

**PROTOCOL FOR JOINT WORKING ACROSS ADULT MENTAL HEALTH  
AND CHILDREN'S SERVICES  
NORTH SOMERSET SAFEGUARDING CHILDREN BOARD**

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## 1. Policy Statement

This protocol is designed to strengthen multi-agency working with families where there is significant parental mental illness. It provides a practical framework for:

- ◆ the sharing of information between practitioners and agencies
- ◆ joint assessments to identify the needs of all family members
- ◆ shared complementary multi-disciplinary work that addresses the needs of all family members
- ◆ clear management responsibility and accountability within a multi-agency context
- ◆ regular monitoring and reviews of interventions and support to families to ensure a co-ordinated approach to long term multi-disciplinary work, ensuring that children are protected and parents are supported to parent effectively
- ◆ the provision of advice, support and sign-posting to professionals who may be concerned about a child.

The legal framework, covering all statutory organisations, that underpins effective joint working across adults and children's services is the Children Act 2004. This is further re-enforced by Working Together 2006, which sets out statutory guidance for organisations and individuals working with children, parents and families.

(Working Together 2006 2.29)

"An awareness and appreciation of the role of others is essential for effective collaboration between organisations and their practitioners."

(Working Together 2006 2.1)

"Adult mental health services.... Have a responsibility in safeguarding children when they become aware of, or identify, a child at risk of harm"

(Working Together 2006 2.92)

"Close collaboration and liaison between adult mental health services and children's social care services are essential in the interests of the children. This may require sharing information to safeguard and promote the welfare of children or to protect a child from significant harm."

(Working Together 2006 2.94)

"Section 11 of the Children Act 2004 places a duty on Strategic Health functions Authorities, designated Special Hospitals, Primary Care Trusts, NHS Trusts and NHS Foundation Trusts to make arrangements to ensure that, in discharging their they have regard to the need to safeguard an promote the welfare of children."

(Working Together 2006 2.29)

## **2. The Policy Context**

### **2.1 The link between parenting and mental health**

Mental illness in a parent or carer does not necessarily always have an adverse impact on a child, but it is essential always to assess its implications for any children involved in the family.

Gender, class and ethnicity are all important factors in the prevalence and incidence of mental ill health – all assessments and subsequent work with families where there is parental illness must be made within the context of individual cultural understanding and equitable access to services.

The Children Act 2004 identifies children whose parents suffer from mental illness as one of the key groups of vulnerable parents, who need to be targeted in order to provide appropriate support for parenting when it is required.

### **2.2 Child development**

Nationally there is an increasing awareness of the strong association between parental mental illness and difficulties in the development and psycho-social adaptation of their children.

Throughout a person's lifetime there is a one in four chance of experiencing a period of mental illness – at least a quarter to a half of these adults will be parents with children under 18 years of age. These children are statistically at greater risk of experiencing a range of problems in psycho adaptation compared to the general population. About one third of parents of children know to Child and Adolescent Mental Health Services have been shown to be suffering from a concurrent psychiatric disorder.

The mental health of children is a strong predictor of their mental health in adulthood.

### **2.3 Child protection and parental mental health**

In terms of child fatalities, studies of selected samples of children and mentally ill adults where fatal child abuse and homicide have occurred highlight clear links between parental mental health illness and severe maltreatment of children. Children most at risk of significant harm are those who:

- ◆ feature within parental delusions
- ◆ become targets for parental aggression or rejection
- ◆ are emotionally neglected as a result of parental illness

In 2003 statistics nationally identified 13% of child protection referrals to children's social care were related to parental mental illness. Parental mental illness is an important cause of children entering the care system and contributes significantly to some children remaining in care for long periods. There is also a national recognition that emotional abuse and particularly emotional neglect of children whose parents suffer from long term mental illness is significantly under recognised and unaddressed, despite evidence of the severity of the long term impact on the development of children in these circumstances.

## **2.4 Young carers**

There are approximately 10,000 young people and children nationally who care for a mentally ill parent. There is evidence that all family members, particularly children, would benefit from much more information about the causes of mental illness and being offered the opportunity to discuss the impact that a parent's mental illness has on them. North Somerset Young Carers are based in Weston Super Mare and support approximately 240 young carers. As part of their service they organise a range of groups, 1:1 counselling support, advocacy service, drop-ins a newsletter and residential activities. (Contact details in Appendix 4)

## **2.5 Multi-agency work**

Research has identified that families view child care services as fragmented and crisis focussed. Families are often assessed at a time of crisis and services then withdrawn when the crisis has passed. Families want services that prevent or reduce a cycle of events that results in crisis focussed multi-disciplinary work.

Research clearly identifies that multi-disciplinary work is most effective for both families and agencies when a family focus is maintained.

North Somerset has established four localities to integrate services and focus on preventative services. The locality teams include Early Years, Health, Learning Support, Youth Support and Family Support.

## **2.6 Child protection procedures**

The South West Child Protection Procedures website is at [www.swcpp.org.uk](http://www.swcpp.org.uk).

These multi-agency procedures have been produced through a partnership of 12 safeguarding children boards in the South West (Bath and North East Somerset, Bristol, Cornwall, Devon, Gloucestershire, North Somerset, Plymouth, Somerset, South Gloucestershire, Swindon, Torbay and Wiltshire).

The site contains information for all professionals working with or in contact with children and young people. The procedures offer a simple step by step guide to professionals about what to do if they are concerned about a child and how to make a referral to Children's Social Care.

## **2.7 Dual diagnosis**

This policy recognises that many people suffering from mental illness can also misuse drugs or alcohol. Dual diagnosis can significantly impact on the functioning of the individual and their family, and increase the range and levels of risk within families. This protocol also explicitly covers people experiencing dual diagnosis. In North Somerset a service is available for Children of Substance Misusing parents or carers (COSMIC). (Contact details in Appendix 4)

## **2.8 Information Sharing**

"Information sharing is key to the Government's goal of delivering better, more efficient public services that are coordinated around the needs of the individual. It is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all." – from 'Information Sharing: Guidance for Practitioners and Managers.' HM Government 2008.

It is essential that exchange of full information in situations where children and/or adults are at risk of harm from their carers or related adults is effective and prompt. Child Protection procedures must be followed if a child may be at risk.

Good information sharing will enhance effectiveness of services in every case however the government guidance identifies five areas where information sharing between adult and children's services is particularly important:

- Supporting transitions
- Concerns about significant harm to a child or young persons
- Concerns about serious harm to an adult
- Concerns about significant harm or serious harm to third parties
- Where there is a statutory duty or a court order

Wherever possible information sharing should be with the informed consent of the people concerned. Sometimes obtaining consent is not possible, for example if a person has a condition that affects their ability to understand and reason, or if there are disagreements between people, e.g. separated parents who think their interests may be adversely affected. In certain circumstances it is necessary to share information even if consent cannot be obtained for example where children maybe at risk of significant harm or where offences may be committed.

The government guidance sets out seven key questions for professionals to have in mind for making decisions about information sharing:

1. Is there a clear and legitimate purpose for sharing information?
2. Does the information enable a living person to be identified?
3. Is the information confidential?
4. Do you have consent?
5. Is there sufficient public interest?
6. Are you sharing appropriately and securely?
7. Have you properly recorded your decision?

For full government guidance on information sharing go to this web link <http://www.everychildmatters.gov.uk/resources-and-practice/IG00340/> The main guidance document contains an Annex A giving added sources of more specialised advice for specific professions and agencies.

Multi Agency Information Sharing Training is available and can be booked via CPD online <http://cyps-nsomersetcpd.webbased.co.uk/>

### 3. Background

**3.1** This updated protocol, which has been approved by North Somerset Safeguarding Children Board (NSSCB), replaces the Protocol for child care and parental mental health 2003. NSSCB membership includes a senior member of the Mental Health Trust (AWP).

A multi-agency group has planned the implementation of the updated protocol. The protocol will be reviewed by a multi-agency working group, commissioned by the NSSCB in April 2009.

The following documents were used in producing this protocol:

- ◆ Framework for the Assessment of Children in Need and their Families (DoH 2000)
- ◆ What to do if you are worried a child is being abused (DfES 2006)
- ◆ North Somerset Joint Area Review of Children's Services (DfES/HCC/CSCI 2006)
- ◆ North Somerset Children & Young People's Plan 2006 – 2009)

## 4. Assessment of Children

### Common Assessment Framework.

The Common Assessment Framework (CAF) is a key part of delivering integrated frontline services for children and young people and their families. It identifies a child's needs from an early stage and helps provide them with additional support specifically taking into account the role of parents, carers and environmental factors on their development .

A CAF is completed with the consent and involvement of those they concern and aims to provide a simple overall assessment process of a child's needs and strengths. A CAF is designed to reduce the number of different assessments and should deliver better targeted and co-ordinated services to children. In effect a CAF should trigger guidance from specialist services and prompt early intervention before further problems arise.

CAF is in use across North Somerset and being administered and managed by Locality Services and the CAF plans are being co-ordinated by designated Lead Professionals. It will be used for children who do not meet the threshold for services from Social Care. When children's needs increase or decrease across the interface between CAF and 'Child in Need' the managers of the processes will co-operate to ensure an orderly and well managed transition from one process to the other.

The CAF process can be initiated by any service and involvement in CAF plans can include a range of services for children and adults. Comprehensive information relating to CAF including guidance for practitioners, contact details, leaflets, and the assessment form see the relevant section of the North Somerset Council website using this link <http://www.n-somerset.gov.uk/Social+care/changeforchildren/commonassessmentframework/> '

### Framework for the Assessment of Children in Need (DoH 2000)

The initial assessment should be undertaken in accordance with the Framework for the Assessment of Children in Need and their Families (DoH 2000). The initial assessment should address the following questions:

- ◆ What are the developmental needs of the child?
- ◆ Are the parents able to respond to the child's identified needs? Is the child being adequately safeguarded from significant harm, and are the parents able to promote the child's health and development?
- ◆ What impact are family functioning and history, the wider family and environmental factors having on the parent's capacity to respond to their child's needs and the child's developmental progress?
- ◆ Is action required to safeguard and promote the welfare of the child?

(Working Together 2006 5.38)

Parenting capacity will best be assessed with the joint expertise of adult workers (mental health) and children's workers co-operating together.

## 5. Mental health workers (MHW)

### 5.1 Referral

#### Policy

All mental health practitioners receiving a referral must check if the referral includes any information that indicates there are and children in the household and consider the impact on any children, whether there are child protection concerns, children in need, young carers or parenting capacity concerns.

If this is not clear within the referral, they should establish with the referrer if there are any children in the household.

#### Practice

The receiving service should consider the risk to the child and to effective parenting, in prioritising and acceptance of the referral.

Note: always consider if sharing information should be done with or without parental permission. Refer to [www.swcpp.org.uk](http://www.swcpp.org.uk) for the information sharing guidance.

### 5.2 Assessment

#### Policy

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

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.

Consider whether they meet the definition of disabled parent:

- ◆ any person with a physical, sensory or learning impairment or long term illness, including mental illness.

Consider possibility of joint assessment with **children's services**.

Consider the involvement of other agencies.

Consider the needs of young carers.

## **Practice**

Liaison with the individual, their family or carers, and primary health care team (PHCT) colleagues. Record assessment.

Complete the mandatory fields of the AWP Safeguarding Children Assessment Screen.

Check with PHCT and children's services and, if known, plan the liaison.

Record impact of parents' behaviour in terms of basic care, routine, supervision and (emotional, psychological and physical) support available for children.

Consult South West Child Protection Procedures at [www.swcpp.org.uk](http://www.swcpp.org.uk).

**If there are Safeguarding Concerns** discuss with line manager and/or public protection and safeguarding manager and access consultation from child care duty team manager. Plan joint work as appropriate.

Consider consulting with Adult Community Care and children's social care teams in relation to disability.

Establish whether extended family can offer any necessary assistance.

What support does the family need? Ensure appropriate interventions for the family.

**Consider contacting Locality Services.**

Establish the roles and responsibilities of all the children in the family and if the child is identified as a young carer refer to young carer service. (appendix 4)

**Establish and maintain positive partnership working with parents, children and young people as appropriate.**

### **5.3 Care and treatment**

#### **Policy**

The impact of any intervention on the ability to care safely for a child or effectively parent should be considered and recorded when planning care and treatment.

#### **Practice**

The impact of changes of intervention (including medications) on the risk to a child or on parenting capacity should be recorded in the relevant assessments and care plans, and shared, within joint working arrangement, with PHCT or **children's workers**.

If a parent is admitted as an inpatient (whether under the MHA or on a voluntary basis), the following must be considered and the outcome recorded:

- ◆ care arrangements of children whilst parent is in hospital (staff to be aware of possible private fostering arrangements and relevant regulations)
- ◆ contact arrangements (staff to be aware of the AWP policy for children visiting adult inpatient mental health facilities)
- ◆ give information as appropriate to the age and understanding of the child.

Particular attention should be taken when prescribing potentially sedating medication to warn of the increased risk when caring for children, and in particular advice should be given to warn against sleeping with a baby or very young child, due to the increased risk of accidental smothering.

### **5.4 Mental Health Act assessment**

#### **Policy**

The needs of children in the family should be considered as part of any assessment of a parent under the Mental Health Act 2007.

#### **Practice**

Where these are likely to be un-met children's needs, assessment to be undertaken jointly with duty children's social worker. Children's social worker to focus on needs of child. **Where preventative services are required contact should be made through the Locality Referral Co-ordinator. (appendix 4)**

### **5.5 Child protection enquiries**

#### **Policy**

Where child in need or child protection concerns have been identified, enquiries will be completed by children's social care team.

## **Practice**

Mental health practitioners to contribute to the assessment and attend case conferences as a priority task.

Share appropriate information on parental functioning to assist the assessment of parenting capacity.

## **5.6 Joint Working**

### **Policy**

When mental health team members are involved in working with families, in conjunction with primary care and **Children & Young People's Services**, clarity of role and regular detailed liaison are essential. This should commence at the point of the original referral and involvement of other agencies and continue for as long as multi-agency working is in place. (This is equally important if a parent remains at home, uses mental health services on an out-patient basis or is admitted as an in-patient to a mental health facility).

### **Practice**

Mental health team members must ensure that they follow the direction in regard to shared care arrangements in the AWP Care Programme Approach (CPA) Policy.

Ensure that they know which other professionals are involved in providing services to:

- ◆ parents with mental health/psychological difficulties
- ◆ their children

and how to contact them.

Liaise regularly with other involved agencies to ensure sharing of relevant information and clarity of role, and record such arrangements.

Attend meetings, child protection conferences, children in need reviews and **Team around the child (TAC)** meetings and be involved with the planning and delivery of multi-agency care.

## **5.7 Ending joint working**

### **Policy**

When mental health services consider ending involvement, this should be discussed with all practitioners working with the family.

If there is significant disagreement on the withdrawal of service, managers should liaise to attempt resolution (either a mental health or children's social care service).

## **Practice**

If withdrawal agreed:

Care plan confirming the phased withdrawal of service, contingency and crisis plans, re-referral arrangements, ongoing responsibility for medication etc to be sent to:

- ◆ the individual
- ◆ other involved practitioners
- ◆ carer(s)

## **6. Primary Health Care Teams (PHCT)**

### **6.1 The initial assessment**

#### **Policy**

**Initiation of the CAF process to be considered.** (refer to section 4, page 5) All primary health care team members who have contact with parents/adults with a significant parenting role where there are emerging (subtle and overt) concerns regarding mental/psychological health will need to establish:

- ◆ details of the children
- ◆ what level of parenting responsibilities the adult has
- ◆ what support is available from immediate/extended family and/or others
- ◆ what other agencies are currently involved
- ◆ whether the parent is currently on medication

Primary health care team members should consider:

- ◆ any history of previous parental mental health/psychological difficulties
- ◆ the nature of the parental mental health/psychological illness particularly in the context of parental behaviour and its effect on the children
- ◆ whether the parental behaviour presents any acute or long-term child protection risks, thinking specifically about significant harm to children
- ◆ whether the parental actions or behaviour have any longer term implications for the children, thinking specifically about normal health and development of children
- ◆ what other agencies (voluntary and statutory) need to be involved

## Practice

### Action Required

Liaison with appropriate primary health care team colleagues to confirm names, dates of birth, addresses and schools of the children.

Confirm whether the parent is the sole carer and what day to day care is provided by the parent.

Confirm what level of support and practical care is or could be available from immediate/extended family – discussion with appropriate family members may be needed to establish the impact of parental mental health/psychological difficulties on all family members and what support is needed.

The quality of family relationships may also need to be considered.

Confirm details of current agency involvement and the need to liaise.

Confirm details of current medication.

Liaison with appropriate primary health care team colleagues to share information regarding:

- ◆ information of a parent's mental health history, particularly the impact of this on their parenting abilities
- ◆ all statements made by the parent/family that relate to potential risk of or actual physical harm of the child/ren
- ◆ non-compliance (with medication and contact with professionals)
- ◆ attempts to self-harm/over-dose
- ◆ domestic abuse.

Consider the impact of a parent's physical and mental health presentation on their children in terms of:

- ◆ physical risk
- ◆ neglect (including emotional neglect)
- ◆ emotional abuse
- ◆ sexual abuse

The age of a child and presence of a protective adult are important considerations here.

Consider the impact of a parent's behaviour in terms of the basic care, routine and supervision/support available for children, depending on their age and individual physical, social and emotional needs.

Clarify the roles and responsibilities of all the children in the family, and whether this has an impact on their school attendance.

Whether any of the children are taking on a parenting or caring role within the family.

Discuss and agree on the need to involve other agencies to ensure appropriate interventions for the child/children, parent and immediate/extended family.

**Where there are Safeguarding concerns** advice can and should be sought from immediate line management, consultant community paediatrician (on-call 24 hours), designated nurse child protection, children's social care duty team manager and mental health services team manager.

## 6.2 Referrals

### Policy

When primary health care team members reach a threshold of concern based on their initial assessment, the family GP should consider referring the parent to secondary mental health services.

Where preventative intervention would be beneficial to the family, refer to Locality Services.

The family GP/PHCT member should refer the family to Children & Young Peoples' Services social care children's team if there are any child protection, children in need, parenting or child care concerns.

This would also apply to adults who are not parents, but who still have contact with children.

### Practice

#### Action Required

The GP referral of the parent to specialist mental health services must additionally specify the patient and family details. This must include if the patient has parenting responsibilities or caring responsibilities for a child:

- ◆ any cultural/communication needs for the family
- ◆ the degree of urgency in expected response from mental health services and the reasons why (including risk to the child/parenting) and feedback mechanism
- ◆ any child protection, children in need, parenting capacity or child care issues and which other agencies are involved to address these (including names and contact numbers)
- ◆ any concerns around non-compliance
- ◆ parental knowledge of the referral

For families where there is a health visitor involvement a copy of the referral letter should be sent to the health visitor.

The referral to the children's services should specify:

- ◆ the child/ren and family details
- ◆ any cultural/communication needs for the family
- ◆ the reason for the referral
- ◆ what sort of response/intervention is expected and how quickly
- ◆ what mental health services are involved (including names and contact numbers)
- ◆ any concerns around non-compliance
- ◆ parental/family knowledge of the referral

## 6.3 Joint working

### Policy

When primary health care team members are involved in working with families in conjunction with mental health and children's services clarity of role and regular detailed liaison are essential. This should commence at the point of the original referral and involvement of other agencies and continue for as long as multi-agency working is in place. This is equally important if a parent remains at home, uses mental health services on an out-patient basis or is admitted as an in-patient to a mental health facility.

### Practice

#### Action required

Primary health care team members must:

- ◆ ensure that they know which other professionals are involved in providing services to:

- parents with mental health/psychological difficulties
- their children

and how to contact them.

- ◆ liaise regularly with children's services and mental health practitioners to ensure sharing of relevant information and clarity of role. Joint visits can be extremely valuable in achieving this

- ◆ attend care plan meetings, child protection conferences, children in need and team around the child (TAC) meetings and be involved with the planning and delivery of multi-agency care

- ◆ clarify frequency of contact with the parent/children and wider family members and the focus of work to be undertaken. This should incorporate short, medium and longer-term responsibilities and involvement.

## 6.4 Ending multi-agency working

### Policy

When a decision is reached that mental health and children's services are no longer required for a parent/children and family, the details of this decision must be documented by primary health care team members, including contingency plans.

This is to recognise the chronic long-term nature of many parental mental health/psychological illnesses and ensure agencies can re-engage quickly should the need arise.

## **Practice**

### **Action required**

Primary health care team members must:

Discuss ending multi-agency working. In cases of significant disagreement advice should be sought from immediate line management, consultant community paediatrician and senior nurse child protection.

Clarify and document ongoing responsibilities of PHCT members, particularly in terms of any monitoring responsibilities for:

- ◆ the children
- ◆ the parent
- ◆ any medication (ongoing and non-compliance)

Clarify and document detailed multi-agency contingency and crisis plans if the family circumstances should alter and deteriorate.

Ensure that parents, children and wider family members know and agree with these decisions and plans.

Liaise regularly with relevant PHCT members.

## **7. Children's Social Workers**

### **7.1 Referrals**

#### **Policy**

All children's social workers, on receipt of a referral where there is a significant mental health issue for one or both adults reported, will:

- ◆ establish whether there is any involvement from any mental health service
- ◆ establish how adult mental health issues are causing concerns regarding child care

However, children often receive services under child protection procedures because of the immediate nature of risk at the point of referral.

If child protection enquiries are being undertaken, the children's social care team manager will be responsible for management of the enquiries but will ensure that a mental health specialist worker is involved. If there is no specialist mental health service already involved, the social care team manager will discuss with mental health team manager.

#### **Practice**

Check with client data base.

Seek permission from the service user/patient to:

- ◆ check with primary health care team/any relevant voluntary organisations/GP
- ◆ discuss with referrer

If referral is of a child protection nature, discuss with relevant adult mental health services and complete other appropriate checks, referring to the Information Sharing Protocol.

Establish whether there is a child who appears to be acting as a carer and consider discussion with the young carer service.

Establish whether there are any other adults in the household who are undertaking the parenting role.

- a. If a decision is taken to call a strategy meeting or discussion, the children's social care team manager to consult with mental health team manager to discuss referral and agree level of input from mental health services that would be available. This information to inform the strategy meeting. Strategy meeting is a multi-agency child protection meeting to co-ordinate and plan the management of a child protection investigation.
- b. If a decision is taken to undertake child protection enquiries, discussion to be held between mental health and children's social care team managers about whether joint allocation is possible. If this is not possible to agree how specialist consultation will be provided to the children's social workers involved.
- c. If a decision is taken to call a child protection conference discussion between mental health and child care team managers concerning attendance at conference by mental health specialists. Discussion to include what specialist mental health services could be made available and when from. Also, to discuss support for family at conference.

## **7.2 Policy**

If assessment is of a child/children in need and the family are not currently being supported by any adult mental health services, children's social care team manager to discuss with AWP team manager what involvement the mental health team can offer. This would include consideration of the possibility of allocation or identifying a worker to act as consultant.

### **Practice**

Arrangements to be made between team managers to plan the assessment process. The situation at the point of assessment may be acute rather than chronic. Assessment to cover:

- a. Whether appropriate parental tasks to do with day to day living are being met.
- b. Quality of family relationships. Lack of warmth, high levels of criticism, level and length of lack of emotional availability and capacity of parent or carer.
- c. Roles and expectations of family members including whether children taking on inappropriate caring roles, school attendance.
- d. Are communications clear and direct.
- e. Belief system: is this consistent with the ethno-cultural context or are there distortions arising from the impaired mental functioning of one or both of the carers?
- f. Behaviour controls: is there a threat of parental violence or of behaviours, ie self destructive acts, overdoses?
- g. Careful consideration of issues of gender and ethnicity.

## **Policy**

There is an expectation that children's social care services will provide an agreed method of access to mental health workers for advice and discussion regarding the possibility of joint working.

## **Practice**

The duty and assessment team manager will be the initial point of contact for mental health team manager. This responsibility can be delegated to any member of the children's social care staff within the office. If the link person is not the duty team manager the children's social care service will ensure that the name of the relevant person is made known.

Discussion/meeting involving mental health, children's social care and the family to decide further action.

## **Policy**

On completion of assessment and ending multi-agency working:

When children's social care services considering ending involvement, this should be discussed with all practitioners working with the family.

If there is significant disagreement on the withdrawal of services, line managers to liaise/attempt resolution.

## **Practice**

If withdrawal agreed:

Letter confirming the phased withdrawal of service, and contingency plans etc to be sent to:

- ◆ the individual
- ◆ the carer
- ◆ other involved practitioners

## 8. Wider Children's Workforce

### 8.1 Referrals

#### Policy

All children's workers, on receipt of a referral where there is a significant mental health issue for one or both adults reported, will:

- ◆ establish whether there is any involvement from any mental health service
- ◆ establish how adult mental health issues are causing concerns regarding child care

If there are no mental health services already involved, the practitioner will need to consider whether a referral to adult services is required.

#### Practice

Check with client data base.

Seek permission from the service user/patient to:

- ◆ check with primary health care team/any relevant voluntary organisations/GP
- ◆ discuss with referrer

Establish whether there is a child who appears to be acting as a carer and consider discussion with the young carer service.

Establish whether there are any other adults in the household who are undertaking the parenting role.

### 8.2 Policy

If a Common Assessment Framework (CAF) is being undertaken, where mental health issues are identified, the children's worker should request a contribution from Adult Mental Health Services.

#### Practice

Assessment to cover:

- a. Whether appropriate parental tasks to do with day to day living are being met.
- b. Quality of family relationships. Lack of warmth, high levels of criticism, level and length of lack of emotional availability and capacity of parent or carer.
- c. Roles and expectations of family members including whether children taking on inappropriate caring roles, school attendance.
- d. Are communications clear and direct.
- e. Belief system: is this consistent with the ethno-cultural context or are there distortions arising from the impaired mental functioning of one or both of the carers?
- f. Behaviour controls: is there a threat of parental violence or of behaviours, ie self destructive acts, overdoses?
- g. Careful consideration of issues of gender and ethnicity.

### **8.3 Policy**

If through CAF, additional needs are identified then the Team around the child meetings (TAC) will involve adult mental health professionals.

### **Practice**

Adult Mental Health Professionals will be invited to attend the TAC meetings and to contribute to plans.

## APPENDIX 1

### Multi-agency referral form (NSSCB)

This form has been designed to facilitate the process of professionals making referrals of vulnerable children and families to Children & Young People's Services Social Care.

The form must be completed following a verbal referral to Children & Young People's Services social care. All sections should be completed to provide Children & Young People's Services social care with sufficient information to assist them when making a decision regarding multi-agency working. This form should be completed within one working day of the referral being made.

A copy of this referral form must be retained in the family/child records held by the referrer to:

- ◆ provide a written record of the referral
- ◆ provide brief documentation of the specific outcome of the referral, for which a small space is provided at the end of the form. This should be clarified with Children & Young People's Services social care within three working days of a referral being made, unless immediate protective action is required.

There may be occasions when a copy of the referral form should also be provided for other professionals within your agency.

A copy of the referral form should be shared with the family where possible.

The multi-agency referral form is on the South West Child Protection Procedures site at [www.scwpp.org.uk](http://www.scwpp.org.uk).

## APPENDIX 2

### **Mental health services information**

#### **Mental health teams in North Somerset**

#### **Point of contact for South of the County, Weston Super Mare and related areas:**

For adults of working age:

The duty officer at the Coast Resource centre on 01934 523700

For older adults:

The duty officer at the Coast Resource centre on 01934 523600

#### **For the North of the County: Clevedon, Portishead, Nailsea and related areas:**

For adults of working age and older adults:

The duty officer at Windmill House centre on 01275 335300

For urgent referrals, advice and information:

The North Somerset Crisis Resolution and Home Treatment Team (CRHT) on 01934 836497.

This is a 24/7 service.

For emergency requests for Mental Health Act Assessments in working hours:

Contact: 01934 836460. Normally these requests will initially be screened by the CRHT above.

Out of hours:

The Emergency Duty Team (EDT) provides emergency mental health services, usually in the form of Mental Health Act Assessments, out of hours: contact 01454 615165.

There is normally a duty manager contactable either via the CRHT or the Juniper Ward at the Long Fox Unit at Weston General Hospital: 01934 836485/836484.

In the absence of this person, contact the Bristol on-call Manager via Frenchay Hospital switchboard on: 0117 970 1212.

The Duty Consultant Psychiatrist is contactable via the Bristol Royal Infirmary switchboard on: 0117 923 0000.

#### **Positive Step:**

## APPENDIX 3

### **Children's Social Care information**

#### **Children & Young People's Services offices:**

##### **North Somerset:**

All areas covered by the referral and assessment team: 01275 888266

**Bristol East/Central:** 0117 903 6500

**Bristol North:** 0117 903 8700

**Bristol South:** 0117 903 1414

0117 353 2200

##### **South Gloucestershire:**

All areas covered by the referral and assessment team: 01454 866211

##### **Bath and North East Somerset**

All areas covered by the referral and assessment team: 01225 396314/396313

##### **Other useful contact numbers**

Police Child Abuse Investigation Team (CAIT): 01934 638171

Emergency Duty Team (EDT) (Out of Hours): 01454 615165

## **APPENDIX 4**

### **Locality Services**

**Locality Referral Co-ordinator** 01275 88 4809

### **North Somerset Young Carers**

Crossroads Care  
The Carer's Centre  
1 Graham Road  
Weston Super Mare  
01934 411859

**COSMIC** (Children of Substance Misusing Parents and Carers)  
01934 42 6964