

**TRUST-WIDE  
(except High Secure Services  
(Ashworth Hospital))**

**CHILDREN VISITING TRUST SITES  
POLICY**

<b>Policy Number:</b>	<b>SD22</b>
<b>Scope of this Document:</b>	<b>All Staff</b>
<b>Recommending Committee:</b>	<b>Safeguarding Strategy Group</b>
<b>Approving Committee:</b>	<b>Executive Committee</b>
<b>Date Ratified:</b>	<b>October 2015</b>
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<b>Version Number:</b>	<b>Version 2</b>
<b>Lead Executive Director:</b>	<b>Executive Director of Nursing</b>
<b>Lead Author(s):</b>	<b>Named Nurse Safeguarding Children</b>

**TRUST-WIDE  
POLICY DOCUMENT**

**Version 2  
October 2015**

**Quality, recovery and  
wellbeing at the heart  
of everything we do**

TRUST-WIDE POLICY DOCUMENT

## Children Visiting Trust Sites

**Further information about this document:**

Document name	<b>Children Visiting Trust Sites SD22</b>
Document summary	This policy provides clear guidance to staff of the procedures required when children visit service users on Trust sites.
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To be read in conjunction with	<b>Safeguarding and protection of Children SD13</b>
<b>This document can be made available in a range of alternative formats including various languages, large print and braille etc</b>	
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**Version Control:**

Version History:		
Consultation	Safeguarding Strategy Group Think Family Group	Oct 15

**SUPPORTING STATEMENTS** – this document should be read in conjunction with the following statements:

### **SAFEGUARDING IS EVERYBODY'S BUSINESS**

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child/ adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/ adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

### **EQUALITY AND HUMAN RIGHTS**

Mersey Care NHS Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FRED A principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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# 1 **PURPOSE AND RATIONALE**

## 1.1 **Purpose**

This policy is based on the belief that Trust staff in the course of their daily work are able to ensure the welfare and protection of children who are visiting service users.

Service users are aware of issues of safeguarding and protection of children when permission for child visiting is granted.

“When there is a conflict of interests between the needs of the adult and those of a child, the child’s welfare is paramount” (Paramount Principle, Children Act 1989)

## 1.2 **Rationale**

The purpose of this policy is to ensure a structured and systematic approach to child visiting across the organization. Complying with our statutory duty to safeguard and promote the welfare of children.

The status of the procedures.

These procedures are underpinned by:

- [Children Act 1989, Children Act 2004](#)
- [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)
- [UN Convention on the Rights of the Child](#)
- [Human Rights Act 1998](#)
- The Framework for the Assessment of Children in Need and their Families ([DH 2000](#))
- <http://www.merseycare.nhs.uk/media/2392/sd13-10-safeguarding-children-policy-v2-uploaded-14-sep-2015-review-mar-2016.pdf>
- [Guidance on the Visiting of Psychiatric Patients by Children \(HSC 1999/222: LAC\(99\)32\)](#)
- [Mental Health and Social Exclusion Report 2004 - Action 16 ‘Improving opportunities and outcomes for parents with mental health needs’ and their children](#)
- A Review of the Action 16 Implementation Plan 2009 <http://www.barnardos.org.uk/action16-2.pdf>.
- Care Programme Approach (CPA) Briefing: Parents with mental health problems and their children April 2008 [CPA Briefing](#).
- Social Care Institute for Excellence (SCIE) Think child, think parent, think family guide and national evaluation 2012 <http://www.scie.org.uk/children/parentalmentalhealthandchildwelfare/> <http://www.merseycare.nhs.uk/about-us/safeguarding/think-family/>
- SCIE Social Care TV film - A Young Person’s Story (Please See Social Care TV <http://www.scie.org.uk/socialcaretv/video-player.asp?guid=d9269ac9-4cee-4120-bc72-12dc9383a059>)
- Mersey Care & Barnardo’s Family Rooms Reviews 2011 and 2102 <http://www.merseycare.nhs.uk/media/1067/family-rooms-review-2011.pdf>.
- [http://liverpoolscb.proceduresonline.com/chapters/p\\_vis\\_psych.html#intro](http://liverpoolscb.proceduresonline.com/chapters/p_vis_psych.html#intro)

## **2 OUTCOME FOCUSED AIMS AND OBJECTIVES**

- 2.1 For this Policy and Procedure for Visits by Children to Mersey Care NHS Trust Sites the aims and objectives are as follows.
- 2.2 To ensure a structured and systematic approach to child visiting across the organization.
- 2.3 To comply with our statutory duty to safeguard and promote the welfare of children

## **3 SCOPE**

Every member of staff has an individual responsibility for the protection and safeguarding of children. All levels of management within the Trust must understand and ensure the implementation of the Trust Child Visiting Policy.

These procedures are for staff working within Mersey Care NHS Trust, on all sites except High Secure Services.

High secure have a separate policy and facilitate their own Safeguarding training. **Please see HSS24.**

**There is separate guidance under the Directions as stated in The High Security Psychiatric Services (Arrangements for Visitors by Children) Directions 2013. [Child Visiting Directions](#)**

Staff seconded to Mersey Care NHS Trust are expected to follow these procedures.

## **4 DUTIES**

- 4.1 **The Trust Board** has ultimate responsibility for ensuring that an effective system for managing any risks associated with safeguarding children exists within the Trust and that all staff working in the Trust are aware of, and operate within the policy. The Board will assure its self of compliance with this policy through the accountability arrangements delegated to the Quality Assurance Committee and via consideration of an annual report prepared by the Director of Patient Safety and Named Nurse for Safeguarding Children.
- 4.2 **Lead Executive Director** the Chief Executive, as the Accountable Officer, has overall responsibility for ensuring the implementation of an effective safeguarding and protection of children policy and procedure, for the development of corporate governance and for meeting all statutory requirements. Executive Accountability for Safeguarding has been delegated to the Director of Patient Safety.
- 4.3 **The Named Doctor and Named Nurse.** The Named Doctor and Named Nurse have operational responsibility and will take the professional lead within the Trust on child protection matters. Due to their expertise on children's health and development, the nature of child maltreatment and local arrangements for safeguarding children and promoting their welfare.

- 4.4 High Secure Services (Ashworth Hospital)** have an appointed “Nominated Officer” for Safeguarding Children under the Directions **The High Security Psychiatric Services (Arrangements for Visitors by Children) Directions 2013. [Child Visiting Directions](#)**. These Directions apply to the three High Secure Hospitals in England. **The** Nominated Officers role has developed over the years and they are responsible for safeguarding children and the protection of children in High Secure Services and have responsibility within High secure environment.
- 4.5** They provide a source of advice and expertise to fellow professionals and other agencies. They have an important role in promoting good professional practice within the Trust in safeguarding children and in relation to guidelines for child visiting.
- 4.6** They are responsible for conducting the Trust’s internal case reviews. They investigate and respond to safeguarding children complaints on behalf of the Trust.
- 4.7 Duties of the Multi Disciplinary Team (MDT) and Responsible Clinician.** The Multi Disciplinary Team (MDT) and Responsible Clinician have responsibility for ensuring all risk assessments and management plans are in place to ensure Child contact is in the best interests of the child(ren). **Paramourcy principle of maintaining the safety of the child(ren) must be maintained.**
- 4.8 Duties of Nurse in Charge, and Responsible Clinician if a request is made before an MDT can meet.** If a request is made before a MDT is held the nurse in charge and the Consultant Psychiatrist/Responsible Clinician (if detained) can make a decision based on best interests of the child, but should be mindful of the child’s safety and welfare at all times. Patient observation levels as stated in the CPA to be maintained throughout the visit by ward staff. Therefore this may mean supervised visits. Where circumstances change i.e due to deterioration in mental health, which effects the risk, safety and wellbeing of the Child(ren). Review of risk assessments, management plans should be undertaken prior to contact. If necessary with paramourcy principle in mind contact should be ceased or delayed till fuller review is undertaken.
- 4.9 Duty of all clinical staff.** It is the duty of all clinical staff to ensure clinical records are maintained. Particularly when first requests for child visiting are made, including reasoning to agree to visit or refusal. If staff become aware of concerns with regard the Child(ren), staff should follow Safeguarding and Protection of Children policy [SD13](#) and also complete Datix.

## **5 PROCESS/PROCEDURE**

The Trust will work within the principles of the Children Act 1989 and other relevant legislation.

### **5.1 All child visits will be managed within the following framework:**

Consideration of the following regarding the desirability of a child visiting.

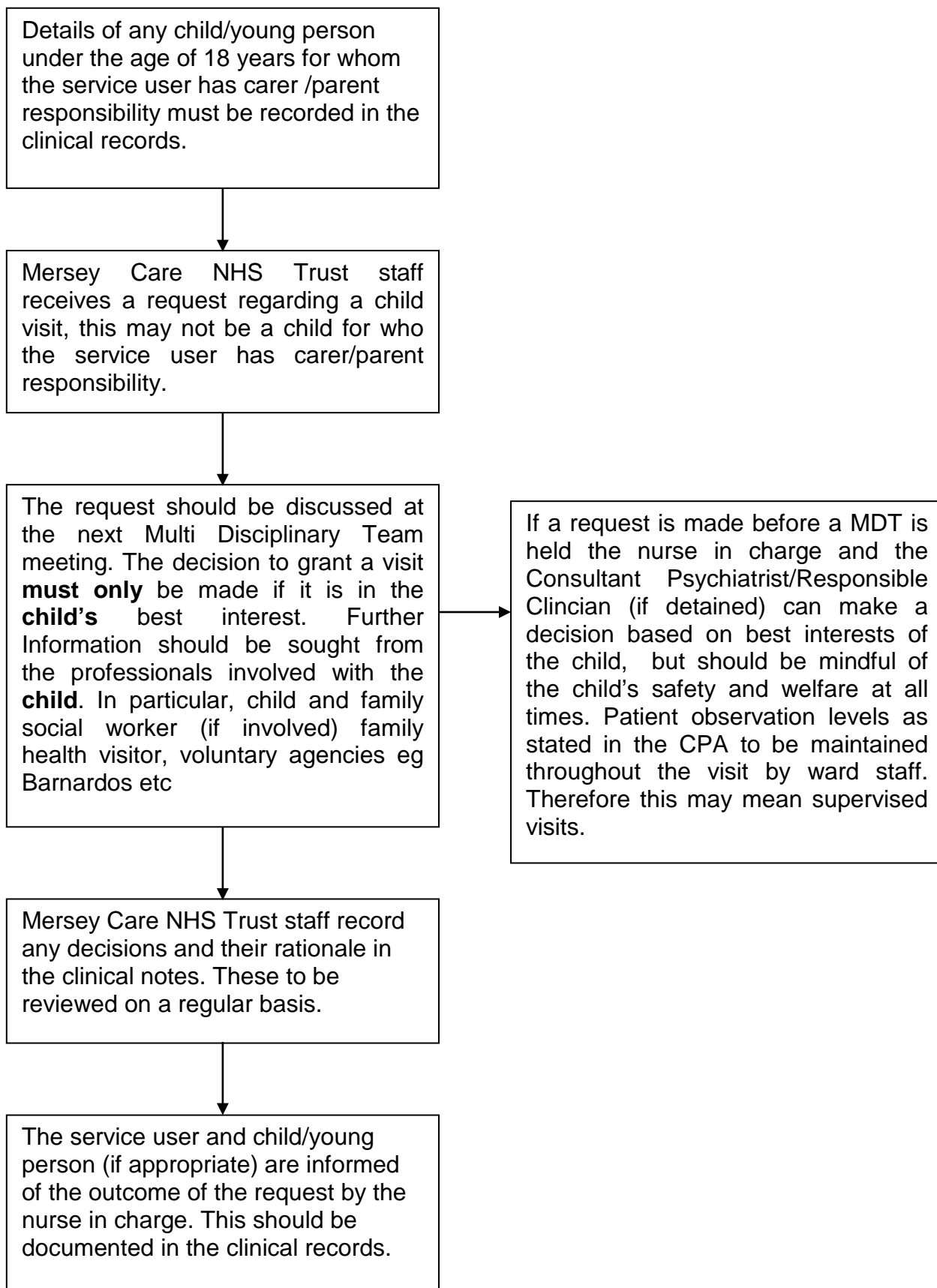
- The wishes and feelings of the child
- If both the Service User and visitor are under 18 years of age the visit must be in the best interest of both children
- The Service User's history and family situation
- The Service User's current mental state (which may differ from an assessment made immediately prior to or after admission)
- The response of the child to the patient on his /her mental health problem
- Consideration of the child's best interests
- The views of those with parental responsibility (in some cases the Local Authority)
- The nature of the ward environment at the time of the proposed visit.

## **5.2 Specific Circumstances**

- **If there is a known risk to children due to a child offender being on the ward, the visit must not take place in the ward environment.**
- **If the patient to be visited is a known child offender, then the local children and families team must assess that the visit is in the best interests of the child.**
- **Mersey Care NHS Trust Staff do not have the authorisation to make this decision independently**



Action to be taken when a Service User with Parent /carer responsibilities is admitted or a service user / carer request a visit by a child



- 5.2.1 The environment in which a visit takes place should as far as possible be child/family friendly and away from main ward area. (SEE APPENDIX C)
- 5.2.2 The need for Trust staff supervision of visits should be identified in the assessment. This should be based on clinical needs of the service user.
- 5.2.3 If the Local Authority deems that contact must be supervised due to safeguarding children concerns, it is their responsibility to provide supervision.
- 5.2.4 All children and young people under the age of 16 years, must be accompanied by a responsible adult. For the purpose of this Policy the responsible adult will be an identified individual with parental or recognised caring responsibilities for the child in question.
- 5.3 If during any visit by a child, concerns are raised, they should be clearly documented in the clinical notes. A full discussion within the multi-disciplinary team must take place and the Named Nurse for child protection informed.
- 5.4 If necessary Mersey Care NHS Trust Safeguarding and Protection of Children Policy SD13 should be implemented.

## **6 CONSULTATION**

6.1 The following staff / groups were consulted with in the development of this policy document:

6.1.1 The Trust Named Doctor for Safeguarding Children.

6.1.2 The Safeguarding Strategy Group

6.1.3 Trust Wide Women and Think Family Steering Group

6.1.3 Barnardos Action with Young Carers

## **7 TRAINING AND SUPPORT**

7.1 See HR28 – Induction and Mandatory Training Policy

## **8 MONITORING**

Children visiting Trust sites is monitored and managed through effective care planning locally.

## **9 SUPPORTING DOCUMENTS**

### **List of Supporting Documents**

<b>Ref No</b>	<b>Name</b>	<b>Purpose</b>
SD13	Corporate policy and	1.1 The purpose of this policy is to ensure a structured and systematic approach to child

Ref No	Name	Purpose
	procedure for the safeguarding and protection of children.	protection across the organization. The Children Act 1989 places a statutory duty on Health Professionals to help Social Services with their enquiries so long as it is compatible with their own statutory duties or other duties and obligations and does not unduly prejudice the discharge of any of their functions.
HSS24	High Secure Policy	Child Visiting Policy

**HOW CLEAN ARE YOUR TOYS?****GOOD PRACTICE GUIDELINES ON DECONTAMINATION OF TOYS**

Toys are an important part of therapy, however they can become a source of cross infection. The following principles should be followed to minimise this risk:



**Keep toys to a minimum.**



**There should be a planned programme of toy cleaning, ie after each child has played with the toys.**



**Toys that become contaminated with blood and/or body fluids need to be decontaminated immediately.**



**Hard toys are preferable to soft toys as they are more easily washed with hot soapy water and dried thoroughly.**



**Soft toys will need to be laundered in a washing machine.**



**Store clean toys in a clean box or storage facility.**

Mild infections are very common in childhood and are responsible for 80% of illnesses in under 5's.

Toys can harbour germs if they are not regularly cleaned. Children pick up germs via hand to mouth contact.

When children are young their immune systems are not yet fully developed and, therefore, susceptible to infections.

If you have any specific concerns regarding this guidance, in the first instance please contact the Infection Control Department, Ashworth Hospital on 0151 471 2635 and speak to Julie Harris or Diane Peel.

**Reference:** *Guidance on Infection Control in Schools and Nurseries (1999) Department of Health, Department for Education and Employment and Public Health Laboratory Services.*

*Keep it Clean and Healthy. Infection Control Guidance for Nurseries, Playgroups and other Childcare Settings (2002). Infection Control Nurses Association, Community Practitioner and Health Visitors Association.*

*HPA Suviste.J, The Toy Trap Uncovered (1996) Nursing Times March 6, Vol.92 no 10, 1996.*

## Appendix B

### Useful contacts:

**Named Nurse Safeguarding Children:** Angela Lacy

Tel: 0151 250 5203 Mobile: 07969008385

Email: [angela.lacy@merseycare.nhs.uk](mailto:angela.lacy@merseycare.nhs.uk)

**Named Doctor for Safeguarding:** Shamas-UD-Din, Sakib

Email: [Shamas-UD-Din,Sakib@merseycare.nhs.uk](mailto:Shamas-UD-Din,Sakib@merseycare.nhs.uk)

**Safeguarding Adult Lead:** Sue Harris

Tel: 0151 250 5203 Mobile 07814014543

Email: [sue.harris@merseycare.nhs.uk](mailto:sue.harris@merseycare.nhs.uk)

**Specialist Safeguarding Practitioner:** Crispin Evans

Tel: 07974184734

Email: [crispin.evans@merseycare.nhs.uk](mailto:crispin.evans@merseycare.nhs.uk)

**Head of Forensic Social Care/Nominated Officer for Safeguarding Children:**

Robert McLean

Tel: 0151 473 2808 (office hours)

Email: [robert.mclean@merseycare.nhs.uk](mailto:robert.mclean@merseycare.nhs.uk)

Liverpool Children's Services

Careline: 0151 233 2700

Sefton Social Services

Out of hours Team: 0151 920 8234

Customer Service referral: 0151 634 3737

Knowsley Social Services

Tel: 0151 443 3792/98

Out of hours: 07659590081

Family Support Units (Merseyside Police)

South Liverpool: 0151 777 5181

North Liverpool: 0151 777 4611

Sefton: 0151 777 3181

Knowsley: 0151 777 6384

## **MERSEY CARE NHS TRUST**

### **1. DOCUMENT SUMMARY**

This guidance has been written in order to ensure that all staff are aware of their responsibilities regarding the use of Family Rooms across the Trust and is to be used in conjunction with Policy and Procedure for the visits by children to Mersey Care NHS Trust Sites

### **2. SCOPE**

This policy relates to Family Room Provision across Mersey Care in line with the Corporate Policy

### **3. OUTLINE OF ROOM**

- 3a. To provide a safe and comfortable area for patients to receive visits from children (teenage or younger) with as much privacy as their observation levels permit, in an environment where families can visit, as an alternative to a ward setting

### **4. PROCEDURE**

- a) Whenever possible the use of the room should be pre-booked. The nurse in charge of the ward will telephone reception to request the booking. A diary/record will be kept in reception for this purpose
- b) There may be occasions when exceptional circumstances may take precedence over a pre-booked visit and an alternative booking should be negotiated/offered
- c) The nurse in charge should have ascertained on admission if there are any safeguarding children concerns, which would require children's services to supervise the visit (Supervised contact order)  
Ward staff should supervise in line with clinical need and observation levels outlined in care plan.

If any concerns are raised then advice and/or guidance should be sought from the Specialist Practitioners (Safeguarding)

- d) The supervision of minors during the visit is the responsibility of the accompanying adult or the person with parental responsibility, whichever is appropriate. However Mersey Care NHS Trust has full responsibility for Health and Safety provision within its care environments. Trust employees must therefore ensure the safety and wellbeing of any child or young person throughout any time they spend on Mersey Care NHS Trust Premises
- e) Other agencies will be expected to keep the ward informed of any changes linked to the minors

- f) Should any concerns relating to the visits be raised, the nurse in charge of the ward must document these and the rationale for any action taken/ not taken. And refer to the safeguarding and protection of children policy (SD13) Further visits from the minor should be suspended until advice has been sought and the issues have been addressed within the multi-disciplinary team
- g) Flexible visiting times will be allowed with the agreement of the nurse in charge of the ward and/or negotiation with other agencies when necessary
- h) It is the responsibility of the staff member facilitating the visit to inform visitors that -
  - a) refreshments are available from the vending machines located in reception areas or the water cooler situated in the family room;
  - b) the location of the toilet and baby changing facilities
- i) It is the responsibility of the staff member facilitating the visit to –
  - a) inform the family using the room that it must be left in the same condition as they found it
  - b) ensure that at the end of the visit, the room is left in a presentable manner and the rooms contents are checked and are in order
- j) A weekly housekeeping check will be carried out on a rotational basis by the ward housekeepers or designated other, who will report any necessary repairs and have responsibility for the cleaning of toys etc, in line with the Corporate Health & Safety Policy (See attached)
- k) Staff should report any problems which arise to –
  - a) the housekeepers if they are in relation to maintenance issues
  - b) the modern matron if they are in relation to clinical matters
- l) In the event of a fire alarm sounding during a visit, people using the family room will be required to comply with the procedure, as outlined on the fire notice in the family room. It is the responsibility of the nurse facilitating the visit to bring this notice to the family's attention at the beginning of the visit.
- m) The key to the family room will be kept in reception and will only be issued to staff members. The room will remain locked when not in use.
- n) It is the responsibility of the staff member (and/or member of other agencies) facilitating the visit, to ensure that they are equipped with Pin-Point or other local personal alarm equipment.
- o) Ward staff will have responsibility for supervising visits in the room Monday to Friday with O.T. activity workers providing help after appropriate negotiation. At weekends ward staff only will be required to supervise visits.
- p) Any supervision of visits will be as unobtrusive as possible in line with clinical need. There are family rooms which are multi use. These are based at the Brain Injuries Unit, Park Unit, LSU, Kevin White Unit and the Windsor clinic staff should check with individual services for local guidance.

# Equality and Human Rights Analysis

**Title: SD 22 Child Visiting Policy**

**Area covered: Trust Wide (apart from Ashworth which has its own Policy)**

**What are the intended outcomes of this work?**

The purpose of this policy is to ensure a structured and systematic approach to child visiting across the organization. Complying with our statutory duty to safeguard and promote the welfare of children.

This policy is based on the belief that Trust staff in the course of their daily work are able to ensure the welfare and protection of children who are visiting service users.

Service users are aware of issues of safeguarding and protection of children when permission for child visiting is granted.

“When there is a conflict of interests between the needs of the adult and those of a child, the child’s welfare is paramount” (Paramount Principle, Children Act 1989).

**Who will be affected?**

Children visiting Patients/service users.

## Evidence

**What evidence have you considered?**

HSS 24 Child Contact Policy and equality and human rights analysis ( March 2015).

The following documents were used in the formation of the policy :

- [Children Act 1989](#), [Children Act 2004](#)
- [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)
- [UN Convention on the Rights of the Child](#)
- [Human Rights Act 1998](#)
- The Framework for the Assessment of Children in Need and their Families ([DH 2000](#))
- <http://www.merseycare.nhs.uk/media/2392/sd13-10-safeguarding-children-policy-v2-uploaded-14-sep-2015-review-mar-2016.pdf>
- [Guidance on the Visiting of Psychiatric Patients by Children \(HSC 1999/222: LAC\(99\)32\)](#)
- [Mental Health and Social Exclusion Report 2004 - Action 16 'Improving](#)



[opportunities and outcomes for parents with mental health needs' and their children](#)

- A Review of the Action 16 Implementation Plan 2009 <http://www.barnardos.org.uk/action16-2.pdf>.
- Care Programme Approach (CPA) Briefing: Parents with mental health problems and their children April 2008 [CPA Briefing](#).
- Social Care Institute for Excellence (SCIE) Think child, think parent, think family guide and national evaluation 2012 <http://www.scie.org.uk/children/parentalmentalhealthandchildwelfare/> <http://www.merseycare.nhs.uk/about-us/safeguarding/think-family/>
- SCIE Social Care TV film - A Young Person's Story (Please See Social Care TV <http://www.scie.org.uk/socialcaredtv/video-player.asp?guid=d9269ac9-4cee-4120-bc72-12dc9383a059>)
- Mersey Care & Barnardo's Family Rooms Reviews 2011 and 2102 <http://www.merseycare.nhs.uk/media/1067/family-rooms-review-2011.pdf>.
- [http://liverpoolscb.proceduresonline.com/chapters/p\\_vis\\_psych.html#intro](http://liverpoolscb.proceduresonline.com/chapters/p_vis_psych.html#intro)

**Disability including learning disability**

**No issues identified**

**Sex**

**No issues identified**

**Race**

**No issues identified**

**Age**

**Supports the human rights of children and supports the right to family life. Children have the right to make their views known in relation to visiting parents who are patients –This will be subject to considerations about child safety and also consent issues.**

**Gender reassignment (including transgender)**

**No issues identified**

**Sexual orientation**

**No issues identified**

**Religion or belief**

**No issues identified**

**Pregnancy and maternity**

<b>No issues identified</b>
<b>Carers</b>
<b>No issues identified</b>
<b>Cross Cutting</b>
<b>Other identified groups</b>
<b>No issues identified</b>

<b>Human Rights</b>	<b>Is there an impact? How this right could be protected?</b>
<b>This section must not be left blank. If the Article is not engaged then this must be stated.</b>	
<b>Right to life (Article 2)</b>	<b>Human Rights based approach supported. This policy ensures that children are protected at all times upon visits within Mersey Care services.</b>
<b>Right of freedom from inhuman and degrading treatment (Article 3)</b>	<b>Human Rights based approach supported. Patients are supported to have child visits subject to child safeguarding practices. .It does not stop patients from having visits.  It ensures that children are the priority and respects their rights to dignity and respect.</b>
<b>Right to liberty (Article 5)</b>	<b>No issues identified.</b>
<b>Right to a fair trial (Article 6)</b>	<b>Decision-making in respect of patient contact with children will be based on assessment of each individual case, with the welfare of the child as paramount and the principal consideration. Patients have the right of appeal where they are not allowed to have child contact as documented in the policy.</b>
<b>Right to private and family life (Article 8)</b>	<b>Human Rights Based Approach Supported. Supports the human rights of children and supports the right to family life. The policy also promotes a human rights based approach and supports article 8 of the human rights right 1998( The right to family life) . The current policy supports family life for patients(and family) while having due regard for child visors who are a priority in terms of safety and safeguarding.</b>

	<p>The policy states the following:  It is recognised that children have the right to maintain contact with significant members of their family, and that such contact may help to meet a child's needs, both in respect of their identity, and by providing on-going, affectionate relationships which are two vital aspects of a child's emotional and social development.</p>
<p>Right of freedom of religion or belief  (Article 9)</p>	<p>No issues identified.</p>
<p>Right to freedom of expression  Note: this does not include insulting language such as racism  (Article 10)</p>	<p>No issues identified.</p>
<p>Right freedom from discrimination  (Article 14)</p>	<p>No issues identified.</p>

### Engagement and involvement

The following staff / groups were consulted with in the development of this policy document:

The Trust Named Doctor for Safeguarding Children.

The Safeguarding Strategy Group

Trustwide Think Family Steering Group

Barnardos Action with Young Carers

### Summary of Analysis

#### Eliminate discrimination, harassment and victimisation

This policy seeks to put in place safeguarding measures with the aim of protecting children.

**The policy also promotes a human rights based approach and supports article 8 of the human rights right 1998(The right to family life).**

Advance equality of opportunity

**N/A**

Promote good relations between groups

**N/A**

What is the overall impact?

**Supports the human rights of children and supports the right to family life.**

Addressing the impact on equalities

**No negative impact identified.**

Action planning for improvement

**See below in action plan**

**For the record**

**Name of persons who carried out this assessment:  
George Sullivan (Equality and Human Rights Advisor Secure Division )  
Angela Lacy (Named Nurse for Safeguarding Children)  
Sue Harris ( Safeguarding Adult Lead/Prevent Lead)**

**Date assessment completed:**

**13. November. 2015**

**Name of responsible Director/Lead Trust Officer: Director Of Nursing**

**Date assessment was signed: November 2015**

# Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their Division
Monitoring, evaluating and reviewing	This impact assessment will be subject to a review should the policy change or be updated.		
Transparency (including publication)	The policy should be placed on the Trust website. The policy shall not be placed on the website without the equality and human rights analysis.	November 2015	Named Nurse Safeguarding Children.