Southampton Safeguarding Children's Partnership: Multi Agency Protocol for the contact and supervision between parents and/or carers (important adults) and their children and young people in hospital where there are safeguarding concerns

1. Introduction

When there are concerns that a parent or other important adult may have caused significant harm to the child or allowed child maltreatment to have happened, the multi-agency team need to ensure there is a prompt, appropriate and effective response to protect and support the child. When the child is unwell or is admitted to hospital, there are unique challenges in promoting the best for the child in terms of well-being and safety. This multi-agency protocol provides outline guidance to all professionals on ensuring children in hospital are kept as safe as possible where safeguarding concerns are identified.

For the purposes of this multi-agency protocol:

A child is defined as anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout.

Important adults are defined as adults who have contact with the child/young person within the family unit / care setting outside of the professional network. This adult can be:

- Primary carer for the child
- Parent
- Adult sibling
- Other adult family members
- Significant others
- Multi-agency professional network (social worker, school, health)

2. General Principles

1. The welfare and protection of children is the paramount consideration for all professionals and should underpin all decisions and actions that are taken.
2. Children in hospital should, where possible, be cared for by their parents or carers. In most cases, contact between the child and parents/carers will be beneficial and a significant factor in the care, treatment, recovery and rehabilitation of the child.
3. Where there are safeguarding concerns regarding a child in hospital, contact between the child and any potential perpetrator needs to consider the safety of the child.
4. The separation of a child from their parents and other important adults during a period of hospital admission can be traumatic and distressing experience for all involved.
5. Any restrictions on visiting or supervision of contact in a hospital setting between those with parental responsibility, or important others, and the child should be proportionate and based on the available evidence, the needs of the child, and a documented assessment of risk. to that which the separation is required for and based on the least restrictive option. Such measures should not be taken lightly.

6. Professionals should note the following:
    - A hospital setting is NOT a place of safety for a child when they may be at risk of harm from their parents or others.
    - Hospital staff CANNOT provide any supervision of contact arrangements.
    - Wherever possible a child should not remain in hospital if they are medically fit to be discharged and should not remain in hospital solely for the purposes of a Social Care led multi-agency assessment and / or a criminal investigation to be undertaken.
    - All professionals should be involved with safe discharge planning and safe discharge is paramount for all of our vulnerable children and young people. To include schools (school age children) to ensure suitability for reintegration post hospital stay.

3. Circumstances when the multi-agency protection of children in hospital may be required

3.1 Immediate Protection

Where any parent or other important adult, irrespective of the circumstances or status of the child, poses an immediate risk to their child or any other patient in hospital, hospital staff will be required to take any necessary action to ensure the safety of the child and other patients. This may involve Police Protection.

3.2 Children admitted to hospital where the safeguarding concerns about a child are raised by hospital staff <u>after</u> the child has been seen in hospital

A multi-agency strategy meeting (see Appendix 1 for more details) should take place as soon as possible after any referral from the hospital professionals to Children's Services.

One part of the agreed action plan of the multi-agency strategy meeting is to consider the potential risk to the child from their parents or important adults and to determine next steps and safety planning.

The outcome of the multi-agency strategy meeting and agreed action plan to be filed in the child/young person's nursing/medical record to ensure accurate communication of the outcome of the meeting to all agencies involved in the provision of care. And a copy shared with the professionals involved with the child.

3.3 Children admitted to hospital where the safeguarding concerns about a child are raised by professionals <u>before</u> the child has been seen in hospital

Where the referral to Children's Services has not come from a hospital, a child may be admitted to hospital for treatment and/or further clinical assessment/planned surgery. This may sometimes occur following a Paediatric Assessment (Child Protection Medical).

In this situation, the initial multi-agency strategy meeting does not usually involve hospital professionals and does not consider the potential risk to the child from potential perpetrators within the hospital setting however overall risks are always considered.

In this situation there needs to be a clear handover discussion between the children's social worker and Hospital Safeguarding Team link during office hours where there is clear expectations of contact arrangements and supervision if needed. During out of hours, a written handover from the social worker or EDT worker to the Senior Nurse on the Ward is needed with the same expectations.

3.4 Children who already have supervised contact with their parents or important adults prior to admission to hospital

Where a child already has documented restrictions and arrangements within plans for parental and family contact in the community, these arrangements must continue during any hospital admission. Usually this will apply to children who are Looked After, subject to a Court Order or already subject to Section 47 Enquiries or a Child Protection Plan. Any changes to existing restrictions or supervised contact required will need to be formally agreed with the child's named social worker. Any changes will need to take account of any change in circumstances for example evidence of further suspected harm to the child.

3.5 Special situations when a parent should have increased contact with a child in hospital

Where there are safeguarding concerns and the parents/carers (important adults) need to be present with the child due to the clinical needs of the child, for example breast feeding an infant, or the child has a critical or life limiting condition, then it is the responsibility of Children's Services, in full consultation with hospital staff, to ensure that necessary safeguards are in place, such as appropriate supervision arrangements are made for the family.

3.6. Newborn infants

For information about Unborn and Newborn Babies, please refer to our HIPS procedures – link below

https://hipsprocedures.org.uk/qkyyoh/children-in-specific-circumstances/unborn-baby-safeguarding-protocol

3.7. Abandonment

If a parent/carer abandons a child or young person in hospital, then the local authority can assume parental care under Section 20 of the Children Act 1989 and appoint foster carers to look after the child or young person. This would normally require legal advice to establish whether the child or young person has been abandoned as it is acknowledged that not all children or young people who attend the hospital setting without a parent/carer or important adult have been abandoned and those adults may be located later/in due course.

If such advice and assistance cannot be provided, then there should be consultation with a Senior Social Care Manager (Head of Service via Service Manager) and professional judgement will be used based on the evidence and assessment. If the parent/carer or important adult returns and wishes to assume care of their child or young person then the Local Authority, may wish to seek immediate legal or Police advice if the child is considered to be at continuing risk of harm.

4. Care planning and arrangements for parental contact with the child or young person

In all cases where there are risks of significant harm and a child or young person is either already in hospital or is admitted to hospital, a child/family partnership agreement form must be developed to enable the child or young person's needs to be met and manage any risks of harm, including specific details about contact arrangements (see Appendix 3 for more details).

5. Issues or concerns about care arrangements

If professionals have concerns about parents or other important adults who are having supervised contact with a child in hospital, the concerns MUST be addressed immediately with Children's Services.

The escalation process should be triggered by University Hospital Southampton staff (or other hospital foundation trust, if appropriate) if it is deemed that appropriate action was not taken (See Appendix 4 for examples of when escalation might be required).

6. Discharge Planning

Under this protocol, before the child or young person is discharged from hospital, a Discharge Planning Meeting should be held. The Discharge Plan should update any plan made during the child or young person's stay in hospital, or existing plans such as a Child Protection Plan or Child in Need Plan or Early Help Plan. The plan to include any suitable expectations regarding accessing education (school aged children) on discharge for example, number of hours suitable, affects on cognitions of physical access etc.

For more information, see the discharge planning from hospital when there are safeguarding concerns about a child procedure.

APPENDIX

Appendix 1 - Multi-agency Strategy Meetings

Information sharing and strategy meetings must be undertaken in a prompt and timely manner and at a frequency that enables appropriate and proportionate safeguards to be put in place, a child's needs to be met and avoids any undue delay.

A Multi-Agency Strategy Meeting should take place in all cases when it is believed or suspected that a child/young person is suffering or is likely to suffer significant harm. This meeting should involve Children's Services, the Police, DSL if the child is on school roll / Local Authority Home Education Family Support Worker, relevant health professionals, including a representative from the hospital nursing or medical team involved in providing the child's care as a minimum.

For more information, see Strategy Meetings Procedure.

1.3 Child Protection Section 47 Enquiries Procedure | Hampshire, Isle of Wight, Portsmouth and Southampton (hipsprocedures.org.uk)

The outcome of the multi-agency strategy meeting and agreed action plan to be filed in the child/young person's nursing/medical record to ensure accurate communication of the outcome of the meeting to all agencies involved in the provision of care.

If it is out of hours then this should not delay initiating a strategy discussion involving as many relevant professionals as are available at the time, with a further strategy meeting, if necessary, in office hours.

Usually Out of Hours (OOH) Strategy Discussions will take place by telephone. They will include the OOH social worker, police officer and appropriate medical professional at the Hospital. In exceptional circumstances the social worker and police officer will need to attend the hospital and the hold the strategy discussion as a face-to-face meeting; including parental involvement as appropriate; in either case a clear record must be kept within Social Care and health records.

Appendix 2 – Use of Section 20 for an abandoned child

Accommodation of an abandoned child under Section 20 would normally require legal advice to establish whether the child or young person has been abandoned as it acknowledged that not all children or young people who attend the hospital setting without a parent/carer or important adult had been abandonment and those adults may be located later/in due course.

If such advice and assistance cannot be provided, then there should be consultation with a Senior Social Care Manager (Head of Service via Service Manager) and professional judgement will be used based on the evidence and assessment. If the parent/carer or important adult returns and wishes to assume care of their child or young person then the Local Authority, may wish to seek immediate legal or Police advice if the child is considered to be at continuing risk of harm.

Where a child or young person is accommodated under Section 20 the Local Authority does not have Parental Responsibility for the child and the Section 20 status is by consent and in agreement with those with parental responsibility. However, a child who is under Section 20 is a Looked After Child and the Local Authority has duties in accordance with that status.

As part of the assessment process and with the aim of possible rehabilitation of the child or young person to the care of the parent(s)/carers or important adults, foster carers will often work with parents/carers alongside the social worker for the child.

Appendix 3 – Care arrangements

In all cases where there are risks of significant harm and a child or young person is either already in hospital or is admitted to hospital, a child/family partnership agreement form must be developed to enable the child or young person's needs to be met and manage any risks of harm, including specific details about contact arrangements. Any restrictions on or conditions for contact between children/young people and their parents and arrangements to support this should be on an agreed and consensual basis with the family unless there is a court order or Police Powers of Protection (Section 46 Children Act 1989) in place.

This agreement must be dynamic and reflect any progressing assessment of risk or investigations, relevant changes in circumstances, updates from strategy meetings and must include as a minimum:

- How the child or young person's needs are going to be met;
- How any risks are going to be managed, including parental care/contact with the child;
- A contingency plan where the risks are escalated or not managed effectively;
- A contingency plan should the child or young person's condition deteriorate;
- Child/young person's and adult views about any contact arrangements, where appropriate; and
- The plan should be shared with all relevant professionals as well as the parents, carers and other relevant family members where appropriate.

If supervision is required and there are no suitable extended family members / friends, then Children's Services should consider any available resources (i.e. in-house family practitioner or sessional support worker) to support contact and supervision arrangements between parents/carers (important adults) and child/ren or young people.

Best practice highlights there should be a shared discussion between Hospital staff, Children's Services, the family and supervisor. If this is not possible, Children's Services will take the lead in ensuring all parties understand the role and responsibilities of the supervisor and family while on the ward. The names and details of supervisors should be shared with Hospital staff to minimise risk to the child.

Any care arrangements must be written in the form of a child/family partnership agreement form and shared with hospital staff, the parents/carers and any significant others. A copy of this form must be stored in the child's medical/nursing record and should contain contingency arrangements for contact should the child's condition deteriorate.

The plan should be an up-to-date working document and a copy stored in the child or young person's health record. The plan should be discussed and agreed at the discharge planning meeting before the child is discharged. This may include the suggestion of alternative family members who may be available to offer a supervisory role for supervision or contact.

The responsibility of developing this plan is with the child's social worker but nursing and medical staff should be actively involved especially at the risk assessment stage. Once agreed the plan should be signed and dated by the parents/carers and social worker and shared with the professional network.

Parents/carers and those with parental responsibility, including significant others, and advocates for them, should be:

- Communicated with clearly with explanations about what the concerns are, unless this will prejudice the welfare of the child or young person and has been agreed at the strategy meeting;
- Provided with an explanation for what is needed to keep their child/young person safe;
- Given an opportunity to identify protective factors and seek alternative arrangements within their own family networks;
- Provided with written information about what is happening for their family to help them understand and engage in the process;
- Have their views and concerns listened to, recorded, and responded to professionally and sensitively;
- Spoken to in a manner that allows them to understand the information that has been shared with them, including any medical terms or legal processes. This may also require the need for written explanations.

Appendix 4 – Escalation Process

The following instances may arise where the escalation process is required:

- Where evidence indicates that the supervisor is inappropriate towards the child/young person and/or parent/carer (or important adult), staff should contact Children's Services Manager.

- In the event of a further unexplained non-accidental injury being sustained during hospital admission, staff should seek medical assessment immediately and complete documentation including body map. A discussion with the Consultant Paediatrician should take place and concerns escalated to Children's Services Manager.

Appendix 5 – Contact Plan

Name of child:	
Name of social worker:	
Contact details of social worker:	
Contact arrangements:	

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	Adults taking part in contact	Adults excluded from contact	Contact supervisor	Contact number of supervisor

Appendix 6 – Partnership Working Agreement

SOUTHAMPTON CITY COUNCIL

Child and Family Partnership Working Agreement

THIS CHILD AND FAMILY PARTNERSHIP WORKING AGREEMENT IS BETWEEN SOUTHAMPTON CITY COUNCIL CHILDREN SERVICES AND

…… (PARENT) AND

…… (PARENT) AND

…… (Child, where appropriate)

IN ORDER TO SAFEGUARD AND PROMOTE THE WELFARE OF YOUR CHILD/REN.

In discussion with you, we have identified the following worries for your child/ren:

-
-
-

This is what Southampton Children Services will do to support you to reduce these worries:

	Worry	Action	By whom	Timescale
1.				
2.				
3.				

In return, we expect the following from you to help reduce the worries:

	Worry	Action	By whom	Timescale
1.				
2.				
3.				

If the worries increase or you feel unable to continue to engage with this partnership working agreement, to prevent the child/ren from suffering harm, then the following steps may need to be undertaken:

	Action	By whom	Timescale
1.			
2.			
3.			

This Partnership Working Agreement is not legally binding. It provides the basis for families and professionals to work together to bring about the changes necessary to meet your child/ren's needs and/or prevent your child being at continued risk of significant harm. We understand this is a difficult time for you and your family and we encourage ongoing, open and honest discussions.

This could also include consideration as to whether any legal action may be necessary to keep your child/ren safe whilst the further assessment is completed.

This Partnership Working Agreement will be reviewed regularly.

Signed: ..... **Date:** .....

Parent

Signed: ..... **Date:** .....

Parent

Signed: ..... **Date:** .....

Child (if appropriate)

Signed: **Date:**

Social Worker & Team

Signed: **Date:**

Manager & Team

Date when agreement will be reviewed on: ……