

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT (except Secure Services)

CHILDREN VISITING TRUST SITES

Policy Number:	SD22
Scope of this Document:	All Staff except in Secure Services
Recommending Committee:	Safeguarding Strategy Group
Approving Committee:	Executive Committee
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Lead Executive Director:	Executive Director of Nursing & Operations
Lead Author(s):	Named Nurse Safeguarding Children

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

2020 – Version 4

Striving for perfect care
and a just culture

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

SD22: CHILDREN VISITING TRUST SITES

Further information about this document:

Document name	Children Visiting Trust Sites SD22
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	SD13 Safeguarding and Protection of Children SD23 Policy and Procedure for Identification of Young Carers and Assessment Process Low Secure Service: Children visiting procedures Medium Secure Service: Children visiting procedures High Secure Services: Children visiting procedures
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version 4	Policy Group Executive Committee for Ratification	February 2020

SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation 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 / 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 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 Foundation 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 Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, sex, race, religion and belief (or lack thereof), sexual orientation, gender reassignment, pregnancy and maternity and marital and civil partnership status. The Equality Act also requires regard to socio-economic factors.

The trust is committed to promoting and advancing equality and removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those that do not 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 Foundation 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 Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA 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 organisation. 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://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/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 (DH2000)
- Safeguarding and Protection of Children at Risk Policy
<https://www.mersecare.nhs.uk/media/5505/sd13-v8-safeguarding-children-policy-up-20-sep-18-rev-apr-20.pdf>
- Young Carers Policy
<https://www.mersecare.nhs.uk/media/6168/sd23-v5-id-of-young-carers-up-28-may-19-rev-apr-22.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
- SCIE Social Care TV film – A Young Person’s Story (Please See Social Care TV)
<http://www.scie.org.uk/socialcaretv/video-player.asp?quid=d9269ac9-4cee-4120-bc72-12dc9383a059>
- Mersey Care & Barnardo’s Family Rooms Reviews 2011 and 2012
- Think Family Trust page
<https://www.mersecare.nhs.uk/our-services/a-z-of-services/think-family/>
- Liverpool Safeguarding Children’s Partnership Procedures.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 The aims and objectives of this policy are as follows:
- 2.2 To ensure a structured and systematic approach to child visiting across the organisation.
- 2.3 To comply with our statutory duty to safeguard and promote the welfare of children.

3. SCOPE

- 3.1 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.
- 3.2 These procedures are for staff working within Mersey Care NHS Foundation Trust, on all sites except Secure Services.
- 3.3 High Secure have a separate policy HSS24 that is underpinned by The High Security Psychiatric Services (Arrangements for Visits by Children) Directions 2013.
- 3.4 Medium Secure (currently in development) and Low Secure settings (policy LSU02) have their own policies in relation to child visiting arrangements.
- 3.5 Staff seconded to Mersey Care NHS Foundation Trust are expected to follow these procedures.

4. DEFINITIONS

- 4.1 Child: Anyone under the age of 18 years
- 4.2 Safeguard: Is a term used to denote measures to protect the health, well-being and human rights of individuals, which allow people especially children, young people and vulnerable adults to live free from abuse, harm and neglect

5. DUTIES

- 5.1 **The Board of Directors** 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.
- 5.2 **Lead Executive Director** the Executive Director of Nursing & Operations, 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 **Deputy Director for Nursing and Quality**.
- 5.3 **The Named Doctor for Safeguarding and Named Nurse's Safeguarding Children** 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.

- 5.4 **High Secure Services (Ashworth Hospital)** have an appointed “Nominated Officer” for safeguarding children under: **The High Security Psychiatric Services (Arrangements for Visits by Children) Directions 2013**. 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 a High Secure environment.
- 5.4.1 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
- 5.4.2 They are responsible for conducting the Trust’s internal case reviews. They investigate and respond to Safeguarding children complaints on behalf of the Trust.
- 5.4 **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). **Paramourncy principle of maintaining the safety of the child(ren) must be maintained.**
- 5.5 **Duties of Nurse in Charge, and Responsible Clinician if a request is made before an MDT can meet.** If a request is made before an 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 affects the risk, safety and wellbeing of the child(ren). Review of risk assessments, management plans should be undertaken prior to contact. If necessary with paramourncy principle in mind contact should be ceased or delayed until fuller review is undertaken.
- 5.6 **Duty of all clinical staff.** It is the duties of all clinical staff to ensue 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 to the child(ren), staff should follow Safeguarding and Protection of Children Policy **SD13** and also complete Datix.

6 PROCESS

6.4 The Trust will work within the principles of the Children Act 1989, Children Act 2004 and other relevant legislation.

6.5 All Children Visiting inpatient settings.

All child visits will be managed within the following framework and 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 interests 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 parent 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.
- Consideration should be given to identification of families that would benefit from Early Help and those children that may be taking on a caring role 'Young Carers' should be identified and action taken in line with trust policies SD13 and SD23.

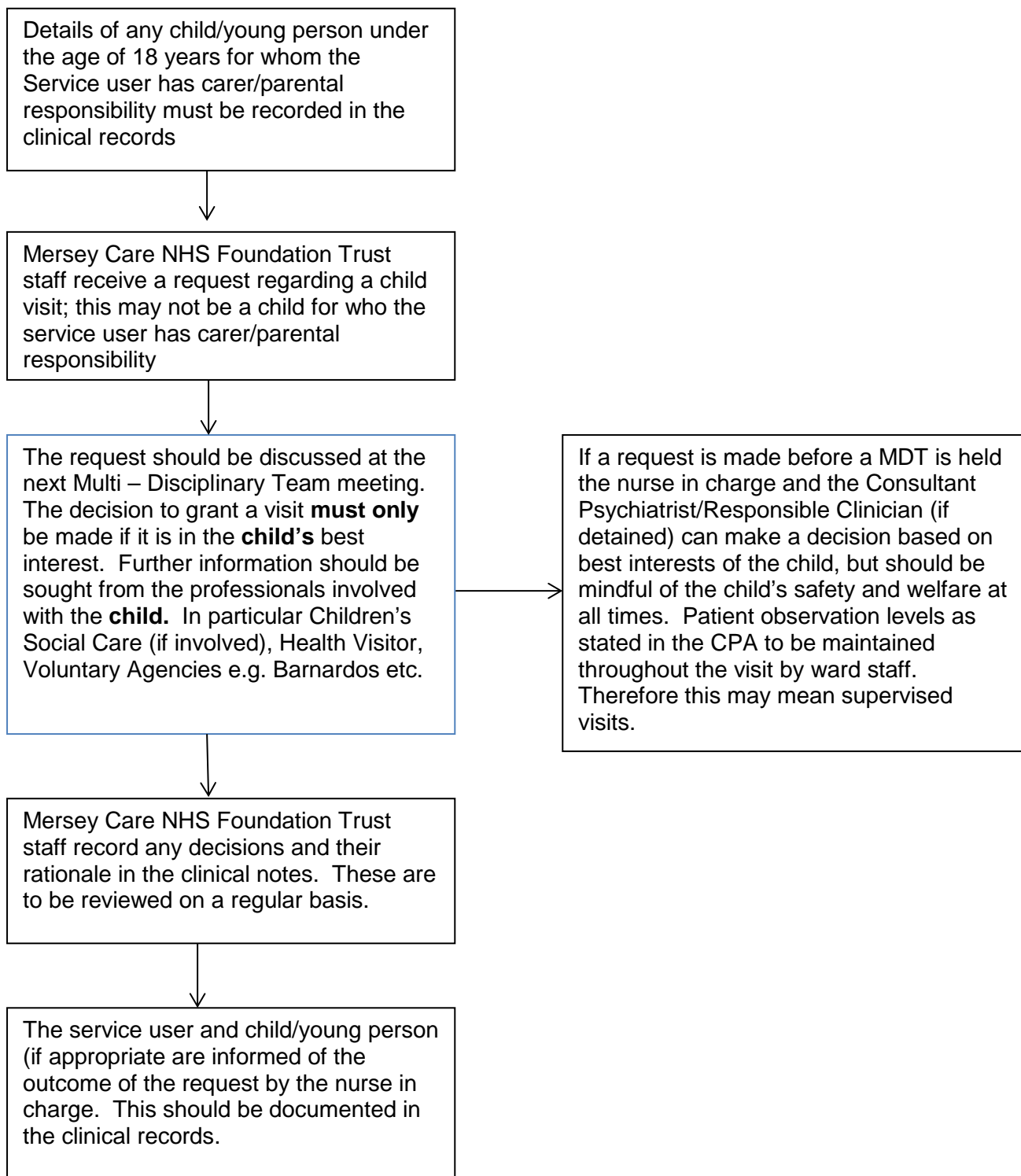
6.6 All children visiting adult outpatients and clinic settings.

- The supervision of minors during the visiting of trust premises is the responsibility of the accompanying adult or the person with parental responsibility, whichever is appropriate.
- Consideration should be given to the identification of families that would benefit from Early Help and those children that may be taking on a caring role 'Young Carers' should be identified and action taken in line with trust policies SD13 and SD23.

6.7 Specific Circumstances

- **If there is an individual who poses a risk to children on the ward then consideration needs to be taken if the visit is still safe to go ahead.**
- **All child visits will take place in the Family Rooms.**
- **If the patient to be visited poses a risk to children, then Local Authority Children's Social Care must assess that the visit is in the best interests of the child.**
- **Mersey Care NHS Foundation 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



- 6.7.2 The environment in which a visit takes place should as far as possible be child/family friendly and away from the main ward area. (See Appendix C)
- 6.7.3 The need for Trust staff supervision of visits should be identified in the assessment. This should be based on the clinical needs of the service user
- 6.7.4 If the Local Authority deems that contact must be supervised due to safeguarding child concerns, it is their responsibility to provide supervision
- 6.7.5 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 recognized caring responsibilities for the child in question
- 6.7.6 If during any visit by a child, concerns are raised, they should be clearly documented in the clinical notes. A full discussion with the multi-disciplinary team must take place and the Named Nurse for Safeguarding Children informed
- 6.7.7 If necessary Mersey Care NHS Foundation Trust Safeguarding and Protection of Children Policy SD13 should be implemented.

7 CONSULTATION

- 7.4 The following staff/groups were consulted with in the development of this policy document
 - 7.4.2 The Trust Named doctor for Safeguarding children
 - 7.4.3 The Safeguarding Assurance Group

8 TRAINING AND SUPPORT

- 8.4 See HR28 – Induction and Mandatory Training Policy.
- 8.5 All staff should familiarise themselves with local induction arrangements specific to their area of work to understand arrangements in relation to children visiting specific to given area.

9 MONITORING

- 9.4 Children visiting Trust sites is monitored and managed through effective care planning locally.
- 9.5 Any information or issues specific to children visiting should be discussed with the Line Manager in the first instance. Safeguarding children concerns should also be brought to the attention of the Safeguarding Team and related policies adhered to.

10 EQUALITY AND HUMAN RIGHTS ANALYSIS

Title: SD22 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 organisation. 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 (2019)

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

- Children Act 1989, Children Act 2004
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/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 (DH2000)
- <https://www.mersecare.nhs.uk/media/5505/sd13-v8-safeguarding-children-policy-up-20-sep-18-rev-apr-20.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 2012
<http://www.merseycare.nhs/media/1067/family-rooms-review-2011.pdf>
- 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

No issues identified

Carers

No issues identified

Other identified groups
No issues identified
Cross Cutting <i>implications to more than 1 protected characteristic</i>

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	Human Rights based approach supported. This policy ensures that children are protected at all times upon visits within Mersey Care Services
Right of freedom from inhuman and degrading treatment (Article 3)	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
Right to liberty (Article 5)	No issues identified
Right to a fair trial (Article 6)	Decision-making in respect of patient contact with children will be based on assessment of each individual case, with the welfare of the child a 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
Right to private and family life (Article 8)	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 act 1998 (the right to family life). The current policy supports family life for patients (and family) while having a due regard for child visitors who are a priority in terms of safety and safeguarding. 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

Right of freedom of religion or belief (Article 9)	No issues identified
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	No issues identified
Right freedom from discrimination (Article 14)	No issues identified

Engagement and Involvement
The following staff/groups were consulted with the development of this policy document:
The Trust Named Doctor for Safeguarding Children
The Safeguarding Assurance Group

Summary of Analysis <i>This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010</i>
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 Act 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

Detail in the action plan below the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

- *Plans already under way or in development to address the **challenges** and **priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

For the record**Name of persons who carried out this assessment:**

Lindsay Devine
Leigh Tindsley

Date assessment completed:

19.02.2020

Name of responsible Director:

Trish Bennett

Date assessment was signed:

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 area of responsibility
Monitoring			
Engagement			
Increasing accessibility			

11. Supporting Documents

List of Supporting Documents

Ref No	Name	Purpose
SD13	Corporate Policy and Procedure for The Safeguarding and Protection of Children	1.1 The purpose of this policy is to ensure a structured and systematic approach to child protection across the organisation. 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

Appendix A

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, i.e. 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

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

Mersey Care Team Mental Health Office Number – 0151 250 5203 (Management Corridor Broadoak)

Mersey Care Safeguarding Children’s Team – 0151 285 4660

Mersey Care Team Adult’s Team - 07717576890

Secure Email: mct.safeguardingteam@nhs.net

Sandra O’Hear – Deputy Director of Nursing and Quality
07769701757

sandra.o’hear@merseycare.nhs.uk

Angela Lacy – Head of Safeguarding
0151 250 5003

Angela.lacy@merseycare.nhs.uk

Leigh Tindsley – Safeguarding Adult & Prevent Lead
07810655692

leigh.tindsley@merseycare.nhs.uk

Chantelle Carey – Lead for Vulnerable Communities
07810055533

chantelle.carey@merseycare.nhs.uk

Lindsay Devine – Specialist Safeguarding & Prevent Practitioner
07795971766

lindsey.devine@merseycare.nhs.uk

Crispin Evans – Specialist Safeguarding Practitioner
07773978253

crispin.evans@merseycare.nhs.uk

Philippa Riding –Safeguarding Lead – Specialist Learning Disability Division (Whalley)
01254 821396

Philippa.riding@merseycare.nhs.uk

Robert McLean – Associate Director of Social Care & Nominated Officer for Safeguarding, Secure & Specialist LD Divisions,
0151 471 2808

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 7773181
Knowsley: 0151 777 6384

Appendix C – Guidance for single use Family Provision rooms

MERSEY CARE NHS FOUNDATION 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 foundation 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 the care plan.
- 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 Foundation 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 foundation 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 (MDT).

- 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 room 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 and 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 board 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 staff should check with individual services for local guidance.