

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

PROCEDURE FOR CHILDREN VISITING PATIENTS

1.0 INTRODUCTION

- 1.1 This Procedure applies to children visiting patients who are admitted informally or under section and **complies** with Working Together 2015, The Guidance on the Visiting of Psychiatric Patients by Children HSC 2000 and the Mental Health Act 1983/ 2007, and Code of Practice
- 1.2 Inpatient Mental Health Wards can be inappropriate areas for children to visit. The safety of children visiting Trust inpatient areas is of paramount importance.
- 1.3 Separate guidance on child visiting is incorporated into the Operational Policy of St Aubyn's and Poplar Adolescent Units.
- 1.4 This procedure applies to children visiting patients who are admitted informally or under section.
- 1.5 All staff are required to plan and manage visits by children to patients and should do all they can to facilitate the maintenance of children's contact with friend and family where assessed as appropriate.

2.0 PURPOSE

- 2.1 No visit may be arranged before a decision has been made as to whether it is in the child's interests. A written risk assessment and plan should be clearly identified and agreed in collaboration with the patient and recorded within CPA documentation and the Medical notes. The multi-disciplinary teams are responsible for developing this care plan and should anticipate and facilitate visits by children where they are appropriate.
- 2.2 When patients have children of their own or children that they are closely involved with, the multi-disciplinary team must consider from point of admission, how relationships will be maintained during their stay in hospital. This decision should be made in discussion with the patient, the patient's relevant family or friends, the child where relevant and recorded in the care plan.
- 2.3 Prior to the visit taking place the multi-disciplinary team, will verify that the parent or person with parental responsibility has agreed to the impending visit. The views of the child must also be considered.
- 2.4 No visit must be arranged if it is not in the best interest of the child or have an adverse effect on the patients' Mental Health wellbeing. Staff should always consider if the proposed visits by children are appropriate. Staff should establish if the child is subject to any Childcare Orders such as Statutory Care Order or a Child Protection Plan and what contact provisions or restrictions are in place.

- 2.5 Staff should establish if the patient is a Risk to Children (previously Schedule 1 offender and code 3 in prison coding which means they have been convicted of physical or sexual offences against children). Children's Social Care must be informed if anyone who is a 'Risk to Children' (Schedule 1 offender) has been or could return to live with a child or any children upon discharge from hospital, after discussion with the MDT.
- 2.6 Staff should do all that they can to facilitate children and contact with patients and offer privacy with in which that can happen. Visiting information should be explained in a way that children can understand. A friendly environment should be provided, away from the ward for children and young people where possible and the environment allows.
- 2.7 The underlying principle is that visits from children must take place in private designated area and not in the open wards. The patients named nurse is responsible for facilitating the visits. In the absence of the named nurse, the nurse in charge must take responsibility. When nursing staff are facilitating a visit they can request additional advice or support from Service Managers or the Safeguarding Team.

3.0 PROCESS

- 3.1 When a detained patient is admitted to hospital as part of the admission assessment by the Approved Mental Health Professional they should record arrangements for any children who may visit the patient. The outcome should then be documented within the care plan and medical notes. This should include the age of the child and the nature of their existing relationship with the patient.
- 3.2 Information must always be sought about any involved children as part of the admission procedure. Persons admitted under the Mental Health Act 1983, information about any children involved will be collated as part of the AMHP's assessment. This information should be included in the CPA documentation making reference to the full names of the children and their date of birth.
- 3.3 The initial Mental Health Act assessment or general admission procedure should identify whether the visiting children's families are working with or known to children's Social Care. If this is the case, verbal and written opinion must be sought from the named social worker. Information provided by Local Authority Children's Social Care will be used to aid the decision making by the Multi-disciplinary team. The decision to enable the child to visit must be a joint decision by the multi-disciplinary team and children's social work to ensure it is in both the adults and child's best interest.
- 3.4 If there has been no contact with the child/family and Children's Social Care, a decision will be made by the multi- disciplinary team with input from the patient regarding the clinical issues, the patient's inclination for such a visit and the management of risk. Additional support and advice can be sought from Service Managers or the Safeguarding Team.
- 3.5 If there is no legal and competent parent or guardian available to consult with, then the multi-disciplinary team may decide to make a referral to Children's Social Care to appoint a representative for the child if required. Additional advice can be obtained from Service Manager or the Safeguarding Team

- 3.6 Following admission, the multi-disciplinary team will ensure that appropriate consultation has taken place; consideration should be given to all implications of visiting. Multi-disciplinary team will formulate a visiting care plan in partnership with the patient, the child's parent or current carer, Local Authority Children's Social Care (if they are involved or where there are relevant matters which require their assessment) and any other relevant advocate of the child. This information will be documented in the care plan and nursing notes.
- 3.7 The multi-disciplinary team should take into account the following when formulating a plan for children visiting:
- The patient's history and family situation.
 - Patient's current mental state.
 - The response of the child to the patient or to his/ her mental illness.
 - The wishes and feelings of the child.
 - The views of those with parental responsibility.
 - The desirability of contact between child and patient.
 - Any concerns and any risks to the child.

When deciding if a visit should take place or not, the key factor should be in the best interest of the child, and the patient

- 3.8 The multi-disciplinary team is ultimately responsible for deciding whether it is appropriate for any child to visit the patient. Staff should rely upon their knowledge of the patient, refer to the patient's current risk assessment forms and the AMHP's initial assessment report, which must be left on the ward when a patient is compulsory detained/admitted. Patients and carers should also be encouraged to provide input into the care plan process.
- 3.9 The multi-disciplinary care team should review any decision made concerning a child's visit to the patient, with particular reference to the patient's current risk, risk assessment forms and continuing assessment of the patient's condition during the patient's stay in hospital. This is particularly relevant where a patient has remained in hospital for a lengthy period of time.
- 3.10 A final decision, particularly to exclude a visitor, must not be taken without consulting:
- The patient and if appropriate the patient's advocate or other representative.
 - The proposed child visitor, if appropriate, depending upon the age and maturity of the child concerned.
 - Those with parental rights and responsibilities for the proposed child visitor. Some children may be known to Local Authority Children's Social Care, in which case it may be necessary to consult them, as well as the parents.
- 3.11 The issue of contact with any children should always be included in the patient's CPA. On allocation of a Care Co-ordinator, a CPA meeting should be arranged. It should be clearly documented within the CPA details of the identity, age and current guardianship of any relevant children, any relevant child protection issues, any concerns about contact, how contact will be maintained and if there are any special conditions relating to contact, along with the statutory requirements of the CPA care plan.

4.0 MANAGING VISITS FROM CHILDREN

4.1 Children under the age of sixteen years old must be accompanied and remain with an adult, preferably their parent, or someone with parental responsibility.

Prior to any visit by a child, the detailed arrangements will be recorded in the patient's care plan and medical notes. These will include details of:

- The identity of the child who is to visit, their date of birth and their relationship to the patient.
- Who will be accompanying the child and their relationship to the patient.
- Contact details for the person bringing the child.
- Where the visit will take place.
- The time and duration of the visit.
- The level of supervision required by nursing staff.

4.2 Where the hospital layout permits, local service managers must make available at least one room that can be booked in advance and reserved for children visiting patients. Where possible, the room must provide an environment that is: suitable for children; is outside of the main ward/clinical areas, or is accessible to child visitors without their needing to go through the main ward/clinical area.

4.3 It may not be possible for some detained patients to leave their ward, particularly if they are restricted to locked or secure areas of the hospital for legal and or clinical reasons. Where a patient may not leave their ward, visits from children must take place in a room away from the main ward area, if this is possible. The patient's named nurse, or the nurse in charge of the ward, if necessary, must select a suitable room for the visit that meets the requirements of this policy.

4.4 In some cases it may be better for arrangements to be made for visiting to be away from the hospital. In the case of a detained patient this will require due consideration of the need for section 17 leave.

4.5 Visiting arrangements must take into account the level of support and supervision required by the patient. If it is deemed appropriate by the team, the patient's named nurse, or other member of the multi-disciplinary team should be present throughout the visit, dependent on the level of risk posed. If the patient would like to be supported by a friend or advocate throughout the visit, this must be assessed as appropriate and documented on the risk assessment and care plan.

5.0 DECISIONS TO REFUSE VISITS FROM CHILDREN

5.1 Patients have a right to receive visitors whilst in hospital. The Code of Practice suggests that visitors may be excluded in the interests of the health and safety of the patient, and or the proposed visitor, and in the interests of hospital security.

- 5.2 Any decision to prevent children from visiting must be specific to an individual patient, and should only be taken in exceptional circumstances, after the team is satisfied that a safe and appropriate visit cannot be accommodated.
- 5.3 The reasons for the decision to bar a child from visiting should be recorded in the patient's medical records, with an indication as to why it was not considered appropriate for the child to attend for a visit whilst a member of the healthcare staff was present at the visit.
- 5.4 Information about visiting should be explained to children and young people in a way that they are able to understand.
- 5.5 Short term fluctuations in a patient's mental health may make it unsuitable for children to visit them at a particular time. Where this is the case, the multi-disciplinary team should risk assess on a regular basis in order to facilitate visits. The decision and the reasons should be explained to the patient and the child (where this is appropriate) or the person exercising parental responsibility for them and recorded in the patient's notes.
- 5.6 Where more serious concerns about a patient's contact with children are identified, the patient's named nurse should establish if Children's Social Care are working with the child/family. Where a risk to a specific child is confirmed, a written opinion must be obtained from Children's Social Care Services.
- 5.7 If Children's Social Care are not involved with the child or their family, a decision to bar a visit must only be taken after consultation between the multi-disciplinary team, the patient, and appropriate relatives or carers.
- 5.8 Any decision to refuse a visit will need to be supported with clear evidence of the concerns. Reasons given should include why other options such as support / supervision on visits have been rejected as insufficient protection for the child.
- 5.9 Appropriate and sensitive supervision should be provided to a child if the decision is made to grant section 17 leave from the hospital for the purpose of a child visit. The decision should be well documented in the patient's medical notes and subject to monitoring by the appropriate member of the MDT.
- 5.10 Where it is not appropriate for a child to visit, consideration must be given to other ways of maintaining or resuming contact, for example, through letters or phone calls, with appropriate protection of privacy, if this is in the child's interests.

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