

Chapter Nineteen

Assessing and Managing Visits by Children to Special Hospitals, Medium Secure Units and other Local Psychiatric Hospitals or Dispersed Units

Introduction

- 19.1 Safe and regular contact for children should be promoted with psychiatric patients in psychiatric facilities, whenever it is appropriate to maintain relationships, which are of importance to the child.
- 19.2 The likelihood of risk to a child depends on the nature of the psychiatric concerns.
- 19.3 The child's interests must remain paramount and take precedence over the interests of the adults involved when decisions are made about whether visits are appropriate.
- 19.4 Any risks to the child should be identified and managed. These may be from the patient or from the environment in which visiting will take place.

Visits to a Special Hospital (See also flowchart in appendix 2)

- 19.5 Special hospitals contain detained patients who are considered very disturbed and should be seen as potentially dangerous. Patients are likely to remain in the setting for considerable periods of time. The setting is also potentially frightening for a child.
- 19.6 Prior to any visit being agreed there must always be an assessment by the children's social care where the child lives, in order to determine whether it is in the best interests of the child for a visit to take place.
- 19.7 Before the request is made for such an assessment the hospital nominated person will have:
 - determined whether the patient meets the criteria for children visiting
 - contacted the child's parent/person with parental responsibility requesting consent for the visit; if consent is not given, the visit is refused
 - arranged for a clinical assessment
- 19.8 On receipt of the request from the hospital, the relevant children's social care department should arrange to undertake an assessment. This will necessarily involve contact with other agencies who have knowledge of the child, the family or the patient him/herself. Whether

this needs to be a core assessment depends on what is found within the initial assessment. However, it does need to be sufficient to establish:

- the child's legal relationship with the named patient
- the quality of the child's relationship with the named patient prior to hospitalisation 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 his age and understanding
- the views of those with parental responsibility and, if different, those with day to day care for the child
- if it is known the child has lived in other local authority areas, relevant information about the child and family
- any knowledge the probation service may also have of the patient, the child's family or the accompanying adults

19.9 The decision should take account of:

- the nature (for example, quality and duration) of the child's attachment to the patient
- past abuse and/or risk of significant harm to the child from the named patient
- the views of the child, taking account of his age and understanding, and of those with parental responsibility and, if different, those with day to day care for the child
- the opinions of professionals who have knowledge of the child
- the hospital assessment, a clear judgement whether the visit is, overall, in the child's best interests and if so, the frequency of contact that would be appropriate
- the suitability of the adult or adults who are to accompany the child on a hospital visit. In the case of a child looked after by the Local Authority, the assessment should determine who will accompany the child

19.10 The social worker will send a written assessment report to the nominated officer at the special hospital. This should normally be within one month. The nominated officer is a specific member of staff who administers all requests for children to visit.

19.11 Where visits are agreed, the hospital remains responsible for maintaining an overview of the risks, which may vary according to the health of the patient, other environmental factors and the impact on the child if visiting is allowed. This may involve further liaison with the children's social care department.

Visits to Arnold Lodge Medium Secure Hospital (see also flowchart in appendix 2)

- 19.12 The local medium secure hospital is Arnold Lodge. Medium secure hospitals also deal mainly with detained patients who are significantly disturbed and may be in hospital for lengthier periods of time, often in excess of a year. The process for agreeing visits operates with a similar degree of formality as those for special hospitals.
- 19.13 Medium secure units also have a nominated officer who administers all requests for children to visit. Where the hospital clinical team concludes, from its own assessments, that a visit is not in the interests of the child, the visit is refused.
- 19.14 Where the hospital clinical team supports the application for a child to visit, a specific member of the clinical team, usually the forensic social worker, will liaise with the children's social care department which has responsibility for the child (e.g. where the child is looked after) or the children's social care that has jurisdiction for the area in which the child resides.
- 19.15 The written request will ask whether the Local Authority has information which would suggest that a visit to the named patient would be against the best interests of the named child/children.
- 19.16 Any subsequent assessment carried out by children's social care should cover the same considerations as outlined above in the section on special hospitals. The reply should be in writing to the forensic social worker. Where the assessment of children's social care is that the visit is not in the best interests of the child, then the visit will not be allowed. It is the social worker's responsibility to advise the child and family. The hospital will advise the patient.
- 19.17 If visiting is agreed, it remains the responsibility of the clinical team to oversee that the visit remains safe and appropriate for the child, and to take action if the assessment of risk changes. Previous risk assessments from other institutions may not take account of changes in the patient's current risk assessment and/or a child's current circumstances.
- 19.18 As for special hospitals, it is the nominated officer who authorises visits when the assessments have been completed.
- 19.19 Our local medium secure unit, Arnold Lodge, has procedures for dealing with urgent compassionate requests for a child visit which involves the clinical director and general manager reaching a speedier

decision in advance of the paperwork being completed. (Such a decision will not be made in contradiction of clinical assessment).

- 19.20 All medium secure units will have systems in place to oversee that visits by a child are conducted in safe and appropriate conditions and that there are records maintained of all visits. This will include a record of the patient's behaviour, any problems which occurred, any concerns regarding the behaviour of the parent and the response of the child.

**Other Local Psychiatric Facilities, including the Low Secure Unit
(see also flowchart in appendix 3)**

- 19.21 These facilities contain a range of patients with mental illness or learning disabilities, some of whom may be detained compulsorily under the Mental Health Act. This may be for their own safety or sometimes the risk they pose to others. Most of these patients would not represent a risk to children. Many do not remain on the acute wards for more than two months. The acute ward setting can at times include other patients who are acutely disturbed.
- 19.22 The decision to refuse visits to children in these facilities should be a rare exception and one which identifies clear risk to the child, either physically or emotionally, which would negate the value of the visits. The starting assumption will normally be how best to safely facilitate visiting in a beneficial way.
- 19.23 For these patients the hospital clinical team will assess, at the point of admission, the specific needs of the patient with regards to child visiting arrangements. In most instances this will lead to a decision that visiting can proceed. The facility will ensure that visits by a child are conducted in safe and appropriate conditions. For example, each ward will provide an appropriate area for use as a visiting venue. Records should also be maintained of all visits, which include note of the patient's behaviour, any problems which occurred, any concerns regarding the behaviour of the parent and the response of the child.
- 19.24 If there are specific concerns that the patient may pose a risk to a child who visits, children's social care should be contacted and asked to assess these risks. The assessment will then cover the same issues as outlined in the previous section.

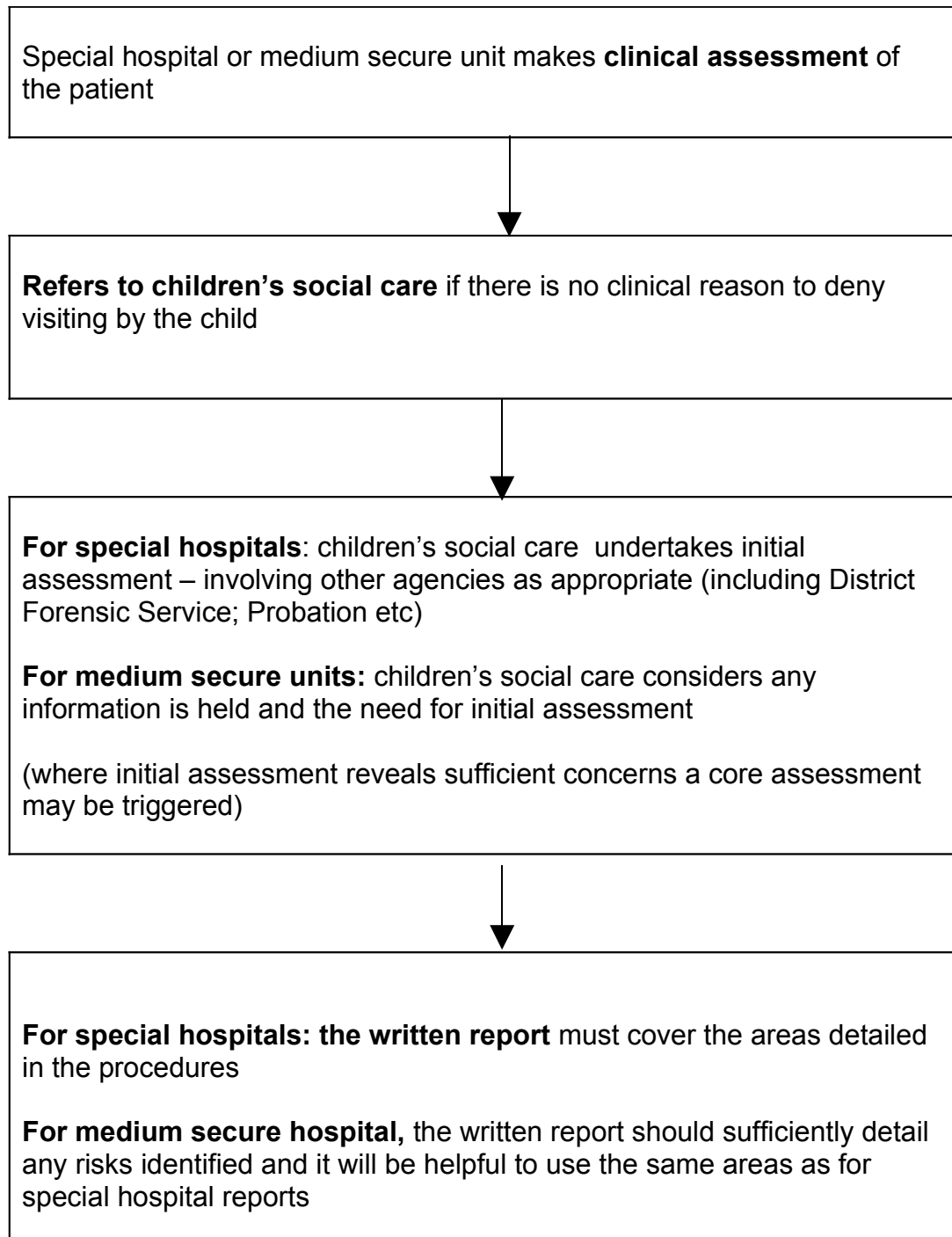
Appendix 1

The legislation and guidance that relate to this procedure are: -

- a) Directions under Section 17 of the National Health Service Act set out in HSC1999/160. These refer specifically to visits to Ashworth, Broadmoor and Rampton Hospitals. A flow chart indicating the overall process involved is attached. Subsequent guidance and this procedure widen the advice to the settings indicated above.
- b&c) 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 authorities. 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".
- d) HSC 1999/222: LAC (99) 32 contains Guidance to Health and Children's Social Care departments on the visiting of psychiatric patients by children.
- e) LAC (99) 23 – as amended by LAC 2000 (18) gives guidance to Local Authority Children's Social Care in relation to visits by children to special hospitals.

Appendix 2

Process for assessing children's visits to patients in special hospitals and medium secure units.



Appendix 3

Process for Managing Visits by Children to Local Psychiatric Facilities (other than Arnold Lodge)

