North East London NHS
NHS Foundation Trust

Supporting Children and Families affected by Parental Mental Health Problems or Substance Misuse

A NELFT Safeguarding Children Board Policy

(As part of an NPSA Alert)

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Policy Title	**Supporting Children and Families affected by Parental Mental Health problems or Substance Misuse** **A NELFT Safeguarding Children Board Policy**
Purpose of Policy	To clearly set out North East London Foundation Trust's (NELFT's) process in relation to supporting parents with mental health or substance misuse issues to parent their children and to ensure
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Assurance Statement

This policy is intended to inform all professional groups within NELFT about the processes and structures for safeguarding children whose parents have mental health problems or substance misuse.

1. Introduction

Many children with the most complex needs have parents who have mental health problems or substance misuse issues. This does not mean that people with mental health problems or who use substances are bad parents, but they do often need extra support and it is vital for them and their families that they get it.

Providing effective support to such families requires professionals and services to take responsibility and work well together across organisational boundaries and hierarchies.

This policy is designed to be used by the staff of the North East London Foundation Trust and our partner agencies as part of a broader strategy to improve the way professionals and services within the four boroughs the Trust covers work together to identify and provide support for children and families affected by substance misuse and mental ill health.

The strategy is based on creating more and better opportunities for communication and learning between services working with children and families within NELFT.

Multi-agency training will be available as part of the Safeguarding processes in each of the four NELFT boroughs on the use of this policy. The aim of this policy is support for parents and to safeguard children. The policy is designed also however to enable workers to identify a child at risk of significant harm, to make a referral to Children Services where required and to participate in the safeguarding process.

Although this policy is intended to be used locally, professionals should be aware that it is firmly based within the legislative framework for safeguarding and promoting the welfare of children and families, especially the Children Acts of 1989 and 2004 and the London Child Protection Procedures which contain detailed guidance on safeguarding children affected by parental mental illness and children affected by parental substance misuse. http://www.londonscb.gov.uk/procedures/. This link can also be found on the Trust Intranet Safeguarding page).

It also reflects local and national policy and guidance, including “Working Together to Safeguard Children ” 2010 and “What to do if you’re worried that a child is being abused” 2006.

This policy will only be as successful in achieving its aim as you make it. The NELFT MHS Safeguarding Children and Adults Group has pledged to review this document annually to ensure that it remains effective in improving the way we work together. For more information about this please contact your Directorate Lead for Safeguarding or Operational Director.

2. Members of the NELFT MHS Safeguarding Children and Adults Group

The term 'mental health problems' is one that encompasses a range of experiences and situations. Mental health might usefully be viewed as a continuum of experience, from mental well-being through to a severe and enduring mental illness.

We all experience changes in our mental health state, influenced by social, personal, financial and other factors. Major life events such as a close bereavement, or leaving home, can impact significantly on how we feel about ourselves, for example, leading to depression and anxiety.

A minority of people may experience mental health problems to such a degree that they may be diagnosed as having a mental illness, requiring the involvement of specialist services and support. The majority of people will not experience mental illness, but will undoubtedly experience mental health problems at different times in their lives.

For more information about mental health and well-being, visit www.mind.org.uk.

3. HIDDEN HARM

"Hidden Harm" the report of an inquiry by the Advisory Council on the Misuse of Drugs, was published in 2003. The six key messages from the inquiry were:

- It is estimated there are between 250,000 and 350,000 children of problem drug users in the UK – about one for every problem drug user.
- Parental problem drug use can and does cause serious harm to children at every age from conception to adulthood.
- Reducing the harm to children from parental problem drug use should become a main objective of policy and practice.
- Effective treatment of the parent can have major benefits for the child.
- By working together, services can take many practical steps to protect and improve the health and well-being of affected children.
- The number of affected children is only likely to decrease when the number of problem drug users decreases.

4. Aims of the Policy

- To ensure professionals working in NELFT are aware of their responsibilities for working together to safeguard and promote the welfare of children and their families.
- To improve the identification of and support provided to children and families affected by mental ill health and substance misuse.
- To improve communication between services responsible for supporting children and families affected by mental ill health and substance misuse.

5. Roles and Responsibilities

The aim of this policy is to ensure that all affected children receive appropriate and safe interventions.

The Chief Executive should ensure that a Named Doctor and Nurse are appointed. Their role is to provide expert professional advice, assist in the ongoing development of policies

and procedures in relation to child protection issues. Design and develop appropriate training. Ensure effective professional communication and to monitor Trust performance in relation to safeguarding children.

All clinicians who work with children and families should be able to:

- Understand the risk factors and recognise children in need of support and/or safeguarding
- Recognise the needs of parents who may need extra help in bringing up their children and know where to refer for help
- Recognise the risks of abuse to an unborn child
- Contribute to enquiries from other professionals about children and their family or carers
- Liaise closely with other agencies, including other health professionals
- Assess the needs of children and the capacity of parents/carers to meet their children's needs, including the needs of children who display sexually harmful behaviour
- Plan and respond to the needs of children and their families, particularly those who are vulnerable
- Contribute to child protection conferences, family group conferences and strategy discussions
- Contribute to planning support for children at risk of significant harm, e.g. children living in households with domestic violence or parental substance misuse
- Help ensure that children who have been abused and parents under stress (e.g. those who have mental health problems) have access to services to support them
- Play an active part, through the child protection plan, in safeguarding children from significant harm
- As part of generally safeguarding children and young people, provide ongoing promotional and preventative support, through proactive work with children, families and expectant parents
- Contribute to serious case reviews and their implementation.

The above should all be undertaken with reference to the core processes set out in Working Together to Safeguard Children (2010) which is summarised in What To Do If You're Worried A Child Is Being Abused (Department of Health, 2006) and the London Child Protection Procedures, Version 4 2010.

6. Principles of the Policy

6.1. In line with the statutory framework and Every Child Matters, the Government's programme of Change for Children, is clear that all professionals who come into contact with children and/or their parents or carers in their everyday work, not just social workers in Children's Social Care or designated or named safeguarding professionals in other services, have a duty to safeguard and promote the welfare of children (see s11 of the Children Act 2004).

6.2. Where parents have a mental health problem, both they and their children may be vulnerable and need extra support, but this does not mean the children will always be in need of social work services or at risk of significant harm.

6.3. In working with families, services should ensure that they consider and support the needs of the father as well as the needs of the mother. Both parents have an important role to play in supporting the child. Professionals should be as aware of the parenting responsibilities of men as they are of women.

6.4. To ensure that the families' needs are considered and met in an integrated, holistic way, professionals and services need to work effectively together. In the vast majority of cases, supporting a parent/carer will benefit his/her child and supporting a child will benefit his/her parent or carer.

6.5. It is essential that the stereotypes and assumptions that exist about people with mental health problems and substance misuse do not influence agencies' assessments and interventions, which should be based on observable evidence and objective judgements.

6.6. The safety and welfare of a child or young person, must always be considered, when making decisions on whether to share information about them. Where there is concern that the child may be suffering or is at risk of suffering significant harm, the child's safety and welfare must be the overriding consideration in decisions about whether to share information.

7. Identifying parents, carers or parents-to-be with mental health problems and substance misuse

7.1. *Any professional working in NELFT who comes into contact with an adult with a mental health or substance misuse problem should consider:*

(a) How his/her mental health problem is impacting on the safety and welfare of any children in his/her care, if at all;

(b) Whether he or she has access to the relevant support services.

7.2. *Professionals working with adults with mental health problems should ask themselves the following questions:*

- Does the person look after or have regular contact with any children? If yes, what are the ages of the children? Professionals should ensure that these questions are asked of men as well as women. Staff must ensure that the information is recorded in RIO.
- Is there a young carer within the family?
- Is the person pregnant? If so, has she accessed antenatal care?
- Have you considered the impact of the person's mental health or substance misuse problem on their ability to meet the needs of any children they look after?

Where a child is identified, a pre-CAF Assessment checklist should be carried out at an early stage of contact with the parent(s). This will identify if:

- The family would benefit from any additional support?
- If additional support is needed, can this be provided within your own service?
- Is a Common Assessment Framework (CAF) appropriate?

You may find it helpful to have an informal discussion about the issues with the Children's services to assist these judgements. Again this should be done by ringing the local contact number. All staff should refer to the NELFT Safeguarding Children Quick Referral Flowchart attached at the end of this document.

- Do you think the person's child/children may be at risk of significant harm?
- Do the child/children have a Child Protection Plan?
- Is the child/children already known or previously known to Social Services?

If so, you should contact Children's Social Care immediately on the local number for the borough of NELFT in which you work. This is listed at the back of this document.

7.3. *The answers to the questions in 7.2 above should be recorded in writing on Rio by the professional concerned, as part of a formal assessment of the person/family concerned where appropriate. All formal assessments made of parents by mental health services should include the answers to these questions. Professionals in mental health services should ensure that they are mindful of the safety and welfare of children every time they see parents/carers, not only when they are making an a CAF or pre-CAF assessment.*

8. Considering whether adults need support from mental health services and/or substance misuse services

8.1. Given the number of vulnerable children in NELFT affected by parental mental ill-health and substance misuse, professionals responsible for assessing and/or supporting vulnerable children should actively consider whether these issues when they are carrying out Child in Need and CAF assessments.

8.2. If professionals are concerned about the mental health or substance misuse of a parent or carer, they can call the Duty Service within the Community Mental Health Services within the respective Boroughs in which they work. The contact numbers for referral are listed at the end of this document.

If there is an immediate danger, e.g. the adult is threatening to harm a child, or you have reason to believe the child may be at risk of significant harm, the police must be contacted by dialling 999.

8.3. Some of the triggers that may indicate mental ill health and substance misuse that ought to be discussed with the adult mental health and substance misuse services are listed below (please note this is not an exhaustive list and is provided to assist professional decision-making). Please read this checklist in conjunction with sections that are taken from the London Child Protection Procedures

- Previous or current history of assessment and treatment by secondary Adult Mental Health Services, including hospitalisation or previous Community Mental Health Involvement.
- Previous or current treatment for mental health problems by a GP.
- Previous history of self-harm or current expression of an inability to Manage their own or their child's safety.
- Expression of apparently unreal fears about their safety or that of others.
- Expressions of intent to or fear of harming a child.
- Involvement of the child in any delusional behaviour
- Evidence of significant withdrawal from people, family or activities, i.e. showing signs of depression or anxiety.
- Fluctuations in mood and activity, e.g. excessive crying, inappropriate expression of anger, over-activity, or increased suspicion or concerns about self-neglect.
- A child's or other's expression of concern regarding a significant change in a parent or carer's behaviour relating to any of the above.

9. Identifying and screening pregnant women.

Professionals and services have a responsibility to identify pregnant women with mental health and substance misuse problems, who may be in need of additional services and support. Maternity services should routinely screen for signs of mental health problems. The

overall objective of identification of a pregnant woman's mental health problem is to ensure the well-being of both mother and child and enable the baby to be safely discharged from hospital to the care of the mother wherever possible (see the relevant section of the London Child Protection Procedures for further guidance). Consideration should be given by Professionals to the appropriateness of a referral to the Perinatal Service.

10. Ensuring parents and carers are clear about agencies' responsibilities in relation to safeguarding children

a. Safeguarding Children Where There is Parental Mental Illness

"Where a parent has enduring and / or severe mental ill-health, children in the household are more likely to be at risk of, or experiencing, significant harm. This could be through physical, sexual or emotional abuse, and / or neglect. (London Child Protection Procedures 4th 2010) - section 4.3. Recognition of abuse and neglect)

Significant harm is defined in London Child Protection Procedures 4th Edition 2010 - section 4. Recognition and response as a situation where a child is likely to suffer a degree of physical harm which is such that it requires a compulsory intervention by child protection agencies into the life of the child and their family."

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

- Who features within parental delusions;
- Who is involved in his / her parent's obsess ional compulsive behaviours;
- Who becomes a target for parental aggression or rejection;
- Who has caring responsibilities inappropriate to his / her age (*London Child Protection Procedures 4th 2010* section 5.47 Young carers);
- Who may witness disturbing behaviour arising from the mental illness (e.g. self-harm, suicide, uninhibited behaviour, violence, homicide);
- Who is neglected physically and / or emotionally by an unwell parent;
- Who does not live with the unwell parent, but has contact (e.g. formal unsupervised contact sessions or the parent sees the child in visits to the home or on overnight stays);
- Who is at risk of severe injury, profound neglect or death;
- Or s/he could be an unborn child of a pregnant woman with any previous major mental disorder, including disorders of schizophrenic, any affective or schizo-affective type; also, severe personality disorders involving known risk of harm to self and / or others.

The following factors may impact upon parenting capacity and increase concerns that a child may have suffered or is at risk of suffering significant harm:

- History of mental health problems with an impact on the sufferer's functioning;
- Unmanaged mental health problems with an impact on the sufferer's functioning;
- Maladaptive coping strategies;
- Misuse of drugs, alcohol, or medication;
- Severe eating disorders;
- Self-harming and suicidal behaviour;

- Lack of insight into illness and impact on child, or insight not applied;
- Non-compliance with treatment;
- Poor engagement with services;
- Previous or current compulsory admissions to mental health hospital;
- Disorder deemed long term ‘untreatable’, or untreatable within time scales compatible with child’s best interests;
- Mental health problems combined with domestic abuse and / or relationship difficulties;
- Mental health problems combined with isolation and / or poor support networks;
- Mental health problems combined with criminal offending (forensic);
- Non-identification of the illness by professionals (e.g. untreated post-natal depression can lead to significant attachment problems);
- Previous referrals to LA children’s social care for other children.

b. Safeguarding Children Where There is Parental Substance Misuse

“Although there are some parents who are able to care for and safeguard their child/ren despite their dependence on drugs or alcohol, parental substance misuse can cause significant harm to children at all stages of development. A thorough assessment is required to determine the extent of need and level of risk of harm for each child in the family.

Where a parent has enduring and / or severe substance misuse problems, children in the household are likely to be at risk of, or experiencing, significant harm primarily through emotional abuse and neglect. The child/ren may also not be well protected from physical or sexual abuse.

Significant harm is defined as a situation where a child is likely to suffer a degree of physical harm which is such that it requires a compulsory intervention by child protection agencies into the life of the child and their family.”

The risk to child/ren may arise from:

Neo-natal impact of substance misuse on an infant’s health and development

- Substance misuse affecting their parent/s’ practical caring skills: perceptions, attention to basic physical needs and supervision which may place the child in danger (e.g. getting out of the home unsupervised);
- Substance misuse may also affect control of emotion, judgement and quality of attachment to, or separation from, the child;
- Parents experiencing mental states or behaviour that put children at risk of injury, psychological distress (e.g. absence of consistent emotional and physical availability), inappropriate sexual and / or aggressive behaviour, or neglect (e.g. no stability and routine, lack of medical treatment or irregular school attendance);
- Children are particularly vulnerable when parents are withdrawing from drugs;
- The risk is also greater where there is evidence of mental ill health, domestic violence and when both parents are misusing substances;
- There being reduced money available to the household to meet basic needs (e.g. inadequate food, heat and clothing, problems with paying rent [that may lead to household instability and mobility of the family from one temporary home to another]);

- Exposing children to unsuitable friends, customers or dealers;
- Normalising substance use and offending behaviour, including children being introduced to using substances themselves;
- Unsafe storage of injecting equipment, drugs and alcohol (e.g. methadone stored in a fridge or in an infant feeding bottle). Where a child has been exposed to contaminated needles and syringes (*London Child Protection Procedures 4th Edition 2010* section 5.4 Blood-borne viruses);
- Children having caring responsibilities inappropriate to their years placed upon them (*London Child Protection Procedures 4th Edition 2010* section 5.47 Young carers);
- Parents becoming involved in criminal activities, and children at possible risk of separation (e.g. parents receiving custodial sentences);
- Children experiencing loss and bereavement associated with parental ill health and death, parents attending inpatient hospital treatment and rehab programmes;
- Children being socially isolated (e.g. impact on friendships), and at risk of increased social exclusion (e.g. living in a drug using community);
- Children may be in danger if they are a passenger in a car whilst a drug / alcohol misusing carer is driving.
- Children whose parent/s are misusing substances may suffer impaired growth and development or problems in terms of behaviour and / or mental / physical health, including alcohol / substance misuse and self-harming behaviour.

c. Parents and carers with mental health problems may be worried about their children being removed from their care as a result of their problems. All professionals working with such parents/carers should make it clear that:

- Children will not be removed from them automatically as a result of parental mental illness and/or substance misuse. The vast majority of children remain with their parents, even where concerns about a risk of significant harm are substantiated.
- Professionals have a statutory duty to work with families to safeguard and promote the welfare of children (s11 Children Act 2004).
- Sometimes, they will ask for consent for information to be shared with other agencies so that a child’s needs can be assessed or to enable a service to be provided.
- In certain circumstances, professionals may share information without parents’ consent when they have reason to believe that (a) a child may be at risk of significant harm and (b) to seek parental consent for information sharing would not be in the best interests of the child.
- If there are concerns about a child’s safety or welfare, all services involved with the family will work together to ensure the child is protected, e.g. usually by supporting the parents to take care of their children.
- Parents and carers will be kept informed of any action that is taken as a result of concerns about a child’s safety and welfare.

11. Deciding what action to take if you are concerned about a child

11.1. Assessing the level of risk to a child

In assessing the level of risk to a child posed by parents with either mental health, substance misuse problems, or personality disorder, professionals should undertake a Pre-CAF Assessment checklist, to consider whether:

- There is a possibility of trauma to the child resulting from changes in the parent(s)' moods or behaviour.
- The child has been involved in any delusional or obsessional compulsive behaviours.
- The parents or carers who are exhibiting signs of mental illness are already the subject of continued psychiatric assessment
- There are concerns about domestic violence or where a family member or partner is a person identified as presenting a risk to children
- The child may witness disturbing behaviour arising from mental illness (e.g. self-harm, suicide, uninhibited behaviour, violence, homicide)
- There are urgent concerns as a result of parents or carers being assessed under the Mental Health Act.
- The child has caring responsibilities inappropriate to his/her age
- There are parents or carers with mental health problems who are caring for a child with a chronic illness, disability or special educational needs.
- Where a child is caring for parents or carers with mental health problems the child or his/her siblings have been the subject of previous child protection investigations, child protection registration, local authority care or alternative care arrangements.

12. Sources of advice and support

12.1. If professionals need to speak to someone about their concerns for a child or family, they can contact their line manager, Link Worker, Borough Lead, Trust designated or named safeguarding professional or a Child Protection Co-ordinator in Children's Social Care.

Contact details for designated or named professionals and Child Protection Coordinators can be found at the end of this document. Details of how a decision is made to make a referral or not to Children's Social Care following advice must be clearly documented. Staff must ensure that all decisions and the agreed course of action are dated. The trust collects monthly data in relation to referrals to Social Services, CAF's, Case conferences, Children with a Child Protection Plan, as part of the audit cycle.

13. What to do if you believe a child may be vulnerable and in need of additional services

13.1. Professionals will use the RiO database to log their involvement with a family (see RIO guidance for Safeguarding on the NELFT intranet). The initial assessment must indicate whether a Common Assessment Framework (CAF) form has been completed in respect of a particular child and the professionals involved. If a CAF form has not already been completed, professionals should use this tool to identify needs and any support required to meet these. If following completion of a CAF, professionals feel that the child or family's needs are complex and that he/she requires specialist assessment, then the appropriate referral should be made.

13.2. Safeguarding concerns should be referred immediately to Children's Social Care and do not require a CAF to be completed. (Contact details for Children's Social Care can be found at the end of this document).

13.3. If necessary consideration should be given to setting up a Family Support/professionals meeting involving all the professionals involved with the family to agree a programme of support and/or further assessment/intervention.

14. What to do if you believe a child may be at risk of significant harm

14.1. All professionals have a duty to recognise and act on concerns that a child may be at risk of significant harm.

14.2. Local authorities and the police have a legal duty to take action where it is believed that a child may be at risk of significant harm, i.e. sexual abuse, physical abuse, emotional abuse and neglect.

14.3. If you believe that a child may be at risk of significant harm, you must complete a Referral Form and use this to make a referral to Children's services within your borough (contact details and Safeguarding Children Quick Referral Flowchart are at the end on this document).

14.4. In making a referral, professionals should try to give as much information they can about why the referral is being made and what they would like to see happen as a result.

14.5. In the event that a child or anyone else appears to be in immediate danger, the police must be informed immediately on 999.

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15. Making pre-birth referrals to Children's Social Care

15.1. In accordance with the London Child Protection Procedures, a written referral should be made to Children's Social Care as soon as it is suspected that the degree of parental mental ill health and/or substance misuse is likely to significantly impact on a baby's safety or development. It is important to take action at the earliest possible stage, to ensure that initial approaches to parents are not made in the last stages of pregnancy, at what is already an emotionally charged time, and that there is sufficient time to make adequate plans for the baby's protection. At the same time, consideration should be given to the appropriateness of making a referral to the Perinatal Service.

16. Responsibility for making a referral to Children's Social Care

16.1. For clarity, when professionals are working in multi-agency teams or clinics, the professional who had the first or main contact with the family is responsible for making the referral to Children's Services.

16.2. If the first or main contact professional is aware that Children's Services are already working with the family, he/she should contact the appropriate service or professional within Children's Social Care directly.

16.3. When a referral is made to Children's Social Care, it may decide the case is of insufficient priority and take no further action. If this is the case, the referrer should be informed in writing within 48 hours. If Children's Services decide to undertake an Initial Assessment, it has 10 working days in which to do so. If the child and family meet the criteria for an assessment in both Children's Services and the Community Mental Health Services, a joint assessment, including a joint visit, should be undertaken. Both services are responsible for recording the results of the assessment on their own systems.

16.4. To complete an assessment, a social worker from Children's Services and/or a Community Mental Health Service will talk to the parent/carer and child concerned, and they may need further information from the referrer or from other services. Other professionals and services should be aware that they may be asked for information to be provided at short notice in order to meet statutory timescales. They may also be required to attend strategy meetings or case conferences. Where it is not possible

for the professional to attend a meeting they must ensure they send a representative or an up to date report.

17. Working together to support a child and family

17.1. Where the family requires ongoing support from more than one service, a Professionals meeting should be arranged and a support plan drawn up. For children requiring statutory social services this will be either a child in need, child protection plan, or child looked after plan and Children's social care will lead on the multi-agency process to produce this plan.

17.2. Lead professional roles by Children and Adults workers should be clearly set out together with arrangements for communicating and reviewing the plan. The plan should spell out the action that will be taken by all services to support the family. Adult mental health and substance misuse services should ensure that any care plans they have relating to the family/parents, are taken into consideration in developing the support plan, particularly in relation to planning under the Care Programme Approach (CPA).

Parent/s' care plans should always be made available to Children's Services prior to a Child Protection Conference. Where appropriate, a joint care/support plan may be developed which relates to both the adults and children in the family.

17.3. Where parents are within NELFT mental health in-patient services and have a child/children subject to safeguarding arrangements, the responsible clinician in-patient services must liaise with Children's Social Care in relation to home leave arrangements as part of the Parent/s Care Plan prior to the leave arrangements being granted. For parents who require escorted home leave, it is imperative that in-patient staff escorting the parent home, do not leave them on their own with the child/children during the leave period.

It must be noted that it remains the responsibility of Children's Social Care to ensure appropriate supervised contact in respect of a Child Protection Plan/Family Plan.

17.4. Where parents are expected to attend appointments, consideration should be given by Adult services to their childcare needs and how they can be met, e.g. by family or friends, nursery provision, etc. Childcare arrangements should be spelt out clearly in the support/care/child protection plan. Professionals should take care, before making appointments with families, to check what appointments they already have with other services Where possible, professionals involved with a family should share schedules of appointments with that particular family, to avoid clashes and resulting non-attendance.

17.5. Where parents DNA appointments or begin to disengage from services, professionals have a responsibility to inform the referrer of this. Where the child of a parent in receipt of our services, is known to have contact with Social Services or has a Child Protection Plan, the professionals have a duty to inform Social Services of the issue of disengagement as this will invariably have an impact on the level of risk imposed on the child.

17.6. The support/child in need/child protection/child looked after plan should also make clear what information each service should provide in order to monitor change in the family, e.g. attendance at clinics, etc. Agreement should be made between all parties concerned as to how often this information should be provided, e.g. once a month, following every contact with a professional, etc. according to the extent of the

concern about the risk of significant harm to the child. This should be outlined in the support/care/child protection plan. In emergency situations, however, information may be requested on an ad-hoc basis.

17.7. Throughout the safeguarding process, all professionals should be working in partnership with parents wherever possible, e.g. through open discussions of concerns and expectations, providing clear information about the process to be followed, etc. Review meetings including Child Protection Conferences, Core Group Meetings, Child in Need meetings and Statutory Reviews for children in care and Professionals meetings should be held regularly to review progress against the plan. It is important that the CPA is also reviewed alongside this process.

18. Ending Involvement

18.1. When a service intends to end its involvement with a child and family, steps should be taken to limit any disruption this might cause. This is particularly important for adult mental health and substance misuse services and children's social care, where withdrawal of support can have potentially disruptive consequences.

18.2. At a minimum, the service should ensure that all other services working with the child/family are informed, in writing, of its intention to end involvement and why. Where appropriate (for example, where it is agreed a child no longer needs a child protection plan) the relevant professionals should meet to agree how other services might increase their involvement with the family for a short time to smooth transition, e.g. extra visits from a health visitor or more appointments with CAMHS, etc.

19. Recording and sharing information about a child and family

19.1. It is essential for all services to accurately record the names and dates of birth of all children in families known to them. Within NELFT this should be done within the RiO database (refer to the RIO Safeguarding guidance on the NELFT intranet). They should also record the other services involved with the family and any issues of concern they might have. If parents, carers or pregnant women decline to provide basic information about themselves or their families this should be recorded and advice should be sought from a line manager/safeguarding Lead about how to proceed.

19.2. As stated earlier in this document, professionals should ask parents for consent for information to be shared with other agencies to help their own or their child's safety or welfare. This should occur in the context of a discussion about identified concerns and the need for the involvement of other services. However, in certain circumstances, professionals may share information without parents' consent where they believe (a) that a child (or another person) is at risk of significant harm and (b) that to seek consent for information sharing would not be in the best interests of the child or other person. When information about a client or patient is received from another agency, it must be treated with respect and with a high level of regard for confidentiality and should be shared only on a need-to-know basis. If information is shared without the consent of parents, Staff must record this on RIO, including reasons why the information was shared.

19.3. All information passed to other agencies should be recorded in RIO in such a way that what has been said, and any action taken is clearly stated and that all entries are dated and signed. If there is any uncertainty about sharing information, advice must be sought from your line manager or your local Safeguarding lead.

20. Conflict resolution

20.1. Research and case enquiries have shown that difference of opinion between agencies can lead to conflict resulting in less favourable outcomes for the child and family. If disagreement remains between agencies, every effort should be made to reach satisfactory resolution under the guidance provided in Section 14.4 of the London Child Protection Procedures and to use local escalation procedures.

20.2. Where a professional requires advice and guidance on child protection matters, they should first discuss this with their line manager, Link Worker, Borough Lead and/or their designated lead for Safeguarding children. If further information in relation to the family is required in order to inform a decision about making a referral, they can seek this from the Duty Social worker, located within Children's Services. Contact details for designated Safeguarding leads can be found at the end of this document.

20.3. If agreement cannot be reached on action required following discussion between first line managers (who should normally seek advice from his/her designated/named/lead officer/child protection adviser), then the matter must be referred without delay through the line management to a Senior Manager at Assistant Operational Director level or above, within NELFT and equivalent level within the Children's Services.

20.4. Records of discussions and any decisions must be maintained by all agencies involved and detailed on the relevant database, within NELFT this is RiO.

21. Implementation Process

The policy will be implemented through the Safeguarding children and vulnerable adults group which is accountable to the integrated governance Committee. The Safeguarding Children and Adults Group reports on a 6 monthly basis to the Integrated Governance Committee and gives assurance that the policy is been implemented.

Operational directorate are responsible for ensuring that all staff are made aware of the policy and procedures, and keep a log to all staff attending Safeguarding Children's Awareness sessions. The policy should be accessible to all staff on their computer desktops, the NELFT website and the Intranet.

21. Monitoring Arrangements

Monitoring of this policy will be the responsibility of the Chair of the Safeguarding Children and Vulnerable Adults group.

Quarterly reports will be presented to the Safeguarding Children and Vulnerable Adults by Operational Directors outlining matters that relate to safeguarding children within their Directorates.

22. Equality Statement

In Line with the London Child Protection Procedures (2007) all professionals and staff will value and appreciate diversity. However, cultural factors neither condone acts of commission or omission, which cause a child to be placed at risk of significant harm. Anxiety about possible accusations of discriminatory practice should never prevent necessary action being taken to protect a child or vulnerable adult

23. Training

NELFT is responsible for ensuring that its staff and clinicians are competent and confident in carrying out their responsibilities for safeguarding and promoting children's welfare.
This should be achieved by ensuring that staff and clinicians are aware of how to recognise and respond to safeguarding concerns, including signs of possible maltreatment. This basic awareness, knowledge and expertise should be put in place before employees attend any inter-agency training.
NELFT has a statutory responsibility to ensure that adequate resources are identified to complete this task and to provide support for inter-agency training.

Appendix 1

Equality Impact Assessment Screening Tool

(Please include this as part of your policy)

Directorate/Department	Chief Operating Officer & Chief Nurse
Policy or Procedural Guidelines Title/Service	Supporting Children and families affected by Parental MH problems or substance misuse
New or Existing Policy/Service?	New Policy
Name and role of Assessor	Lynne Tyblewski
Date of Assessment	19th November 2010

Please complete the following questions

		Yes/No	Comments
1	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race, Ethnic origins (including, gypsies and travellers) and Nationality	No	
	• Gender	No	
	• Age	No	
	• Religion, Belief or Culture	No	
	• Disability – mental and physical disability	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
2	**Is there any evidence that some groups are affected differently?**	No	
3	**Is there a need for external or user consultation?**	Yes	The policy has been consulted with external partners and Local safeguarding boards.
4	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**		
5	**Is the impact of the policy/guidance likely to be negative?**	No	The policy has been developed as an NPSA alert to minimise the risk to children with parents with mental health problems.
6	**If so, can be impact be justifiable?**	Yes	
7	**What alternatives are there to achieving the policy/guidelines without the impact?**		Regular feedback from partners at safeguarding board meetings on the implementation of the policy.
8	**Can we reduce the impact by taking different actions?**	Yes	As above

Recommendation

Full Equality Impact Assessment required: NO ■ YES ☐

Assessor's Name: Lynne Tyblewski Date: 19/11/10

Name of Director: Stephanie Dawe

Assessment authorised by: Name: Harjit K Bansal Date: 19/11/10
(member of the Equality and Diversity Group)

Appendix 2

Useful contact details

Name	Title	Contact number
Stephanie Dawe	Chief Nurse and Executive Director of MHS & Executive Lead for Safeguarding	0844 600 1200 ext 4308
Dr Trudie Rossouw	Named Doctor, Safeguarding Children	0844 600 1155 ext 7220
Lynne Tyblewski	Named Nurse Safeguarding Children	0844 600 1201 ext 4237
Kathy Blackburn	Directorate Lead for Safeguarding Children (MHS, Redbridge)	0844 600 1201 ext. 7624
Lindsay Royan	Directorate Lead for Safeguarding Children (MHS, Barking and Dagenham)	0844 600 1201 ext 5408
Shelia Jones	Directorate Lead for Safeguarding Children (MHS, Havering)	0844 600 1201 ext. 6423
Philip Greenstone	Directorate Lead for Safeguarding Children (MHS, Waltham Forest)	0844 600 1250 ext 8509
Kweku Asare	Directorate Lead for Safeguarding Children (MHS, Acute)	0844 600 1201 Ext. 7229

Referral details for Borough based Mental Health services in MHS NELFT

Borough	Intake Team details
Barking & Dagenham	MHICAS (Mental Health Initial Contact & Assessment Service) Hedgecock Centre Barking Hospital Upney Lane Barking Essex IG11 9LX Telephone: 0844 600 1038
Havering	MHIAT (Mental Health Initial Assessment Team) & Primary Care Triage Church Road, Harold Wood, Essex, Telephone: 0844 600 1092
Redbridge	Intake & Brief Intervention Team Goodmayes Hospital Barley Lane Ilford, Essex, IG3 8XJ Telephone 0844 600 1088
Waltham Forest	Access Team, Thorpe Coombe Hospital, 712, Forest Road E17 3HP Telephone: 0844 6001242

Appendix 3

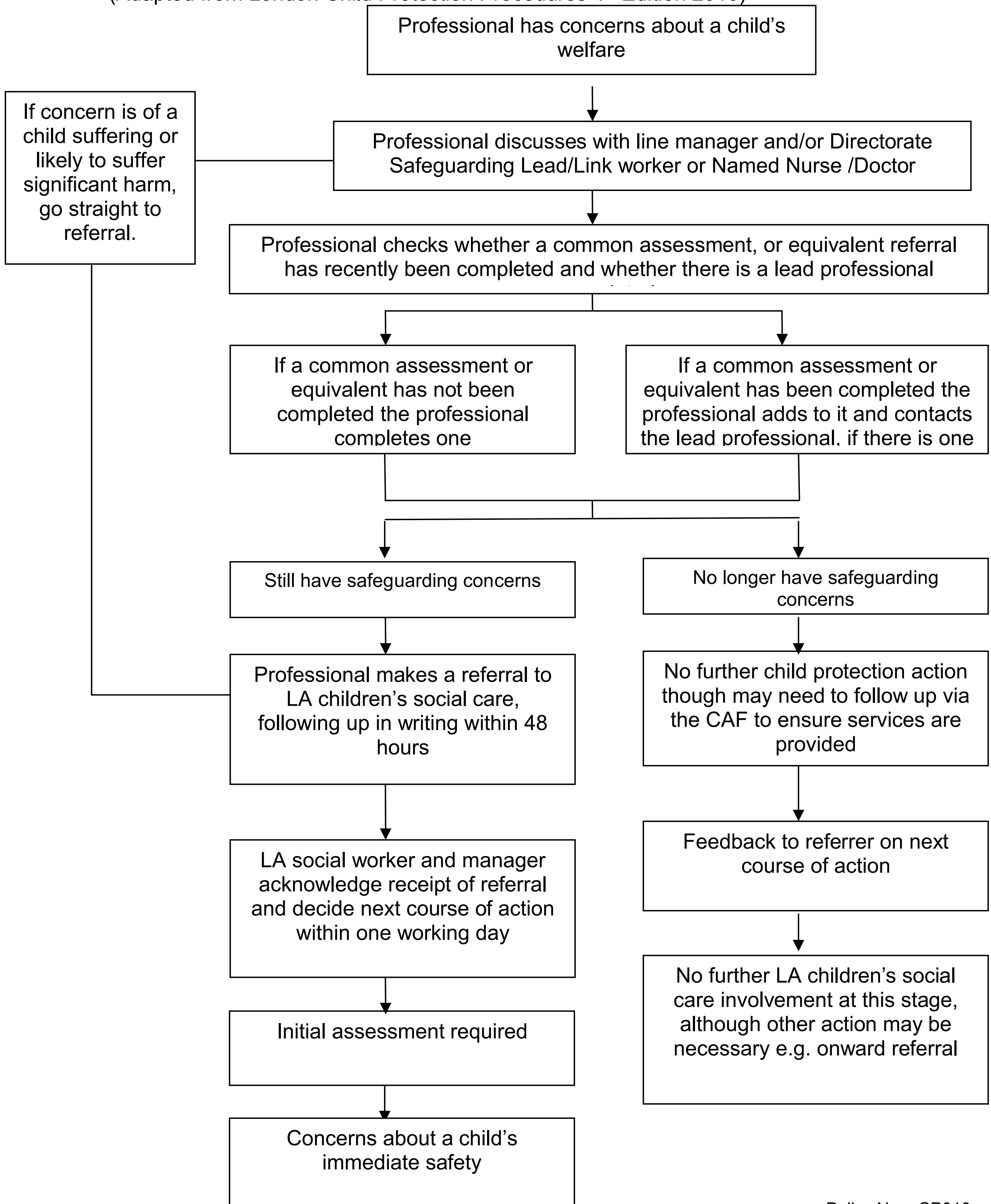
Who to make a referral to within Children's Services by Borough

Borough	Details
Barking & Dagenham	Local Safeguarding Children Board London Borough Barking & Dagenham 127 Ripple Road Barking Essex IG11 7PB Tel: 020 8227 3852 Fax: 020 8227 3951 Out of hours: 020 8594 8356
Havering	Children Care & Support Services Social Care & Learning London Borough of Havering Duty & Assessment Team Scimitar House 23 Eastern Road Romford Essex RM1 3NH Tel: 01708 433 222 Fax: 01708 434 322 Out of hours: 01708 433 999
Redbridge	Child Protection & Assessment Team – London Borough of Redbridge Lynton House 2nd Floor / Rear 255 - 259 High Road Ilford IG1 1NN Tel: 020 8708 5353 Fax: 020 8708 5352 Email: cp80.referrals@redbridge.gov.uk Out of hours: 020 8553 5825
Waltham Forest	To make a referral: Children's Safeguarding and Protection Service. London Borough of Waltham Forest 8 Buxton Road Walthamstow E17 7EJ Tel: 020 8496 2317 Fax: 020 8496 2313 Out of hours: 020 8496 3000

	For safeguarding advice or consultation: Duty Child Protection Co-ordinator. Silver Birch House Tel: 020 8496 3654. Waltham Forest Young Carers Project **The Friends Like Us Project** Family Action Waltham Forest Community Place 806 High Road Leyton Leyton London E10 5DG Tel: 020 8539 0004 Fax: 020 8988 1810 Email: wfbuddyingproject@family-action.org

Safeguarding Children Quick Referral Flowchart

(Adapted from London Child Protection Procedures 4th Edition 2010)



North East London NHS
NHS Foundation Trust

CONFIRMATION SHEET FOR POLICIES/PROCEDURAL GUIDELINES

Today date: ……30th December 2010…………………………

POLICY /PROCEDURAL GUIDELINES NO:	Title of Policy/Procedural Guidelines	Lead Director	Author of Policy	Date Quality checked	Date sent to EMT with Cover report	Date ratified by EMT	Signature of Lead Director/Chair of EMT
CP010	Supporting Children and families affected by Parental MH Problems or Substance Misuse (MHS & CHS)	Stephanie Dawe	Lynne Tyblewski	19/11/10	30/12/10	13/01/11	John Brouder (Chief Executive)

Reason why the policy/procedural guidelines have not been ratified:

Once the form has been agreed/not agreed for ratification by the Lead Director or Chair of Executive Management Team please send this form back to Harjit K Bansal as confirmation of this via email: harjit.bansal@nelft.nhs.uk

Thank you.