

**Southwark  
Joint Service Protocol  
to meet the needs of  
children and unborn children  
whose parents or carers have  
mental health problems**



**Southwark  
Safeguarding Children Board**

**January 2016**

5<sup>th</sup> edition

## Foreword

This protocol is important for the safeguarding of children and families in Southwark. It should be read and implemented when necessary by staff who deliver services to children and young people whose parents or carers have mental health problems, and staff who deliver services to adults who are parents or carers with mental health problems. The protocol applies equally to pregnant women and their partners where there are concerns about their mental health. The protocol also applies to adults with mental health problems who have contact with a child or children, even if not a parent or carer; for example, siblings, lodgers, family visitor, babysitter or childminder.

This document was drafted jointly by Southwark Council, Southwark NHS, South London and Maudsley NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust on behalf of the Southwark Safeguarding Children Board (SSCB).

Research and local experience have shown that mental health problems in parents/carers or pregnant women can have a significant impact on parenting and increase risk, especially for babies and younger children. This does not mean that parents who experience mental health problems are poor parents. However, the impact of mental health problems can, on some occasions, lead to children and families needing additional support; or in a small number of cases support and multi-disciplinary action to prevent significant harm.

The SSCB is committed to ensuring early help and that intervention is provided to enable and support parents including those with mental health problems to care safely for their children.

To achieve this, the protocol promotes good multi agency working including appropriate information sharing, joint assessment of need through the use of the Common Assessment Framework (CAF) and making effective use of Team Around the Child/Family (TAC) for those parents with mental health problems who are in need of additional help in caring for children and young people.

This work should be underpinned by working in partnership with parents and children and applying a 'Think Family' approach.

In the minority of situations where parents are unable to care safely for their children the protocol will ensure that there is effective joint working between adult and children and young people's services so that risk to children can be assessed and service response implemented.

Evidence tells us that children are more at risk of experiencing neglect when the parent or carer has significant mental health problems, co-ordinated understanding, planning and service delivery is vital to children's wellbeing as neglect can fluctuate both in level and duration, key to delivery is timely and decisive action. It important that professionals recognise the long term developmental consequences of neglect on a child and the urgency of early intervention to prevent the impact of neglect.

The SSCB expects all agencies working with children or adults who are parents in Southwark to implement this protocol and ensure that all relevant staff are aware of it and know how to use it.



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January 2016

## 1. Introduction

**Being a parent with a mental health problem can be particularly challenging. Many parents are painfully aware that their mental health problem can affect their children even if they do not fully understand the complexities.**

All children, even very young children, are sensitive to the environment around them. Thus, their parent's state of mind has an impact on them. In this context all children are vulnerable when a significant adult in their lives has a mental health problem. For example, in some cases children and young people themselves can be identified as being young carers who are entitled to an assessment under the Care Act 2014.

Children in such families can be vulnerable depending on the severity and impact of their parent's mental health and because of secondary factors. Examples are low income, poor housing and neighbourhood, stressed family relationships and societal prejudice. Parents with mental health problems need to be encouraged to be enabled to discuss their concerns without fear of prejudice.

Likewise, their children have a right to have their needs assessed, receive appropriate services and be heard in their own right so that risk factors can be minimised and protective factors promoted. In this way, children will be enabled to achieve their potential and move confidently into adult life.

All the agencies in Southwark are committed to early intervention to ensure that all children and young people, including those whose parents have mental health problems, are protected and enabled to achieve their optimum potential.

As many of the children of parents with mental health problems are likely to require additional support from agencies across the spectrum of universal, targeted and specialist services, this protocol focuses on the identification of these needs at an early stage.

This protocol sets out:

- Key questions that all practitioners working with adults who have mental health problems must ask in their work, where their patients or service users are parents or are in contact with children
- Clear guidance about the pathways to obtaining additional support for children who need early help or safeguarding
- Guidance for children's work force about when to access additional support for adults who have mental health problems

## 2. Aims of the protocol

To ensure that professionals working in Southwark are clearly aware of their duty to work together to safeguard and promote the welfare of children.

To improve the identification of children who may be affected by adult mental health problems and ensure good quality and early support and intervention for them and their families.

To improve communication and joint working between services responsible for supporting children, and the services responsible for supporting adults experiencing mental health problems.

## 3. Principles

In line with the Children Act 2004 and the current London Child Protection Procedures, **all professionals** who come into contact with children, their parents and families in their every day work **have a statutory duty to safeguard and promote the welfare of the child** (see section 1 Children Act 2004). This applies even if the professional is not a social worker in Children's Social Care or a designated or named safeguarding professional. This is emphasised in Working Together 2015.

- The welfare of the child is of paramount importance
- Parents, carers and pregnant women with mental health problems have the right to be supported in fulfilling their parental roles and responsibilities
- While many parents, carers and pregnant women with mental health problems safeguard their children's well-being, children's life chances may be limited or threatened as a result of those factors, and professionals need to consider this possibility for all clients with children
- A multi-agency approach to assessment and service provision is in the best interests of children and their parent and/or carers
- Risk is reduced when information is shared effectively across agencies
- Risk to children is reduced through effective multi-agency and multi-disciplinary working
- Services and interventions will be provided in a timely manner and will be based on the assessed needs of the whole family
- The focus should remain on the safety and welfare of the child at all times
- Children's needs are best met when professionals and parents work in collaboration
- We value and appreciate diversity. However, cultural factors neither explain nor condone acts of commission or omission which cause a child to be placed at risk or, be harmed. Anxiety about possible accusations of racist practice should never prevent necessary action being taken to protect a child or vulnerable adult.

#### **4. Identifying the needs of the child, when their parent, carer or expectant mother is experiencing mental health problems**

Any professional working in Southwark who comes into contact with an adult or pregnant woman with a mental health problem must consider:

- How his/her mental health is impacting on the safety or welfare of any children in his/her care, or who have significant contact with him/her
- Whether he/she has access to the relevant support services
- Whether the child/young person is a young carer.

The birth of any new child changes relationships and brings new pressures to any parent or family. Agencies need to be sensitive and responsive to the changing needs of parents or carers with mental health problems.

Parents, carers or pregnant women with mental health problems may have difficulties which impact on their ability to meet the needs of their children or expected baby. This protocol acknowledges that such children may be in need of assessment for services provided by a range of agencies, from universal and early intervention to specialist services for those with more acute or complex needs.

This set of questions and the two flowcharts 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:

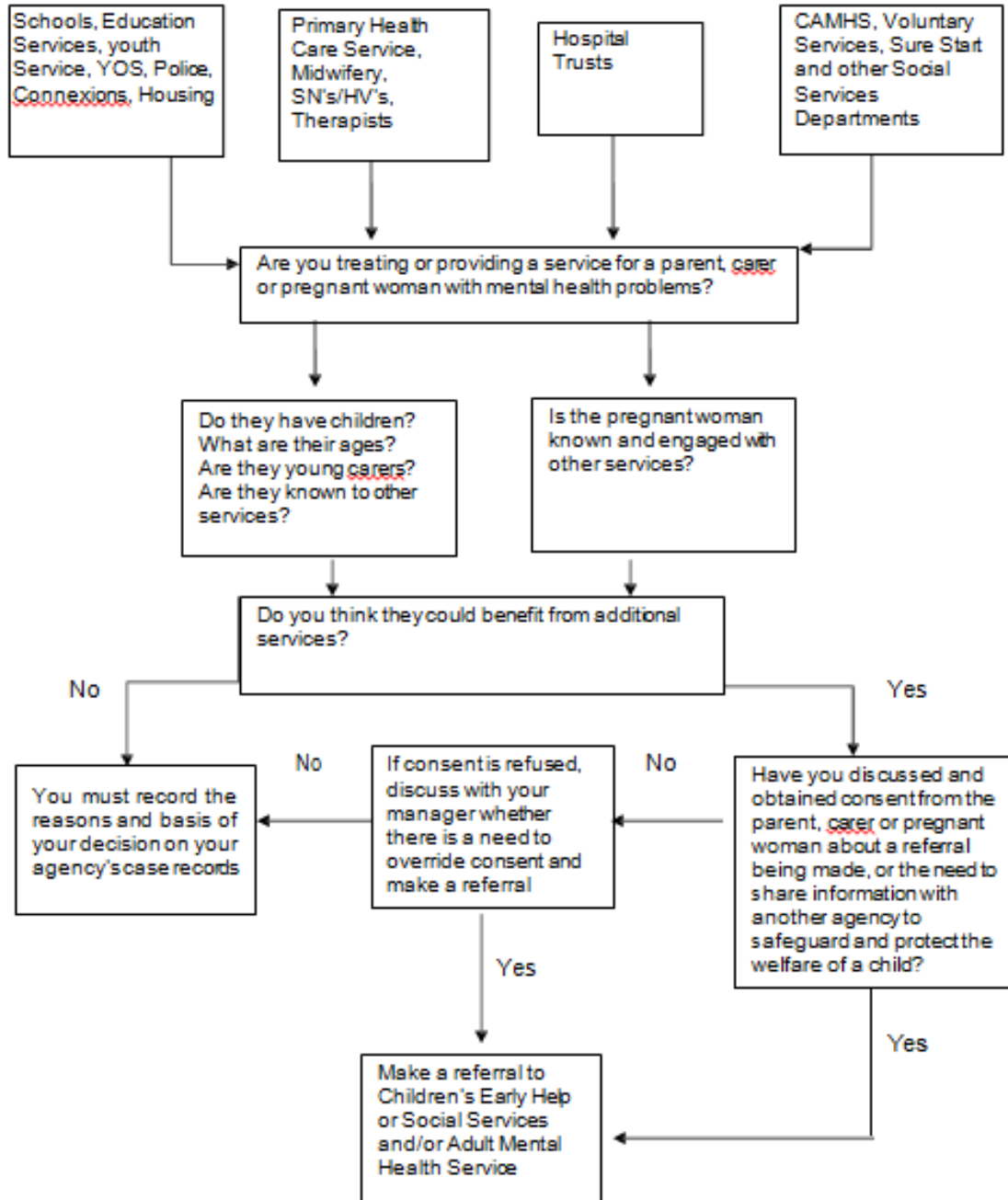
The following questions should be asked of both men and women:

- Does the person have (or is likely to have) dependant children or close contact with children (e.g. babysitting, after school care, present in the same house hold etc)?
- What are the child's details - age, name, address?
- Is there a young carer in the house?
- Is the person pregnant or their partner pregnant? If so, has the prospective mother contacted services regarding ante-natal care?
- Is the child registered with a GP?
- Is the child attending school if appropriate?
- Have you seen the child/ren?
- Have you spoken to the child/ren where appropriate?
- Have you considered the impact of your patient or client's mental health on their ability to meet the needs of their children?
- Is you client an expectant father/partner who has mental health problems
- Do you know what other services are involved and what their role is?
- Do you have any concerns about their children's well-being or safety?
- Are there any alternative care arrangements in place if needed? If so, what are they and who has/is arranging these?
- Is the child/young person at risk of significant harm? If so you should contact children's social care immediately - see 'who to contact' Appendix 1.
- Are there any cultural considerations to take into account for the assessment?

## **Actions**

- Do you think the family or pregnant woman would benefit from any additional services?
- Can support be provided from within your service/agency?
- Have you discussed the need for any additional services, or making a referral to another service with the parents, carers or pregnant woman?
- Have you discussed or sought advice from your manager or appropriate safeguarding lead?
- Have you sought consent to make a referral and to share information from the parent/carer?
- Professionals should document the above in their appropriate client and/or child records.

### Decision-Making Flowchart



## **5. Guidance for referral and assessment for pregnant women with mental health problems**

All agencies are responsible for identifying pregnant women with mental health problems who may be in need of additional services and support. Pregnant women with a previous history of mental health problems are particularly vulnerable to breakdown during the later stages of pregnancy and following the birth of their baby.

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 the GP, Adult Mental Health Services and Children's Social 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. This is especially important where service awareness of earlier births may need to be clarified particularly from social care, in the case of previous children or those not born in the UK.

Where this assessment identifies that a pregnant woman has mental health problems and there are significant concerns, a pre-birth assessment must be undertaken. Guidance on pre-birth initial assessments is provided in the current London Child Protection Procedures.

Where the need for referral is unclear, this must be discussed with a line manager or professional adviser and/or safeguarding lead/advisor before referring to the appropriate services. If a referral is not made this must be clearly documented. Staff must ensure that all decisions and the agreed course of action are signed and dated.

The outcome of the pre-birth assessment will determine whether there are sufficient concerns to warrant a pre-birth child protection conference.

A pre-birth initial assessment may be undertaken on pre-birth referrals and a professional's strategy meeting held where:

- There has been a previous unexplained death of a child whilst in the care of either parent
- There are concerns about domestic violence
- Where a family member or partner is a person identified as presenting a risk to children
- A sibling/child in the household is the subject of a child protection plan
- A sibling/child has previously been removed from the household either temporarily or by court order
- The degree of parental substance misuse in itself or combined with mental illness is likely to significantly impact on the baby's safety or development
- The degree of parental mental illness/impairment is likely to significantly impact on the baby's safety or development. This includes mental illness where a baby or unborn is the subject of abnormal or unusual ideas or attributions
- There are concerns about parental ability to self-care and/or to care for the child e.g. unsupported young person or a mother who has a learning disability
- Any other concern exists that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child.



## 6. Guidance for referral to Mental Health Services

When there are concerns that the parent or carer is exhibiting signs of mental illness and is not known to mental health services, a decision should be made about whether a referral should be made to the Southwark mental health services.

A referral for an initial assessment to mental health services should always be made if there is 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 unless it increases the risk to the child, parent or professional. A referral should always be discussed with your line manager. Advice can be sought from the mental health services and or the designated/lead Safeguarding professionals.

Contact with the GP and Southwark 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 to aid your decision making regarding any further input from mental health.

**If there is an immediate 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.

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. It should be noted that mental health problems can also be associated with high risk behaviour or difficulties such as substance misuse.

Please refer to the London Child Protection Procedures [http://www.londoncp.co.uk/chapters/responding\\_concerns.html](http://www.londoncp.co.uk/chapters/responding_concerns.html)

Previous or current history of assessment and treatment by secondary mental health services, including hospitalisation or previous Community Mental Health Team involvement

- Previous or current treatment for mental health problems by a GP
- Previous history of overdose or self-harm and especially if there has been more than one such episode, 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 regarding self-neglect
- A child's or other's expression of concern regarding change in the parent's and/or carer's behaviour or attitude
- Evidence of personality factors (pre existing and/or exacerbated by the illness, e.g. irritability, hostility, inability to cope, self preoccupation, etc)
- A previous history of severe childhood trauma and adversity, including discontinuities in carers and experience of abuse where this maybe impacting on the persons current mental state
- A history of violence (as a perpetrator or a victim) with unstable, discordant parental relationships

- Environmental stressors outweighing support and protective factors; for example; poor-quality support and social isolation in association with multiple adversities such as discrimination (on grounds of gender, ethnic minority status sexuality and mental illness), material deprivation and poverty
- Concerns regarding adult learning capacity
- Expressions of delusions incorporating their children and/or where a child or unborn is the subject of an unusual idea or attribution (See *Parental Mental Illness* of the London Child Protection Procedures)
- Significant concerns regarding adults with possible eating disorders.
- Non/poor/chaotic engagement by parent or carer
- Obsessive compulsive rituals by parent or carer
- Significant trauma as an adult that is impinging on their ability to manage routine activity

## **7. What to do if you are concerned that a child is at risk of significant harm and needs to be protected**

Where there is imminent risk to the child in an emergency, the Police should be called.

Where children are considered to be at risk of significant harm they should be immediately referred to Children's Social Care (CSC) by telephone and then followed up in writing on a Common Assessment Framework (CAF) within one working day.

Following referral, Adult Services and Children's Social Care should, where appropriate, undertake joint visits and joint assessments to assess the level of risk to children, consulting with other agencies if involved with the family.

Adult mental health professionals must be included in any strategy meetings convened by children's social care and children's services included in any Care Programme Approach or other mental health planning meetings where the adult's needs are assessed to ensure that consideration is given to the needs of the child.

Assessment and identification of parent's, carer's or children's need for services is not a static process. The assessment should build in evaluation of progress and effectiveness of any intervention. Agencies should always take into account the changing needs of adults and children. Regular dates should be set to jointly review the situation and ensure that interagency work continues to be coordinated.

These services should endeavour to work in partnership with parents and children's consent for joint working. Information sharing consent should be sought in the first instance.

Children should be invited to contribute to the assessment as they often have good insight into the patterns and manifestations of their parent's mental health.

Services should always be flexible and ready to reassess or review cases speedily before planned reviews if new concerns or support needs arise.

If the concerns about the parent/carer mental health is not significant but is a cause for concern referral to the person GP or other primary care services such as Primary care psychology should be considered

**Each agency should document their own actions and responsibilities clearly and also the roles and responsibilities of other agencies and where appropriate copies of Child in Need or Child Protection plans should be obtained and stored on the individual agency record.**

## **8. Identifying children in need of protection who are at risk of significant harm**

Any of the following parental risk factors justify immediate referral to Children's Social Care for an Assessment (or Strategy Meeting depending on the urgency and severity) to determine whether a child has suffered or is at risk of suffering significant harm.

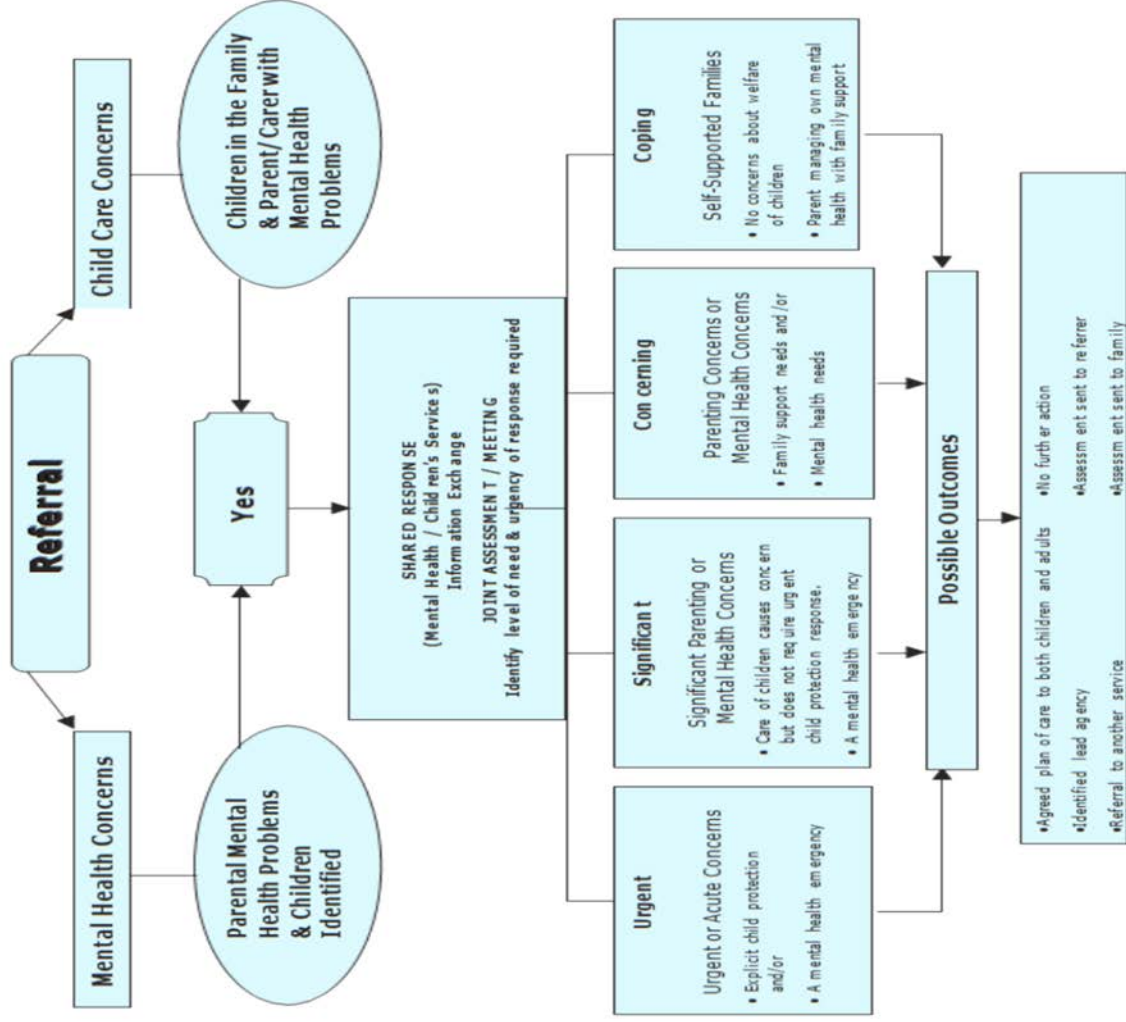
This list is not exhaustive:

- Where the child features within parental/patient delusions or is involved in the parent's delusions or is involved in the parent's obsessional compulsive behaviours
- Where the child is a target for parental/patient aggression or rejection
- Where the child may witness disturbing behaviour arising from mental illness (e.g. self harm, suicide, uninhibited behaviour, violence, homicide)
- Where a child is neglected physically and/or emotionally by an unwell parent/carer
- Where a child does not live with a parent with a mental health problem but has contact (e.g. formal unsupervised contact sessions or the patient sees the child in visits to the home or on overnight stays)
- Where a child is at risk of severe injury, profound neglect or death
- Where parents are prone to altered states of parental consciousness e.g. splitting/dissociation, misuse of drugs, alcohol, medication
- Where parents are showing non-compliance with treatment, reluctance or difficulty in engaging with necessary services and lack of insight into illness or impact on the child
- Where parents have mental health problems combined with criminal offending (forensic)
- Where the parent has a disorder designated 'untreatable' either totally or within timescales compatible with the child's best interests
- Where the pre-birth assessment of women who have history of mental illness, or who are experiencing a mental disorder, that suggests that there are concerns about the impact of such conditions on an unborn child, or a woman's ability to meet the child's needs once born
- Where there are parents or carers who are 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 wellbeing
- Where there are concerns about domestic abuse
- Where a family member or partner is a person identified as presenting a risk to children
- Where there are children who have been the subject of previous child protection investigations, a child protection plan, local authority care or alternative care arrangements
- Where there have been previous consecutive referrals to Social Care concerning parents, carers and their children
- Where there are urgent concerns as a result of parents or carers being assessed under the Mental Health Act
- Where there are parents or carers with significant mental health problems who are

struggling to care for a child with a chronic illness, disability, or special educational needs

- Where there are children who are caring for parents or carer with mental health problems (see [http://www.londoncp.co.uk/files/young\\_carers\\_needs\\_assess.pdf#search="young carer"](http://www.londoncp.co.uk/files/young_carers_needs_assess.pdf#search=young%20carer))
- Where there are children with significant social, educational or health needs e.g. non-attendance at school or nursery, lack of involvement with other statutory or primary care services
- Where information shared between agencies highlights concerns about the well being of a child please see information Sharing Protocol: see appendix 2.

# Referral Pathway Flowchart



## Referral to Children's Services using the Common Assessment Framework (CAF)

Southwark has developed an approach to Early Intervention which is detailed in our Early Intervention Strategy. Our focus is on identifying and meeting needs for children, young people and families earlier and more effectively. A fundamental component of early intervention is defining what help is needed which is why high quality assessment is so significant. The strategy highlights our local commitment to developing a common approach to the understanding and recording of the needs of children, young people and families; from the earliest point of identification. It is our intention that effectively targeting help at these stages will reduce reliance on specialist services and enable children, young people and families to become as independent as possible in identifying and addressing any concerns that arise in family life.

CAF is also the primary mechanism for referral to Children's Social Care.

The CAF in Southwark is a shared assessment, planning, delivery and review framework for use across Children's Services and partners in the community. It is a tool that will help in the early identification and assessment of children and young people's additional needs and promote coordinated service provision to meet them, as well as ensuring that such provision is rigorously monitored and reviewed. It provides a framework for reaching a shared understanding with families and other practitioners about a child or young person's needs and how these can be met supporting practitioners in listening to and acting on these views.

Southwark are promoting the four-step process outlined in national CAF guidance for managers and practitioners –

- Step 1 **Identify** needs early
- Step 2 **Assess** those needs
- Step 3 **Deliver** help in an effective way (using integrated processes such as Team around the Child and Lead Professional)
- Step 4 **Review** progress.

### How do I complete the CAF assessment record?

It is essential that the identifying details (e.g., names, dates of birth, etc.) are accurate and complete, as this will ensure that if additional services are required they are directed at the right child, young person or family. It is also essential to record who was present at the assessment and why the assessment has been done – a good quality CAF should provide a clear link between the reason for assessment, the assessment information itself and the resulting action plan.

A critical component of the assessment is exploring whether there are factors in the parenting and family and environment dimensions impacting on the development of the child or young person. For example, indicating that the parent is 'anxious' or 'depressed' and not including any information regarding the impact of this on the child does not always help other services understand the kinds of concerns that a practitioner may or may not have.

Practitioners do not need to write in or complete every box in the CAF record. In the event that the prompts are not relevant and there are no particular issues or, the area was not assessed, this simply needs to be stated. However, the CAF record should, as a minimum, clarify why the assessment is being done and should include an action plan where needs of children or young person have been identified.

## **What do I do once I have completed the CAF?**

The most important thing is to begin implementing the actions included in the action plan. Southwark has adapted the national CAF guide's planning and review records, which can be used for the ongoing cycle of planning and review following an initial assessment (new assessment information can just be added to the CAF).

When practitioners work with parents/carers to ensure they understand the value of the CAF, it should be possible in most cases to obtain their consent to share it if necessary. It is important that practitioners highlight its benefits. In particular, the fact that the more relevant, accurate and up-to-date information that is shared with other practitioners, the more likely it is that they do not need to tell their story repeatedly and that their child's needs will be met quicker and more effectively. If adequate information cannot be shared then children may be subjected to more assessments and this takes people away from being able to deliver the help required.

The parent/carer should understand that any information that is shared will be treated with the utmost confidentiality and they as parents can, subject to some caveats, place limits on the sharing.

## **What do I do if I identify a safeguarding concern?**

When you are concerned that a child or young person may have been harmed or abused or is at risk of being harmed or abused, you must follow the Southwark Safeguarding Children Board safeguarding children procedures. A CAF is now a requirement to make a referral to Children's Social Care (CSC) Referral and Assessment Team but in situations where immediate support is required it is not necessary. If you are uncertain about whether a case warrants a referral to CSC, you can call and speak to the Duty Social Worker on 020 7525 1921.

The Government Guidance in Working Together sets out the safeguarding children processes to be followed by all practitioners. The national guidance is being updated by the government for re-issue in the autumn of 2012. You should always follow the most current guidance which will be posted on the SSCB website. [www.southwark.gov.uk/safeguardingchildren](http://www.southwark.gov.uk/safeguardingchildren)

The quality of the assessment underpinning the referral is key in assisting the manager in this decision making. If the Duty Manager decides the threshold is not met, but there is a need for targeted early help, then the Early Help Service (EHS) Duty Manager who sits alongside the CSC manager will review the referral and consider whether the case can be presented at the Early Help Panel. In all instances the referrer will get written feedback regarding the outcome of their referral.

## **How can I find out more?**

If you want to find out more about what is happening with CAF, TAC and Lead professional, as well as the wider Early Intervention Strategy, please contact the EHS Duty Manager on 020 7525 3893/2702.

## **9. Conflict resolution and escalation**

Research and Serious Case Reviews have shown that difference of opinion between agencies can lead to conflict resulting in less favourable outcomes for the child. If disagreement remains between agencies every effort should be made to reach satisfactory resolution under the guidance provided in the London Child Protection Procedures.

Where a professional requires advice and guidance on child protection matters they should first discuss this with their line manager and, or, their designated lead professional for child protection. If further clarification and guidance is required they can seek this from the duty child protection co-ordinator located within children's services Quality Assurance Unit (Tel: 020 7525 3297).

If agreement cannot be reached on action required following discussion between first line managers (who have sought advice from their designated/named/lead officer/child protection advisor), then the matter must be referred without delay through the line management to the equivalent of service manager/detective inspector/head teacher and or designated professional.

In Southwark, it is agreed that where conflict and disagreement still remains (following the above process being followed) the matter must be referred to the social services Quality Assurance duty child protection co-ordinator for final resolution (Tel: 020 7525 3297).

Records of discussions and any decisions must be maintained by all agencies involved.

## **10. Training**

All staff are responsible for ensuring their training in child protection is up to date and meets the requirements for their role and job description.

All agencies are required to support their staff's access to child protection training.

The Southwark Safeguarding Children Board commissions child protection training through My Learning Source (MLS): <http://www.mylearningsource.co.uk>.

All Southwark staff are invited to register on MLS. Staff can then access this training once agreed as part of the staff member's professional development plan.



## **Appendix 1: 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 ring the Referral and Assessment Team and ask for the Duty Social Worker on: 020 7525 1921**

**General** If your agency does not have its own guidance or child protection adviser contact the Children's Services Referral and Assessment Duty Team (as above) or the **Duty Child Protection Coordinator: 020 7525 3297**

### **Out of hours**

In an emergency, after 5pm and at weekends or on bank holidays, you can contact the 'out of hours' social worker' on **020 7525 5000**

If you are seeking advice or support for a disabled child, you should contact the Children with Disabilities and Complex Needs Team on **020 3049 8250**

The LADO (Local Authority Designated Officer) 020 7525 0387

For more information on the LADO please go to the Southwark Safeguarding Children Board page [www.safeguarding.southwark.gov.uk](http://www.safeguarding.southwark.gov.uk) - allegations against people who work with children in Southwark.

## **Designated Professionals and Advisers in child protection/safeguarding:**

### **Southwark NHS**

Designated Doctor (Paediatrician): **020 3049 8009**

Designated Nurse: **07775863478**

### **Guy's and St Thomas' Hospital NHS Foundation Trust**

Named Doctor: **020 7188 4635**      Named Nurse: **020 7188 2473**

Named Midwife: **020 3299 3084**

### **King's College Hospital NHS Foundation Trust**

Named Doctor: **020 3299 3984**      Named Nurse: **020 3299 1185**

Named Midwife: **020 3299 4971**

### **South London and Maudsley NHS Foundation Trust**

Named Nurse: advice line **07929527703**

### **Education**

Each school/education setting has its own designated persons for safeguarding children.

For safeguarding advice from LA's Education Services, please contact the Early Help Service (EHS) Duty Manager on **020 7525 3893/2702** or LA's Schools Safeguarding Coordinator on **020 7525 2715**

### **Police**

Metropolitan Police - Child Abuse Investigation Team (CAIT)

For general advice call: **020 7232 6355/6**

To make a referral call: **020 7230 3700**

For information on the Multi Agency Risk Assessment Conference (MARAC) contact the Community Safety and Enforcement division **020 7525 0802**

## **Appendix 2:**

### **Southwark Safeguarding Children Board:**

[www.southwark.gov.uk/safeguardingchildren](http://www.southwark.gov.uk/safeguardingchildren)

### **Information Sharing:**

<http://www.education.gov.uk/search/results?q=information+sharing&page=2>

[http://www.londoncp.co.uk/procedures/app\\_4.html](http://www.londoncp.co.uk/procedures/app_4.html)

**For further information on parental health and its impact on children, please go to:**

<http://www.scie.org.uk/publications/elearning/parentalmentalhealthandfamilies/index.asp>

### **Rethink Mental Illness:**

<http://www.rethink.org/>

### **Royal College of Psychiatrists:**

<http://www.rcpsych.ac.uk/>

**For further information regarding children's legislative framework:**

### **Children Act 2004:**

<http://www.legislation.gov.uk/ukpga/2004/31/contents>

### **Every Child Matters:**

<http://www.education.gov.uk/consultations/downloadableDocs/EveryChildMatters.pdf>

### **Appendix 3: Sharing Information about children or adults**

Good information sharing is a crucial element of successful interagency working, allowing professionals to carry out their statutory obligations and make informed decisions based on accurate and up-to-date information, thus improving outcomes for clients. These guidelines are based on the guidance given in the Southwark Information Sharing Assessment Protocol.

It is essential for all services to accurately record the names, dates of birth, involvement of other agencies and areas of concern for all children in families known to them. If parents, carers or pregnant women decline to provide basic information about themselves or their families this fact should be recorded and, if necessary, advice sought.

#### **Legal framework**

As a general rule, personal information that agencies hold on a client is subject to a duty of confidentiality and cannot be shared with third parties. However, information can be disclosed where it is lawful to do so.

Sharing of information is lawful where:

- The client has consented to disclosure
- The public interest in safeguarding a child's welfare overrides the need to keep information confidential
- Disclosure is required under a court order or other legal obligation

#### **Disclosure with consent**

Individuals can give their consent to personal information about them being disclosed to third parties but it must be explained why this information is needed and who it will be disclosed to. If the information is sensitive in nature, for example relating to a person's mental health, such consent would need to be in writing and placed on their case file. Verbal consent should be recorded in the case notes.

A young person aged 16 years or over is capable of giving consent on their own behalf; children under 16 years can only give consent if it is thought that they fully understand the issue and are able to make an informed decision. If not, the decision must be made by the person that holds parental responsibility for them. Where an adult, 16 or over, is deemed incapable of giving consent to disclose because they lack mental capacity, consent should be sought, where possible, from a person who has legal authority to act on that person's behalf.

If it is not possible to obtain consent to disclosure, information can be disclosed without consent under the circumstances listed.

#### **Disclosure without consent**

Where consent has not been given, or it is thought that to seek consent from a parent or carer may place the child at further risk, professionals should consider whether it is lawful for them to disclose the information without consent.

Clearly, it would be lawful to disclose information in order to safeguard a child's welfare, but professionals must consider the proportionality of disclosure against non-disclosure: is the duty of confidentiality overridden by the need to safeguard the child? Where information is disclosed, it should only be relevant information and only disclosed to those professionals that need to know.

Professionals should consider the purpose of disclosure and remind those with whom information is shared that it is only to be used for that specified purpose and should otherwise remain confidential.

Further guidance on information sharing with regard to safeguarding children is contained in *'Working together to safeguard children'* and in *'What to do if you are worried a child is being abused'*. Professionals should also refer to the 'London Child Protection Procedures'.

Guidance about sharing information, including a practitioner guide in relation to children with additional needs, is available from the Department for Education website: <http://www.education.gov.uk/search/results?q=information+sharing&page=2>

Professionals may also refer any queries on information sharing to their Caldicott Guardian. This is a designated professional who is responsible for implementing information-sharing protocols within their respective organisations and can act in an advisory capacity to help staff share information in a lawful way.

## **Appendix 4:**

### **Mental Health**

It is important that all workers should be aware that the term 'mental health problem' covers a range of needs some requiring brief intervention in primary care, while others require referral to specialist mental health services.

### **Definition**

For the purposes of safeguarding children the mental health or mental illness of the parent or carer should be considered in the context of the impact of the illness on the care provided to the child.

### **Effect on parenting**

All parents find parenting challenging at times, and those with a mental health problem often show considerable inner strengths in adequately parenting their child. Being a parent with a mental health problem however, may be particularly challenging. Many parents are painfully aware that their disorder can affect their children even if they do not fully understand the complexities. (Royal College of Psychiatrists 2002, Falkov 1998)

All children even young children are sensitive to the environment around them. Thus their parents' state of mind can have an effect on even the youngest child. In this context, all children are vulnerable when a parent has mental illness but children may be helped considerably where the parent is aware of this. (Stanley et al 2003)

The lack of capacity to parent may well not be the only reason for poor outcomes for children whose parents have mental illness. Factors such as the effects of poor housing, financial difficulties, domestic violence or hostile neighbourhoods may be a significant factor in parental stress and illness. (Stanley et al 2003)

Strengths in the family, such as the ameliorating effects of another adult, can minimise the effects on children of the mental illness of a parent.

Questions about childcare and parenting issues are clearly sensitive and can have important implications for people with mental health problems. The stigma associated with mental illness may make parents reluctant to ask for help, as they fear their child or young person may be removed.

Families may struggle for a long time with a high level of stress, delaying seeking help until a crisis situation; thus leaving little opportunity for preventative intervention. Children in this situation may fear being removed. Balancing the rights and needs of both children and adults in families can pose difficult dilemmas; it is government policy to promote the well being of children through timely and appropriate support. (Children Act 2004)

Assessment of the impact of these stresses on the child is an important factor in the care plan for the child and the care plan for the parent and reinforces the need to see mental health problems of parents/carers in the context of family life and functioning.

It is essential that an appropriate assessment of the parent/carer's problem is undertaken to understand the impact on any child involved with the family. Children have a right to have their own needs assessed, receive appropriate services and to be heard in their own right so that risk factors can be identified and minimised and protective factors promoted. In this way, children can be enabled to achieve their full potential.

### **Implications of Mental Health for Parenting**

The Royal College of Psychiatrists (2002) states that the link between mental illness and adverse outcomes for children is well established. For parents with mental health needs and difficulties, usually beyond their control, these can create problems in parenting or in being parents they would wish to be.

The failure of any parent to meet a child's basic needs will have an impact on all aspects of that child's health, growth and development.

The Royal College of Psychiatrists (2002) states the effect of parental psychiatric disorder on children's psychological welfare is determined by the social and relational consequences of the parent's disorder. It is the parental behaviour that creates the risk to the children. A parent who is self pre-occupied or emotionally and practically unavailable is more likely to neglect their children's health and well-being whereas a parent suffering from irritability or over-reaction to stress that accompanies anxiety, depression or psychosis may resort to over chastisement or physical abuse of the child.

Where the child becomes incorporated into parents paranoid or threatening delusions, this may pose a significant risk to the child. In their review of 35 child death cases, Reder and Duncan (1999) found that 43% of the parents were suffering from active mental health needs at the time the child died.

Parental personality factors (pre-existing and/or exacerbated by the illness) may mean parents have difficulty controlling their emotions, have an inability to cope or be self-preoccupied. Violent, irrational and withdrawn behaviour can frighten children.

Poor compliance with treatment and problematic relationships with professionals are factors that influence parent's ability to be effective in the care of their children. (Royal College of Psychiatrist 2002)

Unmet mental health problems can lead to the child taking on responsibility beyond their years because of their parent's incapacity. This may include becoming a carer for the parent and/or other children or family members.

The effects of parental mental ill health maybe minimised and ameliorated by a caring adult who is available and cognisant of the fluctuating needs of the parents and can step in to provide a supportive stable environment for the child/young person.

Children may understand when things are not right and if their needs are not being met. They may not be able to, or want to say anything about it, or there may be no-one to tell; they may just get on with it by taking on inappropriate caring roles for their families.

The needs of the child in his/her own right should be assessed by the children's services social worker within a child care plan which identifies the presence of another significant adult while the needs of the parent should be assessed and addressed by the mental health worker in order to support the parenting role (McDonald 2005 in Taylor & Daniel).

Fear of a child being removed from the parent is considered an obstacle to a parent seeing help for mental health problems.

### **Children who adapt well to parent's mental illness will at times be:**

- Of older age at the time of the onset of parent's illness (because of reduced opportunities for exposure to difficulties and development of a greater range of potential coping resources)
- More sociable and able to form positive relationships (having an easier temperament)
- Of greater intelligence
- Of a parent who has discreet episodes of mental illness with a good return of skills and abilities between episodes
- Able to access alternative support from adults with whom the child has a positive, trusting relationship
- Successful outside of the home (e.g. at school, in sport).

Royal College of Psychiatrist (2002) Patients as Parents: Addressing the needs, including the safety of children whose parents have mental illness. London: Royal College of Psychiatrist CR 105.

### **Parental and Postnatal Period**

Specific concerns apply to the pre- and post-natal periods. It is vital that there is joint working between the General Practice, Midwifery, Health Visiting and if involved, Specialist Mental Health Services. It is essential to identify needs, assess and prepare safeguarding plans for both mother and child.

Post-natal depression (PND) is very common among new parents and may affect as many as one in six new mothers, typically in the first three months after delivery, sometimes lasting for six months or up to a year if left untreated. Maternal post-natal depression can be significantly harmful to young infants particularly between the ages of six to eighteen months of age with increased incidence of insecure attachment. The depression itself does not cause the damage it is the effect of the mother child interaction and non-availability to the child that does the damage leading to emotional and cognitive difficulties, social withdrawal, negativity and distress (Cox et al 1987, Murray et al 1996).

Women in the postpartum period have a greater risk of becoming psychotic. Puerperal psychosis affects two percent of the general population but effect thirty to fifty percent of women with a previous significant history of mental illness. Relapse signature can predict onset and nature of illness.

### **Dual Diagnosis**

Substance misusing parents may have mental health problems. It is important, therefore, to maintain effective links between the agencies involved. It is important to refer to the Joint Service Protocol to meet the needs of children whose parents or carers misuse substances.

Workers should consider the impact, especially with chronic severe mental illness with co-morbid disorders such as substance misuse or a personality disorder will have on parenting capability. Those with a dual diagnosis of mental health needs and learning disability may require extra support.

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## **Appendix 6: Guidance on Significant Harm and Children's Legal Context**

### **The concept of significant harm**

Some children are in need because they are suffering, or likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. It lays a duty on local authorities to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer significant harm.

A court may make a care order (committing the child to the care of the LA) or supervision order (putting the child under the supervision of a social worker or a probation officer) in respect of a child if it is satisfied that:

- The child is suffering, or is likely to suffer, significant harm; and
- The harm, or likelihood of harm, is attributable to a lack of adequate parental care of control (s31).

There are no absolute criteria on which to rely when judging what constitutes significant harm.

Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent or constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and supports.

**Under s31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:** 'Harm' means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another; 'development' means physical, intellectual, emotional, social or behavioural development. 'Health' means physical or mental health; and 'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.

### **Under s31(10) of the Act:**

Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child.

To understand and identify significant harm, it is necessary to consider:

- The nature of harm, terms of maltreatment or failure to provide adequate care
- The impact on the child's health and development
- The child's development within context of their family and wider environment
- Any special needs, such as a medical condition, communication impairment or disability, that may affect the child's development and care within the family
- The capacity of parents to adequately meet the child's needs
- The wider and environmental family context.

The child's reactions, his or her perceptions, and wishes and feelings should be ascertained and taken account of according to the child's age and understanding.

To do this depends on communicating effectively with children and young people, including those who find it difficult to do so because of their age, impairment, or their particular psychological or social situation. It is essential that any accounts of adverse experiences coming from children are as accurate and complete as possible. Accuracy is key, for without it effective decisions cannot be made and, equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults.

This Protocol was agreed and published by Southwark Safeguarding Children Board for use by all agencies working within Southwark.

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[www.southwark.gov.uk/safeguardingchildren](http://www.southwark.gov.uk/safeguardingchildren)