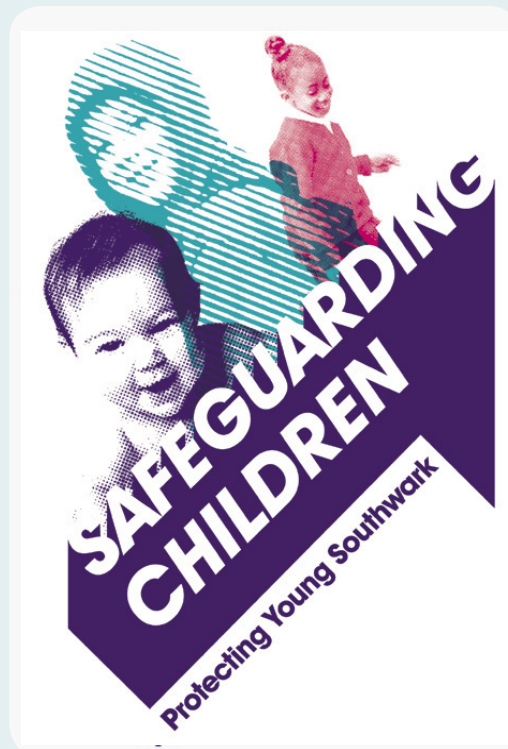


Southwark

**Joint Service Protocol
to meet the needs of
children and unborn children
whose parents or carers have
mental health problems**



**Southwark
Area Child Protection Committee
Safeguarding Children Board**

June 2005

Foreword

This Protocol is important for the safeguarding of children and families in Southwark, or those using services in Southwark. It should be read and implemented, where necessary, by all practitioners and managers working with children or with parents/ carers or pregnant women who have mental health problems.

It was drafted jointly by Southwark Council, South London and Maudsley NHS Trust and Southwark Primary Care NHS Trust on behalf of the inter-agency Area Child Protection Committee, which agreed the Protocol in May 2005.

Research and local experience have shown that mental health problems in parents/ carers or pregnant women can have a significant impact on parenting and increase risk, especially for babies and younger children. This does not mean that parents who experience mental health problems are poor parents. However, the impact of mental health problems can, on some occasions, lead to children and families needing additional support; or in a small number of cases support and multi-disciplinary action to prevent significant harm.

The most effective assessment and support comes through good information sharing, joint assessments of need, joint planning, professional trust within the inter-agency network and joint action in partnership with families.

The Area Child Protection Committee expects all agencies working with children or adults who are parents in Southwark to implement this Protocol and ensure that all relevant staff are aware of it and how to use it. It should be used in all new contacts with children or families, identification of pregnancy in women with mental health problems (or where their partners have mental health problems) and when there are serious changes in a parent's mental health.



Romi Bowen
Director of Children's Services
Southwark Council
Chair: Area Child Protection Committee/
Southwark Safeguarding Children Board



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June 2005

1. Introduction

This joint protocol has been developed to meet the new requirements set out in *Every Child Matters* that all services will work more closely together to promote the health and well being of children, young people, their families and carers. This is a local protocol for Southwark services; it does not override the existing legal framework and statutory requirements, but it is derived from them (See Appendix 1).

This protocol applies whenever there are concerns about the well-being or safety of children whose parents or carers¹ have mental health problems², specifically where these difficulties are impacting, or are likely to impact, on their ability to meet the needs of their children. This protocol also applies to pregnant women who have mental health problems or where their partners are known to have mental health problems.

This protocol is a live document and will be reviewed at least annually. It will also be further developed to address the needs of other parents or carers, such as those with learning difficulties or substance misuse problems, and their children; and to take account of future service developments.

2. Aims

- 2.1 To increase understanding of the impact of an adult's mental health problems on children's lives.
- 2.2 To ensure that universal and specialist services improve the identification of children in need.
- 2.3 To ensure the provision of co-ordinated services to families in which there are dependent children of parents, carers or pregnant women with mental health problems.
- 2.4 To ensure good co-operation and collaborative decision-making between services.

¹ *parents and carers* includes those with parental responsibility, those with significant responsibility for the care of a child, or other members of the household.

² *mental health problem* refers to a significant, acute and/or enduring mental illness or disorder, and is a term used by the Social Care Institute for Excellence (SCIE).

3. Principles

- 3.1 All those who come into contact with children, their parents and families in their everyday work, including practitioners who do not have a specific role in relation to child protection, have a duty to safeguard and promote the welfare of the child.
- 3.2 Parents, carers and pregnant women with mental health problems have the right to be supported in fulfilling their parental roles and responsibilities.
- 3.3 While many parents, carers and pregnant women with mental health problems safeguard their children's well-being, children's life chances may be limited or threatened as a result of those factors, and professionals need to consider this possibility for all clients with children.
- 3.4 A multi-agency approach to assessment and service provision is in the best interests of children and their parent and/or carers.
- 3.5 Risk is reduced when information is shared effectively across agencies.
- 3.6 Risk to children is reduced through effective multi-agency and multi-disciplinary working.

4. Identifying the needs of children, their parents or carers, or pregnant women with mental health problems

The birth of any new child changes relationships and often brings new pressures to any parents or family. Agencies need to be sensitive and responsive to the changing needs of parents or carers with mental health problems.

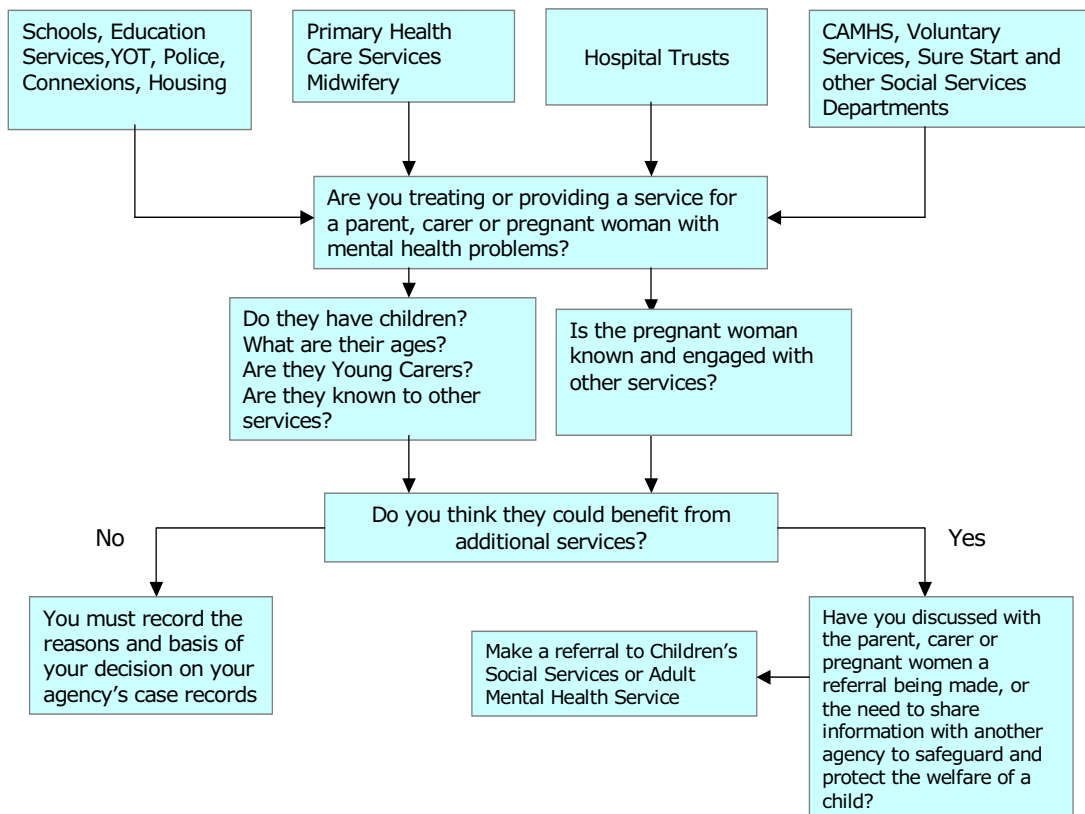
Parents, carers or pregnant women with mental health problems may have difficulties which impact on their ability to meet the needs of their children or new baby. This protocol acknowledges that such children may be in need of assessment for services provided by a range of agencies, from universal and early intervention to specialist services for those with more acute or complex needs.

This set of questions and the two flowcharts are designed to guide your decision making about how you can best meet the needs of children and adults in families experiencing mental health problems:

- Are you treating or providing a service to a parent, carer or family member with a mental health problem?
- Do they have children?
- What are their ages?
- Is there a young carer within the family?
- Have you considered the impact of your patient or client's mental health on their ability to meet the needs of their children?
- Do you have any concerns about their children's well-being or safety?
- Is your client pregnant? If so, has she accessed ante-natal care? (see also Sections 5 & 7).

- Do you think the family or pregnant woman would benefit from any additional services?
- Do you need to discuss this or make a referral to another service?
- Do you know what other services are involved and what their role is?
- Have you discussed the need for any additional services, or making a referral to another service, with the parents, carers or pregnant woman?

Decision-Making Flowchart



5. Guidance for referral and assessment for pregnant women with mental health problems

All agencies are responsible for identifying pregnant women with mental health problems who may be in need of additional services and support. Pregnant women with a previous history of mental health problems are particularly vulnerable to breakdown during the later stages of pregnancy and following the birth of their baby.

When an agency identifies a pregnant woman experiencing mental health problems an assessment must be undertaken to determine what services she requires. This must include gathering relevant information from their GP and Adult Mental Health Services, in addition to any other agencies involvement, to ensure that the full background is obtained about any existing or previous diagnosis, or treatment for mental illness. This is especially important where service awareness of earlier births may need to be clarified, for example, in the case of older or overseas children.

Where this assessment identifies that a pregnant woman has mental health problems, a pre-birth assessment must be undertaken. Guidance on pre-birth assessments is provided in the *London Child Protection Procedures* (July 2003) Section 5.6.

Where the need for referral is unclear, this must be discussed with a line manager or professional adviser before referring to the appropriate services. If a referral is not made this must be clearly documented. Staff must ensure that all decisions and the agreed course of action are signed and dated.

The outcome of the pre-birth assessment will determine whether there are sufficient concerns to warrant a pre-birth child protection conference.

A pre-birth initial assessment should be undertaken on all pre-birth referrals and a professionals strategy meeting held where:

- 5.1 There has been a previous unexplained death of a child whilst in the care of either parent.
- 5.2 There are concerns about domestic violence or where a family member or partner is a person identified as presenting a risk to children.³
- 5.3 A sibling in the household is on a child protection register.
- 5.4 A sibling has previously been removed from the household either temporarily or by court order.
- 5.5 The degree of parental substance misuse is likely to significantly impact on the baby's safety or development.
- 5.6 The degree of parental mental illness/impairment is likely to significantly impact on the baby's safety or development.
- 5.7 There are concerns about parental ability to self-care and/or to care for the child e.g. unsupported young or learning disabled mother.
- 5.8 Any other concern exists that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child.

If it is decided that a pre-birth inter-agency meeting is not needed this decision must be endorsed by a manager.

³ Home Office Circular 16/2005. Guidance on offences against children.

6. Guidance for referral to Adult Mental Health Services

A referral for an initial assessment to Adult Mental Health Services should always be made if there is a statement or behaviour from a client that raises concerns or indicates a risk to self or others, including children. As far as possible these concerns should be discussed with the client. A referral should always be discussed with your line manager.

If there is an immediate danger to the client or others, including a child, the Police must be contacted. Staff must ensure that their decision and agreed course of action is fully and accurately documented, signed and dated.

Contact with the GP and Southwark Adult Mental Health Services is essential to ensure that the full background is obtained regarding any existing or previous diagnosis of mental illness, and information about previous or current treatment or referrals.

When a pregnant woman or her partner has been identified with mental health problems, a pre-birth assessment must be undertaken. Guidance on pre-birth assessments is provided in the *London Child Protection Procedures* (July 2003) Section 5.6.

Triggers that may indicate referral to Adult Mental Health Services for initial assessment are listed below. However, this is not an exhaustive list and is provided to assist professional decision-making. It should be noted that mental health problems can also be associated with high risk behaviour or difficulties such as substance misuse. A further joint protocol will be issued relating more specifically to meeting the needs of children and unborn children whose parents and carers have alcohol and substance misuse problems.

- 6.1 Previous or current history of assessment and treatment by secondary Adult Mental Health Services, including hospitalisation or previous Community Mental Health Team involvement.
- 6.2 Previous or current treatment for mental health problems by GP.
- 6.3 Previous history of self-harm, or current expression of an inability to manage their own or their child/children's safety.
- 6.4 Expression of apparently unreal fears about their own safety or that of others.
- 6.5 Evidence of significant withdrawal from people, family or activities i.e., showing signs of depression or anxiety.
- 6.6 Fluctuations in mood and activity e.g. excessive crying, inappropriate expression of anger, overactivity, or increased suspicion.
- 6.7 Concerns re: self-neglect.
- 6.8 A child's or other's expression of concern regarding change in parent's and/or carer's behaviour or attitude.

7. Guidance for referral to Children's Social Care

A referral for an initial assessment to Children's Social Care should always be made if a parent, carer or pregnant woman is considered to have significant mental health problems as indicated by the triggers given below. A referral should always be discussed with a manager. If there is an immediate danger to the client or others, including a child, the Police must be contacted. Staff must ensure that their decision and agreed course of action is fully and accurately documented, signed and dated, and that a written referral follows any telephone conversation or referral⁴.

When a pregnant woman or her partner has been identified with mental health problems, a pre-birth assessment must be undertaken in accordance with the *London Child Protection Procedures* (July 2003) Section 5.6.

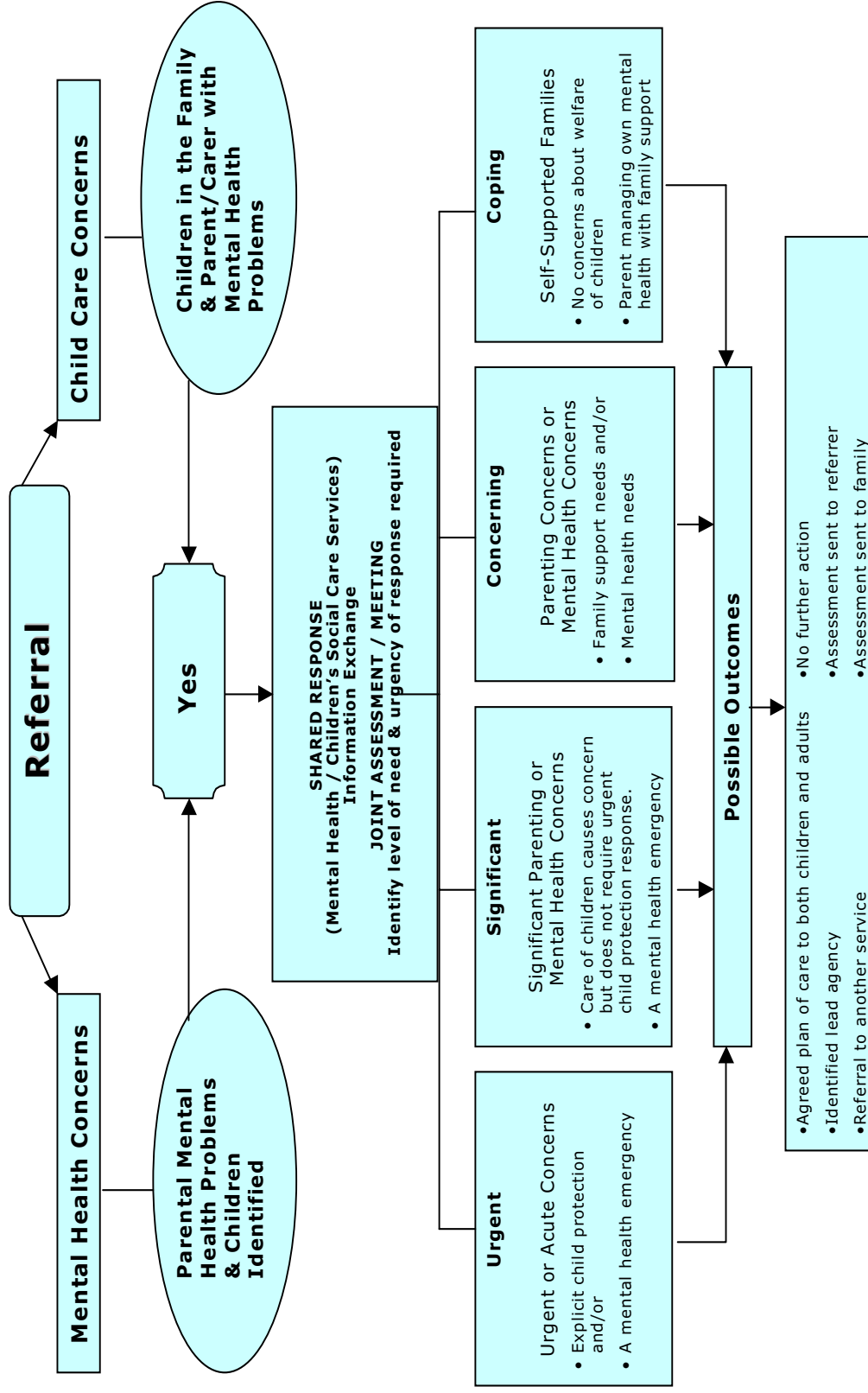
Triggers that indicate referral to Children's Social Care for initial assessment are listed below. However, this is not an exhaustive list and is provided to assist professional decision-making.

- 7.1 The pre-birth assessment of women who have a history of mental illness, or who are experiencing a mental disorder, and where there are concerns about the impact of such a condition on an unborn child, or a woman's ability to meet the child's needs once born.
- 7.2 Parents or carers who are exhibiting signs of mental illness, or who are already the subject of a continued psychiatric assessment, where there are concerns surrounding the impact on a child's well-being.
- 7.3 There are concerns about domestic violence or where a family member or partner is a person identified as presenting a risk to children.⁵
- 7.4 Where there have been two previous consecutive referrals concerning parents, carers and their children.
- 7.5 Urgent concerns as a result of parents or carers being assessed under the Mental Health Act.
- 7.6 Parents or carers with mental health problems who are caring for a child with a chronic illness, disability, or special educational needs.
- 7.7 Children who are caring for parents or carers with mental health problems (young carers).
- 7.8 Children with social, education or health needs, e.g. non-attendance at school or nursery, lack of involvement with other statutory or primary care services.
- 7.9 Where a GP, Health Visitor, or other primary care worker raises concerns about the well-being of a child.
- 7.10 Children who have been the subject of previous child protection investigations, child protection registration, local authority care, or alternative care arrangements.

⁴ There is an agreed inter-agency referral form available from Children's Social Care District Offices and from within your own organisation.

⁵ Home Office Circular 16/2005. Guidance on offences against children.

Referral Pathway Flowchart



8. Inter-agency information sharing

- 8.1 It is essential for all services to accurately record the names, dates of birth, involvement of other agencies and areas of concern for all children in families known to them. If parents, carers or pregnant women decline to provide basic information about themselves or their families this should be recorded and, if necessary, advice sought.
- 8.2 Any areas of identified concern or support need to be discussed with the parents, carers or pregnant women. The need for involvement of another service should be explained, while taking account of parents', carers' or pregnant women's right to confidentiality about their illness.
- 8.3 Personal information held by professionals and agencies is subject to a legal duty of confidence and should not normally be disclosed without the consent of the subject. Unless it is assessed that a child is suffering, or is likely to suffer, from significant harm the consent of parents or carers should normally be obtained before making a referral to any other service.
- 8.4 If parents or carers do not share a professional's concerns, the requirement to pass information to other agencies must be made clear to them and their views recorded.
- 8.5 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, ensuring that all entries are dated and signed.
- 8.6 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.
- 8.7 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. It must be shared only on a need-to-know basis. *The Framework for the Assessment of Children in Need and their Families* provides guidance on consent and confidentiality pages 45 – 47; extract of key points:
- *Personal Information about a child and family should always be respected but, in order to achieve good outcomes for the child, it may be appropriate to share it between professionals and teams within the same agency. Sensitive and careful judgments are required in the child's best interests. (Sec 3.49)*
 - *The Data Protection Act 1998 allows for disclosure without consent of the subject in certain conditions, including for the purposes of the prevention or detection of crime, or the apprehension or prosecution of offenders, and where failure to disclose would be likely to prejudice those objectives in a particular case. (Sec 3.51)*
 - *Disclosure should be appropriate for the purpose and only to the extent necessary to achieve that purpose. (Sec 3.53)*
 - *In any potential conflict between the responsibilities of professionals towards children and towards other family members, the needs of the child must come first. Where there are concerns that a child is or may be at risk of suffering significant harm, the overriding principle must be to safeguard the child. (Sec 3.56)*

9. Review and on-going work

Assessment and identification of parents, carers or children's need for services is not a static process. The assessment should also inform future work and build in evaluation of the progress and effectiveness of any intervention. Agencies should always take into account the changing needs of adults and children.

Where more than one agency continues to be involved in a joint assessment or provision of services for parents or carers with mental health problems, and their children, regular review dates must be set to jointly review the situation and to ensure that inter-agency work continues to be co-ordinated. Each agency should document their own actions and responsibilities clearly and also the roles and responsibilities of other agencies.

There should always be the flexibility for cases to be reviewed at any time, or jointly re-assessed speedily before planned review dates, if new concerns or support needs are identified.

10. Conflict resolution and escalation where there is a disagreement

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

Where a professional requires advice and guidance on child protection matters they should first discuss this with their line manager and, or, their designated lead professional for child protection. If further clarification and guidance is required they can seek this from the Duty Child Protection Co-ordinator located within the Social Services Quality Assurance Unit (Tel: 020 7525 3297).

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 advisor), then the matter must be referred without delay through the line management to the equivalent of Service Manager / Detective Inspector / Head Teacher and or Designated Professional.

In Southwark, it is agreed that where conflict and disagreement still remains (following the above process being followed) the matter must be referred to the Social Services Quality Assurance Duty Child Protection Co-ordinator for final resolution. (Tel: 020 7525 3297).

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

Appendix 1

Legal and Policy Framework

This Protocol is informed by:

- Mental Health Act 1983. DoH. Crown Copyright
- Children Act 1989. Crown Copyright
- Carer's (Recognition and Services) Act. (c.12) 1995. Crown Copyright
- NHS and Community Care Act 1990. Crown Copyright
- Framework for the Assessment of Children in Need and their Families. DoH 2000
- What to do if you're worried a child is being abused. DoH 2003
- Every Child Matters. DfES 2005 (www.everychildmatters.gov.uk)
- National Service Framework for Children and Young People and Maternity Services. DoH 2004
- Children Act 2004. Crown Copyright
- Common Assessment Framework. DfES 2004. (To be implemented between April 2005 – December 2008.)
- Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children. DoH, Home Office and DfES 1999. Crown Copyright.
- Guidance on Information Sharing (www.everychildmatters.gov.uk)

The policies and procedures of:

- London Child Protection Procedures (2003)
- Guy's and St Thomas' NHS Foundation Trust
- King's College Hospital NHS Trust
- South London and Maudsley NHS Trust (SLAM)
- Southwark Council Children's Social Care
- Southwark Primary Care Trust

What to do if you're worried a child is being abused 2003 and London Child Protection Procedures 2003 can be accessed through the ACPC/SSCB website:

www.southwark.gov.uk/safeguardingchildren

Appendix 2

Extract: What To Do If You're Worried A Child Is Being Abused: Summary DoH 2003.

Everyone Working with Children and Families Should...

- Be familiar with and follow your organisation's procedures and protocols for promoting and safeguarding the welfare of children in your area, and know who to contact in your organisation to express concerns about a child's welfare.
- Remember that an allegation of child abuse or neglect may lead to a criminal investigation so don't do anything that may jeopardise a police investigation, such as asking a child leading questions or attempting to investigate the allegations of abuse.
- Refer any concerns about child abuse or neglect to social services or the police. If you are responsible for making referrals, know who to contact in police, health, education and social services to express concerns about a child's welfare.
- When referring a child to social services, you should consider and include any information you have on the child's developmental needs and their parents'/carers' ability to respond to these needs within the context of their wider family and environment. Similarly, when contributing to an assessment or providing services, you should consider what contribution you are able to make in each of these three areas. Specialist assessments, in particular, are likely to provide information in a specific dimension, such as health, education or family functioning.
- Communicate with the child in a way that is appropriate to their age, understanding and preference. This is especially important for disabled children and for children whose preferred language is not English. Where concerns arise as a result of information given by a child, it is important to reassure the child but not to promise confidentiality.
- See the child as part of considering what action to take in relation to concerns about the child's welfare.
- Record full information about the child, at first point of contact, including name(s), address(es), gender, date of birth, name(s) of person(s) with parental responsibility (for consent purposes) and primary carer(s), if different, and keep this information up to date. In schools, this information will be part of the pupil's record.
- Record all concerns, discussions about the child, decisions made, and the reasons for those decisions. The child's records should include an up-to-date chronology, and details of the lead worker in the relevant agency – for example, a social worker, GP, health visitor or teacher.

If you have concerns about a child's welfare ...

Everyone Should...

Discuss your concerns and any differences of opinion with your manager, named or designated health professional or designated teacher. If you still have concerns, you or your manager could also, without necessarily identifying the child in question, discuss your concerns with your peers or senior colleagues in other agencies - this may be an important way of you developing an understanding of the reasons for your concerns about the child's welfare.

- If, after this discussion, you still have concerns, and consider the child and their parents would benefit from further services, consider to which agency, including another part of your own, you should make a referral. If you consider the child is or may be a child in need, you should refer the child and family to social services. This may include a child whom you believe is, or may be at risk of, suffering significant harm. Concerns about significant harm may also arise with children who are already known to social services. Information about these children should be given to the allocated social worker within social services. In addition to social services, the police and the NSPCC have powers to intervene in these circumstances.
- In general, seek to discuss your concerns with the child, as appropriate to their age and understanding, and with their parents and seek their agreement to making a referral to social services unless you consider such a discussion would place the child at risk of significant harm. *There is further guidance in the Appendix of What to do if you're worried a child is being abused.*
- When you make your referral, agree with the recipient of the referral what the child and parents will be told, by whom and when. If you make your referral by telephone, confirm it in writing within 48 hours. Social services should acknowledge your written referral within one working day of receiving it, so if you have not heard back within 3 working days, contact social services again.

Social Workers and their Managers, in Responding to a Referral, Should...

- Following a referral, you and your manager should decide on the next course of action within one working day, and record the decision. Further action may include undertaking an initial assessment, referral to other agencies, provision of advice or information, or no further action.
- If you and your manager decide that you should take no further action at this stage, tell the referrer of this decision and the reasons for making it. Where a referral has been received from a member of the public, do this in a way that is consistent with respecting the confidentiality of each party.
- You and your manager should consider whether a crime may have been committed. If so, involve the police at the earliest opportunity, as it is their responsibility to carry out any criminal investigation in accordance with the agreed plan for the child.
- When you have received a referral from a member of the public, rather than another professional, remember that personal information about referrers, including anything that could identify them, should only be disclosed to third parties (including subject families and other agencies) with the consent of the referrer. If the police are involved, you will need to discuss with them when to inform the parents about referrals from third parties, as this will have a bearing on the conduct of police investigations.

What should happen later in the child protection process ... Everyone else should ...

- Provide relevant information to social services or the police about child and family members;
- Contribute to the initial and core assessments and undertake specialist assessments, if requested, of the child and family members;
- Provide support or specific services to the child or member of the family as part of an agreed plan, and contribute to the reviewing of the child's developmental progress.

Appendix 3

Who to contact

**If you are concerned about a child you must always do something.
If you're not sure – seek advice ⁶**

If you think a child is in immediate danger contact the police by dialling 999. If you want to report a crime against a child, contact your local police station.

To make a referral to Children's Social Care ring the Referral and Assessment Team and ask for the Duty Social Worker on:

North District

Bermondsey, Borough, Elephant and Castle, Kennington, Rotherhithe, Surrey Quays and Walworth. **020 7525 1921**

South District

Camberwell, Dulwich, East Dulwich, Honor Oak, Nunhead and Peckham.
020 7525 1042

Out of hours

In an emergency, after 5pm and at weekends or on bank holidays, you can contact the Out of Hours Duty Social Worker on **020 7525 5000**.

If you are seeking advice or support for a disabled child, you should contact the **Children with Disabilities Team** on **020 7525 4406**.

Designated Professionals and Advisers in child protection/safeguarding:

Southwark Primary Care NHS Trust

Designated Doctor (Paediatrician): **020 7771 3456**

Designated Nurse: **020 7525 0387**

Named Doctor (Paediatrician): **020 7771 3456**

Named Nurses: **07789 741518**

Guy's and St Thomas Hospital NHS Trust

Named Doctor (Guy's): **020 7188 4635 / 4693**

Named Nurse: **020 7188 4653**

Named Doctor (Thomas'): **020 7188 4679**

Kings College Hospital NHS Trust

Named Doctor: **020 7346 3984**

Named Midwife: **020 7346 4971**

Named Nurse: **020 7346 3319 / 3273**

South London and Maudsley NHS Trust

Named Doctor: **020 8690 1086**

Named Nurse: **020 7919 3483 / 2696**

Education

Each school has a Designated Person for Child Protection.

The Local Education Authority also has a Lead Officer for Safeguarding: **020 7525 2696**

Police

Metropolitan Police - Child Abuse Investigation Team (CAIT): **020 7232 6367**

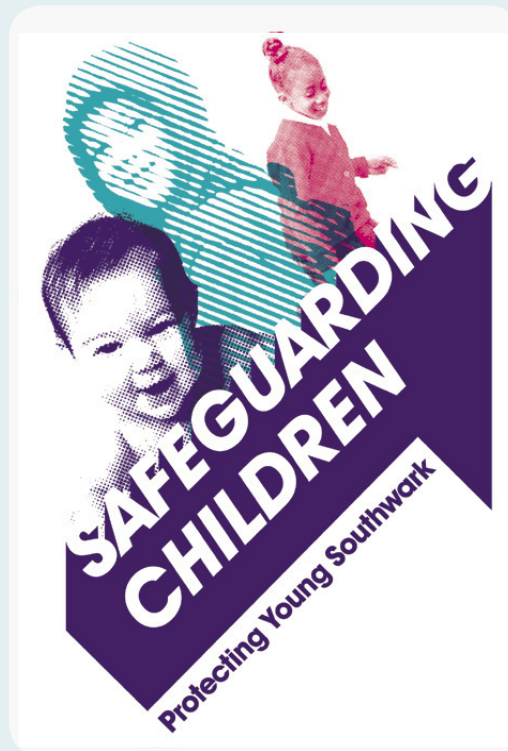
General If your agency does not have its own guidance or child protection adviser contact the Social Care Duty Team (as above) or the **Duty Child Protection Coordinator: 0207 525 3297**.

⁶ If you are concerned about a child A free information card and poster available from Southwark Area Child Protection Committee (ACPC) and at www.southwark.gov.uk/safeguardingchildren

This Protocol was agreed and published by Southwark Area Child Protection Committee for use by all agencies working within Southwark.

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Southwark Area Child Protection Committee is the inter-agency strategic body with responsibility for child protection and safeguarding children in Southwark. It comprises Southwark Council, Southwark PCT, Guys and St Thomas' Foundation Trust, Kings College NHS Trust, South London and Maudsley NHS Trust, Metropolitan Police Service, London Probation Service and representatives of Voluntary Organisations.

Under sections 13 – 16 of the Children Act 2004, Local Safeguarding Children Boards will replace Area Child Protection Committees.

The Southwark Safeguarding Children Board will come into effect in Jan 2006.

This Protocol will remain valid when the Area Child Protection Committee ceases and will be reviewed by the Southwark Safeguarding Children Board in the Summer 2006.

www.southwark.gov.uk/safeguardingchildren