Children's Safeguarding and Social Work and Camden and Islington Mental Health Services

Joint working protocol

2023

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1 Introduction

Many parents and carers experience some difficulties regarding their mental wellbeing and these can range from mild difficulties to significant mental illness. For most, this will not affect their ability to care for their child. For some, however, their mental ill health may be serious enough to negatively affect their parenting so that the child's welfare is compromised.

In these cases, it is important that there is a high level of co-operation between mental health services and children's services in order to safeguard and promote the welfare of children and to support all family members.

2 Purpose and scope of protocol

This protocol aims to help children's social workers, Early Help workers and mental health professionals to:

- understand the impact of parental mental ill health on parenting capacity and the child's development as well as the impact on the child's own mental health;

- recognise when parental mental ill health may be affecting the care of children or putting them at risk of harm;

- make appropriate referrals for services and support for children and parents;

- work within a multi-agency framework that promotes inter-agency co-operation, good information sharing and integrated service delivery

- support the "Think Family" approach used within Mental Health services.

The protocol has been agreed by Children's Safeguarding and Social Work (CSSW) and the North London Mental Health Partnership and will be implemented by the following workers:

- Mental health professionals working within the Camden and Islington NHS Foundation Trust
- Family workers and others based in Camden's Early Help Service
- Social workers based in CSSW.

3 Definitions

The following definitions are used in this protocol:

- Child means a child or young person under the age of 18.

- Parent means any adult with caring responsibilities for or substantial contact with a child whether this is full or part time as part of a child arrangements order. Workers must also be aware of the impact on children's welfare of the mental health of any partner of a parent.

- Mental health professional includes mental health social workers, psychiatrists, occupational therapists, allied health professionals and psychiatric/mental health nurses working in the community and in hospital settings.

A glossary of mental health terms and statutory definitions for safeguarding and child protection can be found at appendix 4.

4 Principles and standards of service

- The child's welfare and safety are paramount. All professionals should be aware of their legal duty under the Children Act 2004 to safeguard and promote the welfare of children and this must be the overriding consideration at all times.

- Agencies should work in partnership to deliver integrated services that meet the needs of the whole family at all levels of need, from preventative Early Help services to statutory social work intervention.

- Service provision should be based on the child's needs and the needs of the whole family and assessments should consider all issues affecting the family.

- Those working with adults should consider the person's needs relating to caring responsibilities and complete a Care Act (2014) assessment where appropriate.

- Service delivery and access to services should be non-discriminatory, non-stigmatising, and consistent with the Camden and NHS equalities duties.

- Referrals should be made in a timely manner. Professionals should be proactive in seeking advice from partner agencies and making early referrals as problems emerge and should avoid waiting until emergency intervention is required. Please see section 12 for details on consent.

- Where possible and where consistent with the child's welfare, parents should be supported to care for their child at home. Where separation is necessary in order to treat the parent or protect the child, this should be planned for in advance in order to reduce disruption to the child's routine.

- Where children need alternative care, social workers should make all efforts to identify a suitable family and friends care arrangement so that the child can remain within their kinship network in order to reduce disruption to their lives.

- Parents, mental health professionals and children's workers should work together to ensure that the child has an age-appropriate explanation for their parents illness.

- Services should make every effort to maintain confidentiality towards service users but only as far as this is consistent with the paramount duty to safeguard and promote the welfare of the child. Information can be lawfully shared without consent where there are safeguarding concerns for the child but otherwise service users should be asked for their consent before sharing information with third parties.

5 Impact of parental mental ill health on families

About 30% of adults with mental health problems are parents but their mental ill health will not usually result in them being unable to meet their child's needs or place the child at risk of harm. However the following elements of mental ill health and other associated factors may impact on a parents ability to care for their child.

- **Type and severity of illness**: Many parents will experience mild or short-lived mental illness that may not affect their parenting capacity and symptoms and the impact of mental illness can be well managed through medication or other types of treatment. However more severe illnesses and symptoms can adversely affect parenting capacity and this may impact on the child's care or put the child at risk of harm.

- **Not complying with medication** can adversely impact on the management of mental illness and therefore may negatively impact on parenting capacity.

- **Frequency and duration**: Illnesses that occur in regular episodes, that last for a substantial period of time or are acute in presentation can lead to disruption to the child's life and interrupt normal family life, particularly where this leads to recurrent separation due to hospitalisation.

- **The age of the child** can have a bearing on the impact of parental mental ill-health depending on the stage of development; please see Appendix 6 for further information.

- **Substance misuse and domestic abuse:** These are factors that may be present where parents are experiencing mental ill health and it is acknowledged may increase the risk to the child. Some parents may self-medicate using alcohol or drugs in order to cope with the symptoms of their illness or may have a dual diagnosis and domestic abuse will often have an adverse effect on the mental health of the victim. Where either or both of these factors are present this must be taken into consideration during any risk assessment and will most likely require a child protection referral, parallel to a safeguarding concern being raised for the parent, if appropriate.

- **Poverty and social exclusion**: Adults with mental health difficulties are less likely than any other group to be in employment and many families will therefore be struggling with low incomes, poor housing and social exclusion leading to high levels of stress.

- **Non-engagement**: The stigma of mental ill health or the fear of children being taken into care may act as a barrier to families coming forward to seek help and support from services.

- **Poor family relationships**: Behaviours linked to mental ill health can adversely affect the parent's relationship with their family and friends network leading to relationship breakdown and lack of support, and is strongly associated with divorce or separation. Alternatively, parents may choose to break links with their family in order to hide their difficulties. Many parents do receive support from the extended family but this is not always helpful if the support involves concealing the extent of the illness and its impact on children.

- **Refugees and asylum seekers** may have mental health difficulties linked to their experiences in their country of origin or travelling to the UK that may be undiagnosed or untreated.

Impact on parenting capacity

These negative elements of care may be present at differing levels of frequency and severity depending on the parent's mental health problems:

- inability to perceive risk due to distraction or preoccupation
- difficulties meeting basic standards of physical care for the child leading to neglect
- lack of warmth or responsiveness to the child and not meeting their emotional needs
- poor quality of interactions/relationship with the child leading to attachment difficulties
- expecting the child to take on an adult role in terms of supporting the parent emotionally or practically
- becoming irritated or hostile towards the child or blaming them for difficulties
- exhibiting violent or bizarre behaviour that frightens the child
- failing to provide appropriate guidance and boundaries
- being unable to interact with the child to provide stimulation
- unstable or disrupted care arrangements particularly when hospitalised.

Impact on children

The table at appendix 6 shows the impact of parental mental ill health on the development of children at various ages and stages of development but in general children may:

- blame themselves for their parent's illness
- worry they will become ill too
- take on caring responsibilities beyond their years
- be bullied and unable to make friends due to the stigma of mental illness
- try to hide their parent's ill health leading to lack of support
- copy their parent's behaviour or develop anxiety and depression in response
- lack concentration at school, insecure and anxious attachment and may risk being "labelled" or a mental health trajectory implied.

Impact of culture

The causes and treatment of mental illness are often perceived differently in different communities in Camden and therefore willingness to access treatment and support and its perceived value will vary significantly between families.

For this reason, families may not engage with services or may try to conceal the illness, and they may prefer to use community resources to avoid contact with services; however this may mean that the illness becomes more acute. Professionals need to recognise when families are not engaging for cultural reasons and take appropriate action to escalate concerns.

6 Mental health services in Camden

Mental health services in Camden are delivered in the following way:

- Primary mental health services are delivered by GPs who can prescribe medication and interventions or refer patients on for secondary mental health services where necessary.

- The Camden and Islington Psychological Therapy Services (iCope) is a primary, community-based service offering counselling and talking therapies, usually for users experiencing anxiety or depression, that can be accessed via GPs or by self-referral.

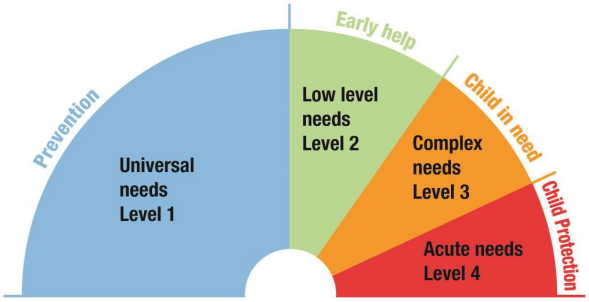
- Secondary mental health services are delivered by the Camden and Islington NHS Foundation Trust within community settings and hospitals in the borough. These are normally accessed via GPs but some services can be accessed via self-referral and includes the following:

    - Neighbourhood-based Core Mental Health teams that provide a single point of access for routine referrals and can provide a variety of treatments for a wide range of mental illnesses (non-urgent)
    - A 24 hour mental health crisis line and Crisis Teams that can provide a time-limited service for service users with acute mental health needs
    - specialist teams providing support for people with an established diagnosis of severed mental illness such as psychosis or complex depression who require longer term treatment and/or support with daily living
    - Inpatient care for those who temporarily so unwell that they require 24 hour care.

Further details of services can be found at: Camden and Islington NHS Foundation Trust

7 Children's services in Camden

Most children's developmental needs are met by universal services such as health and education. However, children who are affected by their parent's mental ill health may need specialist or targeted services to achieve good outcomes. Services are provided according to the child's assessed level of need.



Early Help Services (level 2)

These provide families with support and services where problems are just emerging in order to prevent issues escalating and to avoid children being referred for a statutory social work intervention.

Early help services are delivered by a wide range of services that make up Camden's early help offer and details are available at: https://www.camden.gov.uk/ccm/navigation/social-care-and-health/services-for-children-and-families/early-help/

Children's Safeguarding and Social Work (CSSW) (Levels 3 and 4)

CSSW delivers statutory social work services for children in order to safeguard and promote their welfare by providing services where a child is assessed as being in need, in need of protection or needing to be looked after by Camden.

Thresholds for children's services

- Children with low levels of need will be eligible for an Early Help Service (level 2) where there is:
    - low level neglect
    - erratic school attendance
    - low level difficulties with communications and interactions within the family
    - some responsibility for caring for parents and siblings (young carer).

- Children who are in need and requiring services to meet a reasonable standard of health and development will be eligible for a statutory social work service from CSSW (level 3) as a child in need where there is:

    - medium level neglect that is beginning to impact on the child's development
    - poor school attendance and/or academic achievement
    - high responsibility for caring for parents or siblings (young carers)
    - poor levels of communication or interaction with parents resulting in emotional or behavioural problems or poor attachments
    - difficult family relationships
    - difficulties in engaging parents with mental health services.

- Children who are at risk of significant harm will be dealt with under the London Safeguarding Children procedures (level 4) by CSSW where:

    - there are high levels of neglect due to poor parental care
    - the parent has disclosed suicidal thoughts
    - there is poor engagement with mental health services
    - children are being involved in the parent's delusional thoughts
    - there is parental hostility and rejection of the child
    - there are high levels of violence within the family and threats to kill partners or children
    - parents are also misusing alcohol or drugs
    - a pregnant woman with serious mental health issues is not engaging with mental health or ante-natal services.

The procedures are available at: London Safeguarding Children Procedures

8 Referral for a children's service

Procedures for mental health professionals

- As part of their safeguarding duty, mental health professionals must be aware of how parental mental ill health can impact on a child's safety and welfare and take all necessary steps to identify when a service user is a parent or has caring responsibilities for or substantial contact with a child.

- CSSW will provide Mental Health Services with a weekly list of the names of parents whose children have become subject to child protection plans and Mental Health Services will cross reference this list to identify any parents who are known to the service.

- Where there is a high level of risk to a child due to the mental ill health of a parent or other adult connected to the household and it is not clear if the adult is known to Mental Health Services, CSSW social workers may approach Mental Health Services via the safeguarding email inbox to request if a check can be carried out, but this must be in exceptional circumstances only.

- Mental health professionals should use routine questions asked of all service users when they are first in contact with services about what caring responsibilities they have for children or any regular contact they have with children. Please refer to the information leaflet "*Advice for mental health professionals working with service users who have children"*.

- Details of any child including their age and what school or nursery they attend should be recorded on the service user's case record with a note of the level of caring responsibilities or contact the service user has.

- Where the service user is pregnant, mental health professionals should also enquire whether they are receiving antenatal services and note details of the hospital and midwife team.

- Where a service user provides information about any child that they care for, professionals should check with the Children and Families Contact Service to see if the child (including an unborn child) is already known to the Early Help Service or CSSW and make contact with any allocated worker.

- If the family are not known and the parent's mental health difficulties are such that the child is likely to meet the threshold for a children's service, the mental health professional should to make a referral to the Children and Families Contact Service via an e-CAF referral.

- Parental consent is not required for a referral to be made for an Early Help or child in need service but parents should be informed that a referral is being made unless this would put the child at further risk of harm.

- Social workers in the Contact Service can also offer mental health professionals advice on a "no names basis" for example on whether or not thresholds for services have been reached.

- Mental health professionals should provide relevant information to any CSSW social worker who makes enquiries as to whether an adult is known to Mental Health Services and direct them to any allocated professional.

Referral to the Children and Families Contact Service

The Children and Families Contact Service is the single point of contact for children's social care services in Camden and all referrals should be sent to the service via an e-CAF referral that should include the following information:

- the parent's mental health diagnosis and symptoms/presentation
- how this may be impacting on their parenting capacity
- any evidence that it is impacting on the child's wellbeing
- the parent's treatment plan and how this may impact on parenting capacity (for example side-effects of medication, periods of hospitalisation).

Urgent child protection referrals can be made by telephone but must be followed up in writing by e-CAF referral within 48 hours.

The Contact Service social workers will screen all referrals in order to assess the level of the child's needs and to decide the most appropriate service based on these needs.

- Where there are child protection concerns, the referral will be passed to the Multi-agency Safeguarding Hub (MASH) team to be dealt with under MASH procedures and a final decision will be made on the most appropriate service.

- Where the child does not meet the threshold for a social work service, the referral will be passed to the First Stop Early Help team to access a suitable early help service.

- Where the child meets the threshold for a social work service at level 3 or 4 the referral will be allocated to a social worker in the most suitable social work team in CSSW.

Out of hours mental health professionals can contact the Emergency Duty Team on **020 7974 4444:** the team provides an emergency social work service overnight and at weekends and bank holidays while the CSSW office is closed, with further action taken by the MASH team once the office re-opens.

Responses from children's services

- A decision on referrals should be made by the manager within 1 working day and referrers should be notified in writing of the outcome of the referral shortly after. Mental Health professionals should follow up within 3 working days if no decision has been given.

- ***Early Help services*** will provide an appropriate early help service to support the family and improve outcomes for the child. This may include carrying out an early help CAF assessment of the child and family and all families will have an action plan that is regularly reviewed by the professional network (the Team around the Family or TAF). The service will also escalate cases to CSSW for a statutory social work service where the child is thought to be at risk.

- ***CSSW*** will allocate a social worker to work with the family and to carry out a child and family assessment to assess the level of harm and decide on the best intervention and services. This will be recorded in the child's plan which will be reviewed at a multi-agency meeting on a six-monthly basis.

- If there are concerns that the child is at risk of harm, CSSW will follow the London Safeguarding Children procedures and will convene a strategy discussion a child protection case conference and the child will be subject to a child protection plan. http://www.londoncp.co.uk/

- If parents need to go into hospital, in the first instance CSSW will help families to ***make arrangements for the child's care*** (known as family and friends care arrangements) as an alternative to the child becoming looked after but if there is no-one who is able to look after the child CSSW will find them a suitable foster placement.

9 Referring a parent to mental health services

Parents should access mental health services via their GP in the first instance. GPs can prescribe medication and interventions, including the i-Cope counselling resource. Where this does not improve the parent's mental health, the GP or any other health care or social care professional can refer on to secondary services via the Neighbourhood Core team.

Parents can self-refer to some mental health teams such as the Crisis team and social workers should support them in this.

All standard non-urgent referrals are sent to the Neighbourhood Core team to carry out an initial assessment of the parent and refer them on to the most suitable mental health service.

In an emergency, where the parent is in immediate crisis, they can be referred to the Crisis team via the Crisis line or presentation at the Mental Health Crisis Assessment Centre.

If the parent is a new patient with the first onset of psychosis, they will be referred to the Early Intervention team for an assessment to identify the most suitable service; this is regardless of the severity of the illness or the type of symptoms presented.

Each specialist service will also carry out an assessment to establish whether the parent meets the threshold criteria for that service.

If parents need on-going support following assessment, for example to monitor their medication, they may have a care plan describing the support that will be provided for them and the improvements/changes that they want to achieve in managing their mental illness or other areas of their life, which may include an allocated mental health professional to work with them.

10 Pregnancy and post birth

Between 20-25% of women of child-bearing age will have a mental illness or mental health needs. The vast majority of pregnant women and new mothers with these needs go on to successfully meet the needs of their children.

However all staff need to be aware of the following with regards to mental ill health and pregnancy and childbirth:

- Pregnant women may find that they are unable to continue with some medications during pregnancy, or may have to change or reduce medication, which can lead to relapse.

- Research shows that following pregnancy, women with mental health problems are at a higher risk of developing depression or having a new psychotic episode within 3 months of the birth.

- Some mental health issues can change their frequency and presentation during pregnancy, for example, bipolar disorder can show an increase in the rate of relapse and psychosis can re-emerge or escalate during pregnancy.

- There is an increased risk of neonatal death where there is a history of parental mental ill health and an increased risk of sudden infant death syndrome where the mother has depression.

- The symptoms of some types of mental ill health are similar to changes generally experienced during pregnancy, for example tiredness, making it more difficult to identify emerging mental ill health.

- The stress of caring for a new-born can make it more difficult for parents to cope with existing mental health issues such as anxiety or depression.

- Women may be fearful of disclosing their pregnancy or engaging with antenatal services due to the stigma of mental ill health or fears that the child will be removed from their care.

- Social workers and mental health professionals should be aware of cases involving mothers whose mental health prevents them from taking relevant decisions and whose birth plan may need to be decided by health professionals in order to safeguard the welfare of the unborn child during the birth. These cases will be referred to the Court of Protection by the NHS Trust providing obstetric care. Professionals should also be aware that capacity can fluctuate in labour and should ensure an up to date assessment is carried out as appropriate.

To ensure a good standard of joint working where there are concerns about the mother's mental health during pregnancy and childbirth, mental health professionals and children's services should link with midwives in antenatal services to ensure integrated planning that:

- helps the mother to engage with services;
- considers the impact of the mother's care and treatment on the development of the foetus, particularly medication;
- agrees a care and treatment plan that balances risk of relapse against possible harm to the foetus;
- sets out how the mother's condition will be monitored during pregnancy and what action agencies need to take in the event that the mother's mental health deteriorates;
- considers whether or not the threshold has been reached for CSSW to convene a pre-birth child protection case conference;
- agrees a birth plan and continued support following the birth as necessary.

All staff should be aware of Camden's CCG *Perinatal Maternal and Infant Mental Health Pathway*. The pathway aims to support midwives and health visitors in screening and assessing the mental health needs of pregnant women and mothers of infants under 1 year so that they are able to make appropriate referrals to mental health services and CSSW.

Midwives at UCLH and the Royal Free Hospital meet regularly with a senior practitioner from the CSSW Brief Intervention team to discuss cases where there are concerns about the welfare of an unborn child. These meetings will identify any mother who may be experiencing mental health difficulties and will ensure appropriate referrals are made.

Camden and Islington Foundation Trust provides a Perinatal Mental Health team which works with women with mental health problems for up to a year prior to the birth of their child (including preconception advice) and for up to two years following the birth of their child. The service aims to support women to manage their mental illness whilst meeting the needs of the child. Referrals to this service can be made via maternity services or directly by CSSW social workers. For more details see:

https://www.candi.nhs.uk/our-services/north-london-partners-specialist-perinatal-mental-health-service
Team Secure email: NCL.perinatal@candi.nhs.uk

Camden's Integrated Early Years Service, which is part of the borough's Early Help Service, is particularly well placed to support mothers with children under 5, and children's centres are able to offer a service in order to safeguard children and support families.

11 Hospital admissions

Wherever possible hospital admissions should be planned but as this is not always likely, staff admitting patients onto psychiatric wards should refer to the procedures set out in section 8 and carry out the following:

- checking whether patients being admitted have caring responsibilities for children
- finding out what care arrangements have been put in place while the patient is admitted; this should include making enquires to ensure that private fostering arrangements are or have been reported to CSSW
- considering what arrangements can be made for children to visit the parent
- finding out whether CSSW or Early Help services are involved with the family.

Staff should contact the Children and Families Contact Service to find out whether the family are known to Early Help Services or CSSW; contact must be made if it appears that alternative care arrangements for children may need to be made.

- If the family are known to Early Help Services or CSSW staff should make contact with the allocated (social) worker to share information and plan joint interventions.

- If the family are not known to Early Help Services or CSSW staff should consider whether to make an e-CAF referral.

12 Procedures for joint working

Information sharing

Information sharing is a key aspect of joint working and allows agencies to make informed decisions based on accurate and up to date information.

Children's services need to have information about parent's mental health in order to assess parenting capacity and inform risk assessments. Mental health professionals will therefore need to provide Early Help workers and social workers with information on:

- the parent's symptoms and insight into their illness and its likely impact on the care of their child
- details of care and treatment programmes and any side effects of medication that may affect functioning and parenting
- any hospital admissions or discharges
- any concerns about escalating mental health problems that may affect the child's safety and welfare
- details of community support to be provided by mental health services
- prognosis for the parent's future mental health
- any plans to close cases or end or change services or treatment that might impact on the needs of the child being met
- any difficulties in engaging parents.

In order to support parents and "think family", mental health professionals need information on:

- what concerns children's services have about children's welfare and parenting capacity and what changes need to happen to reduce concerns
- what actions and interventions children's services are likely to take under the Children Act 1989 to safeguard the child, for example child protection procedures, any plans to accommodate the child and details of alternative care arrangements
- what support and services the family will receive from children's services so that the child can remain at home
- any changes to the child's status, for example where a child protection plan ends or a looked after child returns home
- any plans to step up an Early Help case to CSSW or to step down a CSSW case to Early Help Services or to close cases
- any difficulties in engaging parents.

All services should provide copies of any agency assessments, plans or reviews and minutes of meetings in order to ensure all services are involved in monitoring the children's and parent's progress and ensuring parents are able to meet the child's needs.

Confidentiality and information sharing

Although any information held by services on children and families is confidential this will be outweighed by the need to safeguard the welfare of children. Information may be shared lawfully under the Children Act 2004 without the consent of parents in order to safeguard the child's welfare. For further information, see the CSCP *Information sharing statement*. Camden-Information-Sharing-Statement.pdf (cscp.org.uk)

Professionals can seek advice from the MASH social worker on a "no names" basis where they are unsure about whether to make a referral without seeking consent.

Attending meetings

Where children's services and mental health services are jointly working with a family, the relevant worker from each service should be invited to attend any planning meeting or review held by the other service.

- Early Help workers should ensure that the allocated mental health professional is invited to any Team Around the Family meeting to review the child's Early Help plan.

- CSSW social workers should ensure that the allocated mental health professional is invited to any of the following professionals meetings:

    - Child protection strategy meetings where information about the parent's mental health is crucial to assessing risk
    - Initial and review child protection case conferences (including pre-birth conferences
    - Core group meetings to implement a child protection plan
    - Child in need plan reviews.

- Mental health professionals should ensure that Early Help workers and social workers are invited to any care review meetings and discharge planning meetings where this is agreed by the client but should otherwise share any information relevant to the care and protection of the child arising from the meeting.

- Mental health professionals are unlikely to be invited to attend looked after children reviews but will be consulted in advance and should provide relevant information for the meeting.

- If mental health professionals are invited to a meeting by CSSW social workers but are unable to attend, they should either:

    - make arrangements for a colleague with relevant experience and knowledge to attend or
    - provide a written report to the meeting outlining the work undertaken with the parent and providing an opinion on the risk to the child posed by the parent's mental illness.

- If a CSSW social worker is invited to a meeting by mental health professionals but is unable to attend, they should either:

    - make arrangements for a colleague with relevant experience and knowledge to attend or
    - provide a written report to the meeting outlining the work undertaken with the family and setting out concerns for the child's welfare stemming from the parent's mental illness.

- If a parent does not agree to workers from children's services being invited to meetings about them, the mental health professional should discuss their objections and the importance of professionals working together for the benefit of themselves and their children. It may be possible to negotiate for children's workers to attend part of the meeting.

Joint assessments

Joint assessments need to focus on the impact of parental mental health on their ability to meet the child's unmet needs. Throughout the assessment process, there must be:

- clarity of purpose
- joint planning for assessment showing how the joint assessment will be conducted with roles and responsibilities clearly set out
- a clear assessment of risk based on information from all services
- clear agreement around information sharing
- agreement on how parents, carers and children will be involved in the assessment process as far as this is consistent with the child's safety and welfare.

Interagency contact and joint case management meetings

Services should maintain regular contact, particularly where there are concerns about the child or the situation is changeable. Frequency of contact between the services should be mutually agreed based on the level of risk to the child and the level of instability of the parent's condition.

There will be a small number of cases where there is a high level of risk requiring an added level of joint working and oversight by both services via a joint case management meeting. These will be cases where:

- the parent's mental health diagnosis is more likely to have a significant negative impact on the child's welfare due to its severity or instability
- there are other vulnerabilities present that are exacerbating the situation, for example substance misuse, domestic abuse or family violence
- the parents are experiencing social isolation and lack of family support
- the family are not engaging with services
- there is a lack of information about the family or the child's lived experience.

CSSW social workers and their supervisors are responsible for identifying cases that may require a joint case management meeting and should approach their Mental Health colleagues to request and arrange a meeting.

The purpose of the meeting is to share information, provide updates on the services being delivered and the parent's mental health prognosis, explore any difficulties in delivering services or safeguarding the child, manage risk and agree any actions to manage risk and progress the case.

The meeting should be attended by the CSSW social worker and Mental Health worker and their supervisors; the CSSW supervisor is responsible for recording discussions and agreed actions using the agenda template at Appendix 5. A copy of the discussion record should be kept on the case file of both services.

Review meetings should be convened as required by the circumstances of the case.

Decisions on cases

- No major decisions (such as the removal of children, closure of case or change of treatment plan) should be made without consulting partner services, unless urgency requires immediate action. In these circumstances other involved agencies should be informed as soon as possible.

- Services should where possible share their expertise and provide consultation where needed.

- If any service plans to close a case, the other services must be informed in writing as soon as the decision has been made, outlining the reasons and the alternative support systems in place.

- Although CSSW and mental health services will always consult with each other around service provision and intervention, each service will ultimately make their own decisions with regard to their service user based on service requirements.

13 Young carers

A young carer is “a person under 18 who provides or intends to provide care for another person (of any age, except where that care is provided for payment, pursuant to a contract or as voluntary work”. Many young carers in the UK support parents with a mental illness and their caring role can impact negatively on their health and development.

Young carers and their families have a right to request an assessment for their support needs. Camden has a duty to ensure that young carers are protected from excessive and inappropriate caring duties and have the same opportunities as their peers to pursue their education and interests and achieve good outcomes. To do this, Camden must assess the needs of the whole family to ensure that adults are receiving a suitable level of support so that the burden of care on the young person can be reduced.

Staff should refer to Camden’s Young Carer’s Protocol for details of how to carry out assessments and provide support to young carers, many of whom will meet the threshold for an Early Help Service.
Young-carers-protocol.docx (live.com)

Mental health professionals may also wish to refer young carers directly to Family Action for assessment and whole family support or to access Kidstime family workshops. KidsTime Workshop locations and attendance | Our Time

14 Safeguarding the mental health of children

Children whose parents have mental health difficulties are likely to worry that they may also become ill. These children can be at a greater risk of developing mental illness, either because of a genetic pre-disposition or due to the influence of the parent’s mental ill health on interactions between them and the child. Further, environmental factors and stresses associated with parental mental ill health such as social isolation can also contribute to an increase in risk.

Workers in children’s services need to be aware of children and young people who are exhibiting signs of mental health difficulties such as stress, anxiety and depression and take timely action to ensure they get the help they need.

Strategies can involve:

- working to improve the parent/child relationship
- putting in services to reduce the stress on children, especially young carers
- providing programmes that allow children the space to develop their own identities and interests.

If there are concerns about a child's mental wellbeing or if it is though the family need specialist support, a referral can be made to Open-minded, the Child and Adolescent Mental Health Service in Camden or another suitable provision.

Please refer to the CSCP *Children and young people's mental health protocol* for more details. CYP-mental-health-protocol.pdf (cscp.org.uk)

15 Training

Children's services

- All children's services staff will be expected to attend child protection training available from the CSCP which should be refreshed every 2 years.

- Social work staff should also attend the "Parental mental ill health and its impact on children" training available as part of the core training programme and mental health professionals are encouraged to join this training to facilitate joint working. This is available through the Camden TDS: https://www.camdentds.co.uk/cpd/portal.asp

Mental health professionals should attend the following training:

- Level 3 online Safeguarding adults and children training provided by the Trust as part of its core training requirements, and which needs to be repeated at least every three years (available via the C&I Intranet)

- training on making e-CAF referrals available through the Camden Learning and Development Service.

16 Resolution of differences

In the event that professionals or agencies have any disagreements in connection with this protocol, this will be resolved under the CSCP escalation policy available at: CSCP_Escalation_Policy_2023.pdf

17 Review of protocol

This protocol will be reviewed and finalised by mental health services and children's services in Camden every 2 years.

Appendix 1

Assessment practice guidance

Any assessment carried out by mental health professionals or children's services should consider whether the parent's mental ill health is likely to impact negatively on the child's safety and welfare.

The following areas should be covered in any assessment in order to make a sound judgement on the impact of mental ill health on the child's development and the level of risk posed to the child:

Assessment by children's services

- an observation of the parent's behaviour
- what support does the parent receive from their partner or family
- details of the care of the child
- any concerning behaviours
- information and views of other agencies working with the family, for example schools
- what are the known mental health problems or diagnosis for the parent
- the parent's views of their mental health difficulties or diagnosis and any treatment being received
- the children's views of their parent's mental ill health, what support they feel they need and what they know or need to know.

Assessment by mental health professionals

- an assessment of how the parent's mental ill health impairs the care of the child in terms of their physical care, emotional care, stimulation and supervision
- the parent's insight of their mental illness and how it affects the care and wellbeing of their child
- what forms of support are available to the parent, both formal and informal, for example family, friends, health visitor, GP
- any observed concerning behaviours with regards to the child
- whether the family known to CSSW or Early Help Services or whether a referral should be made
- information from any other agencies
- how to provide an age appropriate explanation for the child of their parent's mental ill health.

Where one parent is a carer for a parent with mental ill health the impact of this caring role on their ability to cope with the daily stresses of parenting should be taken into account in any carer's assessment.

Risk assessment

Risk assessment needs to be used in order to identify sources of risk and establish the level of harm to the child, and should be used to inform decisions on whether statutory intervention under child protection procedures is necessary.

To improve the quality of risk assessments, it is recommended that all services working with the family are involved in sharing information so that as accurate a picture as possible of the child's lived experience is available.

Risk of harm increases where the child is:

- part of the parent's delusions or part of their suicide plans
- the target of their parent's violence, aggression or rejection
- neglected as a result of the parent's mental illness
- a new-born whose mother has a severe mental illness or a history of mental illness
- involved in the parent's obsessive/compulsive behaviour
- has caring responsibilities beyond their years
- is witnessing disturbing behaviour
- has unsupervised contact with a parent whose mental illness may put them at risk
- is socially isolated.

There is a particularly high risk of harm where domestic abuse and substance misuse are present along with parental mental ill health.
These factors can affect parenting capacity or indicate problems with capacity;

- a history of mental health problems that affect functioning
- poor coping strategies
- misuse of substances
- self-harming and suicidal thoughts
- thoughts of harming the child
- severe eating disorder
- lack of insight into illness
- non-compliance with treatment
- poor engagement with mental health services
- previous or current hospital admissions

- mental health problems that are considered “untreatable” or not treatable in a timeframe that is right for the child
- mental health issues that are currently undiagnosed
- domestic abuse or difficult family relationships
- isolation and poor support networks
- previous referrals to children’s services.

The presence of any of these protective factors will reduce the level of risk:

- the parent’s ill health is short lived
- another parent or family member is able to care for the child
- there are no other issues affecting the family and no family discord
- the family has support from the wider family, friends or community
- the child has a secure base, good self-esteem and is resilient
- the child is in a supportive school or nursery environment.

Assessment during pregnancy

Agencies who are assessing the risks and needs of the mother and the unborn child should consider the following:

- history of mental ill health including during previous pregnancies;
- mother’s physical wellbeing and physical health history
- alcohol or drug misuse
- attitude towards and experience of the pregnancy
- mother-baby relationship
- past or present treatment and response to these
- social networks, support and quality of relationships
- living conditions and social isolation
- family history of mental ill health
- presence of domestic abuse or childhood trauma/mistreatment
- housing, employment, economic and immigration status
- responsibility for the care of other children or adults.

Appendix 2:

Service contact details

Children's services

5 Pancras Square
London
N1C 4AG

Children and Families Contact Service
(for access to the MASH team and the First Stop Early Help team)

Tel: 020 7974 3317
Fax: 020 7974 3310
LBCMASHadmin@camden.gov.uk.cjsm.net

Emergency Duty team (out of hours)
Tel: 020 7974 4444

Integrated Early Years Services
Tel: 020 7974 1679

Integrated Youth Support Services
Tel: 020 7974 7375

Mental health services

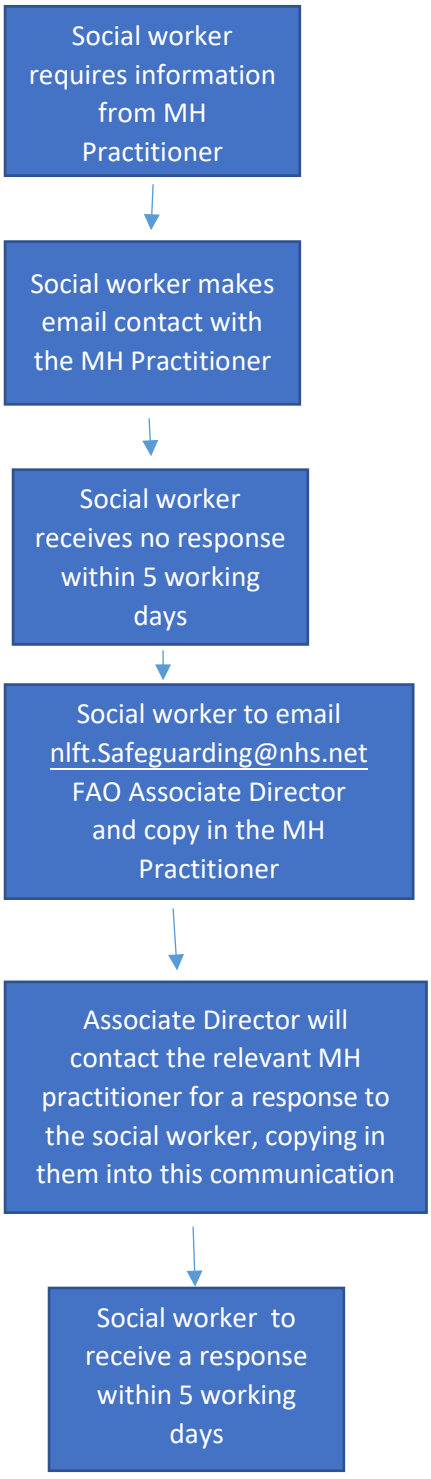
St Pancras Hospital
4 St Pancras Way
London
NW1 0PE

Tel: 020 3317 7500
24 hour Crisis Line: 0800 917 3333

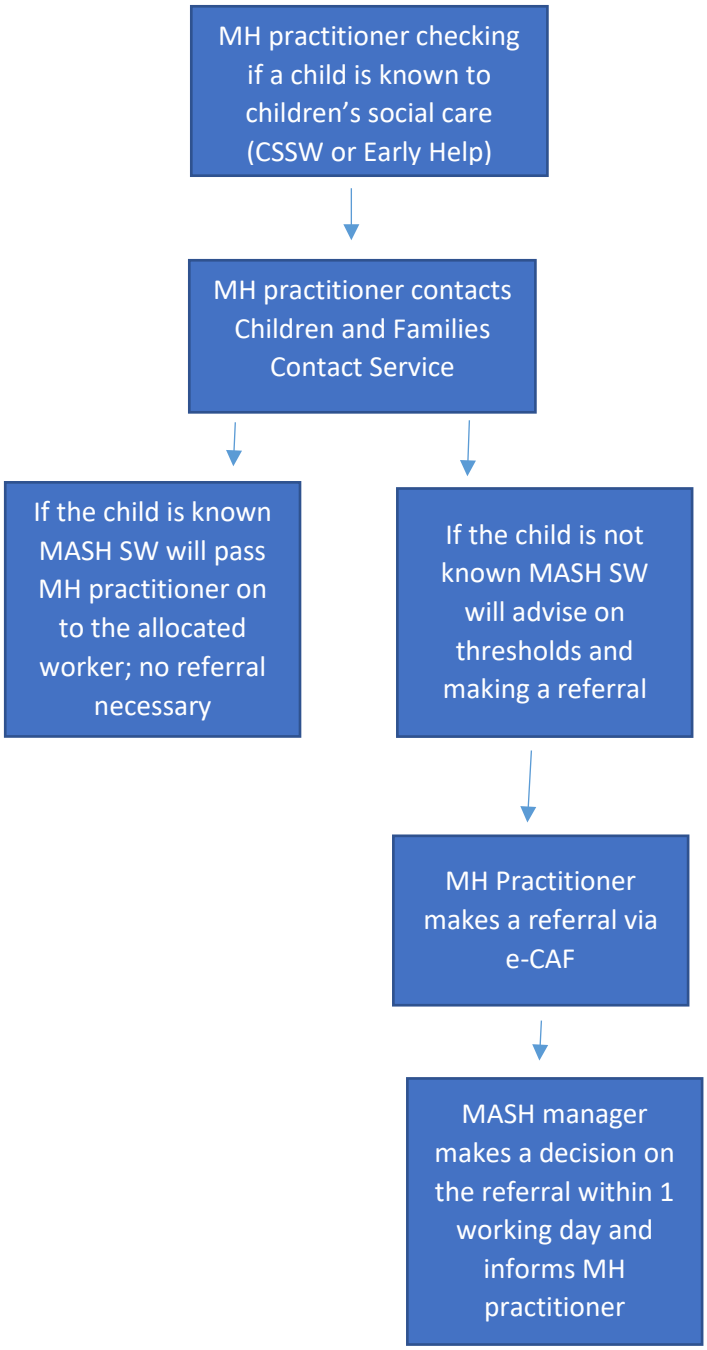
Appendix 3

CSSW/Mental Health Services point of contact flowchart

CSSW to Mental Health Services



Mental Health Services to CSSW



Appendix 4

Glossary of mental health terms

- Schizophrenia: episodic illness during which person loses contact with objective reality and becomes more preoccupied with inner, private life. At the onset, person becomes socially withdrawn, lack energy and become self-neglectful with difficulties in functioning, odd behaviours and thoughts.

- Depression (unipolar affective disorder); sustained change in mood so that person feels sad, worthless or helpless. Affects all areas of life and involves sleep disturbance, lack of appetite and slow, gloomy thoughts, and person loses ability to care for self or others.

- Bipolar affective disorder (manic depression); mood fluctuations including mania, depression which is chronic and highly recurrent leading to significant distress; linked with substance abuse and personality and anxiety disorders.

- Anxiety disorders; includes phobias, general anxiety disorders, obsessive-compulsive disorders, post-traumatic stress disorder. Involves fear symptoms such as increased arousal, sweating, restlessness, shortness of breath, palpitations. Symptoms can feel similar to heart attack.

- Personality disorder: a type of mental health problem where attitudes, beliefs and behaviours case long-standing problems. They relate to the person's personal and interpersonal functioning linked to childhood attachment difficulties or abuse.

Definition of significant harm

Significant harm is a term used in child protection legislation to describe the threshold at which intervention to protect a child from harm becomes a legal duty. It can be defined as:

- Neglect: failure to provide basic care to meet the child's physical needs, such as not providing adequate food, clothing or shelter; failure to protect the child from harm or ensure access to medical care and treatment.

- Physical abuse: causing physical harm or injury to a child.

- Sexual abuse: involving children in sexual activity, or forcing them to witness sexual activity, which includes involving children in looking at or the production of pornography.

- Emotional abuse: failure to provide love and warmth that affects the child's emotional development; psychological ill treatment of a child through bullying, intimidation or threats.

Appendix 5: Record of joint CSSW/Mental Health Services case management meeting

Name of family: Name of CSSW social worker: Name of CSSW supervisor: Name of MHS worker: Name of MHS supervisor Date of meeting:

Current situation, including current concerns and risks, assessment of family strengths and details of plans/interventions of both services

Details of any incidents or changes to the family's circumstances since the last meeting

Details of joint work with the family, including joint visits or assessments

Details on how well service plans are being implemented, including any difficulties in family engagement or joint working

Evidence of outcomes, including feedback from the family

Any contingency plan should the situation deteriorate

Any agreed actions to be taken regarding the case

Action agreed	Agency responsible	Timescale

Appendix 6:
Impact of parental mental ill health on children's development

Age/stage of development	Expected development	Impact on development
Pre-birth	Foetus developing normally with expectant mother attending and engaging with ante-natal appointments, looking after her health, avoiding alcohol and drugs and following an adequate diet.	• Mother may avoid contact with ante-natal services. • Impact of medication on the development of the foetus and impact on mother's mental health of stopping medication • Mother's physical health and emotional wellbeing may impact on the development of the foetus
0-12 months	• Child requires a high level of physical care to meet their needs; development is monitored by health professionals to ensure milestones met and for immunisations. • Cognitive and language development can be observed through interest in surroundings, play and "babbling". • Rapid development of brain is stimulated by interaction with parents and helps the child to form a good attachment; this will influence the child's emotional development.	• Parents may be less attentive to the child's needs leading to neglect of their physical care and lack of interaction leading to delay in their emotional and cognitive development. • Lack of warmth in responses to child or emotional unavailability of parent may affect emotional development leading to poor attachment. • Effect of medication may blunt parent's emotions and restrict responses to child. • Child is particularly vulnerable where parents have severe mental health problems that involve delusional or suicidal thoughts. • Lack of contact with health professionals means the child's development may not be monitored and immunisations not taken up.
1-2 years	• The child's physical development means they are becoming more mobile and exploring their environment through play. • The child will be developing their speech and language skills.	• Increased mobility means the child is more vulnerable to accidents and parents may not be vigilant to this. The effects of medication may affect ability to keep the child safe and children may be at risk if medication is not safely stored.

	• The relationship with the carer means the child feels safe and secure and is learning to control emotions. • The child begins to develop a positive sense of identity and be aware of themselves and significant others. • The child shows fear of separation or strangers but may show interest in other children.	• Parents may be unaware of their child's physical needs regarding diet or seeking appropriate medical help when ill. • Parents may not interact with child sufficiently to help develop cognitive or language skills or may lack warmth leading to delayed development. • Parent's mental state will begin to impact on the child's emotional wellbeing and may make them feel anxious or fearful; this can be displayed through their behaviours. • Parents may struggle to care for themselves or their child in terms of hygiene or presentation and may reject the child or hold them responsible for their problems. • Inconsistent parenting, lack of warmth or bizarre and frightening behaviour may affect attachments and contribute to negative behaviours in the child. • The family may be socially isolated due to the parent's mental health problems.
3-4 years	• The child should have reached all developmental milestones and should be in good health. • The child becomes increasingly social and learning to interact positively with others. • Child's learning through play helps them develop new skills. • Language skills develop further and vocabulary widens. • The child continues to learn about controlling emotions and behaviour and learns to take on more self-care tasks. • The child develops an understanding of their gender and ethnic identity and has a positive sense of family and belonging. • The child becomes more independent of parents and able to cope with separation, developing new relationships with peers.	• Children may have unmet health needs due to parents not engaging with child health professionals. • Parent's preoccupation with self may mean they are not able to meet children's physical needs or are unaware of potential risks to the child's safety. • Parental mental ill health may mean the child is not stimulated at home and is not able to take up pre-school provision to help them learn and develop academically and socially. • Children with parents with mental health problems are more at risk of developing emotional and behavioural problems at this stage and parents may have a negative view of their child. • Parental behaviour and mood changes or lack of warmth may make the child feel insecure or rejected.

		• The child may begin to "model their behaviour on their parent's behaviour. • Children may begin to blame themselves for their parent's situation and behaviour and take on caring responsibilities. • Separation due to hospitalisation will make the child anxious and fearful.
5-10 years	• The child's health is regularly monitored through medical and dental check-ups and any health needs met. • The child attends school regularly and is achieving in line with expectations. • The child has good friends and good relationships with peers and adults. • The child learns to moderate behaviour and follow rules. • When distressed the child confides in a trusted adult. • The child is beginning to be aware of their own self-worth and what they are good/bad at. • The child enjoys a close relationship with the parent although they are becoming more independent and friends are becoming more important to them.	• Children may be more susceptible to poor health outcomes as a result of not having regular checks or health issues going untreated. • Children may also be more at risk of experiencing depression and anxiety. • Children may exhibit behavioural difficulties that impact on learning and may lack concentration because of concerns about the situation at home. • Children may not attend school regularly or may have to change schools due to frequent moves leading to a disrupted education. • Children may be fearful for their parent and this may manifest itself in behavioural problems. • Parental mental ill health can affect the child's self-esteem. • Children's relationships may be adversely affected by poor attachments linked to inconsistent parenting. • Children may take on a caring role beyond their years. • Feelings of shame or embarrassment and low self-esteem will impact on the child's social presentation and make it harder to make friends. • Children may be the target of parental hostility and may experience rejection and abuse as a result. • Children may feel they have no-one to talk to about their situation.

11-15 years	• The young person's health continues to be monitored through regular checks and their health needs met. • The young person begins to experience puberty and sexual development. • The young person may exhibit some risk taking behaviour linked to adolescence. • The young person continues to attend school and achieve academically and may be involved in other activities. • The young person grows increasingly independent of the family and peers groups become more important. • Adolescence can bring about more volatile emotions and may bring the young person into conflict with parents. • Young people's feelings of identity begin to change as they question their family's values and begin to take on the values of others. • Physical appearance and "fitting in" become increasingly important.	• The young person may be left to cope with puberty alone and without support from a trusted adult. • The young person has a higher risk of developing mental ill health. • There is an increased risk of family discord and physical injury where parents display violent or aggressive behaviour and young people seek to challenge. • Lack of parental support or a caring role for parents and siblings may lead to poor school attendance, poor concentration and poor achievement. • Parents may not engage with the school or attend meetings/parents evenings. • The stigma of parental mental ill health may leave the young person with low self-esteem and poor self-worth. • The young person may exhibit emotional disturbances and self-harming behaviour as a result of parental difficulties. • The young person is more likely to be bullied and may have difficulty making or keeping friends, becoming socially isolated. • The young person may absent themselves from home, going missing and increasing risk of harm from substance misuse, criminal activity, child sexual exploitation and gang activity.