



Supporting children and families affected by parental mental health problems

A Lewisham Safeguarding Children Board Protocol

Foreword

Many children with the most complex needs have parents who have mental health problems. This does not mean that people with mental health problems are bad parents, but they do often need extra support and it is vital for them and their families that they get it. Providing effective support to such families requires professionals and services to take responsibility and work well together across organisational boundaries and hierarchies.

This protocol was commissioned and ratified by the Lewisham Safeguarding Children Board, for use in all member agencies, as part of a broader strategy to improve the way professionals and services in Lewisham work together to identify and provide support for children and families affected by substance misuse and mental ill-health. The strategy is based on creating more and better opportunities for communication and learning between services working with children and families in Lewisham, including:

- **Information Packs** on each service, its purpose, organisational structure and key contacts
- **Active Learning Days** where professionals can hear about new developments in services and ask questions
- **Reflective Practice Forums** where professionals from a range of services can come together to consider the action required to support children and families with the most complex needs
- **Multi-agency training** on the use of this protocol, including drug and alcohol awareness, identification and screening methods, effects of drugs on pregnancy and baby, identifying a child at risk of significant harm, making a referral to Children Social Care, participating in the safeguarding process, etc.

Although this protocol was developed locally, professionals should be aware that it is firmly based within the legislative framework for safeguarding and promoting the welfare of children and families, especially the Children Acts of 1989 and 2004. It also reflects local and national policy and guidance, including “Working Together to Safeguard”, “What to do if you’re worried that a child abused” and the pan-London Child Protection Procedures, and has been designed, in particular, to complement “Safeguarding Lewisham Children: guidelines for interagency working”.

This protocol will only be as successful in achieving its aim as you make it. The Lewisham Safeguarding Board has pledged to review this document annually to ensure that it remains effective in improving the way we work together. For more information about this or any of the opportunities for communication and learning listed above, please contact the Safeguarding Board Support Team on 020 8314 7380.

Members of the Lewisham Safeguarding Children Board



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Contents

- 1. Aims**
- 2. Principles**
- 3. Identifying parents, carers or parents-to-be with mental health problems**
- 4. Deciding what action to take if you are concerned about a child**
- 5. Working together to support a child and family**
- 6. Recording and sharing information about a child and family**
- 7. Conflict resolution**
- 8. Useful contact details**

The term 'mental health problems' is one that encompasses a range of experiences and situations. Mental health might usefully be viewed as a continuum of experience, from mental well-being through to a severe and enduring mental illness. We all experience changes in our mental health state, influenced by social, personal, financial and other factors. Major life events such as a close bereavement, or leaving home, can impact significantly on how we feel about ourselves, for example, leading to depression and anxiety.

A minority of people may experience mental health problems to such a degree that they may be diagnosed as having a mental illness, requiring the involvement of specialist services and support. The majority of people will not experience mental illness, but will undoubtedly experience mental health problems at different times in their lives.

For more information about mental health and well-being, visit www.mind.org.uk.

1. Aims

1.1. To ensure professionals working in Lewisham are aware of their responsibilities for working together to safeguard and promote the welfare of children and their families.

1.2. To improve the identification of and support provided to children and families affected by mental ill-health.

1.3. To improve communication between services responsible for supporting children and families affected by mental ill-health.

2. Principles

2.1. In line with the statutory framework and Every Child Matters, the Government's programme of Change for Children, **all professionals** who come into contact with children and/or their parents or carers in their everyday work, not just social workers in Children's Social Care or designated or named safeguarding professionals in other services, **have a duty to safeguard and promote the welfare of children** (see s11 of the Children Act 2004).

2.2. **Where parents have a mental health problem both they and their children may be vulnerable and need extra support**, but this does not mean the children will always be in need of social work services or at risk of significant harm.

2.3. In working with families, services 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.

2.4. To ensure that the **families' needs are considered and met in an integrated, holistic way**, professionals and services **need to work effectively together**. In the vast majority of cases, supporting a parent/carer will benefit his/her child and supporting a child will benefit his/her parent or carer.

2.5. It is **essential that the stereotypes and assumptions that exist about people with mental health problems do not influence agencies' assessments and interventions** which should be based on observable evidence and objective judgements.

2.6. The **safety and welfare of a child or young person must always be considered when making decisions on whether to share information about them**. Where there is concern that the child may be suffering or is at risk of suffering significant harm, the child's safety and welfare must be the overriding consideration in decisions about whether to share information.

3. Identifying parents, carers or parents-to-be with mental health problems

3.1. Any professional working in Lewisham who comes into contact with an adult with a mental health problem should consider:

- (a) how his/her mental health problem is impacting on the safety and welfare of any children in his/her care, if at all;
- (b) whether he or she has access to the relevant support services.

Considering the impact of mental health problems on the safety and welfare of children

3.2. Professionals working with adults with mental health problems should ask themselves the following questions:

- Does the person look after or have regular contact with any children? If yes, what are the ages of the children? Professionals should ensure that these questions are asked of men as well as women.
- Is there a young carer within the family?
- Is the person pregnant? If so, has she accessed ante-natal care?
- Have you considered the impact of the person's mental health problem on their ability to meet the needs of any children they look after?
- Do you think the person's child/children may be **at risk of significant harm**? If so, you should contact Children's Social Care immediately on the number listed at the back of this document.
- Even if you do not think that the person's child/children may be at risk of significant harm, you should ask yourself whether they would benefit from **additional support**?
- If additional support is needed, can this be provided within your own service? If not, have you considered making a referral to another service? You can use the LISA system and the Lewisham Children and Young People's Directory to work out how best the children and family can be supported.

3.3. **The answers to these questions should be recorded in writing by the professional concerned**, as part of a formal assessment of the person/family concerned where appropriate. All formal assessments made of parents by mental health services should include the answers to these questions. Professionals in mental health services should ensure that they are mindful of the safety and welfare of children every time they see parents/carers not only when making an initial assessment.

Considering whether adults need support from mental health services

3.4. Given the number of vulnerable children in Lewisham affected by parental mental ill-health, **professionals responsible for assessing and/or supporting vulnerable children should actively consider whether parents and carers have mental health problems** as part of a formal assessments (usually through the Common Assessment Framework).

3.5. **If professionals are concerned about the mental health of a parent or carer, they can call the duty worker at the Community Mental Health Services on 020 8333 3000 ext 8212** If there is an immediate danger, e.g. the adult is threatening to harm a child, the police must be contacted by dialling **999**.

3.6. Triggers that may indicate mental ill-health that ought to be discussed with adult mental health services are listed below (please note this is not an exhaustive list and is provided to assist professional decision-making):

- previous or current history of assessment and treatment by secondary Adult Mental Health Services, including hospitalisation or previous Community Mental Health Involvement
- previous or current treatment for mental health problems by a GP
- previous history of self-harm or current expression of an inability to manage their own or their child's safety
- expression of apparently unreal fears about their safety or that of others
- expressions of intent to or fear of harming a child
- involvement of the child in any delusional behaviour
- evidence of significant withdrawal from people, family or activities, i.e. showing signs of depression or anxiety.
- fluctuations in mood and activity, e.g. excessive crying, inappropriate expression of anger, over-activity, or increased suspicion
- concerns about self-neglect
- a child's or other's expression of concern regarding a significant change in a parent or carer's behaviour relating to any of the above

Identifying and screening pregnant women

3.7. **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.

Ensuring parents and carers are clear about agencies' responsibilities in relation to safeguarding children

3.8. Parents and carers with mental health problems may be worried about their children being removed from their care as a result of their problems. All professionals working with such parents/carers should make it clear that:

- children will not be removed from them automatically as a result of parental mental illness. The vast majority of children remain with their parents, even where concerns about risk of significant harm are substantiated
- professionals have a statutory duty to work with families to safeguard and promote the welfare of children (s11 Children Act 2004). Sometimes, they will ask for consent for information to be shared with other agencies so that a child's needs can be assessed or to enable a service to be provided. In extreme circumstances, professionals may share information without parents' consent where they have reason to believe that (a) a child may be at risk of significant harm and (b) to seek parental consent for information sharing would not be in the best interests of the child

- if there are concerns about a child's safety or welfare, all services involved with the family will work together to ensure the child is protected, e.g. usually by supporting the parents to take care of their children. Parents and carers will be kept informed of any action that is taken as a result of concerns about a child's safety and welfare

4. Deciding what action to take if you are concerned about a child

Assessing the level of risk to a child

4.1. In assessing the level of risk to a child posed by parents with mental health problems, professionals should consider whether:

- the possibility of trauma to the child resulting from changes in the parent(s)' moods or behaviour
- the child has been involved in any delusional behaviour
- the parents or carers who are exhibiting signs of mental illness are already the subject of continued psychiatric assessment
- there are concerns about domestic violence or where a family member or partner is a person identified as presenting a risk to children¹
- there are urgent concerns as a result of parents or carers being assessed under the Mental Health Act
- 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 child or his/her siblings have been the subject of previous child protection investigations, child protection registration, local authority care or alternative care arrangements.

Sources of advice and support

4.2. 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.** Staff must ensure that all decisions and the agreed course of action are signed and dated.

¹ Home Office Circular 16/2005 - Guidance on offences against children

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

4.3. Professionals can use the LISA² system to log their involvement with a family. The system will indicate whether a Common Assessment Framework (CAF) 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 Children and Young People's Directory 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).

4.4. If necessary, the LISA Service can advise the professional on setting up a Family Support meeting involving all the professionals involved with the family to agree a programme of support.

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

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

4.6. Of course, if a child or anyone else appears to be in immediate danger, the police should be informed first on **999**.

Making pre-birth referrals to Children's Social Care

4.7. In accordance with the London Child Protection Committee's Pan-London 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, at what is already 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 or the Children's Social Care Purple Referral Form.

Responsibility for making a referral to Children's Social Care

4.8. 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.**

4.9. 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.

² Lewisham Information Sharing and Assessment

What happens following a referral to Children's Social Care

4.10. When a referral is made to Children's Social Care, it may decide the case is of insufficient priority and 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, it has 7 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.

4.11. To complete an 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.**

5. Working together to support a child and family

5.1. Where the family requires ongoing support from more than one service, a plan should be drawn up outlining the support that should be provided (e.g. at a Child Protection Conference, where the child is considered to be at risk of significant harm). **The support plan** (child protection plan, where the child is considered to be at risk of significant harm) **should spell out the action that will be taken by all services to support the family.** Adult mental health services should ensure that any care plans they have relating to the family are taken into consideration in developing the support plan. Parent/s' care plans should always be made available to Children's Social Care prior to a Child Protection Conference. Where appropriate a joint care/support plan may be developed which relates to both the adults and children in the family.

5.2. Where parents are expected to attend appointments, consideration should be given to their childcare needs and how they can be met, e.g. by family or friends, nursery provision, etc. Childcare arrangements should be spelt out clearly in the support/care/child protection plan. Professionals should take care, before making appointments with families, to check what appointments they already have with other services. Where possible, professionals involved with a family should share schedules of appointments with that particular family to avoid clashes and resulting non-attendance.

5.3. **The support/care/child protection plan should also make clear what information each service should provide in order to monitor change in the family,** e.g. attendance at clinics, etc. Agreement should be made between all parties concerned as to how often this information should be provided, e.g. once a month, following every contact with a professional, etc. according to the extent of the concern about the risk of significant harm to the child. This should be outlined in the support/care/child protection plan. In emergency situations, however, information may be requested on an ad-hoc basis.

5.4. Throughout the safeguarding process, all professionals should be working in partnership with parents wherever possible, e.g. through open discussions of concerns and expectations, providing clear information about the process to be followed, etc. Review meetings should be held regularly to review progress against the support/care/child protection plan.

5.5. **When a service intends to end its involvement with a child and family, steps should be taken to limit any disruption this might cause.** 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 (for example, where it is agreed a child no longer needs a child protection plan) the relevant professionals should meet to agree how other services might increase their involvement with the family for a short time to smooth transition, e.g. extra visits from a health visitor or more appointments with CAMHS, etc.

5.6. 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".

6. Recording and sharing information about a child and family

6.1. It is essential for all services to accurately **record the names and dates of birth of all children in families** known to them. 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.

6.2. As stated earlier in this document, professionals may ask parents for consent for information to be shared with other agencies to help their own or their child's safety or welfare. This should occur in the context of a discussion about identified concerns and the need for the involvement of other services. However, 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 and (b) that to seek consent for information sharing would not be in the best interests of the child or other person.


6.3. All information passed to other agencies should be recorded in the case record in such a way that what has been said, and any action taken is clearly stated and that all entries are 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.

6.4. When 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.

7. Conflict resolution

7.1. Research and case enquiries have shown that difference of opinion between agencies can lead to conflict resulting in less favourable outcomes for the child and family. If disagreement remains between agencies, every effort should be made to reach satisfactory resolution under the guidance provided in Section 14.4 of the London Child Protection Procedures.

7.2. 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.

7.3. 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.

7.4. Where conflict and disagreement remains, the Safeguarding Board has established a virtual Case Conflict Review Panel, with representation from a number of member agencies for final resolution. Cases should be referred to the Service Manager for Safeguarding and Care Planning in Children's Social Care and Chair of the Panel (see contact details below). The Chair will request further information where necessary and consult with other members of the Panel to reach agreement as to the way forward. Those working on the case will be informed in writing of the Panel's decision. 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 ever have to reach the Case Conflict Review Panel.

7.5. Records of discussions and any decisions must be maintained by all agencies involved.

8. Useful contact details

Referral and Assessment Duty Team in Children's Social Care

Can take or discuss referrals for children meeting the thresholds for child protection or a child in need, but you should already have reached a decision that you are making a referral to Children's Social Care. If you are not sure, you should consult one of the people below first.

Contact details: 020 8314 6294

Duty Child Protection Co-ordinator, Children's Social Care

Can give advice on children in need and vulnerable children as well as children in need of protection. They will send you a written summary of their advice. They can advise you on making a referral to the Referral and Assessment Duty Team.

Contact details: 020 8314 6149

Designated or named professionals for your agency

Can give advice on children in need and vulnerable children as well as children in need of protection. Can also give you support and advice if you are not satisfied with the response of any other agency.

Contact details:

PCT designated doctor	Abimbola Adeyemi 020 7138 1183 abimbola.adeyemi@lewishampct.nhs.uk
PCT designated nurse	Sylvia Williams 020 7138 1277 sylvia.williams@lewishampct.nhs.uk
PCT named GP	Dr Judy Chen 07788 106498 judy.chen@gp-g85633.nhs.uk
UHL named doctors	Dr Elizabeth Sleight 020 8333 3030 x6661 elizabeth.sleight@uhl.nhs.uk Dr Tina Sajjanhar 020 8333 3030 x8760 tina.sajjanhar@uhl.nhs.uk
UHL named nurse	Angie Jones 020 8333 3131 angie.jones@uhl.nhs.uk
SLAM named doctor	Malcolm Wiseman 020 7138 1591 malcolm.wiseman@slam.nhs.uk
SLAM borough named nurse	Emma Addison 020 7138 1248 emma.addison@slam.nhs.uk
LBL Education and Early Years designated officer	Lorrisa Webber 020 8314 6220 lorrisa.webber@lewisham.gov.uk
School designated teacher	each school has a designated teacher

LISA Service

Can advise you about the appropriate response to all levels of need. They can guide you through the LISA process to record the concern, support you in completing a CAF assessment and help to arrange and chair the first Family Support Meeting.

Contact details: LISA duty number 020 7138 1285



**Service Manager for Safeguarding and Care Planning in Children's Social Care and
Chair of the Case Conflict Review Panel**

Can resolve issues in cases where there is conflict and disagreement which cannot be dealt with through the line management chain. When cases are referred to the Panel, the Chair will request further information where necessary and consult with other members of the Panel to reach agreement as to the way forward. Those working on the case will be informed in writing of the Panel's decision.

Contact details: 020 8314 8290

Community mental health services

Provide assessments of needs and continuing care to people with severe and/or enduring mental health problems.

Contact details: 020 8333 3000 ext 8212