



Aneurin Bevan University Health Board

Mental Health and Learning Disability Division

Children Visiting Inpatient Settings Policy

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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1. Background

There is a requirement for Aneurin University Health Board to have in place a policy relating to children and young people visiting Mental Health and Learning Disabilities Inpatient settings.

It is recognised that for children and young people maintaining contact with relatives, friends and community networks is equally as important as it is for adults.

It is an important element in a patient's care treatment and recovery.

The child's right in relation to private and family life should be protected.

The Mental Health Act 1983 Code of Practice for Wales states:

"Article 8 of the European Convention on Human Rights (ECHR) protects the right to a family life and patients should usually be able to see all their visitors in private. The United Nations Convention on the Rights of the child (UNCRC) serves to protect a child's rights to protection and development. Due consideration should be paid to these conventions when considering the visiting of patients." (11.5)

Preventing a visit by anyone the patient has asked to visit and/or agreed to see should be regarded as an interference with the patient's rights. There are circumstances where hospital managers may restrict visitors, refuse them entry, or require them to leave and this should be recorded in the individual's care and treatment plan. These instances should be exceptional. (11.6)

Staff working in Inpatient settings must follow 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 the child and for maintaining the privacy and dignity of other patients on the ward.

2. Policy Statement

Aneurin Bevan University Health Board is committed to ensuring that the welfare and safety of children and young people visiting within a Mental Health or

Learning Disabilities Inpatient setting is protected whilst also ensuring that family relationships are maintained and promoted.

3. Aims

This policy aims to outline the standards and practice expectations for when children and young people visit Inpatient settings. It aims to set out clear standards for the process that can be audited in order to evaluate service effectiveness and inform service improvement.

4. Objectives

The objective of this policy is to ensure that when the principles and processes outlined in this document are implemented effectively there will be safe and effective procedures in place that will meet the needs of the family unit and the needs of the patient as well as service delivery criteria.

5. Scope

This policy applies to all staff working within Mental Health and Learning Disabilities Division.

It applies to all children and young people under the age of 18 years visiting inpatient areas in Mental Health and Learning Disability settings.

It applies to all patients in inpatient settings whether informal or detained under the Mental Health Act who are likely to want to receive visits from children or young people.

6. Roles and Responsibilities

All employees of Aneurin Bevan University Health Board (ABUHB) have a statutory responsibility to safeguard children, young people and adults at risk of harm. The organisational principle philosophy is that safeguarding is everybody's business and that all the staff will respond and act to raise safeguarding awareness and address any such issue.

Lead nurses, senior nurses and Ward Managers are responsible for ensuring that all staff are aware of the policy, understand its requirements and support its implementation.

Ward Managers and Senior Nurses are responsible for ensuring effective implementation of the policy and escalating any issues regarding its implementation and ongoing use. Ward Managers are responsible for implementing the monitoring procedures outlined in this policy

7 (a) Assessment and Care and Treatment Planning.

Safe and effective decision-making requires robust information gathering during the assessment process, which should then be accurately reflected in the Care and Treatment Plan. The information should be regularly reviewed for accuracy.

In practice terms, assessment of risk is an aid rather than a substitute for decision making about what outcomes need to be achieved, and assessments should be considered, along with the entirety of the assessment information, to be translated into a formulation of any risks, and subsequent management of those risks. All care and treatment planning processes should take into account risk management arrangements. MHM COP (2.20)

The safeguarding children NHS network has published safeguarding children's standards for Adult Mental Health.

Standard 1: Routinely record/confirm whether the adult being assessed is a parent or has a significant caring role for a child. To meet this standard:

- On admission if a patient has lived with or lives with children a basic set of data of those children, i.e. names and dates of births will be sort and recorded on the Health Boards secondary care assessment tool.

This standard will be subject to audit.

Standard 2: Establish and record details of the children, the parenting arrangements and what agencies are currently involved. To meet this standard:

- On admission these details to be recorded on the Health Board's secondary care assessment tool.
- All inpatients will have a current and robust risk assessment which will identify any specific risk factors regarding the safeguarding of children and young people. It is important that any risks (including neglect or acts of omission) towards children or vulnerable persons are identified and acted upon appropriately and in accordance with safeguarding children or vulnerable adult's procedure.

This standard will be subject to audit.

Standard 5: Professionals working within mental health services must ensure that their care planning includes explicit details about issues and interventions required to help their client and their parenting role. Consideration must be given to the adult's role as a parent and the impact of their mental ill health on their parenting capacity and subsequently on their children. This should also consider the wishes and feelings of the child regarding the parent's illness. To meet this standard:

- Managers should have a local policy on the circumstances in which visits to patients may be appropriate or restricted and this information should be available in accessible format to all patients and their visitors.
Such policies should be risk-based and not impose blanket restrictions, e.g. no visitors for the first four weeks after admission.
- If a patient, wishes to have children who are close family members to visit them the multi-disciplinary team will discuss if it is appropriate for this visit to take place. The general principle in supporting a visit should be to place the child's welfare at the heart of decision making whilst taking into account the needs of the patient and relatives. Decisions made should be explicit in the care and treatment plan and this should be reviewed frequently. When devising a visiting plan this must be discussed and agreed with the carers of the child, incorporating expectation in relation to supervision of the child,

This standard will be subject to audit.

Some factors to consider when care planning for a child to visit could include:

- Consideration of the child's best interest.
- The wishes and feelings of the child.
- The developmental age and emotional needs of the child
- The response by the child to the patient's illness.
- The patient's wishes and needs.
- The patient's history and family situation.
- The patient's current mental state.
- The views of those with parental responsibility.
- The length of time the patient is likely to be on the unit.
- The nature of the service and the population as a whole.
- Availability of a suitable environment.
- Supervision requirements whilst on the unit.

7 (b) Preparation for the visit

When it has been decided that the visit is in the child's best interests the visit must be supported by the staff to ensure that it is facilitated in a considered manner. Staff working within all inpatient areas 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.

In planning and preparing for visits by children to parents, relatives or carers, health professionals must consider the needs of the child and should make appropriate and safe arrangements for them to visit, including appropriate facilities. This will include a designated place where children can visit.

All inpatient areas should have a procedure on the arrangements for patients being visited by children, including the availability of suitable environments for such visits. This should outline the facilities available and any alternatives that may be required.

This standard will be subject to audit

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 remains appropriate that the children visit

and to ward staff will 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 arrangements.

Visitors seeking permission to bring children onto the ward will be asked to provide the following information:

- Age and number of children to visit
- Name of patient to be visited
- Relationship between child and patient
- Name of accompanying adult.

This information must be recorded prior to visiting being agreed and should be reviewed if changes are required, for example change of accompanying adult.

Visitors should be made aware in advance of the facilities available such as availability (or not) of drinks and snacks and a baby changing area.

Prior consent should be obtained from the nurse managing the shift for the child to visit the in-patient unit. The accompanying adult should contact the area to seek permission on the day of the proposed visit from the nurse managing the shift.

The patient's mental state and presentation should be assessed in order to determine the benefits/effect of any visits by children.

The nurse managing the shift will undertake an assessment of the environment to include the presentation of all patients in the vicinity each day to determine the appropriateness of children's visits. The Nurse will be required to take account of the following factors:

- Current patient mix
- Who the child is visiting and the impact that this may have on other in-patients

7(c) Practical Arrangements for the visit

A child should only be permitted to visit if accompanied by an adult who is responsible for supervising the child at all times. Staff will not at any point assume responsibility for supervising the child.

On arrival, the accompanying adult should be reminded by the nurse managing the shift of their responsibility to supervise the child at all times throughout the visit.

When a suitable visiting area has been identified, the accompanying adult is responsible for;

- Ensuring that visiting children do not enter any other patient areas such as bathroom and toilet areas, sleeping areas or other restricted areas.
- The accompanying adult should consult with the nurse managing the shift on this matter.
- The accompanying adult is responsible for supervising the degree of contact that the child has with other patients on the ward.
- The accompanying adult must ensure that the visiting child behaves appropriately e.g. no running around, no noisy or disruptive behaviour, to patients, staff or other visitors.

The Nurse managing the shift can suspend a visit at any time in the interest of the safety of the patient(s), child, staff, or other visitors.

In the event of any incident occurring, which involves a risk to the child, the staff should follow the Child Protection Procedure, and a Clinical Incident Form must be completed in line with the Aneurin Bevan University Health Board (ABUHB) Incident Reporting Policy & Procedure

7 (d) Decision to refuse a child's visit

As general rule children under 18 years should be allowed and encouraged to visit patients as part of normal family visiting. However, there may be occasions when visits are unsuitable due to the unwell or otherwise disturbed condition of the patient.

A visit by a child should only take place if it is in their best interest. The ward manager/nurse managing the shift may refuse to allow a child to visit if they have reason to believe it is not in the best interest of the child or patient.

A range of options may present themselves if concerns are identified. The concerns need not automatically result in a refusal of visiting. The multi-disciplinary team must obtain a balance between the management of risk of harm and the interests of the child/children and the patient.

Steps to be taken in making the decision to refuse visiting includes:

- Consulting with the patient, the child (depending on age and understanding), those with parental responsibilities or Guardianship and, if different, those with day-to-day responsibilities for the child and where relevant, the Local Authority.
- Communicate the decision to the patient. Other family members, the child and those with parental responsibility
- Staff should be mindful of the potential distress cancelling a visit at short notice could have on a child and the patient
- Review any decision and the means of communicating this to the patient and/or family
- Enable a patient and others with parental responsibilities to make representation against any decision not to visit, including access to assistance and independent advocate. This process would also include giving the patient access to the complaints procedure and ensuring that they are able to formalise their complaint if requested.

Prohibiting a visit by anyone the patient has asked to visit and/or agreed to see should be regarded as a serious interference of the patient's rights. There may be circumstances when a visitor has to be excluded, but these instances should be exceptional and occur only after other means to deal with the issue has been exhausted

Any such decision must be documented in patient's records and be supported by clear evidence of concerns. Reasons should be given why other options have been rejected (such as supervision of visits).

Decisions to refuse visits should be given verbally and confirmed in writing

The restriction of visitors to patients who lack capacity to decide whether to remain in hospital could amount to or contribute to an unlawful deprivation of liberty or a breach of the individuals human rights. It may indicate that a Deprivation of Liberty Safeguards (DOLS) authorisation or a Court of Protection order under the Deprivation of Liberty Safeguards of the Mental Capacity Act 2005 (MCA) may need to be sought, or formal admission under the Act considered. (11.26)

7 (e) Unexpected Visit by a Child

If a child visits unexpectedly, the ward manager or most senior staff available is responsible for deciding whether it is feasible, whilst they wait, to consider the available information about the child alongside the assessment of the patient's needs for treatment and care and an assessment of the current state of the patient's mental health.

The ward manager should then make the decision in consultation with other members of the Multi-disciplinary team. If it is not feasible, the visit must be refused.

8. Resources

- An appropriate area identified to facilitate a child visit.
- Information posters for family/carers (appendix 1)

9. Training

All staff working on Mental Health and Learning Disabilities inpatient areas within Aneurin University Health Board will need to be made aware of this policy and its contents and this will be facilitated by Ward Managers.

Child protection training is mandatory for all front line staff working with families. This is via an e learning tool on the Intranet and this should be updated every 3 years.

Clinical staff are accountable for highlighting any training needs during annual PADR.

Mental Health and Learning Disabilities Division Training and Development Department will be responsible for organising the required training sessions regarding safeguarding and risk assessment. These will be facilitated by an appropriately skilled Clinician. Training records will be held on ESR.

10. Implementation

The policy will be implemented with immediate effect as it represents the standards of best practice.

11. Further Information Clinical Documents

- Code of Practice to Parts 2 and 3 of the Mental Health (Wales) Measure 2010
- Mental Health Act 1983 Code of Practice for Wales
- ABUHB Safeguarding resources available on the intranet
- NHS Wales Safeguarding Network Safeguarding Children Standards for Adult Mental Health

12. Health and Care Standards Wales

The Health and Care Standards are an important driver for the implementation of National Clinical and Professional guidelines. When implemented this policy will achieve outcomes set out within all seven themes identified in the all Wales Health and Care Standards April 2015.

- Timely Care
- Staying Healthy
- Safe Care
- Effective Care
- Dignified Care
- Individual Care
- Staff and Resources
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13. Equality

This policy has undergone an equality impact assessment screening process using the toolkit designed by the NHS Centre Equality & Human Rights. Details of the screening process for this policy are available from the Quality and Patient Safety Department

14. Audit

Ward managers will be responsible for implementing an audit process. The following standards will be audited on a six monthly basis and the data and evaluation reports made available to the Quality and Patient Safety Department on request.

- All inpatient areas should have a procedure for the arrangements for children visiting.
- On admission routinely record/confirm whether the adult being assessed is a parent or has a significant caring role for a child.
- On admission. Establish and record details of the children, the parenting arrangements and what agencies are currently involved.
- If the patient's risk assessment highlights a safeguarding issue is there a child visiting plan in the care and treatment plan that reflects this?
- Are the child visiting records for the area accurate and fully completed?

15. Review

This policy will be reviewed every 3 years or sooner if there is any change in legislation or published good practice guidelines.

16. Appendices

Information poster to display in inpatient areas



Welcome to -----

Please let us know when you
would like to visit

**Children are welcome to visit
accompanied by a responsible adult.
Please speak to the Nurse in Charge for
more information about the 'Policy for
children visiting Mental Health inpatient
settings' Aneurin Bevan University
Health Board**

