

Policies, Procedures, Guidelines and Protocols

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covers		The factors to be taken into account in assessing the risk to a child who has been left at home alone.			
		The action expected of practitioners when they discover that a child has been left at home alone.			
Who is the document aimed at?		All staff who work with children, young adults and their families within Shropshire Community Health NHS Trust (SCHT)			
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3					

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Introduction

1.1 It is an offence to leave a child at home alone if doing so puts them at risk.

The law does not specify a legal minimum age when a child can be left at home aloneⁱ. There is no specific age when a child can be left at home alone as maturity and understanding differs from child to child.

There is also no law that says for how long or how often a child can be left unsupervised at home, but frequently leaving a child home alone can constitute neglect.

Whilst there is no law stating at what age a child can be left home alone, there are legal consequences that may result from a child being left at home alone where it is felt that this was not safe for the child, or placed the child at risk.

Under the Children and Young Persons Act 1993ⁱⁱ s.1 (1), if a parent leaves a child unsupervised 'in a manner likely to cause unnecessary suffering or injury to health', they can be prosecuted for abandonment or neglect. This means that they can be fined or sent to prison if they are judged to have placed a child at risk of harm by leaving them at home alone. The parents are committing the offence of cruelty to a child under this Act if leaving the child at home alone puts him or her at risk or it can otherwise be considered as neglect, which is a form of child abuse.

Age should not be used on its own to assess whether a child can be left at home on their own. Consideration should also be given to whether the child is mature enough to be able to cope with an emergency and the length of time the child is being left for.

However, the NSPCC advise thatiii:

- Babies, toddlers and very young children should never be left alone
- Children under the age of 12 are rarely mature enough to cope in an emergency and should not be left at home alone for a long period of time
- Children under the age of 16 should not be left alone overnight
- A child should never be left at home alone if they do not feel comfortable with this, regardless of their age
- If a child has additional needs, these should be considered when leaving them at home alone or with an older sibling

Whilst outside these limits it may be appropriate to leave a child unsupervised, it depends on the child's capacity and the other circumstances. The child certainly should be:

- Able to understand the risks of being at home alone.
- Mature enough to cope with an untoward incident when at home alone; In this context an untoward incident is something which is reasonably likely to occur, and which, if not dealt with appropriately, could become an emergency for example a stranger calling at the house, being hungry or if the parent is away for longer than they thought.

And

Mature enough to understand, and if necessary act upon, instructions left by parent for use in the event of an emergency.



The NSPCC set out advice and guidance in 2016 for parents, asking them to think carefully before leaving their children at home on their own over the summer. Their free Need to Know Home Alone Guide^{iv} and online tool helps parents to make safe decisions about this for their family.

It was developed after the children's charity received more than 450 calls to its helpline ChildLine relating to children being left alone between July and September 2015 – a shocking three quarters of which had to be reported to the police or social services.

2 Purpose

The purpose of this guideline is to give information and clear guidance to staff employed by Shropshire Community Health NHS Trust, if they believe a child is at home on their own, or at home in the care of a person who is inappropriate.

3 Definitions

3.1 **Child:**

In this document, a child is defined as anyone who has not yet reached his or her 18th birthday.

3.2 **Neglect^{vi}:**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

3.3 Safeguarding:

Safeguarding is a term which is broader than 'child protection' and relates to the action taken to promote the welfare of children and protect them from harm.

- · protecting children from maltreatment;
- · preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

3.4 **Abandonment:**

Abandonment in law relates to a parent's act of leaving his or her child without making appropriate arrangements for the child's well-being and without the intention of returning. According to the law it is one of the five different types of abuse: assault, ill-treatment, neglect, abandonment and exposure.

3.5 Gillick Competent^{vii}:

For children under 16 years the Mental Capacity Act does not apply and therefore Gillick competence is the principle used to judge capacity in children of this age. Gillick competence is actually concerned with determining a child's capacity to consent to medical treatment. To be competent the child must have sufficient understanding and intelligence to fully understand what is involved in a proposed treatment, including its purpose, nature, likely effects and risks, chances of success and the availability of other options. Gillick competence can therefore be used as a way to judge capacity in children.

Abbreviations:

NSPCC: National Society for the Protection of Cruelty to Children

4 Duties

4.1 Chief Executive

All health care organisations have a duty to make arrangements to safeguard and promote the welfare of children and young people, and to co-operate with other agencies to protect individual children and young people from harm.

The Chief Executive has ultimate accountability for the strategic and operational management of the Trust, including the responsibility for meeting all statutory safeguarding requirements.

4.2 Executive Director Lead for Safeguarding

The Executive Director Lead for Safeguarding takes leadership responsibility at Board level, for the organisation's safeguarding arrangements;

4.3 Medical Director and Director of Nursing and Quality

The Medical Director and Director of Nursing and Quality have responsibility for ensuring that the statutory safeguarding responsibilities are adhered to and to promote effective partnership working.

4.4 Service Managers

Service Managers are responsible for the day to day operational management and coordination of the medical workforce to allow implementation of clinical practices in accordance with this guideline and to ensure staff are aware of their responsibilities in safeguarding children. Breaches of the policy should be reported using the Trust's reporting procedures.

4.5 All Staff

All members of staff that come into contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about safeguarding issues, including child protection.

All staff must take action as suggested in this guideline, if a child is believed to be at home on their own, or at home in the care of a person who is inappropriate.

5 Guidelines

Action must be taken if on visiting or telephoning a home, a member of staff reasonably believes that a child (or children) has been left unattended or in the care of a person who is inappropriate or has been left without adequate adult supervision.

This would include children of primary school age or under and senior school age who are not mature enough (i.e. do not have the capacity), to understand the dangers and risks of being left at home alone or to be able to cope with an emergency i.e. they are not deemed Gillick competent.

- An assessment of the level of risk to the safety of each child present in the premises and the key child's level of competency should be undertaken. The member of staff should consider:
 - The age of the child;
 - The maturity and understanding of the child, and their developmental needs;
 - Any additional needs of the child;
 - Whether the child is distressed; and
 - Any other circumstances relevant to the child's vulnerability to harm.
 - Is the child safe?
 - Can they remain safe?
 - What arrangements are in place to monitor the child?
 - Has the child been given information about what to do if there is a problem or emergency?
 - How competent is the child to act if an issue arose?

Questions, which may need to be asked:

J	Who is with you at home?
J	Are you/you all alright?
J	Where is your mum/dad?
J	Has your mum or dad been gone long?
J	When do you expect your mum or dad back?
J	Can you contact your mum and dad for me and ask them to return so I can talk to them?
J	Is anyone else keeping an eye on you or is there someone you can ask to come and give you help?

Consequently the assessment of risk may conclude that the situation is:

- > Appropriate requiring no action;
- >Inappropriate requiring immediate action as set out below; or
- ➤ Borderline inappropriate requiring no immediate action but the practitioner will arrange to discuss the issues with the parent later, and will record the advice given.

5.3 When a practitioner visits a home, finds a child unattended and assesses the situation as **inappropriate**:

Firstly, the practitioner should not enter the house unless there is a clear and imminent physical risk to the child/children, as this would be trespass. However, the practitioner should also wait until the parent/carer, Police or Social Worker arrives before leaving.

• If the child is distressed, or appears to be at risk of significant harm the practitioner should immediately call the Police on 999. The Police have the power to enter the home to ensure the safety and well-being of the child.

The practitioner should then telephone Children's Social Care and inform them of the situation and that the police have been notified. Agreement must be reached with the Police as to who will complete multiagency notification form^{viii}.

At the earliest opportunity, the practitioner should advise the parent/carer of the actions taken to include informing Children's Social Care.

• If the level of risk cannot be assessed (for example because the practitioner cannot see the child), the practitioner should immediately call the Police on 999. The Police have the power to enter the home to ensure the safety and well-being of the child.

The practitioner should then telephone Children's Social Care and inform them of the situation and that the police have been notified. Agreement must be reached with the Police as to who will complete multiagency notification form.

At the earliest opportunity, the practitioner should advise the parent/carer of the actions taken to include informing Children's Social Care.

• If the level of risk allows, as the child does not appear to be in immediate danger, the practitioner may decide to wait for to see whether the parent returns. During this period the practitioner should try to establish from the child the whereabouts of the parent/carer and of the arrangements made (see questions to ask above).

If the parent, or another carer, returns while the practitioner is waiting, she/he should inform them about:

- Her/his concerns regarding the child being left alone.
- That as a parent they have responsibility to ensure their child's safety at all times.
- Advise that should harm come to the child during their absence they could be deemed responsible and legal action may need to be taken.
- Any action she/he has taken while the parent was absent.
- Her/his responsibility to notify Children's Social Care about the incident.

Subsequently, inform Children Social Care that the child/children have been left alone and parents have been advised regarding the risks.

If the parent/carer does not return, the practitioner should telephone the Police on the non-emergency number 101 and Children's Social Care to notify them of the matter. Agreement must be reached with the Police as to who will complete multiagency notification form. At the earliest opportunity, the practitioner should advise the parent/carer of the actions taken to include informing Children's Social Care.

- If a member of staff telephones a home, discovers that a child appears to have been left unattended and assesses the situation as **inappropriate**:
 - The member of staff should immediately telephone the Police on 999 and notify them of the situation. The Police have the power to enter the home to ensure the safety and well-being of the child.
 - The member of staff should then telephone Children's Social Care and inform them of the situation and that the Police have been notified. This must be confirmed by a written referral within 48hours, using the inter-agency referral form.
 - If possible the member of staff should then attempt to contact the child's parents and tell them that the Police and Children's Social Care have been informed.

There will be situations in which there is scope for disagreement about whether it is appropriate to leave a particular child alone, and there will be similar situations in which the same practitioner may make different judgements depending on the exact circumstances, for example the length of time that the child is left alone.

The member of staff who had to act to assess the risks to the child should document the incident and actions taken in the appropriate electronic health records. The details should be recorded accurately, in a timely manner; ensuring appropriate weight is given to the concerns according to the evidence. Please refer to the Trust Clinical Record Keeping Policy^{ix}.

The staff member should inform the Designated or Named Nurse of the incident and action taken. Complete a Datix and record the Datix retrace number on the significant events sheet.

The staff member should also consider who else needs to know for example, if they are not the child's Health Visitor or School Health Nurse they should ensure that these practitioners are informed of the incident and action taken. According to the family composition, details of which for can be obtained from the Safeguarding Children Team or from the Child Health Department, further members of the Health Visiting and School Health Nurse Teams may also need to be contacted.

If there are any subsequent managerial discussions and decisions in line with individual agency requirements these should be recorded in the appropriate records by the practitioner responsible.

It is important to reflect possibly during supervision on what has been seen, spoken or achieved and records of this should be kept in accordance with agency regulations.

6 Consultation

This guideline was shared with members of the Children's Safeguarding Team for approval, to include:

Dr Ganesh (Designated Doctor for Safeguarding)

Steve Gregory (Executive Director of Nursing and Quality)

Dr Saran (Consultant Paediatrician)

Dr Mahabeer (Designated Doctor for Looked After Children)

Julie Harris (Named Nurse Safeguarding Children)

Liz Watson (Nurse Specialist Safeguarding Children)

Claire Hughes (Nurse Advisor Safeguarding Children)

Alison Wood (Child Death Overview Process Lead Nurse)

7 Dissemination and Implementation

The guidelines will be disseminated as follows:

)	Managers informed via DATIX system who then confirm they have disseminated to
	staff as appropriate

Staff via Team Brief

Published to the staff zone of the trust website

8 Monitoring Compliance

Use of this guidance will be monitored through the datix notification system which is shared at the Children's Safeguarding Group meetings. Its use is expected to be infrequent, so an audit will be scheduled to take place before the guideline's review in 3 years' time, or sooner if changes are needed to ensure better safeguarding compliance.

9 References

ⁱ Gov.UK Law on leaving your child on their own. https://www.gov.uk/law-on-leaving-your-child-home-alone

ii The Children and Young Persons (England and Wales) Act 1933. http://www.legislation.gov.uk/ukpga/Geo5/23-24/12/section/1?view=extent

iii NSPCC: Staying Home Alone website. https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/leaving-child-home-alone/

iv NSPCC Need to Know Home Alone Guide. https://www.nspcc.org.uk/globalassets/documents/advice-and-info/home-alone-guide-keeping-child-safe.pdf

^v Working together to safeguard children 2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Toge
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Toge
https://www.gov.uk/government/uploads/system/uploads/system/uploads/attachment_data/file/592101/Working_Toge
https://www.gov.uk/government/uploads/system/uploads/system/uploads/attachment_data/file/592101/Working_Toge
https://www.gov.uk/government/uploads/system/uplo

vi Child Abuse and Neglect. NICE Guideline 2017. https://www.nice.org.uk/guidance/ng76/resources/child-abuse-and-neglect-pdf-1837637587141

vii CQC. Brief guide: capacity and competence in under 18s, 2015. https://www.cqc.org.uk/sites/default/files/20151008%20Brief%20guide%20-%20Capacity%20and%20consent%20in%20under%2018s%20FINAL.pdf

viii LSCB multi-agency procedures http://westmidlands.procedures.org.uk/

ix Clinical Record Keeping Policy http://www.shropscommunityhealth.nhs.uk/content/doclib/10290.pdf

10 Associated Documents

SCHT Safeguarding Children Staff Leaflet – on Staff Zone Safeguarding Safeguarding Children & Child Protection

Policy no: 1330-37341: Safeguarding Children – on Staff Zone Safeguarding Safeguarding Children &

Child Protection

Policy no: 1545-35177: Clinical Record Keeping Policy

Policy no: 1267-38576: Supervision and Staff Support Policy

11 Appendices

Appendix 1: Guidelines on Managing the Concern That a Child Has Been Left Alone at Home: Action Pathway

Appendix 2: NSPCC 2015 Need to Know Guide 'Is my child ready to be left alone'

Appendix 1

Guidelines on Managing the Concern That a Child Has Been Left Alone at Home: Action Pathway **Home Visit Telephone Contact Home Visit Telephone Contact Assess circumstances & Assess circumstances** Assess child's capacity risks & risks Assess child's capacity (parent contactable, return (parent contactable, time known, trusted return time known, (age, level of contacts given, adult trusted contacts given, (age, level of development, development, additional keeping eye out, child adult keeping eye out, vulnerabilities) additional vulnerabilities) happy, clear instructions child happy, clear instructions left) Situation appropriate and Situation appropriate and child safe child safe Yes No Yes No No action needed Child appears to be at immediate No action needed **Phone Police on** risk of harm 999 Inform Social Care of situation & written referral within 48hrs (attempt to contact the Yes No child's parents and tell them that the police and children's social care have been informed, document the incident and actions taken in the appropriate Consider waiting for up **Phone Police on** electronic health records) to 20 minutes to see whether the parent Inform Social Care of returns situation & written (try to establish the referral within 48hrs whereabouts of the parent/carer and of the (do not enter the house unless there is a clear and arrangements made, do not enter the house) imminent physical risk to the child, do not leave premises until parent/carer, Police or Social Worker arrives) Parent returns Yes No **Phone Police on** Advise the parent regarding the risks & inform Children's Social Inform Social Care of Care that the child was situation & written left alone referral within 48hrs (document the incident and (do not enter the house actions taken in the unless there is a clear and appropriate electronic imminent physical risk to health records) the child, do not leave premises until 11 parent/carer, Police or ne at Home. Jan 2018 Guideline On Managing The Concern T Social Worker arrives)













