



Procedure to Meet the Needs of Children (Including Unborn) Whose Parents or Carers Experience Mental Ill Health

Summary: A multi-agency procedure developed through the BSCB in conjunction with London Borough of Bromley, Oxleas Foundation NHS Trust, Bromley Clinical Commissioning Group 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 illness.

FINAL

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1. Context

Mental health and psychological symptoms are common in the adult population affecting up to 1 in 3 people. Applied to Bromley, this prevalence would mean that 64,000 people are suffering from one of these symptoms at any one time. About half of those with symptoms, 1 in 6, will suffer from a recognised mental health problem including depression, phobias, obsessive compulsive disorder, panic disorder, generalised anxiety disorder and mixed anxiety and depressive disorder. In Bromley this would equate to about 32,000 people, of whom about 4,000 people will be known to secondary services. Between 30% and 50% of users of secondary mental health services are parents with dependent children. Some of these families are the most disadvantaged and socially excluded people in society (SCIE, DOH, 2008).

Parental mental ill health is only one of a range of inter-related risk factors which may lead to increased need and risk of significant harm to children and young people. Biennial research and reviews of national serious case reviews has shown that parental mental ill health features alongside substance misuse and domestic violence/abuse in three quarters of the serious case reviews conducted (Brandon et al 2009). Brandon et al refer to this interrelation of risk factors as the “Toxic Trio”.

Recommendations include improving communication, coordination and collaboration between all services and agencies, to ensure that the needs of the children whose parents have mental ill health are addressed.

2. Introduction

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 (2015)¹.

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 (5th edition, 2016).

Most parents, carers and pregnant women experiencing mental ill health 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 ill health 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 (2015)² which sets out the safeguarding threshold

¹ Working Together to Safeguard Children (2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

² The Child's Journey in Bromley (2015)
http://www.bromleysafeguarding.org/pdfs/A%20Childs_Journey_in_Bromley_Threshold%20Guidance%20v2_Dec_2015.pdf

guidance should be used to aid decision making.

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).

This procedure applies whenever there are concerns about the well-being or safety of children whose parents or carers have mental ill health, 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 ill health or where their partners are known to have mental ill health.

3. Aims

- To safeguard children and ensure their welfare needs are met
- To increase understanding of the impact of an adult's mental ill health on children's lives
- To ensure that universal and specialist services improve the early identification of children in need
- To ensure the provision of coordinated services to families in which there are dependent children of parents, carers or pregnant women with mental ill health
- To ensure effective co-operation and collaborative decision-making between services
- To ensure that multiagency practice locally is in line with the principles set out within "Think Child, think parent, think family" (SCIE, 2012)³

4. Identifying the Needs of Children

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

³ Think Child, Think Parent, Think Family (SCIE, 2012)
<http://www.scie.org.uk/publications/atagance/atagance09.asp>

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 (Part B Practice Guidance Section 30 - Parenting Capacity and Mental Illness)⁴.

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 their mental ill health? What is his or her history and have they been of compliant with any treatment required?
- 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 does the parent's mental health have on 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 mother is pregnant, is she accessing ante-natal care?
- If the mother is pregnant, has there been any change in prescribed medication and/or treatment?
- What is known about the father? Is he a supportive influence? Is he receiving a service for mental ill health?
- Are either parent misusing substances (drugs and alcohol)?
- Is there a history and/or current risk of domestic abuse?
- Does this parent or family appear in need of services?
- Are there any other services involved?
- Does the parent engage with services? There should not be an assumption made that an individual referred to mental health services is attending and compliant with treatment. Services should routinely identify reasons for non-attendance. Lack of engagement and compliance should be followed up assertively and communicated appropriately and proportionately in relation to risks to children.
- 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

⁴ London Child Protection Procedures (2016) – Part B Practice Guidance – Section 30 – Parenting Capacity and Mental Illness
http://www.londoncp.co.uk/chapters/par_cap_ment_illness.html

5. Pregnancy and Mental Health Problems

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 mental ill health or a family history of perinatal mental illness (NICE, Clinical Guidance 192, 2014)⁵.

When an agency identifies a pregnant woman experiencing mental health ill health an assessment must be undertaken to determine what services she requires. This must include gathering relevant information from their GP, Adult Mental Health Services (if involved), in addition to any other agencies involved. This will ensure that the full background is obtained about any existing or previous diagnosis, or treatment for mental ill health. 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.

In these circumstances a referral to the Local Authority Children's Social Care must be considered. If it is decided that a referral is not appropriate the name of the person making this decision and the reason for their decision must be clearly recorded in the agency's records.

If a person has moved recently, the GP should seek out health records from the previous GP.

It is important to identify partners of pregnant women and whether they are a supportive influence. Consider also whether they are in a happy, supportive relationship and both potential parents' feelings about the pregnancy and whether they want the unborn child.

Whilst it is important to identify partners of pregnant women it is particularly important to know if they are experiencing mental health problems and to assess and understand the potential for increased risk and unmet needs that this may cause the child (ante and postnatally).

Have previous children of either or both of the parents been known to Children's Social Care (CSC) and have either the mother or the partner been previously known themselves to CSC or have they been Children Looked After (CLA)?

It is important to include in assessment of the parents' relationship that the prevalence and risk of domestic abuse increases during pregnancy. The impact of either or both parents' substance misuse should be considered in relation to the potential of physical harm to the unborn child and increased potential for abuse and neglect and difficulties coping with a new baby.

⁵ NICE Clinical Guidance 192 (2014) - Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance
<https://www.nice.org.uk/guidance/cg192?unlid=4798932420169834723>

6. Guidance for Referral to Adult Mental Health Services

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. The referring agency should **not** assume that this referral will lead to the individual's automatic engagement with the mental health service, compliance with treatment and decreased risk. The referral in itself is not a protective factor if the individual does not engage with treatment.

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 ill health by GP, dependent 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 increased suspicion
- Evidence of self-neglect
- A child or other's expression of concern regarding change in parents and/or carer's behaviour or attitude

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

When a parent has been identified with mental ill health 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 (2016) (Part A Core Procedures – Section 2.6 – Pre-Birth Referral and Assessment)⁶.

Where the following circumstances apply, a referral should be made to Children's Social Care who will be responsible for carrying out a pre-birth assessment.

- Where parental mental ill health or impairment is likely to significantly impact on the baby's safety or development
- Where there are concerns about parental ability to self-care and/or to care for the child

⁶ London Child Protection Procedures (2016) Part A Core Procedures – Pre-Birth Referral and Assessment http://www.londoncp.co.uk/chapters/referral_assess.html#prebirth

7. Guidance for Referral to Children's Social Care

A referral to Children's Social Care for an initial assessment or pre-birth assessment should always be made if a parent, carer, pregnant woman or her partner is considered to have significant mental ill health as indicated by the triggers given below. **A referral should always be discussed with a manager.**

*** If there is an immediate danger to the client or others, including a child the Police must be contacted via 999 ***

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.

A referral to Children's Social Care must be made if service users express delusional beliefs involving their child and/or if service users might harm their child as part of a suicide plan.

This is not an exhaustive list of high risk situations but was highlighted within the National Patient Safety Agency Rapid Response Report: Preventing Harm to Children from Parents with Mental Health Needs (2009)⁷.

The data that formed the basis of this Rapid Response Report was taken from an analysis by the National Confidential Inquiry into Suicides and Homicides (NCISH). NCISH's summary findings are that around 30 homicide convictions a year result from children killed by biological or step parents, with 254 perpetrators convicted between 1997 and 2004 in England and Wales. Of these, over a third (37% or 94/254) had a mental disorder including 15% (38/254) with depressive illness or bipolar affective disorder, 11% (27/254) with personality disorder, 8% (21/254) with schizophrenia or other delusional disorders and 5% (12/254) with substance or alcohol dependence.

Apart from the above clarity regarding what should prompt an immediate referral to Children's Social Care and organisations' responsibilities for ensuring that their staff are clear regarding the referral process and their role in this; the report also recommended the following:

- All assessment, CPA monitoring, review, and discharge planning documentation and procedures should prompt staff to consider if the service user is likely to have or resume contact with their own child or other children in their network of family and friends, even when the children are not living with the service user
- If the service user has or may resume contact with children, this should trigger an assessment of whether there are any actual or potential risks to the children, including delusional beliefs involving them, and drawing on as many sources of information as possible, including compliance with treatment

⁷ National Patient safety Agency Rapid Response Report: Preventing harm to Children from Parents with Mental Health Needs (2009)

www.npsa.nhs.uk/patientsafety/alerts-and-directives

- A consultant psychiatrist should be directly involved in all clinical decision making for services users who may pose a risk to children

When it is decided that an adult will receive in-patient mental health care (particularly emergency/immediately arranged to meet immediate risk to self and others) the assessor must establish whether there are children and, if so, their whereabouts and safety needs whilst their parent /carer is admitted. Is there a partner or family and are they able to ensure that the needs of the child(ren) are met during the time of admission.

In the event that the parent or carer has been receiving in-patient services, in whatever setting including adult mental health, consideration must be given to discharge arrangements to ensure provision for the children is appropriate and their welfare and safety has been properly assessed. In these circumstances a formal meeting with Children's Social Care (a Pre-Discharge Planning Meeting) should be held prior to discharge where they are already involved. Where Children's Social Care are not already involved but concerns are identified they should be invited to attend the Pre-Discharge Planning meeting.

If a parent or carer discharges themselves out-of-hours a referral to the Children's Social Care Emergency Duty Team should be made to ensure the children's welfare is protected.

Below are triggers that indicate a referral to Children's Social Care is required for Initial Assessment. 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 ill health , or now are experiencing mental ill health , 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
- Partners of women who are pregnant who have mental ill health or who are experiencing mental ill health
- Parents or carers (even if not the primary carer) who are exhibiting signs of mental ill health, 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/abuse or where a family member or partner is a person identified as presenting a risk to children
- Where there have been two previous referrals concerning carers and their children
- Urgent concerns as a result of parents or carers (even if not the primary carer) being assessed under the Mental Health Act
- Parents or carers (even if not the primary carer) 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, children who have been or currently are subject to child protection plans, Local Authority care, alternative care arrangements
- Whether either of the parents (particularly if they are young parents) have been previously known to Children's Social Care (CSC) or have been Children Looked After (CLA)

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.

Children's Social Care has a responsibility to complete a pre-birth assessment under London Child Protection Procedures (Part A Core Procedures – Section 2.6 –Pre-Birth Referral and Assessment) 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
- The mother's partner has a mental ill health or is experiencing mental ill health
- 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 ill health
- 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

In particular cases a strategy meeting may need to be held in order to organise the assessment/ investigation. A Children's Social Care manager must make this decision with the required outcome of developing a clear multi-agency birth plan. Strategy meetings or child protection conferences and core group meetings must include adult mental health professionals if a mental health service user is involved or if the parent or carer (even if not the primary carer) or their partner has a mental illness or is experiencing mental ill health .

Referrals should be discussed with the client prior to being sent where this is safe to do so. **The welfare and safety of the child is paramount** and where concerns exist referrals to Children's Social Care must be made even if the decision is taken not to share the referral with the client, the decision not to do so must be recorded on the client's file.

See: Appendix 2 for Decision-Making Flowchart, Appendix 3 for Referral Pathway Flowchart and Appendix 4 for Who to Contact

8. Multi Agency Partnership Meetings

In some circumstances agencies who receive a referral will need to work in partnership with other agencies in order to share information about the family, work collaboratively and identify the appropriate support and assistance required by the family. Multi-agency partnership meetings will need to be coordinated and attended in accordance with the timescales outlined below.

Where Children's Social Care are working with a parent who is known or currently receiving a service from Adult Mental Health Services, the Social Worker must contact the parents Care Co-ordinator to arrange a meeting between them and Adult Mental Health Services and any other agencies.

This meeting should take place within 10 days of request to hold the meeting.

The aim of the meeting is to enable a detailed discussion of the safeguarding concerns in respect of the children and information sharing in respect of the parent's mental health history and current circumstances with regard to the impact upon their parenting of their mental health illness or disorder.

Further, to share information regarding the parent's support and treatment being provided by Adult Mental Health services, it is expected that all agency attendees should have a clear outline of key concerns and the work that other agencies are carrying out to support the family. Agreed actions and decisions identified at the meeting should be recorded by the Social Worker and shared with meeting attendees and the family in writing within 5 days of the meeting. Consideration need to be given to setting a date for a review meeting to discuss the progress that has been made.

The Care Co-ordinator will prepare where applicable a report setting out the assessment and treatment plan and services being provided by Adult Mental Health and identify any areas of concern such as non-compliance with the plan. The report submitted by the Care Co-ordinator will be overseen by their manager in Oxleas. (In the event care proceedings are issued, this report will be filed at court as primary evidence). The Care Co-ordinator will attend any key meetings such as child protection case conferences and core group meetings to plan with other professionals effective interventions and support for the child and parent.

Where Children's Social Care are working with a parent who has been previously known to Adult Mental Health Services but is not currently receiving a service or where they have not been previously known to the service, the Social Worker should make an immediate referral to Adult Mental Health Services via the Primary Care Plus services in order to arrange a meeting as above.

Where a client is known to adult mental health and Children's Social Care joint home visits should be routinely considered where there is knowledge of child safeguarding issues.

Where a parent has been sectioned to hospital and where the parents child/ren is/are subject to care proceedings, or will be so imminently, the ward staff and psychiatrist responsible for in-patient beds will have a meeting with the child/ren's Social Worker and will prepare a report for Court as primary evidence.

In the event these timescales are not adhered to see section 11 – Conflict Resolution and Escalation Where There is a Disagreement.

Emergency Fast Track

In exceptional circumstances where the child/ren of the parent is subject of care proceedings and where the parent's mental illness or mental disorder is a significant contributory factor in this decision, Children's Social Care are likely to require an assessment of the parent and treatment plan in order to provide this information to the Court as primary evidence. In such circumstances the Group Manager, Children's Social Care will contact the Service Manager, Adult Mental Health to provide a fast tracking service for these assessments in order to fit into the 26 week timeframe set out in Children and Families Act 2014.

The expectation is that a request for a fast track assessment from Children's Social Care should receive a response from Adult Mental Health services within 72 hours of the request being made. In the event that this timescale is not adhered to see section 11 – Conflict Resolution and Escalation Where There is a Disagreement.

9. Inter-Agency Information Sharing

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 from the line manager or the agency's designated child protection lead officer.

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.

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. Consent will not be sought from a parent if, by doing so, it is judged that this would put the child in more danger or increase the potential for harm. **Where a professional has concerns about seeking consent advice should be sought from their line manager.**

Any information shared should follow the following 7 Golden Rules of Information Sharing⁸ guidance:

- 1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately**
- 2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be, shared, and seek their agreement, unless it is unsafe or inappropriate to do so**
- 3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible**
- 4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case**
- 5. Consider safety and wellbeing: base your information-sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions**
- 6. Necessary, proportionate, relevant, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely**
- 7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose**

In the event that 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.

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 Information Sharing: Guidance for Practitioners and Managers (HM Government, 2009)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

HM Government - 'Information sharing advice for safeguarding practitioners' (2015) provides further guidance if you are unsure about sharing information⁹.

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 agreed course of action are recorded and that a written referral follows any telephone conversation referral.

10. Review and On-Going Work

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.

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.

11. Conflict Resolution and Escalation Where There is a Disagreement

Research and case enquiries have shown that difference of opinion between agencies can lead to conflict; resulting in less favourable outcomes for the child. If 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 (2016) Part B Practice Guidance – Chapter 11 Professional Conflict Resolution¹⁰ and the Bromley Safeguarding Children Board (BSCB) Escalation Procedure – March 2015.

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.

Where issues arise which cannot be quickly addressed between the Social Worker and Care Co-ordinator the matter will be escalated within 24 hours by them to the Group Manager, Children's Social Care and Team Manager, Adult Mental Health and Oxleas Safeguarding Children Team who will establish contact and respond to their respective workers within 72 hours. In the event the issues

⁹ HM Government – Information Sharing Advice for Safeguarding Practitioners (2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

¹⁰ London Child Protection Procedures (2016) Part B Practice Guidance – Section 11 – Professional Conflict Resolution
http://www.londoncp.co.uk/chapters/profess_conflict_res.html

remain unresolved the agencies will both escalate the matter to Head of Service, Children's Social Care and Service Manager, Adult Mental Health. If a resolution cannot be reached then the respective services will escalate to their Assistant Directors to resolve.

These escalations must be fully documented by all organisations.

Where Children's Social Care has requested a 'Fast Track' assessment of a parent for a family subject to Court Proceedings and there has been a delay in responding to the request for the assessment (after 72 hours) this matter should be referred by the Group Manager, Children's Social Care to the relevant Head of Service who will discuss this with the Senior Manager in Adult Mental Health Services.

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

*** All decisions must be fully shared, documented and acted upon by all organisations ***

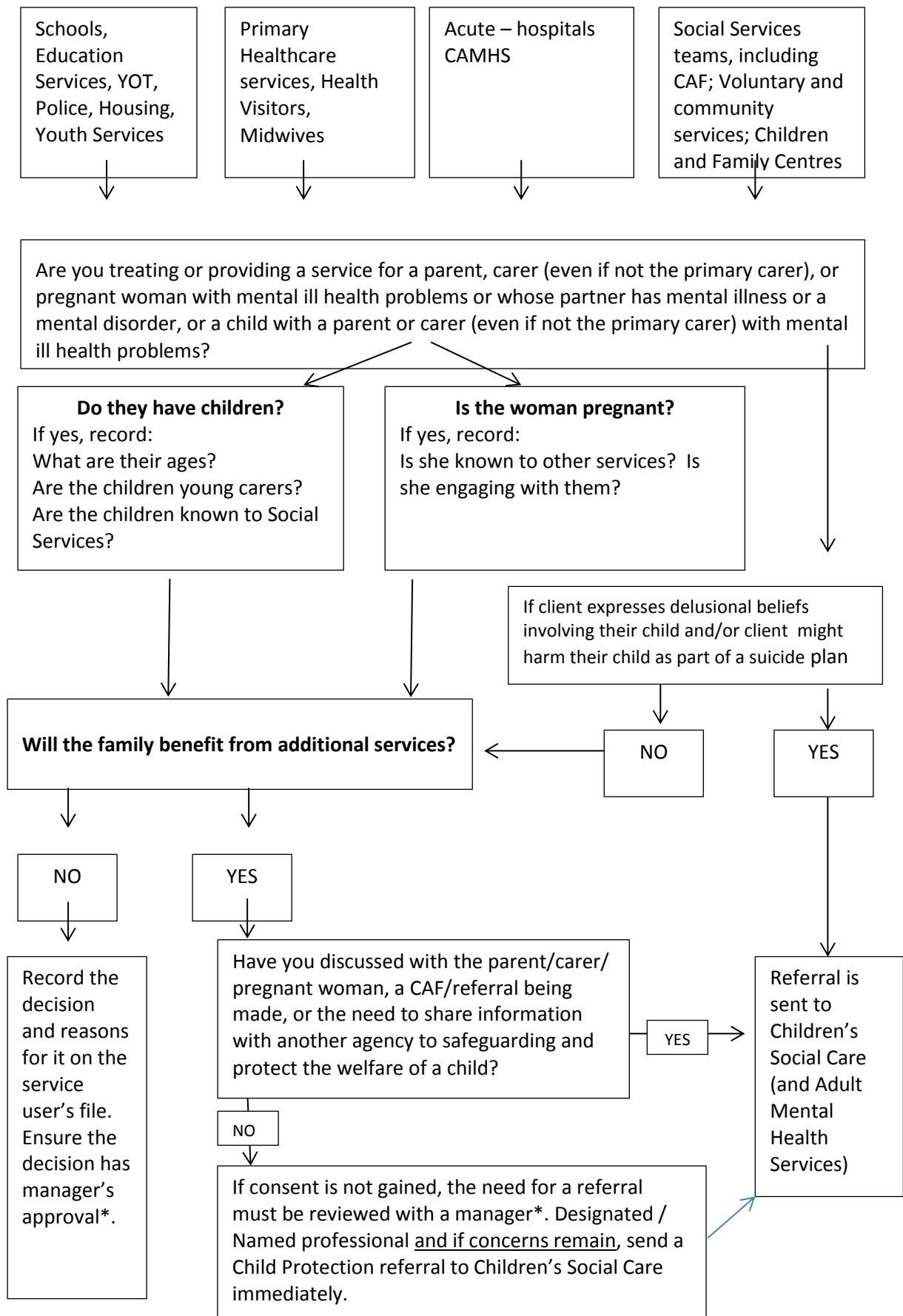
Appendix 1

Legal and Policy Framework

- Working Together to Safeguard Children (2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf
- London Child Protection Procedures (2016)
<http://www.londoncp.co.uk/>
- Children Act (1989)
<http://www.legislation.gov.uk/ukpga/1989/41/contents>
- Children Act (2004)
<http://www.legislation.gov.uk/ukpga/2004/31/contents>
- Mental Health Act (1983)
<http://www.legislation.gov.uk/ukpga/1983/20/contents>
- Framework for the Assessment of Children in Need and their Families (2000)
<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/Framework%20for%20the%20assessment%20of%20children%20in%20need%20and%20their%20families.pdf>
- What to do if you're worried a child is being abused (2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf
- Every Child Matters (2005)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/272064/5860.pdf
- National Service Framework for Children, Young People and Maternity Services (2004)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199952/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Core_Standards.pdf
- Common Assessment Framework (2004)
<https://www.education.gov.uk/consultations/downloadableDocs/ACFA006.pdf>
- Children and Families Act (2014)
<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>
- Care Act (2014)
<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- Information Sharing Advice for Safeguarding Practitioners (2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf

Appendix 2

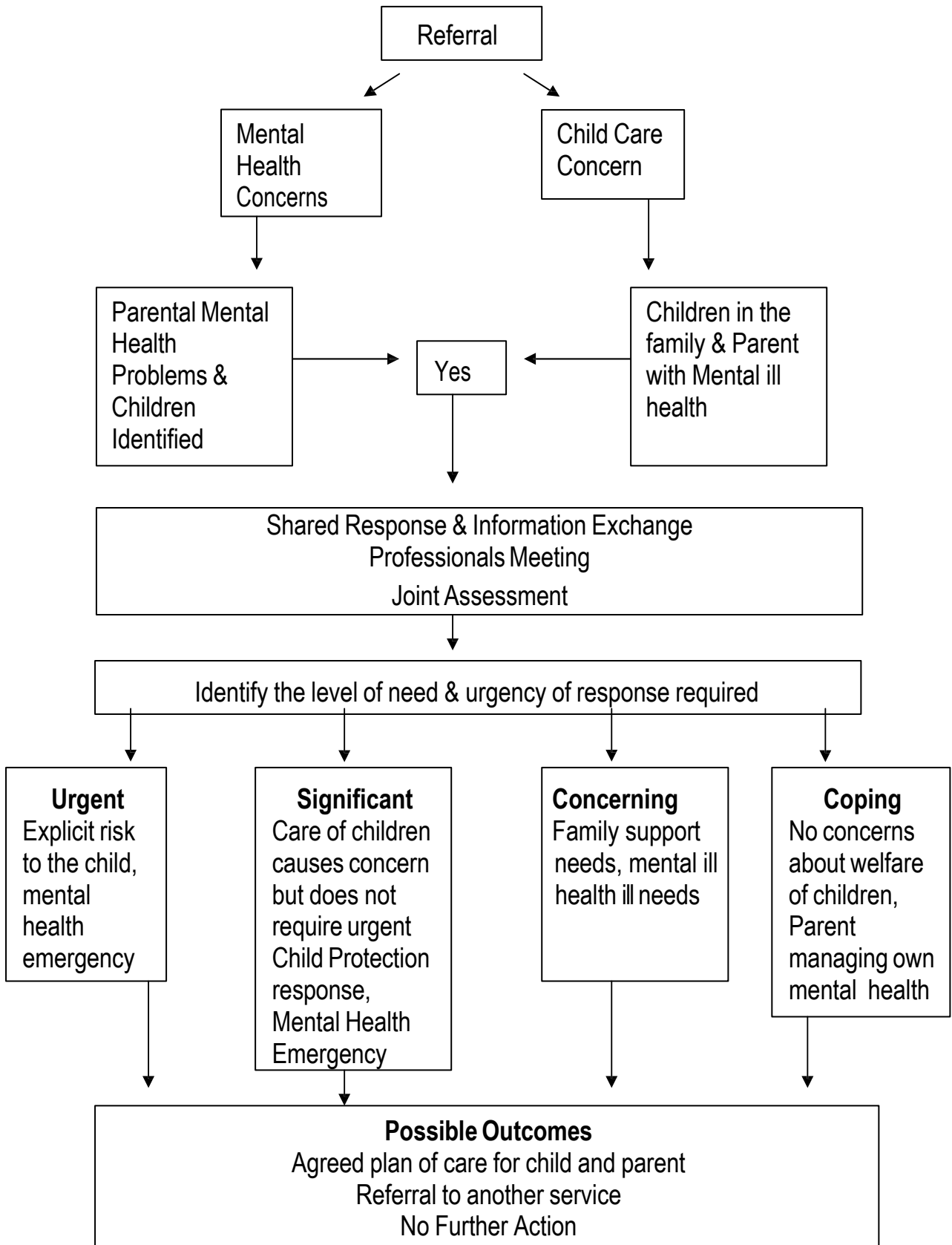
Decision Making Flowchart



**This does not include GPs as they are independent practitioners and do not have a line manager*

Appendix 3

Referral Pathway Flowchart



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

**If you are concerned about the safety or wellbeing of a child or young person,
contact the multi-agency 'MASH' team in Children's Social Care immediately**

Children's Social Care

To make a referral to a service or to discuss a potential referral contact:

- **Multi Agency Safeguarding Hub (MASH) Team:**
Telephone: 020 8461 7373 / 7379 / 7026
mash@bromley.gov.uk
mash@bromley.gcsx.gov.uk (secure)
- **Out of Hours** 5pm – 9am weekdays, weekends and bank holidays
Telephone: 030 0303 8671

The referral form for MASH can be found at www.bromleysafeguarding.org

Mental Health – Under 18 years

- **Bromley Community Wellbeing Service for Children and Young People**
(formerly known as Bromley Y)

17 Ethelbert Rd
Bromley
BR1 1JA.

Tel: 020 3770 8848
Fax: 020 3121 3005
Email: info@bromleyy.org
Website: www.bromleywellbeingcyp.org
NOTE: A screening form is necessary for a referral. See website above
for form.
- **Child and Adolescent Mental Health Services (CAMHS)**
2 Newman Road
Bromley BR1 1RJ
020 8315 4430
NOTE: All referrals to CAMHS are routed through Bromley Community
Wellbeing Service for Children and Young People.

Mental Health – Adults

The adult's GP will refer an adult for a triage assessment by either the Bromley East or Bromley West team, depending on where the GP practice is located in the Borough.

- **Bromley West GP Locality**
Your referrals will go to Bromley West Primary Care Plus
Based at Yeoman House, 2nd Floor 63 Croydon Road, SE20 7TS
Telephone 020 86592151
Fax 020 8778 6104
Email: oxl-tr.referralsbromleywest@nhs.net

- **Bromley East GP Locality**
Your referrals will go to Bromley East Primary Care Plus
Based at 1-6 Carlton Parade, Orpington, BR6 0JB
Telephone 01689 892300
Fax 01689 879051
Email: oxl-tr.referralsbromleyeast@nhs.net

Further information can be found on our dedicated internet page for Bromley GP's:
<http://oxleas.nhs.uk/bromley-gp>

Bromley Young Carers

Website: <http://www.carersbromley.org.uk/about-us/mission-statement/young-carers.html>

Carers Bromley
Anglesea Place
1 Kent Road
St Mary Cray
Orpington
BR5 4AD

Email: help@carersbromley.org.uk

Tel: Bromley Carers Helpline (Freephone, 9-5 Mon-Fri) 0800 015 7700
Bromley Carers: 01689 898 289