August 2011 agreed all Boards

West Sussex Safeguarding Children Board

Working with parents or carers experiencing mental ill health where there are concerns about their child(ren)

GOOD PRACTICE GUIDANCE FOR WORKING TOGETHER

Contents

1. Introduction

1.1. This Good Practice Guide is for all staff working with parents/carers with mental ill health and for those working with children and families. It is intended to enhance present good practice and provide a structure for improving communication and collaborative working between agencies, services and individual staff. This is in order that children and young people living with a parent/carer experiencing mental ill health have the best chance of achieving in all areas of their development, by supporting the parents in their mental ill health.

1.2. It suggests an holistic framework for planning and undertaking skilled, comprehensive and holistic joint assessments of risk for assessments under the Mental Health Act 1983 and assessments under the Children Act 1989. Whilst recognising there are many other assessments done to promote the welfare of children (e.g. CAF), and this guidance may prove useful in these circumstances.

1.3. Working together positively requires knowledge, understanding and positive respect for the professional roles of each other and clarity of focus on the child, whilst combining skills and experience. There can be positive benefits to this with service provision from two different service areas.

1.4 In many cases mental health services for parents will promote and strengthen their coping skills, thereby reducing their ill health and the potential risk to the welfare of their children. Similarly, family support services can be an important factor in reducing stress upon parents with mental ill health. Staff in mental health services are well placed to identify that children of parents with mental ill health have separate needs, and to initiate a referral and joint assessment of their needs in conjunction with health visitors and other child care workers. It should be recognised by professionals that many parents experiencing mental ill health will have adequate parenting skills and will be able to meet the needs of their children, although this situation can change and so will need to be monitored.

1.5 Research highlighting the views of users of mental health services does indicate there is much desire for recognition of being a parent, support in this role from mental health professionals and others. Often practical support for parenting is seen as equally, if not more, important than specialist interventions, for users of mental health services.

1.6 The best interests of children, particularly their safety, must be the paramount consideration for all of those concerned. The LSCB Child Protection Referral Form should be completed and returned to Children's Services where there are concerns.

1.7 Working Together to Safeguard Children (Department for Children, Schools and Families, 2010) states that:

A wide range of mental ill health can affect parents and their families. This includes depression and anxiety, and psychotic illnesses such as schizophrenia or bipolar disorder… given the wide range of mental ill health, the effect on

parents and the potential impact on their capacity to meet the need of their children varies… In some people with chronic psychotic illness self-neglect in a range of areas of life may be an issue and this may have an impact on their capacity to care for their children… This research indicates that these vulnerable families need additional support and help. (9.27-9.36)

1.8 This Good Practice Guide 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 supports the Protocol developed by the Local Safeguarding Children Board with consultation with West Sussex Children's Services, West Sussex Adult Services and Sussex Partnership Foundation Trust.

Please follow these links to copies of these documents:

Sussex Child Protection & Safeguarding Procedures

1.9 Mental health practitioners should refer to Royal College of Psychiatrists policy documents, including Patients as Parents and Child Abuse and Neglect: the Role of Mental Health Services and SCIE Guide 30 (Think child, think parent, think family: a guide to parental mental health and child welfare, 2009 SCIE Guide 30).

2. Recognition of Risk Factors

2.1 Mental ill health experienced by adults, in itself, does not present a danger to children. It is the effect this can have on the parenting and development of a child which must be assessed. For example, children are potentially more vulnerable when living with a lone parent who experiences mental ill health, because when the parent is experiencing difficulties there may be no other caring adult living in the home to take on the parenting role.

2.2 Factors to consider in relation to the child include:

- The age of the child and his/her dependency on an adult for care and protection;
- Whether the child is the target of his/her parent's delusions, aggression or rejection;
- Whether the child is taking part in parental rituals and compulsions;
- Whether the child is acting as "young carer" for the parent(s);
- Whether and to what extent the child has to adapt to meet the parent's needs and for example, reduce his/her normal social contact;
- The impact on the child's growth, development, behaviour and/or mental/physical health, including the increased vulnerability for this group of experiencing problematic substance misuse and self harming behaviour;
- Whether the child is witnessing parental mental ill health; such as overdose attempts, violent self harming and expressions of suicidal ideation or planning in front of the child or young person
- Whether there is insufficient or no alternative/substitute care to prevent emotional abuse.

2.3 Factors to consider in relation to the parent include:

- The impact of mental ill health in single parenthood;
- The impact of mental ill health on adult relationships within the home or family network for example, the existence of domestic violence, and/or relationship difficulties;
- Delusional thinking involving the child;
- Obsessive compulsive behaviours involving the child;
- Lack of understanding of the mental ill health and/or illness and its impact on the child;
- The parent's mental ill health taking precedence over the child's needs coupled with inadequate substitute care in wider family or community networks at times when the parent is unable to prioritise the child's welfare;
- Altered states of consciousness e.g. splitting/disassociation, and losing touch with reality;
- Consensus among the professional network that the parents emotional distress cannot be reduced to bring parenting capacity up within a timescale relevant to the child or young persons best interests and overall development
- The experience of a severe and enduring mental illness;
- Problematic substance misuse; but remember that, as with mental ill health, it is the impact of this on parenting capacity that needs to be assessed and if necessary intervened in
- The parent finding it difficult, or being reluctant, to keep in contact with either primary or specialist mental health services; whichever is the appropriate level of service in the individual situation

- Violence and/or aggression towards organisations and those who work in them;
- The parent being isolated and experiencing social exclusion;
- The parent being assessed as being unable to meet a child's needs;
- Impairment of intellectual functioning which in turn puts a child at risk.

2.4 Additional environmental factors to consider include:

- The physical state and legal tenure of the parent's accommodation
- The existence of poor hygiene
- Social and financial poverty and the ability to provide adequate food and clothing for the child
- Accommodation where there is inadequate storage of drugs or equipment

2.5 As is set out in Working Together to Safeguard Children (Department for Children, Schools and Families, 2010):

The majority of parents with a history of mental ill health present no risk to their children. However, in rare cases a child may sustain severe injury, profound neglect, or even die. Very serious risks may arise if the parent's illness incorporates delusional beliefs about the child, and/or incorporates the child in a suicide plan… In a review of Serious Case Review reports where children had either died or been seriously harmed, current or past mental illness was found in two thirds of cases. (para 9.30)

3. Confidentiality

3.1 Confidentiality is an important principle of service delivery, particularly so in the case of mental health services. People with mental ill health use specialist agencies for treatment, support, help and advice and workers in those agencies need to feel that they can provide this in the most supportive way.

3.2 However, it is essential to acknowledge that there are limits to confidentiality and important information should be shared with other agencies where children (and unborn babies) may be at risk**. The welfare of the child is paramount and overrides the need for confidentiality**.

If somebody believes or suspects that a child may be suffering, or is likely to suffer, significant harm then s/he should always refer his or her concerns to the local authority children's social care services… While professionals should seek, in general, to discuss any concerns with the child and family and, where possible, seek their agreement to making referrals to local authority children's social care, ***this should only be done where such discussion and agreement-seeking will not place a child at increased risk of suffering significant harm.*** (Working Together 2010, para 5.18)

3.3 Children are often unable to protect themselves and are dependent on others protecting them. Parents/carers should be made aware of the bounds of confidentiality (relevant to the agency they are attending) early in the relationship and they must be informed of any need to share communication unless it is considered by the professionals that the child's welfare would be at risk by informing the parents of the need to share communication.

3.4 The framework for information exchange and maintenance of confidentiality is set out in *Working Together to Safeguard Children* (Department for Children, Schools and Families, 2010):

Adult mental health services – including those providing general adult and community, forensic, psychotherapy, alcohol and substance misuse and learning disability services – have a responsibility in safeguarding children when they become aware of, or identify, a child suffering or likely to suffer significant harm. This may be as a result of a service's direct work with those who may be mentally ill, a parent, a parent-to-be, or a non-related abuser, or in response to a request for the assessment of an adult perceived to represent a potential or actual risk to a child or young person. Adult mental health staff need to be especially aware of the risk of neglect, emotional abuse and domestic abuse to children. Staff should be able to consider the needs of any child in the family of their patient or client and to refer to other services or support for the family as necessary and appropriate, in line with local child protection procedures. (Working Together, May 2010 Para 2.102)

3.5 The Department of Health issued further Children's Service Guidance in May 2003 (*What To Do If You're Worried A Child Is Being Abused: Summary*). This incorporates a section - Appendix 1 - on the common law duty of confidence. As a general rule, the Guidance suggests that all personal information which is acquired or held in the course of working with children and families is confidential and particular care should be taken with the sensitivity of the

information. The Guidance also explains the relevance of the Data Protection Act 1998, which has now been implemented.

3.6 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)

3.7 The General Medical Council (GMC) has also produced guidance on confidentiality specifically for doctors. The Guidance (produced in 1995) emphasised the importance in most circumstances of obtaining a patient's consent to the disclosure of personal information. It also makes it clear that information may be released to third parties – if necessary without consent – in certain circumstances, such as *'in the interests of others where a failure to disclose information may expose the patient, or others, to risk of death or serious harm*'.

3.8 The critical threshold of professional concern is a matter of individual professional judgement and will inevitably vary between professionals and between situations. Training, supervision, consultation and experience are crucial in determining the distinction about what is significant harm. It is essential therefore that all cases where there are suspected safeguarding concerns are discussed regularly in supervision and also in team meetings as required. Consultation with others incorporates an automatic validity/reliability check on professional judgement, reduces the variations of thresholds and assists common understanding. Whenever possible professional staff will tell a parent/carer that they are referring child protection concerns to Social and Caring Services prior to making the referral or passing information. The only exception to this would be where to do so would place a child at risk of significant harm, or where an offence has been committed. It is critical that the reasons for decisions are based upon proper professional judgement and are carefully recorded in order to demonstrate clearly that the need to protect the child has overridden the need for confidentiality.

3.9 The Human Rights Act places a requirement on professionals to be able to demonstrate, with supportive evidence, decisions made and actions taken. It is important to record the reasons behind all courses of action.

3.10 If there are concerns felt /expressed by a professional/agency that are not satisfactorily addressed or resolved then that professional/agency must write up the concerns and share this with other statutory agencies. The updated 2011 Sussex Child Protection and safeguarding procedures has a link to a policy about the resolution of professional differences in Section 5.9.

3.11 The Sussex Partnership NHS Foundation Trust provides specialist community mental health services in Sussex. The Trust has its own written procedures on confidentiality so that parents/carers are clear what will and will not remain confidential while they are using that organisation's services. The policies include the right to share information with Childrens Social Care when children may be at risk of harm.

3.12 Childcare social workers should contact Sussex Partnership NHS Foundation Trust when assessing a child's needs to establish whether any of the adults are known.

3.13 Sussex Partnership NHS Foundation Trust staff must liaise with appropriate colleagues within the Trust where there are safeguarding concerns; for example, staff from CAMHS and WAMHS may need to undertake a joint assessment where WAMHS staff have concerns about the welfare of a child due to the mental health of a parent.

3.14 Sussex Partnership NHS Foundation Trust staff should contact Children's Services staff when assessing a service user who has children - to establish whether the children are known to the service.

3.15 Agencies may also hold positive or negative information regarding parents and it is important that this is shared, in particular when a child protection investigation is being undertaken. It is essential to work in partnership with other community staff. For example, community psychiatric nurses who admit parents/carers with mental ill health to inpatient wards should discuss with the Health Visitor or School staff the support systems needed for the family.

4. Principles for Good Practice

4.1 The welfare of the child is paramount whilst giving consideration to the needs of other family members.

In order to safeguard children of patients, mental health practitioners should routinely record details of patients' responsibilities in relation to children, and consider the support needs of patients who are parents and of their children, in all aspects of their work, using the Care Programme Approach (Working Together, May 2010 Para 2.103)

4.2 Parents should be treated with respect and dignity at all times, raising parental anxiety unnecessarily is not consistent with the need to place the child's needs as paramount, even where the impact of mental ill health reduces parenting capacity to an unacceptable level. Their Parents right to confidentiality should be respected where possible, providing a child will not be placed at risk.

4.3 Parents should be included in multi-agency assessments and care planning.

4.4 Each member of a family should be assessed as individuals, and also collectively. Flowcharts describing the steps which need to be taken are printed in the Department of Health's (2003) *What To Do If You're Worried A Child Is Being Abused: Summary* document and in the (1999) *Framework for the Assessment of Children in Need and their Families*. These should be used alongside the *West Sussex Care Programme Approach* assessment and care planning procedures for mental health services (implemented in 2001).

4.5 Mental ill health is not a reason for considering a child to be at risk of abuse or neglect but may be one of a range of factors that will need to be fully and appropriately assessed. Mental ill health in a carer does not necessarily adversely affect a child but it is important to assess the implications for the child.

4.6 If the mental ill health is acute, and/or there are further complicating factors such as problematic substance misuse or the parent is alone without support, then the possibility of adverse effects on a child increase.

4.7 Personnel from different agencies should work together constructively recognising their complementary but different roles and wherever possible use integrated assessment models. The pooling and sharing of information is not always straightforward but should generally strengthen the assessment process and lead to better outcomes for children and young people and their families.

4.8 The worker from whichever agency first has contact with the parent(s) should routinely ask all parents in mental ill health about their parenting and child care responsibilities. If concerns are raised because the carer's needs or the mental ill health is taking precedence over the child's needs, these concerns should be discussed within the specialist mental health service and with the named health visitor, school nurse or child protection specialist. Actions agreed must be recorded by each agency.

Close collaboration and liaison between adult mental health services and children's social care services are essential in the interests of children. It is similarly important that adult mental health liaise with other health providers, such as health visitors and general practitioners. This may require sharing information to safeguard and promote the welfare of children or to protect a child from significant harm. The expertise of substance misuse services and learning disability services may also be required. The assessment of parents with significant learning difficulties, a disability, or sensory and communication difficulties, may require the expertise of a specialist psychiatrist or clinical psychologist from a learning disability service or adult mental health service. (Working Together, May 2010 Para 2.104)

4.9 When carrying out an initial child protection investigation child protection workers should routinely check with Sussex Partnership NHS Foundation Trust staff for information and seek consultancy/guidance from relevant staff working on individual cases where there are mental health issues. There should be a named point of contact in each CMHT for checking and consultation.

4.10 If the family is currently known to a childcare worker then there should be liaison with the Care Programme Approach care co-ordinator in the relevant Sussex Partnership NHS Foundation Trust team or their manager. Where parents are believed not to be in contact with mental health services, liaison with the relevant Sussex Partnership NHS Foundation Trust team should however still take place. This could include staff specialising in the needs of older people -sometimes the concern is about a grandparent or older family member.

4.11 Mental health workers in conjunction with antenatal services shall attempt to stabilise the administration of drugs to a pregnant woman in order to reduce the effect on the unborn child. A supportive adult and the environment are significant issues to be considered in a holistic approach to the welfare of the baby.

4.12 Workers in Sussex Partnership NHS Foundation Trust, who are working with individual parents/carers where there are childcare or child protection issues, should consult with the identified childcare liaison worker in the local Social and Caring Services area office. This liaison worker will usually be based in the Assessment or Child Protection Team. In addition, there is the central Child Protection Unit in Social and Caring Services. For healthcare staff the key liaison contacts are the Sussex Partnership NHS Foundation Trust safeguarding link practitioners for the team and/or the Named Nurse for Safeguarding children in Sussex Partnership NHS Foundation Trust, the Nurse Advisers in Child Health Services and/or the Consultant Community Paediatricians.

4.13 Before admitting or discharging a parent/carer to and/or from a mental health unit, or an Accident and Emergency Department in a general hospital, the impact of this action upon the welfare of any children involved will be considered. This brings practice in line with the recommendations of the official report of the Climbie Inquiry (2003). This may involve a Children's Services worker being invited to a pre-discharge meeting at the unit. The admission and subsequent discharge arrangements should include a reference as to how the needs of the children are to be met.

4.14 Where there have been child protection concerns regarding a parent/carer admitted to a mental health unit, that person will not be discharged to an address where children are present without Children's Services staff being consulted first.

5 Integrating and Planning Services for Parents/Carers and Children.

5.1 In cases where there is ongoing work by both childcare workers and mental health workers it will be essential that there is good communication, joint planning and integrated programmes of care for parents with mental ill health where the problems threaten the welfare of their children. An example of an integrated programme of care is where a parent attends a mental health day centre and it has been possible to arrange day care for the children in the family.

5.2 Joint plans must be reviewed on a regular basis. Where appropriate, mental health workers should attend a child protection conference or other network meeting where care or protection plans are made. (See Section 6 of the *Sussex Child Protection and Safeguarding Procedures* for further information). Consultation should always occur and be recorded between the workers on significant changes in care plans or planned closure of a case file.

5.3 Where appropriate, childcare workers should attend care-planning meetings held under the auspices of the Care Programme Approach in Sussex Partnership NHS Foundation Trust.

6. Joint Assessment of the Needs of Parents/Carers and Children

6.1. Professionals in mental health and childcare work need to be proactive in screening all situations where an adult with mental ill health has dependent children. Special attention should be given to those with children under 5 years old because of their particular vulnerability.

6.2. In all cases, where the parent with regular and substantial care responsibilities has a serious mental illness, and Sussex Partnership NHS Foundation Trust staff have concerns arising from the initial assessment conducted under the Care Programme Approach, consideration should be given to a joint assessment carried out by workers from each care group and agency. The first agency involved with the family will organise this and then agree lead agency responsibilities. A sample joint assessment proforma is attached as an Appendix to this document.

6.3. In difficult or complex cases a joint planning meeting should be held so that a holistic view of the family's needs is obtained and a co-ordinated care plan developed. Representatives should attend this meeting from any agency that has valid information to contribute.

6.4. Where substance misuse is a contributory or complicating factor, the Community Drug and Alcohol Problem Team should always be involved in the process and invited to any planning meeting. Additional guidance for such situations can be found in the West Sussex Childrens Trust's *Protocol for Children's Services and Drug and Alcohol Services – To Support Children and Families living with Drug and or Alcohol Misuse* (Feb 2011).

7. Awareness Issues for Childcare/Mental Health Workers

7.1 Mental health workers need to consider a range of issues in relation to the mental ill health being experienced by the parent(s). Mental ill health can impact on a parent's ability to look after their children and can affect their parenting skills, perceptions, the control of their emotions, leading to neglect of the child's needs. In addition, it can impair their attachment to the child and indirectly lead to separation because of the need for hospitalisation. The presence of mental ill health increases the risk to a child because of the likely effect on the child's ability to function without parental support.

7.2 Mental ill health in a parent/carer does not in itself indicate child abuse or neglect. Automatic registration under Child Protection Procedures does not occur as it deters parents from making use of services or asking for help. In households where there is a parent experiencing mental ill health and a child protection investigation is required to be undertaken, then it is necessary to assess the overall effects of the mental ill health within the initial assessment.

7.3 It is important for all staff to be aware of the stereotypes and assumptions that exist about people who have mental ill health. It is essential that these stereotypes and assumptions don't influence the assessment, which should be based on observable evidence and objective judgements. Moreover, the term 'mental ill health ' covers a range of experiences and diagnoses from minor depression through to more serious illnesses such as schizophrenia and dementia. There must be careful analysis of an individual's own particular mental ill health with the emphasis focusing on how that impacts on the care of their particular children.

7.4 Mental ill health can have the potential to affect the ability of people to function well as parents. For instance, there is significant research that severe post-natal depression and puerperal psychosis carry particular risks for babies and young children. Emotional intensity disorder where the parent may be impulsive, needy and committed to instant gratification, can lead to direct physical or emotional abuse, or to the needs of the parents being given priority over those of the children. More chronic conditions can result in physical or emotional neglect of children. Therefore the child may experience psychological and social consequences of parental mental ill health in particular if it exists combined with other factors.

7.5 The behaviour, which can be exhibited by someone suffering from degenerative organic mental illness, such as dementia, can emotionally and psychologically affect children. It can be particularly pertinent when a parent has an illness caused by a hereditary gene and the child becomes older and understands the implications for them, for example in Huntingdon's disease.

7.6 Where there is risk or evidence of significant harm, then an assessment should be jointly conducted by a mental health worker and a childcare worker considering: -

- The needs of the child;
- The needs of the parents and their skills in caring for children.
- Whether there is a supportive partner, family;

- The nature of the problem, observation of the behaviour of the parent and their views of the problem and its effects;
- What help can be provided and the willingness of the parents to accept help;
- What liaison needs to be undertaken where it has not been possible for the two workers to undertake the assessment at the same time and what liaison needs to take place as an outcome of the assessment.

7.7 It is essential that there is open discussion with parents/carers about the concerns in the investigation except where it is considered that the child may be at further risk if information is shared/discussed. There is an expectation that parents and agencies should be fully informed of the process of assessment or investigation.

7.8 When a child protection conference is held and there is the involvement of mental health workers it is essential they attend. Their role in the conference should be explicit as a representative of Sussex Partnership NHS Foundation Trust. Where appropriate, it may also be helpful to encourage the parent to involve mental health advocacy services to represent their own views.

7.9 General issues for childcare workers to consider, in line with the Sussex Partnership NHS Foundation Trust Care Programme Approach documentation for adults accessing specialist mental health services, are:

- Are there children in the family, and if so, are they safe;
- Possible trauma to the child resulting from changes in parent's mood or behaviour;
- The impact of the parent or parent's illness on the child's welfare and development, including their physical, social, emotional and psychological well-being, education and friendships;
- Whether the child needs a befriender/advocate for him/herself?
- The extent to which the parent's mental ill health disrupts normal daily routines and prejudices the child's healthy physical and emotional development;

7.10 If the child is not at risk but assessed as a "child in need" within eligibility criteria as requiring services, they must be made available.

7.11 If there is a **risk** to the child, the S*ussex Child Protection and Safeguarding Procedures* 2011 should always be consulted.

8. Teenage parents

8.1 Although younger parents will experience many similar issues which contribute to mental ill health in all groups of parents and carers, it is important to consider their distinct needs and difficulties as parents. In their 2004 report on health inequalities, mental health and parenting the DHSS makes the following case for considering a range of different groups of parents needs 'in their own right':

"All parents/carers can become stressed or concerned about a wide range of issues in relation to their child including the availability and quality of childcare, children's safety, the affects of domestic abuse, drug and alcohol use, bullying etc. However, specific groups of parents/carers often experience particular problems for which specific interventions may be necessary"

8.2 In relation to the distinct needs of adolescent parents the same report highlights a range of issues and difficulties which can contribute to teenage parents mental ill health:

- negative public attitudes and stereotyping,
- lack of social networks,
- poor housing conditions,
- economic deprivation,
- lack of access to employment and childcare,
- inadequate diet.

8.3 The important thing to note in these kinds of examples of issues for teenage parents is that they are statistically more at risk of experiencing the above issues than other groups of parents.

8.4 Many teenage parents are also less likely to have adequate support systems to ameliorate the worst effects of these issues for their children and themselves.

8.5 It is also essential to consider when working with teenage parents that anyone under the age of 18 is still considered a child and may need their own needs assessed as a Child in Need, or a Child in Need of Protection.

9. Visiting of Psychiatric Patients by Children

9.1. The Department of Health issued specific guidance in 1999 for children visiting patients held in the three High Security Hospitals, namely Ashworth, Broadmoor and Rampton (Health Service Circular HSC 1999/160). Children's Social Care Services departments can be asked to assess whether it is in the best interests of the child to visit a named patient. (See **Section 9** of the *Sussex Child Protection and Safeguarding Procedures for further details).*

9.2. All hospitals must have written policies (Health Service Circular HSC 1999/222) about children visiting psychiatric patients. (Please refer to the relevant hospital trust's website for a copy of their policy.)

9.3. All visits need to be in the best interests of the child.

9.4. Visiting is intended to facilitate children's contact with parents or other close family members where this is in the child's interests. Patients and visitors are required to obtain the agreement from the responsible medical officer prior to visits taking place.

10 Additional Information

More information can be found at:

- Sussex Child Protection & Safeguarding Procedures
- West Sussex Local Safeguarding Children Board: Information for Those Working with Children and Families
- West Sussex County Council: Children's access point form

Appendix - **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: