

## Final Draft Parental mental health and child welfare protocol Version 8

### 12.9.11

#### Introduction

The words parental mental health and child welfare contain scope for both conflict and collaboration. Not just in terms of which individuals needs should be prioritised over the other's but also in terms of the stance workers take to meet the organisational demands on them .

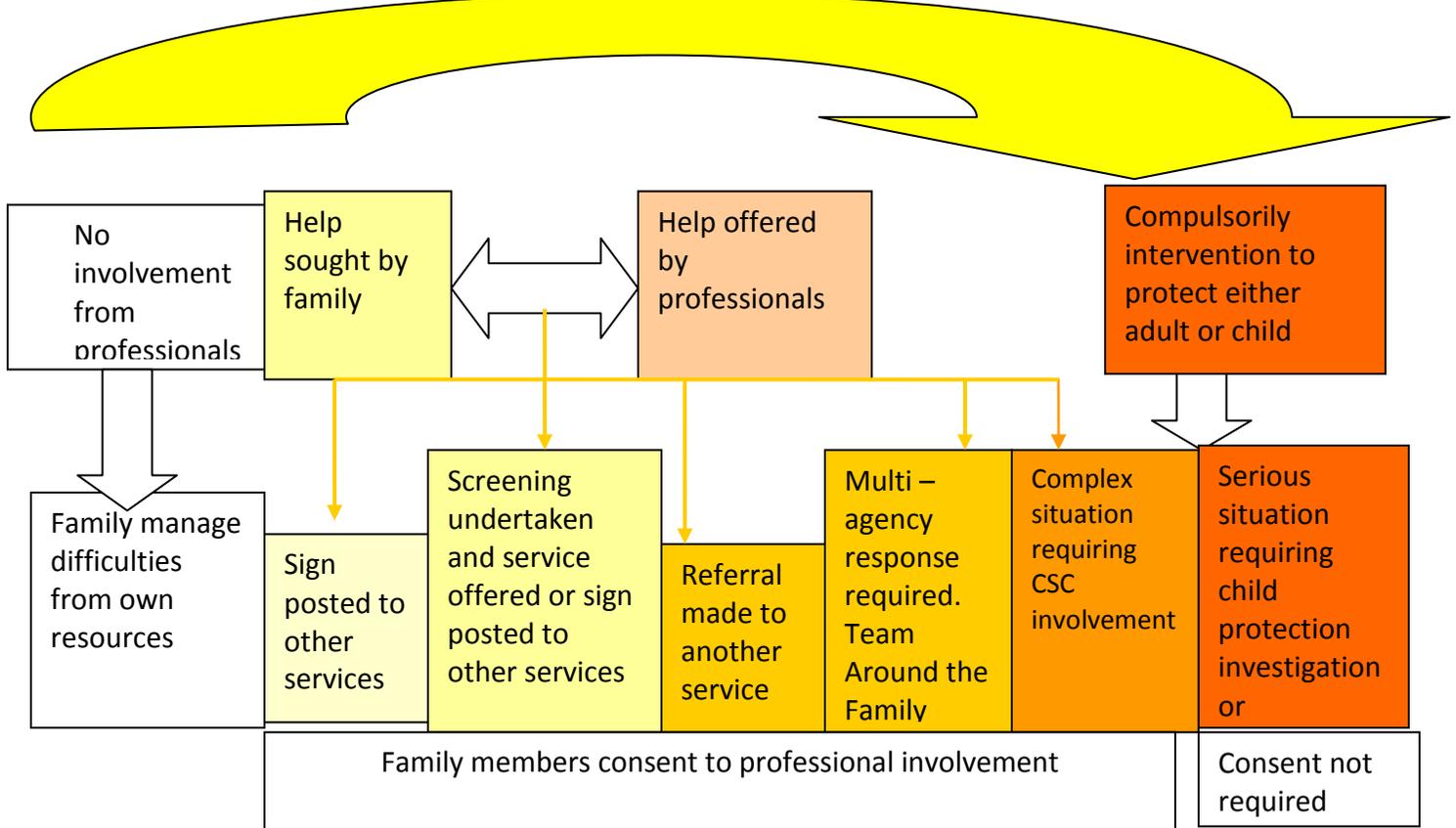
Safeguarding is everybody's business and adult's workers are also bound by this imperative. But children do not live in isolation. Change cannot be sustained for a child without addressing the needs of the parents. Therefore we all need to take a 'whole family' by building appropriate teams around families to ensure all children and young people's needs are met through multi-agency responses. By taking this approach, it does not mean everyone has to be in the same room at all times to make every decision but it does mean that we need to think about the implications of our actions on other family members and work collaboratively with our colleagues in a way that creates and sustains positive change for the family.

At its most stark, dilemmas arise when families are separated as the result of parental mental illness. Whilst our priority **must** be to 'safeguard and promote the welfare' of the child it does not exonerate us from our responsibility to consider the impact of our decisions on other family members. We need to clearly explain our reasoning, be open about the issues from our perspective and open to the influence of others.

Most importantly when we consider that as adults we have a 1 in 4 life time chance of experiencing a mental illness and that many of us are parents, we realise that having a mental illness doesn't stop us being a parent and worrying about our children. We also realise it could be any one of us and we would want the professionals involved in our care to 'think family'

This protocol is aimed at all staff providing services to families affected by parental mental illness be they adults workers or children's workers in the statutory or third sector providing an early intervention or a crisis service. It recognises that families affected by parental mental ill health will require different degrees of support, ranging from managing their situation from within their own resources to ,in rare circumstance compulsory intervention form professionals to protect either the adult or the child in the family. The diagram below is an attempt to portray this reality.

# Safeguarding Continuum



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## Acknowledgements

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## **1. National Context**

**SCIE Guide 30: Think child, think parent, think family: a guide to parental mental health and child welfare** was published in July 2009 in response to national concern about response to the needs of families affected by parental mental health issues. This guidance is set within the existing legislative framework of the Children Acts 1989 and 2004 and the Mental Health Act 2007 and their accompanying guidance.

## **2. Local Context**

SCIE 30 emphasised the need to take a 'whole family' approach to the needs of families affected by parental mental health issues. Lewisham Adult Mental Health (AMH) , Child and Adolescent Mental health services (CAMHS)and Children's Social Care(CSC) participated in the design of the guide and is currently involved as an implementation site. Central to implementing the guidance was the need to review how far we were putting into practice the priority recommendations of the guidance. These are structured using the main elements of the care pathway. ( see Appendix 1-SCIE Priority Recommendations) The steering group which, which reports to Lewisham Children's Safeguarding Board. ( LCSB), was established to undertake this review recognised that the existing protocol setting out how services should work together focussed almost exclusively on situations involving compulsion in the lives of families affected by parental mental health difficulties and more needed to be done to ensure that partner agencies in the voluntary sector were included in a revised protocol which also addressed the need for earlier intervention to support families. Critical to the development of an updated protocol was the input of service users.( see Appendix 2- Membership of the Steering Group and Service user participants)

## **3. Legal and Policy Framework**

This protocol derives its authority from the Children and Young Person's Plan 2009- 2012 and is to be read in conjunction with the existing legislation and policy framework and will be updated annually by LCSB to take account of changes in legislation and local and national policy.

## **4. Aims of the Protocol**

This protocol aims to improve services to families affected by parental mental health difficulties by;

- improving access to services
- providing a speedier, better co-ordinated response
- ensuring the needs of the child, parent and family are addressed
- avoiding delay and duplication
- reducing the need for statutory intervention in the lives of families

## **5. Principles of protocol**

### **5.1 Service users**

- As adults we are all vulnerable to mental health difficulties
- Parenting can be stressful and increase our vulnerabilities. For the purposes of this document pregnant women and expectant fathers are also considered parents.

- Not all parents experiencing mental health difficulties need to call on services for support. Some families are adequately supported within their own resources of family or community.
- Not all members of the extended family understand the impact of mental illness on a parent and may need help in their own right to be supportive.
- Mental health difficulties in parents can impact on the children in the family
- Those requiring support should be able to access it easily and speedily, irrespective of which part of the system they first come into contact with; the “no wrong door principle” should prevail.

## 5.2. Carers

Family members who support someone who has a mental health difficulty are ‘**carers**’ and as such are entitled to a statutory Carers Assessment to address their own personal needs, **whether the ill person agrees or not**. This may include education about the impact of their relative’s condition on both their functioning and on other family members, including the children.

**Carers can be children** - those between the ages of 16-18 are entitled to a statutory Carers Assessment, however younger children may also take on caring duties that impact negatively on their lives and they too deserve recognition and support and their needs considered in a plan that recognises the Every Child Matters principals:

**Being Healthy** so that they are physically, mentally, emotionally and sexually healthy, have healthy lifestyles and choose not to take illegal drugs.

**Staying Safe** from maltreatment, neglect, violence, sexual exploitation, accidental injury and death, bullying and discrimination, crime and anti-social behaviour in and out of school, have security and stability and are cared for.

**Enjoying and Achieving** so that they are ready for school, attend and enjoy school, achieve stretching national educational standards at primary and secondary school, achieve personal and social development and enjoy recreation.

**Making a Positive Contribution** so that they engage in decision-making, support their community and environment, engage in law-abiding and positive behaviour in and out of school, develop positive relationships, choose not to bully and discriminate, develop self confidence, successfully deal with significant life changes and challenges and develop enterprising behaviour.

**Achieving Economic Well-being** so that they engage in further education, employment or training on leaving school, are ready for employment, live in decent homes and sustainable communities, have access to transport and material goods, live in households free from low income.

Inappropriate caring roles, which adversely impact on a child or young person’s emotional, physical, educational or social development should be avoided by providing adequate and appropriate support to the parent/s and their family. Below is a link to the 10 key messages for professionals, written by young carers

[http://www.barnardos.org.uk/action16\\_report\\_final\\_2\\_1\\_5\\_09-2.pdf](http://www.barnardos.org.uk/action16_report_final_2_1_5_09-2.pdf)

You might also find it helpful to look at a checklist for professionals coming into contact with children of parents with mental health problems.

<http://www.rcpsych.ac.uk/campaigns/partnersincare/picprofsincontactkids.aspx>

### 5.3 Providers

- Those providing support should do so in a way that empowers parents, maximising the parents strengths and recognising that being ill does not necessarily mean you stop wanting the best for your children.
- Those providing support should ensure that they consider and **support the needs of the father as well as the needs of the mother**. Both parents have an important role to play in supporting the child. Professionals should be as aware of the parenting responsibilities of men as they are of women.
- Those providing support should do so in a non- judgemental way which acknowledges the needs and strengths of all the family members and takes account of their individuality. Diversity should be valued and fully acknowledged in every agencies response.
- Every effort should be made to ensure that difficulties are speedily addressed and action taken to prevent difficulties escalating
- Those providing support have an ever present duty to ensure the safety of family members and most importantly **must** put the children's interests first where they conflict with those of their parents. Safeguarding is everybody's business.

## 6.Key Practice principles

- All practitioners, irrespective of their agency or professional background, will ensure they know and record who is in the family network.
- All practitioners will endeavour to adopt a 'whole family' approach and consider the needs of family members.

### 6.1 Signposting

- All practitioners are responsible for sign- posting families to the most appropriate service and where possible checking with the family and service that help has been provided.
- When considering whether or not a service can be provided the agency will endeavour to take account of the combined needs of the family, not just the individual
- Where a practitioner is unable to provide a service they will notify the family member/s in writing, in a timely way.

### 6.2 Assessment, Planning and review

- All assessments of individuals will consider the needs of family members and the right of any carers to a statutory assessment
- All plans made by practitioners offering a service will take account of family members needs
- All reviews of plans will take account of family members needs
- All records kept by services will be shared with service users, in line with best practice in information sharing. ( Further information on information –sharing can be found at <https://www.education.gov.uk/publications/eOrderingDownload/00807-2008BKT-EN-March09.pdf>
- All practitioners will explain, at the point of contact, the limits of their confidentiality
- All practitioners will put in writing what the service user and family can expect of them, what they expect of the family members and where appropriate the consequences of non-compliance.
- All practitioners will inform service users of their complaints procedure

## 7. Eligibility

The need to take a preventative approach to eligibility for services is contained within FACS ( para.65) , the Framework of Assessment for children in need and their families (para3.58) and ` Every Child Matters`, which outline the requirement on both adult and children's services to prevent difficulties arising by:

- Recognising low levels of need, which if unaddressed would be likely to lead to difficulties for parents and undermine children's welfare.
- Recognising support needs at early stages of the parenting experience
- Anticipating support needs which may arise at different stages in family life cycle.

In practice this means

- Ensuring there is ' no wrong door' for families seeking support
- Actively identifying families early who need support
- Developing 'whole family' skills across all agencies
- Providing tailored support at a local level

## 8. Referral Pathways

In order to operate a 'no wrong door' policy it is necessary for **all** staff providing services to children and their families to be aware of the commitment of partner agencies to adopt a 'whole family' approach. Referrals, received from whatever source, about an adult or a child require the receiving practitioner to establish and record;

- who else is in the family
- what their needs might be
- how best they can be met.

**8.1** The initial consideration may indicate;

- **signposting** to a more appropriate service is an adequate response to family need
- **further assessment** by the original staff member is necessary in order to identify and address the needs of family members
- **referral to and involvement of a partner agency** is required to meet the needs of family members including referrals for statutory carers assessments

### 8.2 Signposting and screening

Enquiries about available services may be made by either the individual concerned, their family or a professional. All staff should be aware of the Family Service Information Directory. Some individuals will be able to use the Directory themselves, others will need support both to obtain suitable information and to access the appropriate services. This may require the professional who is being approached to make an assessment and intervene accordingly.

#### 8.2.1 Identifying and screening pregnant women

Professionals and services have a responsibility to identify pregnant women with mental health problems who may be in need of additional services and support. Maternity services should routinely screen for signs of mental health problems. The overall objective of identification of a pregnant woman's mental health problem is to ensure the well-being of both mother and child and enable the baby to be safely discharged from hospital to the care of the mother wherever possible.

### 8.3 Further assessment

Where a professional believes the needs of the individual can be best met by their service they **also** need to consider the needs of other family members and how best

to meet these needs. In the majority of situations the decision to involve partner agencies in meeting the needs of family members will require the consent of the service user or their parent, if they are a child. However statutory Carers Assessments are the right of any carer providing regular care and do not require permission of the services user. (see also Section 14 regarding Emergency Action).The following link provides helpful information about carers and confidentiality in mental health

<http://www.rcpsych.ac.uk/campaigns/partnersincare/carersandconfidentiality.aspx>

### 8.4 Referral to another agency

Where referral to another agency is indicated, the consent of the service user or their parent, if they are a child, will be required. ( see also Section 14 regarding Emergency Action). Staff should articulate as clearly as possible;

- the identified need and the response that is being sought
- what is known about the needs of other family members and how it is envisaged these will be met.

The Common Assessment Framework

[http://www.education.gov.uk/publications/eOrderingDownload/LeadPro\\_Managers-Guide.pdf](http://www.education.gov.uk/publications/eOrderingDownload/LeadPro_Managers-Guide.pdf)) provides a tool for use by all professionals to identify the needs of both children and adults within the family. In the majority of situations professionals working with different parts of the family should meet together to form a virtual 'Team Around the Family'.[http://www.education.gov.uk/publications/eOrderingDownload/LeadPro\\_Managers-Guide.pdf](http://www.education.gov.uk/publications/eOrderingDownload/LeadPro_Managers-Guide.pdf)

See also - Appendix 3 Common Assessment Framework and Team Around the Child/Family (TAC/TAF)

## 9 Recording and sharing information about a child and family

All services should accurately **record the names and dates of birth of all children in the family**. They should also **record the other services involved with the family and any issues of concern they might have**. If parents, carers or pregnant women decline to provide basic information about themselves or their families this should be recorded and, if necessary, advice should be sought from a line manager about how to proceed. In order to effectively support the family it may be necessary to involve other services. Professionals should ask parents for consent for information to be shared with other agencies in the context of a discussion about identified concerns and the need for the involvement of other services. In extreme circumstances, professionals may share information without parents' consent where they believe (a) that a child (or another person) is at risk of significant harm **1** and (b) that to seek consent for information sharing would not be in the best interests of the child or other person.

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*1 Significant harm is a legal concept cited in the 1989 Children Act and is the threshold for state intervention in a child's life. Bentovim (1998) wrote " Significant harm may be thought of as a compilation of significant events, both acute and long standing which interact with the child's ongoing development and interrupt, alter or impair physical and psychological development. Being the victim of significant harm is likely to have a profound effect on the child's view of themselves and on their future life".*

**9.1** All information passed to other agencies should be accurately recorded in the case record, any action taken clearly documented and that all entries dated and signed. If there is any uncertainty about sharing information, advice must be sought from your line manager or your agency's designated child protection lead officer/adviser.

**9.2** Information about a client or patient is received from another agency it must be treated with respect and with a high level of regard for confidentiality and should be shared only on a need-to-know basis.

## 10. Assessment

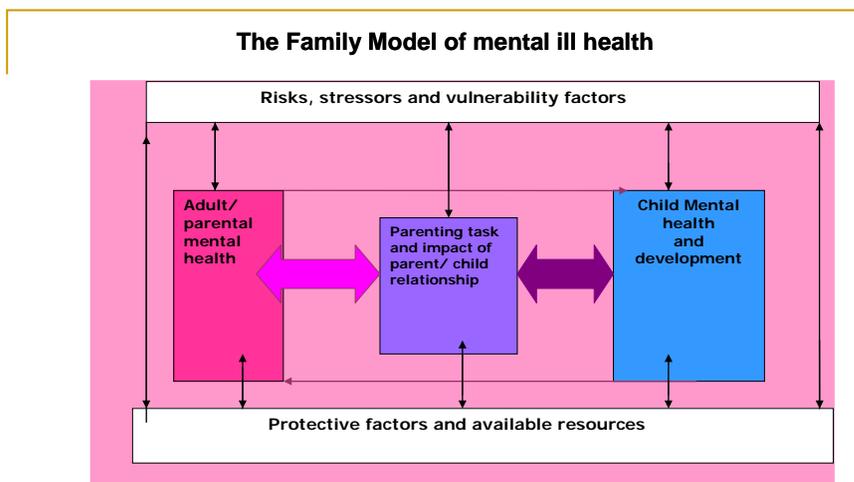
The 'whole family' approach requires all staff to give consideration to the family's needs, not just of the presenting individual but their family members also. The Crossing Bridges Family Model (Falkov 1998) is a useful conceptual framework to help staff to consider the parent, the child and the family as a whole when assessing the needs of and planning care packages for families with a parent suffering from a mental health problem. The model illustrates how the mental health and wellbeing of the children and adults in a family where a parent is mentally ill are intimately linked in at least **three** ways ;

- parental mental health problems can adversely affect the development, and in some cases the safety, of children

- growing up with a mentally ill parent can have a negative impact on a person's adjustment in adulthood, including their transition to parenthood

- children, particularly those with emotional, behavioural or chronic physical difficulties, can precipitate or exacerbate mental ill health in their parents/carers.

**10.1 The Family Model of mental ill health** also identifies that there are risks, stressors and vulnerability factors increasing the likelihood of a poor outcome, as well as strengths, resources and protective factors that enable families to overcome adversity.



Note the inter-relatedness of ;

- The nature of the parental mental illness
- The child's developmental stage and temperament
- The impact of each on the other
- In the context of the positive and negative family and environmental factors

Adopting a 'whole family' approach to assessment requires a change in attitude and practice which includes:

- taking account of the combined needs of family members when considering thresholds for service
- focussing on strengths and interventions associated with promoting mental health and recovery, sustaining families and promoting inclusion rather than concentrating on diagnosis or pathology
- raising the expectations of parents who use mental health services and seeking their views about their needs
- helping parents to understand their mental health problems, their treatment plan, and the potential impacts of mental health problems on their parenting, the parent-child relationship and the child
- working with parents and children to enable the child to have age-appropriate understanding of what is happening to their parent and information about what services are available for them in their situation and how they can access these.

At the same time, practitioners need to remain aware and be prepared to intervene when there is evidence that the child (or adult) is suffering or is likely to suffer harm at the hands of family members.

**10.2 When assessing the level of risk to a child** posed by parents with mental health problems, professionals should consider whether:

- the child has been involved in any parental delusional behaviour or ideas
- the child has been negatively affected by changes in the parent(s)' moods or behaviour
- there are concerns about domestic violence or where a family member or partner is a person identified as presenting a risk to children
- the child or his/her siblings have been the subject of previous child protection investigations, child protection registration, local authority care or alternative care arrangements.
- there are parents or carers with mental health problems who are caring for a child with a chronic illness, disability or special educational needs
- a child is caring for parents or carers with mental health problems
- the parents or carers who are exhibiting signs of mental illness are already the subject of continued psychiatric assessment or there are urgent concerns as a result of parents or carers being assessed under the Mental Health Act

### **10.3 Sources of advice and support**

If professionals wish to speak to someone about their concerns about a child or family, they can contact their line manager, their service's designated or named safeguarding professional or a Child Protection Coordinator in Children's Social Care. Contact details for designated or named professionals and Child Protection Coordinators can be found at the end of this document. **If a referral is not made to Children's Social Care following advice from any of these professionals, this must be clearly documented.** In many cases an alternative service will be identified to work with the family. Staff must ensure that all decisions and the agreed course of action are signed and dated.

#### **10.4. What to do if you believe a child may be vulnerable and in need of additional services**

Professionals can use the LISA <sup>2</sup> system to log their involvement with a family. The system will indicate whether a Common Assessment Framework (CAF)<sup>3</sup> form has been completed in respect of a particular child and the professionals involved. If a CAF form has not already been completed, professionals should consider using this tool along with the Lewisham Family Information Support Directory<sup>4</sup> to help identify extra support to meet the family's needs. If following completion of a CAF, professionals feel that the child's needs are complex and that he/she would benefit from an in-depth Core Assessment of his/her needs, the CAF should be referred to Children's Social Care (contact details at the end of this document). If necessary, the LISA Service can advise the professional on setting up a Team Around the Child<sup>5</sup> meeting involving all the professionals involved with the family to agree a programme of support.

#### **10.5. Responsibility for making a referral to Children's Social Care**

For clarity when professionals are working in **multi-agency teams** or clinics, the **professional who had the first or main contact with the family is responsible for completing the CAF and making the referral to Children's Social Care**. If the professional with concerns is aware that Children's Social Care is already working with the family, he/she does not need to complete a CAF or a Children's Social Care Referral Form, but can contact the appropriate service or professional within Children's Social Care directly.

#### **10.6 Making pre-birth referrals to Children's Social Care**

In accordance with the London Child Protection Committee Procedures, a referral should be made to Children's Social Care as soon as it is suspected that the degree of parental mental ill-health is likely to significantly impact on a baby's safety or development. It is important to take action at the earliest possible stage to ensure that initial approaches to parents are not made in the last stages of pregnancy; an emotionally charged time, and that there is sufficient time to make adequate plans for the baby's protection. As before, referrals should be made using the Common Assessment Framework (CAF) Form.

#### **10.7 What happens following a referral to Children's Social Care**

If Children's Social Care, decide the referral is of insufficient priority they may decide to take no further action. If this is the case, the referrer should be informed in writing within 48 hours. If Children's Social Care decide to undertake an Initial Assessment, they have 7

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<sup>2</sup> The aim of LISA is to improve information sharing and joint working between all agencies working with children assessed to be vulnerable, due to concerns about e.g. underachievement, harm or risk of offending. This is achieved through the provision of a shared electronic system which allows practitioners to log their concerns, identify other practitioners involved with a child and services via the service directory to meet the needs of the child.

<http://www.fame-uk.org/archive/strand/downloads/Lewisham/Parents%20Leaflet.pdf>

<sup>3</sup> The Common Assessment Framework is a tool for work with children and young people. It involves professionals listening to families to find out what support they need, and what is working well in their lives. An Action plan is then put together with the family to make sure they get the right sort of support. See Appendix 3 for further information.

<sup>4</sup> Lewisham Family Information Support Directory provides a wide range of on line and telephone information for children, young people, families and practitioners.

<sup>5</sup> Team Around the Family is a model of service provision in which a range of different practitioners come together to help and support an individual child and family. The model does not imply a multi-disciplinary team that is located together or who work together all the time; rather, it suggests a group of professionals working together only when needed to help one particular child. In this sense, the team can be described as a 'virtual' team; in practice, practitioners will find themselves working with a range of different colleagues at different times to support different children. See Appendix 3 for further information.

working days in which to do so. **If the child and family meet the criteria for an assessment in both Children's Social Care and the Community Mental Health Teams, a joint assessment, including a joint visit, should be undertaken. Both services are responsible for recording the results of the assessment in their files.**

As part of their assessment Children's Social Care and/or a Community Mental Health Team will talk to the parent/carer and child concerned and they may need further information from the referrer or from other services. **Other professionals and services should be aware that they may be asked for information to be provided at short notice.**

In **all** cases, not just those with a parent known to experience mental health difficulties, where CSC initiate a Section 47 ( child protection investigation) they must add contact with Adult mental health services to the routine checks of health and education to establish if the parent is known to AMH and whether or not there is a role for them. Similarly routine checks should also be made with drug and alcohol services

## **11.Plans**

Families affected by parental mental illness may have sought help or come to the attention of professionals as the result of either the parents' symptoms or the impact of these on the child's behaviour. As a consequence one or more family members may be the subject of a plan. In either case working effectively with families requires all staff to use, with family members, a co-ordinated plan which addresses the needs of all family members, setting out the action to be taken, by when and by whom, identifying the outcomes by which effectiveness will be measured. There are various types of plan depending on the nature of the professional involvement but all plans for children affected by parental mental illness should be SMART. ( SEE Appendix 4)

### **11.1 Think Family plans**

Adopting a 'whole family' approach to planning requires a change in attitude and practice which includes:

- taking a holistic approach to the needs of each individual family member as well as the family as a whole, ensuring as far as possible that the family are not faced with competing or conflicting demands
- clarity about what information will be shared , when and by whom
- involving all members of the family in the development and implementation of plans to ensure they are relevant, realistic and achievable.
- responding to changes in circumstances, allocating an individual budget where appropriate to maximise choice.
- addressing contingency and crisis preparation for both predictable and unforeseen situations; requiring the identification of possible triggers and signs of relapse and agreeing the action to be taken.

## **12. Review**

The efficacy of all plans should be reviewed regularly. The intervals by which some plans are reviewed are governed by law. Best practice dictates that all plans should be reviewed at least 6 monthly. Where a family is subject to more than one plan, for example where a parent is subject to CPA and the child a young carers plan: these plans should, wherever possible, be reviewed together so a holistic and co-ordinated approach can be maintained.

### 12.1 Participation in review meetings

To be effective review meetings need all the key members present. Where possible meetings should take place at a time and in a venue which maximises the participation of family members. Children and young peoples' participation in review meetings should be welcomed.

Participation can take many forms according to the age and ability of the participant. Some adults and children may prefer to present for all or part of the review meeting, others may wish to participate more indirectly, by letter or email or by nominating someone to speak for them. This requires workers to help participants prepare in advance of the meeting and to make available resources to de-brief after the meeting. The use of advocates should be considered. Further information on *Effective Meetings* can be found at SCIE Parental Mental Health and families elearning materials, module 4.

<http://www.scie.org.uk/assets/elearning/parentalmentalhealthandfamilies/deploy/module4/main.html>

### 13. Ending professional involvement

When a service intends to end its involvement with a child and family, steps should be taken to limit disruption. This is particularly important for adult mental health services and children's social care, where withdrawal of support can have potentially disruptive consequences. At a minimum, the service should ensure that all other services working with the child/family are informed of its intention to end involvement and why. Where appropriate the relevant professionals should meet to agree how other services might increase their involvement with the family for a short time to facilitate a smooth transition.

For more information about the safeguarding process, please see Guidance Sheets 4 and 5 in "Safeguarding Lewisham Children: guidelines for interagency working" and the Safeguarding Board's "Guide to the Safeguarding Process for Parents and Carers".

<http://www.lewisham.gov.uk/NR/rdonlyres/76CB3B6D-B632-4D60-9248-3886D124135C/0/SafeguardingChildrenInteragencyGuide.pdf>

### 14. Emergency action

The Introduction recognised that adults have a 1 in 4 lifetime chance of experiencing a mental illness. This risk is greater for parents, particularly single parents, possibly because of the socio-economic factors often associated with low income. Not all parents experiencing a mental health condition will require services of any kind and the vast majority rely solely on support from their GP. However a small number of parents will experience significant difficulties requiring either their hospitalisation or their children to be cared for elsewhere.

#### 14.1 Principles governing emergency action

-All assessments of parents requiring hospitalisation **must** consider the safety of the children of the family.

-Where, as the result of mental illness a parent cannot care for their children consideration should always be given to placing the children with members of their extended family. The hospitalisation of a parent must trigger contact with CSC to identify if the family are known to them and if there is a role for them.

- Where a parent is able to make their wishes for care of their child known every effort should be made to make this possible, though the views of the child or young person regarding such placements **must** be sought, appropriate to their age and understanding.
- Where the views of a child or young person and their parent do not coincide, CSC **must** be asked to undertake an assessment and indicate how best to meet the child or young persons' needs.
- If there is any concern about the arrangements being made by the parent or there are any concerns about the suitability of the proposal being made then CSC **must** be asked to undertake an assessment and indicate how best to meet the child or young persons' needs.

In practice this means that workers should;

- always consider joint mental health assessments of parents
- always seek the views of the child/young person regarding placement
- always consider the role of the extended family in placement of the children
- always prioritise the safety of the children

#### **14.2 What to do if you believe a child may be at risk of significant harm**

Local authorities have a legal duty to take action where it is believed that a child may be at risk of **significant harm** 1, i.e. sexual abuse, physical abuse, emotional abuse and neglect. If you believe that a child may be at risk of **significant harm** 1, you should complete a CAF and use this to make a referral to Children's Social Care (contact details at the end of this document).

In making a referral, professionals should try to give as much information they can about why the referral is being made and what they would like to see happen as a result. Of course, if a child or anyone else appears to be in immediate danger, the police should be informed first on 999.

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*Significant harm is a legal concept cited in the 1989 Children Act and is the threshold for state intervention in a child's life. Bentovim (1998) wrote " Significant harm may be thought of as a compilation of significant events, both acute and long standing which interact with the child's ongoing development and interrupt, alter or impair physical and psychological development. Being the victim of significant harm is likely to have a profound effect on the child's view of themselves and on their future life".*

### **15. Service Delivery Pathways and Financial Responsibility**

In the 2009-12 Children and Young People's Plan the partnership formally stated a shared approach to 'early intervention and support for families'. As part of this approach partners agreed to: ensure a 'no wrong door' for families; ensure tailored support at a local level; and identify families early who need support.

This protocol fully supports this approach and is based on the 'no wrong door' notion, which means that the professional who first identifies a concern should adopt a 'whole family' approach to screening, signposting, assessment, planning and review, as appropriate. Where resource decisions between providers become an issue these should be resolved by reference to the following principles;

- flexible solutions must be sought to ensure a holistic service is provided which safeguards children and adults at risk, promotes family functioning, so long as family members safety and the safety of the public are not compromised and reduces the need for long term interventions

- where assessment indicates services should be provided delay should be avoided
- every effort must be made to avoid escalating difficulties by ensuring the key providers meet to resolve difficulties at the earliest opportunity.

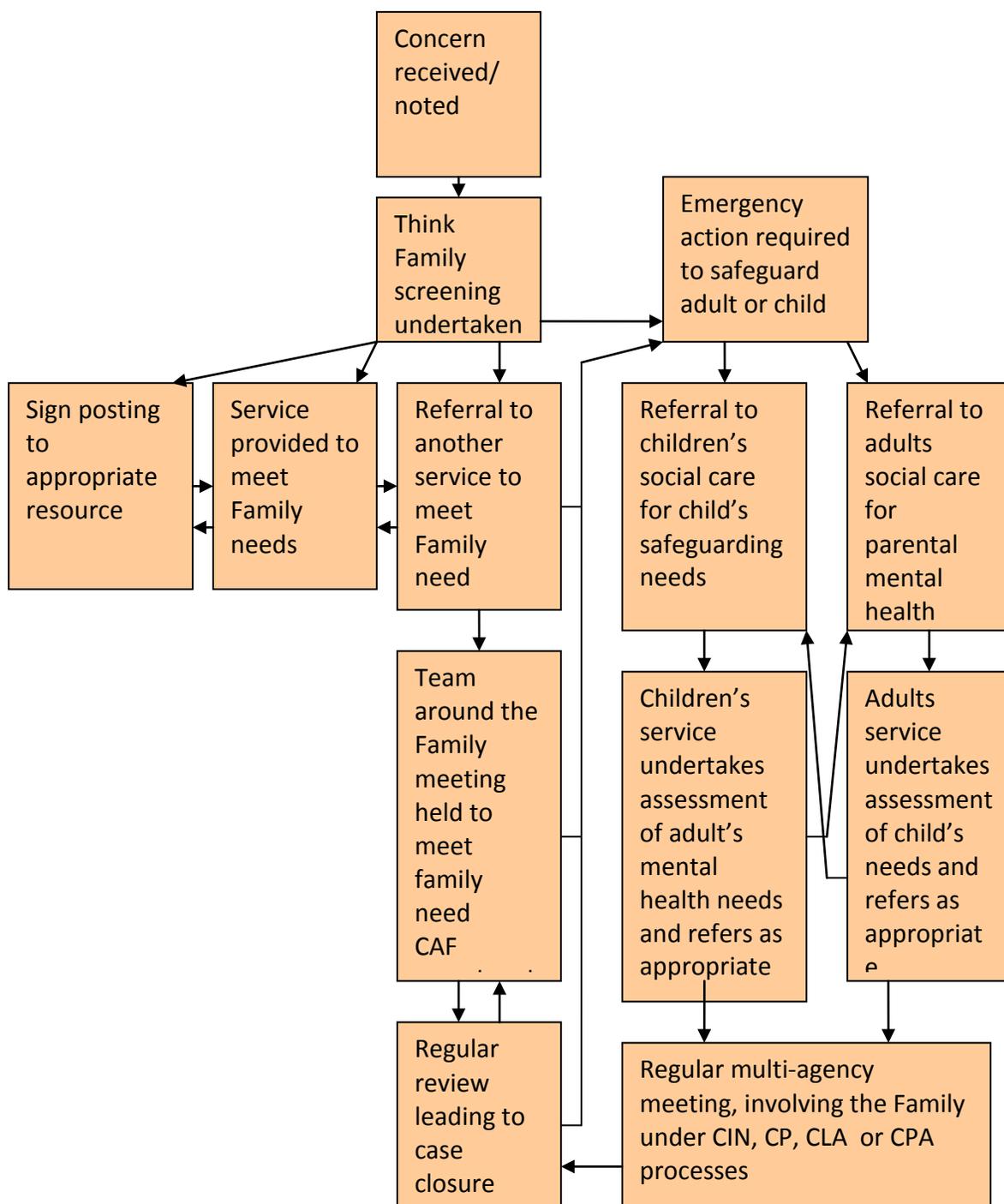
## **16.Resolving disputes**

Research and case enquiries have shown that disputes between agencies can lead to less favourable outcomes for the child and family. Every effort should be made to reach satisfactory resolution under the guidance provided in Section 18.5 of the London Child Protection Procedures.( Professional Conflict Resolution)

Where a professional requires advice and guidance on child protection matters they should first discuss this with their line manager and/or their designated professional for safeguarding children. If further clarification and guidance is required they can seek this from the Duty Child Protection Co-ordinator located within Children's Social Care. Contact details for designated or named professionals and Child Protection Coordinators can be found at the end of this document. If agreement cannot be reached on action required following discussion between first line managers (who should normally seek advice from his/her designated/named/lead officer/child protection adviser), then the matter must be referred without delay through the line management to the equivalent of Service Manager/Detective Inspector/Head Teacher.

16.1. Where conflict and disagreement remains, the Safeguarding Board can be consulted. This does not remove the need for agencies to have their own systems and processes in place for resolving disagreements. It is anticipated that only a few cases will require this level of intervention. Records of discussions and any decisions must be maintained by all agencies involved.

17. Think Family flow chart



## **Appendix 1**

**SCIE 30 Priority recommendations** The following recommendations are for adult mental health and children's services in all sectors.

### **Signposting and improving access to services**

Organisations should develop a multi-agency communications strategy to tackle the stigma and fears that parents and children have about approaching and receiving services. This should be a priority to enable families to get the support they need as soon as possible and should focus on promoting good mental health and wellbeing for all family members.

### **Screening**

Ensure screening and referral systems and practice routinely and reliably identify and record information about which adults with mental health problems are parents, and which children have parents with mental health problems. This means developing systems and tools in collaboration with parents and young people, to ensure the right questions are asked and the data is recorded for future use.

### **Assessment**

All organisations need to adapt existing assessment and recording processes to take account of the whole family and train staff in their use. This means developing and implementing 'family' threshold criteria for access to services to take into account the individual **and** combined needs of parents, carers and children. Strategies for the management of joint cases should be recorded where the situation is complex or there is a high risk of poor outcomes for children and parents.

### **Planning care**

Care planning needs to be flexible enough to meet the needs of each individual family member as well as the family as a whole, and staff should aim to increase resilience and reduce stressors. Allocating an individual budget could provide this flexibility. Increasing every family member's understanding of a parent's mental health problem can strengthen their ability to cope.

### **Providing care**

Commissioners and providers of care should ensure that they can meet the full spectrum of needs, including the practical priorities of parents with mental health problems and their children. This means developing non-traditional and creative ways of delivering services as a way of targeting families and improving access.

**Reviewing care plans** Reviews should consider changes in family circumstances over time, include both individual and family goals, and involve children and carers in the process.

### **Strategic approach**

Multi-agency, senior-level commitment is required and we recommend that a 'Think Family Strategy' is developed to implement this guidance and that parents, children and carers are involved in all stages of development

### **Workforce development**

Investment is needed in training and staff development for adult and children's front-line managers and practitioners to support the changes recommended in this guide about how to 'think child, think parent, think family' and work across service interfaces.

### **Generating more evidence about what works**

The recommendations in this guide emphasise the need to generate further evidence about 'what works for families' and this requires attention and resources to be dedicated to ensuring that the policy, service and practice recommendations in this guide are 'tried and tested' and their impact evaluated and reviewed

## **Appendix 2- Membership of the Steering Group**

Emma Addison, Stephanie Edwards, Vanessa Inniss, Diana Jones, Daphne McKenna, Di Ridings, Sarah Samuels, Claire Stanhope, Nick Topliss, Shirley Walker, Nick Waugh and Hugh Constant (project manager from SCIE), without whose tactful oversight it may not have been possible to achieve all that we have.

## **Appendix 3- Common Assessment Framework and Team Around the Child/Family**

The CAF is a key tool for integrated working as it is a generic and holistic early assessment of a child or young person's strengths and needs that is applicable across all children's services and the whole children and young people's workforce.

The CAF is an assessment of what the family and services can do jointly to address children and young people's needs and where a parent needs additional help these needs can be identified in the assessment and addressed in the plan. Where a multi-agency response is required, the formation of a Team Around the Child (TAC) or as it is referred to in Lewisham, Team Around the Family (TAF) brings together practitioners from across different services who work together to co-ordinate and deliver an integrated package of solution focused support to meet the needs identified during the common assessment process. It is important that the child or young person and parents/carers are also included as part of the TAF.

The person who undertakes the common assessment (and identifies the need for multi-agency support) is responsible for convening the first TAF meeting from which a lead professional is agreed. The lead professional acts as the main point of contact for the child or young person and their family, and co-ordinates delivery of integrated services.

The common assessment and delivery plan are regularly reviewed by the TAF to monitor progress towards agreed outcomes. The review identifies any unmet or additional needs for the child or young person's smooth transition between universal, targeted and specialist services. In the case of multi-agency responses, this will involve further multi-agency meetings and liaison between the members of the TAF.

Effective integrated working is underpinned by good practice in information

sharing and effective communication. Information sharing is a key part of the government's goal to deliver better, more efficient public services that are co-ordinated around the needs of children, young people and families. Information sharing is essential to enable early intervention and preventative work, for safeguarding and promoting welfare, and for wider public protection. Information sharing is also a vital element in improving outcomes for all. *Information Sharing: Guidance for practitioners and managers* is available at: [www.dcsf.gov.uk/ecm/informationsharing](http://www.dcsf.gov.uk/ecm/informationsharing)

#### **Appendix 4 - SMART Plans**

All plans for children affected by parental mental illness should be SMART.

- **Specific** - not vague or woolly '*to improve at school*'
- **Measurable** - not '*attend school regularly*', rather '*attain 85% attendance*'
- **Achievable** - no point setting an unrealistic goal '*despite learning difficulties he will attain level 5 SATs*'
- **Relevant** - no point setting a goal which is irrelevant '*although mother is opposed the children should be immunised*'
- **Timely** - no point keeping the goals open ended - remember they have to be achieved within a timescale that is realistic for the child otherwise an alternative plan is required

