

## PROCEDURES AND GUIDANCE

### Visits by Children to Mental Health Units or Special Hospitals

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# **VISITS BY CHILDREN TO MENTAL HEALTH UNITS/SPECIAL HOSPITALS**

## **1 INTRODUCTION**

This protocol sets out the roles and responsibilities of Local Authorities in whose area a child resides when that child is the subject of a request for a visit from a patient in a Special Hospital. Local Authority Children's Social Care is required to give all reasonable support to the staff of Special Hospitals in determining whether such a visit should take place. Special Hospitals are Ashworth, Rampton and Broadmoor.

Directions under Section 17 of the National Health Service Act are set out in [HSC1999/160 as amended by LAC 2000 \(18\)](#). These refer specifically to visits to Ashworth, Broadmoor and Rampton Hospitals. In the revised Mental Health Act Code of Practice 1999 (26.3), this gives guidance on the visiting of psychiatric patients by children. It states that Hospitals should have written policies on the arrangements about the visiting of patients by children, which should be drawn up in consultation with Children's Social Care Services. A visit by a child should only take place following a decision that such a visit would be in the child's best interests. Decisions to allow such visits should be regularly reviewed.

[Guidance on the High Security Psychiatric Services \(Arrangements for Visits by Children\) Directions 2013](#) sets out the assessment process to be followed when deciding when a child can visit a named patient in these hospitals; and Local Authority Circular LAC(99)23 which refers to the specific tasks to be undertaken by local social service authorities in receipt of a request from the hospital for advice on whether it is in the best interests of a child to visit a named patient. Local Authority Circular LAC (2000)18 which refers to who can accompany a child on a visit to a named patient. It is issued as statutory guidance under section 7 of the Local Authority Social Services Act 1970.

## **2 PRINCIPLES**

The three Special Hospitals and the Association of Directors of Children's Social Care have worked on a set of principles, which enable each Special Hospital to put into place a comprehensive Child Welfare Policy, including child protection matters, which address the safety of children visiting patients. The overarching principles agreed are that:

- the child's welfare is paramount and takes priority over the interest of patients;
- the child's welfare should be safeguarded and promoted by all staff within the hospital;
- the child's contact with family should be supported, whenever that contact is in the child's best interests.

## **3 POLICY**

A Special Hospital may not allow a child to visit any patient in the Hospital unless the Hospital Authority has approved the child's visit in accordance with their own procedures and is satisfied that the visit is in the child's best interests.

The only exception is where there is in place a Contact Order under the Children Act 1989 which specifies that the child may visit the patient in the Special Hospital. In such cases the visit must take place unless there is concern about the patient's mental state at the time of the proposed visit such that the nominated officer from the Hospital decides that the visit would not be in the child's best interests.

Certain categories of patient may only be visited by children who fall within the permitted categories of relationship - see Appendix 1 of these Health procedures for details. In these cases, if the child does not satisfy the relationship criteria, the Hospital must refuse the request for a visit.

#### **4 PROCEDURE**

Each Hospital has a Nominated Officer who will deal with all requests from patients for a child to visit. The Hospital will have its own detailed procedures for dealing with such requests, including an assessment of whether the patient falls into one of the offence categories for which only children who have a specific relationship with that patient may be considered for a visit.

If the visit is not prohibited by virtue of the above categories of patient offence and relationship to child, the Hospital will write to the person with parental responsibility for the child explaining that a request for a visit has been made. The person(s) with parental responsibility for the child will be asked to confirm the relationship between the patient and the child and to say whether they agree to the visit taking place or not.

If a child is 'looked after' by the Local Authority, Children's Social Care has the responsibility for providing consent, but this decision must be made following consultation with those with parental responsibility. The Local Authority shares parental responsibility with the parent if the child is subject of a Care Order. If accommodated (voluntary care) only the parents retain full responsibility.

If those with parental responsibility agree for the child to visit the patient the nominated officer from the Special Hospital will arrange for an assessment to be undertaken by the patient's clinical team, which will judge the level of risk, if any, presented by him or her to the child concerned.

The Nominated Officer may, following this assessment, refuse the visit and the person with parental responsibility (including the Local Authority if the child is subject to a Care Order) will be notified with reasons.

If the Nominated Officer does not rule out a visit at this stage, they will contact Children's Social Care in the area where the child lives, to seek their advice on whether it is in the best interest of the child involved to visit the patient. Such a request will be in writing to the (East Riding) Head of Strategy & Performance and will contain a copy of the Hospital's assessment and any other relevant information available. The parent(s) of the child will be informed that Children's Social Care has been contacted. If the Hospital is aware of any other relevant Children's Social Care who has been involved with the child or family, they will inform the Children's Social Care in whose area the child lives.

If the request falls within the Social Service's statutory responsibilities (see Appendix 2 of these Health procedures), Children's Social Care will contact those with parental responsibility/caring for the child, if different, to arrange a visit to undertake an assessment. In relation to the proposed visit to the named patient, the assessment will establish:

- the child's legal relationship with the patient;
- the quality of the child's relationship with the patient prior to hospitalization and currently;
- whether there has been past, alleged or confirmed abuse of the child by the patient;
- future risks of significant harm to the child if the visit takes place;
- the child's wishes and feelings about the visit, taking account of the child's age and level of understanding;
- the views of those with parental responsibility, and , if different, person(s) with day to day care of the child;
- any other relevant information about the child and family from this or other areas; and
- frequency of contact considered appropriate.

Children's Social Care will send a report to the Nominated Officer at the Hospital stating whether the visit will be in the child's best interest and give details from the assessment. The Hospital's Nominated Officer should receive the report within one month of receipt of the referral letter to the (East Riding) Head of Strategy & Performance.

In cases where those with parental responsibility will not co-operate with the Children's Social Care assessment, Children's Social Care must consider its legal position. Only a limited report or none at all may be made and such information must be conveyed to the Hospital.

If Children's Social Care concludes that the visit should not take place, the Nominated Officer should not allow the visit, and will inform the patient, child (if appropriate), persons with parental responsibility and/or day to day care of the child of this decision.

If Children's Social Care advise that a visit would be in the child's best interest, the Nominated Officer will make a decision following discussion with Children's Social Care in the light of the potential risk posed by the patient and the potential risk of significant harm being suffered by the child.

Any visits will be properly set up and supervised and Hospitals may seek advice from Children's Social Care about what is appropriate for a specific child. The Hospital must ensure that the child has contact only with the named patient, that the visit takes place in a supervised, child friendly area and never on the Ward.

There should be sufficient staff of an appropriate grade, who are informed about child protection issues and the needs of children, to supervise the visit. An appropriate person, falling under the definitions set out in Appendix 3 of these health procedures, should accompany the child.

All visits will take place at a frequency agreed as being in the child's best interests and each visit will be authorised. An agreed visit may be cancelled if the patient's mental condition on that day would present a risk to the child. An agreement to visits generally lasts for 12 months unless circumstances change and will be reviewed after 12 months.

Children's Social Care should inform the LSCB quarterly of requests for such visits and the outcome of assessments.

## **APPENDIX 1**

### **PERMITTED CATEGORIES OF RELATIONSHIP**

In the case of patients who:

- are convicted of murder or manslaughter; or
- are convicted of an offence listed in Schedule 1 to the Sex Offenders Act 1997; or
- have been found unfit to be tried or not guilty by reason of insanity in respect of a charge of murder, manslaughter or an offence under Schedule 1 to the Sex Offenders Act 1997,

The child must be within the permitted categories of relationship i.e. the patient must be either:

- the parent or relative of that child; or
- have parental responsibility for that child; or
- have been cohabiting with the parent of that child immediately prior to their detention under the Mental Health Act 1983 and the child was treated as a member of their household.

"Parent" means mother, father, adoptive mother or father, stepmother or stepfather.

"Relative" means any of the above or grandparent, sibling, uncle, aunt or cousin related to that child by blood (including half blood) or marriage.

Permitted categories of relationship do not apply where there is a Contact Order under the Children Act 1989 specifying that the child may visit the patient in the special hospital.

## **APPENDIX 2**

### **CHILDREN'S SOCIAL CARE STATUTORY RESPONSIBILITIES**

When a Local Authority receives a request from a Special Hospital for advice, it must consider whether it has powers under the Children Act 1989 to undertake the necessary assessment.

If a child is:

- 'looked after' by a Local Authority; or
- a child in need and being provided with Part III services; or
- on the Local Authority Child Protection Register; or
- a closed case but known to Children's Social Care e.g. formerly 'looked after' or on the Child Protection Register, etc.,

The Local Authority has the powers to respond to the Special Hospital's request for advice.

If the child was not previously known to Children's Social Care but the person with parental responsibility indicates that they will co-operate with an assessment, Children's Social Care should consider this as a request under Section 17 of the Children Act 1989.

If it is known that the patient requesting the visit is a sex offender or for other reasons poses a potential risk of significant harm to the child, Children's Social Care should consider whether an assessment under Section 17 or Section 47 is appropriate.

Where Children's Social Care believes it has a statutory power to undertake the assessment, they should explain this to the family and the child having regard to the age and understanding of the child and her/his wishes and feelings.

## **APPENDIX 3**

### **ACCOMPANYING A CHILD ON A VISIT TO A SPECIAL HOSPITAL**

Who may accompany the child on the visit? The person with parental responsibility may not wish to or be able to, so the categories below have been drawn up by the Health Service to enable parents to nominate someone else to accompany their child on a Special Hospital visit.

The child may be accompanied by:

- a person with parental responsibility for her/him and with whom he/she is living, or a parent or relative of the child nominated by that person; or any other person who has day to day care of the child; or

#### **Where the child is subject to a Care Order**

- a person delegated by the designated Local Authority in whose care the child is placed; or

#### **Where the child is accommodated**

- a person who has parental responsibility for the child or, with the consent of the Local Authority, a parent or relative of the child or other person.

The person nominated under the last two categories may, for example, be a Local Authority Social Worker or Foster Carer.

The Hospital's Nominated Officer may allow a young person aged 16 or 17 to visit unaccompanied if satisfied this is unlikely to prejudice the child's welfare.

In exceptional circumstances, the Chief Executive of the Special Hospital can allow a visit where a person, who is not in any of the relationship categories as specified, accompanies the child.

All persons nominated should know the child well and be able to ensure the child's safety and wellbeing during and after the visit, including persons nominated in exceptional circumstances by the Chief Executive of the Hospital.