



Document Title	Child Visiting Policy			
Reference Number	CNTW(O)11			
Lead Officer	Chief Operating Officer			
Author(s) (name and designation)	Rachael Aitken – Clinical Manager			
Ratified by	Business Delivery Group			
Date ratified	Sep 2021			
Implementation Date	Sep 2021			
Date of full implementation	Sep 2021			
Review Date	Sep 2024			
Version number	V06			
Review and Amendment Log	Version	Type of change	Date	Description of change

This policy supersedes the following document which must now be destroyed:

Reference Number	Title
CNTW(O)11 – V05.1	Child Visiting Policy

Child Visiting Policy

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Appendix No:	Description
1	Procedure for Children Visiting Open-Locked Wards
2	Flowchart-Child Visiting
3	Keeping Children Safe Assessment
4	COVID-19 Visiting Guidance
Leaflets linked to Patient Information Centre Website:	
5	Child Visiting Leaflets, A4, A5 and Easy to Read Versions

1. Introduction

- 1.1 This policy applies to all children and young people visiting adults and children in all clinical settings whether or not the service user is detained under the Mental Health Act. It applies consistently throughout Cumbria Northumberland, Tyne and Wear NHS Foundation Trust (the Trust/CNTW).
- 1.2 The Trust supports helpful and positive contact between children/young people and their parents/carers who are Trust service users. However, this must occur only if it is in the best interests of the child.

2. Purpose

- 2.1 The objective of this policy is to give all employees clear guidance as to what to do when a request for a child to visit a service user is made.
- 2.2 The objective of this policy is to minimise the risks to children who visit their parents/relatives/carers/friends, our service users, whilst maintaining a level of contact with the service user, which meets all the fundamental needs of all parties involved.
- 2.3 Arrangements made for child visiting will be flexible enough to ensure that swift decisions are taken where, in the vast majority of cases, the matter is straightforward. This document is written within the guidance of The Revised Code of Practice on the Mental Health Act 2008, The Children Act 1989, and Working Together to Safeguard Children 2018
- 2.4 Paragraph 11.19 in the revised Mental Health Act Code of Practice 2008 requires all hospitals that provide psychiatric care to develop detailed child visiting policies in consultation with local Social Services Authorities and local safeguarding boards.
- 2.5 Paragraph 11.20 in the revised Mental Health Act Code of Practice 2008 states local policies should ensure that the best interests and safety of the children and young people concerned are always considered and that visits by or to children and young people are not allowed if they are not in their best interest and subject to risk assessments. However, within that overarching framework, hospitals should do all they can to facilitate the maintenance of children's and young people's contact with friends and family and offer privacy within which that can happen.
- 2.6 Paragraph 11.21 in the revised Mental Health Act Code of Practice 2008 highlights that information about visiting should be explained to children and young people in a way that they are able to understand. Environments that are friendly to young people and children should be provided.
- 2.7 Paragraph 11.22 in the revised Mental Health Act Code of Practice 2008 clearly identifies that where a child or young person is being detained, it should not be assumed simply because of their age that they would welcome all visitors and, like adults, their views should be sought.

- 2.8 The policy applies to all situations where children visit adult, elderly and adolescent psychiatric inpatients whether detained or not.
- 2.9 The decision to allow a visit should be assessed as quickly as possible – refer to Appendix 2. This is to ensure a decision can be made that swiftly ascertains the desirability of contact between children and patients and addressing any areas of concern – refer to Appendices 1 and 4. If the service user is detained under the Mental Health Act, a more detailed approach becomes necessary. The procedures outlined within Appendix 1 should be followed.

NB. This policy should be read in conjunction with the NHS Safeguarding Children Procedures, related Local Safeguarding Children Board policies and procedures and Trust policy CNTW(C) 04 - Safeguarding Children Policy.

3. Definitions

- This policy applies to children and young people between the ages of 0 and 18 years. The term child in this document refers to a child or young person so defined.
 - The term Parental Responsibility has the same meaning as defined in the Adoption Act 2002.
 - Risk to Children Offences means an offence listed in the Sexual Offences Act 2003 and the Children and Young Persons Act 1933.
- 3.1 It should be noted that where a child is ‘looked after’ by the local authority, the local authority would usually share parental responsibility with the parent.

4 Duties and Responsibilities

- 4.1 The Chief Nurse and Chief Operating Officer will be responsible for monitoring and reviewing the operation of the policy and procedure on behalf of the Board of Directors, in consultation with the relevant Local Authority Children and Young Peoples Department and Local Safeguarding Children Boards.
- 4.2 Associate Directors are responsible for ensuring the policy is applied consistently in their area of responsibility.
- 4.3. A Responsible Clinician or nominated deputy should always be directly involved in assessing risk and developing an appropriate child visiting care plan for all service users who express delusional beliefs involving children or who might harm a child as part of a suicide plan
- 4.4 A local appeal system is required for individual units. The Trust’s existing complaints procedure should be used for this purpose. The appeal decision should be based on what is in the child’s best interest. Decisions to not allow visiting will always be based on the child’s best interests. It will depend on the patient’s mental state, the child’s wishes/needs and/or other factors on the ward, including the general level of anxiety/disturbance that could compromise the safety of the child.

- 4.5 In certain circumstances, e.g. an acute change in the level of disturbance/activity on the unit and COVID-19 guidance (see Appendix 4), the child-visiting care plan may need to be overruled. This decision will be the responsibility of the nurse-in-charge of the unit at that time.
- 4.6 Decisions not to allow visits need to be continually reassessed by the key worker in conjunction with the wider multidisciplinary team. A decision will be based on risk assessments, taking into account whether the patient's mental state has improved or other circumstances have changed.
- 4.7 It is the responsibility of each directorate to provide facilities to ensure visits by children and or young people to their parents / relatives / carers / friends are as comfortable as possible. These visits should take place in a suitable room preferably away from the ward.

5 Key Themes

- 5.1 The interests of the child/young person are paramount and must be given priority. On receipt of a request for a visit by a child, staff must look at and assess, using this policy, the appropriateness of any visit. Visits that are not deemed in the best interests of the child, should not be allowed, however much the service user would benefit from the visit. Contact should never be forced. In determining the child's best interests, due consideration must be given to the child's cultural background, language, gender, age and stage of development. Any decisions that are made must be just and fair.
- 5.2 **ALL** child visits should ideally be pre-arranged. At the earliest opportunity following admission, the multidisciplinary team should give consideration to the implications of visiting and a **Child Visiting Care Plan** should be formulated and documented in the service users' records by the key worker. In Secure Services the Children Visiting Plan should be used within existing family-visiting arrangements.
- 5.3 For service users who express delusional beliefs involving children or might harm a child as part of a suicide plan, a Responsible Clinician or nominated deputy should be directly involved in formulating risk assessment(s) documented (as a minimum) on the FACE risk profile tool and through completion of Appendix 3 - Keeping Children Safe Assessment. The associated risk management plan(s) (including multi-agency planning via the safeguarding process where applicable) should inform any **Child Visiting Care Plan**.
- 5.4 There will be occasions when children present themselves unannounced for a visit. On such occasions the nurse in charge will undertake the necessary steps, in accordance with this policy, to establish whether the visit is appropriate and thus approved or not. For service users who express delusional beliefs involving children or who might harm a child as part of a suicide plan, a consultant psychiatrist must also be directly involved in the decision as to the appropriateness of the visit.

- 5.5 The impact of mental health on parenting should be assessed, both in the community and as part of the admission process. This should include identification of who has parental responsibility. Permission must be sought from the person/s with Parental Responsibility (as defined by the Adoption Act 2002) for a visit to take place, and assessment of child/carer contact made using the clinical assessment points for consideration (Appendix 1).
- **NB** If more than one person has parental responsibility for the child, it is the person with parental responsibility with whom the child lives who is required to give their consent.
 - **NB** In the case of a child living with someone who does not have parental responsibility (e.g. the child lives with a grandparent), a letter should also be sent to the person with day to day care of the child explaining that a request for a visit has been made and the person with parental responsibility will be contacted.
- 5.6 If the person(s) with parental responsibility with whom the child resides responds by stating that they do not agree to the child visiting the patient, the request for the visit must be refused if the child is under 16.
- 5.7 In the case of a young person over the age of 16 who is not subject to a care order, the clinical team may still agree a visit even if there is an objection from a person claiming parental responsibility, if it is in the child's best interest.
- 5.8 Visits should be within a child-safe and friendly environment and conducted in a child-safe and friendly fashion. Each unit should have access to a suitable room where visits can take place and should provide toys for the child visitor.
- **NB** Please refer to the Trust Policy, CNTW(C)23 – Infection, Prevention and Control Policy, practice guidance note - [IPC-PGN-10 - Medical Devices and Equipment – Cleaning and Decontamination](#) for the decontamination of equipment and medical devices regarding cleaning of toys.
- 5.9 Children under 14 should, in most circumstances, be accompanied by a responsible adult at all times, and normally a responsible adult will accompany children up to the age of 18 years with agreement from the person(s) with parental responsibility. It will remain the responsibility of the adult accompanying the child, to care for the child and ensure that they are accompanied at all times whilst on Trust property.
- 5.10 However, from approximately 14 years, there is some flexibility to allow unaccompanied visits depending on the child's development status, their capacity to make informed choices and the patient's mental state. Children should be asked about their wishes and feelings, according to their age and understanding.
- 5.11 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. The child/family should be given a Child Visiting Information leaflet (Appendix 5 and link below)

detailing what is required during a visit to any of the Trust's sites (each service to enter their own contact details).

- [Information for service users who would like children or young people to visit them while in hospital](#)

- 5.12 In a small minority of cases there will be some concerns about a visit going ahead. Decision making on these cases needs to be clear and consistent and be informed by risk assessment. There may, in these cases, need to be some consultation with the relevant Local Authority Children's Services and the Named Nurse Child Protection. For service users who express delusional beliefs involving children or who might harm a child as part of a suicide plan, decision making must directly involve a consultant psychiatrist (or associate specialist) and there should always be consultation with the relevant Social Services department.
- 5.13 In these circumstances, other forms of contact, such as telephone, letter or email could be considered.
- 5.14 When a decision is made not to allow contact, the reasons should be given to the parent/carer and other interested parties both verbally and in writing. If the parent/carer or other interested parties are unhappy with the decision, they should be made aware of the Trust's policy: CNTW(O)07 Complaints Policy.
- 5.15 All staff should be aware of the vulnerability of children and young people visiting relatives in hospital. Any incident which has caused harm or introduced significant risk of harm to the child, would legally require investigation through child-protection procedures.
- 5.16 Visits may be terminated at any time if concerns arise about the patient's mental state and/or behaviour, or if there is perceived to be a risk to the child.
- 5.17 When there is a known offender against children on the unit, consideration should be made for visits to occur off site/ward.
- 5.18 In certain situations it may be appropriate to arrange visiting in a venue away from the hospital. Local Authority Children's Services should be able to advise of suitable venues for such contact.
- 5.19 If an exceptional circumstance arises, e.g. serious illness or death, the overriding principle that any visit must be in the child's best interest must still apply. Any decision in regard to visits in exceptional circumstances must be appropriately recorded.
- 5.20 The decision of the clinical team to agree or not agree visiting by the child needs to be recorded clearly in the patients' records, together with the reasons behind the decision made. A review date should be recorded, at which time the decision may be overturned.

6 Identification of Stakeholders

- 6.1 This is an existing policy with updates that relate only to COVID-19 visiting guidance which are already implemented and therefore did not warrant Trust-wide consultation.
- 6.2 This policy has been developed in consultation with the Deputy Director of Clinical Governance, Associate Director and Community Clinical/Clinical Managers and Link Representatives. The policy has taken into account Local and National requirements, including current COVID-19 guidance and all relevant legislation regarding child visiting.
- North Locality Care Group
 - Central Locality Care Group
 - South Locality Care Group
 - North Cumbria Locality Care Group
 - Corporate Decision Team
 - Business Delivery Group
 - Safer Care Group
 - Communications, Finance, Digital Services
 - Commissioning and Quality Assurance
 - Workforce and Organisational Development
 - NTW Solutions
 - Local Negotiating Committee
 - Medical Directorate
 - Staff Side
 - Internal Audit
 - Safety, Security & Resilience

7 Implementation

- 7.1 The Associate Director/ Community Clinical/Clinical Manager(s) for the area the child is visiting is responsible for overseeing the implementation of the policy, ensuring it operates smoothly. Any concerns or occasions when it is felt it cannot be implemented should be shared and advice sought between the practitioner, their line manager and the named nurse for safeguarding.
- 7.2 Information about this policy should be included in the patients' information booklet and localised leaflets should be made available (see Appendix 5 as an example.) Trust employees will be made aware of the policy on induction to the Trust. It will also be discussed within Level 1 Safeguarding Children Training. Employees understanding of the policy requirements and application in practice should be ascertained through appropriate supervision and if required any local training identified and implemented.
- 7.3 Any reasons why this policy has not been fully implemented must be discussed with the Associate Director, Chief Nurse and Chief Operating Officer, Psychology and Allied Health professionals or the Lead Named Nurse for Safeguarding as appropriate.

8. Audit

- 8.1 Any audit requirements will be presented as an agenda item to the Safeguarding Public Protection Group by the Associate Director Safer Care
- 8.2 Questions or comments should be directed through its authors.

9 Equality and Diversity Assessment

- 9.1 In conjunction with the Trust's Equality and Diversity Officer, this policy has undergone an Equality and Diversity Impact Assessment which has taken into account all human rights in relation to disability, ethnicity, age and gender. The Trust undertakes to improve the working experience of staff and to ensure everyone is treated in a fair and consistent manner.

10 Training

- 10.1 The training related to this policy will be at the point of local induction and recorded on local induction checklist.

11 Implementation

- 11.1 Taking into consideration all the implications associated with this policy, it is considered immediate implementation is achievable for the contents to be embedded within the organisation.
- 11.2 This will be monitored by the Safeguarding and Safety Sub group during the review process. If at any stage there is an indication that the target date cannot be met, then the Safeguarding and Safety Sub Group will consider the implementation of an action plan.

12 Monitoring Compliance

- 12.1 Monitoring compliance will be met by the recording of staff completing local induction.
- 12.2 Audit of recording systems within unified Health records.

13. Fair Blame

- 13.1 The Trust is committed to developing an open learning culture. It has endorsed the view that, wherever possible, disciplinary action will not be taken against members of staff who report near misses and adverse incidents, although there may be clearly defined occasions where disciplinary action will be taken.

14. Associated Documentation

- CNTW(C)04 - Safeguarding Children Policy
- CNTW(O)07 - Complaints Policy

- CNTW(C) 20 - Care Programme Approach (CPA) Policy
- CNTW(C)23- Infection, Prevention and Control Policy (IPC)
- IPC-PGN-04.1 – Hand Hygiene and the Use of Gloves
- IPC-PGN-10 – Medical Devices and Equipment – Cleaning and Decontamination
- IPC-PGN-31 Guidance for the Management of Patients with Suspected or Confirmed COVID-19 infection
- Local Safeguarding Children Board Policies and Procedures
- NHS Safeguarding Children Procedures and Related Guidance
- Mental Health Act Code of Practice

15. 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 HMSO 2005
- The Revised Code of Practice (2015) on the Mental Health Act
- The Children Act 1989.
- Working Together to Safeguard Children 2018



Equality Analysis Screening Toolkit			
Names of Individuals involved in Review	Date of Initial Screening	Review Date	Service Area / Locality
Rachael Aitken	Sep 2021	Sep 2024	Trust wide
Policy to be analysed		Is this policy new or existing?	
CNTW(O)11 – Children Visiting – V05		Existing	
What are the intended outcomes of this work? Include outline of objectives and function aims			
The objective of this policy is to give all employees clear guidance as to what to do when a request for a child to visit a client is made			
Who will be affected? e.g. staff, service users, carers, wider public etc			
Staff, service users, carers and wider public			
Protected Characteristics under the Equality Act 2010. The following characteristics have protection under the Act and therefore require further analysis of the potential impact that the policy may have upon them			
Disability	NA		
Sex	NA		
Race	NA		
Age	Promotes and protects the interests of children and young people.		
Gender reassignment (including transgender)	NA		
Sexual orientation.	NA		
Religion or belief	NA		
Marriage and Civil Partnership	NA		
Pregnancy and maternity	NA		
Carers	Low/medium negative impact. Mothers more likely to be disadvantaged than fathers as they are likely to have more child care responsibilities.		
Other identified groups	Staff: Potential stress involved in depriving a visit		

How have you engaged stakeholders in gathering evidence or testing the evidence available?	
Through the policy process	
How have you engaged stakeholders in testing the policy or programme proposals?	
Through the policy review process.	
For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:	
As listed in the policy	
Summary of Analysis Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.	
The policy will always work in the best interests of the child and therefore has a positive impact for children and young people (protected characteristic age). The policy identifies that it is in the 'small minority' of cases that a visit would be denied and the reasons for this would be clearly documented and explained. Whilst this may have a negative impact for the service user, the policy follows the relevant Codes of Practice and the explanation of the reasons for denying a visit will go towards mitigating this unavoidable impact.	
Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups. Where there is evidence, address each protected characteristic	
Eliminate discrimination, harassment and victimisation	Policy does not unlawfully discriminate against equality target groups
Advance equality of opportunity	Not applicable
Promote good relations between groups	Not applicable
What is the overall impact?	Positive for Children and Younger People, potential negative impact for carers – though as stated above mitigation of this through explanation of reasons.
Addressing the impact on equalities	Not applicable
From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010? Yes – but mitigation is addressed in the policy	
If yes, has a Full Impact Assessment been recommended? If not, why not? No – mitigation is given in the policy	
Manager's signature:	Rachael Aitken
	Date: Sep 2021



Appendix B

Key Questions for the accountable committees designing, reviewing or agreeing a new Trust policy

Is this a new policy with new training requirements or a change to an existing policy?	Existing Policy
If it is a change to an existing policy are there changes to the existing model of training delivery? If yes specify below.	Greater awareness of children visiting and associated documentation
Are the awareness/training needs required to deliver the changes by law, national or local standards or best practice? Please give specific evidence that identifies the training need, e.g. National Guidance, CQC, NHS Resolutions etc. Please identify the risks if training does not occur.	Yes, cascade the policy via Directorates
Please specify which staff groups need to undertake this awareness/training. Please be specific. It may well be the case that certain groups will require different levels e.g. staff group A requires awareness and staff group B requires training.	Registered Nursing staff Unregistered Nursing staff and medical
Is there a staff group that should be prioritised for this training / awareness?	Awareness of policy
Please outline how the training will be delivered. Include who will deliver it and by what method. The following may be useful to consider: Team brief/e bulletin of summary Management cascade Newsletter/leaflets/payslip attachment Focus groups for those concerned Local Induction Training Awareness sessions for those affected by the new policy Local demonstrations of techniques/equipment with reference documentation Staff Handbook Summary for easy reference Taught Session E Learning	Trust wide Policy Bulletin Cascade Trust induction Safeguarding level 1
Please identify a link person who will liaise with the training department to arrange details for the Trust Training Prospectus, Administration needs etc.	Rachael Aitken



Appendix B – continued

Training Needs Analysis

Staff/Professional Group	Type of training	Duration of Training	Frequency of Training
Registered Nursing staff Unregistered Nursing staff Medical Staff Allied Health Professionals	Policy Awareness		At Trust wide Local Inductions

Should any advice be required, please contact:- 0191 245 6777 (internal 56777-Option 1)

Appendix C

Monitoring Tool

Statement

The Trust is working towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance, policy authors are required to include how monitoring of this policy is linked to auditable standards/key performance indicators will be undertaken using this framework.

CNTW(O)11 – Children Visiting Policy - Monitoring Framework		
Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any associated action plan will be reported to, implemented and monitored; (this will usually be via the relevant governance group).
1	<p>Number and timeliness of incident reports</p> <p>Safety and Patient Experience team to provide information. This information is reported on a monthly basis via the Group Quality and Performance meetings as part of the CLIPP report (Complaints, Litigation, Incidents, PALS and Points of You Report</p> <p>Safeguard reports received weekly to Ward Managers, Clinical Nurse Managers and Associate Directors.</p>	Information to be shared at Group Operational Management and Quality and Performance meetings
2	<p>Performance management of non-compliance of the policy through incidents reported through to internal and external agencies such as local safeguarding boards, advocacy services and trusts complaints procedures</p> <p>Safety and Patient Experience team to provide information.</p> <p>Healthcare Records Audit carried out on an annual basis via the Electronic Health care record audit by Ward Managers/Team Leaders.</p>	<p>Information to be shared at Group Operational Management and Quality and Performance meetings.</p> <p>Safeguarding and Safety Sub Groups</p> <p>Group CLIPP (Complaints, Litigation, Incidents, PALS and Points of You) report</p>

CNTW(O)11 – Children Visiting Policy - Monitoring Framework, continued		
Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any associated action plan will be reported to, implemented and monitored; (this will usually be via the relevant governance group).
3. All staff have read the Children Visiting Policy as part of their local induction.	Local Induction Checklist to be completed and returned to Workforce and Development Workforce Dashboards will monitor local induction checklists are being completed and these are managed via service lines	Workforce reports will highlight where local induction checklists are not been completed via Service line reports and discussed in Group Operational Management and Quality and Performance meetings. The service line will highlight with identified wards/teams if local induction checklists are not completed.

The Author(s) of each policy is required to complete this monitoring template and ensure that these results are taken to the appropriate Quality and Performance Governance Group in line with the frequency set out.