



CHILD VISITING POLICY IN MENTAL HEALTH SETTINGS

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| Documents to read alongside this Policy | <p>The Guidance on the Visiting of Psychiatric Patients by Children (HSC 1999/222: LAC (99)32) to NHS Trusts, Health Boards and local authorities</p> <p>Children Act 1989/2004</p> <p>Sexual Offences Act 2003</p> <p>Mental Health Act 1983/2007 Code of Practice for Wales: Guidance on the visiting of patients by children and young people.</p> <p>Safeguarding and Protecting Children in Wales: A review of the arrangements in place across the Welsh National Health Service (Health Inspectorate Wales October 2009).</p> <p>Rapid Response Report: Preventing harm to children from parents with mental illness. National Patients Safety Agency 2009</p> <p>The All Wales Child Protection Procedures 2008.</p> <p>Safeguarding Children: Working Together under the Children Act 2004.</p> <p>Healthcare Standard 17: Protection of Vulnerable Adults and Protection of Children</p> <p>Parents in Hospital: How mental health services can best promote family contact when a parent is in hospital. Barnados July 2008</p> |
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OUT OF DATE POLICY DOCUMENTS MUST NOT BE RELIED ON

| Version Number | Date of Review Approved | Date Published | Summary of Amendments |
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| 1 | 11/12/2012 | 20/12/2012 | UHB document supersedes previous Mental Health Policy central index reference no: 17a (not published centrally) |
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Child Visiting in Mental Health Settings

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1 INTRODUCTION

There is a requirement for Cardiff and Vale University Health Board (UHB) to have in place policies relating to children visiting mental health settings. Paragraph 26.3 of the revised Mental Health Act 1983 Code of Practice clearly states the need to put in place local policies which promote good practice in the area of children visiting adult patients detained in hospital under the Mental Health Act 1983 (2007).

The Guidance on the Visiting of Psychiatric Patients by Children (HSC 1999/222: LAC (99)32) to NHS Trusts, Health Boards and local authorities states that "Psychiatric Hospitals should have written policies on the arrangements for the visiting of patients by children. A visit by a child should only take place following a decision that such a visit would be in the child's best interest. Decisions to allow such visits should be regularly reviewed."

- This policy has been reviewed and rewritten as required by the Health Inspectorate Wales Report 2009.

This policy is written to comply with the legislation and good practice guidance contained in the following documents:-

2 SCOPE OF POLICY

This policy applies to children and young people aged under 18 years of age visiting adult inpatients on all mental health wards in the Cardiff and Vale University Health Board, including older adult wards (where children may be visiting grandparents).

This policy applies to all inpatients in all mental health settings whether they are informal or detained under the Mental Health Act, who are likely to want to receive visits from children.

3 POLICY STATEMENT AND OBJECTIVES

The UHB is committed to ensuring that the welfare and safety of children visiting patients within a mental health setting is protected. It will ensure that:-

- The child's welfare is paramount and takes primacy over the interests of any and all adults
- The child's welfare should be safeguarded and promoted by all staff within the hospital/unit at all times
- When it is established to be in the child's best interests, then contact between parents and children will be actively encouraged by staff.

4 PROCEDURE

Health Inspectorate Wales have a statutory responsibility to "safeguard and promote the rights and welfare of children". Following the tragic death of

“Baby P” they undertook a review of child protection arrangements throughout all Health Boards in Wales. Recommendations with regards children visiting on adult wards have been given to all Health Boards to implement.

- All mental health wards should implement this policy for visiting of psychiatric patients by children.

Where such visits are agreed the hospital has a duty to ensure that the “visiting child” is not put at risk. Visits must be arranged to take place in a room separate and away from the main ward area

- All visits must be pre-arranged with ward staff and relatives must not come to the ward unannounced.

Staff working on adult mental health wards must enforce child visiting policies in line with national guidance. They must ensure that when agreement has been given for a child or young person to visit, appropriate arrangements are made to ensure the comfort and safety of that child and for maintaining the privacy and dignity of other patients on the ward.

It is important to maintain relationships with family members/carers. A visit by a child should only take place after there has been a multi disciplinary discussion to ascertain the desirability of contact between the children and patients, to identify concerns, assess any risks of harm to the child (see Appendix 1) and an agreement made that the visit is in the child’s best interests.

When it has been decided that the visit is in the child’s best interests, the visit must be supported by ward staff to ensure that it is facilitated in a considered manner. Staff working on all mental health wards must ensure that appropriate and safe arrangements are made for the child to visit, taking into account the comfort and safety of the child, and appropriate facilities. Staff must also maintain the privacy and dignity of other patients on the ward.

Patients should only receive visits from children to whom they are closely related. It is not generally appropriate for visitors to bring children where there is no such relationship.

Decisions to allow such visits should be reviewed regularly and included in the Mental Health Measure care plan.

Important factors for consideration:-

All visits by children should be subject to risk assessment

All visits must be by prior arrangement with the ward

All visits must take place in a designated room.

All visits must be appropriately supervised by a responsible adult e.g. parent/social worker

Children will not be permitted to enter the ward area.

Only children that have a close relationship with the patient e.g. child or grandchild will be permitted to visit.

5 PROCESS ON ADMISSION

- 5a) If a patient is admitted who has lived or lives with children, a basic set of data of children i.e. names and date of births, will be sought and recorded on CPA 1 and on the Paris clinical record.
- 5b) If a patient is admitted who has lived or lives with children under the age of 5 years, it is routine practice that the admitting nurse should inform the health visitor of this admission, discharge and any other relevant information during the admission i.e if a patient goes on leave.
- 5c) If it is established that a patient has lived or lives with children, it will need to be established if they are on the Child Protection Register or are being “looked after” by the local authority. If this is identified then the appropriate social work team must be informed of the admission, discharge or of any other relevant information.
- 5d) If it is established that the patient would like children who are close family members to visit them, the nursing team will discuss whether it is appropriate for visiting to take place (Please see appendix CV1 to assist staff in making this decision. It is important to remember the overriding principle which is that any visit should be in the child’s best interest. If the children are open to Children’s services contact them to consult their view so a joint decision can be made. Further discussion should be had with the carers/family members. Also consideration should be given to the amount of children who will visit. As a general rule no more than 2 children should visit at a given time. If there is a request for more than 2 children to visit the Nurse in Charge is responsible for determining the appropriateness of this. They should consider the ages and the relationship with the patient.
- 5e) All relevant patients should have a visiting plan in their CPA care plan, which is reviewed frequently.
- 5f) Referrals should be made to Children’s Social Services under local safeguarding procedures as soon as a problem, suspicion or concern about a child becomes apparent, or if the child’s needs are not being met.
- 5g) A referral **must be made**: if patients express delusional beliefs involving their child and/or if the patient might harm their child as part of a suicidal plan. A referral should also be made if staff become aware of domestic abuse issues.

6 ENVIRONMENT

Each ward must identify a room where it is appropriate to visit, which takes into account privacy and safety. If the ward is in:

- 6a) Whitchurch Hospital - a room should be identified on the gallery on each ward. Under normal circumstances there is **no** reason why any child should enter any further onto the ward. This room should be accessible, warm, clean and well equipped and be a child centred provision. If the ward is felt an unsuitable environment for a child visit to take place then a meeting room off the ward should be sought e.g. the patient's resource centre. These rooms must be booked in advance by ward staff.
- 6b) Llanfair unit – the visits take place off the ward in the multi faith rooms. Therefore children should **not** enter the wards at Llanfair.
- 6c) Low Secure Ward (LSU) – Rooms in the gallery do not form part of the low secure ward. Restricted patients who have ground leave will be able to use these rooms. For patients who do not have any leave outside the ward permission to use these rooms needs to be sought. Given that much more risky patients are housed on the on LSU that is the option that has to be used until the move to the new building where there will be provisions to overcome this issue. For restricted clients the teams' permission must be sought from Court or Ministry of Justice to allow visits. The Consultant must seek this permission in order to prevent any discrimination will have to carry out to ensure a balance of patient rights and child protection.

7 ASSESSING RISK TO CHILD.

The following actions must be considered when deciding if a visit is in a child's best interest:-

- 7a) Carry out a risk assessment (see appendix 1)
- 7b) When devising a visiting plan this must be discussed and agreed with the carers of the child.

8 FAMILY/CARERS

- 9a) Ward staff must ensure that family/carers are made aware of the visiting arrangements on admission and of their responsibility to contact the ward before each visit to ensure it is appropriate that the children visit and to book a room at a suitable time to both ward and relatives. Staff **must** make it clear to the family/carer that on **no** occasion should a child come to visit the ward without prior arrangement. **All visits must be prearranged.**

- 8b) Incorporate the visiting plan into the CPA care plan so the patient the family and the staff are all aware.

9 DECISION TO REFUSE VISITS.

- 9a) Family/Carers must be made aware that it may be decided that on occasion on arrival at the ward, a decision may have to be made to refuse the visit e.g. the mental state of the patient may have changed since the visit was arranged i.e. the patient is very agitated or aggressive. If it is felt necessary to cancel/refuse a visit then the reasons why must be clearly documented in the Paris clinical record.

Decisions to refuse visits, which will only be taken in exceptional circumstances, should be given in writing as well as orally and will need to be supported by clear evidence of concerns e.g. reported from the family or noted by staff that the child was obviously upset during the previous visit.

Reasons should be given in writing as well about why it was felt that the provision of support and/or supervision of visits were thought to be insufficient to alleviate concerns.

There may be legal reasons why it has been decided that it is not in the child's best interest 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. It is essential that all staff are aware if children are on the Child Protection Register and liaise with relevant Children's Social Services appropriately.

10 SUPERVISION OF THE VISITS

- 10a) If the child/children are on the Child Protection Register or "looked after" by the local authority, and a multi agency decision has been made that it is appropriate for a child visit to go ahead, staff should discuss with the children's social worker, what resources will need to be put in place, in terms of supervision of the visit.
- 10b) If the child/children are not on the Child Protection Register then all visits will need to be supervised by the carers/family members of the child/children at all times. No visit should take place without this supervision from carers.
- 10c) There may also be instances where staff take the decision that the visit will need to be supervised by nursing staff. If this is the case staff need to consider whether a referral to social services is required.

Details of all visits should be documented in the Paris clinical record.

All of the above points will need to be considered and reviewed prior to each visit.

It is important that all staff are aware that should they have any concerns or questions with regards to the appropriateness of a visit of a child, they should contact the UHB Safeguarding Children Team, and discuss the case with a Nurse Specialist for Safeguarding Child, who is available for advice, and can assist with the risk assessment.

11 RESOURCES

No additional resources are required to implement this policy and procedure

12 TRAINING

All staff working on adult mental health wards in the UHB will need to be made aware of this policy, and its contents. This will be facilitated by the Lead Nurse for Safeguarding Children with support from the safeguarding children trainer. It will be organised by the Directorate Lead Nurses for Mental Health Services for Older People and Adult Mental Health Services who arrange to initially meet the Senior Nurses from each specialty and then the ward managers from each ward/department. This will be to ensure that all ward staff have been ongoing education to update knowledge in relation to their responsibility to child protection and safeguarding children.

Child Protection training is mandatory for all frontline qualified mental health staff working with Families, and should be updated every 3 years.

13 IMPLEMENTATION

Implementation will begin after ratification of the Policy by SCSG and the Quality and Safety Committee of the UHB. Training will be commenced immediately afterwards.

14 EQUALITY

Need more comprehensive statement re findings –

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and does not discriminate, harass or victimise individuals or groups. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service standards and our Strategic Equality Plan & Equality Objectives. The responsibility for implementing the scheme falls to all employees and UHB Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

We have undertaken an Equality Impact Assessment and received feedback on this policy and procedure and the way it operates. We wanted to know of any possible or actual impact that this policy and procedure may have on any groups in respect of gender, maternity and pregnancy, carer status, marriage or civil partnership issues, race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment found that there was no impact/little impact/some or an adverse impact (**you delete as appropriate**) to the equality groups mentioned. Where appropriate we have taken or will make plans for (**you delete as appropriate**) the necessary actions required to minimise any stated impact to ensure that we meet our responsibilities under the equalities and human rights legislation.

15 AUDIT

On implementation all wards will carry out an audit of each visit to be recorded on a Child Visit Audit Form (see Appendix 2) which will be done over a 3 month period and then reviewed. This will be coordinated by the Lead Nurse for Safeguarding Children, the Directorate Lead Nurses for Mental Health Services for Older People and Adult Mental Health Service. This will be reported to the Divisional Nurse for Mental Health Services and the Named Nurse for Child Protection.

16 DISTRIBUTION

A copy of this policy will be available on all the wards and on the Health Board intranet site, clinical portal and on the internet. .

17 REVIEW

This policy and procedure will be reviewed in 3 years time unless there is a change in legislation. It will also be reviewed when the new adult in-patient unit moves location.

18. REFERENCES

Children Act 1989/2004

Mental Health Act 1983/2007 Code of Practice for Wales: Guidance on the visiting of patients by children and young people.

Sexual Offences Act 2003

Rapid Response Report: Preventing harm to children from parents with mental illness. National Patients Safety Agency 2009

Safeguarding and Protecting Children in Wales: A review of the arrangements in place across the Welsh National Health Service (Health Inspectorate Wales October 2009).

All Wales Child Protection Procedures 2008.

Safeguarding Children: Working Together under the Children Act 2004.

Healthcare Standard 17: Protection of Vulnerable Adults and Protection of Children.

Parents in Hospital: How mental health services can best promote family contact when a parent is in hospital. Barnados July 2008

Appendix 1

Points to consider when assessing if a child is at risk when visiting a mental health ward:

- The patient's history and family situation, and expressed wishes;
- The patient's **current** mental state (which may differ from an assessment made immediately prior to **or** after admission);
- When assessing current and recent mental state, does the patient have delusional beliefs incorporating the child or a suicidal plan which involves the children in question;
- 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 interest;
- The views of those with parental responsibility;

The nature of the ward/unit and the patient population as a whole (including the presence of Schedule One offenders)

Appendix 2

Child Visiting Audit Form CV2

To be completed on admission and before every child visit takes place.

1. Has it been felt appropriate for this patient to have visits by children or young people under 18yrs? (To help staff please read CV1)

Yes No

If no, fill in CV 3

If yes

2. What is their relationship to the children?

Daughter / son

Granddaughter / son

Other – please describe

step daughter/son

niece / nephew

3. What are the age/s of the children?

4. Are the children currently known to Children's Social Services?

Yes No

If yes

5. Is it child in need / child protection?

6. If child protection, is Social Services aware of the visits?

Yes No

7. Do the visits need to be supervised by staff?

Yes No

If yes why?

8. Do the visits need to be supervised off the ward by Social Services?

Yes No

If yes why?

9. Has the child visiting policy been explained to the patient's family?

Yes No

10. Has the child's visit's been incorporated into CPA care plan and a review date set

Yes No

11. Was the visit pre-arranged and booked?

Yes No

12. If not – why did the visit take place?

13. Any comments with regards to this visit?

i.e. - Any events

- Did the visit have to be cancelled last minute / cut short

- Any concerns:

Child Visiting Form CV3

Exclusion of child visitors

If you are unsure please contact the Safeguarding Children team for advice.

It has been decided that

Name of child(ren).....
.....

Will not be allowed to visit

Name of patient.....

Date of decision.....

Reason why:.....
.....
.....

This decision will be reviewed on.....

Any appeal against this decision must be made in writing to

Directorate Manager.....

Printed Name and Signature of Nurse in charge of the ward/Consultant.....
.....

This form must be filed in the patient notes and a copy of this must be given to:-

- a) the patient
- b) the parent/guardian of the child(ren)
- c) The Safeguarding Children Team

Appendix 3

Messages from children and young people

Children and young people have told us what they would like from staff when visiting their parents in hospital:

- Introduce yourself. Tell us who you are. What your job is.
- Give us as much information as you can.
- Tell us what is wrong with our Mum or Dad.
- Tell us what is going to happen next.
- Talk to us and listen to us. Remember it is not hard to speak to us.
- We are not aliens.
- Ask us what we know, and what we think. We live with our Mum or Dad.
- We know how they have been behaving.
- Tell us it is not our fault. We can feel really guilty if our Mum or Dad is ill.
- We need to know we are not to blame.
- Please don't ignore us. Remember we are part of the family and we live there too!
- Keep on talking to us and keeping us informed. We need to know what is happening.
- Tell us if there is anyone we can talk to. **MAYBE IT COULD BE YOU.**

Reference: –

Barnardos: Keeping the Family In Mind (2007)