

## **Stockport Children's Services and Stockport Adult Mental Health Services.**

### **Stockport Joint Service Protocol to meet the needs of children, young people and unborn babies whose parents or carers have mental health problems.**

#### **Foreword**

This protocol is important for the safeguarding of children and families in Stockport. It should be read and implemented by staff who deliver services to children and young people whose parents or carers have mental health problems. It should be read and implemented by staff who deliver services to adults who are parents or carers with mental health problems. The protocol applies equally to pregnant women and their partners where there are concerns about either or both parent's mental health. The protocol also applies to adults with mental health problems who have contact with a child or children, even if not a parent or carer; for example, siblings, lodgers, family visitor, babysitter or childminder.

Research and local experience have shown that mental health problems in parents/carers or pregnant women and partners can have a significant impact on parenting and increase risk, especially for babies and younger children. This does not mean that parents who experience mental health problems are poor parents. However, the impact of mental health problems can, on some occasions, lead to children and families needing additional support; or in a small number of cases support and multi-disciplinary action to prevent significant harm.

Stockport Family and Pennine Care are committed to ensuring early help and that interventions are provided to enable and support parents, including those with mental health problems, to care safely for their children. To achieve this, the protocol promotes good multi agency working including appropriate information sharing, [joint assessment of need](#) through the use of the [Early Help Assessment](#) (EHA) and making effective use of Team Around the Child/Family (TAC) for those parents with mental health problems who are in need of additional help in caring for children and young people. This work should be underpinned by working in partnership with parents and children and applying a 'Stockport Family' approach; that is working closely with parents and others in a whole family, integrated way. In the minority of situations where parents are unable to care safely for their children the protocol will ensure that there is effective joint working between adult and children and young people's services so that risk to children can be assessed and service response implemented.

The Stockport Safeguarding Children's Board (SSCB) expects all agencies working with children or adults who are parents in Stockport to implement this protocol and ensure that all relevant staff are aware of it and know how to use it.

## **1. Introduction**

Being a parent with a mental health problem can be particularly challenging. Many parents are only too aware that their mental health problem can affect their children even if they do not fully understand the complexities.

All infants and children are sensitive to the environment around them, their parent's state of mind has an impact on them. In this context all children are vulnerable when a significant adult in their lives has a mental health problem. For example, in some cases children and young people themselves can be identified as being young carers who are entitled to an assessment under the Children Act 1989 and the Children and Families Act 2014.

Children in such families can be vulnerable depending on the severity and impact of their parent's mental health and because of secondary factors. Examples are low income, poor housing and neighbourhood, stressed family relationships and societal prejudice. Parents with mental health problems need to be encouraged to be enabled to discuss their concerns without fear of prejudice.

Likewise, their children have a right to have their needs assessed, receive appropriate services and be heard in their own right so that any support needs can be identified, risk factors can be minimised and protective factors promoted. In this way, children will be enabled to achieve their potential and move confidently into adult life.

All the agencies in Stockport are committed to early intervention to ensure that all children and young people, including those whose parents have mental health problems, are protected and enabled to achieve their optimum potential.

As many children of parents with mental health problems are likely to require additional support from agencies across the spectrum of universal, targeted and specialist services, this protocol focuses on the identification of these needs at an early stage.

This protocol sets out:

- Key questions that all practitioners working with adults who have mental health problems must ask in their work, where their patients or service users are parents or are in contact with children
- Clear guidance about the pathways to obtaining additional support for children who need early help, support or safeguarding
- Guidance for children's work force about when to access additional support for adults who have mental health problems
- Guidance for when adult mental health practitioners must share information with Children's Social Care.

## **2. The aims of the protocol**

- To ensure that professionals working in Stockport are clearly aware of their duty to work together to safeguard and promote the welfare of children.
- To improve the identification of children who may be affected by adult mental health problems and ensure good quality and early support and intervention for them and their families.
- To improve communication and joint working between services responsible for supporting children, and the services responsible for supporting adults experiencing mental health problems.
- To use this local protocol alongside the [Tri-X Children of Parents with Mental Health Difficulties](#) policy.

## **3. Principles underlying the protocol**

In line with the Working Together to Safeguard Children (March 2015), Children Act 2004 and the Greater Manchester safeguarding procedures contained in the online manual known as the [Tri-X Procedures](#), all professionals who come into contact with children, their parents and families in their everyday work have a statutory duty to safeguard and promote the welfare of the child (see section 1 Children Act 2004). This applies even if the professional is not a social worker in Children's Social Care or a designated or named safeguarding professional.

- The welfare of the child is of paramount importance
- Parents, carers and pregnant women with mental health problems have the right to be supported in fulfilling their parental roles and responsibilities
- While many parents, carers and pregnant women with mental health problems safeguard their children's well-being, children's life chances may be limited or threatened as a result of those factors, and professionals need to consider this possibility for all service users with children
- A multi-agency approach to assessment and service provision is in the best interests of children and their parent and/or carers
- Risk is reduced when information is shared effectively across agencies
- Risk to children is reduced through effective multi-agency and multi-disciplinary working
- Services and interventions will be provided in a timely manner and will be based on the assessed needs of the whole family
- The focus should remain on the safety and welfare of the child at all times
- Children's needs are best met when professionals and parents work in collaboration
- Cultural factors neither explain nor condone acts of commission or omission which cause a child to be placed at risk or, be harmed. Anxiety about possible accusations of racist practice should never prevent necessary action being taken to protect a child or vulnerable adult.

- The Care Programme Approach (CPA) is the framework that underpins mental health care for all service users in specialist mental health settings. It was initially introduced in 1990 as the approach for the care of people with mental health needs in England. In 1999, the CPA was revised and integrated with local authority care management to form a single care coordination approach for adults of working age with mental health needs. This was to be used as the format for assessment, care planning and review of care by health and social care staff in all settings.

The CPA has subsequently been reviewed to ensure that there is an improved focus on delivering a service with the individual at its heart. Refocusing the Care Programme Approach was published by the Department of Health in March 2008. This document highlights that CPA has been reviewed to ensure that there is an improved focus on delivering a service where the individual using it, is at its heart, in which national policy is more consistently and clearly applied, and where bureaucracy does not get in the way of the relationship between the service users and practitioner.

In line with the national requirements for Safeguarding children all assessment, review and discharging planning processes must consider the safety and wellbeing of children whether the child is the service user themselves or known to the person being assessed.

Appendix 1. Care Programme Approach policy, Pennine Care

Appendix 2. Stockport Integrated Parent Mental Health Care Pathway – antenatal.

#### **4. Identifying the needs of the child, when their parent, carer or expectant mother is experiencing mental health problems**

Any professional working in Stockport who comes into contact with an adult or pregnant woman with a mental health problem must consider:

- How his/her mental health is impacting on the safety or welfare of any children in his/her care, or who have significant contact with him/her
- Whether he/she has access to the relevant support services
- Whether the child/young person is a young carer
- How information will be shared between Adult Mental Health Services, Children's Social Care, school nurses, midwives and health visitors in order to support effective and timely assessments of risk and needs.

Appendix 3. Stockport School Nurse Service and Adult Community Mental Health Liaison Protocol.

The birth of any new child changes relationships and brings new pressures to any parent or family. Agencies need to be sensitive and responsive to the changing needs of parents or carers with mental health problems.

Parents, carers or pregnant women with mental health problems may have difficulties which impact on their ability to meet the needs of their children or expected baby. This protocol acknowledges that such children may be in need of assessment for services provided by a range of agencies, from universal and early help, to specialist services for those with more acute or complex needs.

This set of questions are designed to guide your decision making about how you can best meet the needs of children and adults in families experiencing mental health problems. It applies equally to Adult Mental Health Practitioners, Children's Social Care and early help professionals.

The following questions should be asked of both men and women:

- Does the person have (or is likely to have) dependent children or close contact with children (e.g. babysitting, after school care, present in the same house hold etc.)?
- What are the child's details - age, name, address?
- Is there a young carer in the house?
- Is the person pregnant or their partner pregnant? If so, has the prospective mother contacted services regarding ante-natal care?
- Is the child registered with a GP?
- Is the child attending an early years setting or school if appropriate?
- Have you seen the child/ren?
- Have you spoken to the child/ren where appropriate?
- Have you considered the impact of your patient or service user's mental health on their ability to meet the needs of their children?
- Is your service user an expectant father/partner who has mental health problems?
- Do you know what other services are involved and what their role is?
- Do you have any concerns about their children's well-being or safety?
- Are there any alternative care arrangements in place if needed? If so, what are they and who has/is arranging these?
- Are there any cultural considerations to take into account for the assessment?
- Are you clear in your responsibility to share information with Children Social Care immediately should there be a deterioration in parents/ carers mental health?

#### Actions

- Do you think the family or pregnant woman would benefit from any additional services?
- Can support be provided from within your service/agency?
- Have you discussed the need for any additional services, or making a referral to another service with the parents, carers or pregnant woman?

- Have you discussed or sought advice from your manager or appropriate safeguarding lead?
- Have you sought consent from the parent/carer?
- Professionals should document the above in their appropriate service user and/or child records, including the names of the early years setting or school.

## **5. Guidance for referral and assessment for pregnant women with mental health problems**

All agencies are responsible for identifying pregnant women 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.

When an agency identifies a pregnant woman experiencing mental health problems or has a history of mental health problems, or the unborn baby's father or mother's partner is known to have mental health problems, consideration must be given to undertaking an [Early Help Assessment](#) (EHA) to determine what services she requires. This must include gathering relevant information from the GP, Midwifery service, school nurses, health visitors, Adult Mental Health Services and Children's Social Care, 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 particularly from social care, in the case of previous children or those not born in the UK.

Where this EHA assessment identifies that a pregnant woman or partner has mental health problems and there are significant concerns that the parent's needs and/or those of the unborn baby cannot be met through a multi-agency team around the child/family, a referral to Children's Social Care for a pre-birth assessment must be made. [Guidance on pre-birth initial assessments is provided in the Tri-X Procedures.](#)

### **The need for referral is unclear**

Where the need for referral is unclear, this must be discussed with a line manager. Consultations are also available within Stockport Family and Pennine Care with designated and trained Senior Practitioner / Children's Social Care Champions. Within Stockport we have developed two champions located within Children's Social Care and Adult Mental Health Services. The purpose of the role is to provide a point of colleagues for practitioners in each service. They will also be able to advocate on behalf of practitioners to respective services and will provide advice and consultation. Both champions attend quarterly meetings with their respective service managers to contribute to improved service delivery. The two colleagues' contact details are [alexandra.massey@stockport.gov.uk](mailto:alexandra.massey@stockport.gov.uk) who is based in Stepping Hill Victoria Locality and Sam Walker Mental Health social worker [samantha.walker2@nhs.net](mailto:samantha.walker2@nhs.net) . In the event of their absence, the Access team will be contacted on 0161 419 4678, Monday – Friday 9am – 7pm.

If a referral is not made this must be clearly documented on the services' case records. The outcome of the pre-birth assessment will determine the level of concern and how the identified needs and/or should be met. This will include whether there are sufficient concerns to warrant a pre-birth child protection conference.

A pre-birth assessment may be undertaken on pre-birth referrals and a strategy meeting held where:

- There has been a previous unexplained death of a child whilst in the care of either parent
- There are concerns about domestic violence
- Where a family member or partner is a person identified as presenting a risk to children
- A sibling/child in the household is the subject of a child protection plan
- A sibling/child has previously been removed from the household either temporarily or by court order
- The degree of parental substance misuse in itself or combined with mental illness is likely to significantly impact on the baby's safety or development
- The degree of parental mental illness/impairment is likely to significantly impact on the baby's safety or development. This includes mental illness where a baby or unborn is the subject of abnormal or unusual ideas or attributions
- There are concerns about parental ability to self-care and/or to care for the child e.g. unsupported young person or a mother who has a learning disability
- Any other 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.

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

When there are concerns that the parent or carer is exhibiting signs of mental illness and is not known to Adult Mental Health Services, it would be useful to consider a consultation with one of the champions to consider whether a referral should be made to Adult Mental Health Services or not.

A referral for an initial assessment to mental health services should always be made if there is a statement or behaviour from a service user that raises concerns or indicates a risk to self or others, including children. As far as possible these concerns should be discussed with the service user unless it increases the risk to the child, parent or professional. A referral should always be discussed with your line manager. Advice can be sought from the mental health services and or the designated/lead Safeguarding professionals.

Contact with the GP and Stockport Adult Mental Health Services is essential to ensure that the full background is obtained regarding any existing or previous diagnosis of mental illness and information about previous or current treatment to aid your decision making regarding any further input from mental health. Service users may also be directed to A&E if there are concerns about their mental health and they require an urgent assessment.

**If there is an immediate danger to the service user 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.

Triggers that may indicate referral to Adult Mental Health Services for initial assessment are listed below. However, 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.

- Previous or current history of assessment and treatment by secondary mental health services, including hospitalisation or previous Community Mental Health Team involvement
- Previous history of overdose or self-harm and especially if there has been more than one such episode, or current expression of an inability to manage their own or their child/children'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
- Concerns regarding self-neglect
- A child's or other's expression of concern regarding change in the parent's and/or carer's behaviour or attitude
- A previous history of severe childhood trauma and adversity, including discontinuities in carers and experience of abuse where this maybe impacting on the person's current mental state
- A history of violence (as a perpetrator or a victim) with unstable, discordant parental relationships
- Environmental stressors outweighing support and protective factors; for example; poor-quality support and social isolation in association with multiple adversities such as discrimination (on grounds of gender, ethnic minority status sexuality and mental illness), material deprivation and poverty
- Expressions of delusions incorporating their children and/or where a child or unborn is the subject of an unusual idea or attribution. Such an instance will constitute an urgent referral to Adult Mental Health Services. Significant concerns regarding adults with possible eating disorders
- Non/poor/chaotic engagement by parent or carer
- Obsessive compulsive rituals by parent or carer
- Significant trauma as an adult that is impinging on their ability to manage routine activity.

## **7. What to do if you are concerned that a child is at risk of significant harm and needs to be protected**

Where there is imminent risk to the child in an emergency, the Police should be called. Where children are considered to be at risk of harm they should be immediately referred to Children's Social Care (CSC) by telephone.

### Appendix 4. Reporting a concern to the MASSH.

Information sharing between Adult Mental Health Services and Children's Social Care should be underpinned by the paramountcy principle of the Children's Act 1989.

Following referral, Adult Mental Health Services and Children's Social Care should, where appropriate, undertake joint visits and joint assessments to assess the level of risk to children, consulting with other agencies if involved with the family.

Adult mental health professionals must be included in any strategy meetings convened by children's social care and children's services must be included in any Care Programme Approach meetings where the adult's needs are assessed to ensure that consideration is given to the needs of the child.

Adult Mental Health Services and relevant health professionals should be invited to attend any multi agency meeting convened by Children's Social Care such as strategy meetings, Team around the Child meetings, child protection conferences and core-groups, ensuring a written invitation is sent. **Information needs to be actively sought from GPs should they not be able to attend a meeting.** Assessment and identification of parent's, carer's or children's need for services is not a static process. The assessment should build in evaluation of progress and effectiveness of any intervention. Regular dates should be set to jointly review the situation and ensure that interagency work continues to be coordinated.

Agencies should always take into account the changing needs of adults and children. It is essential that respective agencies are mindful of their use of language. Any descriptions such as 'stable' or 'engaged' must be fully explained and understood by all agencies to avoid any misunderstanding. Each agency must also understand how the assessed level of risk is relevant to their parent or child.

Children should be invited to contribute to the assessment as they often have good insight into the patterns and manifestations of their parent's mental health. It is essential that the social worker understands what the impact of the parental mental health has upon the child's daily lived experience.

Services should always be flexible and ready to reassess or review cases speedily before planned reviews if new concerns or support needs arise. **In particular, it is critical that any change or deviation from the agreed plan of support or intervention, including any failed or missed appointments for treatment or consultation or lack of engagement are communicated between the service providing the treatment/intervention and the lead professional/social worker.** A

reassessment of risk should be undertaken in cases where this is evident and relevant agencies including the GP updated

Each agency should document their own actions and responsibilities clearly and also the roles and responsibilities of other agencies and where appropriate copies of Child in Need (Team around the Child) or Child Protection plans should be obtained and stored on the individual agency record. The lead practitioner must take responsibility for ensuring the GP is notified of a child in the Team around the Child [TAC] process

Appendix 5. Stockport NHS Foundation Trust and Stockport Metropolitan Borough Council (SMBC) letter template. GP notification of child in Team around the Child (TAC) process with an Early Help Assessment and plan in place.

## **8. Identifying children in need of protection who are at risk of significant harm**

Any of the following parental risk factors justify immediate referral to Children's Social Care for an Assessment (or Strategy Meeting depending on the urgency and severity) to determine whether a child has suffered or is at risk of suffering significant harm.

This list is not exhaustive:

- Where the child features within parental/patient delusions or is involved in the parent's delusions or is involved in the parent's obsessional compulsive behaviours. Such an instance will constitute an urgent referral to Adult Mental Health Services.
- Where the child is a target for parental/patient aggression or rejection
- Where the child may witness disturbing behaviour arising from mental illness (e.g. self-harm, suicide, uninhibited behaviour, violence, homicide)
- Where a child is neglected physically and/or emotionally by an unwell parent/carer
- Where a child does not live with a parent with a mental health problem and there are safeguarding concerns but has contact (e.g. formal unsupervised contact sessions or the patient sees the child in visits to the home or on overnight stays)
- Where a child is at risk of injury, neglect or death
- Where parents are prone to altered states of parental consciousness e.g. splitting/dissociation, misuse of drugs, alcohol, medication
- Where parents are showing non-compliance with treatment, reluctance or difficulty in engaging with necessary services and lack of insight into illness or impact on the child
- Where parents have mental health problems combined with criminal offending (forensic)
- Where the parent has a disorder designated 'untreatable' either totally or within timescales compatible with the child's best interests
- Where the pre-birth assessment of women who have history of mental illness, or who are experiencing a mental disorder, that suggests that there are

concerns about the impact of such conditions on an unborn child, or a woman's ability to meet the child's needs once born

- Where there are 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 wellbeing
- Where there are concerns about domestic abuse
- Where a family member or partner is a person identified as presenting a risk to children
- Where there are children who have been the subject of previous child protection investigations, a child protection plan, local authority care or alternative care arrangements
- Where there have been previous consecutive referrals to Social Care concerning parents, carers and their children
- Where there are urgent concerns as a result of parents or carers being assessed under the Mental Health Act
- Where there are parents or carers with significant mental health problems who are struggling to care for a child with a chronic illness, disability, or special educational needs
- Where there are children who are caring for parents or carer with mental health problems
- Where there are children with significant social, educational or health needs e.g. non-attendance at school or nursery, lack of involvement with other statutory or primary care services.

## **9. Early Help Assessment (EHA)**

Referral to Children's Social Care can be made through the use of the [EHA](#). The EHA should not cause delay to referrals to Children's Social Care if there is concern regarding harm. The focus is on identifying and meeting needs for children, young people and families earlier and more effectively. A fundamental component of early intervention is defining what help is needed which is why high quality assessment is so significant. The strategy highlights the local commitment to developing a common approach to the understanding and recording of the needs of children, young people and families; from the earliest point of identification. The effective targeting of help at these stages will reduce reliance on specialist services and enable children, young people and families to become as independent as possible in identifying and addressing any concerns that arise in family life.

The EHA in Stockport is a shared assessment, planning, delivery and review framework for use across Children's Services and partners in the community. It is a tool that will help in the early identification and assessment of children and young people's additional needs and promote coordinated service provision to meet them, as well as ensuring that such provision is rigorously monitored and reviewed. It provides a framework for reaching a shared understanding with families and other practitioners about a child or young person's needs and how these can be met supporting practitioners in listening to and acting on these views.

The parent/carer should understand that any information that is shared will be treated with the utmost confidentiality and they as parents can, subject to some caveats, place limits on the sharing.

## **10. Conflict resolution and escalation**

Research and Serious Case Reviews have shown that difference of opinion between agencies can lead to conflict resulting in less favourable outcomes for the child. If disagreement remains between agencies every effort should be made to reach satisfactory resolution under the guidance provided on Tri-X Procedures – [Resolving Professional Disagreements/Escalation](#).

Where a professional requires advice and guidance on child protection matters they should first discuss this with their line manager and, or, their designated lead professional for child protection. If further clarification and guidance is required they can seek this from the champions. If agreement cannot be reached on action required following discussion between first line managers (who have sought advice from their designated/named/lead officer/child protection advisor), then the matter must be referred without delay through the line management to the equivalent of service manager.

Written records must be kept of any discussions and filed in the child or adults file record including that feedback is given to the person who raised the concern as to what action has been taken in response.

## **APPENDICES**

### **Appendix 1 – Care Programme Approach Policy, Pennine Care**



Care Programme  
Approach Policy - Pe

### **Appendix 2 - Stockport Integrated Parent Mental Health Care Pathway – antenatal.**



Jan 2016 Final  
Revised Care Pathw:

### **Appendix 3 – Stockport School Nurse Service and Adult Community Mental Health Team Liaison Protocol**



Stockport school nurse service & adul

### **Appendix 4 – Reporting a concern to the MASSH**



Reporting a concern to MASSH.p

### **Appendix 5 – Stockport NHS Foundation Trust and SMBC template letter. GP TAC EHA notification**



Template Letter TAC EHA Gnotification.



Template letter SMBC TAC notificati