

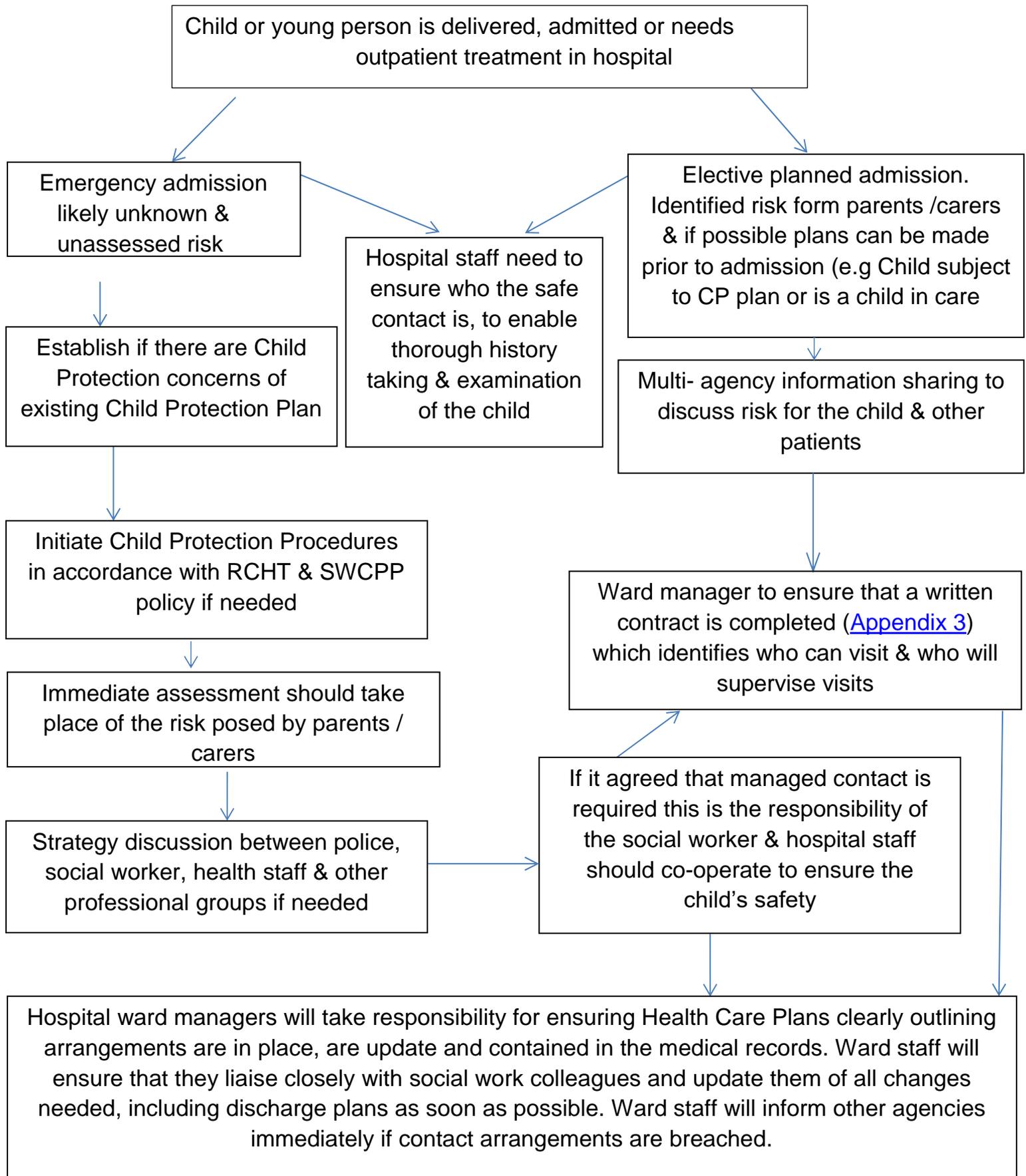
*Partnership Agreement:  
Children's Social Care and  
Royal Cornwall Hospital Trust  
Multi-Agency*

**The Management of Contact for Children  
with their Parents/Carers in the Acute  
Hospital Setting where there are Child  
Protection Issues Policy**

**V4.0**

**November 2019**

## Summary - Flowchart of the procedure when a child or young person is admitted to hospital (including maternity services) and there are safeguarding concerns



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## 1. Introduction

1.1. This policy adheres to Working Together to Safeguard Children (2018) requirements, to ensure safety in cases where children are cared for in acute hospitals (including maternity services) and there are safeguarding concerns relating to their contact with their parent /carers. All services working with children and their families have a responsibility to safeguard and promote their welfare. This policy is informed by the requirements of The Children Act 1989 and 2004. It reflects the principles contained within the United Nations Convention on the Rights of the Child, ratified by the U.K. Government in 1991. The policy takes account of the European Convention of Human Rights, particularly Articles 6 and 8, which was incorporated into UK domestic law on 02 October 2000 and Cornwall and Isles of Scilly LSCB child protection procedures: [www.swcpp.org.uk](http://www.swcpp.org.uk)

1.2. This version supersedes any previous versions of this document.

### 1.3. Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework policy', or contact the Information Governance Team [rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)

## 2. Purpose of this Policy/Procedure

2.1. There is a need for a common understanding between agencies of how we can work together to reduce risk that accepts shared ownership of challenges and joint ownership of risk.

2.2. This policy aims to address the needs of children and young people aged 0-18 admitted to hospital with safeguarding concerns and those who are admitted to hospital (either planned or unplanned) who have supervised contact with their parents or carers in the community.

2.3. All agreed contact with children and their parents and carers in the hospital environment, when risk is identified, is the responsibility of Children's Social Care and hospital staff cannot be used for social supervision purposes. This policy can be applied to any area where children are being cared for in including: paediatric wards, maternity units, high dependency units, neonatal intensive care baby units, and Emergency Departments and outpatient departments.

## **2.4. Principles**

To always promote contact with the child's family/carer when it is safe to do so. To ensure the child's best interests and safety are always a priority. It is acknowledged that safeguarding children is the responsibility of all agencies. To ensure the safety of all children within the hospital environment.

## **3. Scope**

3.1. It is normally in the interests of a child to have contact with parent/carer/significant adult when in hospital. In some situations it is in the child's interests/safety to restrict or stop contact. Remembering parents have legal and parental responsibility.

3.2. Situations where consideration needs to be given to contact arrangements, cessation of contact can only be considered if in a legal process via social care, however, requests for parents to leave may include when:

- i. Adult may pose a risk to a child
- ii. There is evidence of significant harm to a child previously or currently
- iii. Restriction indicated in a Child Protection plan that is in place
- iv. Previous court orders limiting or detailing contact arrangements
- v. Current Care Orders in place
- vi. Direct contact is considered by agencies a risk to a child
- vii. Adult carer's behaviour is considered inappropriate/dangerous and causing distress to the child

## **4. Definitions / Glossary**

4.1. Royal Cornwall Hospital Trust (RCHT).

4.2. Safeguarding Children's Operational Group (SCOG).

## **5. Ownership and Responsibilities**

5.1. Responsibility for this document rests with the Director of Nursing, Maternity & Allied Health Professionals.

5.2. The author of this Policy is Wendy Perkin, Named Nurse for Safeguarding Children, RCHT in partnership with Rebecca Sargent, Head of Service, East Cornwall, Children and Family Services.

### **5.3. Role of the Managers**

Line managers are responsible for:

- Understanding their role and responsibilities to ensure the safety of children that are vulnerable in your care
- Have a working knowledge of Working Together to Safeguard Children (2018) and its implementation on their practice when safeguarding children
- Demonstrates skills and knowledge to contribute effectively to the safeguarding process

- Awareness and application of a range of local and national policy and procedural frameworks when undertaking safeguarding activity
- Ensure service users / carers are supported appropriately to understand safeguarding issues to maximise their decision making
- Understand when to use emergency systems to safeguard children
- Maintain accurate, complete and up-to-date records

#### **5.4. Role of the SCOG Group/Committee**

SCOG Group/Committee is responsible for:

- This Policy
- This document is approved by the Safeguarding Children's Operational Group RCHT

#### **5.5. Role of Individual Staff**

Individual staff are responsible for:

- Implementing this Policy and maintaining the safety of the child/children

## **6. Standards and Practice**

6.1. Where a case is open to social care, child /young person is subject to a child protection plan or is a child in care, Children's Social Care hold responsibility for risk assessing contact. Each child is discussed on a case by case basis.

6.2. Any contact plan must clearly identify who is being supervised, by whom, when and where and be reviewed at regular intervals. (See [Appendix 3](#))

6.3. There may be circumstances following a multi-agency discussion where hospital staff may monitor, observe and record parent/child interaction and dynamics in a situation where this does not place the child at risk.

6.4. If contact is restricted with any adults in the child's life, staff will need to be informed.

6.5. Contact arrangements should be agreed with Children's Social Care and a copy of the arrangements recorded in the patient's notes (See [Appendix 3](#)).

6.6. The Social Worker will inform the nurse in charge of the ward of the arrangements to ensure that supervised contact takes place. This should include action to be taken should the parent/carers not comply with the arrangements.

6.7. The nurse in charge of the ward will ensure that all relevant hospital staff, including the Named Nurse for Safeguarding Children or Named Midwife for Safeguarding, are informed/updated regarding the arrangements.

#### **6.8. Process**

6.8.1. When there are concerns regarding supervision of the carers Social Care will have a child plan and risk assessment of the family and the plan should identify parents/carers who may represent a risk to a child.

6.8.2. If concerns are raised regarding the safety of contact for a child on hospital admission or as an outpatient, then consult the Named Professionals.

6.8.3. If concerns remain liaise with Social Care and refer if needed. Social Care are responsible and will provide a risk assessment determining contact arrangements for parents/carers and the child.

6.8.4. Social Care will take the lead in addressing contact arrangements. Staff should ensure that written contact arrangements are in place. Staff should not take sole responsibility for contact where risk is felt to be present.

6.8.5. Flowchart of the procedure when a child or young person is admitted to hospital and there are safeguarding concerns (See [Flowchart](#))

## 6.9. Changes to Supervised Contact

6.9.1. If there are changes in contact arrangements whilst the child is in the care of the hospital the Social Work key worker will inform staff of new arrangements prior to their commencement.

6.9.2. An up to date copy of contact arrangements should be included within the child's notes.

## 6.10. Record Keeping

6.10.1. The contact arrangements must be recorded and retained in the child's records using the contact plan (See [Appendix 3](#)) by the senior nurse on the ward, responsible for the care of the child.

6.10.2. All documentation should be contemporaneously and accurately recorded in accordance with record keeping policy.

6.10.3. Social worker to record the agreed arrangements within the child's social care file.

## 7. Dissemination and Implementation

7.1. This document replaces the previous policy for monitoring the supervision of carers in a hospital setting. The policy will be disseminated through the Safeguarding Children Operational Group, the Safeguarding Children Link Group and through RCHT notification processes.

7.2. The information will be shared with Children's Social Care to ensure multi-agency understanding.

## 8. Monitoring compliance and effectiveness

|                         |  |
|-------------------------|--|
| Element to be monitored | The effectiveness of the policy will be monitored by the Child Protection Named Professionals. All incidents identified when the policy is not followed will be investigated with Social Care Partners |
| Lead                    | Wendy Perkin, Named Nurse for Safeguarding Children  |
| Tool                    | DATIX system will be used to record and monitor any issues with this   |

|   |   |
|---|---|
|   | process.<br>Link Social Work Meetings with Social Work Managers, and SCOG will report and resolve issues regarding working together   |
| Frequency                                   | Quarterly evaluation and reporting of issues via SCOG meetings<br>Immediate issues will be addressed and reported as they occur   |
| Reporting arrangements                      | Effectiveness and implementation and issues raised will be reported to the Safeguarding Children's Operational Group (SCOG)<br>SCOG is chaired by the Nurse Consultant for Safeguarding who will monitor and act if issues need to be addressed |
| Acting on recommendations and Lead(s)       | SCOG members including Named Professionals, Chair and Trust representative members  |
| Change in practice and lessons to be shared | Will be addressed through SCOG and with multi-agency partners. Any amendments needed to be disseminated to staff via link group members and managerial lines  |

## 9. Updating and Review

9.1. The Policy will be reviewed in three years from publication

9.2. Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author will ensure the revised document is taken through the standard consultation, approval and dissemination processes.

9.3. Where the revisions are minor, e.g. amended job titles or changes in the organisational structure, approval can be sought from the Director of Nursing, Midwifery and Allied Health Professionals responsible for signatory approval, and can be re-published accordingly without having gone through the full consultation and ratification process.

## 10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

### 10.2. *Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1 Governance Information

|   |  |     |      |
|---|--|-----|------|
| <b>Document Title</b>   | The Management of Contact for Children with their Parents/Carers in the Acute Hospital Setting where there are Child Protection Issues Policy V4.0 |     |      |
| <b>Date Issued/Approved:</b>  | November 2019  |     |      |
| <b>Date Valid From:</b>   | November 2019  |     |      |
| <b>Date Valid To:</b>   | November 2022  |     |      |
| <b>Directorate / Department responsible (author/owner):</b>   | Wendy Perkin Named Nurse for Safeguarding Children   |     |      |
| <b>Contact details:</b>   | 01872 254549   |     |      |
| <b>Brief summary of contents</b>  | Guidance for clinicians of the procedure to follow when a child/young person's carers need to be supervised to ensure the safety of the child      |     |      |
| <b>Suggested Keywords:</b>  | Safeguarding Children, Child Protection Supervision, Parents and Carers Contact for Children with Parents or Carers                                |     |      |
| <b>Target Audience</b>  | RCHT   | CFT | KCCG |
|   | ✓  |     |      |
| <b>Executive Director responsible for Policy:</b>   | Director of Nursing, Midwifery & Allied Health Professionals   |     |      |
| <b>Date revised:</b>  | November 2019  |     |      |
| <b>This document replaces (exact title of previous version):</b>  | The Management of Contact for Children with their Parents/Carers in the Acute Hospital Setting where there are Child Protection Issues V3.0        |     |      |
| <b>Approval route (names of committees)/consultation:</b>   | Safeguarding Children's Operation Group (SCOG)   |     |      |
| <b>Divisional Manager confirming approval processes</b>   | Zoe Cooper, Nurse Consultant for Safeguarding  |     |      |
| <b>Name and Post Title of additional signatories</b>  | Not Required   |     |      |
| <b>Name and Signature of Care Group/Directorate Governance Lead confirming approval by specialty and care group management meetings</b> | {Original Copy Signed}   |     |      |
|   | Name: Kim O'Keeffe   |     |      |

|   |   |   |               |
|---|---|---|---------------|
| <b>Signature of Executive Director giving approval</b>                                  | {Original Copy Signed}                      |   |               |
| <b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b> | Internet & Intranet                         | ✓ | Intranet Only |
| <b>Document Library Folder/Sub Folder</b>   | Clinical / Safeguarding Children            |   |               |
| <b>Links to key external standards</b>  | None  |   |               |
| <b>Related Documents:</b>   | Working Together to Safeguard Children 2018 |   |               |
| <b>Training Need Identified?</b>  | No  |   |               |

### Version Control Table

| <b>Date</b> | <b>Version No</b> | <b>Summary of Changes</b>                                    | <b>Changes Made by<br/>(Name and Job Title)</b>     |
|-------------|-------------------|--|---|
| 2010        | V1.0              | Initial version  | Dr G.Taylor- named doctor for child protection      |
| Feb 2014    | V2.0              | Review and amendment to all content. Re format               | Alison O’Neill – Named Nurse for Child Protection   |
| Mar 2017    | V3.0              | Review and Amendments of content                             | Wendy Perkin, Named Nurse for Safeguarding Children |
| Nov 2019    | V4.0              | Review and amendments of content and placed on new template. | Wendy Perkin, Named Nurse for Safeguarding Children |

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

### **Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2 Initial Equality Impact Assessment Form

This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.

|  |  |                 |                                  |                               |              |
|--|--|-----------------|----------------------------------|-------------------------------|--------------|
| <b>Name of the strategy / policy / proposal / service function to be assessed</b>  |  |                 |                                  |                               |              |
| The Management of Contact for Children with their Parents/Carers in the Acute Hospital Setting where there are Child Protection Issues Policy V4.0 |  |                 |                                  |                               |              |
| <b>Directorate and service area:</b>   |  |                 | <b>New or existing document:</b> |                               |              |
| Corporate  |  |                 | Existing                         |                               |              |
| <b>Name of individual completing assessment:</b>   |  |                 | <b>Telephone:</b>                |                               |              |
| Wendy Perkin   |  |                 | 01872 254549                     |                               |              |
| <b>1. Policy Aim*</b><br><i>Who is the strategy / policy / proposal / service function aimed at?</i>   | Clear guidance for the management of contact for children with their parent/carer in the acute hospital setting (including maternity services) where there are Child Protection Issues |                 |                                  |                               |              |
| <b>2. Policy Objectives*</b>   | Clear guidance for the management of contact for children with their parent/carer in the acute hospital setting (including maternity services) where there are Child Protection Issues |                 |                                  |                               |              |
| <b>3. Policy – intended Outcomes*</b>  | Evidenced based and standardised care  |                 |                                  |                               |              |
| <b>4. *How will you measure the outcome?</b>   | Audit  |                 |                                  |                               |              |
| <b>5. Who is intended to benefit from the policy?</b>  | Children and families  |                 |                                  |                               |              |
| <b>6a Who did you consult with</b>   | <b>Workforce</b>   | <b>Patients</b> | <b>Local groups</b>              | <b>External organisations</b> | <b>Other</b> |
|  |  |                 |                                  |                               | X            |
| <b>b). Please identify the groups who have been consulted about this procedure.</b>  | Safeguarding Children's Operation Group (SCOG)   |                 |                                  |                               |              |
| <b>What was the outcome of the consultation?</b>   | Agreed   |                 |                                  |                               |              |

|  |     |    |        |  |
|--|-----|----|--------|--|
| <b>7. The Impact</b>   |     |    |        |  |
| Please complete the following table. <b>If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.</b> |     |    |        |  |
| Are there concerns that the policy <b>could</b> have differential impact on:   |     |    |        |  |
| Equality Strands:  | Yes | No | Unsure | Rationale for Assessment / Existing Evidence |
| Age  |     | X  |        |  |

The Management of Contact for Children with their Parents/Carers in the Acute Hospital Setting where there are Child Protection Issues Policy V4.0

|  |               |  |  |  |  |           |          |
|--|---------------|--|--|--|--|-----------|----------|
| <b>Sex</b><br>(male, female,<br>trans-gender / gender<br>reassignment)   |               | <b>X</b>                               |  |  |  |           |          |
| <b>Race / Ethnic<br/>communities<br/>/groups</b>   |               | <b>X</b>                               |  |  |  |           |          |
| <b>Disability -</b><br>Learning disability,<br>physical impairment,<br>sensory impairment,<br>mental health<br>conditions and some<br>long term health<br>conditions.  |               | <b>X</b>                               |  |  |  |           |          |
| <b>Religion /<br/>other beliefs</b>  |               | <b>X</b>                               |  |  |  |           |          |
| <b>Marriage and<br/>Civil partnership</b>  |               | <b>X</b>                               |  |  |  |           |          |
| <b>Pregnancy and<br/>maternity</b>   |               | <b>X</b>                               |  |  |  |           |          |
| <b>Sexual<br/>Orientation,</b><br>Bisexual, Gay,<br>heterosexual,<br>Lesbian   |               | <b>X</b>                               |  |  |  |           |          |
| <p><b>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</b></p> <ul style="list-style-type: none"> <li>• You have ticked “Yes” in any column above and</li> <li>• No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. <b>or</b></li> <li>• Major this relates to service redesign or development</li> </ul> |               |  |  |  |  |           |          |
| 8. Please indicate if a full equality analysis is recommended  |               |  |  | <b>Yes</b>                                     |  | <b>No</b> | <b>X</b> |
| 9. If you are <b>not</b> recommending a Full Impact assessment please explain why.   |               |  |  |  |  |           |          |
| No areas indicated   |               |  |  |  |  |           |          |
| Date of completion and submission  | November 2019 | Members approving screening assessment |  | Policy Review Group (PRG)<br><b>‘APPROVED’</b> |  |           |          |

**This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.**

A summary of the results will be published on the Trust’s web site.

The Management of Contact for Children with their Parents/Carers in the Acute Hospital Setting where there are Child Protection Issues Policy V4.0

## Appendix 3 Contact plan to be added to medical records

One + all | we care

Royal Cornwall Hospitals   
NHS Trust

|                                   |  |
|-----------------------------------|--|
| Name of Child:                    |  |
| Name of Social Worker:            |  |
| Contact details of Social worker: |  |

It is the responsibility of the Named Social Worker to inform Ward Staff of contact arrangements and Supervision planned and of any changes to these arrangements so that the plan can be updated.

| Date and Time of Contact | People taking part in contact | People excluded from contact with the child | Supervisor |
|--------------------------|-------------------------------|---|------------|
|                          |                               |   |            |
|                          |                               |   |            |
|                          |                               |   |            |
|                          |                               |   |            |
|                          |                               |   |            |
|                          |                               |   |            |
|                          |                               |   |            |
|                          |                               |   |            |