

Our Ref: LW/lmw/FOI.123.23  
Date: 19<sup>th</sup> May 2023

Laurie Wrench  
Deputy Director of Governance  
North Staffordshire Combined Healthcare NHS Trust  
Lawton House  
Bellringer Road  
Trentham  
ST4 8HH

Tel 01782 275030

Dear

### **Freedom of Information Act Request**

I am writing in response to your e-mail of the 20<sup>th</sup> April 2023. Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

#### ***Requested information:***

This FOI request relates to people admitted to psychiatric inpatient wards who are parents.

By 'inpatient ward' we refer to: any ward that provides primarily psychiatric care, that has provision for overnight use, including locked and unlocked wards; including male, female, and mixed wards; including rehabilitation and forensic wards.

We do not need data relating to wards that are (or were during time period in question) exclusively delivering care to patients with dementia, or exclusively delivering care to older adults, or exclusively delivering care to children and adolescents (CAMHS).

Where possible please provide data on forensic wards separately from other types of ward.

By 'parent', we refer to any individual who has a child/children aged under 18 years (this can include step/foster/adopted/biological children). These parents need not necessarily have current caring responsibility (e.g. their child/children could be in temporary foster care).

We also include as a 'parent' any individual who has any other formal residential caring responsibility for a child aged under 18 years (e.g. where a grandparent has parental responsibility for a grandchild).

We are seeking data covering the period from 1st January 2018 to 31st December 2019 inclusive.

Please provide the following data, as far as is reasonably possible:

#### **1. Admissions Data**

a. How many individual admissions (for one night or more) were made to each psychiatric inpatient ward in the Trust. This question refers to all patient admissions, not just parents.

If possible, please provide this information disaggregated by ward, and for each ward, please indicate:

- Ward gender type (male/female/mixed)
- Mean age of patients admitted during reporting period

| WARD             | Gender Type | Admissions | Mean Age |
|------------------|-------------|------------|----------|
| PICU             | Mixed       | 34         | 37       |
| SUMMER VIEW WARD | Mixed       | 13         | 33       |
| WARD 1           | Mixed       | 377        | 37       |
| WARD 2           | Male        | 1017       | 39       |
| WARD 3           | Female      | 950        | 39       |
| WARD 5           | Mixed       | 135        | 58       |

b. How many of the patients reported under 1.a. were parents (as defined above)?

If possible, please provide this information disaggregated by ward, and for each ward, please indicate:

- Ward gender type (male/female/mixed)
- Mean age of patients admitted during reporting period

**The Parental status of our patients is not recorded in any reportable way**

## 2. Parental Status Data Collection

a. What data are routinely collected on parental status when inpatients are admitted or during their care? For example, are any of the following recorded: parenthood status, parental responsibility, children's age, involvement of statutory services, where child currently resides? Is any other related information routinely recorded?

**The Parental status of our patients is not recorded in any reportable way**

## 3. Trust/ ward policies and procedures

- Please provide copies of any internal guidelines/SOPs used by wards to manage child visits to wards.
- Please provide a copy of each inpatient ward induction / welcome pack for inpatients.
- Please provide a copy of any written information provided to carers of inpatients.
- Please provide a copy of information provided to the carers of children of inpatients while they are inpatients (e.g. foster care, grandparents).
- Please provide a copy of any information provided to child(ren) of inpatients.

**See Appendix 0 attached for requested information**

- (For the above points, please state if no such materials exist).

**3c we do not believe we had separate leaflets for grandparents / foster carers / parents**

## 4. Child visits.

a. During the reporting period, how many parents received at least one visit from their child/ren during their inpatient ward admission?

**Unfortunately, this information is not held in an easily accessible format. We believe that the cost of collating the information in order to respond to your request would**



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Chief Executive: Dr Buki Adeyemo  
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exceed the threshold of £450 as defined by the Freedom of Information and Data Protection (Appropriate limit Fees) Regulations 2004. As a result we are refusing your request under Section 12 of the Freedom of Information 2000.

b. During the reporting period, how many individual visits were made by children to inpatient psychiatric wards?

Unfortunately, this information is not held in an easily accessible format. We believe that the cost of collating the information in order to respond to your request would exceed the threshold of £450 as defined by the Freedom of Information and Data Protection (Appropriate limit Fees) Regulations 2004. As a result we are refusing your request under Section 12 of the Freedom of Information 2000.

5. Family-friendly facilities

- a. Please provide a description of any family visit room(s) on each inpatient ward (include details of fixtures and fittings).
- b. For each family room, state whether it is used solely for the purpose of family visits.
- c. Please provide a photograph of each family room (a snapshot from a phone is fine).

**See Appendix 0 for requested information**

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely



**Laurie Wrench**  
**Deputy Director of Governance**



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Chief Executive: Dr Buki Adeyemo  
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| Request  | Ward 5  | Summersview   | <b>PICU (Psychiatric Intensive Care Unit) , Wards 1,2,3</b><br>Just to note we had x3 Acute Wards during this time period and our PICU opened in October 2018  |
|--|---|---|--|
| <b>3b. Please provide copies of any internal guidelines/SOPs used by wards to manage child visits to wards.</b>  | See Appendix 1 and 2  | See Appendix 1 and 2  | See Appendix 1 and 2   |
| <b>3c. Please provide a copy of each inpatient ward induction/welcome pack for inpatients.</b>   | These are continually edited and updated previous versions for that time period are no longer available.  | These are continually edited and updated previous versions for that time period are no longer available.  | These are continually edited and updated previous versions for that time period are no longer available.   |
| <b>3d. Please provide a copy of any written information provided to carers of inpatients.</b>  | These are continually edited and updated previous versions for that time period are no longer available.  | These are continually edited and updated previous versions for that time period are no longer available.  | These are continually edited and updated previous versions for that time period are no longer available.   |
| <b>3e. Please provide a copy of information provided to the carers of children of inpatients while they are inpatients (e.g. foster carer, grandparent).</b> | These are continually edited and updated previous versions for that time period are no longer available.  | These are continually edited and updated previous versions for that time period are no longer available.  | These are continually edited and updated previous versions for that time period are no longer available.   |
| <b>3f. Please provide a copy of any information provided to child(ren) of inpatients.</b>  | These are continually edited and updated previous versions for that time period are no longer available.  | These are continually edited and updated previous versions for that time period are no longer available.  | These are continually edited and updated previous versions for that time period are no longer available.   |
| <b>5a. Please provide a description of any family visit room(s) on each inpatient ward (include details of fixtures and fittings).</b>                       | Based upon the Trust policy we provided a separate family room that was available across the Acute Wards but set just outside of the ward environment. This room has changed since 2018 / 2019 so we are unable to take a photograph. However we can confirm that the room had a small table with chairs (however many required) a window and air | Based upon the Trust policy we provided a separate family room that was available across the Acute Wards but set just outside of the ward environment. This room has changed since 2018 / 2019 so we are unable to take a photograph. However we can confirm that the room had a small table with chairs (however many required) a window and air | Based upon the Trust policy we provided a separate family room that was available across the Wards but set just outside of the ward environment. This room has changed since 2018 / 2019 so we are unable to take a photograph. However we can confirm that the room had a small table with chairs |

|  |   |   |   |
|--|---|---|---|
|  | conditioning unit, ceiling lights and a box of toys.                                    | conditioning unit, ceiling lights and a box of toys.                    | (however many required) a window and air conditioning unit, ceiling lights and a box of toys.             |
| <b>5b. For each family room, state whether it is used solely for the purpose of family visits.</b> | For the period identified the ward 5 dining room was not used solely for family visits. | This room has never been solely used for visiting.                      | The room was available for staff meetings and for spiritual sessions when family visits were not planned. |
| <b>5c. Please provide a photograph of each family room (a snapshot from a phone is fine).</b>      | No picture available of the dining room for the time period identified.                 | No picture available of the dining room for the time period identified. | No picture available of the dining room for the time period identified.                                   |

# Children Visiting Mental Health & Learning Disabilities Hospitals

## DOCUMENT INFORMATION

|                                 |                     |
|---------------------------------|---------------------|
| <b>CATEGORY:</b>                | Policy              |
| <b>THEME:</b>                   | Governance          |
| <b>DOCUMENT REFERENCE:</b>      | 4.22                |
| <b>POLICY LEAD:</b>             | Director of Nursing |
| <b>APPROVAL DATE:</b>           | 21 April 2015       |
| <b>APPROVAL BODY:</b>           | Quality Committee   |
| <b>BOARD RATIFICATION DATE:</b> | 30 April 2015       |
| <b>FINAL REVIEW DATE:</b>       | 31 October 2018     |

## **Contents**

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## **1. Policy Statement**

- 1.1 North Staffordshire Combined Healthcare NHS Trust has a statutory duty to have arrangements in place to safeguard and promote the welfare of children (Section 11 Children Act 2004).
- 1.2 North Staffordshire Combined Healthcare NHS Trust is committed to ensuring the safety, welfare and well being of any child/children who visit their premises either as patients, visitors to patients or on work experience.
- 1.3 The child's welfare is paramount and takes primacy over the interests of any and all adults. The child's welfare should be safeguarded and promoted by all staff within the organisation.

## **2. Scope**

- 2.1 This policy statement applies to all employees and volunteers of North Staffordshire Combined Healthcare NHS Trust including permanent, temporary and bank staff.

## **3. Duties**

- 3.1 All Members of Staff  
All members of staff have a duty to safeguard the welfare of children in accordance with Section 11 of Children Act 2004. All staff has a responsibility to be aware of this policy.
- 3.2 Professional Qualified Clinical Staff  
Professional qualified clinical staff has a responsibility to implement this policy to ensure that the welfare of children visiting Adult Mental Health and Learning Disabilities Hospitals is in the best interest of the child.
- 3.3 Line Managers, Senior Medical Staff, Senior Nursing Staff, Senior Managers  
It is the responsibility of senior members of staff to ensure that the policy is implemented.
- 3.4 Other Executive Directors  
It is the responsibility of the Executive Directors to ensure that this policy is enforced.

## **4 Framework**

- 4.1 Visits by children to North Staffordshire Combined Healthcare NHS Trust premises are normally welcome, although generally children are not encouraged to visit acute areas or areas where incidents of challenging behaviour are likely to occur.



#### 4.2 Outpatient Clinics

For most adult out-patient clinics it would be inappropriate for a child to attend and adults should be advised to make alternative childcare arrangements whenever possible, preferably in writing. Any child attending must be accompanied at all times by a responsible adult who should advise staff on arrival that there is a child on site so that suitable arrangements may be made for the safety of the child if necessary.

#### 4.3 Inpatient Services

The child's contact with in-patient family members should be supported provided the contact is considered to be in the best interest of the child.

In-patient areas of the Trust should identify an area which can be designated as a safe environment for visiting children. All visiting children should be accompanied by a responsible adult who should remain with them throughout the visit and accept responsibility for their wellbeing.

If the environment is deemed unsafe for a child/children to visit, there should be clear evidence of risk assessment to support the decision and guidance available to staff and relatives about alternative safe venues within the Trust, or where indicated arrangements made for supervised visiting in an environment away from the home/unit/ward.

Each in-patient area will identify a designated area appropriate for visiting children, preferably away from the main ward area. Consideration must be given to security and ease of observation. All areas in which children are seen either as patients or as family members should be child friendly environs or contain an area which is child friendly with appropriate materials.

On admission to a ward the admission process should include information to patients/relatives/friends about the arrangements for children visiting, including the need for prior notification. Written information should be included in the Area Information Booklet.

Upon arrival the child/children and accompanying adult will be shown to the designated area, by the patients named nurse where possible, nurse in charge or other nominated member of staff. Information regarding responsibility should be displayed and be available in writing to visitors as well as being verbally re-iterated.

Staff should discuss any potential hazards with the accompanying adult, and child where appropriate, and the importance of a prompt response should the visit need to be terminated abruptly.

The suitability of child visiting should be reviewed upon each admission to hospital, or, in the case of a long stay patient 6 monthly, or following any change in circumstances.

#### 4.4 Responsibility of Accompanying Adult

Before an in-patient visit, the accompanying adult will be expected to telephone the appropriate department to determine whether or not it is appropriate for children to visit.

Upon arrival they should make their presence known to staff and wait to be escorted to the designated visiting area.

The child and accompanying adult will be expected to remain in the designated area for the duration of the visit. (In the event of the patient being confined to bed an individual risk assessment must take place).

If the child moves from the designated area he/she must be accompanied by the responsible adult.

Accompanying adults will be expected to maintain responsibility for the children throughout the duration of the visit.

In the event of a serious incident on the ward the child/children's safety will be given priority and adults are expected to respond to staff requests to terminate the visit and/or leave the department.

#### 4.5 Learning Disabilities Services

It is recognised that there are no separate facilities available in Learning Disability Units/Homes. Children are not encouraged to visit acute areas or areas where incidents of challenging behaviour are likely to occur.

In response to specific requests an individual risk assessment should take place. Visiting children should never be left alone and a supervisory member of staff should be identified.

#### 4.6 When it is not appropriate for Children to Visit

Where a child is refused permission to visit due to either his/her vulnerability, a full explanation (being mindful of confidentiality) should be given.

If felt appropriate alternative arrangements should be sought for the visit to take place. Staff should be satisfied that there is adequate supervision for the safety of the child and/or patient.

If there has been no pre-planned visit, and there is no designated visiting area, the child and accompanying adult should be refused access.

Every effort will be made to ensure contact with the child is maintained where this is considered to be in the best interests of the child and patient.

If there is any concern of a child protection nature, contact should be suspended until the local Children's Social Care Service has been contacted and advice sought.

Where there are unresolved issues around contact from either staff or visitors this should be discussed, in the first instance, with the person in charge. If the situation remains unresolved then either party has the option to discuss this matter further with the ward/centre manager. Parties should also be made aware of the Trust's complaints procedure.

Any child protection or child welfare concerns should be logged via the Trust Incident Reporting system in line with the Incident Reporting Policy.

## **5. Implementation and Monitoring**

- 5.1 A copy of this policy is available on the Trust Intranet. Implementation of this policy will be audited via the Trust Safeguarding Team annual audit programme.
- 5.2 Inter-agency Child Protection Policy & Procedures are available via a link on the Safeguarding section of the Trust Intranet.
- 5.3 All members of staff are required to complete Safeguarding Children L1 training as part of the mandatory training programme.

## **6. References**

- 6.1 (HSC.1999/222:LAC(99)32) to NHS Trusts: Guidance on the Visiting of Psychiatric Patients by Children.

Royal College of Psychiatrists: Patients as Parents and Child Abuse and Neglect: the role of Mental Health Services.

Department for Education and Skills: Working Together to Safeguard Children 2010.

## **7. Associated Policy and Procedural Documentation**

- 7.1 Child Protection/Safeguarding Policy Statement, Policy Number 4.01  
Child Protection Preventing Harm, Policy Number 4.01a  
Listening Responding Improving Policy, Policy Number 4.26  
Incident Reporting Policy and Procedure Document, Policy Number 5.01

**Document level:** Policy  
**Code:** 4.22  
**Issue number:** \_\_\_\_\_

## Children Visiting Mental Health & Learning Disabilities Hospitals

|                 |   |
|-----------------|---|
| Lead executive  | Maria Nelligan, Executive Director of Nursing |
| Authors details | Amy Davidson, Head of Safeguarding            |

|                  |           |
|------------------|-----------|
| Type of document | Policy    |
| Target audience  | All Staff |
| Document purpose |           |

|                     |                                  |              |                                  |
|---------------------|----------------------------------|--------------|----------------------------------|
| Approving meeting   | Quality Committee<br>Trust Board | Meeting date | 27 September 18<br>25 October 18 |
| Implementation date | 25 <sup>th</sup> October 2018    | Review date  | 31 <sup>st</sup> October 2021    |

| Trust documents to be read in conjunction with |  |
|--|--|
| <a href="#">1</a>                              | Safeguarding Policy Statement, Policy Number 4.01                    |
| <a href="#">2</a>                              | Preventing Harm, Policy Number 4.01a                                 |
| <a href="#">3</a>                              | Incident Reporting Policy and Procedure Document, Policy Number 5.01 |

| Document change history       |                                     | Version | Date     |
|-------------------------------|-------------------------------------|---------|----------|
| What is different?            | Updated to reflect current guidance | 2       | May 2018 |
| Appendices / electronic forms | None                                |         |          |
| What is the impact of change? | Low impact- no major changes        |         |          |

|                       |   |
|-----------------------|---|
| Training requirements | All staff must complete Level 1 and 2 online learning. All professionally registered staff are required to complete level 3 training. |
|-----------------------|---|

| Document consultation |   |
|-----------------------|---|
| Directorates          | Agreed at safeguarding meeting with directorate governance leads. |
| Corporate services    |   |
| External agencies     | Agreed at safeguarding meeting with CCG representation            |

|                                 |      |
|---------------------------------|------|
| Financial resource implications | None |
|---------------------------------|------|

|                     |
|---------------------|
| External references |
|---------------------|

1. (HSC.1999/222:LAC(99)32) to NHS Trusts: Guidance on the Visiting of Psychiatric Patients by Children.
2. Royal College of Psychiatrists: Patients as Parents and Child Abuse and Neglect: the role of Mental Health Services.
3. Department for Education and Skills: Working Together to Safeguard Children 2015.

|  |  |
|--|--|
| Monitoring compliance with the processes outlined within this document |  |
|--|--|

| Equality Impact Assessment (EIA) - Initial assessment   | Yes/No | Less favourable /<br>More favourable /<br>Mixed impact |
|---|--------|--|
| Does this document affect one or more group(s) less or more favorably than another (see list)?  |        |  |
| <ul style="list-style-type: none"> <li>– <b>Age</b> (e.g. consider impact on younger people/ older people)</li> <li>– <b>Disability</b> (remember to consider physical, mental and sensory impairments)</li> <li>– <b>Sex/Gender</b> (any particular M/F gender impact; also consider impact on those responsible for childcare)</li> <li>– <b>Gender identity and gender reassignment</b> (i.e. impact on people who identify as trans, non-binary or gender fluid)</li> <li>– <b>Race / ethnicity / ethnic communities / cultural groups</b> (include those with foreign language needs, including European countries, Roma/travelling communities)</li> <li>– <b>Pregnancy and maternity, including adoption</b> (i.e. impact during pregnancy and the 12 months after; including for both heterosexual and same sex couples)</li> <li>– <b>Sexual Orientation</b> (impact on people who identify as lesbian, gay or bi – whether stated as ‘out’ or not)</li> <li>– <b>Marriage and/or Civil Partnership</b> (including heterosexual and same sex marriage)</li> <li>– <b>Religion and/or Belief</b> (includes those with religion and /or belief and those with none)</li> <li>– <b>Other equality groups?</b> (may include groups like those</li> </ul> | No     |  |
|   | No     |  |
|   | No     |  |
|   | No     |  |
|   | No     |  |
|   | No     |  |
|   | No     |  |
|   | No     |  |
|   | No     |  |

|   |     |  |
|---|-----|--|
| living in poverty, sex workers, asylum seekers, people with substance misuse issues, prison and (ex) offending population, Roma/travelling communities, and any other groups who may be disadvantaged in some way, who may or may not be part of the groups above equality groups)                        |     |  |
| If you answered yes to any of the above, please provide details below, including evidence supporting differential experience or impact.   |     |  |
| N/A   |     |  |
| If you have identified potential negative impact:   |     |  |
| <ul style="list-style-type: none"> <li>- Can this impact be avoided?</li> <li>- What alternatives are there to achieving the document without the impact?</li> </ul>  |     |  |
| Can the impact be reduced by taking different action?   |     |  |
| N/A   |     |  |
| Do any differences identified above amount to discrimination and the potential for adverse impact in this policy?   | N/A |  |
| If YES could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? Or any other reason  | N/A |  |
| Where an adverse, negative or potentially discriminatory impact on one or more equality groups has been identified above, a full EIA should be undertaken. Please refer this to the Diversity and Inclusion Lead, together with any suggestions as to the action required to avoid or reduce this impact. |     |  |
| For advice in relation to any aspect of completing the EIA assessment, please contact the Diversity and Inclusion Lead at <a href="mailto:Diversity@northstaffs.nhs.uk">Diversity@northstaffs.nhs.uk</a>  |     |  |
| Was a full impact assessment required?  | No  |  |
| What is the level of impact?  | Low |  |

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number

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## **1. Introduction /Background**

North Staffordshire Combined Healthcare NHS Trust has a statutory duty to have arrangements in place to safeguard and promote the welfare of children (Section 11 Children Act 2004).

North Staffordshire Combined Healthcare NHS Trust is committed to ensuring the safety, welfare and wellbeing of any child/children who visit their premises either as patients, visitors to patients or on work experience.

The child's welfare is paramount and takes primacy over the interests of any and all adults. The child's welfare should be safeguarded and promoted by all staff within the organisation.

This policy statement applies to all employees and volunteers of North Staffordshire Combined Healthcare NHS Trust including permanent, temporary and bank staff.

## **2. Policy Synopsis**

Visits by children to North Staffordshire Combined Healthcare NHS Trust premises are normally welcome and encouraged. This policy sets out the appropriate actions to be taken by staff in order to facilitate visits whilst safeguarding children and young people.

Children are not encouraged to visit acute areas or areas where incidents of challenging behaviour are likely to occur. A family room is available at Harplands Hospital for inpatients to receive child visitors.

If there has been no pre-planned visit, and there is no designated visiting area available, the child and accompanying adult should be refused access.

## **3. Content of Policy**

### **3.1 Inpatient Services**

The child's contact with in-patient family members should be supported provided the contact is considered to be in the best interest of the child.

In-patient areas of the Trust should identify an area which can be designated as a safe environment for visiting children. All visiting children should be accompanied by a responsible adult who should remain with them throughout the visit and accept responsibility for their wellbeing.

If the environment is deemed unsafe for a child/children to visit, there should be clear evidence of risk assessment to support the decision and guidance available to staff and relatives about alternative safe venues within the Trust, or where indicated



arrangements made for supervised visiting in an environment away from the home/unit/ward.

Each in-patient area will identify a designated area appropriate for visiting children, preferably away from the main ward area. Consideration must be given to security and ease of observation. All areas in which children are seen either as patients or as family members should be child friendly environs or contain an area which is child friendly with appropriate materials.

On admission to the ward the admission process should include information to patients/relatives/friends about the arrangements for children visiting, including the need for prior notification. Written information should be included in the Area Information Booklet.

Upon arrival the child/children and accompanying adult will be shown to the designated area, by the patients named nurse where possible, nurse in charge or other nominated member of staff. Information regarding responsibility should be displayed and be available in writing to visitors as well as being verbally re-iterated.

Staff should discuss any potential hazards with the accompanying adult, and child where appropriate, and the importance of a prompt response should the visit need to be terminated abruptly.

The suitability of child visiting should be reviewed upon each admission to hospital, and continually during the inpatient stay.

### 3.2 Responsibility of Accompanying Adult

Before an in-patient visit, the accompanying adult will be expected to telephone the appropriate department to determine whether or not it is appropriate for children to visit.

Upon arrival they should make their presence known to staff and wait to be escorted to the designated visiting area.

The child and accompanying adult will be expected to remain in the designated area for the duration of the visit. (In the event of the patient being confined to bed an individual risk assessment must take place).

If the child moves from the designated area he/she must be accompanied by the responsible adult.

Accompanying adults will be expected to maintain responsibility for the children throughout the duration of the visit.

In the event of a serious incident on the ward the child/children's safety will be given priority and adults are expected to respond to staff requests to terminate the visit and/or leave the department.

### 3.3 Learning Disabilities Services

It is recognised that there are no separate facilities available in Learning Disability Units. Children are not encouraged to visit acute areas or areas where incidents of challenging behaviour are likely to occur.

In response to specific requests an individual risk assessment should take place. Visiting children should never be left alone and a supervisory member of staff should be identified.

### 3.4 When it is not appropriate for Children to Visit

Where a child is refused permission to visit due to either his or her vulnerability, a full explanation (being mindful of confidentiality) should be given.

If felt appropriate alternative arrangements should be sought for the visit to take place. Staff should be satisfied that there is adequate supervision for the safety of the child and/or patient.

Every effort will be made to ensure contact with the child is maintained where this is considered to be in the best interests of the child and patient.

If there is any concern of a child protection nature, contact should be suspended until the local Children's Social Care Service has been contacted and advice sought.

Where there are unresolved issues around contact from either staff or visitors this should be discussed, in the first instance, with the person in charge. If the situation remains unresolved then either party has the option to discuss this matter further with the ward/centre manager. Parties should also be made aware of the Trust's complaints procedure.

Any child protection or child welfare concerns should be logged via the Trust Incident Reporting system in line with the Incident Reporting Policy.

### 3.5 Outpatient Clinics

We will ensure that service users who are parents with caring responsibilities will receive the necessary support to access the full range of mental health services including enabling service users to access information about childcare to support them to attend appointments, groups and therapy sessions.

As part of the Trusts commitment to providing recovery focused care, caring responsibilities will be discussed and care plans co-produced with service users to address any issues that may impact on a person's ability to engage in treatment.

#### **4. Duties and Responsibilities**

##### 4.1 All Members of Staff

All members of staff have a duty to safeguard the welfare of children in accordance with Section 11 of Children Act 2004. All staff has a responsibility to be aware of this policy.

##### 4.2 Professional Registered Clinical Staff

Professional registered clinical staff have a responsibility to implement this policy to ensure that the welfare of children visiting Adult Mental Health and Learning Disabilities Hospitals is in the best interest of the child.

##### 4.3 Line Managers, Senior Medical Staff, Senior Nursing Staff, Senior Managers

It is the responsibility of senior members of staff to ensure that the policy is implemented.

##### 4.4 Other Executive Directors

It is the responsibility of the Executive Directors to ensure that this policy is enforced.

#### **5. Training Needs Analysis**

Please see overleaf.

**Training Needs Analysis for the policy for the development and management of Trust wide procedural/approved documents.**

|   |   |
|---|---|
| There <b>is no</b> specific training requirements- awareness for relevant staff required, disseminated via appropriate channels<br>(Do not continue to complete this form-no formal training needs analysis required) |   |
| There <b>is</b> specific training requirements for staff groups<br>(Please complete the remainder of the form-formal training needs analysis required-link with learning and development department.                  | ✓ |

| Staff Group                                     | ✓ if appropriate | Frequency | Suggested Delivery Method<br>(traditional/ face to face / e-learning/handout) | Is this included in Trustwide learning programme for this staff group (✓ if yes) |
|---|------------------|-----------|---|--|
| Career Grade Doctor                             | ✓                |           |   |  |
| Training Grade Doctor                           | ✓                |           |   |  |
| Locum medical staff                             | ✓                |           |   |  |
| Inpatient Registered Nurse                      | ✓                |           |   |  |
| Inpatient Non-registered Nurse                  | ✓                |           |   |  |
| Community Registered Nurse                      | ✓                |           |   |  |
| Community Non Registered Nurse / Care Assistant | ✓                |           |   |  |
| Psychologist / Pharmacist                       | ✓                |           |   |  |
| Therapist                                       | ✓                |           |   |  |
| Clinical bank staff regular worker              | ✓                |           |   |  |
| Clinical bank staff infrequent worker           | ✓                |           |   |  |
| Non-clinical patient contact                    | ✓                |           |   |  |
| Non-clinical non patient contact                | ✓                |           |   |  |

Please give any additional information impacting on identified staff group training needs (if applicable)

All members of staff are required to complete Safeguarding Children Level 1 and 2 on line training as part of the mandatory training programme. For registered staff a minimum of Safeguarding Children Level 3 is required, this is provided through face to face internal training and a variety of subject specific training at Level 3 is available free of charge through the Local Safeguarding Children Boards.

Please give the source that has informed the training requirement outlined within the policy i.e. National Confidential Inquiry/NICE guidance etc.

All levels of training meet the requirements set out in Safeguarding children & young people: roles and competencies for healthcare staff intercollegiate document published by Royal College of Paediatrics and Child Health on behalf of all organisations including Royal College of Nursing and Royal College of Paediatrics. 2014.

Any other additional information

|              |              |      |            |
|--------------|--------------|------|------------|
| Completed by | Amy Davidson | Date | 09/05/2018 |
|--------------|--------------|------|------------|

