



## **Western Bay SCB Multi Agency Protocol for the Supervision of parents and carers of children and young people admitted to hospital where there are safeguarding concerns**

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### **Acknowledgments**

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23rd January 2014 Western Bay Safeguarding Children Board

## 1. Introduction

### **This protocol refers to children as 0-18 years to include new born babies, infants, children and young people**

1.1. This protocol aims to address the supervision needs of children and young people who are admitted to any hospital ward / area with safeguarding concerns i.e. suspected non accidental injury, and children who are admitted to hospital (either planned or emergency) who have supervised contact with parents / carers / family members in the community.

1.2. All references to Health throughout this protocol include medical, nursing and midwifery staff, or any other employee of the Health Board.

1.3. It is acknowledged that there may be child protection private or public law proceedings in respect of children which involve restricting the contact that adult/s can or can't have with the child / children. If this is the case a copy of the appropriate document /s describing / ordering the arrangements will be required for the hospital records.

1.4. The hospital environment and separation from normal daily routines can invoke feelings of anxiety for children and families. In usual circumstances health staff and parents / carers work together to ensure that the child's emotional and physical needs are met. However, there may be occasions (1.3) where parent's/carer's contact with the child must be supervised to ensure the child and ward environment are adequately safeguarded.

1.5. Hospital staff are committed to the provision of emotional and physical care of children, their families and carers within an environment that is safe and secure.

1.6. All services working or in contact with children and young people have a responsibility to safeguard and promote their welfare. A multi-agency approach to assessment and service provision is in the best interests of children and their parents. Risk to children is reduced through effective multi-agency and multi-disciplinary information sharing and joint working. There needs to be a common, shared understanding of working together that accepts joint ownership of challenges and joint-management of risk.

## 2. Unscheduled Admissions for children with Safeguarding Concerns

2.1 Throughout any child protection process the child is required to remain on the ward. The child must not leave the ward at any time with the family. Any attempt by the family to remove the child will be reported to the Police and Social Services immediately. Consideration should be given as to who is best placed to reassure the child and deal with medical consent issues.\*

*(\*Read "WBSCB Multi-Agency Policy for Minor Injuries in Babies 2016 ")*

2.2. A strategy discussion must take place between Children's Services, Police and Health, as soon as possible following admission. In the discussion there will be consideration of the need for contact restrictions- the level of risk the family members may pose to the admitted child and other patients/ children in the ward environment. Consideration should also be given to the need for parental presence to assist with reassurance of the child and medical consent issues.

2.3 If, following the strategy discussion, the multi agency decision requires parents to leave the hospital or that contact restrictions need to be put in place the reason for this must be

explained to them by Social Services staff or the police. For example, that they cannot leave the ward area with the child, and the need to be visible to staff at all times.

Good practice suggests that all relevant information must be requested from the parents/carers prior to them leaving. For example: known allergies, child care issues such as bedtime and feeding routine or any other special circumstances pertaining to the child (see 1.4)

2.4. Hospital staff must not be used for supervision purposes. Children's Services are responsible for informing Health staff of any deviations from the agreed contact plan. Health staff and Social Worker must record these changes in the child's records held by each agency.

2.5. For those children who are already subject to an Interim or Full Care Order and do not usually reside with parents removal of the child from the ward by the parents, will be treated in all instances as abduction. Police and Social Services will be contacted by the ward staff as soon as any threat of abduction is known or suspected and consideration must be given as to whether contact should be suspended. Legal advice must be sought via Social Services or Police. Immediate Police assistance via 999 must be sought if a parent attempts to remove the child from the ward setting.

2.6. On completion of the medical assessment a multi agency strategy meeting will be co-ordinated by Children's Services. The strategy meeting will be conducted at the hospital. This meeting will need to give further consideration around contact restrictions; following on from those identified in the strategy discussion (2.2) Parents/carers will be advised of the outcome of the strategy meeting by Children's Services.

2.7. All discussions and decisions must be clearly documented in the child's medical records by health staff and on the relevant case management systems by all other agencies involved. This includes the contact plan.

### **3. Planned hospital admissions for children who are subject to supervised contact arrangements**

3.1. If parents require supervision with their children when in the community then this arrangement must continue whilst the child is in hospital. It is the responsibility of the Local Authority to provide staff for supervision and to ensure parents are updated regarding contact arrangements.

3.2. The child's social worker should make written contact with the Ward Manager or the Paediatric safeguarding lead and advise them of the reasons the supervised contact is in place and details of the current supervision arrangements. The supervised contact agreement or other relevant documents eg a safety plan should be provided. This document should be attached to the child's medical records by Health staff.

3.3. ALL concerns regarding parental behaviour or risk to the child or ward environment must be disclosed to the Ward Manager or Paediatric Safeguarding Lead prior to admission. Any relevant risk assessments that Children's Services hold must be shared with Health and documented in the child's medical records.

3.4. There should be Multi agency agreement as to who is best placed to keep parents / carers updated on the child's medical condition and progress.

#### **4. Unscheduled hospital admission for children who are subject to supervised contact arrangements**

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 Services. The child's medical needs take precedence. The child protection register is routinely checked for all attendance to Emergency Department and admissions to paediatric ward areas. Formal Child Protection Register Enquiries are also made where indicated.

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

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

#### **5. Basic Principles of Supervising contact with Parents / Carers / Family Members within the Acute Hospital Setting**

5.1. The decision to restrict, supervise or indeed deny parents / carers / family members contact with their child in hospital is a multi agency decision; the reasons for this decision must be recorded on the child's medical records.

5.2. 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 for Children's Services 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 may still occur but it may be appropriate for health to supervise for a short period and then ask parents to leave. In the instance that the child is admitted to the High Dependency Unit, female is on the labour ward or baby on neonatal unit it is acknowledged these areas are supervised and parents could remain with their child. A multi agency discussion should take place to agree all aspects of the contact as soon as possible.\*

5.3. 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).

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

5.5. Children's Services have the responsibility for providing staff to supervise agreed contact. This includes supervision of a mother with her newborn baby and must be in accordance with the birth plan. \*

5.6 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 or police assistance should be considered. Health must inform Children's Services of any incidents and action taken.

*\* To be read in conjunction with Birth Planning Guidance by Western Bay Safeguarding Children Board (Point 5.2/5.5)*

**NB** : If a child is subsequently transferred to another ward/ hospital then any safeguarding / supervision arrangements must be shared with the new ward area manager/ person in charge. The Local Authority must also be notified if the child is transferred at any time to a new ward or hospital.

**Appendix 1:****Contact Plan to be added to Childs Medical Records to be completed by Health**

<b>Name of Child:</b>	
<b>Name of Social Worker:</b>	
<b>Contact Details of Social Worker:</b>	
<b>Contact arrangements within the Community</b>	

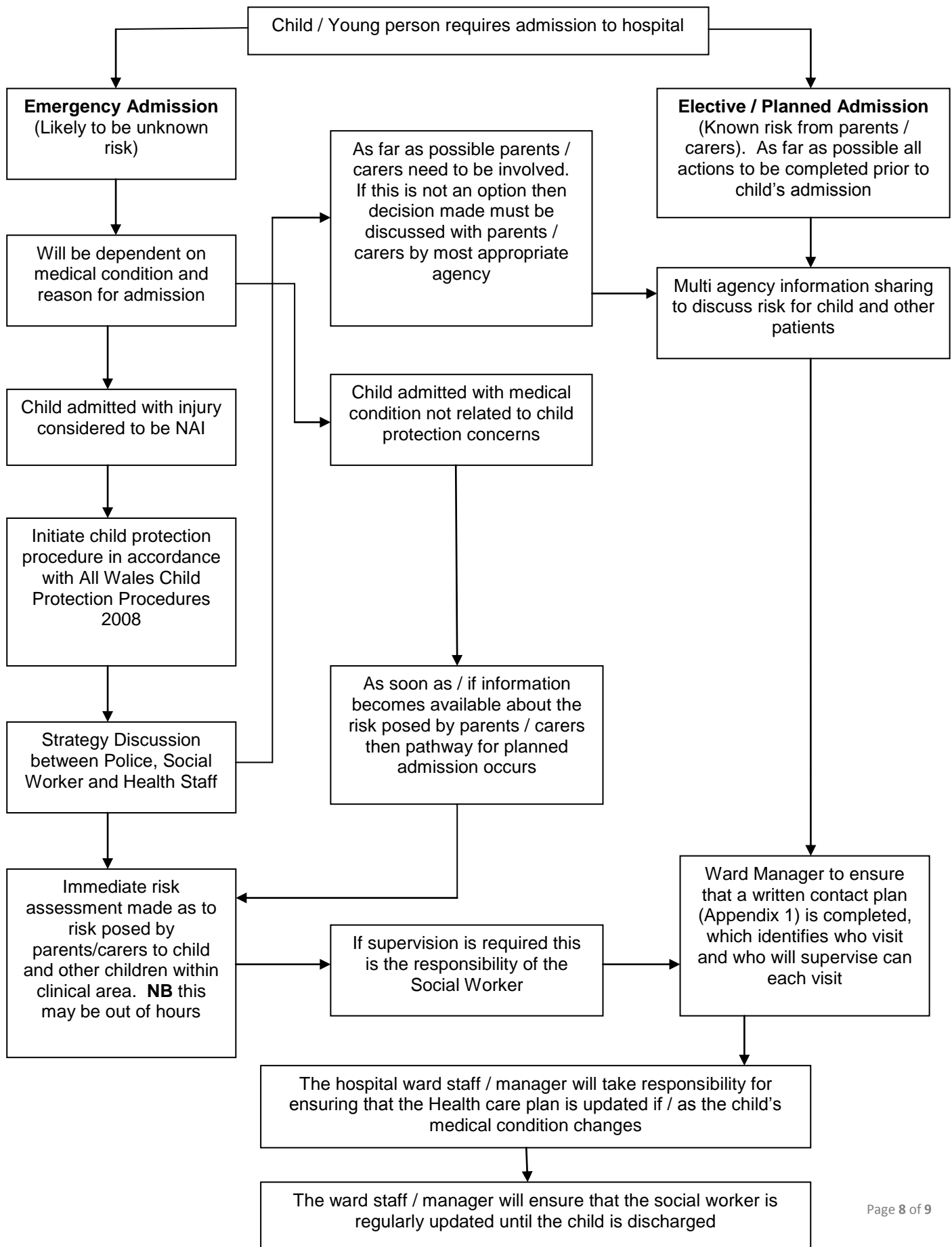
It is the responsibility of the Social Worker to inform the Ward Manager if contact changes from the agreed plan so this sheet can be updated.

<b>Date of Contact</b>	<b>Time of Contact</b>	<b>People taking part in contact</b>	<b>People excluded from contact with the child</b>	<b>Supervisor</b>	<b>Phone Number of Supervisor if not Social Worker</b>

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## APPENDIX 2

### Flowchart of procedure when child or young person admitted to Hospital where there are safeguarding concerns





## Appendix 3:

### References

- All Wales Child protection Procedures 2008: [All Wales Child Protection Procedure, 2008](#)
- Children Act 1989: [Children Act, 1989](#)
- Children Act 2004: [Children Act, 2004](#)
- Social Services and Well Being (Wales) Act 2014