journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Public – To be published on the Trust external website

# Title: Child Visiting Policy

# Ref: CLIN-0026-v7.4

**Status: Ratified**
**Document type: Policy**

## Contents

# 1 Introduction

The Trust supports helpful and positive contact between children/ young people and their parents/carers/friends who are Trust patients. However, this must occur only if it is in the best interests of the child.

This policy aims to give all employees clear guidance as to what to do when a request for a child to visit a client is made, this includes all services (under and over 18's).

This policy is critical to the delivery of 'Our Journey To Change' and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

- This policy supports the Trust to co-create a great experience for all patients, carers and families from its diverse population by supporting service users to have meaningful contact with their family members to aid their wellbeing and recovery whilst ensuring the safety of the children. This is to ensure service users have access to the right care for them whilst exercising the choice and control of the child and their families.
- This policy supports the Trust to co-create a great experience for our colleagues by creating a workplace that is fit for purpose and instilling confidence that risk is well led and managed when child visiting arrangements are in place.
- This policy supports the Trust to co-create a great experience for our partners by working innovatively across organisational boundaries to improve services and ensuring the welfare of the child is paramount.

# 2 Why we need this policy

Paragraph 11.3 in the Code of Practice on the Mental Health Act 1983 (2015) requires all hospitals that provide psychiatric care to develop child visiting policies in consultation with the relevant Children's Services departments. The code states that: -

> *"All hospitals should have written policies and procedures concerning the arrangements for children and young people who visit patients and for patients who are children"* (Paragraph 11.3)

This document is written within the guidance of:

- The Code of Practice on the Mental Health Act 1983 (2015)
- The Children Act (1989 and 2004)
- Working Together to Safeguard Children (2023)

- The Adoption and Children Act (2002)

## 2.1 Purpose

The purpose of this policy is to ensure that:

- To support service users to have meaningful contact with their family members to support their wellbeing and recovery alongside ensuring that this is safe for the children
- To ensure that any children visiting trust sites for the purpose of visiting family members is done so safely and ensuring that the impact on the child is considered alongside the benefits to the service user.
- We provide an excellent service that is responsive to service user and carer feedback and operates within the governance framework

## 2.2 Objectives

This policy aims to:

- Give all employees clear guidance as to what to do when a request for a child to visit a client is made (this applies to those visiting children and adults)
- Give clear guidance to adults visiting children
- Minimise the risks to children who visit their parents/relatives/carers/friends as our clients, whilst maintaining a level of contact with the client which meets all involved parties' fundamental needs
- Ensure that the needs of the child are safeguarded

# 3 Scope

The policy applies to all situations where there is contact with a child visiting another person (of any age) or where an adult is visiting a child under 18 years.

## 3.1 Who this policy applies to

This policy covers:

- Children visiting both adults and children and young people in hospital.
- Adults visiting children and young people in hospital.

For child visiting within forensic services, refer to the Child Visiting Protocol – Forensic Services

## 3.2 Roles and responsibilities

| Role | Responsibility |
|---|---|
| Trust Board | • Overall responsibility for ensuring the Trust delivers high quality services that are efficient, effective and safe. |
| The Chief Executive | • Overall responsibility for the implementation of this policy across the Trust. |
| Chief Nurse | • Monitor and review the operation of the policy and procedure on behalf of the Trust Board, in consultation with the relevant Children's Services and Local Safeguarding Children Partnerships. |
| The Associate Director of Nursing (Safeguarding) | • Ensure that this policy is embedded across the Trust.<br>• Offer support and guidance to the Trust when considering child visiting areas. |
| The Medical Director and Local Service Managers & Professional Heads | • Ensure the policy is applied consistently in their area of responsibility. |
| Named Doctor Safeguarding Children<br>Associate Named Doctor Safeguarding Children | • Support the developing of this policy and its implementation across the Trust. |
| The Named Nurse Safeguarding Children | • Responsible for developing the policy to ensure the Trust meets Legal, Local and National Guidelines on Child Visiting. |
| Senior Nurse / Professional Safeguarding Children | • Provide specialist safeguarding advice to staff across the Trust to support the implementation of this policy. |
| Safeguarding Advisor | • Offer advice and support to Trust staff |
| All employees of the Trust | • To understand and implement this policy trustwide. |

# 4 Policy

The flow chart at Appendix 3 summarises the key stages and decisions which must be considered for a child's visit.

## 4.1 On receipt of a request for a visit by a child

The interests of the child/young person are paramount and must be given priority. On receipt of a request for a visit by a child, staff must use the principles within this policy to assess the appropriateness of any visit.

Visits that are not considered to be in the best interests of the child cannot be allowed, however much the patient would benefit from the visit.

Contact cannot ever be forced. In determining the child's best interests, due consideration must be given to the child's cultural background/language, gender, age and stage of development. The child/families preferred language needs to be considered to ensure that there are no barriers to communication and the child can be safeguarded if communicating in their preferred language. The responsible person accompanying the child must ensure that they are able to converse with both child and adult or have access to the relevant interpreter services.

You must first establish the desirability of contact between the child(ren) and patient/adult. Appendix 4 contains the Clinical Team Assessment – Points for Consideration to assist in determining whether or not a visit should occur.

Specific procedures and documentation are available to assist with children visiting a patient within the forensic service.

In some cases, there may be concerns about a visit going ahead. You may need to check whether any specific orders or protection plans are in place, If Children's social care are involved with a child, then you need to contact them directly to discuss the visit request, if in any doubt then contact the relevant Children's Services Department and/or the safeguarding children team will clarify this. In these circumstances, consult with children's services to consider other forms of contact, such as telephone, letter, or email.

Any concerns regarding children visiting need to be discussed with the safeguarding children team. Decisions made need to be clearly documented.

Decisions not to allow visits need to be continually reassessed by the key worker in conjunction with the wider team. A decision not to allow access 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 (see Section 4.4).

## 4.2 Permission and consent

For adults the impact of Mental Health on parenting should be assessed, both in the community and as part of the admission process. Use of the PAMIC tool will aid the practitioner – Appendix 6.

For visits to under 18's there has to be consideration to welfare of the child/young person in hospital, and of those visiting the young person (if under 18 years). If the child/young person within service does not wish for the visit this needs to be respected.

On assessment identification of who has parental responsibility is essential. You must seek permission from the person/s with Parental Responsibility (as defined by the Adoption Act 2002) for a visit to take place. This applies to those visiting under 18's.

| What if..? | Action |
|---|---|
| More than one person has parental responsibility for the child | Consent is required from the person with parental responsibility with whom the child lives. |
| The child lives with someone who does not have parental responsibility (e.g., a grandparent) | Consent is still required from the person with parental responsibility.<br><br>You should contact the person with day to day care of the child either by phone or letter explaining that a request for a visit has been made and that the person with parental responsibility will be contacted. |
| The person(s) with parental responsibility do not agree to the child visiting the patient | If the child is under 16 years old, the request for the visit must be refused. In law, young people aged 16 and over are presumed to have capacity. They can consent to, or refuse in their own right.<br><br>If the child is 16 years and over and is not subject to a care order, the clinical team may still agree a visit if it is considered to be in the child's best interest. This needs to be clearly documented and reflected in the child visiting plan. **This young person still needs to be accompanied by an adult throughout the visit**. |
| The child is Looked After by the Local Authority | If a child is looked after by the Local Authority, Parental responsibility would usually be shared with the parent and the local authority. This always needs to be clarified. |

## 4.3 Arranging the visit

Child visits must be pre-arranged.

- An agreed plan must be in place on the ward prior to any visit taking place
- The decision of the team to agree or not agree visiting by the child needs to be recorded clearly in the patients' health care records, together with the reasons behind the decision made, review date should be recorded.
- Details of visiting arrangements are included in information each patient area gives to a new patient (Appendix 3).
- In some situations – such as when there is a known person who poses a risk to children (previously known as a schedule 1 offender) on the unit - it may be appropriate to arrange visiting in a venue away from the hospital. Local Children's Services may be able to advise on suitable venues for such contact.

## 4.4 Dealing with an unplanned visit

There will be occasions when a child presents their self unannounced for a visit. In these circumstances the child always needs to be accompanied by an adult.

On such occasions the nurse in charge will undertake the necessary steps, in accordance with this policy, to establish whether the visit is appropriate and therefore can be approved or not. Use of the PAMIC tool (Appendix 6) will aid decision making by considering how likely and with what severity an adult's mental ill health will impact on a child. This involves considering the nature of risk and also the protective factors for the child. This includes utilising professional judgement.

## 4.5 Managing the visit

It is the responsibility of each directorate to provide facilities to ensure visits by children and/or young people to their parents/relatives/carers/friends are as comfortable and beneficial as possible.

Visits should be within a suitable room, preferably away from the main ward, in a child safe and friendly environment, and conducted in a child safe and friendly fashion. Each unit should have access to a suitable room where visits can take place and should provide appropriate toys for the child visitor where required.

Toys should be kept to a manageable minimum so that appropriate cleaning can be undertaken. All play equipment used should be cleaned weekly or immediately if visibly contaminated, using a disinfectant wipe and allowed to air dry. Clinical staff must take

responsibility for cleaning toys, only toys with hard surfaces which can be thoroughly cleaned should be used in visiting areas. Toys must be checked weekly for damage and replaced as necessary, items must be stored in a designated cupboard or storage container that can be washed and dried thoroughly. A local cleaning schedule must be devised and kept in an accessible place.

During a visit, the child must have direct contact **only** with the patient for whom permission has been given for that child to visit.

Staff vigilance is required so that the child(ren) remain with the person they are visiting. The responsible adult for the child is responsible for their care and ensuring that they are accompanied at all times whilst on Trust property. If there are more than one child/young person accompanied by the responsible adult, then the responsible adult needs to inform a staff member that they may require support during the visit to ensure no child/children are left unaccompanied. The staff member should do everything possible to ensure that the visit can still go ahead, if this is not possible then a discussion needs to be held with an appropriate senior member of staff and the rationale clearly documented in the patient notes.

Any incident which has caused harm or introduced significant risk of harm to the child legally requires investigation through child protection procedures. The Safeguarding Children team must be informed of such an incident and a InPhase incident form completed.

All staff should be aware of the vulnerability of children and young people visiting relatives in hospital.

Visits may be terminated at any time if concerns arise about the patient's mental state and/or behaviour, or if there is perceived to be a risk to the child.

## 4.6 When a visit is not allowed

Decisions to not allow visiting will always be based on the child's best interests. It will depend on the patient's mental state, ascertaining the wishes and feelings of the child according to their developmental age and /or factors on the ward including the general level of anxiety/disturbance that could compromise the safety of the child. Every effort should be made to try to locate an alternative space to enable the visit to continue, if this is not possible then a discussion should be held with a senior member of staff and the rationale clearly documented in patient notes.

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.

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. The rationale for the decision needs to be clearly recorded in the electronic patient record.

The Trust's existing complaints procedure should be used for this purpose. The appeal decision should be based on what is in the child's best interest.

### 4.7 Exceptional circumstances

If an exceptional circumstance arises, e.g., serious illness or death, the overriding principle that any visit must be in the child's best interest must still apply. Any decision in regard to visits in exceptional circumstances must be appropriately recorded.

## 5 Definitions

| Term | Definition |
|---|---|
| Child | A young person between the ages of 0 and 18 years. |
| Parental Responsibility | As defined in the Adoption and Children Act 2002, amended from the Children Act 1989(all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property. From the 2002 Act a mother has this automatically and a father has this if his name is on the birth certificate from the 1st December 2003. |
| Risk to Children Offences (formerly known as Schedule 1 Offence) | An offence listed in Schedule 1 of the Sexual Offences Act 2003 and Schedule 1 of the Children and Young Persons Act 1933. |

## 6 Related documents

- TEWV Safeguarding Children policy
- Child Visiting Protocol Secure Inpatient Services

# 7 How this policy will be implemented

The Service Manager/ Modern Matron for the area the child is visiting is responsible for overseeing the implementation of the policy, ensuring it operates smoothly. Any concerns or occasions when it is felt it cannot be implemented should be shared and advice sought between the practitioner, their line manager and the Trust's safeguarding children team.

Wider concerns should be discussed by the Service Manager/ Modern Matron with the Chief Nurse or the Named Nurse for Safeguarding Children as appropriate.

## 7.1 Implementation action plan

- This policy will be published on the Trust's intranet and external website.
- Line managers will disseminate this policy to all Trust employees through a line management briefing.
- Information about this policy should be included in the patients' information booklet. Trust employees will be made aware of the policy on induction to the Trust; it will also be discussed within Level 1 Safeguarding Children Training.

## 7.2 Training needs analysis

| Staff/Professional Group | Type of Training | Duration | Frequency of Training |
|---|---|---|---|
| All Clinical staff | Level 1 Safeguarding Children Training. | 1 hour | Every 3 years |

# 8 How the implementation of this policy will be monitored

| Number | Auditable Standard/Key Performance Indicators | Frequency/Method/Person Responsible | Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). |
|---|---|---|---|
| 1 | Audit of the Child Visiting Policy | To be reviewed and agreed through the clinical audit and effectiveness annual audit programmes.<br>Safeguarding & Public Protection team. | Safeguarding & Public Protection Sub-Group of the Quality and Assurance Committee. |

# 9 References

Local Safeguarding Children Partnership Policies and Procedures:

- Darlington
- Durham
- North Yorkshire
- Tees-wide (for both North and South Tees)
- City of York

- Code of Practice, Mental Health Act 1983 (2015)
- The Children Act 2004
- Working Together to Safeguard Children (2023)
- The Adoption and Children Act (2002)

# 10 12Document control (external)

To be recorded on the policy register by Policy Coordinator

| | |
|---|---|
| Date of approval | 21 May 2024 |
| Next review date | 21 May 2027 |
| This document replaces | CLIN-0026-v7.2 Child Visiting Policy |
| This document was approved by | Safeguarding and Public Protection Sub-group (v7.3) |
| This document was approved | 09 May 2024 (v7.3) |
| This document was ratified by | Management Group (v7.3) |
| This document was ratified | 21 May 2024 (v7.3) |
| An equality analysis was completed on this policy on | April 2024 |
| Document type | Public |
| FOI Clause (Private documents only) | n/a |

**Change record**

| Version | Date | Amendment details | Status |
|---|---|---|---|
| 7 | 04 Nov 2020 | Full revision | Withdrawn |
| 7.1 | 25 May 2023 | Policy has been transferred to new template to reflect OJTC.<br>Section 3.2 Roles & Responsibilities has been updated to reflect the current governance structure.<br>Section 8 Monitoring – controls identified.<br>Appendix 6 – has included a link to the updated PAMIC tool.<br>Links to documents have been checked throughout and amended with the correct link. | Withdrawn |

| | | | |
|---|---|---|---|
| 7.2 | 21 Jun 2022 | Job title 'Executive Director of Nursing and Governance' updated to 'Chief Nurse' in body of policy.<br>N.B. this change requested Management Group 21 June 2023 | Withdrawn |
| 7.3 | 21 May 2024 | Full review with minor changes:<br><br>Change 1, Pg 6 Section 4.1 – changes to paragraph to be explicit about children's social care involvement and expansion on narrative around preferred language.<br>Change 2, Pg 7 Section 4.2 – second action to contact via phone or letter. Additional narrative around capacity to consent.<br>Change 3, Pg 8 Section 4.4 – needs to be accompanied by an adult and rationale around use of PAMIC tool also slight change to pronoun.<br>Change 4, Pg 8 and Pg 9 Section 4.5 – environmental factors to be considered including toys. Slight change to second paragraph 'where required'. Additional narrative paragraph 4 around staff vigilance if there is more than one child visitor.<br>Change 5, Pg 10 Section 4.6 – record rationale regarding decision in electronic records. Additional narrative at end of first paragraph around ensuring every effort is made to locate additional space for the visit to continue.<br>Change 6, Pg 12 Section 9 – Updated reference and link to Working Together to Safeguard Children (2023).<br>Change 7, Pg 20 Appendix 3 – Minor changes to child visiting flow chart.<br>Change 8, Pg 21 Appendix 4 – Minor changes to point 8.<br>Change 9, Appendix 3 – Child Visiting Flow Chart – Change to sentence 'Response by the child to the patient or the patients mental illness'. | Withdrawn |

| | | | |
|---|---|---|---|
| 7.4 | 28 August 2024 | External failed link repaired as below – formal approval process not required.<br><br>Page 12 – link to document 'working together to safeguard children 2023' updated. | Published |

## Appendix 1 - Equality Analysis Screening Form

**Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet**

| Section 1 | Scope |
|---|---|
| Name of service area/directorate/department | Safeguarding Children - Nursing and Governance |
| Title | Child Visiting Policy |
| Type | Policy |
| Geographical area covered | Trust wide |
| Aims and objectives | To ensure that all staff are aware of the Child visiting policy, highlighting the welfare of the Child. |
| Start date of Equality Analysis Screening | April 2024 |
| End date of Equality Analysis Screening | April 2024 |

| Section 2 | Impacts |
|---|---|
| Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit? | This policy benefits all services users, families, and staff. |
| Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? | • **Race** (including Gypsy and Traveller) **NO**<br>• **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO**<br>• **Sex** (Men, women and gender neutral etc.) **NO**<br>• **Gender reassignment** (Transgender and gender identity) **NO**<br>• **Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.) **NO** |

| | |
|---|---|
| | • **Age** (includes, young people, older people – people of all ages) **NO**<br>• **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO**<br>• **Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave) **NO**<br>• **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO**<br>• **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO** |
| Describe any negative impacts | Not applicable. |
| Describe any positive impacts | Age – this policy considers age highlighting the Welfare of the Child and that all decisions need to be made in the best interest of the child/young person. Clarifying wishes and feelings of the child/young person according to developmental age, taking into account Parental Responsibility and seeking permission as necessary. |

| **Section 3** | **Research and involvement** |
|---|---|
| What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.) | Refer to Section 9 References |
| Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups? | Yes |
| If you answered Yes above, describe the engagement and involvement that has taken place | Staff have been consulted at previous versions. This version only has minor corrections and clarifications. |

| | |
|---|---|
| If you answered No above, describe future plans that you may have to engage and involve people from different groups | Not applicable. |

| **Section 4** | **Training needs** |
|---|---|
| As part of this equality analysis have any training needs/service needs been identified? | No |
| Describe any training needs for Trust staff | Not applicable. |
| Describe any training needs for patients | Not applicable. |
| Describe any training needs for contractors or other outside agencies | Not applicable. |

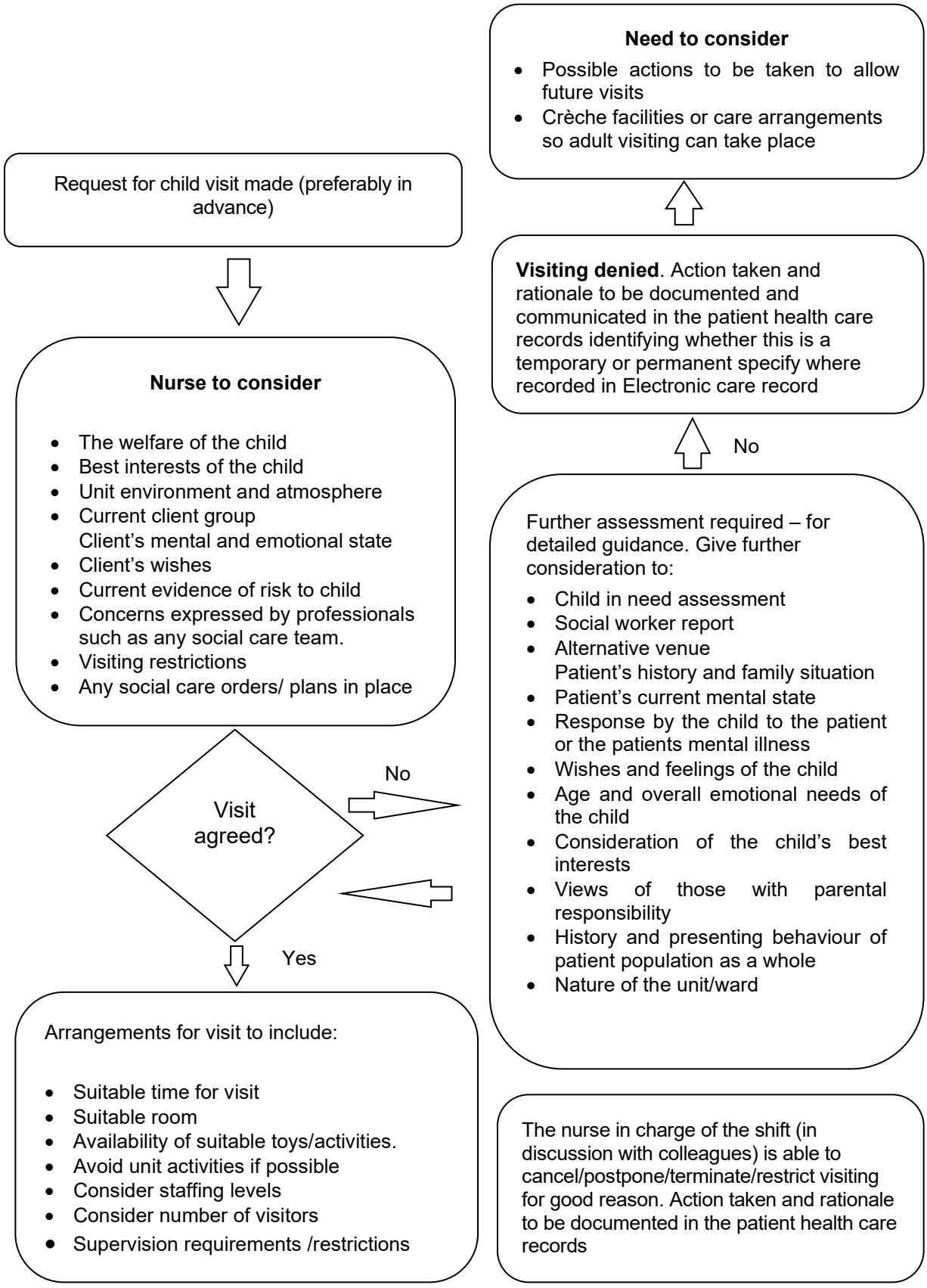
**Check the information you have provided and ensure additional evidence can be provided if asked**

## Appendix 2 – Approval checklist

| | Title of document being reviewed: | Yes / No / Not applicable | Comments |
|---|---|---|---|
| **1.** | **Title** | | |
| | Is the title clear and unambiguous? | Yes | |
| | Is it clear whether the document is a guideline, policy, protocol or standard? | Yes | |
| **2.** | **Rationale** | | |
| | Are reasons for development of the document stated? | Yes | |
| **3.** | **Development Process** | | |
| | Are people involved in the development identified? | Yes | Safeguarding Team, Safeguarding and public protection group. |
| | Has relevant expertise has been sought/used? | Yes | |
| | Is there evidence of consultation with stakeholders and users? | Yes | |
| | Have any related documents or documents that are impacted by this change been identified and updated? | Yes | |
| **4.** | **Content** | | |
| | Is the objective of the document clear? | Yes | |
| | Is the target population clear and unambiguous? | Yes | |
| | Are the intended outcomes described? | Yes | |
| | Are the statements clear and unambiguous? | Yes | |
| **5.** | **Evidence Base** | | |
| | Is the type of evidence to support the document identified explicitly? | Yes | |
| | Are key references cited? | Yes | |
| | Are supporting documents referenced? | Yes | |
| **6.** | **Training** | | |
| | Have training needs been considered? | Yes | |
| | Are training needs included in the document? | Yes | |
| **7.** | **Implementation and monitoring** | | |
| | Does the document identify how it will be implemented and monitored? | Yes | |

| | Title of document being reviewed: | Yes / No / Not applicable | Comments |
|---|---|---|---|
| **8.** | **Equality analysis** | | |
| | Has an equality analysis been completed for the document? | Yes | |
| | Have Equality and Diversity reviewed and approved the equality analysis? | Yes | |
| **9.** | **Approval** | | |
| | Does the document identify which committee/group will approve it? | Yes | |
| **10.** | **Publication** | | |
| | Has the policy been reviewed for harm? | Yes | No harm |
| | Does the document identify whether it is private or public? | Yes | Public |
| | If private, does the document identify which clause of the Freedom of Information Act 2000 applies? | Not applicable | |

## Appendix 3 – Child visiting flow chart




(A more accessible version of this flowchart is available on request)

## Appendix 4 – Procedure for children visiting

**CLINICAL TEAM ASSESSMENT - Points for consideration when assessing whether or not a visit should occur.**

1. Is the patient prohibited from receiving this child visit by virtue of court order?
2. Is the child the subject of a contact order made under the Children Act 1989, which would permit the child to visit the patient in hospital secure accommodation? (Subject only to the patient's mental state at the time of the visit).
3. Has the person with parental responsibility given their consent for the child to visit the patient? (NB: Process cannot go further if person has refused)
4. Is the child known to the local Children's Services?
5. If the local Children's Services has a statutory involvement with the child, which confers on the local authority parental responsibility, has Children's Services given consent to the visit?
6. On the basis of known information, is there a requirement to seek an assessment from local Children's Services, Health Visiting or School Nursing to determine if the visit is in the best interest of the child?
7. Does the clinical team have any other grounds for believing that the visit may not be in the best interests of the child?
8. Have children's services been consulted and a report requested?
9. If so what recommendation has Children's Services made in the best interests of the child?
10. If the child is known to Children's Services is the child subject to a child protection plan?
11. Decision of the patient's clinical team.
12. If the request has been refused, has the patient received notification of the decision and reasons both verbally and in writing?
13. Have the wishes and feelings of the child/children involved been ascertained?
14. This clinical team assessment must be recorded on the Electronic Patient Record

## Appendix 5 – Leaflet text

**Paragraph to be included in all leaflets given to patients regarding children visiting**

**Child Visiting**

This Trust supports helpful and positive contact between children/young people and their parents/carers who are Trust clients.

The trust operates a Child Visiting Policy which applies to all children up to the age of 18 years.

All visits by children must be pre-arranged with ward staff to ensure the visit can occur, and the safety of the child is ensured at all times.

A responsible adult must accompany the child when visiting.

## Appendix 6 – PAMIC Tool

You can find the PAMIC tool here:
T:\Safeguarding and Public Protection\RESOURCES\PAMIC TOOL .pdf