

FOI 1635

16.05.2023

FREEDOM OF INFORMATION ACT 2000 – INFORMATION REQUEST

This FOI request relates to people admitted to psychiatric inpatient wards who are parents.

By ‘inpatient ward’ we refer to: any ward that provides primarily psychiatric care, that has provision for overnight use, including locked and unlocked wards; including male, female, and mixed wards; including rehabilitation and forensic wards.

We do not need data relating to wards that are (or were during time period in question) exclusively delivering care to patients with dementia, or exclusively delivering care to older adults, or exclusively delivering care to children and adolescents (CAMHS).

Where possible please provide data on forensic wards separately from other types of ward.

By ‘parent’, we refer to any individual who has a child/children aged under 18 years (this can include step/foster/adopted/biological children). These parents need not necessarily have current caring responsibility (e.g. their child/children could be in temporary foster care).

We also include as a ‘parent’ any individual who has any other formal residential caring responsibility for a child aged under 18 years (e.g., where a grandparent has parental responsibility for a grandchild).

We are seeking data covering the period from 1st January 2018 to 31st December 2019 inclusive.

Please provide the following data, as far as is reasonably possible:

1. Admissions Data

a. How many individual admissions (for one night or more) were made to each psychiatric inpatient ward in the Trust. This question refers to all patient admissions, not just parents.

If possible, please provide this information disaggregated by ward, and for each ward, please indicate:

- Ward gender type (male/female/mixed)**
- Mean age of patients admitted during reporting period**

b. How many of the patients reported under 1.a. were parents (as defined above)?

If possible, please provide this information disaggregated by ward, and for each ward, please indicate:

Trust Response:

1.a.: Admissions per wards (all wards are mixed gender)

Data collection to exemplify parents/non-parents would require a manual trawl of records which would fall outside the allotted timeframe for this FOI

	+ 2018	+ 2019	Grand Total
Ward			
BRONTE	186	249	435
CLOUGHMORE	294	253	547
ROSEBROOK	25	18	43
SILVERWOOD	184	247	431
WILLOWS	169	173	342
Grand Total	858	940	1798

1.a: Mean age of patients admitted during reporting period [average age by year]

	+ 2018	+ 2019	Grand Total
Ward			
BRONTE	40	39	39
CLOUGHMORE	41	40	41
ROSEBROOK	40	33	37
SILVERWOOD	39	38	39
WILLOWS	56	57	56
Grand Total	43	42	43

1b. In response to this request for information the system does not segregate this data from admission records and therefore it is not available.

2. Parental Status Data Collection

a. What data is routinely collected on parental status when inpatients are admitted or during their care? For example, are any of the following recorded: parenthood status, parental responsibility, children’s age, involvement of statutory services, where child currently resides? Is any other related information routinely recorded?

2.a. Trust Response:

A comprehensive mental health assessment is completed with each individual on admission and information shared in respect of children captured during this process. Some parents refuse to provide any detail on children

Mental Health Initial Assessment/ reassessment.

When there are children involved with the patient admitted there is a drop down for additional detail to be added to the template as below. Detail collected includes name, age, address of children, parental responsibility, relationship, level of contact, any social services involvement past or current, if involved status of involvement, CPR registration, LAC, details of other parent and contact consent.

3. Trust/ward policies and procedures

- a. Please provide copies of Trust policy documents which include reference to the needs of psychiatric inpatients who are parents and their families (e.g. family visit policies).**
 - b. Please provide copies of any internal guidelines/SOPs used by wards to manage child visits to wards.**
 - c. Please provide a copy of each inpatient ward induction/welcome pack for inpatients.**
 - d. Please provide a copy of any written information provided to carers of inpatients.**
 - e. Please provide a copy of information provided to the carers of children of inpatients while they are inpatients (e.g. foster carer, grandparent).**
 - f. Please provide a copy of any information provided to child(ren) of inpatients.**
- For items a-f, please state if no such materials exist.**

3.a –: Trust Response

As a collective response to request 3 the Trust Policy Documents which include reference to the needs of psychiatric inpatients who are parents are

- Child Visiting Policy,
- Think Family,
- Family Conversation and
- Family Assessment

The Trust operates a Child Visiting Policy, and there is signage on wards in respect of families/children. Links to documentation is included below.



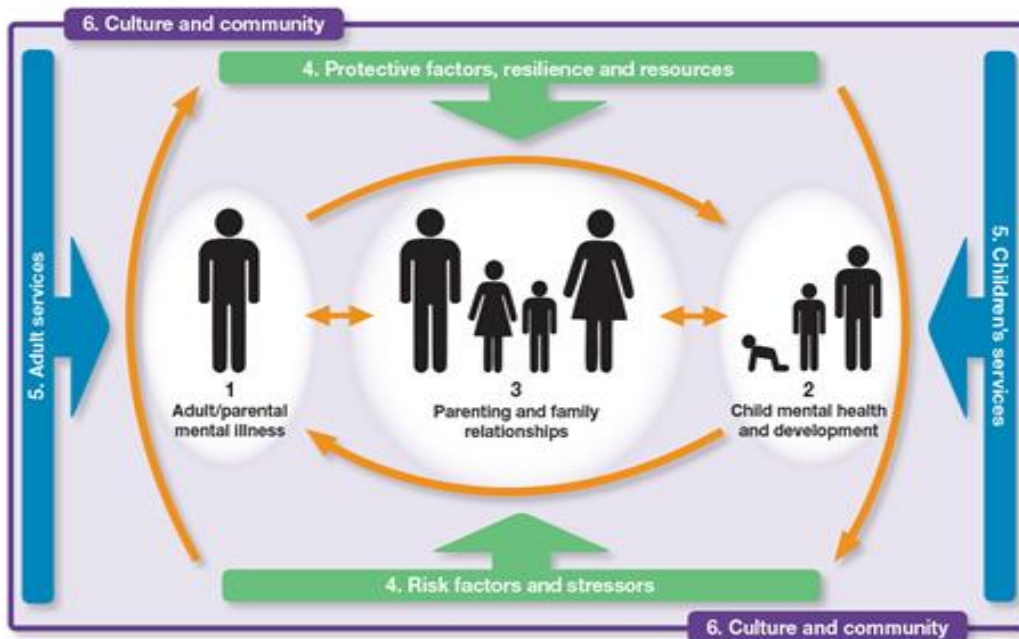
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Bluestone Booklet.pdf

[Draft Policy – Child Visitors to Adult Mental Health Residential Facilities
Are you thinking family poster for professionals.pdf](#)

A5 Think Family card displayed on each ward and utilised by staff to aid family focused discussion.

A5 Card as detailed below



[Family-Support-Hub-Leaflet southern.pdf](#)

[So your mum dad has a mental illness - Leaflet for Children.pdf](#)

[So your mum dad has a mental illness - Leaflet for Young People \(2\).pdf](#)

[Bluestone Mental Health Inpatient Unit.pdf](#)

[Bluestone Unit Visiting Policy](#)

Additional specific information can be made available relating to mental illness of a parent if parental consent is provided.

4. Child visits.

- a. During the reporting period, how many parents received at least one visit from their child/ren during their inpatient ward admission?
- b. During the reporting period, how many individual visits were made by children to inpatient psychiatric wards?

4 a-b: Trust Response

We do not record the number of visits from children/grandchildren and therefore cannot provide the data requested.

5. Family-friendly facilities

- a. Please provide a description of any family visit room(s) on each inpatient ward (include details of fixtures and fittings).
- b. For each family room, state whether it is used solely for the purpose of family visits.
- c. Please provide a photograph of each family room (a snapshot from a phone is fine).

5a-c: Trust Response:

Visiting rooms are located close to the entrance of each ward. This provides for easier access for children/babies entering the ward area for visits/contact. It enhances privacy

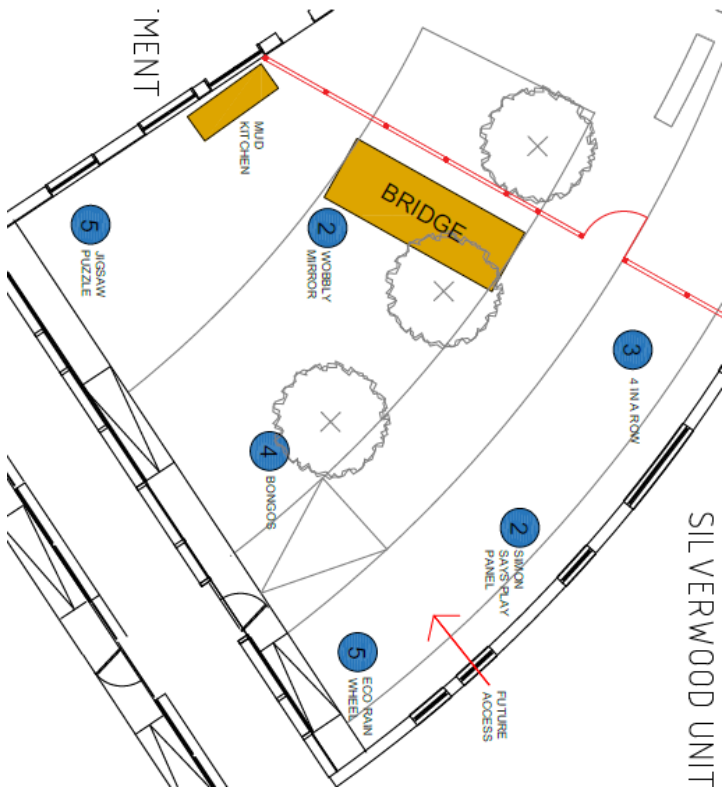
as it is removed from the communal areas of each ward and provides a quiet space for visits and contact. It prevents the opportunity for contact between children/babies and other patients and assists on focus being on quality contact and family visits. For each visiting room there is a selection of books and toys that will be made available specific to the age of the child and to promote good quality contact. The furniture is colourful and soft washable materials, wall transfers are in place to make it more child friendly. We have soft foam flooring mats for ground play with babies and children. The Family room is used for all visitors but when there are young children scheduled to visit we prioritise the room for them.

In appreciation of the needs for quality contact with a child when a parent is admitted to hospital there is advanced plans in place for a family friendly outside visiting/play area. Work is ongoing to complete on this in the near future. A map of the play area is attached.



Photographs attached





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