

Joint Guidance for the Supervision or restriction of Parental/Carer Contact to Babies, Children and Young People Admitted to a ward or department within South Tyneside and Sunderland NHS Foundation Trust STSFT where there is Actual or Suspected Deliberate harm

Contents

1. Introduction

2. The Aim of this Guidance

1. Introduction

- 1.1 The decision regarding supervision or restriction of parental/carers contact to babies, children and young people admitted to a ward or department within South Tyneside and Sunderland Foundation Trust (STSFT), such as an adult or paediatric/neonatal/ maternity in-patient ward, when there is actual or suspected deliberate harm to a baby, child or young person needs to be made.

This will be a multi-agency discussion and decision. This may be simply a discussion between children's social care team manager and the consultant paediatrician. Depending on the circumstances, this discussion may occur in a planned meeting (e.g. pre-birth) or unplanned via telephone for example.

- 1.2 This guidance provides a framework within which professionals and agencies at a local level can work together in the best interests of children and families.

2. The Aim of this Guidance

- To aid all areas in promoting and safeguarding the welfare of babies, children and young people;
- To provide clarity on the role and responsibilities of the different agencies and practitioners on the supervision of parents within STSFT care in cases of actual or suspected deliberate harm;
- To allow the baby, child, or young person family time with parents/carers within a safe and controlled environment in cases of actual or suspected deliberate harm;
- To safeguard children within the wider context of providing support to babies, children and young people and families whilst remaining sensitive to their needs.

- 2.1 The underlying principle is that families will be able to have time with their children whilst the child(ren) are on a Ward.

Family time will be arranged on:

- A voluntary basis
- Under Section 20 Children Act

- Under an Interim Care Order
- Via Police Powers of Protection.

The welfare and protection of children and young people is the paramount consideration for all professionals and should underpin all decisions and actions that are taken.

The need for parents and carers to be involved in the care and supervision of their children is a basic principle of the provision of effective health care within acute health care settings.

Children in hospital should, where possible, be cared for by their parents or carers, or have sufficient contact with them in order to promote positive attachments and that this should be promoted and supported in accordance with their Human Rights.

Any restrictions on contact in a hospital setting between those with Parental Responsibility, or significant others, and the child should be proportionate and based on the available evidence, the needs of the child, and a documented assessment of risk.

Any such period of separation should be proportionate to that which the separation is required for and based on the least restrictive option e.g. supervised family time.

Any restrictions on or conditions for family time between children 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.

3.0 Provision of supervision

- 3.1 Children's Social Care has ultimate responsibility for organising and providing supervised contact. In cases of actual or suspected deliberate harm to a baby, child or young person, supervision of parents whose children are within the care of STSFT, is not a nursing or medical role and **there can be no expectation that health staff will provide this.**
- 3.2 The multi-agency discussion and or meeting will confirm the supervision arrangements, including who, how and when this will occur. The process will be explained to the parents by the social worker who will also obtain parental agreement to these arrangements.
- 3.3 The Social Worker will inform the Senior Nurse/Midwife on the ward or the Consultant Paediatrician in charge of the case (out of hours if necessary), of the arrangements that Children's Social Care have put in place. This should include the action to be taken should the parent/carers not comply. The Senior Nurse/Midwife on the ward and/or Consultant will ensure that all relevant STSFT staff are informed/updated on the arrangements and this is recorded in the electronic medical record.
- 3.4 Should these arrangements change, then the Social Worker will inform the Senior

Nurse/Midwife or Paediatric Consultant verbally and in writing before the change is implemented on the ward/department. This will be made clear to parents/carers by the social worker. In the case of an unborn/new born baby any changes to supervision arrangements will be updated on the birth arrangements template and shared with?

- 3.5 The Social Worker should inform the Children's Social Care Out of Hours Team (as per Local Authority policy) so that they are fully aware of the arrangements in place should any issues arise out of hours.
- 3.6 At any stage in the process, legal advice can be sought with regards to restricting parental contact on the ward/department.

4.0 Maternity & Pre-birth Plans

- 4.1 In the case of a new born baby where there are known safeguarding concerns, this must be discussed prior to the birth and the supervision arrangements for parents/carers documented on the birth arrangements template.
- 4.2 It will be the responsibility of the social worker to ensure the birth arrangements are shared with community midwife. It will be the responsibility of the community midwife to ensure the birthing hospital receives a copy.

5.0 Cross site transfers within STSFT

- 5.1 Children or young people may present to a department or location within STSFT where safeguarding concerns are identified and there are concerns about the immediate safety of the child. This may include, but not limited to, South Tyneside Urgent Care Centre for Children, Sunderland Eye Infirmary, Pallion Urgent Care Centre and the Niall Quinn Centre. They will most likely require transfer to Sunderland Royal Hospital children's ward for further investigation, and the continued safety of the child during transfer needs to be considered. Depending on circumstances this may be achieved by nurse/HCA escort or ambulance transfer for example.

6.0 Exceptional circumstances

- 6.1 There may however be some circumstances where the social worker is unable to identify suitable supervision but the needs of the child require a parent or care giver, for whom we have concerns, to remain with them. For example a breastfed baby or child with complex neurodisability. Following multi-agency discussion, arrangements are agreed that may include STSFT staff monitor, observe and record parent/child interaction and dynamics in a situation where the balance of risk is acknowledged and held. **This does not constitute supervision.**