Bexley Local Safeguarding Children Board

Multi-Agency Protocol

Safeguarding Children and Unborn Children whose Parents or Carers have Mental Health Problems

January 2010
(Review 3 Yearly)

Contents

Part 1 - Introduction

1.1 Introduction on behalf of the Local Safeguarding Children Board

1.1.1 This Protocol has been produced by the Bexley Local Safeguarding Children Board (LSCB) with full agreement of its partner agencies. It should be used by practitioners and managers working with children or with parents/ carers or pregnant women who have mental health needs/problems across all agencies/organisations in Bexley.

1.1.2 The purpose of the protocol is to ensure professionals in Bexley work together to safeguard and promote the welfare of children whose lives are affected by parents/carers who have mental health needs. It acknowledges that the levels of need for individual families will vary and that not all will require the involvement of Children's Social Care or secondary Mental Health Services. However children of parents with vulnerabilities are more likely to have some level of additional needs that may require targeted services at an early stage to reduce the risk of those needs escalating later.

1.1.3 This protocol aims to provide guidance for both early intervention services and those with statutory responsibilities. It must be remembered that the level of need or risk of the child may be higher than that of the adult and that under the Children Act 1989 children's needs are paramount when considering the impact on families.

1.1.4 Research and local experience have shown that mental health in parents/carers or pregnant women can have a significant impact on parenting and increase risk for children, especially for babies and younger children. The National Biennial Review of Serious Case Reviews (2005-2007) showed that 32% involved parents with mental health problems.

1.1.5 This does not mean that parents who experience mental health problems are poor parents. However, the impact of mental health problems can have a negative impact on outcomes for children and can in some cases lead to the child being at risk of or experiencing significant harm (appendix 1).

1.1.6 Bexley LSCB has undertaken 2 Serious Case Reviews between 2007-09 where mental health needs had or potentially had an impact on the outcome for the child. Recommendations from these Serious Case Reviews have been incorporated into this Multi-Agency Protocol.

1.1.7 The most effective assessment and support for children & families comes through clear communication between agencies, good information sharing, joint assessment and understanding of need, joint planning, professional trust within the inter-agency network and joint action in partnership with families.

1.1.8 This protocol applies irrespective of race, gender, age, sexual orientation, class, cultural and religious beliefs or disability of those involved. Professionals must ensure that assessments are undertaken in a sensitive and informed way, and are not influenced by stereotypes or prejudice regarding parental mental health problems. Nevertheless, professionals must be clear that child abuse or neglect, caused deliberately or otherwise, cannot be condoned or excused for religious, cultural or adult mental health reasons and that children's needs are paramount.

1.2 Aims of Multi-Agency Protocol

1.2.1 To safeguard children and ensure their welfare needs are met.

1.2.2 To increase understanding of the impact of an adult's mental health on children's lives and to share risk assessments.

1.2.3 To support people with mental health problems in carrying out their responsibilities as parents

1.2.4 To ensure that universal and specialist services improve the early identification of children in need and implement the appropriate action to ensure children's needs are met.

1.2.5 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 and work well together to safeguard children irrespective of the specific roles and responsibilities of each individual agency.

1.2.6 To ensure good co-operation and collaborative decision-making between services.

1.3 Safeguarding Children and Promoting their Welfare

1.3.1 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 as set down in Working Together to Safeguard Children 2006. This protocol should be implemented in conjunction with the London Child Protection Procedures, single agency Procedures and Guidance and professional guidance (appendix 2).

1.3.2 Patterns of family life vary and there is no one way to parent. Good parenting involves caring for the child's basic needs, keeping them safe, showing them warmth and affection, providing stimulation for their development and enabling them to reach their potential within a stable and consistent environment.

1.3.3 This protocol applies whenever there are concerns about the well-being or safety of children whose parents or carers have mental health needs or problems, specifically where these difficulties are impacting, or are likely to impact, on their ability to meet the needs of their children. It also applies to pregnant women who have mental health. It includes the parent and their partner(s).

1.3.4 Many parents, carers and pregnant women with mental health problems safeguard their children's well-being. Nevertheless, it is essential to assess the impact of parental mental health problems for each child in the family and the capacity to parent. It is important to recognise when mental health problems and substance misuse exist together which can exascerbate the impact on the child and the parents ability to parent. Mental health can fluctuate, and this may impact on parenting. Risk assessment and risk management are crucial especially at times of crisis or particular stress. It is helpful to consider the interaction of any problems or stressors and not to view them in isolation.

1.3.5 It is also 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 experiences are acceptable in terms of risk of significant harm through physical or sexual assault, of omission of care or neglect, or threat to emotional wellbeing.

1.3.6 Many children whose parents have mental health problems may be seen as children with additional needs requiring professional support, and in these circumstances the need for a Common Assessment (CAF) should be considered. Others may require a referral to Children's Social Care (CSC) because they are Children in Need or Children in Need of Protection.

1.4 Mental Health Needs/Problems

1.4.1 This protocol includes parents, carers and their partners who have mental health needs from brief interventions at primary health level through to those with severe and enduring mental illness.

1.4.2 For the purposes of safeguarding children the mental health or mental illness of the parent/carer or their partner should be considered in the context of its impact on the well-being of the child and the care that that child is provided with (Appendix 1).

1.4.3 Even very young children are sensitive to the environment around them, thus the parent's (or their partner's) state of mind can have an affect on any child although the parent's understanding of this and their ability to address the issues can reduce the impact.

1.4.4 Strengths in the family such as having another adult in the home or close extended family/friends networks can have an ameliorating effect. Protective as well as risk factors should always be considered.

1.4.5 Environmental factors that can be associated with long term illness or substance misuse will also have an impact e.g. poor housing, financial problems, hostile neighbours and domestic violence.

1.5 Substance Misuse

1.5.1 Whilst there is a separate Protocol for Safeguarding Children whose Parents Misuse Substances (publication due June 2010) it is important to include the awareness of substance misuse in this protocol because of the possibility of dual diagnosis with mental health problems.

1.5.2 Substance misuse is where substance taking harms health or social functioning, it may cause dependency.

1.5.3 Parental misuse of drugs or alcohol becomes relevant to safeguarding children when the misuse of the substance impacts on the care provided to the child (Appendix1).

1.5.4 Points 1.4.3 - 1.4.5 above equally apply to substance misuse.

Part 2 - Early Intervention

2.1 Early Identification of the Needs of Children, including Unborn Children

2.1.1 All agencies and professionals coming into contact with pregnant women, their partners, parents or carers have a responsibility to identify if they have mental health needs/illness problems that may impact on the needs of the child/unborn child. They may require services for themselves as well as the child at an early stage.

2.1.2 Pregnant women with a previous history of mental health problems may be vulnerable to relapse during pregnancy and following the birth of their baby.

2.1.3 **Considering a Common Assessment (CAF).**
2.1.3.1 The CAF is standard approach for undertaking an assessment of the needs of a child and deciding how those needs should be met. It has been developed for use by practitioners in all agencies so that they can communicate and work more effectively together. It supports early intervention by providing a tool to enable practitioners in universal, as well as targeted or specialist services to work with parents to meet the needs of children. Guidance on undertaking a CAF can be found at www.bexley.gov.uj/index.aspx?articleid=4647

2.1.3.2 Information on the integrated approach to working with children in need in Bexley and the Safeguarding Continuum of Need Matrix can be found at www.bexleylscb.org.uk/news_andpublications.html

2.1.3.3 When an agency identifies that a parent, carer or pregnant woman is experiencing mental health problems a CAF should be undertaken to consider the needs of the child/unborn child and to establish a 'Team Around the Child' approach. This should include Identifying partners of pregnant women or parents who may have mental health problems. To ensure that the full background is obtained about any existing or previous mental health problems or previous child care concerns. Information should be gathered from:

- GP held information, (if a person has moved recently, it is advisable to seek out health records from the previous GP).
- Adult Mental Health Services &/or Substance Misuse Services
- ContactPoint (via CAF Team until it goes live 2010)
- Any other agencies' involved with either the adult or the child
- Where appropriate a consultation with Children Social Care (CSC) should be undertaken.

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.

2.1.3.4 The gathering of such information is not an easy task and requires the close co-operation of those working with the adults and the children. Effective information sharing is essential (see section 9). The agency that identifies the concerns for the child should initiate the CAF. The Lead Professional is likely to be from the agency that has the responsibility for working with the child. The plan agreed during the CAF should include the coordination of services to meet the needs of the parent as well as the child.

2.1.3.5 A referral to the Pregnancy Support Team at Queen Mary's Hospital, Sidcup

should be considered for pregnant women who are vulnerable to mental health problems. Such a referral would normally be made by the midwife. If it is anticipated that the mother may need a place at a mother and baby unit, it is important to seek in advance what requirements that service may have, including contingencies such as assessing who will care for the new born child if the mother is admitted without them. This may require a referral to Children Social Care.

2.1.3.6 If the CAF identifies serious concerns that indicate the child or new born child may be at risk of significant harm a consultation should be undertaken with Children Social Care (CSC) via either the Duty Officer or the Safeguarding Children Service or a referral should be made to CSC if there are clear indications of significant harm.

2.1.4 **Guidance for Adult Mental Health Professionals**
2.1.4.1 For adult mental health professionals the identification of those service users who are pregnant or are parents or who have regular access to children, whether they reside with the children or not, is essential. Professionals should consider the needs of all children as part of their Care Programme Approach (CPA). Under the 'Refocusing the Care Programme Approach - Guidance' (March 2008) the CPA should focus on assessment, planning, review & co-ordination of the range of complex care & treatment of people with complex needs in a personalised way. They should consider whether the child's needs can be most appropriately addressed through the use of a CAF or if the children are potentially at risk of significant harm. Later sections of this protocol provide more guidance on this and professionals should also refer to sec 5.29 of the London Child Protection Procedures.

2.1.4.2 Dual Diagnosis (the co-existence of mental health and substance misuse problems) is a serious issue which can exacerbate parenting difficulties and put the child at particular risk, especially where the potential for dealing with the substance misuse problem is limited. Where a parent/carer has mental health and substance misuse issues the assessment must be conducted in partnership between the Mental Health Care Management Team and the Adult Substance Misuse Care Management Team. Such complexity may indicate that the Safeguarding Children's Service should be consulted as it is likely a referral to that service may be indicated.

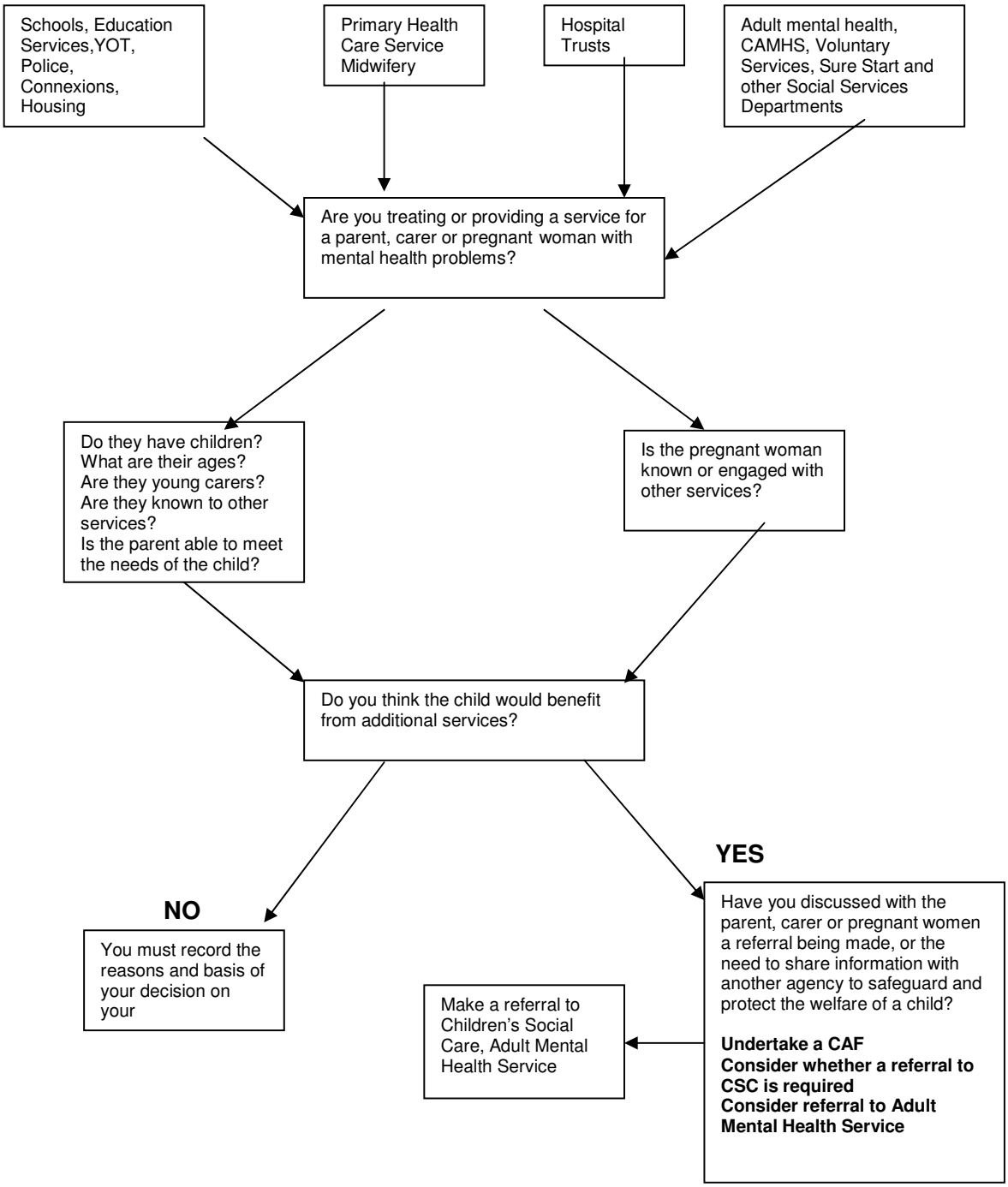
2.1.5 **Questions to be Considered**
2.1.5.1 The following set of questions and flowchart are designed to guide your decision making about how you can best meet the needs of children and adults in families experiencing mental health or substance misuse problems:

- Are you treating or providing a service to a parent, carer or family member with a mental health problem?
- Are you providing a service to a child/children where an adult in the household has mental health problems?
- How old are the children? Are they at school? **Record details of the children including full names, dates of birth, ethnicity and their schools**
- Do any of the children have caring responsibilities for their parent or younger siblings? Have they been involved in any assessment and their views sought? Do you need to consider a referral for Young Carer's Support?
- Have you considered the impact of your patient or client's mental health on their ability to meet the needs of their children? This will be determined by several factors; Nature, severity, and duration of the illness, involvement in and exposure to parental symptoms, alterations in parenting, changes in family structure or

functioning or the effects of parental treatment, any special needs of the child (Appendix 1).

- Do you have any concerns about their children's well being or safety? Are they at risk of harm? Do you need to make a referral to Children Social Care?
- Is there any history of domestic violence? Have you used the London CP Procedures Risk Assessment Matrix for Domestic Violence?
- Is there a previous history of concern in respect of parenting ability or the welfare of the children?
- Is your client pregnant? If so has she accessed ante natal care?
- Do you think the family, child or pregnant woman would benefit from additional services?
- Do you need to make a referral to another service? Do you need to consider a Common Assessment (CAF)?
- Do you know what other services are involved and what their role is?
- Have you discussed the need for any additional services, undertaking a CAF or making a referral to another service, with the parents, carers or pregnant woman?
- Has the patient expressed views about harming themselves &/or the children or delusional beliefs involving the child? **If so an urgent referral to Children Social Care should be made & a Strategy Meeting (sec 47 Children Act 1989) held to consider the risks.**
- Is anyone, patient or their children, at immediate risk? **If so consider what emergency action is required without delay.**
- Is there anyone in the household with special needs or a disability? Are they receiving services/had an assessment?

Decision-Making Flowchart



Part 3 - High Level Intervention

3.1 Guidance for Referral to Children's Social Care (CSC)

3.1.1 A referral to Children Social Care (CSC) for a child in need initial assessment under sec 17 Children Act 1989 or pre birth assessment should always be made if a parent, carer or pregnant woman is considered to have significant mental illness problems as indicated by the triggers given below. Guidance on significant harm and mental health can also be found in the London Child Protection Procedures sec 5.29. Pre-birth assessments are normally undertaken by CSC once the woman has reached week 30 of the pregnancy.

3.1.2 A referral should always be discussed with your manager and/or the agency's Named Nurse or Safeguarding Advisor. If there is an immediate danger to the client or others, including a child, the Police must be contacted.

3.1.3 A CAF may already have been undertaken as set down in section 6, this may have identified the need for a referral to CSC.

3.1.4 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 safeguarding concerns for the child 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.

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

- Where a parent or carer expresses thoughts of self-harm and/or harm to a child or your assessment indicates that they may harm their child an immediate referral to Children's Social Care under sec 47 Children Act 1989 should be made.
- Children for whom there are concerns that they may be at risk of significant harm as a result of physical, sexual or emotional abuse, or experiencing neglect including a chaotic home environment. The harm can be as a result of direct action or by omission
- The pre-birth assessment of women and their partners who have a history of; significant mental illness, who are experiencing a mental disorder, a severe or enduring mental illness, and where there are concerns about the impact of such a condition on a child/unborn child, or a woman’s ability to meet the child’s needs once born.
- Where the parent has expressed delusional beliefs about the child
- Any carer exhibiting signs of significant mental illness, or who are already the subject of a mental health assessment, where there are concerns surrounding the impact on a child’s well-being.
- There has been a previous unexplained death of a child whilst in the care of either parent.
- There are concerns about parental ability to self-care and/or to care for the child e.g. unsupported young or learning disabled mother with mental health problems.
- The baby may be at risk of significant harm including a parent previously suspected of

fabricating or inducing illness in a child.

- There are concerns about domestic violence (NB if a child is unborn or under 12 months a referral to children social care must be made). The Barnado's Risk Assessment Matrix for Domestic Violence (London Child Protection Procedures) should be used to assess risk associated with a history of domestic violence.
- A family member or partner is a person identified as presenting a risk to children.
- Urgent concerns as a result of parents or carers being assessed under the Mental Health Act 1983.
- Parents or carers with significant 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 (young carers).
- Children whose parents have mental health problems and there are co-existing social, education or additional health needs, e.g. non-attendance at school or nursery, lack of involvement with other statutory or primary care services (see Continuum of Need Matrix).
- Children for whom there have been past significant concerns in respect of parenting, or concerns for the safety or welfare of older children in the household and for whom there are new or ongoing concerns.
- Children who have been the subject of previous child protection investigations, a child protection plan, local authority care, or alternative care arrangements and for whom there are new or ongoing concerns.

3.1.7 Where the need for referral is unclear, this must be discussed with a line manager, safeguarding adviser or Named Nurse (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. Telephone referrals this must be followed up with a written referral within 48 hours.

3.1.8 If you are unsure if the child's needs meet the criteria for a referral to CSC a consultation can be undertaken with CSC either with the Duty Officer or through the Safeguarding Children Service. If you undertake a consultation you should record this & include the name of the person spoken to, the information shared and the decision or recommendation made. The consultation will be recorded by CSC as a contact. You should always speak to a Social Worker and not simply ask if a child is known. You will be asked the following:

Your details (you should be rung back)
The nature of your concern
Any relevant background information

3.2. Guidance for Referral to Adult Mental Health Services

3.2.1 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.

3.2.2 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.

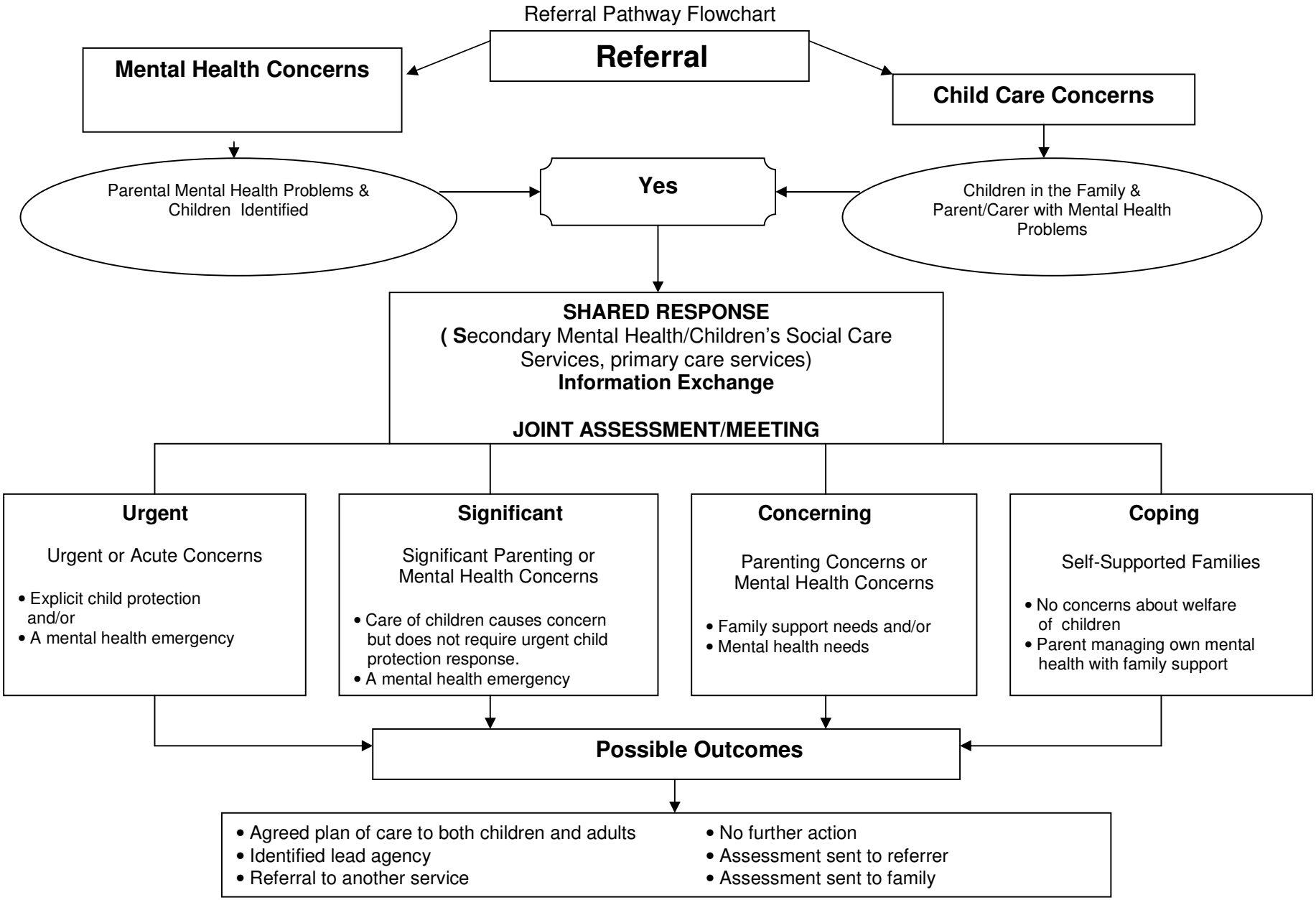
3.2.3 Contact with the GP and Oxleas Adult Mental Health Services is essential to ensure that the full background is obtained regarding any existing or previous diagnosis of mental illness &/or history of substance misuse, and information about previous or current treatment or referrals. When a pregnant woman or her partner has been identified with significant mental health problems, a pre-birth assessment must be undertaken. Guidance on pre-birth assessments is provided in the London Child Protection Procedures (2007) Section 6.8 (and also sections 5.29)

3.2.4 Triggers that may indicate referral to Adult Mental Health Services for initial assessment are listed below. 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 or domestic violence. The Biennial Review of Serious Case Reviews 2003-05 found 34% co-morbidity between parental violence, mental health and substance misuse issues.

- Concerns about parental mental health problems where there is recent history of assessment and treatment by secondary Adult Mental Health Services, including hospitalisation and/or Community Mental Health Team involvement.
- **Expression of homicidal or suicidal thoughts which involve the child**.
- Pregnant service user who has a history of previous mental illness during pregnancy or the post-partum period
- Escalating mental health problems where there is current/recent treatment by the GP.
- Concern about parental mental health where there is a history of self-harm
- Parental expression of an inability to manage their own or their child/children's safety where there is a history of mental health difficulties.
- Expression of apparently unreal fears about their own safety or that of others, **particularly where delusional beliefs involve the child.**
- Evidence of significant withdrawal from people, family or activities i.e., showing signs of depression or anxiety.
- Fluctuations in mood and activity e.g. excessive crying, inappropriate expression of anger, over activity, or increased suspicion.
- Concerns re: self-neglect.
- A child's or other's expression of concern regarding change in parent's and/or carer's behaviour or attitude.
- Chaotic households against a background of significant social stressors such as inadequate housing, unemployment or low income.

8.5 A past history of mental health problems will not necessarily mean a referral is required, this will depend on what the previous difficulties were and current mental

state, how long an individual has been stable, and the level of support at home. A discussion with Oxleas Mental Health may be necessary.


Referral Pathway Flowchart
Referral
Mental Health Concerns
Child Care Concerns
Parental Mental Health Problems & Children Identified
Yes
Children in the Family & Parent/Carer with Mental Health Problems
SHARED RESPONSE
(Secondary Mental Health/Children's Social Care Services, primary care services)
Information Exchange
JOINT ASSESSMENT/MEETING
Urgent
Urgent or Acute Concerns
• Explicit child protection and/or
• A mental health emergency
Significant
Significant Parenting or Mental Health Concerns
• Care of children causes concern but does not require urgent child protection response.
• A mental health emergency
Concerning
Parenting Concerns or Mental Health Concerns
• Family support needs and/or
• Mental health needs
Coping
Self-Supported Families
• No concerns about welfare of children
• Parent managing own mental health with family support
Possible Outcomes
• Agreed plan of care to both children and adults
• Identified lead agency
• Referral to another service
• No further action
• Assessment sent to referrer
• Assessment sent to family

Part 4 - Practice Issues

4.1 Inter-agency information sharing

4.1.1 It is essential for all services to accurately record the names, dates of birth, ethnicity, involvement of other agencies, school and attendance. Areas of concern for all children in families known to them must be documented. 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.

4.1.2 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.

4.1.3 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 there is reason to believe 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.

4.1.4 Knowing when, how and how much information to share is essential to effective inter-agency working to safeguard children and for improving outcomes for children. Children and their families do need to be reassured that information is generally only shared with their consent. However, there are occasions when that consent has to be overridden for example, if a professional has reason to believe that a child may be at risk of significant harm and the child's parent/carer refuses to give consent to share information. In this situation the requirement to share information with other agencies must be made clear to the service user and their views recorded, unless to do so would place the child or another adult at risk.

4.1.5 Bexley Children's Trust does have an Information Sharing Protocol that all partner agencies across the borough have signed up to; this can be found at
http://www.bexley.gov.uk/index.aspx?articleid=4645
Governmental guidance can be found on the Every Child Matters website
http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/informationsharing/informationsharing/
Oxleas has an Information Sharing Policy for its staff.

4.1.6 There are some key principles underlining the sharing of information:

- The Data Protection Act is not a barrier to sharing information
- The child's safety and welfare is the paramount consideration in deciding whether to share information, this includes sharing information about the parent or other adults involved
- Explain openly and honestly at the outset of your involvement what information will or may need to be shared and with whom. Ask for their written consent to share general information, be sensitive to what information needs to be shared
- Explain that there may be circumstances when more detailed and/or sensitive information will need to be shared for the well-being of the child and that wherever possible that would be discussed with them prior to sharing the information.
- Ensure all information is accurate, up to date, that it is relevant and proportional and that it is necessary to share; share information securely. If information is 'hearsay' or third hand clearly identify that
- If information includes professional opinion ensure that this is identified

- Always record whether information was shared and the reasons for that decision

4.1.7 If in doubt seek advice from your line manager, safeguarding advisor or Named Nurse - do not withhold information just because you do not know what to do.

4.2 Review and on-going work

4.2.1 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 possible and practical assessments should be conducted jointly between key agencies and focus on the outcomes for the child.

4.2.2 CPA (see paragraph 2.1.4.1) assessments and meetings for any adult who is a parent must include ongoing monitoring of the needs and risk factors for the children concerned. CSC should be invited to contribute if they are involved with a family or where risks and needs have been identified that justify their involvement. If they are involved with a child CSC will be required to hold a Child in Need meeting and the adult's services should be invited to any such meeting.

4.2.3 Time scales for adults under going recovery may be too long for children to manage the uncertainty. Issues regarding emotional abuse and neglect as a consequence of possible fluctuation of parental mental health or relapse will need to be carefully weighed with the desirability for children to remain within their family networks in a stable situation**.**

4.2.4 Where more than one agency continues to be involved in 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. Any decision to close a case by any agency should be discussed fully with any other agency involved prior to closure. Good practice would suggest such decisions should be made in a multi-agency review meeting.

4.2.5 The issue of parental capacity may arise and CSC may approach Adult Mental Health services to comment on this. Psychiatrists may be approached to give their view on whether the adult's mental health impairs their capacity to act as a parent in any way. Following the *Children's National Service Framework,* it is important that CSC put any psychiatric opinion on capacity in the context of the whole assessment. Decisions about whether a child is safe to remain with their parent rest with the Local Authority and the courts, and rarely turn on psychiatric opinion alone, which, while important, can only contribute to the overall assessment made by the Local Authority. All workers should bear in mind their responsibilities for assessing capacity under the Mental Capacity Act 2005 and the Mental Health Act 2007 which amends but does not replace the Mental Health Act 1983.

4.2.6 The parameters for assessment of risk within agencies must be clear between agencies and each agency must address and discuss the risks to other people in the household , especially children or vulnerable adults.

4.2.7 It is important that cases are discussed in supervision and that any decisions made there are clearly recorded on the file and shared as appropriate.

4.3 Conflict Resolution and Escalation where there is a Disagreement between Professionals/Agencies

4.3.1 Research and case enquiries have shown that difference of opinion between agencies can lead to conflict resulting in less favorable 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 (2007) (sec 18.6).

4.3.2 Currently (Oct '09) CSC and the Adult Mental Health Service are undertaking a piece of work designed to strengthen working relationships and to develop a joint protocol for high threshold work. Once complete this will be attached to this Multi-Agency Protocol as an attachment.

4.3.3 Professionals should also refer to their single agency procedures on conflict resolution.

4.3.4 If a dispute is ongoing the respective Heads of Service or the Oxleas' Named Nurse for Safeguarding should be approached to intervene as necessary.

Appendix 1

Summary of Potential Impact on Child of Primary & Secondary Behaviours Associated with Parental Psychiatric Disorder

Parental Behaviour	Potential Impact on Child (in addition to attachment problems)
Self preoccupation	Neglected
Emotional unavailability	Depressed, anxious, neglected
Practical unavailability	Out of control, self-reliant, neglected, exposed to danger
Frequent separations	Anxious, perplexed, angry, neglected
Threats of abandonment	Anxious, inhibited, self-blame
Unpredictable/chaotic planning	Anxious, inhibited, neglected
Irritability/over-reactions	Inhibited, physically abused
Distorted expressions of feelings	Anxious, confused reality
Strange behaviour/beliefs	Embroiled in behaviour, shame, perplexed, physically abused
Dependency	Caretaker role
Pessimism/blames self	Caretaker role, depressed, low self-esteem
Blames child	Emotionally abused, physically abused, guilt
Unsuccessful limit-setting	Behaviour problems
Marital discord and hostility	Behaviour problems, anxiety, self-blame
Social deterioration	Neglect, shame

Source: Reder,P., McClure,M. & Jolley,A. (2000) Family Interfaces Between Child Matters and Adult Mental Health

Summary of Potential Impact of Parental Drug & Alcohol Misuse on Children

Age (years)	Health	Education & Cognitive ability	Relationships & Identity	Emotional & Behavioural Development
0-2	Drug & alcohol misuse in pregnancy may result in symptoms of withdrawal Poor ante-natal care, missed medical appts & Immunisations Unsuitable clothing, very poor hygiene Risk of serious injury or death by overlaying Failure to provide safe environment	Development may be delayed through parent's inconsistent, under-stimulating & neglectful behaviour	Risk of use of multiple carers that can lead to insecure attachments Parents' own inconsistent & chaotic behaviour can lead to attachment problems Drug or alcohol use can be placed before the needs of the child	Emotional insecurity in the child due to parental lack of commitment, indifference, unhappiness, tension or irritability
3-4	May be placed in physical danger by excessive drug or alcohol misuse and by the presence of drugs in the home Physical needs may be neglected	Lack of stimulation Nursery or pre-school attendance may be irregular	May be left home alone or with unsuitable carers May take on responsibilities beyond their years because of parental incapacity Children may blame themselves for problems and try to put them right	Emotional insecurity continues Unable to tell of their distress therefore at risk of emotional disturbance. behaviour does not always reflect mental state
5-9	Medical & dental appt missed Psychosomatic symptoms eg sleep problems, bed-wetting, head & stomach aches	Academic progress may be negatively affected with related problems of school attendance, punctuality & concentration affected. Some children may immerse themselves in school and attain well	May develop poor self-esteem & blame themselves for parental problems Feelings of shame & embarrassment over parental behaviour may affect friendships & social interactions	Behaviour may become a problem at school Conduct disorders in boys-hyperactivity, inattention Depression & anxiety in girls May be in denial of own needs & feelings Child may be labelled as the 'problem' by the family & others
10-14	Little or no support during puberty due to parental emotional withdrawal	Continued poor academic performance Higher risk of school exclusion	Caring for siblings &/or parents Restricted friendships	Increased risk of emotional disturbance & conduct disorders including bullying

Age (years)	Health	Education & Cognitive ability	Relationships & Identity	Emotional & Behavioural Development
	Early experimentation with substances more likely May have difficulty in developing healthy & balanced attitude to alcohol use		Poor self-image & low self-esteem Neglect & poor appearance may lead to them becoming highly self-conscious and this may lead to loss of friendships	At risk of becoming drug mis-users themselves
15 +	Increased risk of substance misuse Risk of pregnancy, STIs, self neglect & failed relationships	Poorer life chances due to poor school attainment or exclusion due to behavioural problems Parents incapable of supporting getting them back into school or their continued learning	Lack of appropriate role models If parental behaviour is chaotic may have low self-esteem, feelings of rejection, unable to control events in their lives	Emotional problems may result from self-blame & guilt leading to an increased risk of suicidal behaviour & vulnerability to crime

Source: Adapted from Hedy Clever: The Child's World, Assessing Children in Need, Reader DoH (2000)

Appendix 2
Legal and Policy Framework

This Protocol is informed by:

- Mental Health Act 1983. DoH Crown Copyright as amended by Mental Health Act 2007
- Mental Capacity Act 2005
- National Patient Safety Agency Rapid Response Report 2009
- 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 2006
  www.everychildmatters.gov.uk/safeguardingandsocialcare/safeguarding/workingtogether/

London Child Protection Procedures (3rd edition 2007) www.londoncpc.gov.uk/procedures

Bexley Common Assessment Framework www.bexley.gov.uj/index.aspx?articleid=4647

Child in Need - A Guide for those working with Children & their Families and the Safeguarding Continuum of Need Matrix
www.bexleylscb.org.uk/news_andpublications.html

Policies & Procedures of:
Bexley LSCB www.bexleylscb.org.uk/bexley_policies_procedures.html
LB Bexley Children & Young People's Service
Bexley Care Trust
South London Healthcare NHS Trust
Oxleas NHS Foundation Trust

Appendix 3

Who to contact

If you are concerned about a child you must always do something.

If you're not sure – seek advice
If you think a child is in immediate danger contact the police by dialing 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 :
East Child Care: 0208 303 7777ex.2628
West Child Care Unit 0208 310 0566
If you are seeking advice or support for a disabled child, you should contact the Children with Disabilities Team: 0208 303 7777 ex. 6336

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 : 0208 303 7777

Oxleas Foundation NHS Trust
Community Assessment & Treatment Team - South 020 8301 9400
Community Assessment & Treatment Team - North 01322 356100

Designated Professionals and Advisers in Child Protection/Safeguarding:

Education
Each school has a Designated Person for Child Protection.
Safeguarding Children (Education) Co-ordinator : 020 8836 8130

Police
Metropolitan Police - Child Abuse Investigation Team (CAIT): 0207 230 3700

Health
Bexley Care Trust: 0208 298 6079
Queen Mary's Hospital: 0208 302 2678
Oxleas NHS Trust: 01322 625029

General
If your agency does not have its own guidance or child protection adviser contact the Safeguarding Children's Service: 01322 356302

Young Carers
Bexley Moorings, Royal Park Primary School, Riverside Rd, Sidcup 020 8300 9742