West Sussex Safeguarding Children Board

Parents/Carers Experiencing Mental Ill Health and Child Protection Protocol

This Protocol is for all staff working with adults and/or children where parents or carers are experiencing mental ill health. It provides a number of key factors that will improve joint working and communication between agencies, services and individual staff.

This builds on the ways of working established in the Sussex Child Protection and Safeguarding Procedures and is supported by a more detailed Good Practice Guide developed by the Local Safeguarding Children Board which contains further information about the areas referred to here.

Please follow these links to copies of these documents:

Sussex Child Protection & Safeguarding Procedures

West Sussex Local Safeguarding Children Board: Information for Statutory Sector Professionals

LSCB Child Protection Referral Form

Contents

Key points

1. A child's best interests and safety must always be the first consideration for all concerned.
2. If there is concern that a child is suffering significant harm then the guidance given in the Sussex Child Protection and Safeguarding Procedures must be followed.
3. It is essential to work jointly and confidently with other professionals, which requires knowledge, understanding and respect for each other's roles.
4. The presence of mental ill health in a parent does not automatically necessitate access to a specialist service. In many cases primary care based services can support parents or carers and strengthen their coping skills. This reduces the impact of mental ill health on the welfare of children and/or siblings. Similarly, family support services can help to reduce pressure upon parents or carers who are experiencing mental ill health.
5. Where the involvement of specialist mental health services is indicated and the adults are known to be parents, consideration must be given to the needs of the child. If they feel an assessment of the child is necessary then they must contact Children's Services and offer to make a joint assessment.
6. Similarly, people who work with children should always offer to assess a child's needs jointly with staff in mental health services where they are concerned the parents/carers are experiencing mental ill health.

Risk factors

If you suspect a child is not being cared for properly, being physically abused or mistreated then you must follow the Sussex Child Protection & Safeguarding Procedures. The LSCB Child Protection Referral Form should be completed and returned to Children's Services accordingly.

The presence of mental ill health does not automatically mean that a parent is unable to protect and care for a child. It is the effect this can have on the parenting of the child that must be assessed.

Special consideration should be given to those with children under five years old because of the particular vulnerability of babies and infants.

Joint assessment of the needs of parents or carers and children

As part of the mental health assessment all mental health practitioners will:

- Confirm whether the adult being assessed is a parent or has a significant caring role for a child or significant contact with children. If the answer to this is 'yes' then:
- Establish and record details of the children and the parenting arrangements.
- If indicated, establish what other agencies are currently involved.
- Consider the adults' role as a parent and the impact of their mental ill health on the children.
- Consider whether parental actions or behaviour present any child protection risks: e.g. where dugs or alcohol are an issue.
- Be aware of the risks associated with domestic violence and the likely impact on the child(ren)
- Consider the roles of other adults who maybe involved in parenting caring for the children.
- Remember that practitioners have a statutory responsibility to report any private fostering arrangement which they become aware of to the appropriate local authority.

Agencies involved with a family should consider involving other agencies in their assessment processes. Adult mental health professionals and childcare social workers, school nurses, health visitors and midwives and education services and other agencies as appropriate must share information in order to be able to assess risks.

Children's workers need to seek out such information and adult mental health workers need to see it as their role to provide this information when requested.

(Appendix 2 is a checklist for Mental Health Practitioners for preparation of information for Child Protection Conference.)

Assessment Framework

The Framework for Assessment of Need in Children and Families (2000) provides an approach to assist children's social care to undertake systematic assessments of the needs of the child and parental capacity to meet those needs (see appendix 1)

It recognises the role of social adversity and mental illness as stress which could affect parenting. It emphasises the importance of collaboration between services and agencies at all stages of the assessment and in intervention. It will therefore help to identify gaps in provision and provide opportunities for establishing better links between childcare and mental health services.

Section 8.24 of the *Sussex Child Protection and Safeguarding Procedures*, outlines the roles and responsibilities of all agencies to safeguard and promote the welfare of children. In the section headed 'Response and the Importance of Working in Partnership' it states the requirement that:

Care programme meetings about parents who have mental health difficulties must include consideration of any needs or risk factors for the children concerned. Children's Social Care along with other relevant agencies should be involved in planning discharge arrangements… Where a parent/carer of a child is deemed to be a danger to themselves or others a referral must be made to Children's Social Care…. Strategy Discussions and Child Protection Conferences must include any psychiatrist, community psychiatric nurse, psychologist and adult mental health social worker involved with the parent/carer. (8.24.7 - 8.24.11)

Confidentiality

People who use specialist mental health services expect to be treated sensitively and to have their personal information held securely. Permission should always be sought before sharing information, unless you have concerns around another person's safety.

However, information must always be shared with other agencies if a child is at risk of significant harm or if an offence has already been committed. Children are not able to

protect themselves and therefore depend on others to do so. The overriding objective must always be to safeguard the child's interests and protection of children always overrides the need for confidentiality.

The reasons for the disclosure of any information should be carefully documented, and it must be able to be demonstrated that the disclosure was based on sound professional judgement.

Principles for good practice

All agencies working with children, young people and their families must take all reasonable measures to ensure that the risks of harm to children's welfare are minimised; and where there are concerns about children and young people's welfare, all agencies must take appropriate actions to address those concerns

Parents should always be included in multi-agency assessments and care planning. The assessment should be based on the identified needs of each member of the family. Assumptions should not be made that each person's needs will automatically complement one another.

Mental ill health in a carer or older sibling does not necessarily adversely affect a child, but it is important to assess and weigh up the implications of the situation that the child is in. The possibility of harmful effects on a child will increase if the parent's level of mental ill health is acute, and/or if there are other issues such as chronic alcohol or substance misuse.

Any worker involved with a parent or carer with mental ill health issues should ask about their childcare responsibilities. Agreed actions should be recorded and communicated with all involved agencies.

Planning services for parents or carers and children

Good communication between children's services and mental health workers is essential so that programmes of care can be jointly planned and integrated.

Coordinated plans must be reviewed on a regular basis. Workers should always consult each other (and each other's agency) and record significant changes in plans or the planned closure of a case.

Where there is a legal requirement for involvement in planning hospital discharge (for example, under S117 Mental Health Act) relevant professionals should always be involved.

Miscellaneous issues

The Department of Health requires hospitals to have a clearly written policy on the visiting by children of patients in mental health hospitals. All visits need to be in the best interests of the child.

It is essential to reflect on and discuss practice concerns in supervision, which will also enable the further development of expertise in practice. Questions should always be asked in supervision about the care of children in the family and about any co-existing mental health issues affecting the parents or other siblings.

Proforma for Assessing Risks Where a Parent is Experiencing Mental Ill health

This proforma is only of value if it assists in the development of coherent risk management plans, ideally within an overall care plan. Each agency should keep a copy of the most recent risk assessment and management plan on file, and ensure regular reviewing takes place.

Parent's Name:
Child/ren's Name/s & Date of Birth:

HEALTH, GROWTH AND DEVELOPMENT OF CHILDREN		
1	Do the children receive appropriate health, dental and optical care?	
2	Are any of the children under the age of 5?	
3	Do the children receive an adequate and nutritious diet?	
4	Are the children clean and with appropriate personal hygiene and clothing?	
5	Do the children receive appropriate stimulation?	
6	If a baby, is he/she reaching the appropriate milestones?	
7	Is the child able to mix with their peer group and develop an appropriate identity?	
8	Is the child worried about his/her parent?	
9	Is the child reaching his/her optimal potential at school?	
PARENTS ISSUES		
10	Is the parent the sole/ prime/ main carer?	
11	Is there a parent, supportive partner or relative or someone who can give alternative, substitute or compensatory care?	
12	Are there others who can assist with child care responsibilities whilst the parent is ill?	
13	Are the levels of medication able to keep the parent well and able to provide good enough care?	
14	Are the medications stored safely?	
15	Is there any evidence of the coexistence of substance misuse alongside the mental ill health? Should the Drug & Alcohol Problem Team be involved in a joint assessment?	
16	Do the substance misuse issues cause the mental ill health or is it the other way around?	
17	Is the parent concerned about the care he/she is providing?	
18	Does the parent place his/her own needs before the needs of the children?	
19	Is the parent aware of the legislative and procedural context applying to his/her circumstances?	
20	Is the parent likely to co-operate with childcare support as well as treatment/ support for themselves?	

PARENTING CAPACITY INCLUDING PROVISON OF BASIC NEED		
21	Is the child the focus of the parent's mental ill health in any way? For example, delusional beliefs, aggression, rejection, taking part in ritual and/or compulsions?	
22	Are the children attending school regularly and on time?	
23	Are the children engaged in age appropriate activities?	
24	Are the children's emotional needs being adequately met?	
25	Is the parent able to provide adequate food, clothing and hygiene for the children?	
26	Are there any indicators that the children are taking on a parenting role within the family (e.g. caring for themselves more than they should; caring for other children; or excessive household responsibilities)?	
27	Are relatives aware of the mental ill health and are they supportive?	
28	Will parents accept help from relatives and/or other professionals or non-statutory agencies?	
29	Does the parent have a learning disability which affects the ability to care?	
FAMILY AND ENVIRONMENTAL FACTORS		
30	Is the accommodation adequate and safe for the children?	
31	Is the parent ensuring that any rent and bills are paid?	
32	Are there financial difficulties?	
33	Does the family remain in one area or move frequently - if the latter, why?	
34	Are others sharing the accommodation? If they are, are relationships with them harmonious, or is there conflict? Are any of the others sharing accommodation known to social services or mental health services?	
35	If the parent is using drugs and /or alcohol, do children witness the taking of the drugs and/or alcohol?	
36	Is the family having regular contact with substance users?	
37	Is the child witnessing parental ill health, such as attempted overdose, violent self harm, expressing suicidal ideas in from the child?	
38	Is the parent isolated and experiencing social exclusion?	

Person completing this Assessment Proforma:

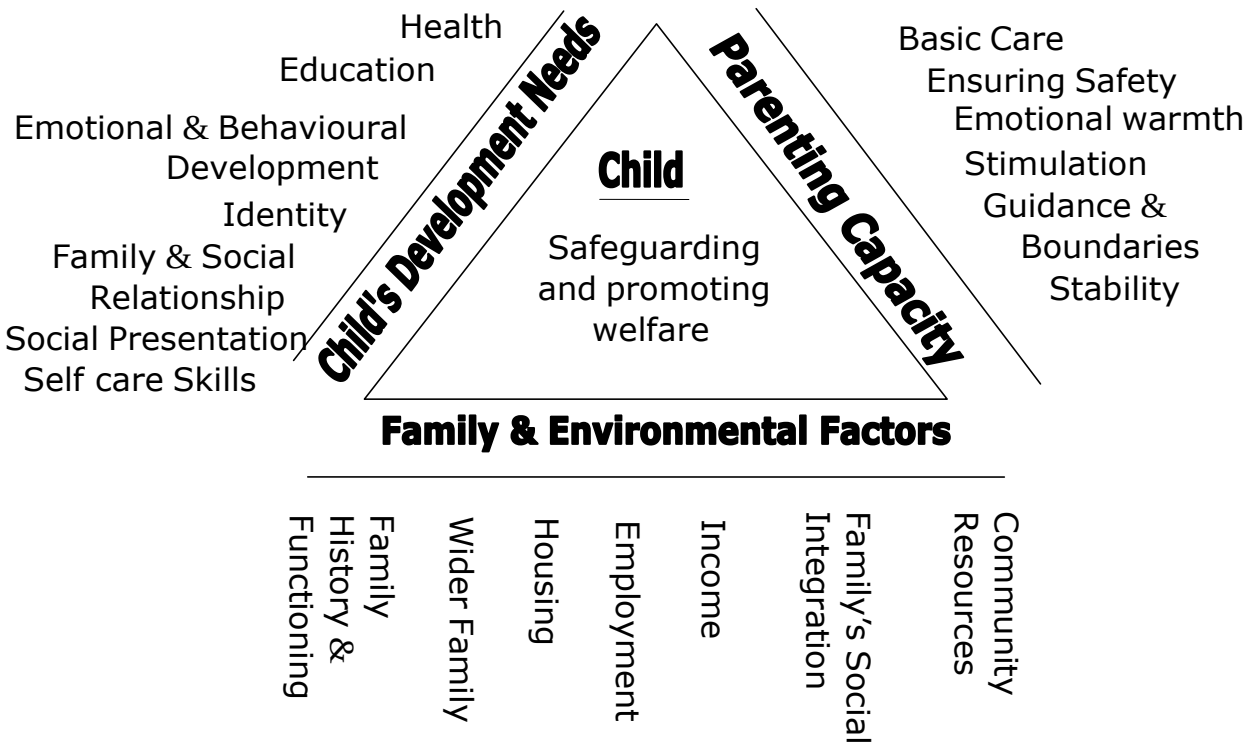
Job title:

Signature and date:

Appendix 2

Applying the Assessment Framework

- The child's understanding and response to the mental illness
- Effect on school attendance and ability to learn
- Impact on quality of attachment/s and feeling valued
- Experience of loss/ bereavement
- Sibling relationships and sibling drug/alcohol use
- Other caring relationships & 'lifelines'
- Secrecy, stigma and social exclusion
- Impact on friendships
- Level of caring responsibility for self, parents and siblings
- Effect of pre-natal exposure to drugs/alcohol
- Subsequent special health needs as a result of above



- The child's involvement in and exposure to parental symptoms
- Mental state of the parent
- Effect of symptoms and treatment on parenting capacity
- Physical availability to child and impairment of ability to provide care
- Emotional availability to child
- Consistency and reliability
- Relationship with, and mental health of, partner
- Previous parenting capacity including any known CP concerns/issues
- Parental absences

- Past treatment/ engagement
- Offending behaviour and convictions
- Who knows about mental ill health? and implications for wider family relationships
- Extended family able to act as carers
- Adequacy of material resources – money and housing
- Home is exposed to risky adults or activities
- Community attitudes and stigma
- Support network outside the home

Source: Adapted from NCB 2006

Appendix 3

Checklist for Mental Health Practitioners for preparation of information for Child Protection Conferences

- All agencies involved should make sure that all relevant information is available to the conference in written form that is legible and signed.
- Agencies should have a report proforma that they use for information related to child protection conferences.
- Reports must make it clear which child (children) is the subject of the conference but should also address any known circumstances of all children in the household.
- Reports should not contain information which would be more appropriately provided in the absence of one or more family members.
- The report should be provided to parents and older children (to the extent believed to be in their interests) at least 48 hours in advance of initial conferences and 5 working days before review conferences so that any factual inaccuracies are identified, amended and areas of disagreement noted.
- When necessary, a report should be translated into the relevant language or medium. Children's Social Care will arrange for this.
- The report should be given to the Chair of the conference at least one working day before an initial conference and 2 working days in advance of a review conference.
- If the adult mental health provider representative is unable to attend the conference, a written report must be made available through the chair and, if possible, a colleague should attend in their place.
- The single point of contact should make a note of any review dates that are set and ensure that review conferences are prepared for.