



Public – To be published on the Trust external website

Child Visiting Protocol Forensic Services

Ref: CLIN-0026-001-v1.4

Status: Approved

Document type: Procedure

Overarching policy: [Child Visiting Policy](#)

Contents

1	Introduction.....	3
2	Purpose	3
3	Who this procedure applies to.....	4
4	Related documents.....	4
5	Procedure.....	5
5.1	Conditions of contact.....	6
6	Definitions	7
7	How this procedure will be implemented.....	7
7.1	Training needs analysis	7
8	How the implementation of this procedure will be monitored.....	8
9	References	8
9.1	Legislation.....	8
9.2	Policies and procedures of the specific local authority the child is from	8
10	Document control (external)	9
Appendix 1 – Child Visiting CV1 Form		11
Appendix 2 – Child Visiting CV2 Form		14
Appendix 3 – Child Visiting CV3 Form		17
Appendix 4/5 – Child Visiting CV4 and CV5 Forms		20
Appendix 6 – Child Visiting CV6 Form		26
Appendix 7 – Child Visiting CV7 Form		29
Appendix 8 - Equality Analysis Screening Form		34
Appendix 9 – Approval checklist		37

1 Introduction

The Trust recognises that all staff within forensic services **must** give the highest priority to the protection and welfare of children.

Children are defined as anyone under the age of eighteen under the Children Act 1989. Children's contact with family members should be supported when that contact is in the child's best interest.

This procedure provides specific support to Secure Inpatient Services and enlarges on the guidance supplied in the overarching Trust [Child Visiting Policy](#).

This procedure 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 procedure supports the Trust to co-create a great experience for all patients, carers and families from its diverse population by ensuring outstanding and compassionate care all of the time, through provision of safe and child centred practices for child visits within Secure Inpatient Services. It also aims to ensure that patients and family can be supported to have regular contact in a safe environment as the Trust recognises the importance of the support and involvement of family in a patient's recovery journey.

This procedure supports the Trust to co-create a great experience for all colleagues, so you will be well led and managed through guidance and support in providing safe child-centred child visits within Secure Inpatient Services. The procedure aims to be fit for purpose, and to make it simple for professionals to facilitate safe contact between patients and children whilst ensuring that the child's welfare remains the highest priority. The procedure should be approached as an MDT, promoting involvement from all professionals involved in an individual's care.

This procedure supports the Trust to be a great partner, therefore we will work innovatively across organisational boundaries to improve Secure Inpatient Services with respect to maintaining family life through the provision of safe child-centred child visits where possible. This will include ensuring we have worked collaboratively with local authority organisations in facilitating safe contact with children and following safeguarding protocols.

2 Purpose

Following this procedure will help the Trust Secure Inpatient Services to:-

- Ensure that security is maintained, whilst ensuring children are protected.
- Facilitate contact between patients and carers/family members under the age of eighteen if appropriate and if this is wanted in a timely and transparent way for patients, carers and multidisciplinary teams, including partner organisations and Local Authorities.

- Ensure that the Secure Inpatient Service directorate have a procedure for arranging visits to Ridgeway and for contact remotely.

3 Who this procedure applies to



Throughout the procedure, the patient and carers/family will be supported to ensure that the child's welfare is of **paramount** importance and that contact is only supported if it is considered to be in the best interest of the child.

- Children having contact with adults within Secure Inpatient Services
- Staff in Secure Inpatient Services
- Patients within Secure Inpatient Services requesting contact with relatives under the age of eighteen.

4 Related documents

This procedure describes what you need to do to implement the [Child Visiting Policy](#) within Secure Inpatient Services. Please also refer to the [Interpreting and Translation Policy](#).

5 Procedure

Step	Who	What	How (Complete CV forms)
1	Patient	Requests contact with child(ren)	CV1
2	Multi-disciplinary team (MDT)	Consider the appropriateness of the patient having contact with the child(ren) named on the CV1 form, considering the person's <ul style="list-style-type: none"> • Offending history • Clinical history • Impact of therapeutic work/ medication and present state of mind • Discussion recorded about why in exceptional circumstances face to face contact in the community (i.e., not at approved premises or the child's home) should take place. 	CV2
3	MDT	Agrees if, given the current information, it is appropriate for the contact to take place. There must be a detailed rationale of the decision-making process of the MDT.	CV2
4	MDT	Forward the request to the Senior Social Worker of the SW Team within secure inpatient services (SIS).	CV2
5	Senior Social Worker	Allocates the request to a member of the SIS social work team.	CV2
6	SIS Social Worker	Contacts the person with parental responsibility to confirm details and inform of the process.	CV3
7	SIS Social Worker	Sends the CV3 recorded delivery	CV3
8	SIS Social Worker	Form to be returned to the social work team within 4 weeks confirming that the child has been consulted and wants contact, and person(s) with Parental Responsibility gives consent, or patient informed and letter to be sent to person with parental responsibility to inform that the process has ended.	Letter
9	SIS Social Worker	On receipt of the CV3, contact the children's social care department in which the child has lived to establish if there are any grounds for concern and consider if a safeguarding referral should be made in light of the concerns around the child.	
10	SIS Social Worker	If the child is known to Children's Social Care Services/Local Authority, send the CV4 and CV5 requesting an assessment be carried out.	CV4 and CV5
11	MDT	If the child is not known to services, or after Child Social Care Services have completed an assessment, complete and send a CV6 to the patient, person with parental responsibility and to the responsible Child Social Care Local Authority with the plan for the visits/contact. Establish in plan whether interpreter is required.	CV6
12	2 staff who are compliant with Safeguarding mandatory training	Supervision of all face to face visits within hospital grounds initially. All visits will take place in the child visiting area with no contact with other patients. Visits off-site to be pre-approved by MDT. If impact on the child changes at any point and there are concerns raised then all relevant safety and risk sections on CITO and Inphase need completing, and safeguarding documentation with identified concerns.	
13	Nominated clinician	Complete the CV7 after each visit/ contact and after discussion with the person who had contact (agreement to be reached by MDT to allocate tasks).	CV7

14	SIS Social Worker	There will be regular reviews of the visits/contact at least on a six-monthly basis and relevant documentation updated.	Care plan/recovery
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5.1 Conditions of contact



The Child(ren) will only be permitted to visit or have contact either face to face, remotely or via telephone with patients from secure services if the correct processes above have been carried out.

- As a service we use a personalised approach to contact and where possible and appropriate promote face to face contact between patients and their families, and take into account the child's views and least restrictive options.
- Where possible and appropriate, the patient and family members are consulted and are part of the decision-making process with regards to any restrictions that need to be made.
- Children defined as anyone under the age of 18, are not allowed to visit the secure perimeter at any time for any reason. The child visiting procedure process must be used for all inpatient visits or contact.
- Appropriate safeguarding referrals should always be considered as well as if an interpreter is required. If the child and person (s) with parental responsibility, and/or the patient are requesting an interpreter to aid communication, then staff should arrange to book an interpreter to assist with the child contact as part of the agreed plan. People who speak a different language including people who use British Sign Language may require this and even if not requested, staff should assess the need before the initial contact takes place. If during a visit an interpreter is not present and the patient communicates with the child in their first language (if not English), the visit may need to end unless this stops. Staff need to be able to safeguard and have an awareness of what is being said. A safeguarding referral will be made if this situation occurs and follow up with the local authority.
- Visitors are to provide ID prior to the face-to-face contact taking place.
- Any visitor who presents at the forensic directorate reception will be asked for identification if they appear to be under the age of eighteen. The contact will not go ahead if there is doubt about their age or ID provided.
- Each contact must be arranged in advance by contact with the relevant ward.
- The family room/child visiting area will be checked prior to visits taking place at the hospital to ensure that they are safe and secure for both the patient and visitors.
- Any child under the age of 18 needs to have a responsible adult with them. If the child requires the toilet whilst on a visit to the hospital, the family member/ responsible adult must escort and supervise directly.

- A visit in person, or contact by telephone or remotely must be terminated immediately where supervising staff have concerns about the welfare of the child. The nurse in charge must be informed and the family member/responsible adult supporting the child and patient at the time to be informed about why this decision has been taken and follow this up in writing with a copy sent to the person with parental responsibility. An incident log will be completed, safety/risk plan updated and the patient and the child's Local Authority social care service informed on the next working day, along with the Trust safeguarding team. Inpatient social work team or staff member that reported the incident/concerns to follow up with local authority safeguarding team within 2 days to ensure the child/children concerned are receiving ongoing support.
- A review of the CV7 must be completed after each and every contact and saved on the trust electronic care record and members of the MDT notified.
- Contact will be agreed by MDT members within one working day where possible to ascertain the views of the child and person with parental responsibility regarding the visit as part of the completion of the CV7.

6 Definitions

Term	Definition
CVP	<ul style="list-style-type: none"> • Child Visiting Policy
MDT	<ul style="list-style-type: none"> • Multi-disciplinary team
SIS	<ul style="list-style-type: none"> • Secure Inpatient Services
RPH	<ul style="list-style-type: none"> • Roseberry Park Hospital

7 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all trust SIS employees through a line management briefing.
- The Senior Social Worker will develop and review the line management briefing each year.
- To be discussed in supervision and MDT meetings regularly.

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
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All staff SIS	Sent link on following induction	N/A	N/A
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8 How the implementation of this procedure 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 - Information from checklist to be completed for each CVP request per family	Frequency = To be reported quarterly to SIS Clinical Network meeting by SIS Senior Social Worker	SIS Clinical Network meeting and Social Work Leadership meeting with action plan – these actions will be added to the Social Work Leadership Action Log

9 References

9.1 Legislation

Children Act [Children Act 1989 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1989/41)

Human Rights Act – article 8 Family Life [Human Rights Act 1998 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1998/42)

Social Work England – Professional Standards [Professional standards - Social Work England](https://www.socialworkengland.org.uk/professional-standards)

9.2 Policies and procedures of the specific local authority the child is from



SIS patients and their family members may come from several different council areas. The SIS staff member should refer to the appropriate policies and procedures of the specific local authority the child is from for guidance in following this Child Visiting procedure, however please refer to Local Safeguarding Children Partnership Policies and Procedures.

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	13 November 2024
Next review date	13 November 2027
This document replaces	Child Visiting Procedure – Secure Inpatient Service CLIN-0026-001-v1.3
This document was approved by	Ridgeway Service Improvement and Delivery Group
This document was approved	13 November 2024
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	25 October 2024
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
v1.3	10 Aug 2023	Full revision with clarifications to the process, includes respect for different types of families, transferred to new template, added to evidence base cited in reference section.,	Withdrawn

v1.4	13 Nov 2024	<p>Full revision with following changes:</p> <ul style="list-style-type: none"> • Service user changed to 'patient' • Paris to 'CITO' and Inphase added • Clarifying that child contact also includes telephone/video calls as this has been unclear to staff since we updated the procedure last year. • Page 5 step 2 – recorded • Page 14, in appendix 2 – references 'paris' • Page 30, appendix 7 – references 'care record' • Added in suggested amendments/additions from E&D 	Approved
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Appendix 1 – Child Visiting CV1 Form

CV1 form should be completed with support if the patient wishes to request for direct contact between themselves and a child or young person under the age of eighteen, either remotely or in person. This includes by telephone or video call. The patient should be a parent or relative of the child.

(Form starts over the page)

Secure Inpatient Services
Roseberry Park
Marton Road
Middlesbrough
TS4 3AF

Tel: 01642 837634

Secure Inpatient Services
Child Visiting Protocol MDT discussion CV1

Request for contact with child *(individual form to be completed for each child)*

This form should be completed with support if you wish to request for direct contact between yourself and a child or young person either remotely or in person and are:-

- *a parent or relative of the child*

Parent means the mother/parent or father/parent, the adoptive mother/parent or father/parent, or the step-parent of the child

Relative means a grandparent, parent, brother, sister, uncle or aunt or cousin related to the child by blood, marriage, relationship or adoption

Name of patient making request

Signature of patient.....

Date of request made

Name of the child:

Your relationship with the child:

Do you have parental responsibility for the child?

Names and addresses of others with parental responsibility:

.....

.....

Are you aware of any contact with children's services: Y ☐ N? ☐

What is the first language of the family?

Is an interpreter required for the child? (This should be approached on an individualised basis and risk history will be considered by the MDT in deciding whether an interpreter is necessary. Contact should take place in the least restrictive way, however should be regularly supervised and reviewed to ensure safeguards are in place.)

Name of person receiving form:.....

Professional role:

Date form received:.....

Proposed date of MDT discussion:

Appendix 2 – Child Visiting CV2 Form

CV2 form should be completed by the staff member receiving the CV1 form/initial request and is designed to allow staff completing the form to gather more information, to record consultation with safeguarding in the Trust if applicable, and to bring the CV1 and CV2 form to an MDT meeting for discussion to decide around whether contact is in the child's best interest. It allows for recording the details of the decision-making process and rationale as to whether the procedure should continue to the next stage, or whether contact is not appropriate/safe. If deemed safe for child contact to be explored, the CV2 should be sent to the SIS social worker for the patient, or to the SIS Senior Social Worker.

(Form starts over the page)

Secure Inpatient Services
Roseberry Park
Marton Road
Middlesbrough
TS4 3AF

Tel: 01642 837634

Secure Inpatient Services
Child Visiting Protocol MDT discussion CV2

Date of discussion:.....

Patients name:

DOB:.....

Patient ID:

Ward:

Consultant Psychiatrist:.....

Date of admission:

Legal order:.....

What is the relationship to the child?

Is it appropriate for contact to take place, considering the person's offending history, clinical history, impact of therapeutic work/medications and present state of mind?

Frequency of visits and duration requested?

.....

.....

.....

Name of safeguarding nurse involved in discussion (if applicable) and date this took place:

.....

Other relevant information:

.....

Conclusion/decision

The child's interest must remain paramount and take precedence over the interests of the adults involved when decisions are made about whether contact either remotely, telephone or visits are appropriate.

NB Detailed recording of decision-making process by MDT

Who will be taking the process forward?

What information is to be shared with those with parental responsibility?

Signatures of those making the decision:

Professionals Date:

Professionals Date:

Professionals Date:

Professionals Date:

Appendix 3 – Child Visiting CV3 Form

CV3 form should be sent by the SIS social worker to the parent or relative of the child to gain the consent of those with parental responsibility for direct contact between children and the patient, on the inpatient secure ward or remotely, or by telephone or video call. It also requires the parent or relative to complete the form and return it by post, and by doing so they consent to contact being made with the local authority safeguarding team to gather and share information, to assessment from local authority Children's Services if appropriate, and also consent to complying with security measures (e.g. the prohibited items list). The social worker should also leave their contact number on the CV3 to enable the parent or relative to contact them if they need help with completing the form.

The CV3 should be sent by recorded delivery by the social worker leading with the process to uphold confidentiality and security, and alongside a cover letter and a pre-paid envelope enclosed if possible to make the returning of the form easier.

Parents or relatives have a four week window from receiving the CV3 to return it, otherwise the procedure will come to an end. The social worker should send a letter to the parent or relative to inform them that the process has ended if the form is not returned.

(Form starts over the page)

Social Workers name
Secure Inpatient Services
Roseberry Park
Marton Road
Middlesbrough
TS4 3AF

Tel: 01642 837634

Secure Inpatient Services Child Visiting Protocol Form to be sent to person with parental responsibility CV3

Consent of those with parental responsibility for direct contact between children (under eighteen years of age) and patient on the inpatient secure ward

By completing this form, you are consenting to all three aspects:

1. The visit or contact by telephone or remotely taking place
2. Contact being made with social care services (CSC) re: previous/ current involvement
3. Information sharing with Children's Social Care service/ Local Authority and request for assessment if appropriate to ensure the best interests of the child
4. Adhere to contraband/ prohibited list when visiting a ward

Child's name:

DOB:

Address:

Relationship to patient:

Name of those with parental responsibility

Name of those with parental responsibility

Name of person accompanying the child on the visit (contact parent, relative, foster carer or employee of children's social care service):

Please ensure that this document is returned within 4-weeks in order for the next stage to be completed or the process will end.

Please contact [social workers name] on [telephone number] for support to complete this document.

Any information to be shared about the request for contact, questions or concerns?

Declaration

I confirm that I am the mother/father/parent/ person with parental responsibility for the above-named child or young person under 18 years of age.

Signed Name

I understand that contact will be made with the Local Authority Children's Service in connection to an application for the above-named patient to have direct contact with the named child.

Signed Name

Date:

Appendix 4/5 – Child Visiting CV4 and CV5 Forms

CV4 and CV5 forms are completed if consent has been gained during the CV3 process for the social worker to contact Children's Social Care Services/Local Authority and if it is established that the child is known. If there are safeguarding concerns or if there is an allocated social worker from the local authority, then the SIS social worker should send the local authority social care team or allocated professional the CV4 and CV5 requesting an assessment be carried out.

(Form starts over the page)

Social Workers name
Secure Inpatient Services
Roseberry Park
Marton Road
Middlesbrough
TS4 3AF

Tel: 01642 837634

Secure Inpatient Services
Child Visiting Protocol Letter to Children's Social Care (CSC) service/ Local Authority (LA) department CV4

Dear

The revised Mental Health Act Code of Practice January 2015 chapter 11 (implemented April 2015) gives guidance on the visiting of psychiatric patients by children and states that hospitals should have written policies on the arrangements about the visiting of patients by children which should be drawn up in consultation with Children's Social Care Services.

This is a request for a children's social care assessment on the child below.

Child's name		DOB	
Is this child known or previously been known to children's social care service?			
Name of involved social worker		Contact details	

The Children's Social Care/ Local Authority service assessment must establish, within one month:

- The child's legal relationship to the named patient.
- The quality of the relationship currently and prior to hospitalisation.
- Whether there has been past, alleged or confirmed abuse of the child by the patient.
- Future risks of Significant Harm if the visit took place.
- The child's view of a visit, considering age and understanding.

- The view of those with Parental Responsibility and those with day-to-day care for the child.
- Background information in respect of the family.
- The frequency of contact that would, if at all, be appropriate.
- Whether the visit or contact remotely or telephone would be in the child's best interests.
- Views of other professionals who may have contact with the child.
- Details as to who will accompany the child and the nature and quality of their relationship with the child.

To assist CSC to make an informed decision the consent form from the person with parental responsibility and the Inpatient multidisciplinary discussion (CV 5) is attached.

Secure Inpatient Services

Information regarding the request by patient to have contact with a child
Child Visiting Policy Protocol CV5

Patient's name:

Patient current address:

Relationship to child:

Name of child with whom SU is requesting contact:

Date of birth:

Home address:

Name of those with parental responsibility:

Within family home

Type of contact proposed	Y	N
Remotely/ telephone - supervised		
Remotely/ telephone - not supervised		
Within Ridgeway – Always supervised		
Within family home supervised		
Within family home not supervised		

Summary of Forensic MDT discussion re risk with specific reference to risk to child and/ or child's carer (guardian)

What are MDT concerns?

Summary of risk posed by adult including risk analysis

Summary of Secure Inpatient Service MDT discussion re protective factors

Work undertaken during treatment

Level of engagement

Other relevant information

Signed

Name.....

Job Role

Organisation

Date

Appendix 6 – Child Visiting CV6 Form

CV6 form is completed by the SIS Social Worker if the child is not known to services, or after Child Social Care Services have completed an assessment and determined that contact is in the child's best interest and is safe.

The SIS Social Worker should complete and send a CV6 to the patient, person with parental responsibility and to the responsible Local Authority children's social worker outlining the plan for the visits/contact and stipulating the conditions and date contact will be next reviewed.

(Form starts over the page)

Secure Inpatient Service
Roseberry Park
Marton Road
Middlesbrough
TS4 3AF

Tel: 01642 837634

Secure Inpatient Service
Child Visiting Protocol Multidisciplinary Team plan CV6

Dear

It has been agreed that the contact between

..... (name of child)

And

..... (name of patient)

Will take place with (name of person of parental responsibility or representative).

The visits or contact either by telephone or remotely will take place on:

With staff escort (if relevant) at

.....(place agreed for contact to take place).

Any other discussions e.g., arrangements/ place of visit/ reason visit may be cancelled

These will be reviewed on

Signed Name.....

Profession..... Date

Signed Name.....

Profession..... Date

Signed Name.....

Appendix 7 – Child Visiting CV7 Form

CV7 form should be completed after each visit/contact has taken place, and after discussion with the person who had contact. There should be an agreement reached by MDT to allocate tasks related to this form, however ideally, this should be completed by the staff members who have supervised the contact as they will have observed interactions between the patient and the child, as well as with the parents/relatives, and should be identifying and highlighting any positive and negative communication or concerns.

(Form starts over the page)

Secure Inpatient Service
Roseberry Park
Marton Road
Middlesbrough
TS4 3AF

Tel: 01642 837634

Secure Inpatient Service
Child Visiting Protocol Review of Visit or contact CV7

Contact between

..... (name of child)

And

..... (name of patient)

took place with (name of person of parental
responsibility or representative in attendance if relevant).

The visit or contact either via telephone or remotely took place on:

With staff escort at

.....(place agreed for contact to take place if relevant).

Any other discussions e.g., arrangements/ place of visit/ reasons visit may be cancelled

Feedback from visit from supporting staff

E.g., *Interactions, environment, actual or potential risks, compliance with child visit agreement, positive comments*

Review with patient when returned to the ward

E.g., what went well, identified needs for future visits

Date child visiting agreement added to the patient treatment plan/CITO

.....

Feedback from visit by person with parental responsibility and name of person who recorded this on CITO

E.g., *Interactions, environment, actual or potential risks, compliance with child visit agreement, positive comments*

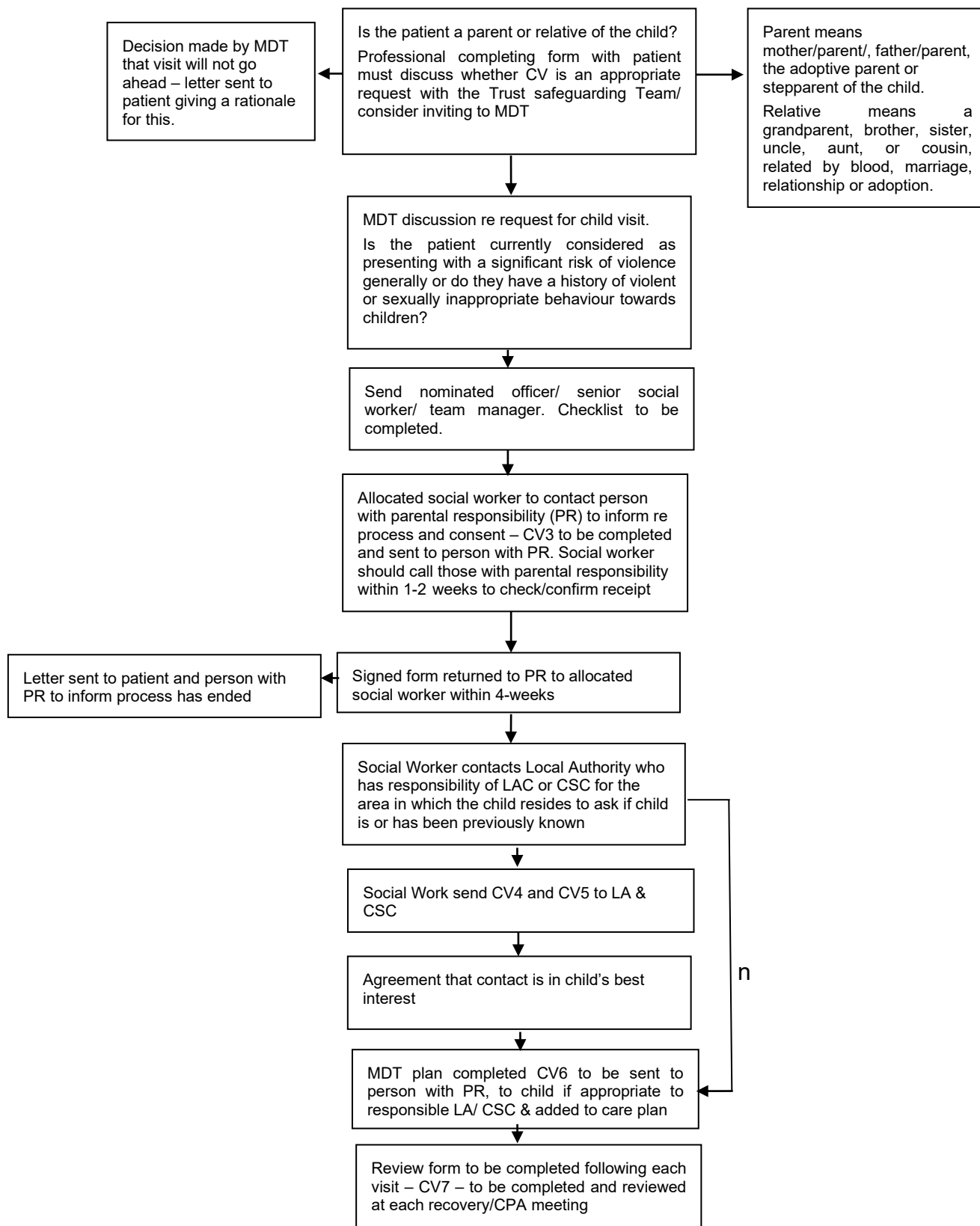
Signed Name.....

Profession..... Date

Signed Name.....

Profession..... Date

Flowchart



Appendix 8 - 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	Secure inpatient services
Title	Child Visiting Protocol Forensic Services
Type	Procedure
Geographical area covered	Trustwide
Aims and objectives	<ul style="list-style-type: none"> • Ensure that children remain central to the process of decision making re contact with patients within Secure Inpatient Services • Facilitate contact between patients and carers/family members under the age of eighteen if appropriate in a timely and transparent way for patients, carers and multidisciplinary teams, including partner organisations and Local Authorities. • Ensure that the Secure Inpatient Service directorate have a procedure for arranging visits to Ridgeway and for contact remotely.
Start date of Equality Analysis Screening	15 th October 2024
End date of Equality Analysis Screening	25 th October 2024

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Families, Patients, Staff

Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	n/a
Describe any positive impacts	Supports Human Rights Act 1998– Article 8 Right to a Family life by supporting appropriate contact between a Child visiting of family member(s) and patients within Secure Inpatient Services. Also giving the child a choice as to whether they want contact.

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.)	See references section
Have you engaged or consulted with patients, 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	Social Workers Team has involved the United Voices group (composed professional and patients) to review this updated procedure to reflect the needs of patients.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	n/a

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	n/a
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

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

Appendix 9 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

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

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Y	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	AH, 25/10/24
9.	Approval		
	Does the document identify which committee/group will approve it?	Y	
10.	Publication		
	Has the document been reviewed for harm?	Y	No harm
	Does the document identify whether it is private or public?	Y	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	