

**Procedure for Children/Young People Visiting Open/Locked Wards
Clinical Team Assessment – Points for Consideration**

1. Is the patient prohibited from receiving this child visit by virtue
 - Of a court order
 - Convicted of a Risk to Children Offence, or has been found unfit to be tried or not guilty by reason of insanity, in respect of such an offence.
 - The patient is suspected of having been involved in incidents of neglect, emotional, physical, or sexual abuse involving children.
2. Is the child the subject of a contact order made under the Children Act 1989, which would permit the child to visit the patient in hospital secure accommodation? (Subject only to the patient's mental state at the time of the visit).
3. Has the person with parental responsibility with whom the child resides given their consent for the child to visit the patient? (NB: Process cannot go further if person has refused)
4. The patient or child has been previously or is currently known to a Local Authority Children's Services in connection with child protection investigations, which have identified significant concerns.
5. If the Local Authority Children's Services has a statutory involvement with the child, which confers on the local authority parental responsibility, has the Local Authority Children's Services given consent to the visit?
6. On the basis of known information, including risk assessment and any keeping children safe assessment, is there a requirement to seek an assessment from Local Authority Children's Services, Health Visiting or School Nursing to determine if the visit is in the best interest of the child?
7. Does the clinical team have any other grounds for believing that the visit may not be in the best interests of the child? See also Appendix 4 COVID-19 Visiting Guidance.
8. Has a report been requested from Local Authority Children's Services?
9. If so, what recommendation has the Local Authority Children's Services made in the best interests of the child?
10. Decision of the clinical team.

11. If the request has been refused, has the patient received notification of the decision and reasons both verbally and in writing?
12. Has the child visiting risk assessment been discussed in the clinical team and completed by the patient's social worker/key worker?
13. Have the wishes and feelings of the child/children involved been ascertained?