LSCB

Bath & North East Somerset
Local Safeguarding Children Board

Protocol for Joint Working across Adult Mental Health, Drug and Alcohol Treatment Services and Children's Social Care

Date approved by LSCB	September 2017
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Bath & North East Somerset Council

NHS
Bath and North East Somerset Clinical Commissioning Group

Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

Avon & Somerset Constabulary

Making safeguarding everybody's business

Amended 21 August 2017

Scope

The most effective way of ensuring that the needs of parents/ carers with mental health needs and their children is met, is by providing services that are family-centred and which supports parents/carers in their parenting role. In this way, the disruption caused to family life by parental mental illness can be minimised.

To improve outcomes for children and their parents/carers, services need to be delivered jointly
through effective interagency collaboration across mental health and children's services.

This protocol sets out a framework of good practice for professionals and managers at all levels who work with families affected by parental mental ill health.

The main aims of the protocol are:

To provide a framework for multi-agency working between mental health services and childrens services which addresses the needs of parents/carers and children, in a way that:

1. considers the needs and safety of the children
2. recognises the needs of the adults both as mental health service users and as parents/carers
3. acknowledges and understands the impact of mental ill health on parenting and children
4. supports family life and positive parenting
5. promotes joint and multidisciplinary working across services and organisations
6. provides a non-stigmatising service that encourages social inclusion for all users

Principles

Families have a right to expect that services will be provided in line with a
common set of guiding principles:

- Children's needs are best met when parents/carers are supported, but the needs of the child are paramount.
- Parents/carers with mental health needs have the right to be provided with care and support that enables them to meet the needs of their child/ren.
- Children have the right to be protected from harm and to receive services when their health or development is at risk.
- A multi-agency approach to specialist assessment and service provision is in the best interests of both parents/carers and children.
- Risk is reduced when information is shared effectively between agencies.
- Risk to children is reduced through effective multi-agency and multidisciplinary working.
- Services should be needs-led with the child's needs being paramount.
- Services should recognise diversity and actively cater for individuals' ethnic, religious and cultural needs and personal preferences.
- Parents/carers and children should have a say in how their services are provided and have real opportunities to be involved in developing and improving services.
- Adults and children (where appropriate) should always be involved in developing and improving services.

The multi-agency policy and procedural framework that underpins effective joint working across adults and children's services in B&NES is:

- South West **Child Protection Procedures** *[1].The procedures offer a comprehensive set of step by step guides to professionals about what to do if they are concerned about a child at www.swcpp.org.uk .
  B&NES Local Safeguarding Children's Board procedures and guidance

Sharing information

Information provided by mental health professionals can help childrens social workers to develop needs assessments and make informed decisions about what intervention is needed to safeguard the child's welfare, based on the level of risk the parent's mental health may pose to the child. Equally, Social Workers need to inform mental health services of what actions they are taking regarding the child to ensure that the we work collaboratively.

Both services need to share information in order to monitor the parent's progress and provide information required for joint assessments. Written documentation, assessments and minutes of meetings must be sent to all professionals involved with clear actions, review timescales and allocation of responsibility. These will then be kept and put on the respective case files.
If you are unsure about what information can be shared your Team Manager should be consulted. Information Sharing advice can be found here

Legal framework

As a general rule, personal information that agencies hold on a client is subject to a duty of confidentiality and cannot be shared with third parties. However, information can be disclosed where it is lawful to do so.

Sharing of information is lawful where:
- the service user has consented to disclosure.
- the public interest in safeguarding a child's welfare
  welfare overrides the need to keep information confidential.
- disclosure is required under a court order or other legal obligation.

The Children Act 2004 emphasises the need for agencies to share information in order to safeguard and promote the welfare of children. However, this needs to be balanced against the professional duty of confidentiality,the requirements of the Data Protection Act 1998, and the Human Rights Act 1998. This guidance sets out the requirements for and he limits to sharing information.

Disclosure with consent

- Individuals can give their consent to personal information about them being disclosed to third parties, but it must be explained why this information is needed,to whom it will be disclosed and any time constraints around this. .
- If the information is sensitive in nature, for example relating to a person's mental health, such consent would need to be in writing and placed on their case file.
- Verbal consent should be recorded in the case notes; including the name and date of the practitioner that recorded verbal consent. A young person aged 16 years or

over is capable of giving consent to disclosure on their own behalf. Young people aged under 16 can give their consent if they have the capacity to understand the nature of information sharing and can make their own decisions.

- If the young person is too young or not considered of sufficient understanding to give their own consent, parents or anyone else who holds parental responsibility for the young person must be asked to provide consent on their behalf.
- Where an adult has been assessed as not having capacity to consent is to disclosure, consent should be sought, where possible, from a person who has the legal authority to act on that person's behalf.
- Consent should be specific and time limited.
- If it is not possible to obtain consent, information cannot be disclosed except under the circumstances stated here.

Disclosure without consent

Information can be disclosed to third parties without consent in child protection cases where there is reasonable cause to believe that the child is suffering or at risk of suffering **significant harm**. In some cases, it may be necessary to forgo seeking consent from parents/carers as this may itself place the child at further risk.

Assessment of Impact of mental illness on families

Parental mental ill health does not automatically indicate that children will be at risk of harm or that their needs will not be met, as the impact on children will depend on the severity and duration of the parent's illness. For many parents/carers, mental ill health will be mild and short-lived, and may only have a limited impact on children's welfare and development.

However, where the mental ill health and/or drug or alchol misuse issues are severe and enduring, pehaps frequent episodes of hospitalisation, this will have a more disruptive effect on family life. It is important that professionals working with families affected by parental mental illness recognise when the illness is causing difficulties in parenting which may have a detrimental impact on the safety and wellbeing of the child. Even if the child is not at risk of harm, many families would benefit from extra support to enable parents/carers to deal with the effects of their illness and continue to care for their children.
Request for service form can be found on the right hand side of this webpage under the Documents section.
Please also refer to the Thresholds document for information.

Risk factors that should alert professionals to consider a co-ordinated response:

These are examples and not an exhaustive list

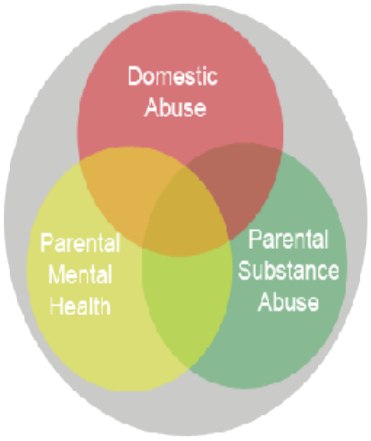
Child or Young Person	
Not attending education whether nursery, school or college	Not presenting as having friends/social interaction outside the home
Not attending health appointments, either routine or when needed	Showing fear or frozen watchfulness for parent or carer
Cooking own food or being provided inappropriate/unhealthy food	Being a young carer for their parent/family member
Completing tasks (e.g. making own breakfast) at a younger age than you would expect	Presenting as younger than their age

Parenting Capacity	
Negative childhood experiences	Age - very young/teenager/immaturity
Experience of being in care	Communication difficulties
Abuse in childhood, denial of abuse	Mental health/personality health issues
Drug/alcohol misuse	Learning difficulties
Violence/abuse of others	Lack of engagement with practitioners
Abuse/neglect of previous children	History of Postnatal depression
Previous care proceedings	Homelessness/asylum seekers
Learning disability	No recourse to public funds
Known offender against children	

Family and Environment	
Domestic abuse	Relationship disharmony
Unsupportive relationship	Multiple relationships
Frequent moves of home	Lack of support networks
Inappropriate home environment	Financial difficulties
Unemployment	Inappropriate associates
Change of partner	Uncontrolled or potentially dangerous animals
History of violence	Mistreated animals

Toxic Trio

The term 'Complex Trio'is used to describe the issues of domestic abuse, mental ill health and substance misuse.



In Ofsted (2010) Learning lessons from Serious Case Reviews Ofsted noted that:

The most common issues [relating to the children's families] were domestic violence, mental ill-health and drug and alcohol misuse.

Further Working Together states that these issues rarely exist in isolation. There is a complex interaction between the three issues.
Line managers should support workers in planning sufficient time to explain things to parents/carers at the first encounter, and to revisit them when necessary to ensure that information has been understood and retained. If parents/carers have an advocate they should be included in discussions and the assessment process.

Social workers should collaborate with services for substance misuse and domestic violence in carrying out assessments, risk assessments and/ or planning. Collaboration should be given greater priority because practitioners specialising in domestic violence, for example Southside, and alcohol and drug services will have a better understanding of how these issues impact on adult family members and family functioning. The expertise of practitioners in these specialist services should be used to inform the child social work assessments, judgements and planning.

In Bath and North East Somerset Council area, we would recommend that all families with the Complex Trio present have an assessment, appropriate to their level of need, and work to a SMART, multi-agency plan to ensure the right services are in place to meet these complex needs

Young carers

Where a Local Authority considers a that a Young carer may have support needs Children's Social Care have a duty to complete an assessment. Working Together 2017:

"A young carer is a person under 18 who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work")

Young carers are those children who take on extra responsibility for the care of a sick parent or younger sibling, and many young carers in the UK are those with a mentally ill parent.

Some young carers may try to avoid contact with agencies as they are worried about being taken into care and being separated from their parents/carers. The care they provide can cover emotional support to parents/carers as well as practical care of parents/carers and siblings, and this can impact on their development in various ways unless support is provided to ensure the child is able to balance their own needs against the needs of their family. It is important for all workers to be professionally curious so that we explore and understand what is happening within a family rather than making assumptions or accepting things at face value. This is a key facet of safeguarding and child protection work, so that we can better work together to ask the right questions, at the right time, ensuring that the voice of the child and their experience, is at the centre of what we do.

Procedures for joint working
What to do if you are concerned about parental mental health and/or parental substance misuse

If you have concerns about parental ill health and the impact that this may be having upon their children you should contact Children's Social care on 01225 396312 or 01225 396313. Discuss your concerns with a duty social worker who will advise you on the next course of action. You will then be asked to complete a Request for Service form.
If you are working with a family and you have concerns about a parents or carers mental health you should contact Priamary Liasion Service on 01225 371480

Duty for mental heatlh professionals and child social workers to

co-operate

Mental health professionals and social workers have a duty to work together to safeguard and promote the welfare of children, in line with the Children Act 2004 and Working Together to Safeguard Children 2017. The following procedures should be followed whenever both services are involved in providing an on-going service for families.

Attending meetings

Where Social Workers and mental health services are jointly involved in providing services for a family or carrying out a joint assessment of parents/carers, the relevant worker from each service should be invited to attend all planning meetings or reviews held by the other service. If mental health professionals are invited to a child protection case conference, but are unable to attend, they should provide a written report to the conference outlining the work undertaken with the parent and providing an opinion on the risk to the child posed by the parent's mental illness.

If the parent/carer does not agree to the social worker being invited to their CPA meeting, the care co-ordinator will discuss with the patient their objections and the importance of professionals working together for the benefit of themselves and their children. It may be possible to negotiate for the social worker or another children's worker to attend part of the meeting. The health visitor should be invited to all CPA meetings where the service user has a child under five years.

Joint assessments

Joint assessments need to focus on how the impact of parental mental health effects a parents/carers ability to address the child's unmet needs. Throughout the assessment process, there must be:

- clear communication between the services sharing of individual assessments joint planning for ongoing work and services that is recorded in the files of both services.
- a clear assessment of risk based on information available to both services
- a clear indication, recorded on the case files, as to how, when and by whom the plan will be reviewed sharing of information with the parents or carers, unless this would put the child in more danger or compromise a child protection investigation

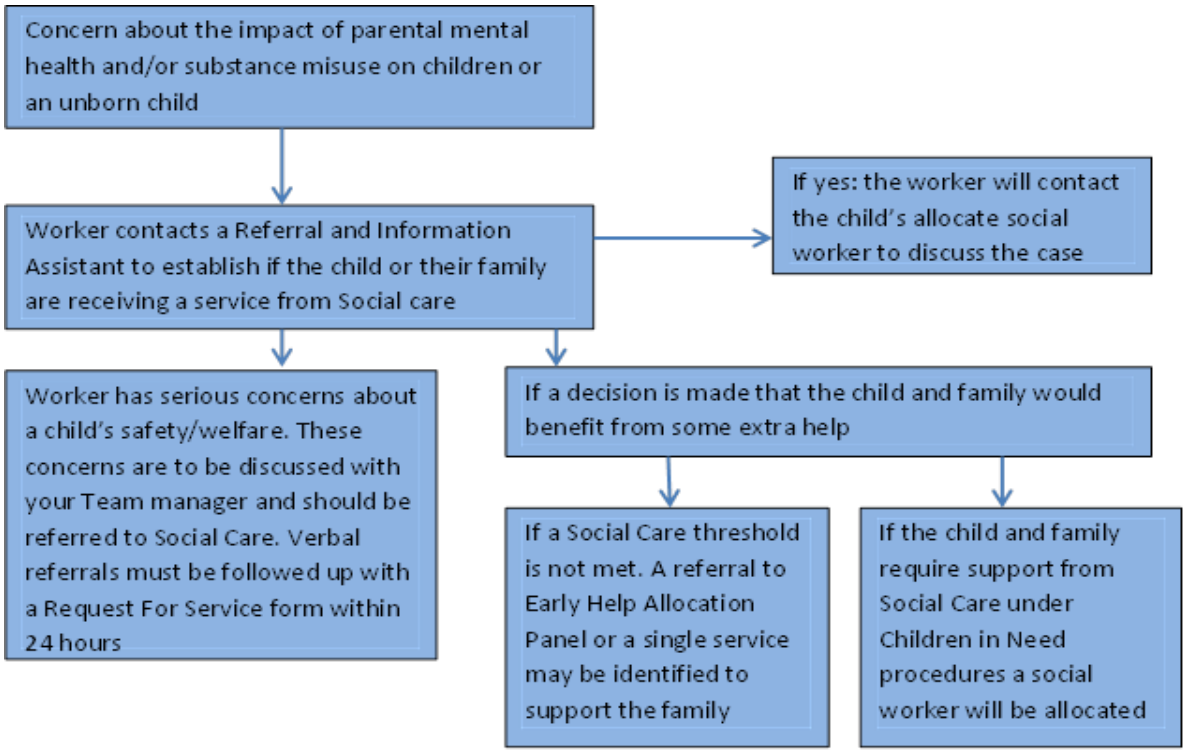
Interagency contact

Services should maintain regular contact, particularly where there are concerns about the child or the situation is changeable. Contact between the services should be at a fortnightly level for children who are at medium risk (children in need), and at a weekly level for children who are at high risk and/or are being dealt with under child protection procedures, particularly where the parent's condition is unstable.

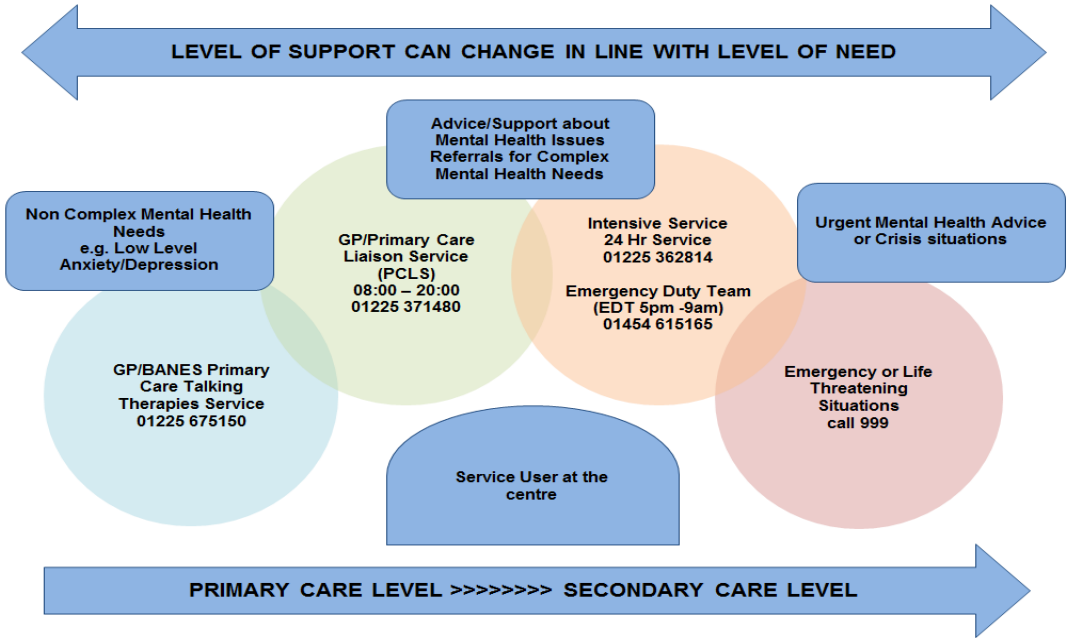
Escalation policy

Where differences of opinion arise, practitioners are invited to refer to the Bath and North East Somerset Safeguarding Children Board escalation policy and use the Escalation Recording Pro-forma

Referral Pathway to Social Care



Referral Pathway to Mental Health



Glossary

CP- There is no legal definition of child protection, but services aim to identify those children who are at risk of serious harm. Child protection aims to keep children safe where

there is serious risk of harm. Serious risk of harm may arise from a single event or a serious of concerns over time.

CIN- A child in need (CIN) is defined under the Children Act 1989 as a child:

- who is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services;
- or a child whose health or development is likely to be significantly impaired, or further impaired, without the provision of services;
- or a child who is disabled

RFS- Request for Service Form (formerly C2)

Significant Harm- The Children Act 1989 introduced the concept of 'Significant Harm' as the threshold that justifies compulsory intervention in family life in the best interests of children and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or is likely to suffer significant harm. Harm- means ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another

Consent- Permission for something to happen and permission is granted in full knowledge of possible consequences

Family centred- Building on a child's safety and needs within the context of their families and communities. It builds on families' strengths to achieve optimal outcomes.

Multi-Agency- Involving the co-operation between several agencies.

Needs Led- assessments that are led by the needs of the individual/ family.

Diversity- Each individual is unique, and we recognise individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical disabilities, religious beliefs, political beliefs or other ideologies.

CPA- Care Programme Approach- is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs.

Care Coordinator-The person in an organisation who is responsible for ensuring that a patient gets needed health and social services.

EHAP- Early Help Allocation Panel

Useful information

1 Big Database Bathnes

Early Help APP – contacts/orgs for support in preventative and specialist services
The Early Help App can be downloaded and used for free from the Apple or Android store by searching "B&NES Early Help"