit is looked at individually and a decision made by the Nurse in Charge, if the visit may continue. The parent needs to be reminded of the policy, and assessment of the
suitability of future visiting by the child. Observing the relationship between the patient and child should be part of the patient's care plan and documented accordingly.

- The Nurse in Charge may terminate a visit at any time if there is concern over the service user's mental health or if there is concern about the welfare and safety of the child. The Nurse in Charge needs to observe the visit to ensure action is taken if necessary.

- Staff should work in consultation with other agency professionals who may be working with the family. For a child where Children's Social Care is involved, there should be direct liaison with the child's allocated social worker.

4.4. **IMPLICATIONS FOR MENTAL HEALTH HOSPITALS**

The following points serve the best interests of the child and follow the guidance offered:

- Information about visiting should be explained to children and young people in a way that they are able to understand.

- Any visit by a child to service users should be in the best interest of the child concerned. Children who visit this hospital should be afforded protection from risk of harm. This applies to the person being visited and also from other adults in the vicinity.

- Visits by children should be arranged only if they are in the best interest of the child. The decision, based on a risk assessment, should be made by the Nurse in Charge in conjunction with the child where appropriate and whoever has parental responsibility for the child. The ward may seek advice from the Named Nurse for Safeguarding Children.

- The child's views and wishes should be taken into consideration.

- Visits by children should be planned and recorded in the patient's notes and should be reviewed as part of a holistic CPA. (Care Program Approach).

- The ward team should be involved with the planning of children visiting, in some cases the Children's Social Care may need to be involved.

- The environment of the ward/department should be conducive to safe visiting at the time of the visit, or alternative premises made available.
• Facilities such as rooms should be welcoming and sufficient for the needs of visits and children.

4.5. **ISSUES THAT MAY CAUSE CONCERN**

• When visiting mental health wards/departments, there may be issues causing concerns that require more detailed multi-agency actions to safeguard the interests of children.

• Where there is evidence or suspicion of abuse including a child subject to a Child Protection Plan or a Child in Need Plan

• Where the person visited has a history of violence or unpredictable behaviour that may place a child at risk.

• If there are other service users in the vicinity deemed to pose a risk to children or young people.

This is not an exhaustive list but emphasises the need for consideration of the needs of children and the following actions should be taken:

• The situations involving children visiting should be discussed as a child safeguarding issue by the team involved with the service user and given careful consideration before visits are allowed to take place.

• These visits should be discussed with the ward team, the child’s Social Worker (if there is one) and Named Nurse for Safeguarding Children

• The outcome should be in the best interests of the child and not place the child at risk of harm.

• The child’s views should be taken into consideration.

• The service user must meet the relationship criteria (as defined in ‘Guiding Principles’ above).
The child must be accompanied by a responsible adult (as defined in ‘Guiding Principles’ above)

If a decision is made for the visit to take place, or that visits will not be allowed, or only allowed in specific circumstances, it should be recorded in the care plan and a copy provided to the Service User.

These visits should be supervised by a qualified member of Staff who is trained in safeguarding children and aware of this policy.

These visits should be monitored and evaluated by the Nurse in Charge and the child’s Social Worker, where appropriate, to ensure that they have a beneficial effect both for the child and patient.

The Nurse in Charge may check Trust records to see if the family/child is known to CAMHS and that active contact is made with CAMHS if so, to discuss the case and visits as part of effective care planning.

The relationship and the development of the child should receive careful consideration when visits are arranged.

Should it be the intention for service user to take the visiting child out on leave, the Nurse in Charge should assess all potential risks before the arrangement is agreed.

4.6. INFORMATION AND TRAINING

It should be included in the information leaflets that there are regulations relating to children’s visits

Notices must be displayed concerning visitors gaining agreement from the Nurse in Charge before children are brought into wards/departments.

Training issues will include staff being made aware of their responsibilities for the protection of children and this relates to the Revised Mental Health Act Code of Practice.
2015, The Children Act (1989 & 2004), child protection issues and policies agreed with Local Safeguarding Children Boards (LSCB) and other statutory agencies.

4.7. PROCEDURES FOR CHILDREN VISITING WHERE THERE ARE SAFEGUARDING CONCERNS

If staff became aware of safeguarding concerns for child visiting then they must act to immediately.

If there are safeguarding concerns it must be disclosed in line with Trust Safeguarding Children Procedures and referral made to Children’s Social Care. Advice can be sought from the Named Nurse for Safeguarding Children.

Where children are subject to a Child Protection Plan, staff should ensure they are fully aware of the nature of the concerns and any arrangements or expectations in place for the protection of the child.

Where the service user is in hospital for an extended period it may be appropriate for staff to attend any Child Protection Conferences or Core Groups in order to provide updates about child visiting and the progress of the service user.

5. Process for Monitoring Compliance and Effectiveness

5.1 A copy of this policy is available on the Trust Intranet. Implementation of this policy will be audited via the trust safeguarding team annual audit program.

5.2 Local safeguarding policies & procedures are available via a link on the safeguarding section of the Trust Intranet.

5.3 All members of staff are required to complete safeguarding training as part of the mandatory training program.

5.4 The Trust has a range of processes in place that continually monitor how safeguarding responsibilities are managed in line with legislation and national guidance. These include:

Statutory Safeguarding Audits (section 11 Children Act 2004, DOH safeguarding Adults Self-Assessment)
6. References

- Health Service Circulars HSS (1999/222)
- LAC (99) 32 LAC 2000/18
- Mental Health Act Code of Practice (1983/2015)
- Guidance on the visiting of psychiatric patients by children
- HSS (1999/160) Visits to Ashworth, Broadmoor and Rampton hospitals Directions
- The LSCB Procedures
- Mental Capacity Act (2005)
- European Convention of Human Rights
- Information Sharing Guidance for Practitioners and Managers
- Parents as Patients: supporting the needs of patients who are parents and their children (January 2011)
- Parents in Hospital: How can mental health services best promote family contact when a parent is in hospital? (Barnardo’s 2007)
APPENDIX 1
FLOW CHART – CHILD VISITING

Is the service user a parent, sibling, grandparent or have parental responsibility

Yes

Nurse to consider:
- The welfare of the child
- Best interests of the child
- Unit environment and atmosphere
- Current client group
- Service users mental and emotional state
- Service users wishes and views
- Current evidence of risk to child
- Concerns expressed by professionals
- Visiting restrictions

Visit appropriate and agreed

No

Nurse to consider:
- Suitable time for visit
- Suitable room
- Avoid unit activities if possible
- Consider staffing levels
- Consider number of visitors
- Supervision requirements / restrictions

Visit not appropriate and not agreed

Further assessment required:
This may be with/include involving or liaising with CAMHS/ Children Social Care / Named Nurse for Safeguarding Children.

No visit