

# **Adult and Children's Services**

## **Joint Protocol**

**Responding to the Needs of Children whose Parents  
have Mental Health and/or Substance Misuse issues.**

## 1. Introduction

It has been clearly established that children who live within families where a parent has a chronic mental health issue, or misuses drugs or alcohol tend to experience poorer long term outcomes than their peers.

Research into Adverse Childhood Experiences and on Resilience within children living with adverse experience indicates that it is difficult for families themselves to respond to these additional pressures without external support.

It is therefore important for all professionals working with either the parents or the children living within such families to recognise the need for effective joint working to meet the needs of the child and of the parent.

This is not to say that all children living within these families are at risk of significant harm and require a 'Child Protection' response, although within some families this will be the case and the Regional Child Protection, Policy and Procedures should always be followed. Many families will instead require support from early intervention or community family support services provided on a voluntary basis in partnership with the parents. It is clearly recognised that many parents with mental health issues, including substance misuse, care for their children very well. However there are occasions when some parents with mental health issues need additional support to care for their children.

## 2. Aim

This protocol aims to set out the principles and best practice guidelines (Social Care Institute of Excellence, SCIE Guide 30: Think child, think parent, think family: a guide to parental mental health and child welfare. 2009) that staff must consider when responding to the needs of parents with mental health issues, including substance misuse, their children and families<sup>1</sup>.

Central to the development of this protocol has been reference to the Health and Social Care Board (HSCB)/Public Health Agency (PHA) Hidden Harm Action Plan – Responding to the needs of children born to and living with parental alcohol or drug misuse (2009)

The protocol is set in the context of promoting a family model approach through a collaborative approach to service delivery and effective communication between all relevant stakeholders. The protocol promotes families affected by mental health issues, including substance misuse may benefit from the provision of support and intervention at an earlier stage thus preventing children becoming 'at risk' and enhancing recovery.

Meeting the needs of families cannot be provided solely by one agency or service. Rather, health and social care services must work with other statutory agencies, including voluntary, charitable and community organisations. All services must work with parents to meet the needs of families.

The information and direction within this protocol is applicable to staff working within any area of Mental Health, Adult and Children Services;

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<sup>1</sup> A Family consists of any child or young person under the age of 18 and their primary caretakers. A primary caretaker can be a parent, an expectant mother or other biological relative or any person involved in bringing up the child or young person.

regardless of profession or grade, including statutory, non- statutory and community organisations inclusive of:-

- Adult Services (Acute Hospitals and Community Health and Social Care Services)
- Learning and Physical Disability and Sensory Impairment
- Maternity Services
- Primary Health Care Services
- Children's Services including Child and Adolescent Mental Health Services (CAMHS)
- Mental Health Services
- Substance Misuse services including statutory community and voluntary services
- Voluntary and community groups

The protocol is intended to complement and inform regional and local policies, procedures and guidance relating to; assessment and treatment, safeguarding children, early intervention, family support, risk assessment, information sharing and must be used within the context of Professional Codes of Conduct and General Medical Council guidelines.

To fully implement this protocol Trusts and other organisations will be required to amend and/or adapt practice across a range of service areas. It is essential that the actions relating to this protocol are embedded within any relevant local practice guidelines and policy and procedures.

## 3. Principles

This protocol is based on the principles;

3.1 Family Model Approach

3.2 Paramouncy of the child

3.3 Communication/Information Sharing

3.4 Early intervention

3.5 Collaborative Working

### 3.1 Family Model Approach

In recent years within health and social care there has been a shift towards placing greater emphasis on the need to support parents in their parenting role.

In Northern Ireland 'Our Children and Young People – Our Pledge' (2006) a ten-year strategy for children and young people, seeks to achieve the following outcomes for all children and young people:

- Being healthy
- Enjoying, learning and achieving
- Living in safety and with stability
- Experience economic and environmental wellbeing
- Contributing positively to community and society
- Living in a society which respects their rights.

It identifies that not all children have an equal start in life and that targeted support should be available to particular groups to ensure that all young people have the opportunity to fulfil their potential.

([http://www.dhsspsni.gov.uk/child\\_care-carematters](http://www.dhsspsni.gov.uk/child_care-carematters))

The Family Model (The Model), cited in the 'Think Child, Think Parent, Think Family' guidance (SCIE 2009) is a useful aid to assist staff in considering and responding to the needs of a family with a parent suffering from mental health issues. In this context the model illustrates how the mental health and well-being of the children and adults in a family where a parent who experiences mental health issues are intimately linked in at least **three** ways;

- 1) Parental mental health issues can adversely affect the development, and in some cases the safety of children
- 2) Growing up with a parent suffering from mental health issues can have a negative impact on a person's adjustment in adulthood, including their transition to parenthood
- 3) Children, particularly those with emotional, behavioural or chronic physical difficulties, can precipitate or exacerbate mental ill health in their parents and carers.

(Ref- Think child, think parent, think family: a guide to parental mental health and child welfare. Page 16 SCIE [2009])

The Model 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.

In the course of their work staff must be aware and understand that individual risk or stress factors, on their own, do not necessarily have a significant effect on an adult's parenting capacity or their children's mental health. Risk factors can be cumulative – the presence of more than one increases the likelihood that the problems experienced and impact on the child and parent will be more significant. It is when three or more environmental and/or personal factors occur in combination that

a negative impact on child and/or parental mental health is much more likely. For example, the presence of drug or alcohol dependency and domestic violence in addition to mental health issues with little or no family or community support would indicate an increased likelihood of risk of harm to the child, and to parents' mental health and wellbeing.

Assessment processes need to take account of the needs of the whole family. Staff from different agencies and services should work together constructively, recognising their complementary but different roles and, where possible, combining assessments. Pooling and sharing information enhances and strengthens the assessment process.

Staff should:

- Promote holistic assessment with a genuine focus on prevention and promoting the health and well-being of all family members.
- Be very clear about what information can be shared and with whom, also seeking parents and children's consent for information-sharing wherever possible.
- Ensure assessments do not focus solely on the identification of childcare concerns. Assessments should be seen as an opportunity to offer support to a family and presented to the client/patient as such.
- Ensure that they are aware of any local arrangements for accessing early intervention services.
- Make referrals for children in need or children in need of protection through the UNOCINI preliminary assessment and referral process.

Staff should:

a) include the following information when completing assessments in situations where a service user's presentation or history identifies concerns regarding their mental health or substance misuse;

(summarised in figure 1)

- Level/nature of contact with children
- The names, ages, gender and residence of any dependent children.
- Whether or not there is another significant carer or someone who has regular contact with a child or children, including ex partners/extended family members.
- Whether or not any of the children have specific needs.
- Whether or not the adult expresses any difficulties regarding their children. Any contact with other agencies or services, current or historical.
- Impact of mental health illness on parenting capacity.
- Impact of drug and/or alcohol misuse on parenting.
- Role of child as a carer.
- In situations where staff are assessing an adult (or partner) who is pregnant consideration must be given to potential risks to the unborn child.

(This information will inform the service assessment and UNOCINI preliminary assessment if required.)

b) Reassure parents that identifying a need for support is a way of **avoiding** rather than **precipitating** child protection measures and refer to services that will meet their needs.

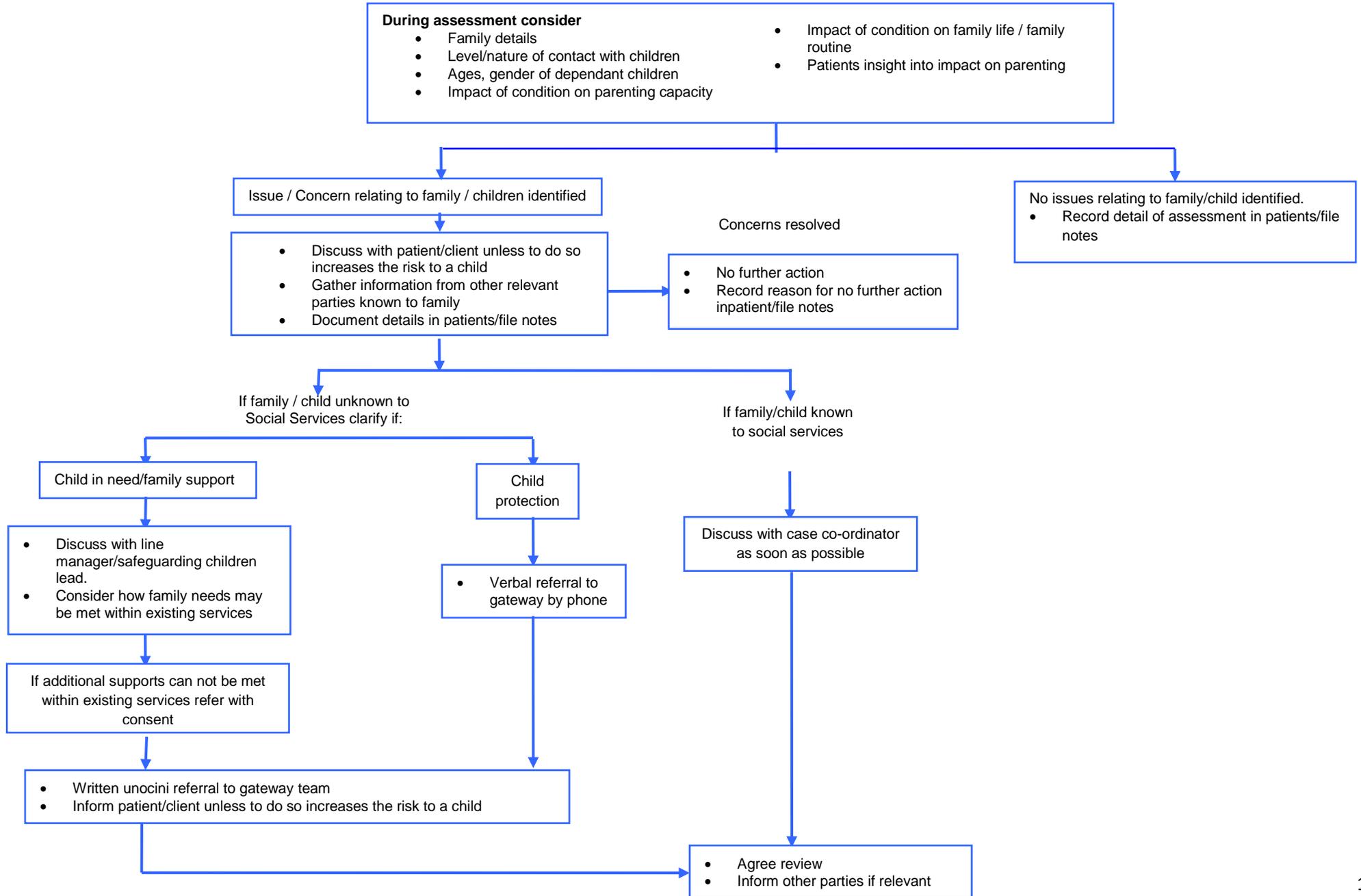
c) Explore the impact of any mental health problem on parenting and the child.

d) Provide written information about available services and support the parent in accessing early intervention services.

- e) When necessary, be able to challenge other services and advocate on their behalf.
- f) Involve parents and children as much as possible in the screening/assessment process, explaining that the process is important for making sure families get the support they need. This should be the start of developing a supportive and therapeutic relationship.
- g) Be proactive in developing good working relationships with their counterparts in other agencies, so as to facilitate joint working and shared case management.
- h) Respect the right of the child to maintain direct contact with both parents, except if this is contrary to the child's best interests (and limited by a contact order).
- i) Parents should be helped to understand their mental health issues, their treatment plan, and the potential impacts of mental health issues on their parenting, the parent-child relationship and the child.
- j) Work with parents and children to enable the child to have age-appropriate understanding of what is happening to their parent including information about what services are available for them in their situation and how they can access these.
- k) Report adult safeguarding concerns in accordance with adult safeguarding procedures

**NB. At the same time, practitioners need to remain aware and be prepared to intervene when there is evidence that the child is suffering or is likely to suffer harm.**

**Figure 1. Summary of procedure to follow when completing assessments in**



## 3.2 Paramourncy

The principle of the child's welfare being paramount deriving from The Children (Northern Ireland) Order 1995 is further enshrined in *Co-operating to Safeguard Children DHSSPS* (2003; section 1.13) –

*'the child's welfare must always be paramount and this overrides all other considerations.....a proper balance must be struck between protecting children and respecting the rights and needs of parents and families; but where there is a conflict the child's interests are paramount'*

### **Action:**

#### **Staff need to;**

- a) Routinely place children at the centre of their thinking, assessments, planning and interventions.
- b) Be constantly vigilant to the needs of children.
- c) Be open and inquisitive, regardless of any assumptions based on previous assessments.
- d) Be aware of the need to reassess following new or increasing numbers of incidents and following changes in circumstances.
- e) Be able to challenge colleagues within partner agencies if required.
- f) Be aware of their responsibility to pass on concerns about the welfare of a child to Children's Social Services.

### 3.3 Communication/Information sharing

Research, experience and the outcomes of inquiries into child abuse have consistently shown that safeguarding children requires professionals and others to share information.

*Effective support to families and the protection of children requires a shared commitment and efficient communication between agencies”*

(Understanding the Needs of Children in Northern Ireland [UNOCINI], Standards and Criteria for Information Sharing DHSSPS 2009)

Sharing information is vital to establishing an accurate assessment of service requirement and early intervention. It is essential to the protection of children suffering harm from abuse including neglect and to prevent them from placing themselves or others at risk. It promotes sound decision making, and the integration of appropriate services into a coherent plan.

Legislation, guidance and professional codes of practice permit the disclosure of confidential information necessary to safeguard a child. In practice, this means that the need to share information where a child is at risk of significant harm takes precedence over the need to maintain confidentiality. This decision is based on professional judgement, supported by line manager and access to safeguarding children expert as required.

## Staff should

- a.) Inform parents and family members that information collected on their own and their children's circumstances is to support the family throughout the care planning process and provision of services which they are entitled to.
- b.) If staff have any uncertainty about sharing of information, advice must be sought from a line manager or professionals designated safeguarding children lead.

There are often benefits and costs/risks in sharing or not sharing information – staff must have evidence that these benefits and costs/ risks have been assessed. To this end it is essential that case recording demonstrates that practitioners have exercised proportionality in their decision-making.

(Draft Agreed Standards and Criteria for Information Sharing For Agencies Working With Families and Children in Northern Ireland 2009)

Some cases may not, at least initially, fit neatly into levels of need as set out in the scope of this protocol. One obvious example is where insufficient information is available to make a clear judgement.

Where you hold limited information the guiding principle is to share enough information for a judgement to be made as to whether it is in the best interest of a child to continue making enquires.

### 3.4 Early Intervention

For the purposes of this document early intervention is seen as

“Intervening as soon as possible to tackle problems or the potential for problems that would impact on children, family members and/or an individual’s recovery from mental health issues.”

When early intervention is defined in these terms, it targets families who have an identified need and may require additional support. When their problems have already begun to develop but before they become serious. Typically this is achieved by promoting the strengths of families and enhancing their protective factors and in some cases providing long term supports.

Early intervention strategies need to be factored routinely into planning and delivery of services, and into staff training. The aim of early intervention is to offer appropriate support to avoid crises and also to manage them appropriately should they arise.

When assessing the needs of children and their families, children may be classified as:

- Children in need (as defined by Article 17, The Children (NI) Order 1995) or
- Children in need of protection.

Arrangements have been made to provide an online database which contains details of support services for children which can be accessed via below link;

[www.familysupportni.gov.uk](http://www.familysupportni.gov.uk)

Arrangements are being established within each Trust area to assist families and professionals to access locally based family support services.

Referral for family support under the auspices of Children in Need are made with the consent of the child's parents, and if appropriate the consent of the child.

**Action:**

Staff need to

- a) Ensure relevant information is available to parents, children and families in a variety of formats, such as, written information packs/leaflets, face to face consultation, media and appropriate methods of signposting.
- b) Ensure parents are informed that information is collected in respect of their own and their children's circumstances to support the family through the care planning process in order to provide a comprehensive service.
- c) Support parents to access appropriate locally based family support services.

One of the biggest barriers to parents seeking help is the stigma that is perceived to be associated with using social services or specialist services.

- d) Staff should consider the use of other venues for consultations with families, such as, schools, community centres, GPs' surgeries, etc.

### 3.5 Collaborative working

To undertake any level of assessment it is good practice that staff working with the family obtain their agreement to work collaboratively in order to provide a co-ordinated service to meet identified need.

Effective collaborative working is contingent on mutual understanding and respect for the expertise and skills of others. There must also be acknowledgement of different workload priorities and pressures of the many different services working across this interface.

The UNOCINI Framework (Understanding the Needs of Children in Northern Ireland DHSSPSNI 2008) provides an assessment and planning framework to support professionals working with children and families. The Framework is designed to build on the family's strengths and protective factors, as well as identifying any needs or risks.

#### **Action**

- a) In many instances where staff identify that a parent, child or family member has additional needs for support, it may be possible for existing services to meet these needs without a referral to another service. Staff must discuss with parents and child if appropriate, of any intended action unless to do so places the child at risk.
- b) Where it is identified that these additional needs cannot be met adequately by existing services then the UNOCINI preliminary assessment can assist in identifying which services are most appropriate to refer to, and to facilitate staff to be explicit about what is required. An UNOCINI preliminary assessment is completed with the parents consent.
- c) Attention of their line manager and doctor responsible for the patient's or client's care, to consider appropriate action. This must not delay an urgent referral to gateway.

- d) In cases where the child is in need of protection, staff must in the first instance make an immediate telephone referral to the Gateway Teams and followed up within 24 hours using UNOCINI referral.
- e) Where a parent is in contact with services and concerns have been identified the member of staff must immediately bring it to the Where concerns expressed by a member of staff are not satisfactorily addressed or resolved, they must record their concerns and share the information with their line manager and designated professional safeguarding children advisor.
- f) The decision-making process must take account of the provisions of the Human Rights Act 1998 and section 75 of the Northern Ireland Act 1998, you will be required to demonstrate why decisions have been made and actions taken. It is important to record the reasons for action taken as supportive evidence.
- g) Continued communication between all agencies involved with the family is necessary to ensure an ongoing integrated approach to care.
- h) In difficult or complex cases a joint planning meeting should be held so that a holistic view of the family's needs can be obtained and a co-ordinated care plan developed. Representatives from all relevant services with information to contribute should attend. The agreed plan will outline roles and responsibilities of relevant professionals involved with the family.
- i) Joint plans must be reviewed on a regular basis by those involved with clearly defined responsibilities and timescales.
- j) Staff must routinely consult each other and record any significant changes in the case. Any changes to circumstances which will impact on current care plans must be communicated to staff or services involved in the family's care.
- k) Where there is a joint care plan in place the case must not be closed unless all agencies/services are in agreement.

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