

**Regional Guidance
Recording of Nursing/
Midwifery/AHP
Observations/Interactions
between parent/care giver
and children considered
“at risk” or where there are
safeguarding concerns
(Acute Hospital Settings)**

Version 1

September 2017

Review September 2018

Introduction

The primary responsibility for safeguarding children and young people rests with their parents or carers. However those who work with children, young people or families, in whatever capacity, have a particular responsibility to promote their welfare and ensure they are safe. Nurses, Midwives and Allied Health Professionals play an essential role in ensuring that children and families receive the care, support and services they need to promote children's health and development. This includes the importance of careful observation and recording of parent-child interactions during any hospital admission.

All practitioners involved in caring for children in hospital settings have the opportunity to observe parent-child interactions. This should be considered an essential element in the recognition and management of child safeguarding concerns. Over the past three decades, research has consistently reflected the importance of nurturing, responsive interactions that children have with their parents and their caregivers. The quality of parent-child interaction plays a crucial role in social and emotional development outcomes, not only in infancy, but throughout the life span.

Background

The Safeguarding Board for Northern Ireland (SBNI) undertook a recent Case Management Review under the name of Francis (CMR) <http://www.safeguardingni.org/publications> in relation to a young baby who sustained significant injuries. CMRs are undertaken not to find fault with individual practice but rather to examine the organisational systems and processes that assist or allow individuals to make decisions or to act in certain ways in meeting the needs of children and their families, and keeping vulnerable children safe. The focus of any CMR is on learning from what has worked well and to determine what has not worked well and how this should be prevented in the future. In this particular case a young baby had been in hospital for a period of time and whilst the ward staff had noted telephone calls and visits by the mother and her partner the detail of the quality of the contact was not recorded. This was viewed as a significant gap. The CMR team therefore recommended a structured recording format be introduced in all

maternity wards, neonatal intensive care units and paediatric wards where children are admitted and are deemed to be at risk of harm and where those children are either cared for or visited in hospital by parents/carers, or others who may potentially pose risk to the child.

In response to this recommendation the Regional Nursing, Midwifery and Allied Health Professional Safeguarding Children Forum established a Task and Finish Group (Appendix 1) to develop a regionally agreed recording sheet and associated guidance for practitioners. Representation was sought from each of the five Health and Social Care Trusts and from professional groups including nursing, midwifery and allied health professionals. The draft recording sheet and Aide Memoire was presented to the Nursing, Midwifery & Allied Health Professions (NMAHP) Forum and was circulated widely across the five Trusts for a period of consultation. Both documents have subsequently been amended to reflect some of the feedback as appropriate.

Purpose of Observing Parent – Child Interactions

The purpose of observing parent-child interactions is to determine both the strengths and challenges in the interplay between parent and child. Positive parent-child interaction involves evidence of warm parental support and includes behaviours that convey acceptance, sensitivity and responsiveness to the child's needs.

Children who experience poor parent-child interactions often fail to develop a secure attachment relationship with their parent, which can lead to long-term social and psychological problems. While neglect is a failure to provide adequate care, there are identifiable features in the interaction between neglected and/or emotionally abused children and their care-givers.

Gathering and interpreting information, in cases of children deemed to be at risk or where there are safeguarding concerns can be challenging in complex, multi-agency environments. It is hoped the introduction and implementation of the regionally agreed recording sheet (Appendix 2) and associated Aide Memoire (Appendix 3) will promote a consistent approach in relation to capturing, analysing and sharing of

relevant information between acute settings and children's services to improve outcomes for children and young people.

Working with Families

As in any area of child protection work it is of utmost importance to be open and transparent with parents and children. Staff should explain to the parents/carers their role in observing parent-child interactions and the use of the recording sheet as a means of sharing information with other members of the multi-disciplinary team involved in the child's care. Developing a focus on observing parent-child interactions for children where there are safeguarding concerns will not only help staff to identify and build on any strengths but also help identify areas of weakness which can be discussed at a multi-disciplinary level to ensure appropriate supports and/or interventions can be put in place to address any identified risks or needs.

Where significant or immediate concerns arise about a child's safety staff should follow Regional Safeguarding Children Policy and Procedures and refer concerns to the appropriate hospital/community social worker. Nurses and Midwives should also liaise with the Safeguarding Children Nurse Specialist for advice and support as required.

Recording Sheet

The recording sheet is a multi-disciplinary record that can be completed by any staff involved in the child's care. It is intended that the recording sheet (Appendix 2) is used in all maternity wards, neonatal wards, paediatric wards and general/adult wards where children/young people may be admitted across the five Health and Social Care Trusts and are deemed to be "at risk" of harm or where there are identified safeguarding concerns. A named individual in each unit for example the ward manager or nurse in charge is responsible for ensuring nurses, medical staff and AHPs caring for children and babies are aware of the recording sheet and how it should be used. A supply of the recording sheets should be made available for staff. It has been agreed that it is worthwhile colour coding the sheets so they are easily recognised and identifiable within the child's records. Taking into consideration colours used for other purposes it has been agreed to use lilac paper.

All units are asked to adhere to this colour coding. This paper can be ordered through e-procurement.

The key areas to be recorded include name and hospital number of child, date, name of parent/care giver involved in observation, time of arrival and time of departure from the unit, location i.e. side room, open bay, rooming in etc. brief summary of observations, signature of observer and designation details.

In providing a summary of the observation it will be useful to consider what should be recorded in respect of parent-child interactions. Key areas have been identified as indicators for positive parenting and include bonding and attachment, personal care, feeding, handling and general parenting behaviour. Whilst this list is not exhaustive it will assist practitioners in thinking more holistically and widely in respect of how parents/carers interact with their children. An Aide Memoire (Appendix 3) has been developed with potential questions and prompts to support staff.

Aide Memoire

The Aide Memoire should be explained to all staff within the each of the units and displayed at nursing stations for ease of reference. Consideration should also be given to including the aide memoire to local intranet sites and staff handbooks.

Storage of Record

The recording sheet should be stored in the child's nursing or medical record. This will be ward specific and decided by the team involved in the child's care. In relation to maternity it has been agreed where a risk has been identified and a recording sheet is required this will be held within a repository file for the baby. In the event of a child being transferred from one unit to another where the notes do not normally go with the child it is important that good verbal handover and information sharing takes place between the units. A photocopy of the recording sheet should be forwarded to the receiving unit and noted in the transfer checklist.

Where possible the photocopy should be on lilac paper as per the original copy which stays in the child's notes.

Awareness Raising

It is felt there is a need for initial awareness raising sessions at ward / In Patient AHP team to;

- introduce the new recording format to frontline staff,
- explain the rationale and background; and;
- gain staff understanding and co-operation.

The Safeguarding Children Nurse Specialist Teams have agreed to support any request to co-facilitate initial awareness raising sessions with ward managers as required. Further awareness raising should be by a cascade approach by ward/AHP staff with any new members to their teams.

The new recording format will be incorporated into the undergraduate nursing and midwifery courses at both Queen's University and University of Ulster. In addition the new format will be highlighted as part of the safeguarding awareness talk for Undergraduate AHPs. Trusts are asked to add the recording format to staff induction training.

Conclusion

The Nursing, Midwifery and Allied Health Professions workforce is central to safeguarding children and young people in Northern Ireland. Organisations must invest in supporting their staff to ensure all those who come into contact with children/young people understand their valuable contribution to safeguarding and promoting the welfare of these children and young people.

Sources of Advice

If you require any further information or advice in relation to this guidance please contact any member of the Task and Finish Group (Appendix 1) or local HSC Safeguarding Children Nurse Specialist.

Review

This guidance document will be reviewed in September 2018 to ensure it remains fit for purpose, and reflects any relevant developments in safeguarding practice, policy and legislation.

If you have any comments on how this guidance can be improved, please contact:

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Appendix 1 - Membership of Task and Finish Group

Name	Organisation	Email
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Appendix 2

Regional Observations/Interactions Recording Sheet for Neonatal, Children's and Maternity Units

Please use this form to record observations / interactions between parent/ care giver and children considered "at risk" or where there are safeguarding concerns

(See Aide Memoire for guidance)

Name _____ Hospital No. _____

Date (dd/mm/yy)	Name of Parent or Care Giver	Arrival Time (24hr clock)	Departure Time (24 hr clock)	Location e.g. side room, open bay, rooming in	Observations	Name: Signature: Designation:

Appendix 3

Aide Memoire

Recording of observations / interactions between parent / care giver and children considered “at risk” or where there are safeguarding concerns

Purpose: This Aide Memoire can be used as a prompt for staff to consider what should be recorded in respect of observing parent/carer interaction with a baby or child considered “at risk” or where there are identified safeguarding concerns.

Areas to observe and comment on (please note list is not exhaustive)

Area	Questions/prompts
Bonding/Attachment/Interaction (Remember to ask parents how they feel about their baby/child)	Is there eye contact, smiling between parent/carer and baby/child? Does parent/carer respond to baby/child who needs attention? Is there evidence of affection? Does parent/ carer use appropriate speech/tone of voice? How does baby/child respond to parent/carer?
Personal care	Does parent/ carer prepare for and carry out bathing, nappy changing and dressing as expected? Do they require prompts/reminders?
Feeding	Does parent/carer respond to baby’s cues for feeding and or child’s hunger? Do parents/carers have an awareness of how much/often to feed? Do parents assist child with menu choices and feeding at mealtimes as appropriate?
Handling	Are parents/carers confident in handling baby/child?
General Parenting Behaviour	Are parents receptive to advice? Is there any parental conflict? How do parents interact with each other? Is there parental insight? Do they recognise and ask for help when required? Do parents/carers have ability to understand and implement information received on the care of their baby/child?
Contact	Please record duration of observation Was there anyone else present?