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## Version Control

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<b>2.0</b>	30/03/2009	Judith Gibson	Director of Nursing & Midwifery	30/03/2009	
<b>3.0</b>	08/10/2012	Claire Downes	Mental Health Act Committee	27/07/2012	New Policy Format 6.1 Procedures page 6 6.1 (g) and (h) added
<b>4.0</b>	25/08/2015	Simon Rowland	Mental Health Committee	24/07/2015	Mental Health Act Code of Practice. 6.3 Page 7 amended to reflect code
<b>5.0</b>	02/04/2019	Simon Rowland	Mental Health Act Compliance Group	26/03/2019	Job titles and changes to committee title.  Mental Health Act Code of Practice. 6.3 Page 7 amended to reflect requirement of the code

## Contents

	<b>Page No.</b>
1. Introduction .....	4
2. Policy Scope .....	4
3. Aim of Policy.....	4
4. Duties (Roles and Responsibilities) .....	4
5. Definitions .....	5
6. Principles of Good Practice .....	5
6.1 Procedures .....	5
6.2 Dealing with Concerns .....	6
6.3 Mental Health Act Code of Practice.....	7
7. Training .....	8
8. Equality and Diversity .....	8
9. Monitoring compliance with the policy .....	8
10. Consultation and review .....	8
11. Implementation of policy (including raising awareness).....	8
12. References.....	8
13. Associated documentation .....	9

## **Children Visiting Patients in Mental Health Facilities**

### **1 Introduction**

When a person is admitted to hospital with mental health problems, maintenance of normal family relationships is likely to be of benefit to the adult and child/children and is to be encouraged. This policy is based on good practice in ensuring the needs and interests of children, as well as adults, are taken into consideration when formulating and implementing care plans and in the provision of facilities for visiting.

There will be some cases where there are child welfare concerns which are known about prior to a patient being admitted and arrangements to manage them can be made in advance. In such circumstances, all staff should be made fully aware of what these arrangements are and should implement them consistently. The implementation and the effectiveness of the arrangements should be monitored by the ward manager.

### **2 Policy scope**

Gateshead Health NHS Foundation Trust is committed to the development of comprehensive services for people with mental health problems. The responsibilities of promoting equality and opportunity and upholding human rights unless there is a real and serious danger to public safety are recognized.

This policy applies to all children and young people visiting adults in all mental health settings whether or not the service user is detained under the Mental Health Act.

### **3 Aim of policy**

The aim of this policy is to minimise the risks to children who visit their parents/grandparents/relatives/carers/friends whilst maintaining a level of contact which meets the fundamental needs of those involved.

### **4 Duties (Roles and responsibilities)**

#### **The Trust Board**

The Trust Board is responsible for implementing a robust system of corporate governance within the organisation. This includes having a systematic process for the development, management and authorisation of policies.

#### **The Chief Executive**

The Chief Executive is ultimately responsible for ensuring effective corporate governance within the organisation and therefore supports the Trust-wide implementation of this Policy.

#### **Service Line Managers and Matrons**

The Divisional Managers and Matrons are responsible for ensuring staff are aware of and adhere to this policy.

### **Ward/Team Managers**

Are responsible for ensuring that all staff are aware of the guidance outlined in this policy, that all staff have a contact appraisal and that a personal development plan is completed.

### **All Clinical Staff**

All identified staff, having contact with or involvement in the care of the service-user, are responsible for:

- Ensuring that the principles outlined in this policy are adhered to and applied.
- Maintaining their individual competence including Risk Assessment and Risk Management and attending training as required by their roles.

## **5 Definition of terms**

**AMHP's** – Approved Mental Health Professional as defined by the Mental Health Act 2007

**Care Programme Approach** – A framework that supports and co-ordinates effective mental health care

**Children and young people** – Refers to someone between the ages of 0 and 18 years.

**Parental Responsibility** – As defined in the Adoption Act 2002.

## **6 Principles of Good Practice**

In applying the procedures relating to child visiting, it is important that the following principles of good practice are considered.

- The interests of children should be considered in the whole process of care including pre-admission assessment, admission, discharge, leave and aftercare.
- The professional practice of mental health staff involved in the assessment, treatment and care of patients should have a primary consideration to the child's needs, wishes and welfare as well as those of the patient.
- Assessment of concerns should be carried out with minimum delay.

### **6.1 Procedures**

#### Approach

In line with good practice identified within this Policy, the following procedures are to be followed:

- (a) In instances where compulsory admission is being considered, the needs of, and arrangements for, children involved with the patient should be considered by the AMHP's as an integral element within the assessment. This information should be recorded by the social worker and communicated to the hospital in the event of admission.

- (b) The AMHP's should provide the hospital with information about the views of person with parental responsibility and any other relevant agency e.g. Social Services, Children and Families team, for the children of the patient.
- (c) This information, or any similar information for informal patients, should be given to an appropriate member of the ward team who will consult with the multi-disciplinary team, taking into account the initial assessment of the patient's needs for treatment and care. Relevant details should be reflected in the formulation of the care plan. In relation to informal patients, similar information should be accessed from community staff, such as Health Visitors, School Nurses, etc.
- (d) When a visit by a child is a possibility, screening and assessment should be carried out swiftly.

In a vast majority of cases where no concerns are identified, arrangements should be made to support the patient and child and to facilitate contact.

Where there are concerns identified, or during any period during the stay, referral to the multi-disciplinary team should be made without delay. They will make a prompt assessment and decision. Consultation with child care agencies should be considered.

- (e) Ward staff should ensure visits are a positive experience. The location of visits should be considered carefully. In some instances, it may be better for arrangements to be made for visiting away from hospital. In the case of detained patients, this will require due consideration of the need for leave in accordance with the requirements of Section 17 of the Mental Health Act. Appropriate sensitive supervision should be provided where indicated.
- (f) Any after care arrangements must be consistent with the principles of the Care Programme Approach and reflect this guidance in acknowledging any continuing needs of the child as well as the adult.
- (g) During a visit, the child must have direct contact only with the service user for whom permission has been given for that child to visit. Visits may be terminated at any time if concerns arise about the service users' mental state and/or behaviour, or if there is perceived to be a risk to the child.
- (h) When there is a known offender against children on the unit, consideration should be made for visits to occur off site.

## **6.2 Dealing with Concerns**

Concerns regarding the desirability of child visiting may arise as a result of:

- the patient's history and family situation
- relationship between patient and child
- the patient's current mental state

- the response by the child to the patient and to his/her mental illness
- the wishes and feelings of the child
- the age and overall emotional needs of the child
- consideration of the child's best interests
- the view of those with parental responsibility
- the nature of the unit and the patient population as a whole

The multi-disciplinary team must aim to obtain a balance between the management of risk and the interests of patients and children. In some situations, it may be appropriate for visiting to take place with the support and supervision of hospital staff or indeed other agencies. Where concerns are identified, these need not automatically result in the refusal of visiting or other forms of contact. Before any decision to refuse visiting, the patient should be consulted regarding these concerns and where appropriate the child (depending on the age and understanding), those with parental responsibility, advocates, and where relevant, Social Services.

Decisions to refuse visits at a given time, which will only be taken in exceptional circumstances, must be supported by clearly demonstrated concerns. Reasons should be given about why it is felt that the support and/or supervision of visits were thought to be insufficient to alleviate these concerns. In instances where a decision to refuse visiting has been taken, the decision must be communicated by an appropriate member of the multi-disciplinary team to the patient, other family members, child and those with parental responsibility, in an open, constructive way. This should be confirmed in writing to the patient and include an explanation of the reasons for refusal and the timescales of when the decision will be reviewed.

Where there is any question about the decision to refuse visiting, it is important that the Multi-Disciplinary Team review the process and decision at the earliest opportunity. Specific consideration should be given as to any further action which would provide resolution to concerns. If the patient does not have an advocate, this should be encouraged at this stage.

A review of the decision and the means of communication to the patient, advocate or other persons will be undertaken by the Service Manager for all instances where visits are refused.

Where disputes cannot be resolved, a process for raising concerns and complaints is available.

Complaints are dealt with in a number of stages. Before any concerns turn into a formal complaint it is, of course, very important that the staff dealing with the patient, carer, and their family/friends seek to address any issues as they arise. It is also important that staff give reassurance at this stage to anyone raising a concern that these will be dealt with confidentially and that their/the patient's care will not be compromised as a result. Staff need to ensure they provide a record of these discussions and their resolution by recording information within Datix.

The Patient Advice and Liaison Service (PALS) can give valuable assistance at this stage to resolve concerns and queries.

The arrangements for dealing with concerns and queries are outlined in the Trust's Complaints and Concerns Policy RM21.

### **6.3 Mental Health Act Code of Practice**

- Paragraph 11.3 of the Code of Practice requires that hospitals have a written policy concerning arrangements for children and young people who visit patients
- Paragraph 14.66 which requires that the needs of the patient's family are taken into account within the process of assessing whether or not to use compulsory admission powers.
- Paragraph 37.12 of the Mental Health Act Code of Practice in which the approved social worker is required to leave an outline report at the hospital when the patient is admitted, giving reasons for admission and any practical matters about the patient's circumstances leading to the admission.
- Paragraph 11.20 of the Mental Health Act Code of Practice which discusses that there are circumstances where hospital managers may restrict visitors, refuse them entry or require them to leave. Managers should have a policy on the circumstances in which visits to patients may be restricted to which both clinical staff and patients may refer.
- Paragraph 27.14 and 27.18 which defines the objectives of the Care Programme Approach which stresses the need for a systematic approach to the assessment of needs in the provision of care throughout the whole process.

## **7 Training**

All nursing staff working within older people's mental health in-patients services will have access to Safeguarding Children and Safeguarding Adults training. Staff will also undertake a Mental Health Act Training Day every three years to maintain knowledge of the Mental Health Act and Mental Capacity Act.

Ward/Team managers and Educational Leads should ensure that a review of competencies is undertaken during contact appraisals.

## **8 Equality and diversity**

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we treat members of staff and patients reflects their individual needs and does not discriminate against individuals or groups on the grounds of any protected characteristic (Equality Act 2010). An equality analysis has been undertaken for this policy.

## 9 Monitoring compliance with the policy

Standard/process/issue	Monitoring and audit			
	Method	By	Committee	Frequency
Training	Training Records	Mental Health Act Lead Nurse	Mental Health Act Compliance Group	Annually
Incidents	Incident Statistics	Mental Health Matron	Mental Health Act Compliance Group	Annually

## 10 Consultation and review of this policy

The policy was developed using best practice guidelines, in consultation with members of the Mental Health Act Compliance Group and Mental Health Practitioners.

## 11 Implementation of policy

This policy will be implemented in accordance with policy OP27 “Policy for the development, management and authorisation of policies and procedures” and policy training will be included in the programme of training as detailed in section 7 of this policy.

## 12 References

- Adoption Act 2002
- Sexual Offences Act 2003
- Schedule 1 of the children and Young Persons Act 1933
- Identification of individuals who present a risk to children: interim guidance HMSP 2005
- The Children Act 1989
- Working Together to Safeguard Children in need and their Families DH 2006.
- Mental Health Act Code Of Practice 2015

## 13 Associated documentation

This policy should be read in conjunction with:

- RM01: Risk Management Policy
- MH29: Clinical Risk Management & Suicide Prevention Policy
- MH27: Care Programme Approach & Management.
- OP75a: Safeguarding Children Policy
- OP75d: Safeguarding Adults Policy
- RM21: Complaints and Concerns Policy