



Pan-Lancashire Procedure for the Supervision of Parents/Carers in Hospital Settings when there are Child Protection Concerns

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1. Introduction

1.1 This protocol aims to provide guidance to be followed when a child or young person is admitted to hospital (planned or as an emergency) where there is a need to supervise the contact that they have with family members in order to keep them safe from harm.

2. Children admitted to hospital with suspected non accidental injury (NAI)

2.1 If it is felt that the child may have suffered harm or be at risk of suffering harm a strategy discussion/meeting must take place between Children's Social Care, Police, Health and other relevant professionals as soon as possible following admission. Part of the strategy discussion/meeting is the consideration of the level of risk the family members may pose to the admitted child and other patients/children in the ward environment. Consideration should be given to the need for parental presence to assist with reassurance of the child and medical consent issues. Hospital staff must ensure that the outcome of the decision regarding supervision of the parents, and the people carrying out the supervision, is documented in the child's health record.

2.2 If the child's admission is outside of normal working hours this must not prevent the meeting from occurring. It is reasonable for this to be via telephone if appropriate. Hospital staff must ensure this conversation is documented in the child's health record if appropriate with the relevant out of hour's service.

2.3 Until such time as the strategy discussion/meeting has taken place, hospital staff must follow the Trust's risk management procedures in ensuring the safety of the child. If the decision of the strategy discussion/meeting requires parents to leave the hospital then all relevant medical and care information must be requested from the parents prior to them leaving, for example: medical factors such as known allergies, child care issues such as bedtime and feeding routine or any other special circumstances pertaining to the child.

2.4 If the decision of the strategy meeting/discussion is that supervision of the parents is necessary on the ward due to the risk they may pose to the child then Children's Social Care are responsible for making the arrangements for that supervision. This could include the use of family members to supervise contact if the strategy discussion/meeting deemed this to be safe. Hospital staff must not be used for supervision purposes.

If appropriate supervision cannot be identified, it should be clearly understood that on some occasions a decision may be reached that the parent or relevant person may be offered NO access to the child during the relevant period. The decision to do so is a serious one with potentially detrimental consequences to the child's immediate wellbeing and demeanour; however there are occasions when this is in the best safeguarding interests of the child.

2.5 All discussions and decisions must be clearly documented in the child's health record by health staff and on the relevant case management systems by all other agencies involved.

2.6 Children's Social Care staff is responsible for informing Health staff of any deviations from the agreed contact plan. Health staff and Social Worker must record these changes in their own agencies' child records.

3. Children requiring planned admission to hospital (when contact is already supervised in the community)

3.1 As far as possible all planning for the admission needs to be carried out prior to the admission taking place. This includes compilation of supervision plans. There must be an acceptance from all agencies that if parents require supervised contact with their child outside of hospital then the supervision of contact should be put in place during hospital admission /attendance unless there is documented reason as to why this does not need to occur. If a child is having supervised contact with their parent it is probable that the child is either looked after by the Local Authority or is being cared for by relatives/friends. This should be confirmed and discussed within the admission planning process.

3.2. Prior to admission a multi agency meeting or discussion will occur to provide a forum in which information about the family and the risks which they pose can be shared and any requirement for supervision will be discussed and agreed. The membership of the meeting should consist as a minimum of social worker, health visitor (in child under 5 years), school nurse (child over 5 years), Police officer (if applicable) and relevant hospital staff.

3.3. As far as possible parents should be kept informed of the supervision arrangements. The decision of the meeting will be relayed to the parents by the social worker.

3.4. Children's Social Care is responsible for making the arrangements for supervision if it is necessary. This could include the use of family members to supervise contact if the strategy discussion/meeting deemed this to be safe. Hospital staff must not be used for supervision purposes.

4. Children requiring emergency admission to hospital (when contact is already supervised in the community)

4.1 It is acknowledged that emergency admissions for children present an unknown risk and it may take some time to establish if the child is known to Children's Social Care.

4.2 When Health staff become aware there are child protection concerns regarding a child and family they must liaise with Children's Social Care to establish if there are any contact arrangements in place.

4.3 If supervised contact agreements are in place in the community then part 3 of this protocol should be followed.

5. Basic principles of parental / carers supervised contact within the acute hospital setting

5.1 In emergency situations i.e. the child becomes acutely unwell; Health staff must make immediate contact with parents/carers and inform the social worker or Emergency Duty Team as soon as possible. It is anticipated that in this instance a parent may wish to attend the hospital to see their child. Supervision between the child and parents must still occur but it may be appropriate for health staff to supervise for a short period and then ask parents to leave. A multi agency discussion should take place to agree all aspects of the contact as soon as possible.

5.2 Any deliberations in relation to the contact between children and their families must consider what actions are in the child's best interests, ensuring that the child's needs are paramount as defined within the Children Act (2004).

5.3 Where possible the wishes of the child should be considered and kept central to all discussions.

5.4 Children's Social Care is responsible for making the arrangements for supervision if it is necessary. This could include the use of family members to supervise contact if the strategy discussion/meeting deemed this to be safe. Hospital staff must not be used for supervision purposes.

5.5 If at any point during the child's hospital admission concerns are raised that the wellbeing of the child or ward environment is being jeopardised by parents/carers, immediate protective steps must be taken to safeguard the child and the environment; for example removing the parents from the room to calm down or requesting they leave the ward area. If parents/carers fail to comply with requests then security/ police assistance should be considered. Health staff must inform Children's Social Care of any incidents and action taken.

5.6 Immediate police assistance via 999 must be sought if a parent attempts to remove the child from the ward setting without agreement.

7. Glossary

Child	As defined in the Children Act (1989) a child is considered as being less than 18 years of age.
Contact	For the purposes of this guidance contact is taken to mean the time that a parent/carer spends directly with their child.
Supervision of contact	When a third person constantly monitors the contact between a parent/care and their child to ensure the child's safety
Non accidental injury (NAI)	An injury that has been inflicted to a child and was not caused accidentally
S47	Section 47 of the Children Act 1989 places a duty on LAs to investigate and make inquiries into the circumstances of children considered to be at risk of 'significant harm' and, where these inquiries indicate the need, to decide what action, if any, it may need to take to safeguard and promote the child's welfare. (link to s47 procedure to be inserted)
Strategy Discussion/meeting	Children's Social Care must hold a Strategy Discussion whenever there is reasonable cause to suspect that a child has suffered or is likely to suffer Significant Harm; This may be following a Referral and Initial Assessment or at any time during an assessment or where a child is receiving support services, if concerns about Significant Harm to the child emerge; Any agency may request that Children's Social Care convene a strategy discussion (insert link to strategy discussion procedure)

Flowchart of procedure for when a child or young person is admitted to hospital and parents/carer require supervision

