

Children visiting Inpatients or Residential Units Policy – CLP046

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Why we need this Policy

This policy is aimed at safeguarding the welfare of children and protecting them from harm and distress when visiting their parents, carers or other family members (patients) in Trust in-patient settings. This policy is to ensure that children visiting patients are safe whilst at an NHFT Trust Hospital and that the visit is in the child's best interests. The Trust has specific duties under section 11 of the Children Act 2004 to make arrangements to safeguard and promote the welfare of children. It is committed to its responsibilities in respect of safeguarding and supporting children and their families.

NHFT cares for patients in various settings dealing with both mental and physical health conditions. In some cases a patient's presentation may cause distress to children and /or a patient may pose as a risk to a child's safety and wellbeing. It may therefore not be in a child's best interest for a visit to take place. This policy applies to **all** children visiting **all** inpatient settings in the Trust, whether the patient is detained under the Mental Health Act (DoH, 2007), admitted under the Mental Capacity Act (Mental Capacity Act 2005), is an informal patient or on any physical health ward.

What the Policy is trying to do

This policy sets out NHFT's expectations of staff in respect of children visiting Trust premises.

In the majority of cases, contact between children and adults who are in-patients will be in the child's best interests. Visits by children to patients are central to the maintenance of normal healthy relationships between children and their parents and other relatives who are in hospital care settings. In a small number of cases however, there may be concerns about the impact such contact may have on the child and more rigorous risk assessments will be required. It provides the expectation that Trust staff consider the best interests of a child in arrangements for visits. The process for facilitating a child visiting should not be bureaucratic or cause delay. It should be supportive of both child and adult and maximise the therapeutic value of such contacts, whilst ensuring the primary focus is that the child's welfare is safeguarded.

Which stakeholders have been involved in the creation of this Policy

- NHFT Safeguarding Team
- Ward Matrons – physical and mental health
- Trust Safeguarding Group
- Trust Policy Board

Any required definitions/explanations

NHFT - Northamptonshire Healthcare NHS Foundation Trust

Child – a person aged under 18

Patient – Service user / carer / family member who is in hospital

Key duties

Nurse in Charge / Named Nurse / Key Worker / Multi-disciplinary Team will consider any risks that a patient's condition may present to a child, both mental and physical health. These will be communicated to the care team involved with the patient and documented on SystemOne.

Nurse in Charge / Named Nurse / Key Worker / Multi-disciplinary Team will consider the needs of and arrangements for a child visiting a patient. This information will be communicated to the care team responsible for the patient and documented on SystemOne.

All inpatient services should ensure there is an environment that is conducive / appropriate to a child visiting. Where a family room is available or there is a separate room away from the general ward area, these facilities should always be used. If there is no alternative but to allow a child on to the general ward area this must be subject to an immediate risk assessment to ensure that the child's welfare is safeguarded.

Any Risk Assessment should be reviewed prior to each proposed / planned visit taking into account any changes to the child, patient and in-patient setting including the other patient population on the ward.

Policy detail

Procedures

Where a ward has open visiting and a child visiting the ward cannot be anticipated, signs will be put up on the ward to request that parents / guardians report to the Nurse in Charge before the visit commences (appendix I). The Nurse in Charge will then risk assess the appropriateness of the visit considering the list below. This gives staff the opportunity to advise parents / guardians that a child must be supervised at all times while on the ward.

When a visit by a child is anticipated, the multi-disciplinary team should identify any concerns taking into account information received.

Some issues that may need to be considered are:

- The patient's history and family situation
- The patient's current mental state
- The patient's current physical presentation
- The response of the child to the patient and / or their illness
- The wishes and feelings of the child
- The age, capacity and overall emotions of the child
- Consideration of whether the visit is in the child's best interests
- The views of those with parental responsibility
- The nature of the care environment and other patients on the ward at the time
- Previous safeguarding concerns

This is not an exhaustive list.

In the vast majority of cases where no concerns are identified, arrangements should be made to facilitate a visit. 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 a risk, 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. The multi-disciplinary team, based on the above information, should determine the degree of supervision needed during a visit. Staff need to consider who provides this supervision (and in some cases this may need to be provided by NHFT staff) and if there is no appropriate adult available then a visit should be refused.

Decisions to refuse visits

Decisions to refuse visits should be given in writing as well as verbally and will need to be supported by clear evidence of concerns. 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 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 for staff can be sought from the NHFT lead professionals for safeguarding children.

Training requirements associated with this Policy

- **Mandatory Training**

Clinical staff working with adults all complete Safeguarding Children and Adults at Level 2. This includes consideration of staff to Think Family.

- **Specific Training not covered by Mandatory Training**

Not applicable to this document

How this Policy will be monitored for compliance and effectiveness

The table below outlines the Trusts' monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Method of monitoring	Individual responsible for the monitoring	Monitoring frequency	Group or committee who receive the findings or report	Group or committee or individual responsible for completing any actions
Duties	To be addressed by the monitoring activities below.				
Service User Experience via the Trust Complaint's Department	Service User Experience	Ward Managers	Quarterly	Governance Committee	Ward Managers
If there is mandatory training associated with this document state the mandatory training here	Training will be monitored in line with the Statutory and Mandatory Training Policy.				
Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.					

For further information

The Trust's Safeguarding Children Policy can be found here:

http://thestaffroom.nhft.nhs.uk/documents?media_item=1795&media_type=10#file-viewer

NHFT Safeguarding Team Staff Room link: <http://thestaffroom.nhft.nhs.uk/safeguarding>

NHFT Safeguarding Team contact number 01933 235357

Equality considerations

The Trust has a duty under the Equality Act and the Public Sector Equality Duty to assess the impact of Policy changes for different groups within the community. In particular, the Trust is required to assess the impact (both positive and negative) for a number of 'protected characteristics' including:

- Age;
- Disability;
- Gender reassignment;
- Marriage and civil partnership;
- Race;
- Religion or belief;
- Sexual orientation;
- Pregnancy and maternity; and
- Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers and homeless people).

The author has considered the impact on these groups of the adoption of this Policy and does not believe that there are any specific equality considerations that need to be taken into account. However, in line with the ethos of the policy if a decision to refuse a visit is made, this will be evidence based and documented and not indirectly or directly based on protected characteristics. The exception to this will be age as an objective criterion for exclusion in line with the definition of a child which is a person under the age of 18.

Reference Guide

CHILDREN ACT 2004 (2004), London TSO.

http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0ahUKewj_mvP48LLSAhWXHsAKHZxeBzoQFggkMAE&url=http%3A%2F%2Fwww.legislation.gov.uk%2Fukpga%2F2004%2F31%2Fpdfs%2Fukpga_20040031_en.pdf&usg=AFQjCNHo7FoLodsUr0J9_ggalPM8zs_uQsw

DEPARTMENT OF HEALTH, (2007), Mental Health Act, London, HMSO.

http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0ahUKewjFmtzT8bLSAhUiLcAKHQugCvoQFggkMAE&url=http%3A%2F%2Fwww.legislation.gov.uk%2Fukpga%2F2007%2F12%2Fpdfs%2Fukpga_20070012_en.pdf&usg=AFQjCNFIKvH3bFNtyCvevEsEbxll_OdF8w

Mental Capacity Act (2005)

<http://www.legislation.gov.uk/ukpga/2005/9/contents>

DEPARTMENT OF HEALTH, (1999), HSC 1999/222: LAC (99)32, Mental Health Act 1983 Code of Practice: Guidance on the Visiting of Psychiatric Patients by Children, London, DoH.

Document control details

Author:	Christina Harper and Cathy Kennedy – NHFT Safeguarding Team
Approved by and date:	Trust Policy Board – 22.03.2017
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3.0	13.01.2015	14.01.2015	13.01.2017	New governance of trust policies template.
4.0	22.03.2017	23.03.2017	22.03.2020	Updated.

APPENDIX 1: Poster for Wards

Children Visiting Patients

If you are bringing a child (under 18) onto this ward to visit a relative or friend please check with the Nurse in Charge before you start your visit to ensure it is appropriate for the child. Sometimes patients are not well enough for children to see them or children may find other patients on the ward distressing to see.

Also please be reminded that children must be supervised by you at all times during their visit to this ward.