Livewell Southwest

Children Visiting In-Patient and Residential Units Policy

Version No 1:4

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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Asset Number: **64**

Reader Information

Title	Children visiting In-Patient and Residential Units Policy v1.4
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Rights of access	Public
Type of paper	Policy
Category	Clinical
Document purpose/summary	The policy details issues that must be considered and arrangements that need to be in place prior to agreement being made for children or young people to visit inpatient mental health and learning disability services. To ensure that the best interests and safety of the children concerned are always considered paramount, whilst the maintenance of significant relationships is facilitated
Author	Matron Recovery Service (City Wide Service)
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Target audience	Clinical Staff
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Equality analysis checklist completed	Yes
References/sources of information	HM Government (2013) Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children (PDF). London: Department for Education (DfE). TSO -Department of Health, (2007) Mental Health Act 1983 Code of Practice -Department of Health, (2007), HSC 1999/222: LAC (99)32, Mental Health Act 1983 Code of Practice: Guidance on the Visiting of Psychiatric Patients by Children, London: -Children Acts 1989 and 2004, London: TSO -Fallon, P., Bluglass, R, Edwards B. & Daniels, G. (1999), Report of the Committee of Inquiry into the Personality Disorder Unit, Ashworth Special Hospital, London: The Stationary Office.

Associated documentation	Equality Impact Assessment tool completed
Supersedes document	V.1.3
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Document review history

Version no.	Type of change	Date	Originator of change	Description of change
V0.1	New document	March 09	Practice Facilitator	
V1	Minor amendments/ formatting changes	April 2009	Practice Facilitator/ Policy ratification group secretary	Formatting/updating/clarifying.
V1:1	Minor amendment	May 2011	Named Nurse Child Protection	Change to reference
V1:2	Extended	May 2013	Modern Matron Recovery Services	Extended, no changes.
V1.3	Minor amendments	May 2013	Clinical Education Lead for Health Visiting	Update of some terms and references
V1.4	Minor amendments	December 2015	Matron In-patient Recovery Services	Minor amendments to some Organisational name, policy references

Children Visiting In-Patient and Residential Units Policy

1 Introduction

1.1 In this policy, as defined in the Children Acts of 1989 and 2004, **'a child' is anyone who has not yet reached their eighteenth birthday**. Therefore, the term 'children' as used throughout this policy means 'children and young people.' (In a situation where the next of kin/carer is under the age of 18, the multidisciplinary/multi-agency team should be consulted and specialist advice sought as required).

1.2 Livewell Southwest has specific duties under section 11 of the Children Act 2004 to make arrangements to safeguard and promote the welfare of children and is committed to these responsibilities.

1.3 The Mental Health Act 1983 and its Code of Practice (DoH, 2007) set out the requirement for local policies to safeguard children's rights in relation to private and family life and to promote good practice. This includes children whose parents are detained and children who visit detained adults, including siblings.

1.4 The revised Code of Practice (2015) outlines when making decisions in relation to the care and treatment of children and young people, practitioners should keep the following points in mind:-

- The best interests of the child or young person must always be a significant consideration.
- Everyone who works with children has a responsibility for keeping them safe and to take prompt action if welfare needs or safeguarding concerns are identified.
- All practitioners and agencies are expected to contribute to whatever actions are needed to safeguard and promote a child or young person's welfare.

1.5 In planning their visits, 'the safety of the children concerned will be the paramount consideration. Child-friendly environments should be provided to facilitate visits by younger children. The maintenance of contact with family and friends, and respect for privacy in these contacts is especially important, subject only to consideration of the safety and well-being of the patients and their families' (DoH, 2007).

1.6 The decision to allow or deny planned visits will be based on risk assessment. In general, decisions will be easy to make and will support the planned visits of children. However, in a minority of cases where risk assessment identifies concerns, detailed planning will be required, which may involve other agencies. In accordance with the Children Acts (1989 and 2004). The welfare of a child is paramount and takes primacy over the interest of any and all adults.

1.7 This policy should be read in conjunction with Livewell Southwest Safeguarding Children Policy V1.4 and the relevant sections of the Plymouth Safeguarding Children Board (LSCB) Policies and Procedures.

2 Purpose

This policy sets out Livewell Southwest's approach to ensuring legal requirements are met and best practice is adopted regarding arrangements for patients in Inpatient and residential settings in Livewell Southwest being visited by children. It applies to both informal and detained patients.

3 Duties

The Chief Executive is ultimately responsible for the content of all policies, implementation and review.

It is the responsibility of Managers and all staff of the In-Patient and Residential Units to implement and monitor this policy.

4. Policy Statement/Aims

4.1 The policy sets out Livewell Southwest's standards and expectations in respect of children visiting and aims to ensure that the interests and safety of children visiting are protected at all times.

4.2 It provides guidance for staff on how to reach a decision regarding the appropriateness of such visits so that they have a clear understanding of their roles and responsibilities. The emphasis is on the importance of facilitating contact between children and their family and friends.

4.3 It reinforces that good practice requires the needs and interests of children as well as patients to be taken into account in: formulating and implementing care plans; in professional practice; and, in the provision of facilities for visiting.

4.4 It seeks to:

- Support the policies and procedures set out by Plymouth Safeguarding Children's Board.

- Support Livewell Southwest's Child Protection Procedures, which themselves are underpinned by the Clinical Risk Management Standards in the CNST scheme set out by the NHS Litigation Authority.

- Ensure compliance with the legislative framework set out above.

5. Guiding Principles

5.1 A number of principles need to be considered with regard to children visiting in-patient and residential units that are involved in the assessment, treatment and care of patients including:-

- Any decisions involving children visiting must take account of the needs and wishes of the child as well as the patient.

- The risk assessment process should swiftly ascertain the desirability of contact between children and patients, identifying any concerns and

assessing any risks to the child.

- The process for facilitating child visiting should not be bureaucratic, nor cause delay. It should be supportive of both child and adult and maximise the therapeutic value of such contacts, whilst ensuring that the child's welfare is safeguarded.

- All in-patient services should ensure that there is an environment that is conducive to child visiting.

- All staff should receive the appropriate training in relation to the consideration, facilitation and supervision of child visiting.

6. Implementation

6.1 Staff Training

Staff should recognise the child's need to maintain good and positive relationships with family members and friends with whom they have developed appropriate attachments.

This will require all staff involved in specialist mental health and learning disability services to develop the appropriate attitudes, knowledge and skills especially in determining what the best interests of the child might be.

Child Protection training is mandatory and must be accessed by all staff.

6.2 Procedures

Taking into consideration the guiding principles set out in 5 above, the recommended procedures for children visiting in-patient and residential units are as follows:

- When a patient is compulsorily admitted to hospital, the Approved Mental Health Professional (AMHP) involved in the detention process and Care Programme Approach (CPA) Care Coordinator, will consider the needs of, and arrangements for children involved with the patient. This information will be communicated to the in patient staff responsible for the patient. Approved Mental Health Professionals should seek help and advice from Children Social Care and other appropriate colleagues, as necessary when considering the childrens' needs.

- If the patient is already under the care of the secondary care mental health or learning disabilities service the CPA Care Co-ordinator, or the Lead Practitioner will be involved in considering the needs and arrangements for children involved with the patient in the event that they are admitted.

- The Care Coordinator should provide the in-patient/residential unit staff 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 providing these can be ascertained.

When a visit by a child is anticipated, the multi-disciplinary team (MDT) should identify any concerns, taking into account information received and the completed risk assessments. Some issues which may need to be considered are:

- The patient's history and family situation.
- The patient's current mental state.
- The response by the child to the patient or his/her mental illness.
- The wishes and feelings of the child.
- The age, capacity and overall emotions of the child.
- Consideration for the child's best interest.
- The views of those with parental responsibility.
- The nature of the care environment and the patient population at the time.

In the vast majority of cases where no concerns are identified, arrangements should be made to facilitate contact.

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, or create risks, arrangements should be made for the visit to take place away from the ward area.

Staff should be sensitive to the need for privacy, whilst taking into consideration the need to manage risk where appropriate. If possible, there must be a designated visit area to accommodate the requirements in this policy.

The multi-disciplinary team, based on all the available information, should determine the degree of supervision required for the visit.

Where supervision of a child is deemed necessary because of protection/welfare concerns in relation to a patient, this should be provided either by a responsible relative or by Social Services Children and Families Services.

Staff should ensure that on admission, it is explained to the patient and their carer that visiting by children will only be allowed if supervised by an adult, (not the patient) who is preferably a family member or the adult with parental responsibility, and that the accompanying adult is responsible for the child's safety whilst visiting.

Children should not normally visit unaccompanied. However, in exceptional circumstances this may be arranged based on a documented risk management decision made by the MDT.

Visitors bringing children to visit should telephone the ward prior to attending the ward.

An assessment and review regarding children visiting an individual should be carried out at each MDT review meeting.

All visits will be subject to any restrictions under Livewell Southwest Supportive Observation Policy.

Facilities provided for visitors should be comfortable and welcoming and, for children, child friendly.

Children, as with all visitors, **will not be permitted** within the dormitory/bedroom areas.

Where staff have concerns regarding the safety or welfare of a child, specialist advice from the Children's Social Care should be sought and referral to Children Social Care Advice and Assessment team may be made. Staff should receive training in this area. See Livewell Southwest Safeguarding Children Policy V1.4

All decisions following risk assessment must be documented in the healthcare/clinical care records regarding children visiting the individual.

7. Circumstances Where Child Visiting May Be Restricted/ Decisions to Refuse Visits

7.1 Decisions to refuse visits will only be taken exceptionally, and should be given in writing as well as verbally. They will need to be supported by clear evidence identified through risk assessment and recorded on the **decision to refuse visit proforma** shown in Appendix A.

7.2 It is important that all involved with the child are consulted and advised of the decisions. It is anticipated that these decisions will be subject to review and any patient changes will be swiftly communicated to all concerned. This process must be visible and transparent, ensuring that the patient and others have the right to challenge any decision that is made. Further advice should be sought from child protection professionals for (see Livewell Southwest Child Protection protocol for contact details).

7.3 The decision to restrict the visits of children should be made by the multi-disciplinary team when possible. In exceptional circumstances, the nurse in charge of the ward may make this decision and should discuss this at the first available opportunity with the MDT.

7.4 Circumstances where the decision to restrict a visit include:

- Where there is a clearly identified risk to the child of distress or emotional harm due to the patient's disturbed mental state.
- Risk of verbal or physical harm to the child.
- Actual or perceived risk of sexual harm.
- Risk of exploitation of the child by the patient e.g. where the action of the child puts the adult patient at risk, such as the bringing in of unauthorised medication, razors etc.
- In the case where there is failure to agree between the ward staff and the adult family (responsible adult) that they will supervise the child during visiting.

7.5 There may be occasions particularly when the patient is in a disturbed state, or requiring high levels of supervision/care when it is not safe for a child to visit and alternative arrangements cannot be made. In this instance alternative arrangements will be made at the earliest opportunity.

At no time should staff accept responsibility for supervising a visiting child.

8. Monitoring and Audit

Monitoring of this policy will be the undertaken by the managers and staff of the In-Patient and Residential Units.

Monitoring and evaluation will also occur through audit of the Care Programme Approach (CPA) and evaluation of training.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Operations

Date: 5th April 2016

Appendix A
Livewell Southwest

Children visiting in-patient or residential unit record of decision to refuse visit	
Name of patient:	
Ward/unit:	
CPA care coordinator:	
Child/childrens name(s)	**Date of birth:**
Reason for decision to refuse visit (brief summary):	
Who was involved in making the decision? Please list below	
Name	**designation**
Have all involved with the child/children been informed verbally and in writing? Yes no	
If no, briefly explain any exceptions:	
Signed: (Print name)	**Designation: (Print)**
Date:	