Multi agency Protocol for Safeguarding Children affected by Parents who are experiencing Mental Ill Health

CYSUR: THE MID AND WEST WALES SAFEGUARDING CHILDREN BOARD

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V1	3/5/2017	Produced by Sian Howys and Donna Prichard, Ceredigion Social Services in consultation with a local Task and Finish Working Group and members of the Policies and Procedures Sub group.	n/a	n/a
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1. Introduction.

1.1 The overarching aim of this Protocol is to ensure that children[1], including unborn children of parent(s) [2] experiencing mental ill health [3] receive appropriate support, safeguarding and protection.

1.2 All agencies have a collective responsibility to safeguard and protect children. This requires effective communication and coordination of multi -agency services to children and their families at both strategic and operational levels. This may include Adults and Children Social Services, Health, Education, Police, Probation and the Voluntary Sector. This Protocol provides a framework for joint working to ensure that children living with adults who are experiencing mental ill health are adequately safeguarded and supported within the Mid and West Wales Region

1.3 The Protocol is specifically intended for all professionals and staff members who work within Adult Mental Health and Children Services. It complies with the requirements of the Children Act 2004, The Social Services and Well-being (Wales) Act 2014 and the related safeguarding statutory guidance, Working Together to Safeguard People, The Mental Health (Wales) Measure 2010, Mental Health Act 1983 (and 2007 Amendments), and the All Wales Child Protection Procedures (2008).

1.4 All agencies need to ensure that they work together in partnership with parents and in the best interest of children. It is recognised that there may be, at times, a perceived conflict of interest between the needs of the child(ren) and the needs of parents who are experiencing mental ill health. However, if a child is at risk of abuse or is suffering or is likely to suffer significant harm[4] , the welfare and well-being of the child is paramount and the All Wales Child Protection Procedures 2008 must be followed.

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[1] A 'child' is defined here as a person under **18 years** of age.

[2] For reasons of clarity, the term 'parent' refers to those persons with significant child care responsibilities, whether or not they may be the biological parent. The term 'parent' is defined more by parental role and responsibility than by familial or genetic bonds.

[3] The term 'mental ill-health' will be used in the remainder of this document for reasons of brevity, notwithstanding its associations with the medical model. It includes addiction as described in section two.

[4] The Children Act 1989 introduced **the concept of significant harm** as the threshold that justifies compulsory intervention in family life in order to protect children. Significant harm is defined in the legislation as ill treatment or the impairment of health and development. It describes the effects of sexual, physical, emotional abuse or neglect, or a combination of different types. There are no absolute criteria on which to rely when judging what constitutes significant harm. A single, serious event of abuse, such as an incident of sexual abuse or violent assault, might be the cause of significant harm to a child. However, more frequently significant harm occurs as a result of a long-standing compilation of events, which interrupt, change or damage a child's physical and psychological development. The significant harm resulting from the corrosive effect of long-term abuse is likely to have a profound impact on the future outcomes for the child.(All Wales Child Protection Procedures Definition)

[5] See Working Together to Safeguard Children Vol 1 for a definition of relevant partners and types of abuse.

1.5 All agencies should be aware that The Social Services and Well-being (Wales) Act 2014 introduced new statutory duties on 'relevant partners' to report both children and adults who are at risk along with new definitions of what is meant by a child and an adult at risk and of the categories of abuse and neglect. When a child has been reported under Section 130 of the Act, the local authority **must** consider whether there are grounds for carrying out an investigation under section 47 of the Children Act 1989.

1.6 It should be understood, that not all parents who experience mental ill health are abusive or neglectful. Many parents with mental ill health can provide safe and effective care for their children if they have good positive support networks and if they can access appropriate advice and support in the community.

1.7 The Social Services and Well-being (Wales) Act 2014 places a strong emphasis on the duty to work in partnership with parents and children and to provide early help, advice and prevention strategies which build on peoples' strengths and address what matters to them.

1.8 This document should be read in conjunction with the legal framework of *The Children Act (1989 and 2004), The National Health Service and Community Care Act (1990),* the *Mental Health Act 1983 and amendments (2007),the Mental Health (Wales) Measure (2010)* and the *Human Rights Act (2000),* and relevant operational policies relating to children's and mental health services and in particular in conjunction with the Safeguarding Children Standards for Adult Mental Health (2015) published by Public Health Wales.

2. The purpose of the Protocol

2.1 The purpose of the Protocol is to set out the responsibilities of agencies and practitioners for sharing information and working together when there is a concern that a parent's mental ill health compromises his/her parental capacity and places his/her children in need of care and support and/or at risk of harm including the unborn child. It is based on the principle that regular multi agency cooperation and communication will lead to informed assessments, effective planning and better outcomes for children and families.

2.2 The Protocol's key message is that all mental health agencies providing services to adults who may have parental and child care responsibilities must regard protecting and safeguarding the welfare and well-being of children as the most important consideration.

2.3 The aim is to facilitate coordinated responses from Children and Family Services, Mental Health, Primary Care Services and Partner Agencies. This response is to include joint assessments of families where there are child protection concerns and the parent has significant problems in relation to their mental health.

2.4 It aims to maintain effective communication between Children and Family Services, Mental Health, Primary Care services and Partner Agencies.

2.5 It aims to facilitate the early identification of those children who are experiencing or may be at risk of experiencing harm as defined in the All Wales Child Protection Procedures and statutory guidance so that support can be offered to prevent the escalation of risk.

3. Scope of the Protocol.

3.1 For the purpose of this protocol, an adult with mental ill health is defined as:

- An individual who is experiencing mild to moderate mental ill-health such as anxiety disorders, mild to moderate depression, psychosocial, behavioural or emotional difficulties or memory impairment
- An individual who is experiencing severe mental ill-health such as schizophrenia or other (enduring or transient) psychosis, bipolar disorder, severe affective disorder, severe eating disorder, dementia or personality disorder.

4. Sharing information and confidentiality.

4.1 The Children Act 2004, section 28, places a statutory duty on Local Authorities, Police, Probation, NHS bodies, YOS, Prison Governors, Training Centre Directors, British Transport Police and contracted services. To make arrangements to ensure they carry out their existing functions in a way that takes into account the need to safeguard and promote the welfare of children.

4.2 Professionals and staff providing services to adults and children will be concerned about the need to balance their general duty towards their service users and their duties to protect children from harm. Confidentiality is an important factor in enabling service users to engage confidently and honestly and all agencies should support the requirement to maintain confidentiality as far as possible. The personal information given by a service user should not be shared with others without consent, unless the safety of the service user or other vulnerable person may otherwise be put at risk. The general principle enshrined in professional and ethical codes of conduct, and in human rights and data protection legislation, acknowledges an individual's right to privacy but also enables disclosure and sharing of information in certain appropriate circumstances, such as when there is a concern regarding the welfare of a child.

4.3 In cases where there are concerns that a child is, or might be at risk of significant harm, this will always override a professional or agency requirement to keep information confidential. Research and experience from child death reviews have repeatedly shown that in order to safeguard a child from abuse and/or neglect professionals and staff must share information in a timely manner about the child's health and development and exposure to possible harm. It is critical that information is shared about a parent whose needs may compromise their ability to care adequately for the child, and those who may pose a risk of harm.

4.4 The main provisions on disclosure of information for professionals and practitioners are:

- The common duty of confidence;
- Human Rights Act 2000;
- Data Protection Act 1998.
- The Children Act 1989,
- Children Act 2004,
- The Crime and Disorder Act 1998.
- The Social Services Well-being (Wales) Act 2014

4.5 The common law and statutory restrictions do not prevent the sharing of personal information with other professionals and practitioners as long as:

- The service user and/or those likely to be affected give their consent;
- The public interest in safeguarding the child's welfare or well-being overrides the need to keep the information confidential; or
- Disclosure is required under a court order or other legal obligation.

4.6 The legislation therefore recognises that disclosure of confidential information without consent or a court order may be justified in the public interest to prevent harm to others. It is good practice that when concerns about a child's safety require a professional or staff member to share information without consent, he/she should tell the person that they intend to do so, unless it would place the child or others at greater risk of harm.

4.7 It is good practice for a professional or staff member requesting information from another agency to explain:

- What kind of information they require;
- Why they require it;
- What they will do with the information, and,
- Who else might need to be informed if there are continuing concerns about the child.

4.8 In circumstances when a child is considered to be at risk of abuse or neglect professionals and staff members may be asked to provide information either verbally or in a written report, for the purpose of;

- A proportionate or specialist assessment of the child's circumstances,
- Completion of Section 47 enquiries
- Provision of information and advice to parents
- Provision of preventative services and targeted intervention for a child and their family
- Informing decision making at a Child Protection Conference
- Completion of Court reports

Please note that this is not a definitive list

4.9 The professional or staff member to whom the request for information is made should consider:

- Whether there is a perceived risk or likely risk of abuse or neglect to a child;
- Whether they have relevant information to contribute;
- Whether the information is confidential, or in the public domain, or could be better provided by another agency
- What information the service user has given permission to share;
- How much information needs to be shared in order to reduce the risk of harm to the child/ren.

5. Standards for professionals and staff members in Mental Health Services, Children services and other agencies.

5.1 Professionals and staff in adult mental health services should make themselves aware of service users who are parents and/or pregnant, and/or hold parental responsibility and/or have children living with them.

5.2 Professionals and staff in children services should be aware of parental mental health issues so as to be sure of an informed assessment and to ascertain whether the parents they work with are known to or would benefit from mental health services.

5.3 Multi agency training should be arranged under the Safeguarding Children Board in order to ;

- Facilitate the early identification of children at risk of harm and to develop skills in undertaking multi agency assessments and to promote effective collaboration and communication between agencies.

- Improve staff awareness of mental health issues and child protection.

6. The role and responsibilities of mental health services in safeguarding and promoting the welfare of children.

6.1 Mental health services within the region will need to ensure that their service users are made aware that any identified child protection concerns in relation to children will be shared with the appropriate agencies.

6.2 As part of all mental health assessments each episode of treatment whether at an inpatient unit or in the community, the mental health professionals will:

- Routinely record/confirm whether the adult being assessed is a parent or has a significant caring role for a child.

- Establish and record details of the children, the parenting arrangements and what agencies are currently involved.

6.3 Following assessment, professionals should routinely inform midwifery, health visiting or school nursing service as appropriate. If the initial referral was not from the GP, primary care should be notified of any concerns which may impact upon an adults parenting or caring capacity (Appendix 1). There will be a need to reassess at each further contact.

6.4 Where professionals suspect a child or an unborn child is experiencing or is at risk of experiencing abuse or neglect, the referral process must be followed in line with the All Wales Child Protection Procedures. An appropriate child protection referral should not be delayed because a diagnosis has not yet been made in relation to the adult's mental health. (See flow chart Appendix 2)

6.5 If mental health service professionals and staff members have concerns about the welfare or well-being of a service user's child, for instance in relation to their safety, their health and/or education and/or development they should seek parental consent in order to make a referral to the appropriate agency.

6.6 All adult mental health service professionals and staff must make a referral to Children Services in accordance with local arrangements in their area of the region.

6.7 It is good practice to gain parental consent as long as asking for consent from parents is not likely to increase the risk of harm to a child. When considering making a referral, agency professionals and staff members should ask themselves the following questions:

- What parenting information, support and advice is required in order to prevent a risk of harm to the child?
- What impact are the parental mental health issues having/likely to have on the child's well-being?
- How vulnerable is the child/children?
- How extensive is the concern/problem?
- Are the concerns/problems long standing or part of a repeated pattern?
- What is likely to happen if action is delayed or not taken?

- What protective factors/strengths are in place?

6.8 The agency professional or staff member should provide a completed Multi-Agency Referral Form (MARF) which provides information about the family and household circumstances and the identified concerns.

6.9 When considering making a referral you should ask if there may be circumstances where a referral would prevent harm and where early intervention or targeted prevention could prevent risk from escalating. Parental consent is required in these circumstances.

6.10 All verbal referrals should be directed to the local Children's Single Point of Access and should be confirmed in writing within 24 hours.

6.11 In addition, it is important for professionals and staff to distinguish between issues of evidence and seriousness. It is often difficult to obtain clear evidence to substantiate a professional/staff member's concerns, but this should not be taken as a signal that the situation is not potentially serious.

6.12 All mental health service professionals and staff members should assist social services professionals in undertaking assessments. This is undertaken by contributing relevant information from assessment materials and attending and reporting to Child Protection Conferences and related meetings. This will be undertaken in accordance with information sharing and confidentiality requirements.

7. The role and responsibilities of social services in safeguarding and promoting the welfare of children.

7.1 When the Social Services Department receive a referral or report about the children of a parent experiencing mental ill health, a decision will be made about accepting the referral within 24 hours and the referrer will be informed within 7 days of the outcome. If the referral is accepted, an assessment will be undertaken within 42 days by the allocated Social Worker. The child will be seen and their views taken into account as part of the assessment. The main task is to gather and analyse information from as many sources as possible in order to decide subsequent actions. The assessment will include a preliminary risk assessment based on an analysis of identified strengths and vulnerabilities and where there are grounds for concern that a child is at risk of harm, a Strategy Discussion or Strategy Meeting will be held to consider the need for child protection enquiries in accordance with the All Wales Child Protection Procedures.

7.2 All Agency professionals and staff when notified of an assessment will gather and contribute relevant information about the child and parents.

7.3 Other agencies working with children may be able to provide information about:

- The child's age and stage of physical, social and emotional development;
- The child's educational needs;
- The child's health and health care needs;
- The emotional impact on the child of frequent and/or unpredictable; changes in adults' mood and behaviour;
- The child's perception of parental mental health issues.

7.4 Following the completion of the assessment a decision will be made if the child is a child in need of care and support, and if so, a Care and Support Plan will be formulated and reviewed. This may require that further specialist or detailed proportionate assessments are undertaken. It is important that both children services and mental health services and other agencies involved with the child and family share ownership of the Child in Need of Care and Support Plan.

7.5 Should this assessment identify an adult who requires a Care and Support Plan, a referral should be made to the relevant service.

7.6 In the event of a child being considered to be at risk of harm, Child Protection Section 47 enquiries will be undertaken and a proportionate assessment will be completed from which a decision will be made whether an Initial Child Protection Conference should be convened.

7.7 The Initial Child Protection Conference must be undertaken within 15 working days from the date of the Child Protection Strategy Discussion/Meeting, and agencies will therefore have limited time in which to prepare and share their report with the family and send it to the Conference Chair within two working days prior to Conference. If a child's name is placed on the Child Protection Register a Protection Plan is made and agencies in contact with the child and/or parents will be required to attend Child Protection Core Group meetings and the Review Child Protection Conference.

7.8 As mental ill health can be very complex and often involves a relapsing condition, it is essential that when involvement ceases from Children Services or from Adult Mental Health Services that this decision is communicated to all

involved agencies. It is important to ensure that there is at least one agency providing universal services such as health and education having continuing contact with the child who can remain vigilant for any reoccurrence of signs of difficulties.

7.9 Professionals working within adult mental health services must ensure that their care planning includes explicit details about issues and interventions required to help their clients in their parenting role. Consideration must be given to the adults' role as a parent and the impact of their mental ill health on their parenting capacity and subsequently on their children. This should also consider the wishes and feelings of the child regarding the parent's illness.

7.10 Where there are issues about children's welfare or well-being, discharge plans must involve and be agreed by all professionals working with the family. Discharge planning needs to be robust to ensure that the child's physical and emotional needs are met.

8. Risk Factors

8.1 It is estimated that mental illness or mental health difficulties will affect 1 in 4 people at some time in their lives. Many children will grow up with a parent who, at some point will experience mental illness. Most of these parents will have mild or short-lived illnesses which will usually be treated by their General Practitioner. Some children live with a parent who has a long term mental ill health condition

8.2 Recent research has highlighted the adverse effects of childhood trauma which can result in long term health, educational, social and relationship difficulties. Parental mental ill health has been identified as one of the main stressful experiences that can adversely affect the environment in which children live. Research shows that some of the most harmful family environments for children include a combination of parental mental illness, alcohol/substance abuse and domestic abuse.

8.3 The strong associations between exposure to adverse childhood experiences (ACEs) and vulnerability to various kinds of harm including substance use, unintended teenage pregnancy, violence, mental illness and physical health problems in adulthood mean the children of those affected by ACEs are at increased risk of exposing their own children to ACEs. This is often referred to as the 'cycle of violence'. Consequently, preventing ACEs in a single generation or reducing their impact on children can benefit not only

those individuals but also future generations across Wales.

8.4 The need for agencies to work together to ensure targeted effective prevention measures progressing through to remedial intervention and child protection planning is key across the continuum of need as set out in the Regional Thresholds Protocol, The right help at the right time. See Appendix 3

8.5 Research also shows that the risk of harm to children is more likely to escalate if children;

- Are separated repeatedly from a parent who needs to go into hospital
- Feel unsure of their relationship with the parent with a mental illness
- Are not being looked after properly
- Are being hit or mistreated (more likely if the parent suffers from alcohol or drug problems or has personality difficulties)
- Are looking after a sick parent, or are taking care of their siblings
- Are being bullied or teased by others
- Hear unkind things being said about their parent(s)
- Live in poverty, poor housing or have many changes of home address
- Witness a lot of arguments or violence between their parents
- Live with carers who have a history of not complying with treatment / medication

8.6 Research examining the links between child care and mental illness has shown the latter to be a significant factor when considering the safety and welfare of the child. At the very least it is likely that the quality of parent - child interaction is affected. Active consideration needs to be given to supporting the adult's parenting capacity in order to meet the needs of their child(ren).

9. Assessment.

9.1 The Framework for the Assessment of Children in Need and their families provides the foundation for the systematic assessment of children and families. The Framework embraces three key areas: the child's developmental needs; parenting capacity and wider family and environmental factors.

9.2 All staff working with adults who experience mental ill health must consider the needs of the child(ren), giving consideration to the domains of the Assessment Framework (Appendix 1).

9.3 Information should be gathered, collated and recorded in such a way that it supports a process of analysis. The Assessment should include clear summaries in which both strengths and difficulties are identified in each of the

three domains (‘family and environmental factors’, ‘parenting capacity’ and ‘child’s developmental needs’).

9.4 Planning for the assessment should address the following issues – (see Appendix 2 in Mental Health Standards)

- Who will be involved in the assessment, including family members?
- Who will undertake which parts of the assessment?
- Whether there are any communication difficulties, and plans for how they will be overcome
- Which questionnaires and scales will be used, and by whom?
- What aspects of the assessment have already been undertaken?
- Whether there are any sources of information about the child(ren) or their family not previously contacted
- Whether the consent of the child’s parents has been given and, if not, how it will be gained
- Where the assessment will be conducted
- How the information will be recorded
- Who will be involved in the analysis and how it will be done
- What the timescales are for each stage
- Whether any specialist assessments are required
- Who will undertake direct work with the child(ren)?
- How family members and children will be involved in the assessment
- Whether the assessment needs to ‘co-opt in’ any members with particular areas of knowledge and skill e.g. forensic assessments, Psychiatrists, Psychologists.

9.5 This protocol does not suggest that mental health workers should carry out full assessments of children; rather that the domains of the Assessment Framework provide a useful basis for considering children’s needs and that they should be considered routinely in the assessment of adults with mental health problems. Adult mental health professionals will be particularly valuable in assessing the impact of the parent’s mental health in the ‘parenting capacity’ domain. Any impact should be reflected as part of the care and treatment plan and any actions agreed with the patient/parent.

9.6 Children are often frightened or worried about their parent's illness or behaviour and will show signs of distress. Some children withdraw into themselves, become anxious and find it difficult to concentrate on their school work. They may find it very difficult to talk about their parent's illness or their problems at home, which may prevent them from getting help. Children are sometimes ashamed of their parent's illness and worry about becoming ill

themselves. Some children may emulate aggression they witness at home, leading them into conflict with other children, teachers or other authority figures.

9.7 Preschool children can display behavioural difficulties such as poor feeding, behaviour, toileting and sleeping issues.

9.8 The impact of poor maternal ill health on the development of the unborn child should be not underestimated.

10 Care and Treatment Planning and reviewing.

10.1 In this context, the Adult Mental Health Services Care and Treatment Plan is the 'jointly agreed plan', which is derived following consideration of the holistic assessment of the family's needs, with the child's needs being of paramount importance.

10.2 Following the Joint Planning Meeting, each Care and Treatment Plan will identify clear objectives, responsibilities and review dates.

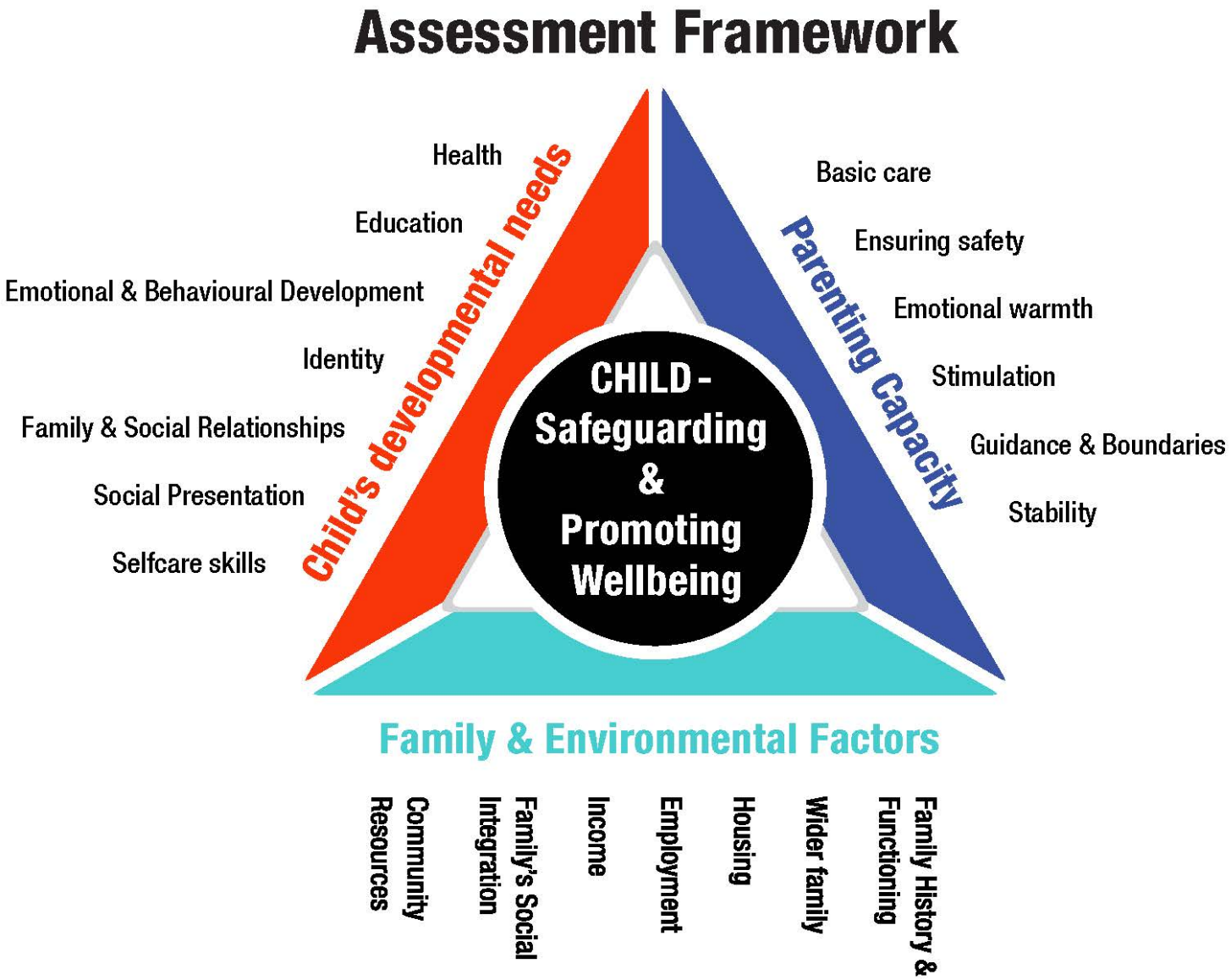
10.3 It is essential that there is good communication and joint planning to support appropriate and integrated service responses. Consultation should always occur between families and teams on significant changes in Care Plans and on the planned closure of a case. Children Services should always be informed if there are any significant changes in a family which may impact on parenting, for example, if a parent or carer leaves the household, leaving the other parent who suffers from mental illness with sole care of the children. Equally, Children Services must always be informed if there are plans to discharge a parent / carer from acute psychiatric care.

10.4 In cases where there is not an allocated Social Worker or Care Coordinator for the parent, the relevant Team Manager or designated deputy from the Mental Health Service will provide advice and consultation to Children Services along with undertaking the liaison function.

10.5 Alternatively if there is not an allocated Social Worker for the child(ren), the relevant Team Manager or designated deputy from Children Services will provide advice and consultation to the Mental Health Team.

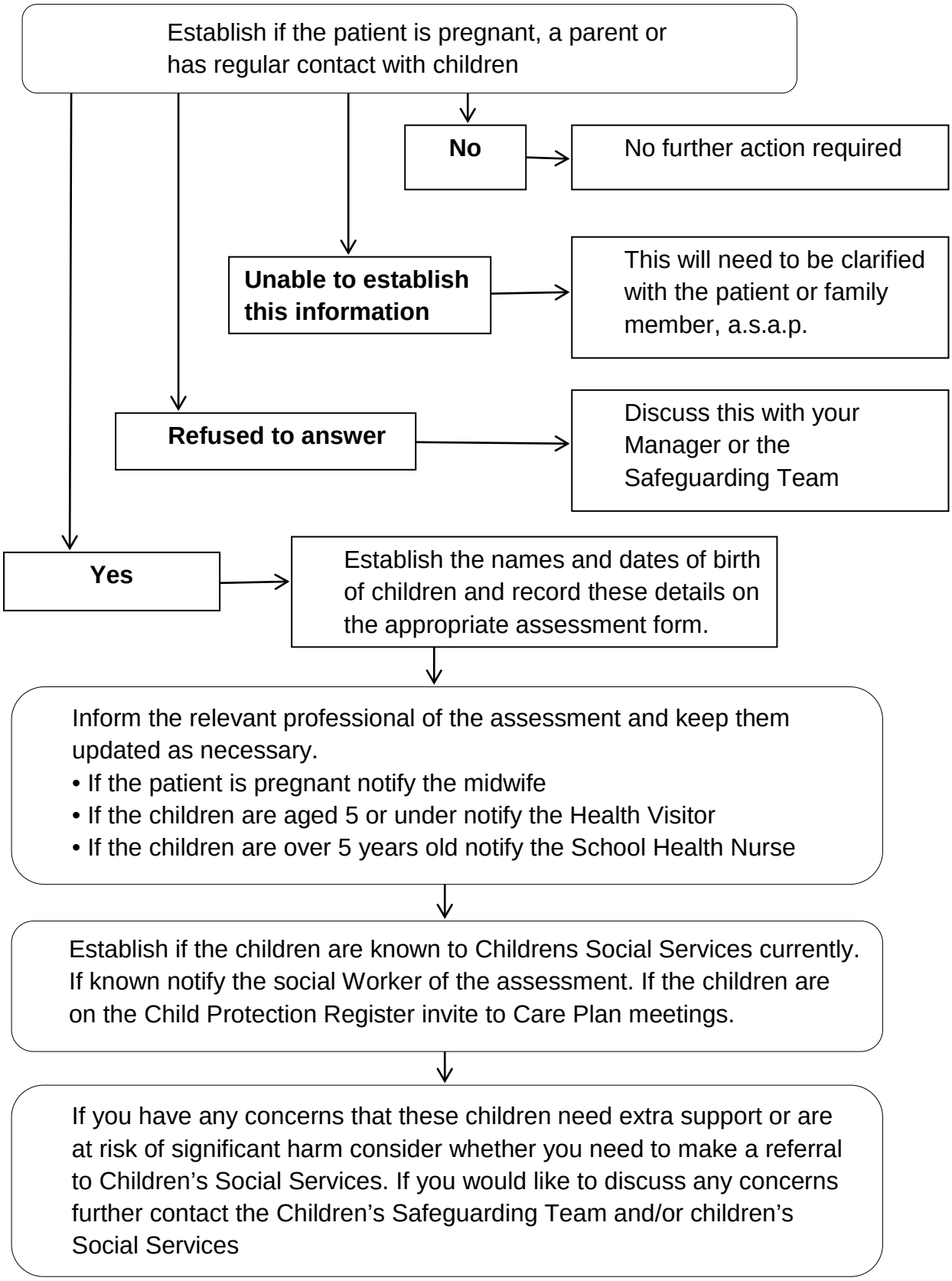
10.6 A number of professionals from a variety of agencies may be involved including Primary Care, Education, Police, Probation and the Voluntary Sector. Consideration must be given to securing multi-agency representation at Joint Planning Meetings.

APPENDIX 1: Assessment Framework



APPENDIX 2:

SAFEGUARDING CHILDREN FLOWCHART FOR MENTAL HEALTH SERVICES



Taken from Safeguarding Children Standards for Adult Mental Health, Public Health Wales, originally adapted from a chart devised by Cardiff and Vale University Health Board

APPENDIX 3:

Continuum of Need as produced in the Regional Threshold & Eligibility for Support Protocol.