



# **Staffordshire and Stoke-on-Trent Safeguarding Children Board**

## **GUIDE FOR CHILDREN YOU MAY BE PARTICULARLY VULNERABLE**

### **PARENTING CAPACITY AND MENTAL HEALTH ISSUES**

**Section 40 (Staffordshire)  
Section F02 (Stoke-on-Trent)**

1	<b>Introduction – Emotional Wellbeing</b>
2	<b><u>Purpose</u></b>
3	<b><u>Principles</u></b>
4	<b><u>Factors to Consider</u></b>
5	<b><u>Parents in Primary Care</u></b>
6	<b><u>Young Carers</u></b>
7	<b><u>Adult Mental Health Services</u></b>
8	<b><u>Care Programme Approach (CPA)</u></b>
9	<b><u>Community Treatment Order</u></b>
10	<b><u>Children’s Social Care</u></b>
11	<b><u>Information Sharing Guidance</u></b>
12	<b><u>Children Visiting in Hospital</u></b>

## 1 Introduction – Emotional Wellbeing

It is the responsibility of the constituent agencies of both Stoke-on-Trent and Staffordshire Safeguarding Children Boards and the joint Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership to ensure that:

- All their staff working with adults who have a mental ill health issue and are parents/carers or have significant contact with a child/ren, understand their safeguarding responsibilities.
- All their staff working with children whose parents/carers or another adult with whom they have significant contact has a mental ill health issue understand their safeguarding children responsibilities.

Staff working in the Statutory, Voluntary and Independent Sectors are required to consider the welfare of children / young people irrespective of whether they are primarily working with adults or with children and young people. A number of these staff will have the opportunity to observe the presentation and behaviours of parents/carers with mental ill health. It is their responsibility to recognise when the behaviours pose a risk to the child/children and respond appropriately in line with the respective Stoke-on-Trent Safeguarding Children Board policies and procedures or Staffordshire Safeguarding Children Board policies and procedures:

[www.staffsscb.org.uk](http://www.staffsscb.org.uk)  
[www.safeguardingchildren.stoke.gov.uk](http://www.safeguardingchildren.stoke.gov.uk)

## 2 Purpose

To promote effective information sharing and inter-agency working.

To provide a framework in which to meet the needs of children, born and unborn, whose parents/carers have a mental health problem.

To encourage non-discriminatory practice that does not generalise or make assumptions about the impact of a parent/carers mental ill health on their child/children.

### 3 Principles

- The welfare of the child is paramount.
- Fears or concerns about spoiling therapeutic relationships, or concerns that referrals may have a detrimental effect on the adult's mental health must never be used as a barrier to information sharing or making a referral.
- A parent/carer's mental health will not necessarily have an adverse impact on a child's developmental needs and welfare, but it is essential to always assess its implications and risks for each child. Some families will require no more than universal services<sup>1</sup>.
- Some children / young people whose parents/carers have a mental illness may be seen as children / young people with additional needs requiring professional support, and in these circumstances the need for an Early Help Assessment should be considered.
- Some children may have suffered significant harm or are likely to suffer significant harm.

#### **A child at risk of significant harm whose well-being is affected could be a child:**

- Who witnesses and/or features within parental delusions
- Who witnesses and/or is involved in his/her parent's obsessional compulsive behaviours.
- Who becomes a target for parental aggression or rejection
- Who has caring responsibilities inappropriate to his/her age
- Who may witness disturbing behaviour arising from the mental state (e.g. self-harm, attempted suicide, disinhibited behaviour, violence, homicide) of the adult
- Who is neglected physically and/or emotionally by an unwell parent
- Who does not live with a parent/carer who has a mental illness but has contact (e.g. unsupervised contact sessions or the parent/carer sees the child in visits to the home or on overnight stays).
- Who is being cared for by another adult through a private fostering arrangement
- Who is an unborn child of a pregnant woman with current or previous mental illness, or the woman's partner has current or previous mental health problem.

---

<sup>1</sup> For levels of need please refer to the following document:  
<http://www.staffsscb.org.uk/Professionals/Procedures/Section-One/Section-One-Docs/Section-1E-SSCB-Thresholds-for-Intervention-Guidance.pdf>

## 4 Factors to Consider

The following factors may impact upon an adult's parenting/caring capacity and increase concerns that a child / young person may have suffered or is likely to suffer significant harm:

- History of mental illness with an impact on the individual's functioning.
- Unmanaged mental ill health with an impact on the individual's functioning.
- Mental ill health as part of the toxic trio i.e. (substance misuse, domestic abuse, alcohol misuse)
- In addition, the misuse of drugs, alcohol or medication.
- Eating disorders.
- Self-harming and suicidal behaviours.
- Lack of insight into illness and impact on child, or insight not applied.
- Non-compliance with treatment/medication.
- Poor engagement with services and /or non-attendance for appointments.
- Previous history of/or current Mental Health Act assessment
- Mental ill health combined with domestic abuse and/or relationship difficulties.
- Mental ill health combined with isolation and/or poor support networks.
- Mental ill health combined with criminal offending.
- Mental ill health combined with learning disability
- Non-identification of historical mental ill health by professionals e.g. untreated postnatal depression can lead to significant attachment and bonding problems.
- Non diagnosis of previous mental illness
- Recognition of historical mental ill health by professionals.

**The adverse effects on children whose parent/carer has a mental health issue are less likely when the mental health issues:**

- Are mild.
- Last only a short period of time.
- Are not associated with domestic abuse and/or parental/carer substance misuse/alcohol misuse.
- Do not result in family break-up.

**Children most at risk of significant harm are those who feature within a parent's/carer's delusional ideology. These circumstances require an automatic referral to children's social care.** (*National Patient Safety Agency Rapid Response 2009*) <http://www.nrls.npsa.nhs.uk/alerts>

## 5 Parents in Primary Care

Adults with mild to moderate depression and anxiety and a lower level of need may present directly to the GP or another Primary Care Health Care Team member (Health Visitor, Practice Nurse). Many parents/carers are initially treated and supported by the Primary Care Team who are required to assess and monitor the impact of the parent's/carer's mental illness on their ability to parent, identify the protective factors and respond appropriately. Appropriate actions may be to:

- Initiate an Early Help Assessment (EHA) - [Early Help Assessment](#)
- Refer to Children's Social Care as appropriate [Stoke-on-Trent Guide to Levels of Need](#)
- Refer as Child in Need of Services
- Refer as Child in Need of Protection.

## 6 Young Carers

The term young carer should be taken to include children and young people under 18 years old, who provide regular or on-going care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances. A young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care, becomes excessive or inappropriate for that child or young person; risking impact of his or her emotional or physical wellbeing, educational achievements and life chances. ('Hidden from View' The Children's Society Report, 2013) Not all children / young people living with a parent / carer with mental ill health issues will be young carers but it is important to identify those that are so that a carer's assessment and support can be offered if needed.

Currently, children / young people caring for a parent with mental ill health are the group of carers most likely *not* to be offered a 'carers' assessment' of their needs from either mental health or children and family services. The Children & Families Act (2014) highlights the need to work preventatively with young carers to address impacts before they become acute.

<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>.

There is consistent evidence that children and families value additional support, and increasing evidence about what works to build resilience and decrease stressors in families. Without support the children's health, education, development and well-being is likely to be adversely affected.

## 7 Adult Mental Health Services

Working Together 2015 requires adult health and social care services, including mental health services, to know whether their service users have children or are in contact with children.

Parents / carers with a mental illness are only one of a range of inter-related risk factors which may lead to the risk of significant harm to children and young people. However serious psychiatric disorder is a factor in approximately 30% of fatal child abuse. Recommendations from both adult homicide reviews and child death reviews are remarkably similar. They include improving communication, coordination and collaboration within and between all services and agencies, to better support parents / carers who have experience mental ill health and who are struggling to meet the needs of their children including their safety.

**Working Together 2015 (p57, paragraph 3) states that:**

*• all providers of NHS funded health services including NHS Trusts, NHS Foundation Trusts and public, voluntary sector, independent sector and social enterprises should identify a named doctor and a named nurse (and a named midwife if the organisation provides maternity services) for safeguarding. In the case of NHS Direct, ambulance trusts and independent providers, this should be a named professional. GP practices should have a lead and deputy lead for safeguarding, who should work closely with named GPs. Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their organisation's safeguarding lead, designated professionals and the LSCB.*

When staff are providing services to adults they should ensure that they understand fully whether there are children in the family and consider if the children need help or protection from harm. Children / young people may be at greater risk of harm or be in need of additional help in families where the adults have mental health issues; they misuse substances or alcohol, are in a violent relationship, have complex needs or have learning difficulties.

All case records should clearly record whether service users are parents / carers, and if so, names and dates of birth of their child / children, whether they reside with or have contact with the service user, and whether they have a partner who shares parenting responsibilities (or other person who can assume parenting if the service user is unwell). This record should be sufficiently clear to any member of staff who may need to respond to the service user in a crisis/in the absence of the allocated worker.

Good communication of information is essential for the safeguarding of children and young people; in recognising and raising concerns about child/children, including safeguarding concerns about an unborn child.

Adult mental health staff's safeguarding responsibilities include:

- Being alert to indicators of abuse and neglect of a child/children.
- Making a referral to Children's Social Care if it is appropriate to do so
- Following up with Children's Social Care the outcome of a referral if no acknowledgement or response is received from them.
- Contributing to the assessment process: Early Help Assessment, Child Social Work Assessment / Child & Family Assessment Pre-Birth Assessment.
  
- Providing information and participating in:
  - Strategy Meetings
  - Child Protection Conferences / Conference Reviews
  - Core Groups
  - Multi-agency Service Plan Meetings
  - Early Help Assessment

- Adult Mental Health Services must have policies that inform staff of their responsibilities around safeguarding children / young people and hospital visiting.

Generally professionals would seek to discuss any concerns with the family and, where appropriate, seek their agreement to making referrals to Adult's Services, this should only be done where such discussion and agreement-seeking will not place a child, young person or other adult at increased risk of significant harm or lead to interference with any potential criminal investigation. The child / young person's best interests must always be the overriding consideration in making such decisions. If it is a child protection referral then agreement is not required however you may choose to discuss the referral if the above does not apply.

When adult mental health services and local authority Adult's Services are both involved with a family, joint assessments should be carried out to assess the support the parents/carers need and the risk of harm to the child/children.

Where appropriate, children / young people should be given an opportunity to contribute to assessments as they often have good insight into the patterns and manifestations of their parents'/carers' mental illness.

## 8 Care Programme Approach (CPA)

*"Not all parents with mental health problems will need CPA. The assessment and thresholds for CPA should take account of the range of adversities experienced by the individual and their family and who require contact with a range of agencies and services e.g. maternity, children's social care, young carer's services domestic violence, the criminal justice system etc."*<sup>2</sup>.

All professionals involved with the adult and/or the children, or where risks and needs have been identified that justify and require their involvement, should be invited to contribute to the Care Programme Approach or Care Plan.

## 9 Community Treatment Order

Supervised Community Treatment Order (CTO) requirements will mean that, for some families, children will be spending longer periods with their parent/carer when they are acutely unwell. CTO plans should include the potential impacts that this may have on their parenting ability and the parent/child relationship and how these will be addressed and monitored including information sharing and referral to children's social care. (*Mental Health Act 1983, Code of Practice 2015.*

<https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>

---

<sup>2</sup> Care Programme Approach (CPA) Briefing: Parents with mental health problems and their children – April 2008. (DoH/SCIE)

## 10 Children's Social Care

Close collaboration and liaison between adult mental health services and Children's Social Care are essential for the safeguarding of children. Children's social care staff should:

- On receipt of a referral, include local adult mental health services in the information sharing (lateral checks) they undertake with partner agencies.
- Invite adult mental health services to contribute to Child in Need Planning meetings.
- Acknowledge referrals from partner agency professionals within 1 working day.
- Feedback to the professional the outcome of the referral as soon as possible if not known at acknowledgement of referral.
- Invite adult mental health staff to contribute to Child and Family Assessments.
- Ensure that all the adults' details are included on Child Protection Conference invitations.
- Invite adult mental health staff to contribute to and attend:
  - Children in Need Meetings
  - Strategy Meetings
  - Child Protection Conferences
  - Core Groups

**Please see: APPENDIX 2- Children's Social Care Checklist on page 11.**

## 11 Information Sharing Guidance:

Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (March 2015)

For further local guidance go to the joint Stoke-on-Trent and Staffordshire Safeguarding Children Board's information sharing protocol:  
<http://www.staffsscb.org.uk/Professionals/Procedures/Section-One/Section-One-Docs/section-1J---information-sharing-guidance.pdf>

The Children Act 2004 Section 11 places duties on organisations and individuals to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. This section identifies that staff in all agencies need to understand how to share information legally and ethically.

Working Together to Safeguard Children 2015 places a statutory duty on agencies and professionals to co-operate to promote children's welfare and protect them from abuse and neglect.

Those providing services to adults and children will be concerned about the need to balance their duties to protect children from harm and their general duty of care to

their service user. Normally, personal information should only be disclosed to parties (including other agencies) with the consent of the subject of that information. Where possible, consent should be obtained before sharing personal information with third parties, if this happens information sharing is less problematic.

Where a parent refuses consent to share information about their mental health in the interests of the welfare of their children, but where staff are unsure as to whether the concerns are serious enough to breach their duty of confidentiality they should discuss their concerns with their manager/named professional / Caldicott guardian.

Keeping children safe from harm requires professionals and others to share information about:

- a child/children's health and development;
- a child/children's exposure to possible harm;
- a parent/carer who may need help to, or is unable to, care for a child adequately and safely;
- those who may pose a risk of harm to a child/children.

Local Safeguarding Children Boards are responsible for taking full account of the challenges and complexities of work in this area by ensuring that inter-agency procedures clarify arrangements for co-ordination of assessments, support and collaboration.

## **12 Children Visiting in Hospital**

All Mental Health Trusts will have a Child Visiting policy in place. All Adult Mental Health staff should be familiar with their local policy. In general, such policies endorse the position that regular visiting to patients should be supported and accommodated. Further advice and guidance can be sought from the named safeguarding and child protection professionals within your organisation.

## **APPENDIX 1**

### **Adult Mental Health Services Checklist**

- What is the nature of the mental health problem or illness that affects the care of the child/children?
- Does the parent's/carer's mental illness impact on the care and safety of their child/children?
- What awareness does the parent/carer have about the effect of their mental illness on the care and well-being of their child/children's physical care, emotional care, stimulation, appropriate alternative care?
- Is the child or one of the children a young carer? If so, is this appropriate to the age and development of the child, has a Young Carers Assessment been undertaken?
- Will the parent's/carer's medication impact on their ability to care for their child/children e.g. Are they able to get up in the morning to get breakfast and take the children to school, or capable of getting up in the night to feed a baby?
- What do the parent's/carer's child/children understand about their parent's/carer's mental illness?
- What explanation and reassurance do they need to have?
- Clarify the family support network.
- Have you observed any concerning behaviour regarding the child/children?
- Is the child/children subject to an Early Help Assessment?
- Does the child have any special educational needs?
- What other professionals are involved with the child/family?
- Is the child/family known to Children's Social Care?

## **APPENDIX 2**

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

- Observation of the parent/carer's behaviour where there is a mental health concern.
- Do they have a known history of mental ill health?
- What are your observations? (Care of the child/children, support from partner and extended family, care of self, home conditions).
- Ask the parent/carer about their view of their mental illness.
- Ask the parent/carer if they have received treatment from their GP, Consultant, Psychiatrist or Psychological Services for their mental illness. Record details of: professionals and services involved, diagnosis drug treatment, in patient treatment and dates.
- Ask the other parent/carer and /or significant adults if they have any concerns.
- Ask the children about their thoughts, feelings, worries and anxieties.
- Who can you consult with?
  - Health Visitor
  - Community Mental Health Nurses
  - GP
  - Consulting Psychiatrist
  - Family Centre
  - Adult Mental Health Named Nurse or Doctor
  - Young Carers
- If a child and family in need gain the parent/carers consent to contact professionals in other agencies.

### **APPENDIX 3**

If a worker has concerns about an adult's mental health the following options are available.

#### **North Staffordshire & Stoke on Trent**

To contact mental health services in North Staffordshire and Stoke on Trent contact The Access Team on **0300 123 0907**

This team is available 24 hours 7 days a week including Bank Holidays.

Access Team will screen, assess and signpost or refer to the most appropriate service.

#### **South Staffordshire**

South West Staffordshire has 3 separate duty teams based in the CMHT's as follows:

Stafford CMHT (including Stone) – 01785 783033

Cannock CMHT (including Rugeley) – 01543 431580

Siesdon CMHT (South Staffs) – 01785 783030

South East Staffordshire has a Single Point of Access which covers all 3 of the CMHT's in that area 0300 555 5001

## **References**

Staffordshire Safeguarding Children Board Multi-agency Policies and Procedures:  
<https://www.staffsscb.org.uk/Professionals/Procedures/Procedures.aspx>

Stoke-on-Trent Safeguarding Children Board Multi-agency Policies and Procedures:  
<http://www.safeguardingchildren.stoke.gov.uk/ccm/navigation/professionals/procedure-manuals/>

National Patient Safety Agency Rapid Response 2009.  
<http://www.nrls.npsa.nhs.uk/alerts>

Care Programme Approach (CPA) Briefing: Parents with Mental Health Problems and their children - April 2008. DoH/SCIE

Think child, think parent, think family: a guide to parental mental health and child welfare SCIE Guide 30 July 2009

Mental Health Act 1983, Code of Practice, 2015.  
[http://www.dh.gov.uk/Mental Health Act 1983](http://www.dh.gov.uk/Mental%20Health%20Act%201983)

Children Act 1989

Children Act 2004

Parents as patients: supporting the needs of patients who are parents and their children January 2011

DoH: 2015: Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers