



CHILDREN AND UNBORN CHILDREN WHOSE PARENTS OR CARERS HAVE MENTAL HEALTH NEEDS July 2010

'It is vital that professional staff working with adults are trained to identify and assess the needs of, and risk of harm to, children and young people. These issues are a consistent feature of Serious Case Reviews demonstrating how seriously they put children at risk of significant harm.' Laming 2009 p38

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1. Context and Aims

- This protocol has been written to improve the co-ordination and communication between all agencies in Buckinghamshire engaged with children and families and parents who have mental health needs. It updates the protocol produced in 2003 between Children's Social Care and Community Mental Health to include all agencies so that any worker who has a concern from any agency in Buckinghamshire should be able to understand it and apply it.
- The protocol should be applied whenever there are concerns about the well-being or safety of children whose parents or carers have mental health needs, specifically where these difficulties are impacting, or are likely to impact, on their ability to meet the needs of their children. This protocol also applies to pregnant women who have mental health problems or where their partners are known to have mental health problems.
- The National Biennial Review of Serious Case Reviews (2003-2005) reported that 55% involved parents with mental health problems. In these cases the mental illness of the parent had a significant impact on their parenting capacity resulting in the death or serious injury of the children. However it remains the case that the majority of mentally ill parents do not harm their children. It also does not mean that parents who experience mental health problems have poor parenting skills. However, the impact of parental mental health problems, on some occasions, can lead to children and families needing additional support; or in a small number of cases support and multi-agency action to prevent significant harm.

2. Principles

2.1 The protocol is underpinned by the following principles:

- Parents have a right to confidentiality. However where there are concerns about the welfare of a child these must take precedence.
(www.dcsf.gov.uk/ecm/informationsharing)
- Children are usually best brought up within their own families and support should be provided to enable this to be the case whenever possible.
- Respect and sensitivity should be given to differing family patterns, lifestyles and child rearing practices, which can vary across different racial, ethnic and cultural groups. However all professionals must be clear that child abuse and neglect caused deliberately or otherwise, cannot be condoned for religious or cultural reasons.
- To ensure the provision of co-ordinated services to families in which there are dependent children of parents, carers or pregnant women with mental health problems.
- To ensure good co-operation and collaborative decision-making between services.

- To ensure professionals working in Buckinghamshire are aware of their responsibilities for working together to safeguard and promote the welfare of children and their families.
- That parents are seen as the experts on their children and wherever possible, plans are developed with them for times when they are unwell.
- That children are actively included in our work, proportionate to their age and ability, and that they receive information and support about a parent's mental health issues.
- That pro-active positive links are made with peers in partner agencies in a timely and well-informed fashion. These links will also assist in the development of understanding child care and mental health responsibilities and processes.
- Child care workers will help to identify parents who may have mental health needs and use links with other agencies (including Primary Health Care) to find help and support for them.
- Mental health workers will help to identify all children who may need services.
- All workers will identify pregnant women and their partners who may need support or input because of a mental health issue.
- All responses to enquiries and referrals are facilitated to reach an appropriate service i.e. no wrong door approach.
- Most parents, carers and pregnant women with mental health needs safeguard their children's well-being; however it is essential to always assess the implications for each child in the family. Many children whose parents have mental health needs may be seen as children with additional needs requiring professional support, and in these circumstances the need for a Common Assessment (CAF) should be considered.
- The protocol should promote the shared assessments of parents with mental problems who are already known to agencies or are new referrals. Integrated services to these families should be provided which are both effective and well co-ordinated.
- The legislative guidance for planning and undertaking shared assessment of risk both in relation to Approved Social Worker assessments under the 1983 Mental Health Act, Child Protection Assessments under the Children's Act 1989 and Assessments for Children In Need should be followed.
- All those who come into contact with children, their parents and families in their everyday work, including practitioners who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of the child as set down in Working Together to Safeguard Children 2010.

3. Guidance for referral to Adult Mental Health Services

3.1 A referral for an initial assessment to Adult Mental Health Services should be made if there is evidence of a clear mental health need associated with a statement or behaviour from a client that raises concerns or indicates a risk to self or others, including children. As far as possible these concerns should be discussed with the client. A referral should always be discussed with your line manager.

3.2 If there is an imminent danger to the client or others, including a child, the Police must be contacted. Staff must ensure that their decision and agreed course of action is fully and accurately documented, signed and dated.

3.3 Contact with the GP and Adult Mental Health Services is essential to ensure that the full background is obtained regarding any existing or previous diagnosis of mental illness and information about previous or current treatment or referrals (Reference to MH legislation). When a pregnant woman or her partner has been identified with mental health needs, a pre-birth assessment must be undertaken.

Guidance on the Pre Birth assessments in the Pre Birth Procedures -

http://bucks.phewinternet.co.uk/sites/all/files/assets/documents/Procedures/Pre-birth_procedures.doc

3.4 Triggers that may indicate referral to Adult Mental Health Services for initial assessment are listed below. However, this is not an exhaustive list and is provided to assist professional decision-making.

- Recent history of assessment and treatment by secondary Adult Mental Health Services, including hospitalisation and/or Community Mental Health Team involvement.
- Previous history of mental illness during pregnancy or the post-partum period
- Current/recent treatment for mental health needs by GP.
- Previous history of self-harm, or current expression of an inability to manage their own or their child/children's safety.
- Expression of apparently unreal fears about their own safety or that of others.
- Evidence of significant withdrawal from people, family or activities i.e., showing signs of depression or anxiety.
- Fluctuations in mood and activity e.g. excessive crying, inappropriate expression of anger, over activity, or increased suspicion.
- Concerns re: self-neglect.
- A child's or other's expression of concern regarding change in parent's and/or carer's behaviour or attitude.
- Chaotic households against a background of significant social stressors such as inadequate housing, unemployment or low income.

3.5 A past history of mental health problems will not necessarily mean a referral is required; this will depend on what the particular diagnosis was and current mental state, how long an individual has been stable, and the level of support at home.

Consultation with Mental Health Team will help determine whether a referral is necessary.

3.6 When a parent or carer has been receiving in-patient services, in whatever setting, consideration must be given to discharge arrangements to ensure provision for the children is appropriate and their welfare and safety has been properly assessed. A formal meeting with Children's Social Care should be held where they are already involved or if concerns are identified. If a parent or carer discharges themselves out of hours, a referral to the Emergency Duty Team should be made to ensure the children's welfare is protected.

4. Guidance for referral to Children's Social Care

4.1 A referral to Children's Social Care for an initial assessment or pre birth assessment should always be made if a parent, carer or pregnant woman is considered to have significant mental health problems as indicated by the triggers given below. A referral should always be discussed with a manager. If there is an imminent danger to the client or others, including a child, the Police must be contacted.

4.2 Consideration should be given to initiating a Common Assessment (CAF) to safeguard children at an early stage. The CAF is standard approach to conducting an assessment of the needs of a child and deciding how they should be met. It has been developed for use by practitioners in all agencies so that they can communicate and work more effectively together. It supports early intervention by providing a tool to enable practitioners in universal, as well as targeted or specialist services. CAF guidelines and procedures - http://www.buckinghamshirepartnership.gov.uk/partnership/CYPT/Local_Delivery/practice_guidelines.page?collection=bcc

4.3 Where a parent or carer expresses thoughts of self-harm and/or harm to a child, this should generate an immediate referral to Children's Social Care under sec 47 Children Act 1989
Consideration must always be given to the care arrangements for the children should the parent need to be admitted to hospital

4.4 When a parent or carer has been receiving in-patient services, in whatever setting, consideration must be given to discharge arrangements to ensure provision for the children is appropriate and their welfare and safety has been properly assessed. A formal meeting with Children's Social Care should be held where they are already involved or if concerns are identified. If a parent or carer discharges themselves out of hours a referral to the Emergency Duty Team should be made to ensure the children's welfare is protected.

4.5 Triggers that indicate referral to Children's Social Care for initial assessment are listed below. However, this is not an exhaustive list and is provided to assist professional decision-making.

- The pre-birth assessment of women who have a history of mental illness, who are experiencing a mental disorder or have a history of, or current substance misuse, and where there are concerns about the impact of such a condition on an unborn child, or a woman's ability to meet the child's needs once born.

- Any carer exhibiting signs of mental illness, or who are already the subject of a continued psychiatric assessment, where there are concerns surrounding the impact on a child's well-being.
- There has been a previous death of a child whilst in the care of either parent which raised concern.
- There are concerns about parental ability to self-care and/or to care for the child e.g. unsupported young or learning disabled mother.
- The baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child.
- Urgent concerns as a result of parents or carers being assessed under the Mental Health Act.
- Parents or carers with mental health or substance misuse problems who are caring for a child with a chronic illness, disability, or special educational needs.
- Children who are caring for parents or carers with mental health or substance misuse problems (young carers).
- Children with social, education or health needs, e.g. non-attendance at school or nursery, lack of involvement with other statutory or primary care services.
- Children for whom there have been past concerns in respect of parenting, or concerns for the safety or welfare of older children in the household
- Children who have been the subject of previous child protection investigations, a child protection plan, local authority care, or alternative care arrangements.

4.6 Where the need for referral is unclear, this must be discussed with a line manager. Children's social care can be consulted for advice. Staff must ensure that all decisions and the agreed course of action are signed and dated and that a written referral follows any telephone conversation or referral. If a referral is not made, the reasons must also be clearly documented.

5. Pregnant Women

5.1 When an agency identifies a pregnant woman experiencing mental health problems an assessment must be undertaken to determine what services she requires. This must include gathering relevant information from their GP and Adult Mental Health Services, in addition to any other agencies involvement, to ensure that the full background is obtained about any existing or previous diagnosis, or treatment for mental illness or substance misuse. This is especially important where service awareness of earlier births may need to be clarified, for example, in the case of older or overseas children. If a person has moved recently, it is advisable to seek out health records from the previous GP. It is also important to identify partners of pregnant women who have mental health or substance misuse problems.

5.2 Research has shown that pregnant women with a previous history of mental health needs are particularly vulnerable to breakdown during the later stages of pregnancy and following the birth of their baby. BSCB has agreed and issued pre-birth procedures - http://bucks.phewinternet.co.uk/sites/all/files/assets/documents/Procedures/Pre-birth_procedures.doc

5.3 Adult mental health professionals must identify those service users who are pregnant and those who are parents or who have regular access to children, whether they reside with the children or not. Professionals should consider the needs of all children as part of their Care Programme Approach (CPA). Under the Refocusing the Care Programme Approach -Guidance' (March 2008) http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_083649.pdf. The CPA should focus on assessment, planning, review & co-ordination of the range of complex care & treatment of people with complex needs in a personalised way. The guidance introduces just one level of CPA, doing away with the distinction between enhanced & standard CPAs.

6. Dual Diagnosis

6.1 When a parent has a substance misuse problem as well as mental health needs, this can put the child at particular risk, especially where the potential for dealing with the substance misuse problem is limited. Where a parent/carer has mental health and substance misuse issues the assessment must be conducted in partnership between the Mental Health Care Management Team and the Adult Substance Misuse Care Management Team. Where the assessments are potentially complex any agency should undertake a Pre-CAF assessment checklist - (<http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/TP00004/>) and, if necessary, convene a planning meeting to discuss and plan how all the agencies should work together using the Common Assessment Framework (CAF) to identify need and plan and review additional services for the child. The Safeguarding Children's Service may be consulted. Child care duty teams may be approached to chair a Child in Need Planning Meeting in the event there is a need for a Children's Social Care service. It should be noted that mental health needs can also be associated with high risk behaviour or difficulties such as substance misuse or domestic violence The Biennial Review of Serious Case Reviews found 34% co-morbidity between parental violence, mental health and substance misuse issues.

6.2 The following set of questions are designed to guide your decision making about how you can best meet the needs of children and adults in families experiencing mental health problems:

- Are they receiving services for the mental health condition?
- Do they have children? If so, record details including full names, dates of birth, ethnicity, schools/nursery.
- Do any of the children have caring responsibilities for their parent or younger siblings? Do you need to consider a referral for Young Carer's Support?
- Have they been involved in any assessment and their views sought?
- Have you considered the impact of your patient or client's mental health on their ability to meet the needs of their children? This will be determined by several factors; Nature, severity, and duration of the illness, involvement in and exposure to parental symptoms, alterations in parenting, changes in family structure or functioning or the effects of parental treatment.
- Is there a previous history of concerns in respect of parenting ability or the welfare of the children?
- Is your client pregnant? If so has she accessed ante natal care?

- Have you discussed the need for any additional services, or making a referral to another service, with the parents, carers or pregnant woman?
- Has the patient expressed views about harming themselves &/or the children?
- Is there anyone in the household with special needs or a disability? Are they receiving services/had an assessment?

7. Joint working

7.1 Confidentiality and information sharing

- Where there are concerns about the wellbeing of the children, the need to share information takes precedence over the patient's right to confidentiality. Not only must information be shared in order to safeguard children from significant harm, but it must also be shared to promote their welfare (Laming 2009).
- Guidance about information sharing applies equally to staff who work mainly with adults and staff who work mainly with children.
- Appropriate information will need to be shared at different stages, such as when making a referral to either adult or children's services, making an assessment of needs, undertaking a child protection investigation, writing reports for child protection conferences or contributing to a child protection plan as part of a core group.
- Agencies need to discuss the circumstances where information may need to be shared when they first start to work with a family.
- If there is uncertainty about lawfully sharing information, consult the seven step guide on ECM website (www.dcsf.gov.uk/everychildmatters) as well as your line manager or designated child protection officer. However, bear in mind that delays in information sharing may jeopardise a child's safety or welfare.
- Buckinghamshire has a multi-agency information sharing code of Practice and this endorses and adopts the suite of publications updated by DCSF in October 2008

7.2 Consent

- Although staff should seek to obtain parental consent in both situations, they can also decide it may be in the best interests of the child to proceed to share information without parental consent. In this situation they should inform the parents that they will be sharing the information unless it is felt by doing so the child will be placed at increased risk of harm.
- If they proceed without consent it is very important that a record is made justifying this decision, the balance of probability being that the child would suffer if this information were not shared.
- Consideration must also be given to seeking consent from the child to sharing information concerning their welfare. Generally children from the age of 12 can give consent.

7.3 Shared assessments and decision making

7.3.1 In situations where both Children and Families and mental health services continue to have an ongoing involvement with a family or are carrying out a joint assessment of the parent, the parent's mental health professional and the child's social worker must be invited to all planning meetings and reviews that are held by each of the services.

7.3.2 Throughout the assessment process, there must be:

- Sharing of individual assessments.
- Joint planning for ongoing work and services that is recorded in the files of both services, including who is responsible for each action and when the plan is to be reviewed.
- Sharing of information with the parents or carers, unless this would put the child in more danger or compromise a child protection investigation.

7.3.3 Key examples:

- No major decisions (such as the removal of children, closure of case or move to discharge or home leave from hospital) should be made without the consultation of other services, unless urgency requires immediate action. In these circumstances other parties should be informed as soon as possible.
- Social Care must be informed if a parent/carer is being hospitalised or other treatment is taking place which might impact on their ability to care for their children.
- The mental health worker must be informed if a child is returning home following a period of being in care or of accommodation and the Children and Families social worker must be informed of any changes in treatment, such as a trial on reduced or no medication.
- The health visitor should be invited to all CPA meetings where the service user has a child under five years, whether or not the child is known to Children and Families.
- Written documentation or minutes must be sent to all professionals involved and put on the respective case files.
- Regular communication by telephone, fax, email or letter should be maintained, particularly if there are any concerns or changes in the situation.
- If appropriate and practical it is good practice to arrange joint visits from time to time. Otherwise, agencies should co-ordinate visits from CMHTs and Children and Families social workers to ensure families are seen regularly.
- When any service is considering that they should close a case, discussion must take place with other involved services first. This will help to ensure that the full implications of closing the case are understood and considered collectively.

7.4 Risk Assessments

7.4.1 It is important to be aware that risk assessment in mental health work and risk assessment in child protection work are two different concepts and it can be dangerous to confuse them.

7.4.2 The former is concerned with predicting the likelihood of a patient's mental health deteriorating to the point where she/he poses a risk to self and/or others. The latter involves the analysis of information to consider whether or not the children's likely experiences are acceptable in terms of risk of both physical or sexual assault, of omission of care or neglect, or threat to emotional wellbeing.

7.4.3 Newly identified or changes in risk in one agency's assessment must be communicated to other relevant agencies, so that they too can consider if this new information impacts on their own risk assessments. Staff must always consider that a change for one member of a family might have impact on the other member – and consequently a **Think Family** approach is essential.

8. Resolution of Disputes and Differences

8.1 In the event of a dispute or disagreement arising between professionals, in the first instance the matter should be discussed between the respective lines managers. If difference can not be resolved at this level within a reasonable timescale, then refer to the BSCB Conflict Resolution procedures.

8.2 Any disputes involving cases where this is a possible risk to a child should be referred to the Child Protection Advisor at Buckinghamshire County Council.

8.3 Any disagreements or differences should be recorded on the case file, including the views of the other party.

Appendix 1

Legal and Policy Framework

This Protocol is informed by:

- BCSB Policies & Procedures (www.bucks-lscb.org.uk).
- OBMH Polices and Child Visitors to Wards.
- Think Child, think parent, think family.
- A guide to parental mental health and child welfare Social Care Institute for Excellence
- Mental Health Act 1983. DoH Crown Copyright
- Children Act 1989 Crown Copyright
- Framework for the Assessment of Children in Need and their Families DoH 2000
- What to do if you 're worried a Child is being abused DoH 2003
- Every Child Matters DfES 2005
- National Service Framework for Children, Young People and Maternity Services DoH 2004
- Children Act 2004 Crown Copyright
- Common Assessment Framework DfES 2004
- Working Together to Safeguard Children 2006
- www.everychildmatters.gov.uk/socialcare/safeguarding/workingtogether/

Appendix 2

Who to contact

If you are concerned about a child you must always do something.

If you're not sure – seek advice

If you think a child is in immediate danger contact the police by dialling 999. If you want to report a crime against a child, contact your local police station.

To make a referral to Children's Social Care:

Referral and Assessment Team (North) - 01296 387932 / 01296 383779

Referral and Assessment Team (South) - 01494 475211 / 01494 475037

Children's services: teams and team managers

OBMH

Adult teams and team managers (including Assertive Outreach and Early Intervention)

CAMHS teams and team managers

Child Protection Named Nurses

(not just OBMH but all Health Trusts)

Out of hours

In an emergency, after 5pm and at weekends or on bank holidays, you can contact the Out of Hours Duty Social Worker: 01494 675802

Designated Professionals and Advisers in child protection/safeguarding:
Education

Each school has a Designated Person for Child Protection.
Safeguarding Co-ordinator for Schools.

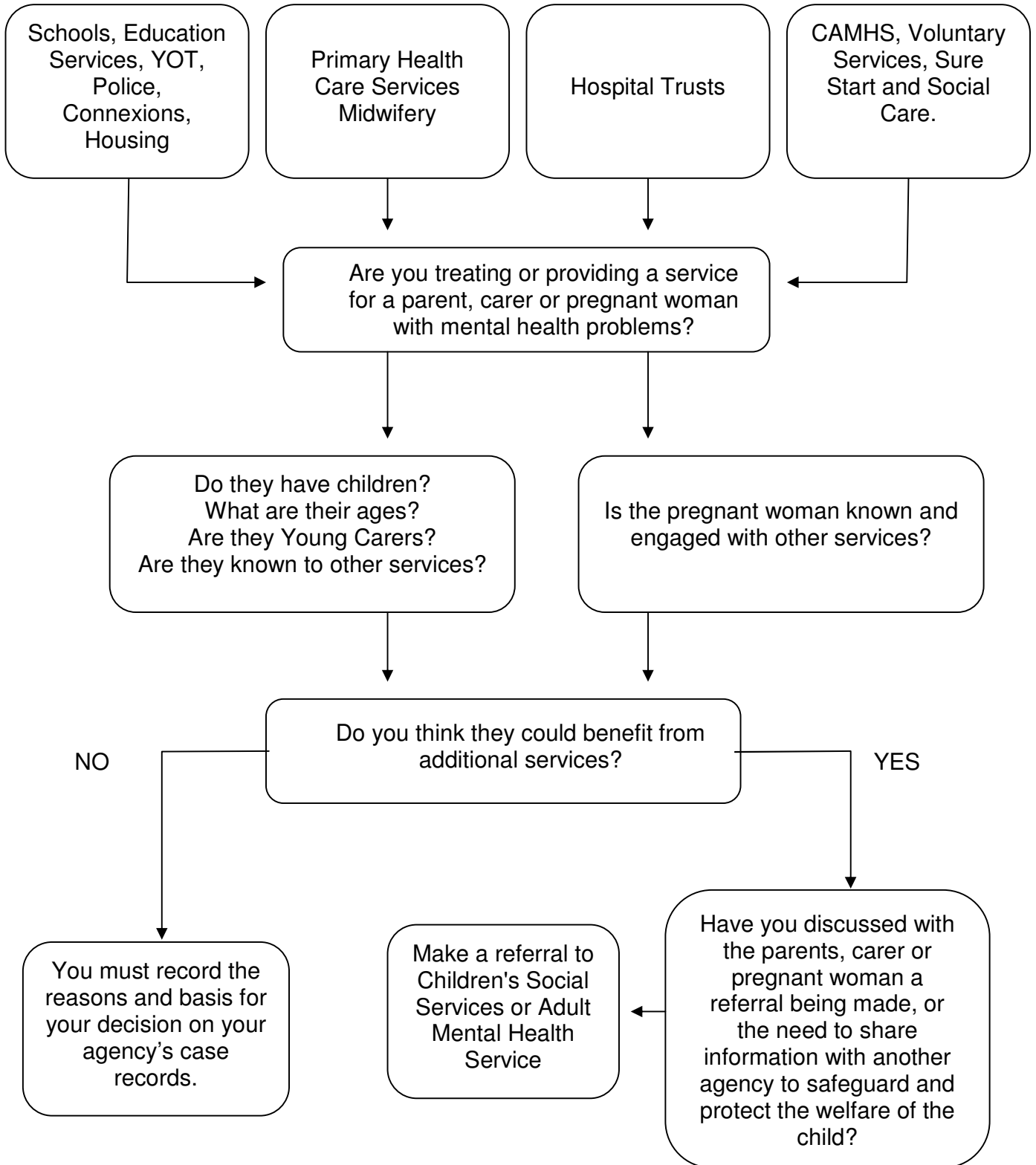
Thames Valley Police:- Emergency 999

Non Emergency 0845 850 5505

(Although this is a central switchboard, staff are trained to prioritise calls in accordance with Standard Operating Procedures for Child Protection matters. This will ensure you get an appropriate response even if there are no CAIU officers available. Please request that these referrals are flagged for CAIU and record details of URN (Unique Reference Number) and date for you call)

Appendix 3

Decision Making Flowchart



Referral Pathway Flowchart

