Tees Multi-agency Guidance

Supervision of Parents / Carers of Children and Young People in Hospital

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1. Introduction

1.1. The need for parents and carers to be involved in the health care of children and young people is a basic principle of the provision of effective health care within acute health care settings. Hospitalisation, even for brief periods, can be distressing for a child and separation from parent/carers may increase their anxiety throughout the course of the admission. The contribution of parents to their child's health care is seen as essential and there would be very few situations when it would be considered to be necessary for parental presence to be restricted or monitored on hospital wards.

1.2 There may be occasions, however, when the need for supervision of parents/carers to occur is necessary due to the social circumstances in which the child/young person lives and/or the risk which adults may present to both the index child and any other children in the hospital. This document is intended to provide guidance to staff from a number of agencies and assist them to increase awareness of the need for effective planning when it is identified that an adult may present a risk to a hospitalised child or other children who may be cared for within the vicinity. This should be read in conjunction with single agency policies regarding individuals who pose a risk to others.

1.3. It is acknowledged that there may be private or public law proceedings in respect of children. If there is a Court order regulating the contact that an adult can or can't have with the child/children, a copy of that order must be obtained and filed in the child's medical records.

2. Children requiring planned admission to hospital

2.1. As far as possible all planning for the admission needs to be carried out prior to the admission taking place. This includes compilation of supervision plans. There must be acceptance from all agencies that if parents/carers require supervised access to their child outside of the hospital then the same arrangements should remain during hospital admission/attendance unless there is documented reason as to why this does not need to occur.

2.2. Prior to admission a multi-agency meeting will occur to provide a forum in which information about the family and the risks which they pose can be shared. The membership of the meeting should consist of social worker, health visitor (in child under 5 years), school nurse (child over 5 years), Police officer (if applicable), hospital safeguarding team, lead consultant, ward manager from area where child is likely to receive health care, parents/carers if appropriate and any other involved professional.

2.3. The risk which the adults pose to the child and other children within the clinical area will be assessed at the multi-agency meeting and any requirement for supervision will be discussed. The decision as to whether or not it is safe for parents/carers to remain unsupervised within hospital departments should be a multi-agency one which must be agreed by the hospital staff who are accountable for ensuring that the areas in which health care for children and young people is provided within their organisation is safe.

2.4. Parents/carers should be kept informed of the supervision arrangements. The decision of the meeting will be relayed to the parents/carers by the social worker. Parents/carers may be asked to sign a working agreement in order to guarantee compliance although this is dependent on the policies of the Local Authority involved.

2.5. It is the responsibility of the social worker to ensure that they provide staff for supervision. If Children's Social Care are unable to offer supervision of a parent/carer, then it is their responsibility to identify a key individual including another family member who may be able to supervise contact between parent/carer and child. The hospital staff must be provided with the details of the person/s identified as appropriate to carry out the supervision

2.6. The Lead Consultant, medical and nursing teams will ensure that the arrangements for supervision are communicated across the health professionals providing care to the child whilst in hospital. It is recognised that decisions regarding supervised contact may be subject to change as the child protection process continues. Close liaison is required with the allocated social worker and police (as required) to ensure that any changes in the supervision plan are clearly documented and communicated to the health team, the family and the child (where appropriate). The Hospital Safeguarding Team will support staff, ensure close multi-agency working and assist in the escalation of concerns where necessary.

3. Child requiring emergency admission to hospital

3.1. It must be recognised that unplanned admissions to hospital present an unknown risk and it may take some time to establish if the child is known to services, what level of risk that parents/carers may pose to children and what supervision may be required. Clarifying these points may also be dependent upon the clinical condition of the child at the time of admission to hospital and the reason for the child's admission. For example a child who is admitted in an extremely sick condition whose clinical condition may be life threatening.

3.2. If a child is admitted with a medical condition, unrelated to any child protection concerns, and health staff become aware there are social concerns, they must liaise with Children's Social Care to establish if there are any contact arrangements in place.

3.3. If the child is 'looked after' in local authority care, with a relative or at home, consideration must be given to who holds parental responsibility, relationships between birth parents and foster carers and appropriate contact arrangements.

4. Child requiring emergency admission to hospital and where non-accidental injury/child abuse is suspected.

4.1. When non-accidental injury/child abuse is suspected, a strategy discussion needs to occur between hospital staff, police and social worker as soon as possible. One of the aims of the strategy discussion is to establish the level of risk which parents/carers may pose to the child or to others. If the child's admission is outside of normal working hours this must not prevent the strategy discussion occurring - it is reasonable for this to be via telephone. The doctor/ nurse caring for the child must ensure that this conversation is documented in the child's medical records. If it is believed that parents/carers present a high level of risk to the child and to others but that they need to be present on the ward due to the clinical condition of the child then it is the responsibility of the social worker to ensure that supervision arrangements are made for the family. If this cannot be facilitated then parents/carers may need to be refused entry to the ward.

Under no circumstances should a member of hospital staff be responsible for providing on-going supervision of parental/carer contact with a child. If Children's Social Care cannot identify an appropriate person then the parents/carer may be asked to leave.

4.2. The decision regarding the supervision of parents/carers must be documented in the child's medical records to ensure that all health staff in the hospital are clear as to the supervision arrangements for the family. The clinical team responsible for the child must ensure that the supervision plan is clearly documented and updated in liaison with Children's Social Care/Police. This will be supported by the hospital safeguarding team.

4.3. The child's social worker will ensure that any new information regarding the risk posed by parents is shared with other agencies promptly and arrangements adapted accordingly.

5. Considerations if the clinical condition of the child deteriorates.

5.1. Dependent upon the clinical condition of the child at the time of their admission to hospital a plan must be developed in case the patient deteriorates and their condition becomes critical. Contact

arrangements must be verified with Children's Social Care and the Police in line with the allocated Consultant and Clinical Team during this time and documented accordingly.

5.2. If a child / young person deteriorates unexpectedly and it has been identified that the parents / carers pose a significant risk to the child then the decision regarding access would lie with the allocated responsible Consultant leading the child's care. If a decision is made to grant the parents/carer access outside of the proposed agreement due to their child's deterioration then Children's Social Care and the Police must be contacted urgently and all decisions documented clearly within the hospital records.

5.3. Additional measures and actions may be required to be completed to ensure the safety of the child under such circumstances, such as the identification of additional clinical support for the ward / unit to ensure appropriate allocation of staff until Children's Social Care and / or the Police are able to put more appropriate measures in place. This should be agreed through the appropriate Trust management structure.

6. Supervision in Maternity Services.

6.1. Parental bonding with the new-born is expected and encouraged however there may be circumstances similar to those outlined in section 1.1., where it is deemed necessary for this contact to be supervised. Where at all possible, the need for supervision should have been identified and planned in a multi-agency meeting involving the social worker, safeguarding midwife, health visitor and police (where applicable) as part of the pre-birth assessment process.

6.2. A birth response plan will be circulated to all professionals likely to be involved in the case, which will detail supervision arrangements. It is not appropriate for midwifery staff to be identified as available to provide supervision as part of the Birth Response Plan. It is the responsibility of Children's Social Care to identify appropriate adults to provide supervision of parents following assessments. Admission to the Neonatal Unit will only be agreed if the baby requires on-going medical care/assessments. It may be appropriate for the identified Carers to come into the hospital to provide any on-going care if the Mother is unable to do so due to the supervision restrictions in place.

6.3 The Safeguarding midwives/ Senior Nurses will ensure that information is shared between the multiagency partners and other health professionals involved in the woman and baby's care.

Author Rachael McLoughlin
Named Nurse Safeguarding Children and Looked After Children
North Tees and Hartlepool NHS Foundation Trust
rachel.mcloughlin@nhs.net