



## **Procedure to Meet the Needs of Children (including unborn) whose Parents or Carers have Mental Health Problems**

*Summary:* A multi-agency procedure developed through the BSCB in conjunction with London Borough of Bromley, Oxleas Foundation NHS Trust, Bromley Primary Care Trust, Bromley Hospitals NHS Trust in order to further facilitate communication between teams responsible for meeting the needs of children and unborn children whose parents or carers have mental health problems.

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## **1. Context**

- 1.1. Between 30% and 50% of users of mental health services are parents with dependent children. These families can be caught at the interfaces between service areas and include some of the most disadvantaged and socially excluded people in society (SCIE, DOH, 2008).
- 1.2. Parental mental health disorder is only one of a range of inter-related risk factors which may lead to the risk of significant harm to children and young people. Research has shown that parental mental health features alongside substance misuse and domestic violence in a third of serious case reviews and on its own in over 50% (Brandon et al 2008, Cleaver et al 2007, Falkov et al 1998). Recommendations include improving communication, coordination and collaboration between all services and agencies, to ensure that the needs of the children whose parents have mental health problems are addressed.

## **2. Introduction**

- 2.1. Everyone who comes 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 as set down in Working Together to Safeguard Children 2010.
- 2.2. This procedure should be read taking into account all relevant legislation applying to each agency's work and with due regard to the London Child Protection Procedures (4<sup>th</sup> edition, 2011).
- 2.3. Most parents, carers and pregnant women with mental health problems safeguard their children's well-being, however it is essential to always assess its implications for each child in the family. Many children whose parents have mental health problems may be seen as children with additional needs requiring professional support. In these circumstances the need for a Common Assessment (CAF) should be considered. The Child's Journey in Bromley (2011) which sets out the safeguarding threshold guidance can be used to aid decision making.
- 2.4. This procedure has been developed to meet the 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 procedure for Bromley services; it does not override the existing legal framework and statutory requirements, but it is derived from them (See Appendix 1).
- 2.5. This procedure applies whenever there are concerns about the well-being or safety of children whose parents or carers have mental health problems, specifically where these difficulties are impacting, or are likely to impact, on

their ability to meet the needs of their children. This procedure also applies to pregnant women who have mental health problems or where their partners are known to have mental health issues.

- 2.6. It is important to be aware that risk assessment in mental health work and risk assessment in child protection work are two different concepts and it can be dangerous to confuse them. The former is concerned with predicting the likelihood of a patient's mental health deteriorating to the point where she/he poses a risk to self and/or others while the latter involves the analysis of immediate and trend information to consider whether or not the children's likely experiences are acceptable in terms of risk of both physical or sexual assault, of omission of care or neglect, or threat to emotional wellbeing.

### **3. Aims**

- To safeguard children and ensure their welfare needs are met.
- To increase understanding of the impact of an adult's mental health problems on children's lives.
- To ensure that universal and specialist services improve the identification of children in need.
- 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.
- To ensure effective co-operation and collaborative decision-making between services

### **4. Identifying the Needs of Children**

- 4.1. All agencies are responsible for identifying pregnant women or their partners 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.
- 4.2. Adult mental health professionals must identify those service users who are pregnant and those who are parents or who have regular access to children, whether they reside with the children or not. Professionals should consider the needs of all children as part of their Care Programme Approach (CPA). See London Child Protection Procedures 2011 s 5.32.
- 4.3. Factors that should be involved in the assessment include, but are not limited to:

- Is a parent or adult within the household being treated or receiving a service for a mental health problem? What is his or her history of compliance?
- How many children live in the home or visit regularly and what are their ages?
- Is there a young carer in the household?
- What impact, if any, does the parent's mental health have in their ability to meet their child's needs both before and after birth?
- Does the child have any unmet needs?
- Is the child at risk of harm?
- If the parent is pregnant is she accessing ante-natal care?
- If the parent is pregnant has there been any change in prescribed medication?
- Does this parent or family appear in need of services?
- Are there any other services involved?
- Does the parent engage with services?
- What is the parent's and the child's support network?
- Is someone in the family assuming a care-giving role?
- What are the caring practices evident in the family?

See Appendix 2 for Decision-Making Flow Chart

## **5. Pregnancy and mental health problems**

- 5.1. At a woman's first contact with services during pregnancy and the postnatal period, healthcare professionals (midwives, GPs, Health Visitors and Obstetricians ) should ask about past or present severe mental illness or a family history of perinatal mental illness (NICE, 2007)
- 5.2. 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, 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.
- 5.3. If a person has moved recently, it is advisable for the GP to actively seek out health records from the previous GP.
- 5.4. It is important to identify partners of pregnant women who have mental health problems.

## **6. Guidance for Referral to Adult Mental Health Services**

- 6.1. A referral 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 to children. As the situation allows these referrals should be discussed with the client.

6.2. In the event of immediate danger to the client or to others, including a child, the Police must be contacted immediately via 999.

6.3. When a parent has been identified with mental health problems a pre-birth assessment must be undertaken by the services involved with the mother. Guidance on pre-birth assessments is provided in the *London Child Protection Procedures* Section 6.8:

- The degree of parental mental illness or impairment is likely to significantly impact on the baby's safety or development
- There are concerns about parental ability to self care and/or to care for the child

Triggers that may indicate referral to Adult Mental Health Services:

- Previous or current history of assessment and treatment by secondary Adult Mental Health Services, including hospitalisation or previous Community Mental Health Team involvement
- Previous or current treatment for mental health problems by GP, dependant on the degree of illness.
- Previous history of self-harm, or current expression of an inability to manage his or her own or their child's safety.
- Expression of apparently unreal fears about their own safety or that of others.
- 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 increase suspicion.
- Evidence of self-neglect
- A child or other's expression of concern regarding change in parents and/or carer's behaviour or attitude.

## **7. Guidance for Referral to Children's Social Care**

7.1. A referral to Children's Social Care for an initial assessment or pre birth assessment 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.

7.2. 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 via 999.

7.3. Consideration should be given to initiating a Common Assessment (CAF) to safeguard children at an early stage. The CAF is standard approach to

conducting an assessment of the needs of a child and deciding how they should be met.

7.4. Where a parent or carer expresses thoughts of self-harm and/or harm to a child, this should generate an immediate referral to Children's Social Care as a risk of significant harm.

7.5. When a parent or carer has been receiving in-patient services, in whatever setting, consideration must be given to discharge arrangements to ensure provision for the children is appropriate and their welfare and safety has been properly assessed. A formal meeting with Children's Social Care should be held where they are already involved or if concerns are identified. If a parent or carer discharges themselves out of hours a referral to the Emergency Duty Team should be made to ensure the children's welfare is protected.

7.6. Triggers that indicate a referral to Children's Social Care for Initial Assessment or to the Common Assessment Framework Team are listed below. It should be recognised this is not an exhaustive list and is provided to assist professional decision-making.

- The pre-birth assessment of women who have a history of mental illness, or how 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.
- 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.
- There are concerns about domestic violence or where a family member or partner is a person identified as presenting a risk to children.
- Where there have been two previous consecutive referrals concerning carers and their children.
- Urgent concerns as a result of parents or carers being assessed under the Mental Health Act.
- Parents or carers with mental health problems who are caring for a child with a chronic illness, disability, or special educational needs.
- Children who are caring for parents or carers with mental health problems (young carers).
- 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.
- Where a professional raises concerns about the well-being of a child.
- Children who have been the subject of previous child protection investigations, child protection registration, local authority care, or alternative care arrangements.

7.7. Where the need for a referral is unclear, this must be discussed with a line manager or professional adviser and the decision noted on the file.

7.8. Children's Social Care have a responsibility to complete a pre-birth assessment under Section 6.8 of the *London Child Protection Procedures* if there are concerns. Some indicators include:

- There has been a previous unexplained death of a child whilst in the care of the parent.
- There are concerns about domestic violence or where a family member or partner is a person identified as presenting a risk to children.
- A sibling is on or has been subject to a child protection plan.
- A sibling has previously been removed from the parent's care either temporarily or through a court order.
- The degree of the parental mental illness.
- If there are concerns regarding the parent's history of engaging in services and/or compliance with medication.
- If there are concerns around the parent's self-care skills and/or concern for their ability to care for a child.
- Any 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.

7.9. In particular cases a strategy meeting may need to be held in order to organize the assessment/ investigation. A children's social care manager must make this decision and the outcome would be to develop a clear multi-agency birth plan. Strategy meetings or child protection conferences must include adult mental health professionals if a mental health service user is involved

7.10. All referrals should be discussed with the client prior to being sent

7.11. See Appendix 2 for Referral Pathway Flowchart.

## **8. Inter-Agency Information Sharing**

8.1. It is essential for all services to accurately record within the client notes, 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 identified areas of concern or support needed should initially be discussed with the parent. The benefits of involvement from another service should be explained, while explaining the parent's right to confidentiality about their mental 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. The exception is if there is concern 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. The parent may not agree with the professional's concerns, the requirement to pass information to other agencies must be made clear to them and the parent's view recorded.
- 8.5. All information passed to other agencies should be clearly recorded in the case record.
- 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.
- 8.7. HM Govt (2008) *Information sharing guide* provides guidance if you are unsure about sharing information.
- 8.8. Where the need for referral is unclear, this must be discussed with a line manager or professional adviser (*see appendix 2*) 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 and that a written referral follows any telephone conversation or referral.

## **9. Review and On-going Work**

- 9.1. When more than one agency continues to be involved with a family for joint assessment or provision of services for a parent with mental health problems, and their children, regular review dates must be set to jointly review the situation and progress.
- 9.2. Additionally there should always be flexibility for cases to be reviewed at any time, or jointly reassessed speedily before planned review dates, if new concerns or support needs are identified.

## **10. Conflict Resolution and Escalation Where There is a Disagreement**

- 10.1. Research and case enquiries have shown that difference of opinion between agencies can lead to conflict resulting in less favourable outcomes for the child. If professionals are unable to resolve the disagreement every effort should be made to reach a mutually satisfactory resolution under the guidance provided in the *London Child Protection Procedures 18.5* and the Bromley Safeguarding Children Board (BSCB) Escalation Procedure.
- 10.2. If agreement cannot be reached through conversation between line managers then the matter should be referred to the most senior manager

available, Service Manager, Detective Inspector, Head Teacher, Named or Designated Professional.

10.3. If further clarification or advice is required professionals can contact the on-duty Independent Chair in the Quality Assurance Department.

10.4. All decisions should be recorded in writing.

## Sources

Bexley LSCB (2008) *Joint Service Protocol to Meet the Needs of Children and Unborn Children whose Parents or Carers have Mental Health Problems or Misuse Substances*

Brandon M et al. (2008) *Analysing Child deaths and serious Injury and neglect: What Can We Learn?*

BSCB (2011) *The Child's Journey in Bromley – A partnership model for providing services to support children and families in Bromley including the safeguarding threshold guidance* [www.bromleysafeguarding.org](http://www.bromleysafeguarding.org)

London Borough of Bromley Common Assessment Framework

Falkov, A et al (1998) *Crossing Bridges*

HM Govt. (2008) *Information sharing guidance for practitioners and managers* accessible from [www.ecm.gov.uk/safeguarding/informationsharing](http://www.ecm.gov.uk/safeguarding/informationsharing)

London SCB *London Child Protection Procedures* (4<sup>th</sup> edition 2011) [www.londonscb.gov.uk/procedures](http://www.londonscb.gov.uk/procedures)

NICE (2007) *Antenatal and Postnatal Mental Health*

SCIE, DOH (2008) *CARE PROGRAMME APPROACH (CPA) BRIEFING: Parents with mental health problems and their children*

Southwark SCB (2005) *Joint Service Protocol to Meet the Needs of Children and Unborn Children whose Parents or Carers have Mental Health Problems*

## Resources

[http://www.rcpsych.ac.uk/PDF/Checklist\\_professionals.pdf](http://www.rcpsych.ac.uk/PDF/Checklist_professionals.pdf)

## **APPENDIX 1**

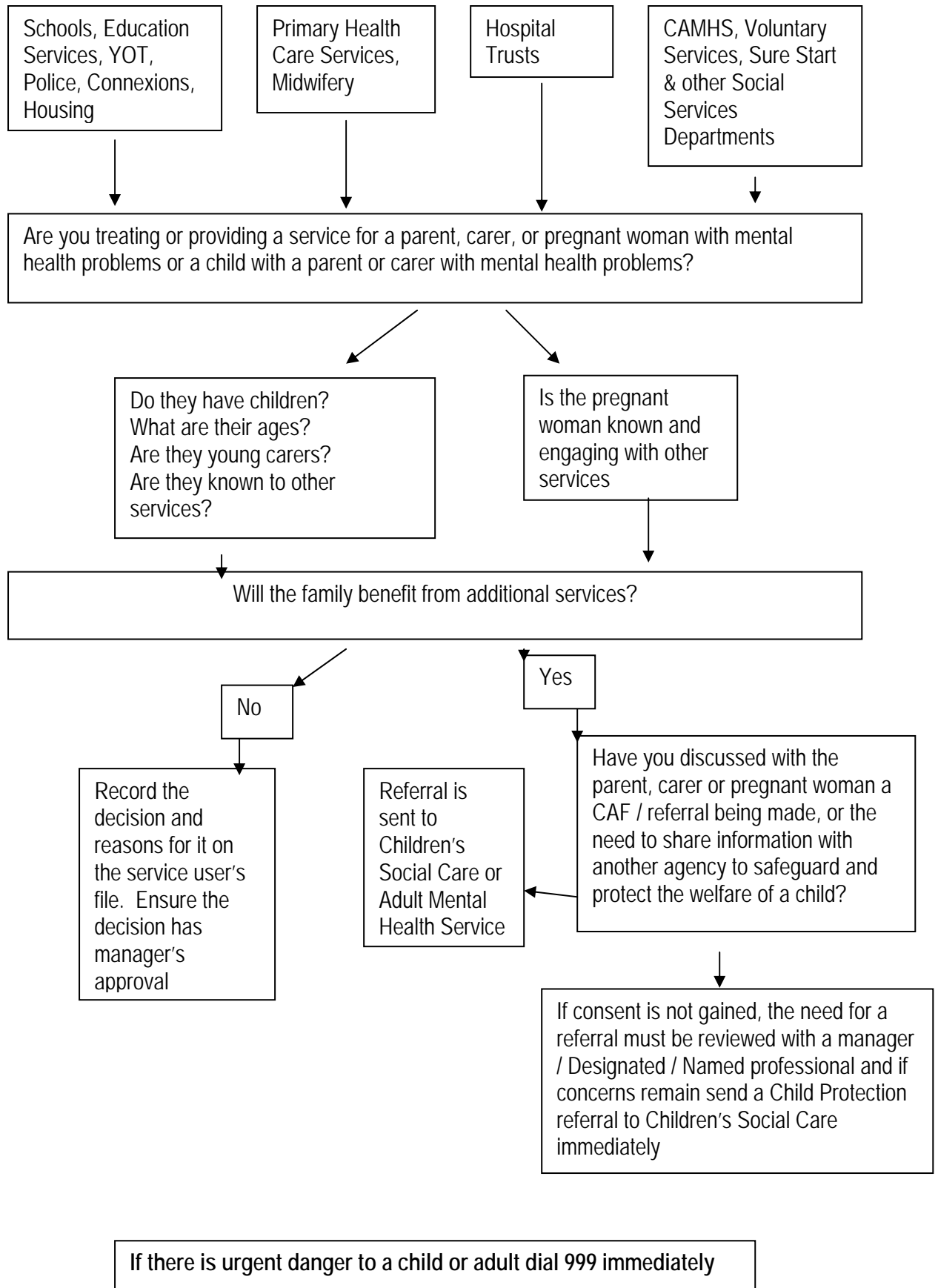
### **Legal and Policy Framework**

This Procedure is informed by:

- Mental Health Act 1983. DoH Crown Copyright
- Children Act 1989 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
- National Service Framework for Children, Young People and Maternity Services DoH 2004
- Children Act 2004 Crown Copyright
- Common Assessment Framework DfES 2004
- Working Together to Safeguard Children 2010
- [www.everychildmatters.gov.uk/socialcare/safeguarding/workingtogether/](http://www.everychildmatters.gov.uk/socialcare/safeguarding/workingtogether/)

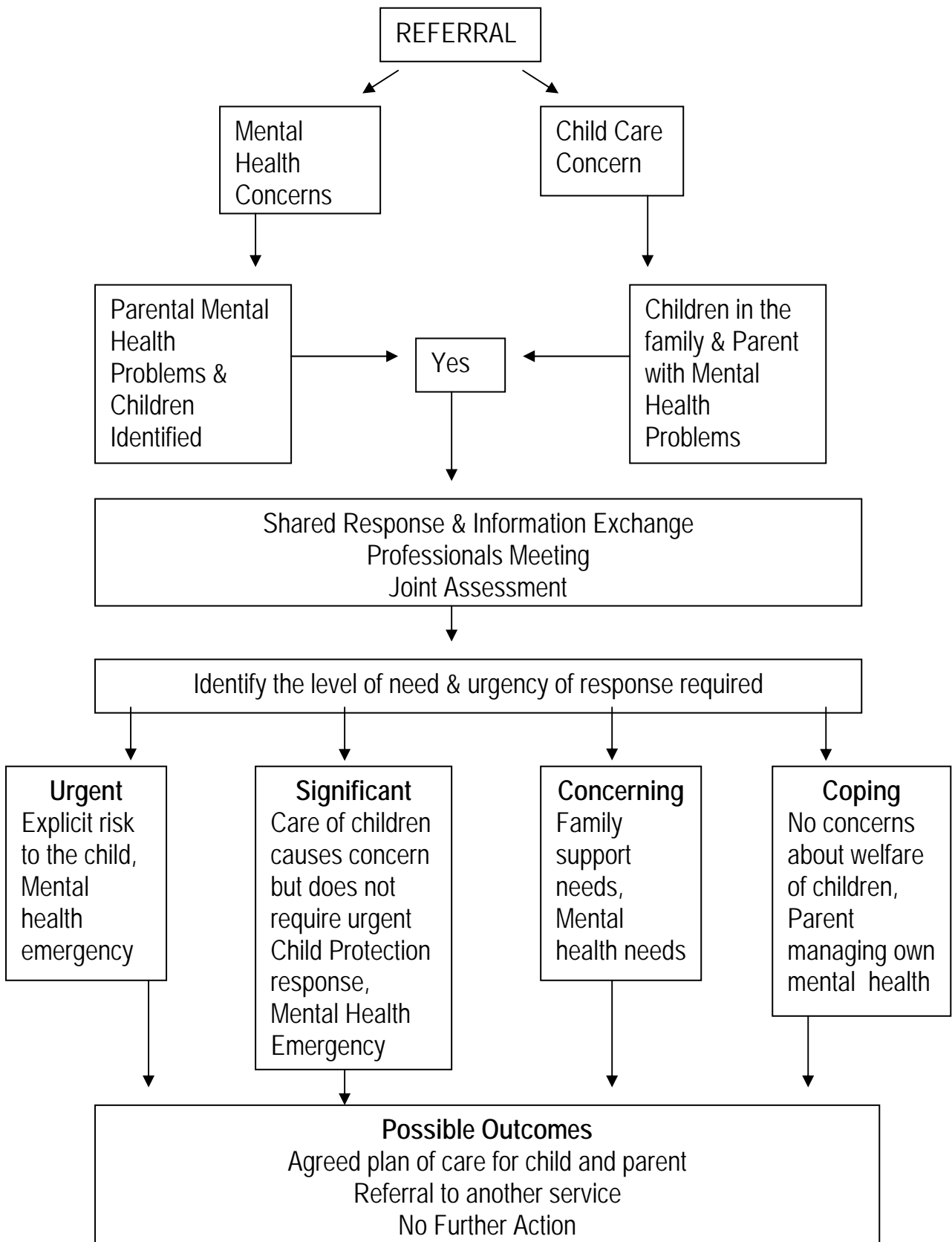
## Appendix 2

### Decision-Making Flowchart



**APPENDIX 3**

**REFERRAL PATHWAY FLOWCHART**



## APPENDIX 4

### Who to Contact

**If you are concerned about the safety or well being of a child or young person contact the Referral and Assessment Team immediately. If you are unsure seek the advice of a qualified duty social worker.**

**If you think a child or young person is in immediate danger contact the police by dialing 999.**

#### ***Children's Social Care***

To make a referral to the Referral and Assessment Team or discuss a potential referral contact:

Referral and Assessment Team Telephone: 020 8461 7373 / 7379 / 7404 / 7309

London Borough of Bromley  
Old Town Hall  
Tweedy Road  
Bromley, BR1 3FE

#### Out of Hours

5pm – 9am weekdays, weekends and bank holidays  
020 8464 4848

#### ***Mental Health***

Oxleas NHS Foundation Trust

Liaison & Intake Team Telephone: 020 8466 2500  
Stepping Stones  
38 Masons Hill  
Bromley, BR2 9JG

Child and Adolescent Mental Health Services (CAMHS)

2 Newman Road  
Bromley  
BR1 1RJ  
020 8315 4430

#### ***Health***

Designated Nurse for Safeguarding  
01689 880 655

Designated Doctor for Child Protection  
020 8466 9988

#### Hospital

Princess Royal University Hospital  
Farnborough  
01689 863 000

#### PCT Safeguarding Team

Phoenix CRC  
Mason's Hill  
020 8466 9988

#### ***Police***

Child Abuse Investigation Team  
020 8733 3692

***Education***

Education Welfare Service

Civic Centre, 1<sup>st</sup> Floor  
Stockwell Close  
Bromley  
BR1 3UH  
020 8313 4152

Safeguarding Lead for Education

St. Blaise Building  
Stockwell Close  
Bromley  
BR1 3UH  
020 8461 7669

Domestic Violence 1 Stop Shop

020 8284 8870

Tuesdays in Penge 9:30am – 12:30pm at the Citizen's Advice Bureau

Thursdays in Bromley 1:30pm – 4pm at Community House

Bromley Young Carers

Freephone: 0800 015 7700

[http://www.carersbromley.org.uk/services/young\\_carers.html](http://www.carersbromley.org.uk/services/young_carers.html)