



**Diogelu Gwent  
Gwent Safeguarding**

**Multi-Agency Protocol for the  
Supervision of parents and  
carers of children and young  
people admitted to hospital  
where there are safeguarding  
concerns.**



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## **Acknowledgments**

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## **1. Introduction & Basic Principles**

- 1.1. This protocol aims to address the supervision needs of children and young people who are admitted to or born in hospital with safeguarding concerns e.g., suspected non accidental injury and children who are admitted to hospital (either planned or emergency) who have supervised contact with parents / carers / family members in the community. It is acknowledged that there may be private or public law proceedings in respect of children. The purpose of this protocol is for the supervision of parents and carers of children and young people admitted to hospital where there are safeguarding concerns. There is separate guidance in development to outline what is required to support or supervise children who are admitted to hospital when in receipt of CAMHS services.
- 1.2. As defined in the Children Act (1989) a child is considered as being under 18 years of age.
- 1.3. All references to Health throughout this protocol include medical and nursing staff, Corporate Safeguarding Children's Team (health), or any other employee of the Aneurin Bevan University Health Board (ABUHB) as the situation warrants.
- 1.4. The hospital environment and separation from normal daily routines can invoke feelings of anxiety for children and families. In usual circumstances health staff and parents/carers/family members work together to ensure that the child's emotional and physical needs are met however, there may be occasions where parents/carers/family members contact with the child must be supervised to ensure the child is adequately safeguarded and the ward environment is safely managed.
- 1.5. A multi-agency approach to assessment and service provision is in the best interests of children and their parents. There needs to be a common, shared understanding of working together that accepts joint ownership of challenges and joint management of risk.
- 1.6. The decision to restrict, supervise or indeed deny parents/cares/ family members contact with their child in hospital is a decision which should be made within a multi-agency strategy discussion(s), following initial investigations. The reasons for this decision must be recorded on the child's medical records.
- 1.7. Any discussions in relation to the contact between children and their parent's/carer's/ family member's must consider what actions are in the child's best interests whilst taking into account the voice of the child.
- 1.8. Where it has been agreed that the parent / carer needs to be supervised on the ward, Social Services will seek to identify appropriate persons to undertake this supervision within the family initially, but if this is not possible due to the risks involved, professionals would be identified. When agreed, contact supervisor's names, and agreed hours of contact will be documented in the Identified Safe Carers document (appendix 1) which is then placed in the hospital records. The document may only be revised by Children's Social Services or the South East Wales Emergency Duty Team (out of hours or on the weekends). Hospital staff cannot add names at the request of the parents. It is an expectation that nursing staff document in a child's health record who is providing supervision and when they are providing supervision, on a daily basis.

- 1.9. Social Services will develop a detailed individual Safety Plan which will be implemented and agreed by all parties for each family who are requiring supervision within a hospital setting. The Safety Plan should contain a contingency section, and this should be shared with Emergency Duty Team in the event that supervision arrangements break down out of hours.
- 1.10 If a parent remains with the child at all times, they must be in agreement to carry out all aspects of care in the presence of the person supervising.
- 1.11 If at any point during the child's hospital admission concerns are raised that the wellbeing of the child or ward environment is being jeopardised by parents/carers/family members, immediate protective steps must be taken to safeguard the child and the environment. If parents/ carers/ family members fail to comply with requests, then security/ police assistance should be sought by Health. Health must inform Children's Social Services of any incidents and a Duty to Report (MARF) form must be submitted. DATIX to be submitted by Health. Immediate police assistance via 999 must be sought if a parent/carers/family members attempt to remove the child from the ward setting.

### **Actions to take**

## **2. Children admitted to hospital for further medical investigation who are subject to a child protection enquiry (Section47)**

- 2.1. Following the medical investigations, a recorded discussion between Health and Children's Social Services will be held to agree the appropriate supervision of the child. The primary responsibility to identify appropriate supervision is that of Children's Social Services or the Emergency Duty Team.
- 2.2 Children's Social Services are responsible for informing Health staff of any deviations from the Identified Safe Carers. Health staff and Social Worker must record these changes in the Identified Safe Carers document (see appendix 1).
- 2.3 It is expected that the person with parental responsibility should be present to support with reassurance for the child and give medical consent.
- 2.4 Where parents/carers/ family members leave the hospital then all relevant medical and care information must be requested from the parents prior to them leaving, for example: medical factors such as known allergies, childcare issues such as bedtime and feeding routine or any other special circumstances pertaining to the child.
- 2.5 On completion of the medical assessment a multi-agency strategy meeting or discussion will be co-ordinated by Children's Services. The strategy meeting/discussion will be conducted at the hospital. Consideration of virtual attendance should be made if any of the relevant personnel are unable to attend the hospital to avoid delay if the child is fit for discharge. Parents/carers/family members will be advised of the outcome of the strategy meeting/discussion by Children's Social Services accompanied by a Health professional if requested.
- 2.6 The outcome of the strategy meeting/discussion must be clearly documented in the child's medical record by health staff and on the relevant case management systems by all other agencies involved.

2.7 In respect of children who are an inpatient due to safeguarding concerns **and** require Health intervention and whose parents have left the ward without explanation, Health will in the first instance provide the care and supervision of the child but will alert Children's Social Services or the Emergency Duty Team immediately via a phone call and submit a Duty to Report (MARF). When reporting this Health will clearly outline the care needs of the child which will depend on their age and developmental stage.

### **3. When a child attends the Emergency Department (ED) with an injury that is then assessed as a possible suspected non accidental injury (NAI)**

- 3.1 The ED practitioner will follow the Wales Safeguarding Procedures and report the concerns to Children's Social Services or the Emergency Duty Team if out of hours (via phone call and followed by a Duty to Report (MARF)) and the Paediatrician on call for Child Protection.
- 3.2 At that point and until the multi-agency strategy discussion has been held, the child will remain with its parents/carers. Any observations of concerns must be documented along with any differing accounts on how the injury occurred from child compared to that given by parent/carer also different accounts between parents/carers and different accounts over time.
- 3.3 Once the decision has been made to proceed to a child protection enquiry and a child protection medical, a social worker will be allocated and attend the hospital.

**The process will then follow on from point 2.1 above**

### **4. Planned or emergency hospital admissions for children whose contact with their parent/ carer/ family member is supervised in the community**

- 4.1 If parents require supervision with their children when in the community then this arrangement must continue whilst the child is in hospital. It is the responsibility of Children's Social Services or the Emergency Duty Team if out of hours, to identify appropriate supervision and to ensure parents are updated regarding contact arrangements. In the event that supervision arrangements break down please refer to the contingency plan within the safety plan document (refer to paragraph 1.9) which should detail how supervision can be covered out of hours e.g., by another family member or Emergency Duty Team to source support.
- 4.2 Children's Social Services should make contact with the nurse in charge and advise them of the reasons why supervised contact is in place and details of the current supervision arrangements. This information must be recorded in the child's medical records by Health staff.
- 4.3 Any concerns identified by Children's Social Services/ Emergency Duty Team regarding parental behaviour or risk to the child or ward environment must be disclosed to the Nurse in Charge on admission. Any relevant risk assessments that Children's Social Services hold must be shared with Health and documented in the child's medical records. This will be via a verbal conversation in which a summary of any relevant risk assessment.
- 4.4 It is Health's responsibility to keep parents / carers /family members and Children's Social Services/Emergency Duty Team updated on the child's medical condition and progress.

## **5. Maternity**

5.1 All of the above principles will apply in Maternity services.

5.2 A written pre-birth safeguarding plan will need to be completed by Children's Social Services, which stipulates if supervision is required. The plan must be shared and agreed with the Maternity Safeguarding Lead for the Health Board in a timely manner i.e., 34 weeks. Some individual cases, due to the complexities of the case and the risk they pose, may need to be discussed with the Senior Midwifery Management Team and other partner agencies.

5.3 Maternity staff will provide normal care of mother and baby and document any observed parenting skills or concerns and share as appropriate with Children's Social Services. If it has been agreed by Health and Children's Social Services that observation is required (not supervision) the mother and baby will be nursed in a well observed area.

5.3 If a parent leaves the ward and does not return after an appropriate time, Children's Social Services/ Emergency Duty Team will be notified immediately via a telephone report followed up with a Duty to Report (MARF) form. The Senior Midwifery Management Team will also be notified, and midwifery staff should provide care for a short period until Children's Social Services have found an appropriate carer. For the purpose of this protocol a short period is defined as being no longer than 3 hours.

5.4 When the baby is medically fit for discharge, it is expected that all efforts will be made to adhere to the pre-birth safeguarding plan for a swift discharge. If, however, baby needs to remain in for a longer period of time due to observations, discussion between the Safeguarding Lead for Maternity, Midwifery Management and Children's Social Services/Emergency Duty Team will take place on an individual basis. It is expected that Children's Social Services will be responsible to provide care of baby as soon as practically possible.

**Appendix 1: Identified Safe Carers (to be completed by Health and added to Childs Medical Records)**

<b>Name of Child:</b>				
<b>Date of Birth of Child</b>				
<b>Name of Social Worker:</b>				
<b>Contact Details of Social Worker:</b>				
<b>Family members / family friends who are able to supervise child</b>				
<b>Name</b>	<b>Relationship</b>	<b>Contact Number</b>	<b>Availability</b>	<b>People excluded from contact</b>

**Signed by Social Worker** .....

**Print Name** .....

**Date** .....

**NB Any revision of above must be completed by Children Services/Police and cannot be amended by Health**

**Date & Time Reviewed** .....

**Name of Professional Reviewing** .....

## **Appendix 2: References**

- Wales Safeguarding Procedures 2019
- Children Act 1989: [Children Act, 1989](#)
- Children Act 2004: [Children Act, 2004](#)