# LSCB Policy and Procedures Supplementary Guidance Supporting Parents with Mental Health, Substance Misuse and /or Learning Difficulties

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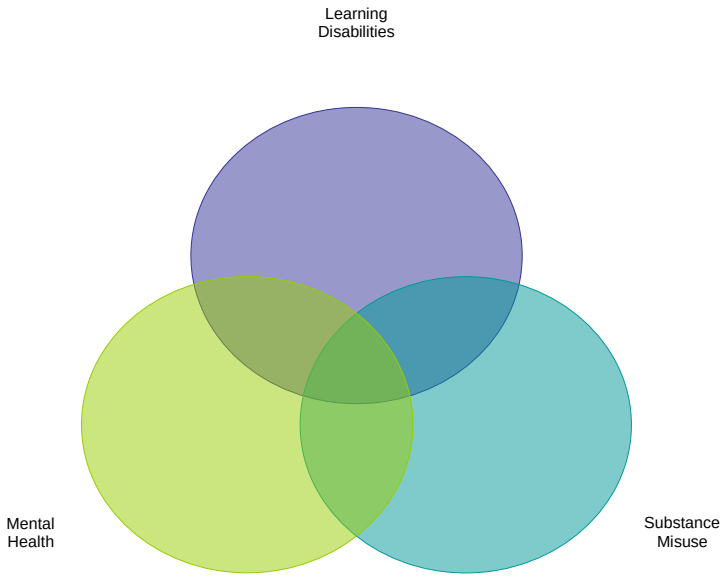
# 1. Purpose

This protocol is intended for all organisations that work with families, but specifically focuses on responding to the their needs where substance misuse, learning disabilities or parental mental ill-health are evident. Children can be susceptible to risk and harm where they are living with an adult who has one of these vulnerability factors. Research demonstrates that the risk increases if more than one vulnerability factor is present, or pertains to more than one parent, although a non-affected partner can provide a protective factor.




This protocol is intended for the use of frontline practitioners and managers across adult based services, but will also have relevance for those commissioning services, as well as developing policy and strategy.

All services represented on the LSCB will be expected to know of the existence of this protocol and be able to recognise when it should be used. Partner agencies must ensure that this protocol is disseminated widely within their organisation, and that they seek assurance that frontline staff have read it, particularly during induction, and are using it appropriately.

# 2. Legislation and guidance

Statutory Guidance **Working Together to Safeguard Children 2015** outlines the responsibilities to provide early help, which are:

- agencies should identify children and families who would benefit from early help;

- agencies should ensure that their interventions are underpinned by an assessment of the need for early help; and
- agencies should provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

**Working Together to Safeguard Children (2015)** identifies that anyone who has concerns about a child's welfare indicating that they are suffering or likely to suffer significant harm should make a referral to children's social care. In emergencies they should call the police on 999.

Where a professional makes a referral they should include any information they have on the child's developmental needs, the capacity of the parent/ carer to meet the child's needs. This information may be included in an assessment including an early help assessment, which may have been carried out prior to a referral being made to children's social care. In respect of children in need **(Section 17)** and children at risk of significant harm **(Section 47).**

**Carers (Recognition and Services) Act 1995** states that young carers are entitled to an assessment of their needs separate from the needs of the person for who they are caring.

**Carers (Equal Opportunities) Act 2004** states that identification of young carers can be problematic. Many children live with family members with stigmatised conditions like mental illness and/or drug and alcohol problems. In many cases, families fear what professional intervention may lead to if they are identified. Some families may also have concerns about stigmatisation of being assessed under children's legislation.

**The Disability Discrimination Act 2005** makes it unlawful for agencies to treat disabled people less favourably, so in the context of the protocol, they must ensure that they do not treat children with disabilities less favourably than other children with regard to safeguarding.

**Requirements on professionals**

If you are working with adults who have poor mental health, substance misuse or a learning disability problems, you must make sure that you consider the safety and welfare of any children whom they are caring for are considered in respect of the impact of the adult issue on the child(ren).

All practitioners are expected to use this protocol when they come into contact with :

- An adult with drug/alcohol, mental health or learning disability issues or other complex problems, who is caring for, or has significant contact with a child.

- A child whose life is affected by a parent/carer's use of drugs/alcohol or who has poor mental health, a learning disability or other complex problems.

This should include any other adults living in the same household as the children. Practitioners working with adults should identify and record at the earliest opportunity, the adult's relationship with and caring responsibilities for any children.

- It is important to note that this protocol is only relevant as long as concerns about the parent / carer's capacity to meet the needs of the child/children are at a level where they are not suffering harm. If the concerns are about neglect or harm, whether emotional or sexual, the LSCB child protection procedures must be followed without delay.

- If there are concerns about a vulnerable adult, the relevant Safeguarding Adult procedure should be used.

- This protocol sets a level of early intervention where a quick response is required to prevent low level problems getting worse. At times low level problems may be the 'tip of the iceberg'. Parents/carers' includes anyone who has access to the child. For example, members and an early discussion, referral or joint assessment may prevent more serious harm or neglect of a child. **(The Munro Review of Child Protection: interim report – the child's journey - page 23).**

> Risks to a child or young person's safety or welfare may only become apparent when several people share what they may consider to be a minor concern but which contributes to a larger picture of risk that no single person or agency has access to.

- Parenting at any stage, from pregnancy to when the child becomes an adult at eighteen, can be a challenge for any parent or carer, requiring a great deal of physical and emotional effort. Most parents and carers have the capacity to provide good or good enough parenting for their children most of the time, and are able to access universal services to support their health, education and leisure needs. This protocol should be used if and when a usually capable parent has such overwhelming needs of their own that they may not have the capacity to be such a capable parent.

- If this is short-term, such as a parent being physically ill, then providing the physical and safety needs of the children are met, most children have the resilience to overcome the stress of this with the support of their friends and family. The protocol may need to be used if the issues continue for longer or frequent periods of time or the additional support is not available to the child.

# 3. Principles which underpin multi-agency work

## 3.1 Common core knowledge and skills

The following outlines the core knowledge and skills requested by the children and adults workforce.

<u>Effective communication and engagement</u>

Good communication is central to establishing trust and making sure the information is shared and received in the way that is intended to encourage openness and transparency. This key area highlights the importance of knowing how to listen, empathise, explain, consult and seek support.

Information sharing

Knowing when and how to share information is an essential part of deliverring better services for children, young people, adults and older people. The skills and knowledge in this area include understanding and respecting the legislation and ethics surrounding confidentiality and security of information. As well as information sharing in relation to individuals and families, agency representatives at key groups and partnerships, will be expected to take responsibility for disseminating key information and communication messages across their individual services and agencies which supports a common understanding and shared culture leading to improved outcomes.

Supporting people's development and transitioning through the life-stages

Understanding the development changes that children, young people, adults and older people go through can be the key to interpreting their behaviour and it can have a profound effect on their health and wellbeing. This area of expertise helps the children and adults workforce to understand what makes their client group act in the way they do to encourage us to respond to and support their needs as they emerge. It also helps us identify transitions and understand the likely impact so they can be supported as appropriate.

Safeguarding and promoting the welfare of children, young people and vulnerable adults

This set of skills centres on keeping children, young people and vulnerable adults safe and knowing how to recognise if they are suffering significant harm or any other safety and protection concern. They also help us to see when people are not fulfilling their potential so we are able to better ensure their quality of life including their health and wellbeing.

Promoting wellbeing

This set of skills centres on everyone recognising the breadth of the concept of wellbeing and their responsibility in promoting individuals wellbeing.

Ownership at the point of contact

People on the frontline engage with individuals and families. This contact provides opportunities to 'own the whole' and treat everyone in that context as the customer. This set of skills requires everyone to have enough knowledge outside their professional area of expertise, to help/assess and signpost where appropriate to ensure interventions at the point of contact ensuring that they 'make every contact count' and avoiding an unnecessary referral culture.

Multi-agency and integrated working

This key area describes the skills that we need to work together effectively with people from different professional backgrounds. It highlights the importance of valuing individual expertise and of understanding the tools and processes that support multi-agency and integrated working.

Risk Management

Working with children, young people, vulnerable adults and older people will require the workforce to look at 'balanced risk'. The willingness, confidence and ability to assess risk and make decisions in conditions of uncertainty is a core skill requirement.

Assessment Skills

There is a requirement to have robust assessment skills including communication, listening, observing, analytical and critical thinking and reflection. These core skills highlight the importance of being able to engage with people, to develop their trust and undertake a meaningful assessment in order to inform decision-making based on need. These are fundamental areas of knowledge and skills that are expected across the children and adult workforce. However, they are not exhaustive and should be built on as part of individual services workforce development arrangements.

## 3.2 Working within a Whole Family Approach

A proportion of adults known to the mental health, substance misuse, physical / sensory and learning disability services have children. We recognise that, common with the population as a whole, most of these parents are committed to their children and want what is best for them. The presence of additional vulnerabilities for adults as parents/carers does not automatically preclude the possibility of good parenting. It is important, therefore, that when a practitioner is working with an individual within a family, child or adult, they need to take a holistic approach. This considers the individual as a member of the family who will be affected by their behaviours and who, in turn, will have an impact on each family member. These impacts may be positive and supportive or negative. When considering any vulnerabilities or risks that they have identified practitioners should consider the support available to the individual and family from extended family and the wider community.

Think Family, Work Family – our approach

This protocol does not require complicated change or for everyone to be an expert in every facet of family life. The key elements of what children and families need is quite simple:

Safeguarding first

To ensure healthy happy families all members need to feel safe. This includes being kept safe by immediate family members, those within their wider community and services working with them. It must be remembered that in law the needs of the child are paramount and therefore any concerns about their safety and welfare must be responded to by any practitioner.

Permanency

The majority of Children (and families) want to stay with their families wherever possible, although this may be families in widest sense. Where this is safe to do so we should provide support to allow this to happen, increasing the opportunities for better outcomes. It is not about insisting on perfect parenting, but recognising and supporting good enough parenting.

Relationships

When working with an individual child, young person or adult it is important to think of their relationships with their family and their wider context such as friends and local community. No-one exists in isolation and people can only be properly understood, and only effectively supported by understanding and working with their family and wider networks. Relationships between the worker and the family are also important, as research shows that this relationship is key to making change.

*"All of what we do turns on something very simple: the relationship between the worker and the family. … None of us changes because we are given a report or an analysis. We have to feel that we want to change and know how to change. The difference with family intervention is that they make people believe in themselves. … Remember the humanity in it. Forget which agency you are from, and remember the human being (Louise Casey, 2013)*

- **Think** about the experience and views of the child. It is important to listen to the views of young people who live with adults with a learning disability. It is important to consider how that parents' disability impacts on their lives and whether they may be young carers. Professionals should consider the experience and welfare of children when offering support and intervention to
- parents. The impact on the child should be considered when decisions are made regarding a parent's support needs especially when planning any changes or reduction in intervention and support.

- **Think** parent and **think** adult with additional support needs. Building on family strengths – practitioners work in partnerships with families recognising and promoting resilience and helping them to build their capabilities. Family relationships and roles are highly significant and interdependent. While the child's needs will always be paramount according to the Children's Act, support for the adult as parent or carer will in turn support the child. Taking a whole family approach enables adult and child services to work together to offer co-ordinated support to help families overcome challenges and work towards positive outcomes for parents and their children. For example, an alcohol treatment service may combine treatment with parenting classes while supervised childcare is provided for the children.

- **Think** how we can identify and remove barriers that parents with additional support need to face, to enable the family to be as independent as possible. Solution focused approaches which empower parents to actively develop parenting skills to meet the needs of their child are most effective. Professionals can enable or disable successful parenting according to their approach. **Think** other factors which affect the experiences of families, such as poverty, racism, domestic violence, poor housing, abuse, unmet health needs, stigma, bullying and gender.

- **Think** how we can remove organisational barriers and see the family as a whole. Think how the capacity to parent can be supported by effective multi-agency working and preventative support.

- **Think** that families have a wide range needs. No-one can do everything and often many different people are involved. Liaise other agencies through the early help process if wider support needs are identified for the children or young people involved. **Think** how advocacy and peer support could help.

- **Think** about social inclusion and positive ways to enable families to engage in support and activities in their local communities. Provide services in ways that ensure all people have opportunities to participate fully in society, regardless of circumstances or abilities.

- **Think** young person with caring responsibilities. How we can identify young people in caring roles and the holistic range of services needed to support the parent in order to reduce the impact on the young person.Universal services have a key role in identifying children and adults with additional needs and signposting families to specialist or other universal services. Practitioners in specialist adult services dealing with vulnerable parents should be alert to the needs of children and young people, and think **"who do I need to work with?"** within services for children to help identify or meet their needs. This means that all those working with children, young people and their families are potentially involved in providing early help and/or intervention work in safeguarding children and their families to prevent harm.

North Lincolnshire LSCB also endorses the risk principles advocated by the Health and Well-being Board as follows:

- Maintaining or achieving the safety, security and wellbeing of individuals and communities is a primary consideration in risk decision making.

- The standard expected and required of those working in our communities is that risk decisions are consistent across the services and professions and consideration is given to ensuring that risks are not just passed to other services to take responsibility.

- Harm cannot be totally prevented it is the quality of the decision making that a person is judged on.

- Good risk-taking should be identified and celebrated and staff that make decisions consistent with these principles should be encouraged and supported.

- All partner agencies should consider and assess their decisions and impact on other services/agencies before action is taken and inform partners of strategic decisions.

- There should be openness and transparency in decisions that impact on others.

### 3.3 Information Sharing

Sharing information is an intrinsic part of any frontline professionals job when working with children and young people. The decisions about how much information to share, with whom and when, can have a profound impact on individuals lives. It could ensure that an individual receives the right service at the right time and prevent need from becoming more acute and difficult to meet. At the other end of the spectrum it could be the difference between life and death. Poor or non-existent information sharing is a factor repeatedly flagged up in serious case reviews carried out following the death of, or serious injury to a child.

http://www.northlincslscb.co.uk/professionals/policies/

# 4. Early Help

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years **(Working Together 2015).**

All professionals including those providing services to adults with children must understand their role in identifying emerging problems and sharing information with other professionals to support early identification and assessment.

Early help should be provided to those children where problems are starting to emerge and also those children who are most at risk from developing problems based on research ad population data, eg children whose parents are substance misusers.

Early intervention involves identifying these children and families that may be at risk of running into difficulties and providing timely and effective support. It is about enhancing the capabilities of every parent to provide a supportive and enriching environment for their children to grow up in. Effective early intervention requires multi-level, holistic support and is based on a collaborative approach to provide effective support.

Early help means helping families to be independent and able to cope with and solve problems for themselves.

It also should mean that:

- Families can access early help services that are integrated across organisations and agencies;
- Families should not have to get to crisis point before help is available;
- Families become more resilient and they are helped to stay together; be supported to recognise their strengths, capacities and ability to solve their own problems and develop networks of support

## 4.1 Effective assessment of the need for early help

Most children's needs will be met by universal services without the need for additional help, however some may need support from a single agency or a wide range of local agencies. Where a child and family would benefit from coordinated support from more than one agency (e.g. education, housing, health and police) within early help there should be an early help assessment (see LSCB Policy and Procedures Assessing Need and Providing Help)

The North Lincolnshire Early Help Assessment (EHA) identifies with the child and family what help they require to prevent needs escalating to a point where

intervention would be needed via a statutory assessment under the Children Act 1989.

An EHA should be undertaken by a lead professional who should provide support to the child and family, act as an advocate on their behalf and coordinate the delivery of support services. The lead professional role could be undertaken by a worker involved with the family. Decisions about who should be the lead professional should be taken on a case by case basis and should be informed by the child and their family.

For an EHA to be effective, the assessment should be undertaken with the agreement of the child and their parents or carers. It should involve the child and family as well as all the professionals who are working with them. A worker is able to discuss concerns they may have about a child and family with a social worker in the local authority using the North Lincolnshire Children's Services Single Access Point for consultation.

More information about this is available in the Helping Children and Families (Threshold Document 2016-2020). If parents and/or the child do not consent to an EHA, then the lead professional should make a judgement as to whether, without help, the needs of the child will escalate. If so, a referral into local authority children's social care may be necessary.

At any time that it is considered that the child may be a child in need as defined in the **Children Act 1989**, or that the child has suffered significant harm or is likely to do so, a referral should be made to local authority Children's Services. This referral can be made by any professional using Helping Children and Families (Threshold Document 2016-2020).

## 4.2 The Early Help Assessment Model

The model of early help assessment and LSCB Policy and Procedure Assessing Need and Providing Help developed in North Lincolnshire is built around the Assessment Framework Model (2000), as this continues to be accepted as a holistic model of assessment. See the LSCB Early Help section on the LSCB website for more information http://www.northlincslscb.co.uk/professionals/policies/early-help/

Children, young people and their families have told us that they want:

- the offer of early help services at the right time to keep families in control of resolving their needs
- to tell their story only once and for professionals to communicate effectively with each other so that they are not repeating the same information to different people over and over again
- professionals to build upon the strengths in their family instead of just telling them what needs to be different
- their views reflected about what they want to happen as well as what the practitioner thinks
- involving in finding the solutions to their issues

Research informs us about the importance of engagement with children and families and an assessment is a pivotal period where the engagement by the practitioner with the family will shape the future working relationship with a child and family.

The assessment model we have in North Lincolnshire is built around a strengths based solution focused approach, whereby a principle of engagement is that collaboration is built with the family and acknowledging them as the expert in their own circumstances. This does not mean that professionals will be collusive with families or ignore or shy away from raising concerns, it means we will work openly and honestly with families to secure collaboration and change. Assessment must be underpinned by a recognition and assessment of risk and protective factors. Inherent within the early help assessment is the need for professional to pay due regard to risk, assess it and identify appropriate risk management actions.

# 5. Planning Meetings

## 5.1 Early Help Assessment

The EHA provides a process for identifying children's needs and bringing services together to meet those needs more quickly and effectively.

Each agency will have its own system with regards to undertaking EHAs. If there is uncertainty about using the assessment, advice should be sought from the agency's Safeguarding Leads.

Parents/carers should be asked if an EHA or any other assessment has already been done and if so, who is the lead professional.

## 5.2 Other Planning Meetings

Practitioners should be aware of any other plans around family members including Child in Need (CIN), Multi-Agency Public Protection Arrangements (MAPPA), Multi-Agency Risk Assessment Conference (MARAC) and ensure they are involved in those processes.

## 5.3 Child Protection Conferences

Child Protection Conferences will be conducted in line with LSCB procedures. It is expected that representatives from the appropriate statutory and voluntary agencies will attend Conferences, and if they cannot, that they will provide a deputy. They must supply the Conference Chair with a written report in time for the Chair to read and understand the case.

Representatives may be required to attend Core Group meetings, where detailed plans to protect children are made, following the Conferences.

The key worker from the Substance Misuse, Mental Health or Adult Services team will always be invited to attend a conference by the Conference Chair where the needs of parents are seen to potentially impact on the child. The key worker will be part of the professional network and will be expected to contribute to the decision-making and be clear as to what their service can offer to meet the needs of the child as part of the child protection plan.

# 6. Supervision and Training

It is crucial that all agencies establish a clear framework for supervision.

Supervision, guidance and support from managers and/or specialists with knowledge of safeguarding children is essential for people working with children, parents and carers. Concerns about children must be raised in formal supervision and any informal discussions or telephone advice must be followed up in supervision.

*"To work with families with compassion but retain an open and questioning mind set requires regular, challenging supervision"*

**(Munro Review of Child Protection Part One: A Systems Analysis)**

Those supervising practitioners working with adults should always ask about the care of children in the family and any child protection issues in relation to the children. Those managing child care cases should always ask about collaboration with adult workers if there are drug or alcohol misuse, mental health or learning disability problems affecting parents.

There are statutory requirements under **Section 11 Children Act 2004** for organisations to ensure that practitioners working with adults, who may have parenting responsibilities, should receive safeguarding children training appropriate to their role.

# 7. Assessment of Risk and Need within Families

## 7.1 Categories of Abuse

There are four main categories of abuse and neglect: physical abuse, emotional abuse, sexual abuse and neglect. Each has its own specific warning indicators, which you should be alert to. **Working Together to Safeguard Children (2015)** statutory guidance sets out full descriptions.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

These categories are broken down in more detail in **What do you do if you're worried a child is being abused.** Advice for Practitioners **(2015)**

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

## 7.2 The Impact on Children

Whilst the presence of issues which effect parenting capacity do not automatically place children at risk of abuse and neglect, the potential for children to have unmet needs or to be at risk of harm is increased, so it is essential to consider and assess their needs and them impact upon them.

Some parents have good support networks and are able to meet their children's needs. Some are aware of the potential effect of their behaviours on their children

and actively minimise it. However, when this is not the case, the impact on children can be serious and long-lasting. These can include:

- Lack of supervision
- Lack of stimulation, guidance and boundaries
- Reduced physical care
- Increased risk of dangers in the home environment including substances, equipment or inappropriate visitors
- Poor school attendance
- Anxiety
- Increased risk of misusing substances or alcohol themselves
- Becoming a carer
- Emotional, behavioural and social problems for children and young people
- Severe neglect or abuse

Working with the whole family requires a co-ordinated approach to assessment and intervention, thus protecting both children and adults at risk from harm. Consideration of immediate risk should be prioritised as follows:

- The welfare and safety of the child, including assessment and ensuring their views are sought **(Paramount in law- Children Act 1989)**

- The welfare and safety of adults at risk who may be at risk from violence or abuse and who may or may not have capacity to make informed decisions. **(Care Act, 2014; Mental Capacity Act, 2005)**

- Public protection – consider whether the situation presents a risk to the wider public e.g. risk of sexual offences, risk of terrorism, risk of violence **(MAPPA, 2010; Prevent Strategy; HM Government, 2011)**

- Wherever possible duplication of assessments should be avoided in order to maximise the professional's time spent and minimise repetition and stress for the family. Professionals should consider undertaking joint visits and joint assessments.

- Where domestic abuse, mental health problems, substance misuse and or learning disability are present in a family, assessment must take account of the impact on the care provided to vulnerable adults, children and young people.

- When undertaking an assessment on a child or young person, or an adult where there is a child or young person in the home, these should be based on the **Working Together (2015)** framework triangle.


When assessing the impact on children, it can be helpful to consider the following issues:

- What are the risk factors both immediate and in the longer term?
- What is the child's day-to-day experience like (considering both increases and decreases in occurrence of the identified issues)?
- What are the strengths and protective factors?
- Is the parent's behaviour likely to change? Why is this so? What will support the change? How will change be recognised?
- Are changes to parenting and not just the behaviours likely to be within a timescale that will meet the child's needs?
- Have all agencies contributed to the assessment?

When assessing the potential for a vulnerable adult to be at risk six key principles must be considered **(Department of Health 2013):**

**Empowerment, Prevention, Proportionality, Protection, Partnership, and Accountability**

Practitioners working with any member of the family must make a judgement based on asking fundamental questions as well as using the framework tool to identify unmet need.

Practitioners should ensure that the voices of children, young people and adults at risk are heard within any assessment, unless it is deemed not appropriate to do so due to risk, age or ability. However practitioners must remember that spoken word is not the only form of communication and other methods should always be considered.

Assessments should be multi-agency and based on quality conversations with other practitioners involved with the family, sharing information and concerns as appropriate. Assessments should also consider the resilience of, and supportive factors within, a family. The following factors can support the resilience of children within families affected by these issues, and should be considered within assessments and planning for interventions:

- A positive relationship with a family member or parental figure
- Influence of another stable adult
- Positive social support networks and a social role
- Positive school experiences
- A sense that their own efforts can make a difference to their lives
- A child's own coping skills, such as an ability to understand and express their feelings
- A child's view of themselves as separate from the problems in their family and who does not think they are to blame
- Plans for the future and things to look forward to
- Opportunities to develop their self-esteem and coping resilience prior to their parent's problems or in between times of difficulty. Assessments should also consider the resilience of, and supportive factors within, a family.

The following characteristics of parents can also enhance resilience in the family:

- A confiding relationship with a supportive partner or others
- The absence of parental conflict
- Parental self-esteem
- Social life and routines
- Positive coping strategies and deliberate actions to minimise the impact of problems on their children
- Receiving treatment
- Openness and good communication
- An understanding of their child's needs and how to minimise harm.

It should not be assumed that the issues impacting on parenting capacity have to be eradicated in order to ensure safety for a child. Practitioners should retain the notion of good enough parenting. Harm reduction and engaging with the specialist help, advice and treatment they require (and are most able to engage with) must be actively explored and promoted with parents. Resistance is part of the change process and is often to be expected. Whilst keeping the child's needs as the central

focus, all professionals should be mindful of how their approach can impact on a parent's ability to engage with them, and bear in mind that a confrontational style can increase resistance to change.

Finally and most fundamentally, practitioners when undertaking an assessment should consider, ***"Would this be good enough for my family?"***

## 8. Questions to consider

The following questions support the assessment process for Adult Services:

### Who are the children?

Document their name, age, date of birth, GP, school where applicable.

Consider:

- Where the child lives, permanent address, temporary address e.g. with a separated partner
- Who else is involved with the child – midwife, health visitor, school, social worker, etc
- Who has parental responsibility - are there any private fostering arrangements which need to be reported to the local authority?

### Who are the parents?

Document name, age, date of birth, GP

Consider:

- Are they together?
- Is there another partner who may pose a risk?
- What are the protective factors?

### Who is the adult at risk?

Consider:

- What are their difficulties?
- Who is involved?
- Do they have mental capacity? This may be an extended family member living in the household who may be at risk

### What are the strengths?

Consider:

- Factors promoting resilience e.g. protective factors, supportive family network, attachment to a caring adult, good school attendance, sense of self-esteem, sense of control

## What are the issues in the family?

Consider:

- Whether there is mental ill health, substance misuse, learning disability, domestic abuse, historic abuse?
- What are the needs identified by the family / young person themselves? For example, inappropriate caring responsibilities, youth offending, CSE, disability, vulnerable under 5s, children missing education, pregnancy, children who are looked after and adult care leavers

## How does this impact?

## How good is engagement with services?

Consider:

- Poor engagement can be a risk factor, is there hostility from the parents / service user is there disguised compliance i.e. is the adult saying 'the right things' to assuage the practitioner or is there evidence of actual improvement

## What opportunities are there to ascertain the views of the child / adult at risk?

Consider:

- When a child is old enough or sufficiently mature, staff, whether working with the child or the parent, should create opportunities to get the views of the child around their current wellbeing and any concerns.

- Details of a practitioner they can contact if they have questions or concerns about themselves or their parent, should be given.

- If there are language barriers, interpreting should be undertaken by an independent interpreter, not a family member.

With an adult at risk, their mental capacity should be assessed and access to interpreters or advocacy services provided, if required.

## What are the risks? What are the needs?

Consider:

- Routine enquiry into whether there is historic or current domestic violence if appropriate.

## Who do I need to speak to gather more information?

Consider:

- What other agencies are involved with the family and what conversations might be needed e.g. is the other partner accessing a different drug / mental health service?

- Do I need to check if child / adult social work are involved / hold any historic information?

- Has an Early Help Assessment been initiated?

- Does the GP / Health Visitor / children's centre / School Nurse know or need to know anything?

# 9. Guidance in relation to parental mental health

## Definition

For the purposes of this guidance, the term 'mental health problems' includes parents who have, under the terms of the National Service Framework for Mental Health, common mental health problems like depression as well as more severe and enduring disorders such as schizophrenia, bipolar illness and personality disorder. However, it is recognised that responses from mental health services would differ based on the severity of parental problems and associated risks.

## 9.1 Common adult mental health conditions

The most common mental health conditions to affect adults in England are:

- mixed anxiety depressive disorder - a condition where a person experiences the symptoms of depression and anxiety; it is estimated to affect 1 in 10 adults in any given year,
- generalised anxiety disorder (GAD) – a condition where a person experience persistent and severe feelings of anxiety; is estimated to affect 1 in 20 adults each year,
- episodes of mild to moderate depression, phobias - an extreme, or irrational, fear, such as a fear of heights, or animals; phobias are estimated to affect 1 in 40 adults a year,
- obsessive compulsive disorder (OCD) – a condition where a person experiences obsessive thoughts and compulsive behaviours; is estimated to affect 1 in 75 adults a year, and
- panic disorders (also known as panic attacks) - which are estimated to affect 1 in 80 adults a year. **(NHS Choices, 2013).**

## 9.2 Complex adult mental health conditions

Complex adult mental health conditions are generally less common than the mental health conditions that are mentioned above, but they can have a greater impact on the quality of a person's life, day to day functioning and can be more challenging to treat. In addition, both safeguarding children and general risk issues (harm to self, harm to others, neglect, vulnerability etc) are more likely to develop.

- Complex mental health conditions include:
- Schizophrenia,
- Bipolar disorder (also known as manic depression),
- Severe depression or psychotic features,
- Severe post-natal depression / puerperal psychosis (these disorders can place both mother and baby at risk of serious harm and require management by perinatal psychiatric services),

- Post-traumatic stress disorder,
- Anorexia,
- Personality disorders

Personality disorders are a range of conditions that affect a person's thoughts, emotions and behaviour. Secondary psychiatric services most frequently come into contact with those with antisocial and emotionally unstable types of personality disorder. A history of childhood adversity / trauma is not uncommon in these patients. Most people with personality disorders find it difficult to interact with other people and during crises there may be angry / aggressive outbursts, self-destructive behaviour and evidence of maladaptive coping strategies e.g. self-harm and/or substance misuse **(NHS Choices 2013)**

## 9.3 Other users of mental health services

Safeguarding children issues may also arise in individuals with a wide range of other disorders. These include:

- Developmental disorders e.g. autism / Asperger's,
- Dementia e.g. grandparents with significant cognitive impairment being left to look after grandchildren,
- Drug and alcohol dependency may also coexist with mental health conditions, and
- Organic brain disease eg. stroke - many people who are recovering from a stroke experience symptoms of anxiety and depression.
  **(NHS Choices, 2013)**

Many parents are aware of the negative impact of their problems on their children and are fearful of losing custody of their children **(RCPsych 2011**) This can impact on the stigma of mental illness and underpin hidden harm to both parent and child as needs are not addressed.

## 9.4 Impact on children

Parental mental ill health "can have an impact on the needs of a child in a variety of ways and is strongly associated with poor outcomes in children." **(RCPsych 2011)** In addition to the impacts identified on P6, children and young people living with a parent in these circumstances are at greatest risk when:

- the child features within parental delusions or hallucinations (of particular concern is when the parent experiences auditory hallucinations i.e. hears a voice or voices telling them to harm a child);

- the parent talks about entering into suicide pact with the child;

- the child becomes the focus of the parent's anxiety or aggression (irritability is a common feature of conditions such as mania, acute psychosis and post-natal depression); or a parent with significant mental health difficulties is a single parent with minimal family support and nobody to raise the alarm when they are in crisis or relapsing.

The National Patient Safety Agency Rapid Response Report states the following:

- A referral must be made to Children and Young People's Social Care if service users express delusional beliefs involving their child and/or if service users might harm their child as part of a suicide plan.
- A consultant psychiatrist should be directly involved in making a clinical decision for service users who may post a risk to children. The Named Doctor would also strongly recommend that a referral is made to Children and Young People's Social Care when the service user hear a voice or voices commanding them to harm a child.
- Practitioners should also be aware that in the case of an acutely mentally unwell parent, who is in sole charge of a child, who refuses to allow access to their property for assessment; the most appropriate intervention may be to seek the assistance of the Police to gain access to the property to safeguard the child rather than delay intervening whilst a mental health act assessment is being organised.

## 9.5 Expectation of adult services

- Ensure that care planning and discharge planning considers risk factors and the need for early help using a multiagency approach with the Early Help Assessment.

- Send minutes of CPA meetings to key children' services practitioners where there are concerns that a child or young person may be at risk of significant harm.

- Referrals to Children's Social work must be made immediately :

- If service users express delusional beliefs involving their child, and/or

- If service users might harm their child as part of a suicide plan. **(NPSA, 2009)**

## 9.6 Expectation of children's services

- Check whether the adult is known to mental health services through the GP (section 17/47) or alternatively through the health worker co-located in North Lincolnshire's Integrated Multi-Agency Partnership (IMAP).

- If known contact the named safeguarding professionals for the relevant organisation and request advice if they have concerns or make a referral, including a verbal discussion and written information as required, to the Access Team

- Routinely record whether a parent has a mental health problem and if the adult does not meet the threshold of the community mental health team consider getting advice from their GP or other involved mental health service professionals, or utilise the knowledge and expertise of the 'Talking Shop' or Community Mental Health for informal advice

- The mental health worker must be informed if a child is returning home following a period in care or accommodation, or if other major changes that may affect the parent are anticipated.

- Invite mental health professionals to statutory meetings and core groups, and consider inviting them to non-statutory meetings if useful.

- Children's professionals should attend CPA and other adult mental health service meetings as requested

# 10. Guidance in relation to parental substance/alcohol misuse

## Definition

When referring to parental substance misuse, this protocol will apply to parents who misuse alcohol and those with 'problem drug use' defined by the Advisory Council on the misuse of drugs as having:

*"…serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them."*

## 10.1 Impact on children

Drug and alcohol misuse is a factor in a significant number of children in need and child protection cases. Research suggests alcohol is a factor in at least 33% of child protection cases, and drug and alcohol misuse is a factor in up to 70% of care proceedings. Parental substance misuse has been found to feature in 25% of serious case reviews **(Public Health England, HM Government 2013)**

A third (66,193) of all adults in drug treatment have childcare responsibilities (NTA, 2012). For some, this encourages them to seek treatment, and being in treatment will be a significantly protective factor for the children. Data shows that parents, who enter treatment, engage and successfully complete at a similar level or better than other people in treatment. However, some of the children affected may be at risk of neglect, taking on inappropriate caring roles and in some cases they may be experiencing serious harm **(Public Health England, HM Government 2013)**

The misuse of alcohol by parents negatively affects the lives and harms the wellbeing of more children than the misuse of illegal drugs. Yet too often, parental alcohol misuse is not taken as seriously, in spite of alcohol being addictive, easier to obtain, and legal. The effects of parents' alcohol misuse on children may be hidden for years, whilst children try both to cope with the impact on them, and manage the consequences for their families **(Silent Voices 2012)**

Parents/carers may be unable to meet the needs of the child/young person because of mental health, alcohol and/or drug use. They may require more support that can be offered within universal and preventative services, or via the Early Help framework. Neglect, significant harm or developmental impairment may impact on the adult's ability to make changes to the care and safeguarding they provide.

In addition to the impacts identified earlier, children and young people are at greatest risk when living with a parent/carer when:

- Drug and alcohol misuse use occurs together or there is poly-drug use.
- There are chaotic lifestyles

- There are babies, very young children or children with disabilities within the family unit

- Mothers use substances during pregnancy which may result in foetal alcohol syndrome or neonatal abstinence syndrome in babies

## 10.2 Expectations of adult services

Consider the following: What is the substance? When is it used? How is it used? Where is it used? And then consider what the impact is on the user / child / adult at risk?

- Consider increased risk if both partners are misusing substances/alcohol and if the other partner accesses a different service, ensure good liaison takes place and engagement is monitored.

- Consider additional complexities which may increase risk or likelihood of repeat incidents such as domestic violence, and mental health issues.

- Ensure robust multiagency discharge planning which ensures clarity of who will be involved with the family once the substance misuse team pull out (an Early Help Assessment will help to ensure this safety net is in place).

## 10.3 Expectations of children's services

- Routinely record whether a parent has misuse problems on the child's case records and for internal data collection purposes to aid service planning
- Explore with the parent the option of making a referral to an appropriate substance misuse service, informing them of the support potentially available locally and nationally. The following flowcharts below indicate the considerations required for agencies when working with adults who misuse substances.

### 10.4 Partnership working:

Systems should be in place to ensure that:

- Managers working with adults can monitor those cases which involve dependent child

- There is regular, formal and recorded consideration of such cases with Children's Social Work Services.

- If adults and children's services are providing services to a family, practitioners communicate and agree interventions.

- Adult services can contribute to any common assessment of need (Munro), such as Early Help and Child in Need meetings, sharing their knowledge of the parent/carer and parenting capacity.

- Appropriate practitioners are invited to relevant planning meetings, This protocol/pathway is focused on a positive and solution-focused approach to encourage workers to use their initiative and professional judgement to resolve issues swiftly. This form of decision making should support the aims

of the protocol and ensure that the family need is always at the heart of the process. If there is a need to escalate concerns about families or the agencies involved feel there is an issue that is not being resolved in a timely fashion, there is an escalation procedure. However, the practitioner initially needs to follow the won procedure in the first instance**. (Safeguarding Arrangements for Escalation)**

http://www.northlincslscb.co.uk/search/?q=safeguarding+arrangements

# 11. Guidance in relation to parental learning disabilities

## Definition

A learning disability affects the way a person understands information and how they communicate. Around 1.5m people in the UK have one. This means they can have difficulty:

- Understanding new and complex information
- Learning new skills
- Coping independently

It is thought that up to 350,000 people have severe learning disabilities and this figure is increasing **(www.nhs.uk)**

## 11.1 Impact on Children

From a survey of parents with learning disabilities, just over half (52%) looked after their children. Women were slightly more likely to be a parent than men (9% compared to 6%). But men and women were just as likely to be looking after their children if they had any (52% of women, 53% of men). **(Emerson et al, 2004).**

In 2010 Ofsted identified that "the disability of children or family members was usually considered, only when the subject of the review was a disabled child. There was little consideration of the full impact when siblings were disabled or when parents had a learning disability or suffered from mental ill health. This was particularly the case for families where older children were young carers."

In addition to the impacts identified on P6, children and young people living with a parent in these circumstances are at greatest risk when:

- A parent's learning disability is not identified and / or level of support required assessed - many parents with learning disabilities face stereotyped beliefs that they could never be good enough parents, such that any parenting difficulties are automatically linked to their learning disability without considering other environmental or social factors.

- Parents do not access appropriate services such as antenatal care or child care support services – this is often due to of lack of confidence, negative staff attitudes, lack of clear explanations of what is going on, inaccessible leaflets, and fear of the involvement of social services.

- Increased social issues are present - parents with a learning disability are often affected by poverty, social isolation, stress, mental health problems, low literacy and communication difficulties.

Carson 2011 stated that *"The issue should not be whether you are a great parent; it's about whether you are good enough"*

## 11.2 Services working with adults including GPs

Through their involvement, services working with adults **will:**

- identify at an early stage any children within families and specifically adults with a caring responsibility, and other adults in contact with the children.

- ensure when assessing adults' needs, that the adult is seen in terms of their parenting role as well as an individual, and that any support to help their parenting role is taken into account. Liaison with services for children will be required.

- understand that although parental mental ill-health, learning disability or substance misuse, especially in combination with domestic abuse, does increase the risk that children may be harmed, it can be a key indicator of harm.

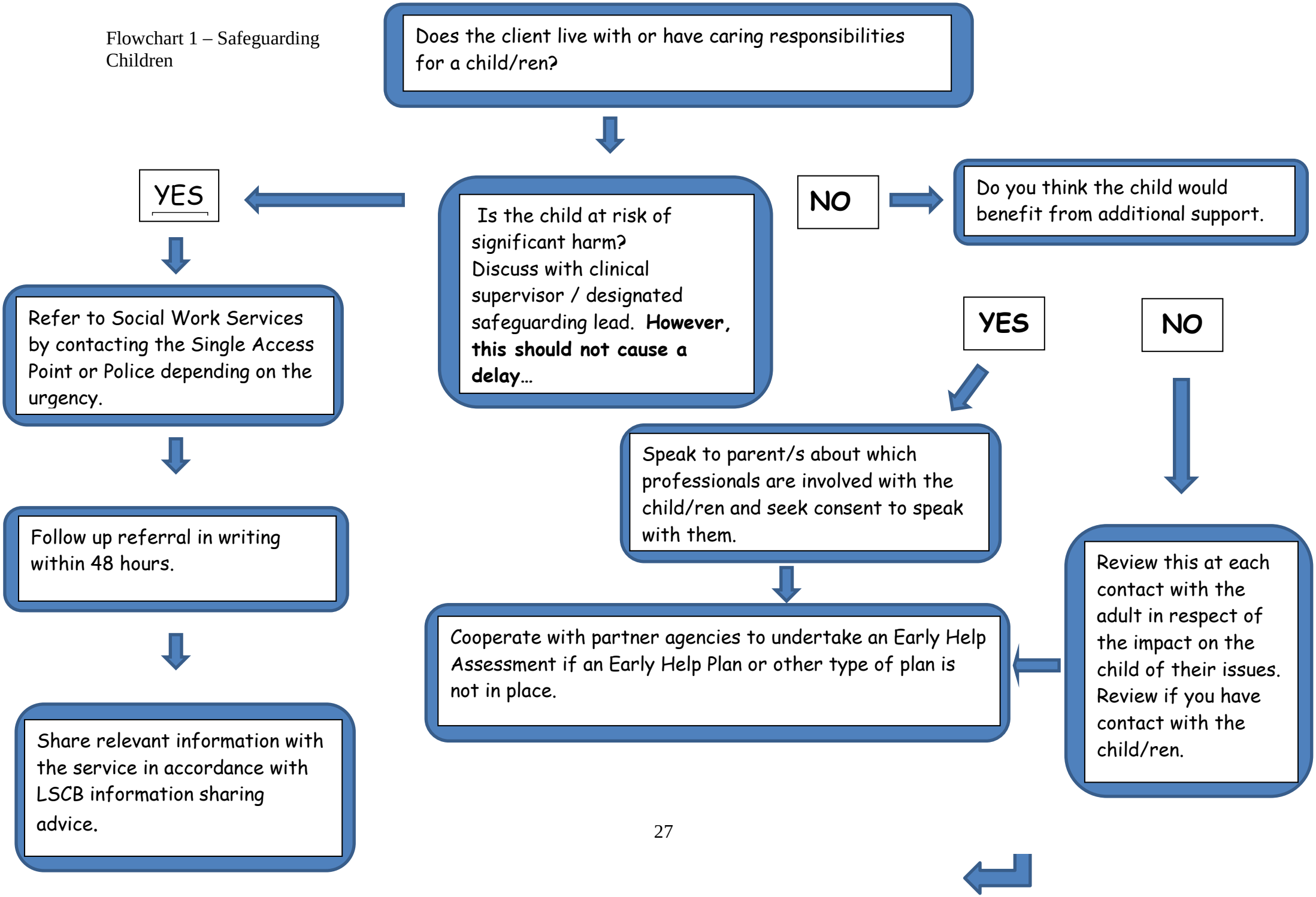
- invite representatives from Social Work Services or other services to multi-professional care planning meeting were they are involved with the family, with the agreement of the service user.

- make available a representative to attend Child Protection Conferences or other planning meetings and/or provide a report with a meaningful contribution and analysis with regard to presenting the strengths and risks of the family.

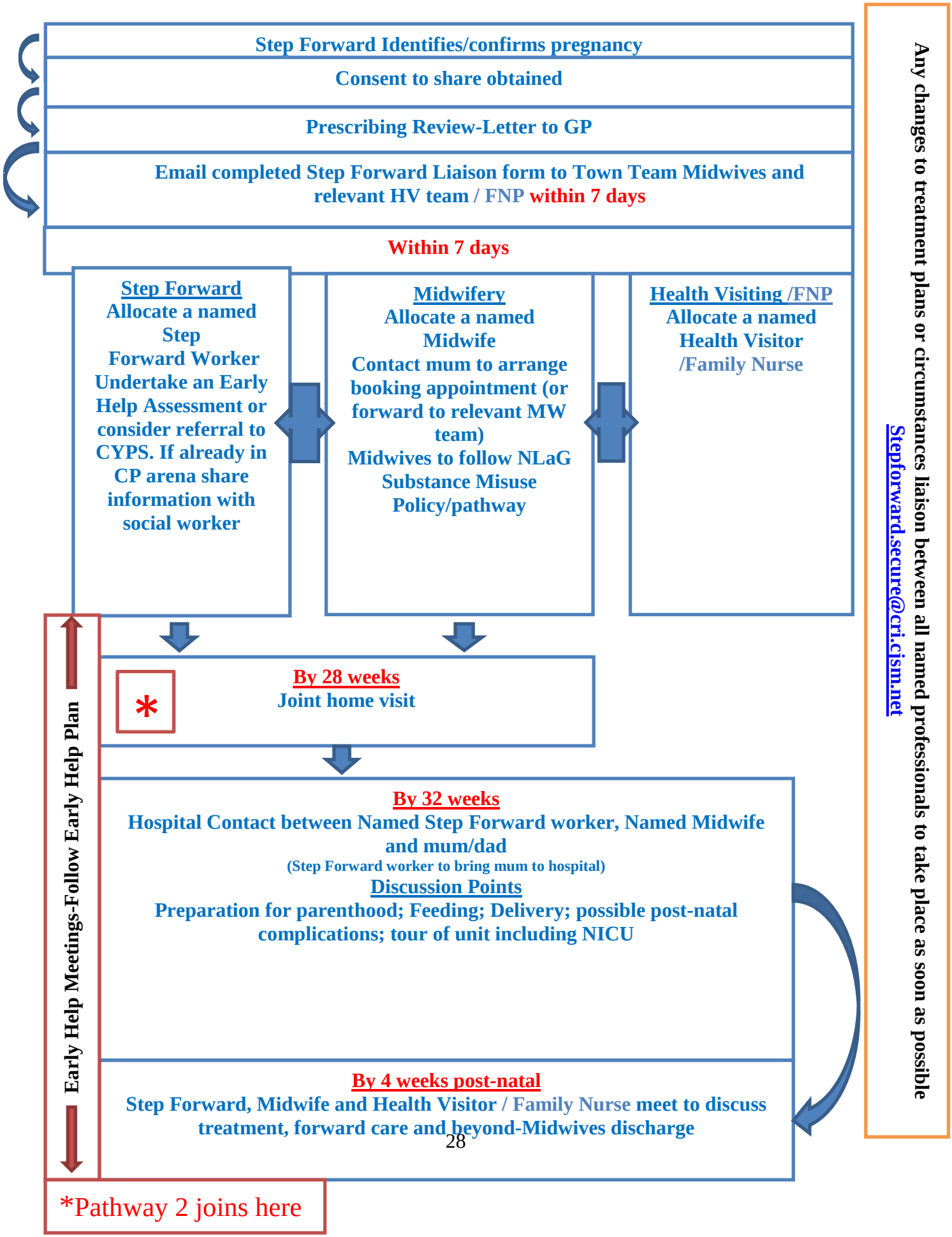
- ensure they are kept informed about plans for any children and incorporate these into future care planning.

## 12. Appendices

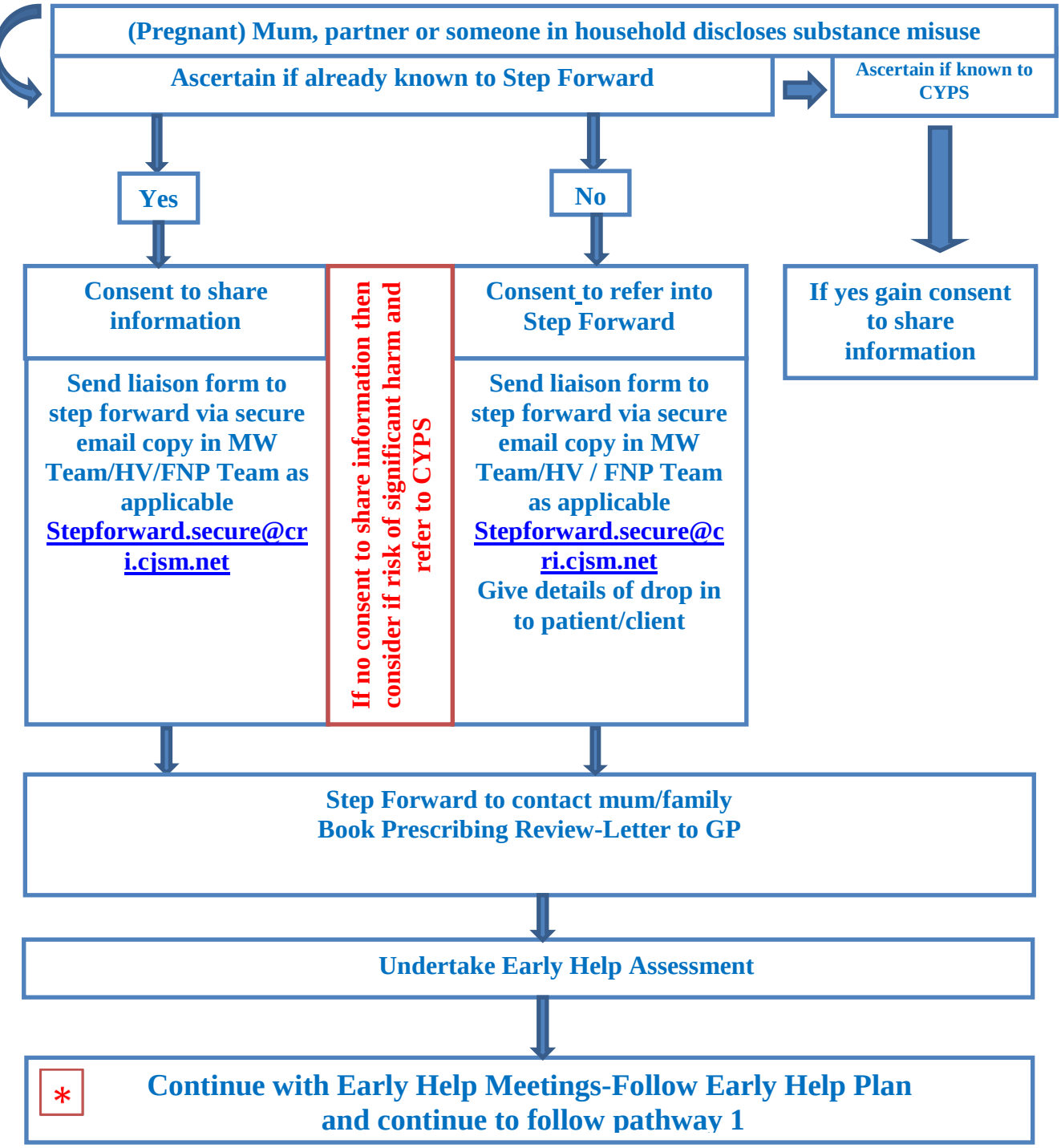
Flowchart 1 – Safeguarding Children



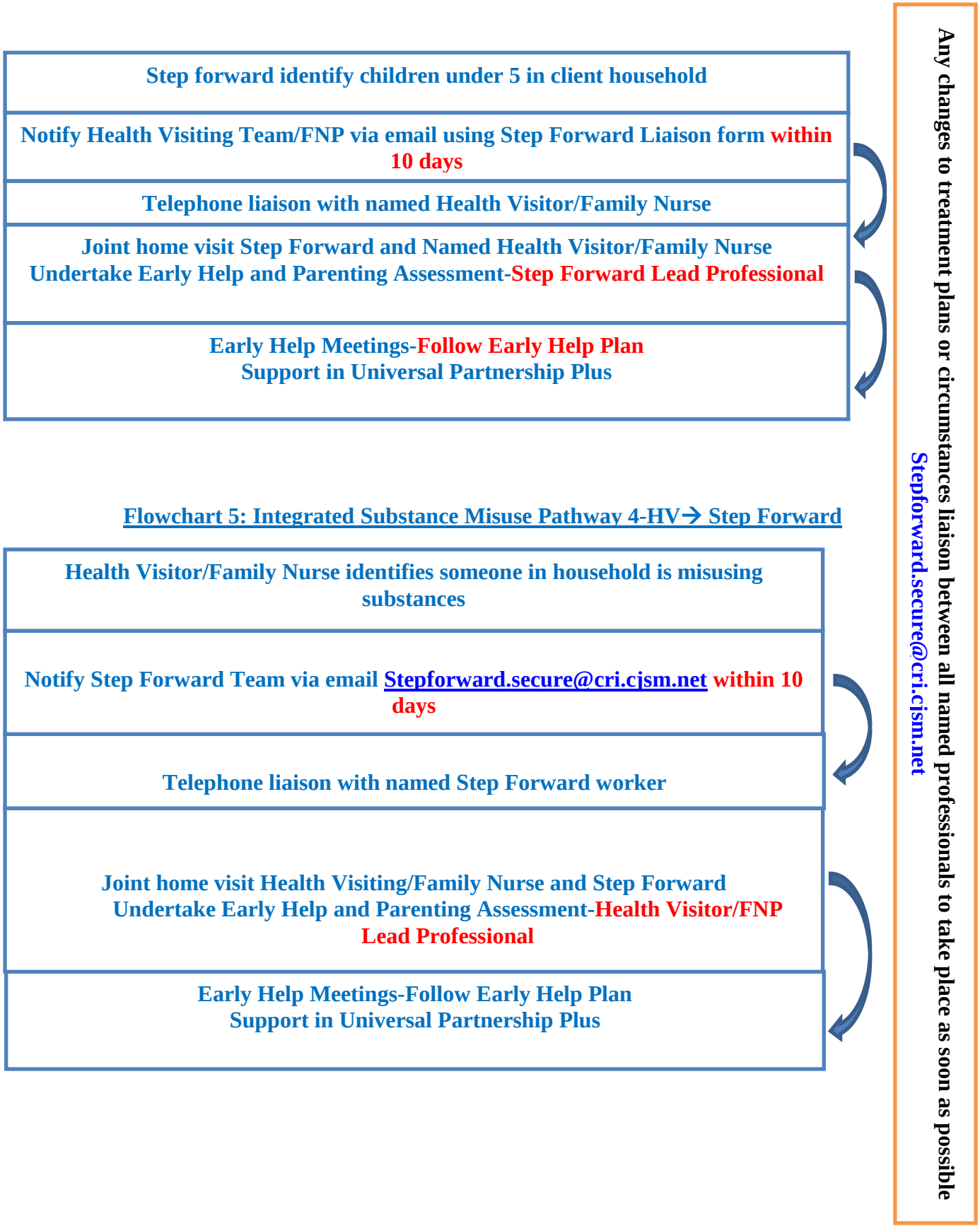
## Flowchart 2: Integrated Substance Misuse Pathway 1- Step Forward→MW/HV/FNP



## Flowchart 3: Integrated Substance Misuse Pathway 2-MW/HV/FNP→Step Forward



## Flowchart 4: Integrated Substance Misuse Pathway 3-Step Forward→HV /FNP




## Flowchart 5: Integrated Substance Misuse Pathway 4-HV→ Step Forward