

**Cardiff and Vale of Glamorgan
Local Safeguarding Children Board**

**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

Cardiff and Vale of Glamorgan Local Safeguarding Children Board's (LSCB) offers acknowledgment and thanks to Manchester Safeguarding Children Board and Essex Local Safeguarding Children's Board for the original documents upon which this protocol is based.

1. Introduction

- 1.1. This protocol aims to address the supervision needs of children and young people who are admitted to hospital 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 includes medical and nursing staff, Safeguarding Children's Team (Health), or any other employee of the Health Board as the situation warrants.
- 1.3. It is acknowledged that there may be private or public law proceedings in respect of children. If there is a Court order regulating the contact that an adult can or can't have with the child/children, a copy of that order will be required for the medical 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 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. Children admitted to hospital with suspected non accidental injury (NAI)

2.1. A strategy discussion must take place between Children's Services, Police and Health as soon as possible following admission to consider 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.

2.2. For those children who are subject to an Interim or Full Care Order, any threat to remove them during their hospital admission, will be treated in all instances as abduction. Where the threat of abduction is known, consideration must be given as to whether contact should be suspended. Legal advice must be sought.

2.3. If the multi agency decision 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 a parent is to remain with the child they must be in agreement that they will not leave the ward area with the child and that they will comply with being visible to staff at all times, for example: they do not draw curtains around the bed or take the child into the bathroom. Non compliance of this request will result in the parent being asked to leave.

2.5. 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. Parents/ carers will be advised of the outcome of the strategy meeting by Children's Services.

2.6. If the decision of the strategy meeting recommends the child can not return home with the parents and/or the parents/carers are going to require supervised contact with the child in the community, then the same arrangements must be adhered to within the ward environment.

2.7. All agreed contact of parents/carers in the ward environment is the responsibility of Children's Services. Hospital staff must not be used for supervision purposes.

2.8. At the hospital admission stage of the child protection process, family members should not be allowed to supervise any contact until the completion of the section 47 investigation.

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

2.10. 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.

3. Planned hospital admissions for children who are subject of a supervision plan in the community

3.1. If parents require supervision with their children when in the community then this arrangement must continue whilst the child is in hospital.

3.2. The child's social worker should make written contact with the Ward Manager or the Hospital Safeguarding Children's Team and advise them of the reasons the supervised contact is in place and details of the current supervision arrangements. 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 the Hospital Safeguarding Team 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. It is the responsibility of the social worker to provide staff for supervision and to ensure parents are updated regarding contact arrangements.

3.5. It is Health's responsibility to keep parents / carers updated on the child's medical condition and progress.

4. Emergency hospital admissions for children who are subject of a supervised contact with parents / carers 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 Services.

4.2. When Health staff become aware there are social 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. As defined in the Children Act (1989) a child is considered as being under 18 years of age.

5.2. 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.

- 5.3. 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 must 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 Paediatric Intensive Care or High Dependency 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.
- 5.4. 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).
- 5.5. Where possible the wishes of the child should be considered and kept central to all discussions.
- 5.6. Children's Services have the responsibility for providing staff to supervise agreed contact.
- 5.7. 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 must inform Children's Services of any incidents and action taken.

5.8. Immediate police assistance via 999 must be sought if a parent attempts to remove the child from the ward setting.

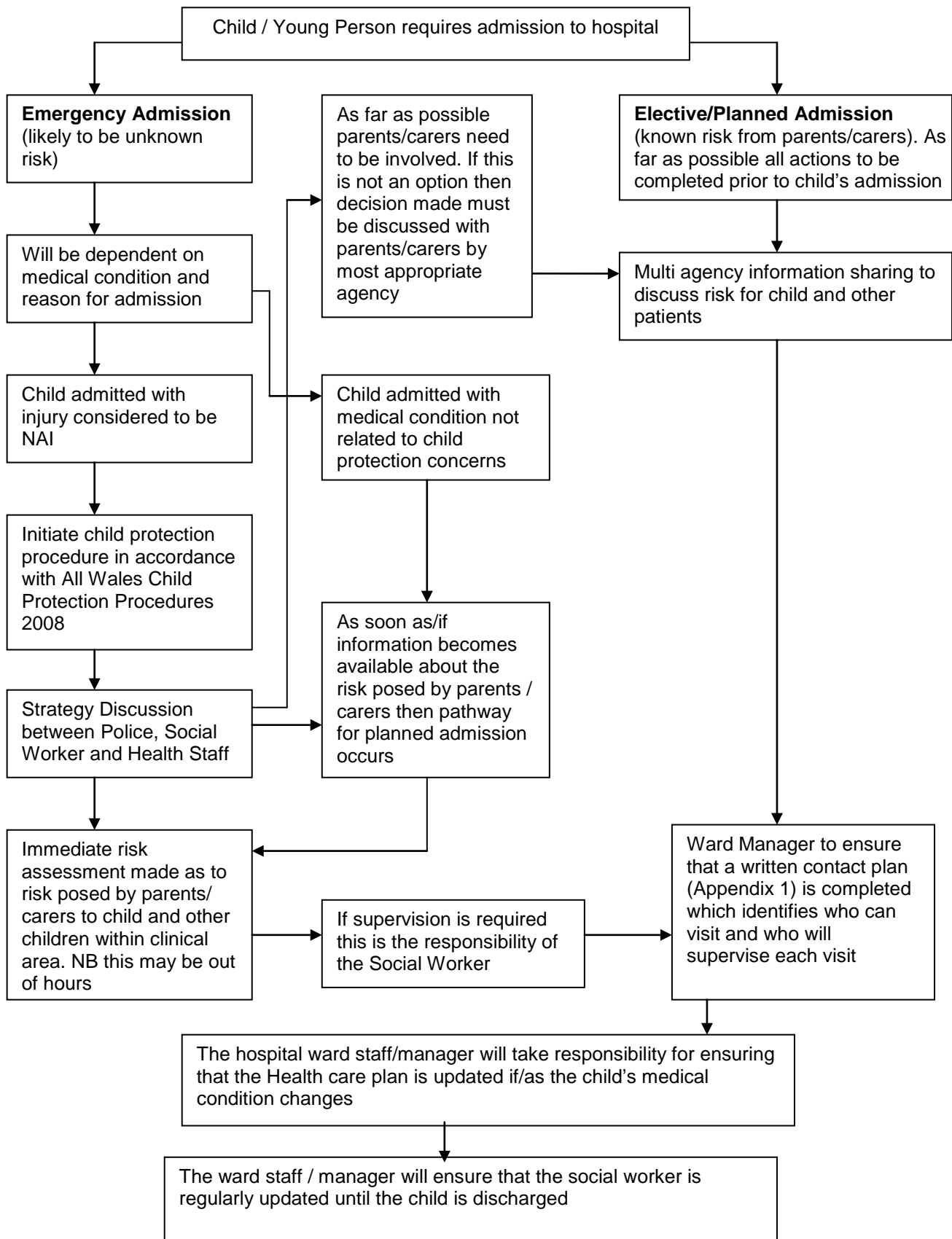
Appendix 1: Contact Plan to be added to Childs Medical Records to be completed by Health

Name of Child:	
Name of Social Worker:	
Contact Details of Social Worker:	
Contact arrangements within the Community	

It is the responsibility of the Social Worker to inform the Ward Manager every time a contact is planned, so this sheet can be completed.

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

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](#)