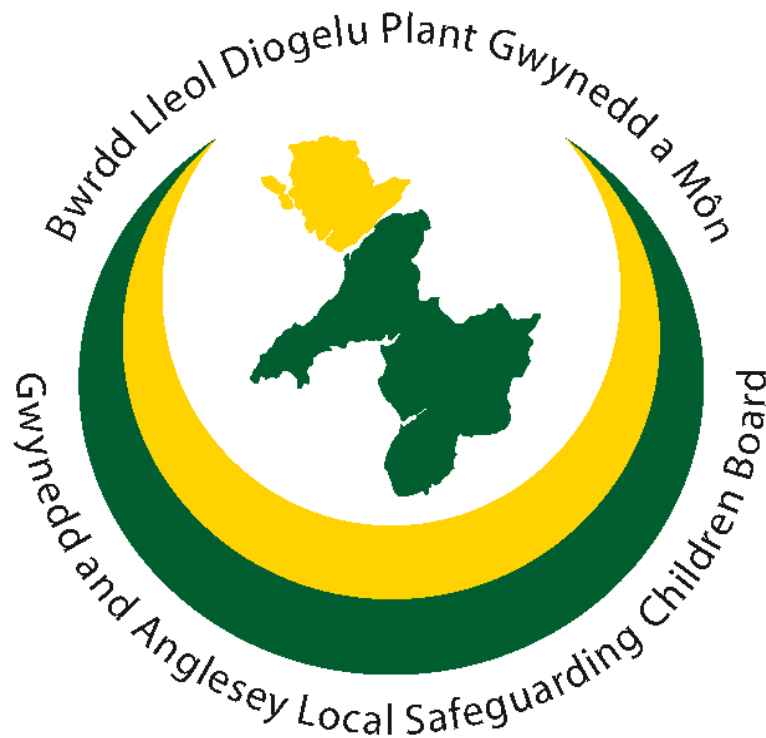


**Parents with severe mental health problems
and / or substance misuse: A framework for
safeguarding children**



www.anglesey.gov.uk/safeguarding-children-board
www.gwynedd.gov.uk/safeguarding-children-board



Supporting Children, Supporting Parents: A North Wales Multi-agency Protocol

**Parents with severe mental health problems
and / or substance misuse: A framework for
safeguarding children**

Status: Ratified	Date: 21 st January 2009	Review: January 2010
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Revision History

Revision date	Version number	Summary of changes
October 2008	Version 1.0	Original draft document
November 2008	Version 1.1	First consultation document
December 2008	Version 1.2	Second consultation document
January 2009	Version 1.3	Third consultation (medical and substance misuse)
January 2009	Version 1.4	Current version post-consultation
January 2009	Version 1.5	Final amendments following LSCB Exec meeting

Approvals

Name	Approved	Date of approval	Version
Nicola Francis	<input checked="" type="checkbox"/>	January 20 th 2009	1.4
Mary McGirr	<input checked="" type="checkbox"/>	January 20 th 2009	1.4

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Consultation

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Joint protocol for considering the needs of children when working with adults with severe mental illness and / or substance misuse

1 Introduction

1.1 The overarching aim of this Protocol is to ensure that the children ¹ of a parent(s) ² with severe mental illness ³ receive appropriate support, safeguarding and protection.

1.2 Agencies have a collective responsibility to protect children. This requires effective communication and coordination of services at both strategic and operational levels.

1.3 It is essential that there is close cooperation and joint working by all Agencies involved with the family. This may include Social Services, Health, Education, Police, Probation and the Voluntary Sector. This Protocol provides the framework for joint working to ensure that children living with adults with severe mental illness are safeguarded in North Wales.

1.4 All agencies need to work together in partnership with parents, wherever possible.

1.5 It is recognised that there may be a perceived conflict of interest between the needs of the child(ren) and the needs of parents with severe mental illness.

1.6 However, if a child is at risk of significant harm ⁴ or neglect, **the welfare of the child is paramount and the All Wales Child Protection Procedures should be followed.**

¹ A 'child' is defined here as a person under 18 years of age.

² For reasons of clarity, the term 'parent' refers to those persons with significant child care responsibilities, whether or not they may be the biological parent. The term 'parent' is defined more by parental role and responsibility than by familial or genetic bonds.

³ The term 'mental illness' will be used in the remainder of this document for reasons of brevity, notwithstanding its associations with the medical model. It includes addiction as described in section two.

⁴ There are no universally agreed criteria on which to rely when judging what constitutes 'significant harm'. Consideration of the severity of any ill-treatment may include the degree and the extent of any physical or emotional harm, the duration and frequency of any abuse or neglect, and the extent of premeditation, degree of threat or coercion, sadism, and any bizarre or unusual elements in parenting likely to lead to harm.

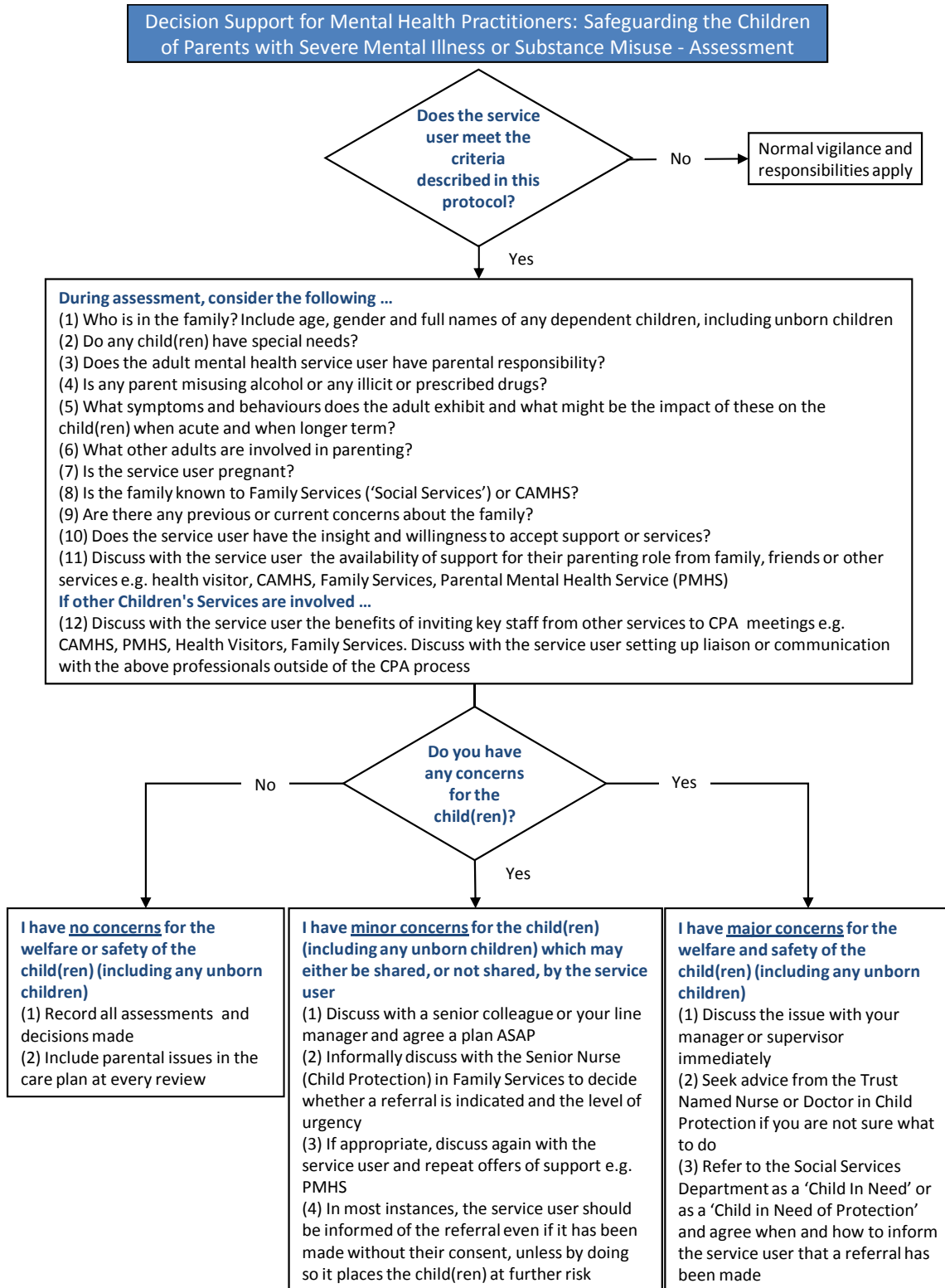
1.7 This does not mean that all parents with a severe mental illness or who use substances are poor parents; or that children cannot cope with parents who may be, in some ways, unstable or unpredictable. Many such people may be 'good enough' parents.

1.8 This document must be read in conjunction with the legal framework of *The Children Act (1989 and 2004)*, *The National Health Service and Community Care Act (1990)*, the *Mental Health Act (2007)* and the *Human Rights Act (1998)*, as well as within the parameters of the relevant operational policies relating to children's and mental health services.

1.9 This Protocol is also to be considered in the context of the National Assembly for Wales Guidance Documents, *Working Together to Safeguard Children (2004)*; *Safeguarding Children: Working Together for Positive Outcomes (2004)* and the *All-Wales Child Protection Procedures (2008)*.

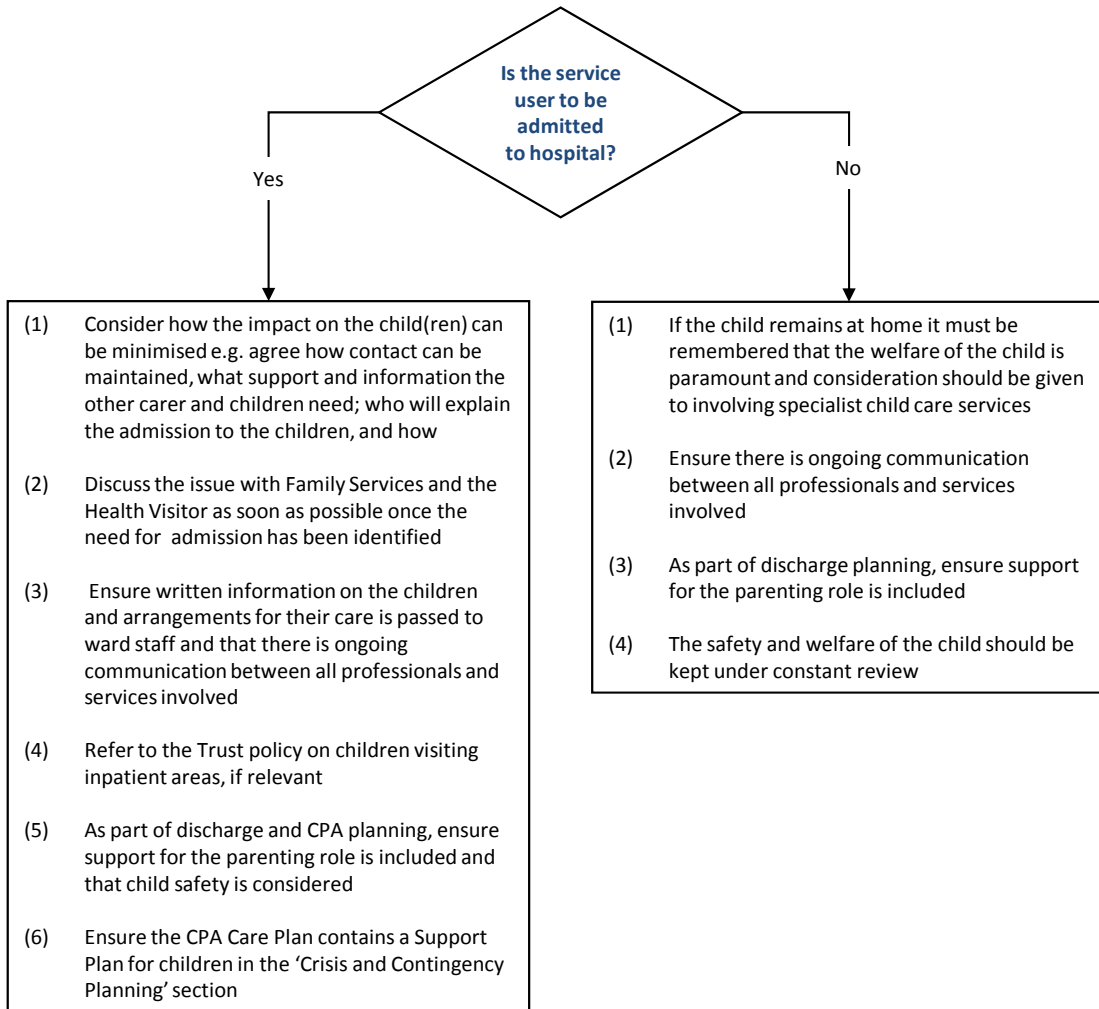
1.10 This protocol should be read in conjunction with the Advisory Council Misuse of Drugs document (ACMD) '*Hidden Harm: Responding to the needs of children of problem drug users*' (2003); updated in 2007.

2 Decision support: Assessment



3 Decision support: Parents in crisis

Decision Support for Mental Health Practitioners: Safeguarding the Children of Parents with Severe Mental Illness or Substance Misuse – Parents in Crisis



NB Children whose parents have severe mental health or addiction problems will usually be 'children in need' in their own right

As part of the assessment of an adult with mental health problems practitioners need to consider how the service user's presentation impacts on their children, or on those children with whom they have regular contact

In all cases where there is a conflict between the welfare of a child and the rights of a parent or carer, the welfare of the child is paramount and takes precedence

4 Scope of this Protocol

For the purpose of this protocol, an adult with severe mental illness / disorder is defined as:

An adult who, following assessment, is diagnosed with one (or more) of the following:

- Schizophrenia or other (enduring or transient) psychosis
- Bipolar disorder
- Severe affective disorder (e.g. severe depression, OCD, anxiety or phobia)
- Severe eating disorder
- Dementia, or other related organic state(s)
- Personality disorder (e.g. anti-social or borderline personality disorder)
- Substance misuse⁵

And as a consequence of the above, experiences substantial disability which significantly impedes their ability to live safely in the community without support.

(based on ICD 10 diagnostic categories)

5 Purpose of this Protocol

5.1 To support coordinated responses from Children and Family Services, Mental Health, Community Drug and Alcohol Teams and Primary Care services.

5.2 To improve communication between Children and Family Services, Mental Health, Community Drug and Alcohol Teams and Primary Care services.

5.3 To facilitate the early identification of those children who may be at risk of harm.

5.4 To support joint assessments of families where there are child care concerns and where the parent has significant problems in relation to mental illness.

5.5 To facilitate the consideration of the transgenerational impact of an adult with a severe mental illness and any impediments it may present to their parenting ability.

5.6 To support effective and well-coordinated service delivery to these families.

6 Risk factors

6.1 Research has shown there to be several factors to be considered to help determine whether a child is in need of services to promote or safeguard their health or development (Cleaver *et al*, 1999). These factors include:

6.2 Social exclusion - Social exclusion involves the lack or denial of resources, rights or goods and services, leading to a reduction in a person's ability to participate in the normal relationships and activities available to the majority of people in a society, whether in economic, social, cultural or political arenas. It is closely linked with poverty and discrimination.

6.3 Domestic violence - The term 'domestic violence' is used to describe the physical, sexual or emotional (including verbal and financial) abuse inflicted on a man or woman by their partner or ex-partner.

6.4 Mental illness of a parent(s) - It is estimated that mental illness will affect 1 in 4 of us at some time in our lives. Many children will grow up with a parent who, at some point, will experience mental illness. Most of these parents will have mild or short-lived illnesses which will usually be treated by their General Practitioner. A few children live with a parent who has a severe mental illness such as schizophrenia or bipolar disorder. Many more children live with a parent who has a long-term problem, such as alcohol or drug addiction, personality disorder or depression. Problems are more likely to arise if children:

- Are separated repeatedly from a parent who needs to go into hospital
- Feel unsure of their relationship with the parent with a mental illness
- Are not being looked after properly

⁵ 'Substance misuse' refers to both illicit and prescribed drugs, alcohol and solvents.

- Are being hit or mistreated (more likely if the parent suffers from alcohol or drug problems or has personality difficulties)
- Are looking after a sick parent, or are taking care of their siblings
- Are being bullied or teased by others
- Hear unkind things being said about their parent(s)
- Live in poverty, poor housing or have many changes of home address
- Witness a lot of arguments or violence between their parents
- Live with carers who have a history of not complying with treatment / medication

6.5 Substance misuse - In 2000, a survey in England and Wales found that 13% of men and 8% of women (aged between 16 and 75) reported using illegal drugs during the previous year (ONS, 2001).

6.6 Research cited in Dore, Doris and Wright (1995) suggests that children who live with substance misusing parents may run a higher risk of having mental health problems themselves, have a greater rate of drug and alcohol use in adolescence, suffer impaired intellectual and academic functioning, have higher levels of anxiety and depression and have lower self-esteem than the norm. These children may feel different from their peers and may worry that their friends may find out about their parent(s) drug misuse. Therefore, they may miss out on aspects of childhood many children take for granted, for example, having friends visit them at home, and participating in pleasant rituals such as birthdays and Christmas. However, it is acknowledged that not all substance users have problems with parenting.

6.7 In many cases it will be necessary to make an assessment, which includes the substance(s) used and behaviour of the parents, and any impact of this upon their parenting, before deciding what support, if any, is required, and whether Child Protection Procedures should be invoked.

6.8 Research examining the links between child care and mental illness has shown the latter to be a significant factor when considering the safety and welfare of the child. At the

least, it is likely that the quality of parent - child interaction is affected. Consideration needs to be given to supporting the adult's parenting capacity to in order to meet the needs of their child(ren).

7 Indicators of distress

Many children are frightened or worried about their parent's illness or behaviour. Some children withdraw into themselves, become anxious and find it difficult to concentrate on their school work. They may find it very difficult to talk about their parent's illness or their problems at home, which may prevent them from getting help. Children are sometimes ashamed of their parent's illness and worry about becoming ill themselves. Some children may emulate aggression they witness at home, leading them into conflict with other children, teachers or other authority figures.

8 Common observable indicators of inadequate parenting

- The child's basic physical needs are not adequately met
- The child's emotional needs are not met by a parent who is emotionally unavailable
- Inconsistent or unpredictable parenting due to parental mood swings
- The child receives inadequate or too much supervision for their age
- The child 'looks after' the parent in an inappropriate caring capacity ('parentified' children)
- Health appointments for the child are not kept or appropriate advice is not sought for any health problems the child may experience
- Disruption to the child's education or poor school attendance
- The child's own needs are unacknowledged or ignored by their caregiver
- Unrealistic expectations of a child's abilities
- Unclear boundaries between family roles, with the child assuming a parental role
- Lack of boundaries and routines for the child

9 Common emotional consequences of inadequate parenting

- Developmental delay
- Emotional distress leading to disturbed behaviour
- Emotional or mental health problems
- Fearing they may be abandoned
- Fearing their parent(s) may die
- Being afraid their parent(s) do not love them
- Being afraid or ashamed that other people may find out about their parents illness
- Feeling responsible for their parent(s) wellbeing
- Precocious maturity

Passivity due to illness, disinhibition or intoxication due to misuse of substances may allow abusive behaviour to take place, or a child may be exposed to strangers within the home who may present a further risk to them.

10 Assessment of parenting capacity

10.1 The Framework for the Assessment of Children in Need ⁶ and their families provides the foundation for the systematic assessment of children and families. The Framework embraces three key areas: the child's developmental needs; parenting capacity and wider family and environmental factors (q.v. *Framework for the Assessment of Children in Need and their Families*, 2001).

10.2 All staff working with adults with severe mental illness or substance misuse problems must consider the needs of the child(ren), giving consideration to the 20 domains of the assessment framework (see figure 1).

10.3 Information should be gathered, collated and recorded in such a way that it supports a process of analysis. The Assessment should include clear summaries in which both

strengths and difficulties are identified in each of the three domains ('family and environmental factors', 'parenting capacity' and 'child's developmental needs').

10.4 The lead assessing agency will coordinate the overall assessment process. This involves planning, preparation and coordination with other agencies as appropriate.

10.5 Planning for the assessment should address the following issues:

- Who will be involved in the assessment, including family members?
- Who will undertake which parts of the assessment?
- Whether there are any communication difficulties, and plans for how they will be overcome
- Which questionnaires and scales will be used, and by whom?
- What aspects of the assessment have already been undertaken?
- Whether there are any sources of information about the child(ren) or their family not previously contacted
- Whether the consent of the child's parents has been given and, if not, how it will be gained
- Where the assessment will be conducted
- How the information will be recorded
- Who will be involved in the analysis and how it will be done
- What the timescales are for each stage
- Whether any specialist assessments are required
- Who will undertake direct work with the child(ren)?
- How family members and children will be involved in the assessment
- Whether the assessment needs to 'co-opt in' any members with particular areas of knowledge and skill, e.g. drug and alcohol issues

⁶ A child i.e. a person under 18 years is deemed to be 'in need' if they are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health and development without the provision of services by a local authority.

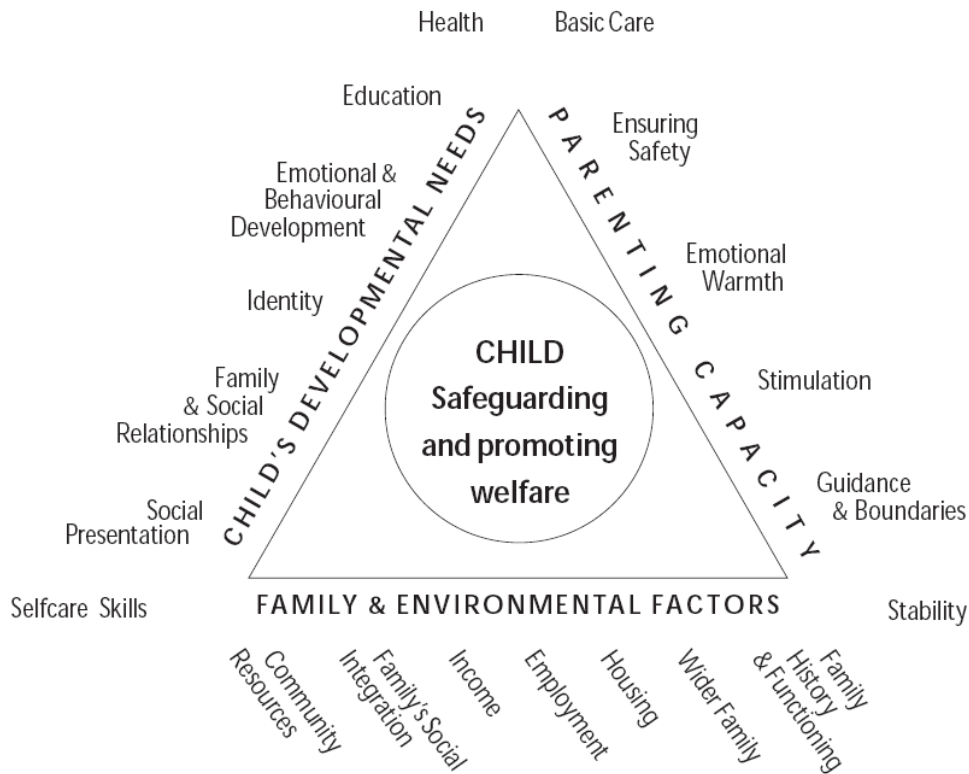


Figure 1

10.6 This protocol does not suggest that mental health workers should carry out full assessments of children using these above three domains; rather that the domains provide a useful basis for considering children's needs, and that they should be considered routinely in the assessment of adults with mental health problems. Adult mental health professionals will be particularly valuable in assessing the impact of the parent's mental health in the 'parenting capacity' domain.

11 Assessment of parenting capacity – typical questions and considerations

The assessment of parenting capacity can help provide an overview of the parent(s) ability to ensure the safety of the child(ren), to provide appropriate emotional warmth, stimulation, guidance, boundaries and ongoing stability. Many measures and resources to support the assessment process are available from the Department of Health website:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144.

12 Care planning and the decision-making process

12.1 In this context, the Adult Mental Health Services Care Plan is the 'jointly agreed plan', which is derived following consideration of the holistic assessment of the family's needs, with the child's needs being of paramount importance.

12.2 Following the Joint Planning Meeting, each Care Plan will identify clear objectives, responsibilities and review dates.

12.3 It is essential that there is good communication and joint planning to support appropriate and integrated service responses. Consultation should always occur between families and teams on significant changes in Care Plans and on the planned closure of a case. Children's services should always be informed if there are any significant changes in a family which may impact on parenting, for example, if a parent or carer leaves the household, leaving the other parent who suffers from mental illness with sole care of the children. Equally, Children's services must always be informed if there are plans to discharge a parent / carer from acute psychiatric care.

12.4 In cases where there is not an allocated Social Worker or Care Coordinator for the parent, the relevant Team Manager from the Mental Health Service will provide advice and consultation to Children's Services along with undertaking the liaison function.

12.5 Alternatively if there is not an allocated Social Worker for the child(ren), the relevant Team Manager from Children's Services will provide advice and consultation to the Mental Health Team.

12.6 In cases where it becomes apparent that a child is suffering, or is likely to suffer, significant harm either as a result of a deliberate act or as a result of a failure on the part of

a parent or carer to act, or to provide proper care, or both, the All Wales Child Protection Procedures must be referred to.

12.7 Any Care Plan developed under this protocol must be referred to, and included within, the Care Programme Approach Care Planning process.

13 Working with other Agencies

13.1 A number of professionals from a variety of agencies may be involved including Primary Care, Education, Police, Probation and the Voluntary Sector. Consideration must be given to securing multi-agency representation at Joint Planning Meetings.

14 Appendix 1 – Conference report



**North Wales NHS Trust
Confidential Child Protection Conference Report from Adult Mental Health Services**

This report is confidential and may not be reproduced or distributed to persons other than those attending the child protection conference, except with the permission of the author.

A. Conference Details

Date of the Conference	
Subject of the Conference (Name and DOB of the child)	
County	

B. Patient Details

Note: If both parents are service users, please complete a separate form for each

Name	
DOB	
Home Address	
Community Mental Health Team / AOS	
Inpatient ward (if applicable)	
Legal status – MHA Section (if applicable)	
CPA status	
Relationship to subject of the conference	

C. Mental Health Professional’s Details

Care Coordinator’s name	
-------------------------	--

Care Coordinator's job title	
Care Coordinator's Contact Details	
Consultant Psychiatrist's name	
Any other workers involved? (e.g. Home Treatment Team))	

D. Family Composition (including child and patient), please add rows if necessary

Name	Age	DOB	Relationship to child	Language spoken

E. Social Circumstances

Accommodation Issues	
Financial Issues	
Employment / Education / Daytime Activities	
Other adults in household – Please provide full names	

F. Risk Assessment

History of risk to self, children or others	
Current assessment of risk to self, children or others	

G. Involvement with Mental Health and / or Substance Misuse Services

Date of first contact with services	
-------------------------------------	--

Medication	
Compliance with medication / engagement with services	
Any substances or alcohol used by patient	
Impact of mental illness and /or addiction on functioning	
Treatment and services currently offered by CMHT	
Mental Health or addiction services offered by other organisations	

H. Parenting Capacity

Parenting capacity when well	
Parenting capacity when unwell	
Patient's own perception of role as parent	
Professionals judgment	
Any parenting support needs?	

J. Conclusions

Services CMHT can offer			
Other needs identified			
Should child be on Child Protection Register?	Yes / No / Will decide at conference	Will CMHT be a member of the core group if child's name is placed on CPR?	Yes / No

K. Report Author Details

Report prepared by	
Designation	
Signature	

Work Address	
Date	
Line Manager Name	
Line Manager Designation	
Line Manager Signature	

L. Service user Signature

Signed by Service User	
If not signed by service user, please state reasons why not signed Note: service user will receive a copy of this report at the conference	

Named Professionals for Safeguarding Children	
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END

15 Appendix 2 – Initial child protection conference report



CONFIDENTIAL		
REPORT FOR <u>INITIAL</u> CHILD PROTECTION CONFERENCE		
Date of Conference:	Venue:	
Names of Children:	Date of Birth:	
Address:		
Siblings (if not subject of report) and address if different:		
Name:	Address:	D.O.B.
Parents:	D.O.B.	
Mother:		
Father:		
Parental Responsibility:		
Address (if different):		
Significant others:		
Name:	Relationship:	Address:
Name of GP/Surgery:		

Registered with Dentist:		
School(s):	Name of child:	
Other professionals involved:		
Name:	Agency:	
Key Worker:		
Background Information / Reason for Conference:		
Child's developmental needs:		
Immunisation status:		
Parenting capacity when well:		
Parenting capacity when unwell:		
Family and Environmental Factors:		
Chronology of significant events / contacts:		
Date:	Significant event / contact:	

Summary and analysis of present concerns and / or circumstances:		
Impact of parent's current mental state:		
Recommendations for registration (with reasons):		
Signature:		
Designation:		
Date:		
Name: (please print)		
Base address:		
Report shared with parents / young person:		

END OF FORM

16 Appendix 3 – Child protection conference review report



CONFIDENTIAL		
REPORT FOR <u>REVIEW</u> CHILD PROTECTION CONFERENCE		
Date of Conference:		Venue:
Names of Children:		Date of Birth:
Address:		
Siblings (if not subject of report) and address if different:		
Name:	Address:	D.O.B.
Parents:		D.O.B.
Mother:		
Father:		
Parental Responsibility:		
Address (if different):		
Significant others:		
Name:	Relationship:	Address:

Name of GP/Surgery:		
Registered with Dentist:		
School(s):	Name of child:	
Other professionals involved:		
Name:		Agency:
Key Worker:		
Date of Registration:		
Category:		
Date of last case Conference:		
Core Group Meetings held since last case Conference and progress made with Child Protection Plan:		
Date:		
Date:		
Background information / Reason for conference:		
Child's developmental needs:		
Immunisation status:		
Parenting capacity when well:		
Parenting capacity when unwell:		

Family and environmental factors:		
Chronology of significant events / contacts:		
Date:	Significant event / contact:	
Summary and analysis of present concerns and / or circumstances:		
Impact of parent's current mental state:		
Recommendations for registration (with reasons):		
Signature:		
Designation:		
Date:		
Name (please print)		
Base Address:		
Report shared with parents / young person:		

END OF FORM

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