

**Policy on
Children and Young People Visiting
Service Users in Hospital**

Document Control Summary

Title	Policy on Children and Young People Visiting Service Users in Hospital
Lead Director	Lynne Hunt, Director of Nursing and Quality
Sponsor Group	Safeguarding Children Committee
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1. Introduction

- 1.1 This policy concerns children and young people visiting adults in all inpatient settings. It should provide the policy framework within which each Centre for Mental Health and each ward should set out its own procedures according to their own circumstances.
- 1.2 This document is written to comply with the guidance contained in:
 - Mental Health Act 1983 Code of Practice: Guidance on the visiting of psychiatric patients by children - Circular HSC 1999/222: LAC (99) 32
 - The Children Act 1989
 - Working Together to Safeguard Children in Need and their Families, Department of Health, 1999
 - The London Child Protection Procedures, 2003
 - The Children Act 2004
- 1.3 The Policy will be taken to the three Local Safeguarding Children Boards (formerly Area Child Protection Committees) in City and Hackney, Newham and Tower Hamlets for endorsement.
- 1.4 The Associate Director for Safeguarding Children is responsible for overseeing this policy, monitoring its operation within the Trust, advising the Legal Affairs and Complaints Manager regarding complaints and advising the Trust Board about the implementation of the Policy.
- 1.5 Each Mental Health Centre must nominate a senior manager to oversee the implementation of the Policy locally and to make arrangements for reviewing decisions relating to patient's contact with children.
- 1.6 Wards must nominate a senior member of staff to have delegated responsibility for ensuring the day-to-day implementation of the Child Visiting Policy and to support and advise key workers and other staff. Members of the Safeguarding Children Committee can assist with this if required.
- 1.7 The Trust will make staff, including Mental Health Act Administrators and relevant clinical staff, aware of the Policy through inclusion in the Safeguarding Children Level 1 and Level 2 courses, email and advice and briefings from the Safeguarding Children Named Professionals and the Mental Health Act Managers.

2. Scope

- 2.1 This policy applies to **children and young people aged under 18 years** visiting adult service users in Trust inpatient units or in regulated units run by independent providers and used by ELCMHT. Each inpatient unit must produce their own customised child visiting procedures consistent with this policy. There must be a designated member of staff to ensure all staff are aware of and understand the procedures and to keep them up to date.

- 2.2 The Child Visiting Procedures for each Centre for Mental Health, namely Coborn Adolescent Centre, Forensic Centre, City and Hackney Centre, Newham Centre and Tower Hamlets Centre must be approved by the Safeguarding Children Committee. These customised procedures will be subject to audit by the Trust's Assurance Department and Safeguarding Children Team.
- 2.3 It is recognised that the Forensic Centre will have very detailed, rigorous policy and procedures to comply with guidance for medium secure units and the need to take account of individuals who have been identified as posing a risk to children (formerly known in shorthand as Schedule One Offenders). See Appendix 1.
- 2.3 This policy applies to all patients, whether informal or detained under the Mental Health Act, who are likely to receive visits from children. Children may be offspring, siblings, grandchildren or other relatives/closely associated.
- 2.4 Care Co-ordinators with patients placed in provision not run by ELCMHT should ensure that the staff in non-ELCMHT provision are aware of this policy and issues relating to children visiting patients.
- 2.5 The Trust will also seek to ensure that any inspection of, or contracts with, independent provision will take account of the need to safeguard the welfare of children visiting patients.

3. Guiding Principles

- 3.1 The Trust supports helpful and positive contact between children/young people and their parents/carers who are Trust patients. However, this must occur only if it is in the best interests of the child. The Multi-disciplinary team (MDT) must ensure that the child understands what is happening.
- 3.2 In a small minority of cases there will be some concern about a visit going ahead. Decision-making on these cases needs to be clear and consistent.
- 3.3 When a decision is made not to allow contact the reasons should be given and both the parent/carer and other interested parties should have recourse to an appeal mechanism.
- 3.4 The interests of the child/young person are paramount and must be given priority. Staff should ensure that the child's views and needs have been taken into account which may entail consulting a Children's Social Worker or other Childcare professional. The child should be spoken to alone in order to ascertain their views and assess their needs. Visits which are not in the best interests of the child cannot be allowed and must not be used purely with the intention of helping the adult feel better.
- 3.5 In these circumstances, other forms of contact, such as telephone or letter could be considered.

4. Policy Consistency

4.1 Staff should take account of relevant paragraphs from the Mental Health Act 1983 Code of Practice namely:

- *Paragraph 2.6* which requires that the needs of the patient's family are taken into account within the process of assessing whether or not to use compulsory admission powers;
- *Paragraph 11.13* in which the Approved Social Worker (ASW) is required to leave an outline report at the hospital when the patient is admitted, giving reasons for admission and any practical matters about the patient's circumstances leading to the admission;
- *Paragraph 26.4* discusses the facilitation of child visiting, including supervision and provision of suitable child friendly accommodation;
- *Paragraph 27.2* which defines the objectives of the Care Programme Approach which stresses the need for a systematic approach to the assessment of needs and the provision of care throughout the whole process;

4.2 In addition, staff should take account of the following:

- A National Strategy for Carers which discusses the specific needs of young carers and provides pointers to good practice;
- All inter-departmental policy guidance on inter-agency co-operation.

5. General Approach

5.1 In those instances where a compulsory admission is being considered, the needs of, and arrangements for, children involved with the patient should be considered by the Approved Social Worker (ASW) as an integral element within the assessment. This information should be recorded by the ASW and communicated to the hospital in the event of admission. The ASW should alert their colleagues in children's services if they have any concerns about child care arrangements for dependent children of the patient. It would assist this process if documents were designed to incorporate information from this element of the assessment.

5.2 Similarly, the ASW should provide the hospital with information about the views of other person(s) with parental responsibility for the children of the patient, where it is appropriate to do so and if these can be ascertained. It should be noted that if a child is 'looked after' or 'accommodated' by the Local Authority, the Local Authority will usually share parental responsibility with the parent and must be consulted. ASWs should be sensitive to situations where the relationship between parents has broken down so that any decision about child visiting is not used inappropriately in residence or contact disputes.

5.3 The appropriate senior member of the ward staff who has been given delegated responsibility for taking decisions about child visits should be given the relevant information outlined in (a) and (b) above. This senior staff member should consult with other members of the multi-disciplinary hospital

team, taking into account the initial assessment of the patient's needs for treatment and care and reflected in the formulation of the care plan, before taking a decision on whether a visit by a child is appropriate.

- 5.4 When a visit by a child is anticipated, the multi-disciplinary team should swiftly and simply identify any concerns about child visiting which may be present in a limited number of cases. Arrangements will need to allow for unexpected visits by children where no previous decision has been taken. Further to this, a detailed assessment will be needed where initial concerns have been highlighted.
- 5.5 In the vast majority of cases where no concerns are identified, arrangements should be made to support the patient and child and to facilitate contact. ALL child visits should be pre-arranged. At the earliest opportunity, following admission, the multidisciplinary team should give consideration to the implications of visiting, and a **Child Visiting Plan** should be formulated and documented in the notes.
- 5.6 Staff should think creatively about how to make the visit a positive experience. They should also be sensitive to the need for privacy. The location of the visit should be considered carefully. Where the ward environment or the care needs of patients would be likely to affect the visit, arrangements should be made for visits to take place away from the main ward area. In some cases it may be better for arrangements to be made for visiting away from the hospital. In the case of detained patients this will require due consideration of the need for leave. Appropriate and sensitive supervision should be provided where necessary. Consideration should be given to the development of innovative schemes that will develop best practice in this area.
- 5.7 Staff should also be aware of the child protection and child welfare issues in granting leave of absence under Section 17 of the Mental Health Act.
- 5.8 Aftercare arrangements, consistent with the principles of the Care Programme Approach, should incorporate the approach set out in this guidance and acknowledge any continuing needs of the child as well as of the adult.
- 5.9 Wards and units should include information about their child visiting policies in information booklets for patients and visitors.

6. Dealing with Concerns

- 6.1 Concerns about the desirability of child visiting may arise in a number of areas. These could relate to:
 - the patient's history and family situation;
 - the patient's current mental state (which may differ from an assessment made immediately prior to or after admission);
 - the response by the child to the patient or his/her mental illness;
 - the wishes and feelings of the child;
 - the age and overall emotional needs of the child;
 - consideration of child's best interests;

- the views of those with parental responsibility;
- the nature of the unit and the patient population as a whole eg. MSUs.

6.2 A range of options may present themselves when concerns are identified in any of these areas. This need not automatically result in the refusal of visiting or other forms of contact. If the concerns relate to the nature of the unit or the patient population at the time the visit is proposed, arrangements should be made for visits to take place away from the ward or unit. The multi-disciplinary team must aim to obtain a balance between the management of risk and the interests of patients and children. In some situations, it may be appropriate for visiting to take place with the support and supervision of hospital staff or other agencies. In other situations, alternative forms of contact such as by letter or telephone may be appropriate.

6.3 Children should be with a responsible adult at all times. From approximately 14 years, there is flexibility to allow unaccompanied visits depending on the child's developmental status, their capacity to make informed choices, and the adults mental state. Children should be asked about their wishes and feelings, according to their age and understanding.

7. Decisions to Refuse Visits

7.1 Decisions to refuse visits, which will only be taken exceptionally, should be given in writing as well as orally and will need to be supported by clear evidence of concerns. Reasons should be given about why it was felt that the provision of support and/or the supervision of visits were thought to be insufficient to alleviate these concerns.

Local policies should clearly set out the steps to be taken in making the decision to refuse visiting, including:

- A process for consulting on concerns with the patient, the child (depending on age and understanding), those with parental responsibility, and, if different, person(s) with day to day care for the child, advocates, and where relevant, local authority children's services;
- A process for communicating the decision to the patient, other family members, child and those with parental responsibility;
- A process for reviewing any decision and means of communicating this to the patient, advocate or other person or agency involved in the decision.

7.2 There may be legal reasons why it has been decided that it is not in the child's best interests to visit a patient. Staff should ascertain whether there are any court orders relating to contact or any Child Protection Conference decisions that impact on visiting arrangements. Contact may be prohibited or it may have to take place under supervision from an officer determined by the Court or Child Protection Conference. Staff must comply with such decisions.

7.3 Decisions to not allow visiting will always be based on the child's best interests. It will depend on the adult's mental state, the child's wishes/needs and/or other factors on the ward including the general level of anxiety/disturbance that could jeopardise the safety of the child.

- 7.4 In certain circumstances, e.g. an acute change in the level of disturbance on the unit, the Child Visiting Plan may need to be overruled. This decision will be the responsibility of the nurse-in-charge of the unit at that time.
- 7.5 Contact cannot ever be forced onto a child or a patient.
- 7.6 Decisions not to allow visits should be continually reassessed. A decision not to allow contact at the point of admission may not be appropriate two or three weeks later when the patient's mental state has improved or other circumstances have changed.

8. Venue and Facilities

- 8.1 It is the responsibility of each directorate to provide facilities to ensure visits by children and/or young people to their parents/relatives are as comfortable and beneficial as possible. Visits should be in a child-safe and friendly environment, and conducted in a child-safe and friendly fashion. This should include providing a pool of toys and children's books which can be made available at the time of the visit. Consideration should be given to the need for nappy-changing, breastfeeding, suitable refreshments and toilet arrangements for children.
- 8.2 Ideally, there should be an area designated for family visiting that is not used for any other purpose. There should be a designated member of staff responsible for overseeing its usage and ensuring there are appropriate booking arrangements in place and it is maintained as a safe environment.
- 8.3 The Trust has good working relations with the Family Welfare Association and is developing a Child Visiting Project in Tower Hamlets to support children, patients and staff in making family visits beneficial for all concerned.
- 8.4 In certain situations it may be appropriate to arrange visiting in a venue away from the hospital. Local Authority Children's Services should be able to advise on suitable venues for such contact. When there is a known offender against children on the unit, consideration should be made for visits to occur off site.

9. Recording

- 9.1 All decisions, with reasons, and arrangements regarding visiting by the child need to be recorded clearly on the patients multi-disciplinary records and a clear document entitled **Child Visiting Plan**.
- 9.2 Each visit should be recorded stating details of all children who visited and responsible adult/s and any observations about impact on child/ren and patient.
- 9.3 Records will be audited by the Assurance Department in conjunction with the Safeguarding Children Team.

10. Responsibility for the Policy

- 10.1 The Associate Director for Safeguarding Children and the Safeguarding Children Committee will review this Policy on an annual basis.
- 10.2 Each Centre for Mental Health should nominate a senior manager to be responsible for overseeing local implementation of this policy, ensuring it operates smoothly, and working with the Associate Director to review it.
- 10.3 Information about this policy and local procedures should be included in Patient Information Booklets and localised leaflets should be made available.

11. Review of Decisions and Complaints

- 11.1 Each Centre for Mental Health will need to have a system for children/carers/patients to appeal against any decision made. Members of the Safeguarding Children Team can be consulted.
- 11.2 If situations cannot be resolved by the Clinical Team and the Centre for Mental Health's manager responsible for the Child Visiting Procedures then the Trust Complaints Procedure can be used.

12. Review of this Policy

- 12.1 This policy will be reviewed in February 2007 by ELCMHT Safeguarding Children Committee.
- 12.2 Any queries should be raised with a member of the Safeguarding Children Team – for contact details see Appendix 2.

13. Helpful Training Materials and Support

- 13.1 The Safeguarding Children Team has resources to help staff think about the issues relating to children visiting patients. These include:
 - Crossing Bridges: Training Resources for working with mentally ill parents and their children – K Mayes, M Diggins and A Falkov. Pavilion Publications 1998. Department of Health.
 - Video – Being Seen and Heard – Royal College of Psychiatrists 2003

Appendix 1

Identification of Individuals who present a Risk to Children

In 2005, in Local Authority Social Services Letter: LASSL (2005), the term *Individuals who Pose a Risk to Children*, replaced the term *Schedule 1 Offender* (this related to offences against children listed in Schedule 1 of the Children and Young Persons Act 1933 which was intended to protect children of school age from “cruelty and exposure to moral and physical danger”.) The Government is concerned that the term Schedule 1 offender has become used too loosely and may become problematic legally.

Therefore staff should assess whether an individual poses a ‘Risk to Children’. This should be based on all available information including that provided by relevant agencies, such as risk assessments made by Probation, Police, Health, whether individually or via the Multi-Agency Public Protection Arrangements (MAPPA).

The Circular referred to above called *Individuals who are Risk to Children 2005* can be found on the P drive in the Child Protection and Safeguarding Children folder followed by the Government Documents sub-folder. The Circular contains a comprehensive list of offences.

Appendix 2

Safeguarding Children Team

Trust-wide

Jan Pearson, Associate Director for Safeguarding Children

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Jan's role is to support the Director of Nursing and Quality, Lynne Hunt, in her role as Lead Director for Safeguarding Children. They provide a strategic lead for ensuring that all Trust activity and intervention minimises risks of harm to children's welfare and that appropriate action is taken when there are concerns about children. Jan is the team's main link with corporate services.

City and Hackney

Marion Delaney, Named Nurse/Safeguarding Children Specialist Advisor

Tel: 020 8533 6116 Marion.Delaney@elcmht.nhs.uk

Fax: 020 8985 9815 Mob: 07855 342711

Marion is also the main safeguarding children link with Forensic Services.

Named Doctor

Susan Woollacott, Consultant Child and Adolescent Psychiatrist

Tel: 020 8809 5577 Susan.woollacott@elcmht.nhs.uk

Newham

To start in March 2006, Named Professional/Safeguarding Children Specialist Advisor

Tel: 020 xxxx xxxx

Fax: 020 xxxx xxxx Mob: xxxxx xxxxxx

This postholder will be the main safeguarding children link with Specialist Addictions Services.

Named Doctor for Child Protection

Cathy Lavelle, Consultant Child and Adolescent Psychiatrist

Tel: 020 7445 7800 cathy.lavelle@elcmht.nhs.uk

Tower Hamlets

Emma Hutton, Named Nurse/Safeguarding Children Specialist Advisor

Tel: 020 7791 37 01/10 emma.hutton@elcmht.nhs.uk

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Emma is also the main safeguarding children link with CAMHS.

Named Doctor for Child Protection

Alyson Hall, Consultant Child and Adolescent Psychiatrist

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