

Adult Mental Health and Children's Services  
Joint Working Protocol



Camden and Islington NHS Foundation Trust and  
Islington Children's Services



In partnership with



## Scope of protocol

This protocol will apply whenever mental health professionals have concerns about the welfare or safety of a child of any service user. Equally, Children's Social Care (CSC) social workers will follow this procedure whenever there is a need to work jointly with mental health services and to refer parents on for services. This protocol applies to:

Social care staff working in the CSC division of the London Borough of Islington now called Targeted & Specialist Children & Families Services (TSCFS).  
Staff working in Camden and Islington NHS Foundation Trust



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## **1 Principles**

**1.1** The child's welfare and safety are paramount. In the event of concerns about a child's safety, the pan London Child Protection Procedures must be followed and advice sought from TSCFS regarding thresholds for services and referral processes.

**1.2** Where parents/carers or significant adult in contact with children have a mental health problem, both they and the children may be vulnerable and need extra support, but this does not mean the children will always be at risk of significant harm.

**1.3** In line with the statutory framework of Every Child Matters, all professionals who come into contact with children, their parents and families in their everyday work, not just social workers in Children's Social Care or designated or named safeguarding professionals, have a statutory duty to safeguard and promote the welfare of the child (see section 11, Children Act 2004).

**1.4** Parents with a mental illness have a right to be supported in a non-judgemental and non-stigmatising way that enables them to fulfil their parental responsibilities.

**1.5** Children have a right to services that promote their physical and emotional well-being and development so that they can be protected from harm and achieve their potential.

**1.6** All children benefit from an age-appropriate explanation of their parent's illness. Parents and relatives should be involved in discussions about why it is helpful for children to have information about their parent's illness. However, the parent's consent must be sought before talking to the children unless such consent has been overridden due to child protection concerns.

**1.7** Generally, children's needs are best met within their own family, and where possible, parents should be supported to care for their children at home with support from the professional network.

**1.8** Interventions will take place in a timely manner in order to ensure preventative services are provided at the earliest point and to avoid more rigorous interventions at a later stage.

**1.9** Services will make every effort to maintain confidentiality towards service users as far as this is consistent with the duty to safeguard children. Where possible, services will seek the consent of parents before making referrals to or sharing information with other services

**1.10** Consideration must always be given to the child/young person's role as a young carer.

## 2 Introduction

**2.1** A substantial proportion of adults known to mental health services have children, and like most parents, want what is best for them.

**2.2** Parents affected by mental illness face particular challenges; many are fully aware that their disorder affects their children even if they do not fully understand the complexities, and all children will be sensitive to their parent's state of mind. (see appendix C for further information).

**2.3** Children in families affected by mental illness are vulnerable to achieving poor outcomes both on account of their parent's disorder and because of secondary factors that can accompany any chronic illness, for example, low income, poor housing and neighbourhood, stressed family relationships and societal prejudice. They may also be required to take on significant caring responsibilities for parents and younger siblings.

**2.4** To ensure that the needs of both parents and children are met, a high level of joint working is needed from both mental health services and Children's Social Care. This protocol is important for the safeguarding of children and families in Islington. It should be read and implemented where necessary, by staff that deliver services to children and young people whose parents or carers have mental health problems and by staff that deliver services to adults who are parents or carers with a mental health problem



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**3.1** NHS Islington in partnership with Islington Children’s Social Care (now called Targeted & Specialist Children & Families Services) is committed to providing services to parents and families. Research demonstrates that the most effective way of ensuring that the needs of parents with mental illnesses and their children is by providing services that are family-centred and which support parents in their parenting role. In this way, the disruption caused to family life by parental mental illness can be minimised.

To improve outcomes for children and their parents, services need to be delivered jointly through effective interagency collaboration across mental health and children’s services. This protocol sets out a framework of good practice for professionals and managers at all levels when working with families affected by parental mental ill health.

The main aims of the protocol are: To provide a framework for multi-agency working between mental health services and Children’s Social Care (CSC) which addresses the needs of parents and children, in a way that:

- ensures that professionals working in Islington are clearly aware of their duty to work together to safeguard and promote the welfare of children.
- recognises the needs of the adults both as mental health service users and as parents.
- acknowledges and understands the impact of mental illness on parenting and children
- supports family life and positive parenting
- improves communication and promotes joint and multidisciplinary working across services and organisations
- provides a non-stigmatising service that encourages social inclusion for all users.
- understands the role of Young Carers and recognise the impact of their caring role upon them.

**3.2** To improve interagency working practices by setting out details of each agency’s referral and assessment procedures, including thresholds and timescales.

**3.3** To encourage earlier identification of those children affected by parental mental illness and improve interventions by focussing on preventative work.

**3.4** To provide a framework of quality assurance by outlining the service standards expected from each agency and the procedures for addressing any issues that may arise.

**3.5** To improve interagency communication and information sharing through use of a common policy.



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## Referring to Children in Need's Referral and Advice (R&A) Service:

### 4.1 Recording information

Mental health professionals must always ask service users as a matter of routine if they are parents or have care of a child, and record the names and dates of birth of any children within the household of a service user, or of any children the user has regular contact with.

If possible, they should also record the names of the children's schools, their GP and any other health or social care professionals involved with the children or their family. Where the service user is pregnant, mental health professionals should also enquire whether they are receiving ante-natal services.

### 4.2 Referring to the R&A team

If a mental health professional has concerns about the safety and/or needs of a child they should wherever possible seek to speak to their manager or designated safeguarding lead to discuss the case before contacting the Referral and Assessment team on **020 7527 7400** for advice, information, to refer the concerns or to make a request for service.

A referral must be made using the CAF Referral Form or ECAF, which is designed to elicit sufficient information for the R&A team to determine whether a service from CSC is required.

The CAF Referral Form should be sent electronically. The mailbox address is '**CSCreferrals@islington.gov.uk**'. Referrers will receive an automatic electronically generated letter confirming receipt of their request.

Parents/carers should be advised of the referral being made unless doing so puts the child at increased risk.

Referrals to the R&A team where there are considered to be Child Protection Concerns will be taken from professionals without a CAF and should be made immediately (however, the referrer will be asked to send the referral in writing within 24 hours of the referral having been received).

The local authority is under a duty to make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare, in cases where the local authority has reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm (s47(1)(b)).

**4.3** All contacts are progressed by the Duty Manager who will take one of three options:

No Further Action (NFA)

Refer to Targeted Support Services

Refer matter to a Child In Need team for allocation to undertake an assessment.

(For further details on process and timescales,



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refer to the referral pathway flowchart – Appendix A).

#### **4.4 What to do if you are concerned that children and the family need additional support:**

Where professionals believe that there is the need for further support for the child and family, but that the concerns are not about:

- immediate risk to a child through abuse or neglect
- risk of family breakdown or
- serious concerns about the parents' ability to safeguard and promote the child's welfare

practitioners should complete a **Common Assessment Framework (CAF)**. The Common Assessment Framework (CAF) is a standardised assessment tool for use by professionals who need to refer children on to other services. You can do a common assessment at any time you believe that a child will not progress towards the five **Every Child Matters** priority outcomes without additional services.

**4.5** The CAF consists of a pre-assessment checklist to help practitioners identify those children who may benefit from a common assessment, and a standard form and procedure for completing the assessment, including desired outcomes and action points. Where a CAF assessment has already been undertaken, you can update the CAF with new information and contribute to the support required for the child.

**4.6** Parents and young people must consent to the CAF being carried out and any subsequent referrals being made, unless there are child protection concerns. They should be informed about the purpose of the assessment, how the information will be used and who it will be shared with.

Where possible, professionals should use the electronic eCAF for recording assessments and sending on referrals.

Any practitioner seeking to identify if a common assessment already exists or is underway should contact the Integrated Working team on [iwp@islington.gov.uk](mailto:iwp@islington.gov.uk).

For further information on CAF, please refer to the practitioners guide.

[http://www.everychildmatters.gov.uk/\\_files/F71B9C32893BE5D30342A2896043C234.pdf](http://www.everychildmatters.gov.uk/_files/F71B9C32893BE5D30342A2896043C234.pdf)

***Working together to safeguard children***

[http://www.everychildmatters.gov.uk/\\_files/AE53C8F9D7AEB1B23E403514A6C1B17D.pdf](http://www.everychildmatters.gov.uk/_files/AE53C8F9D7AEB1B23E403514A6C1B17D.pdf)

***What to do if you are worried a child is being abused***

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4061304.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4061304.pdf)

***London Child Protection Committee child protection***

*procedures*<http://www.londonscb.gov.uk>

## Young Carers Service

**5.1** The term '**Young Carer**' covers a wide range of circumstances and experiences for children and young people who have a caring role. For the purposes of this document a Young Carer is defined as a child or young person under age of 18 who has a significant caring role for a family member due to mental illness, disability, long term illness, or substance misuse. (Significant in this instance means taking on a role that would ordinarily be taken on by an adult)

**5.2** Young Carers Every Child Matters outcomes are affected by their caring role. Being a young carer can have detrimental effects on young people, including problems at school, health problems, emotional difficulties, isolation, lack of time for leisure, feeling different pressure from keeping family problems a secret, problems with transitions to adulthood, lack of recognition and feeling they are not being listened to.

Young Carers often care unsupported for a family member and as such can have much lower outcomes in terms of health and emotional wellbeing.

**5.3** Within Islington there is a high percentage of children and young people subject to a child protection plan due to parental Mental health and substance misuse, (76% of children on Child protection register 2010 were living in families affected by substance misuse, mental illness or Domestic violence, a proportion of these young people are likely also to be young carers).

**5.4** There is also evidence to suggest that there are strong links between being a young carer and underachieving at school, '27% of young carers aged 11–18 are experiencing educational difficulties. 1 in 5 young carers miss school because of caring responsibilities' Dearden, C. and Becker, S. (2004) Young Carers in the UK: The 2004 Report.

Islington Children Social Care and Islington NHS recognise the idea that Young Carers play in supporting their families. If there are concerns about a young carer, a referral should be made to Referral and Advice.

For other support Family Action: **[Islington.youngcarers@family-action.org.uk](mailto:Islington.youngcarers@family-action.org.uk)**

## **6 Referring to Adult Mental Health Services**

### **6.1 Recording information**

Children's Social Care (TSCFS) staff should routinely record whether a parent they are working with has a mental health problem and who is treating this. If the adult does not meet the threshold for services from Camden & Islington NHS Foundation Trust then their GP can be contacted for advice.

### **6.2 Referral pathways**

If a TSCFS social worker has concerns about a parent's mental health, they should contact the treating care coordinator within the respective C&IFT team.

**6.3** If a TSCFS social worker has concerns about a parent's mental health and is unsure if the parent is being treated by C&IFT, they should check whether the adult is known to Camden & Islington NHS Foundation Trust by contacting the Assessment and Advice team on 020 3317 6590, who can conduct a check, and if known, then redirect to either the Recovery and Rehabilitation teams or the Personality Disorder/ Complex Depression, Anxiety and Trauma teams. All new referrals will be made by telephone to the Assessment and Advice team on 020 3317 6590, so should the adult be unknown to C&IFT, the A&AT is the appropriate team to manage the referral. (see appendix E for contact details).

**6.4** If an adult with mental health issues is at imminent risk to themselves or there is a risk to the community, they should be referred to their care co-ordinator. If they do not have a care coordinator or the care co-ordinator cannot be contacted, the person should be referred to the GP, Crisis Team or Approved Mental Health Professional (AMHP) who will assess the situation and act accordingly. The AMHP service can be reached via any of the above mentioned teams.

**6.5** Where possible, TSCFS social workers should consult with the mental health and child care development officer who will discuss the case and advise on services and possible courses of action (see Appendix 2 for contact details).

### **6.6 Action on referrals**

If a parent referred to the Mental Health Assessment & Advice Team is not known but meets the criteria for assessment, this should be completed jointly by both services within their respective assessment frameworks. Procedures for joint assessments can be found in section 10.6 of this protocol.

**6.7** If the parent has been known to the (CDAT and R&R teams), but his or her needs do not currently meet the threshold for allocation to a service, the R&R team should follow the information-sharing procedures outlined in section 9 of this protocol. Such clients would be the responsibility of their G.P.

**6.8** The R&R, CDAT and A&AS teams will advise on other possible sources of information or support, normally the person's GP. Where there continues to be concern, the above teams will discuss the case with the TSCFS social worker to help to identify and advise on alternative forms of support that can be offered to the parent.

## **7 Procedures for joint working**

### **7.1 Duty to co-operate**

There is legal requirement for professionals to cooperate. Mental health professionals and Children's Services have a duty to work together to safeguard and promote the welfare of children, in line with the **Children Act 2004**, '**Working together to safeguard children**,' (DfES 2006), and the pan **London Child Protection Procedures** (2007).

The following procedures should be followed whenever both services are involved in providing an on-going service for families.

### **7.2 Sharing information**

Information provided by mental health professionals can help TSCFS to make informed decisions about what intervention is needed to safeguard the child's welfare based on the level of risk the parent's mental health may pose to the child.

Equally, TSCFS need to inform mental health services of what actions they are taking regarding the child.

**7.3** Both services need to share information in order to monitor parent's progress and provide information required for joint assessments. Written documentation, assessments and minutes of meetings must be sent to all professionals involved and put on the respective case files.

### **7.4 Attending meetings**

Where TSCFS and mental health services are jointly involved in providing services for a family or carrying out a joint assessment of parents, the relevant worker from each service should be invited to attend any planning meeting or review held by the other service.

**7.5** If mental health professionals are invited to a child protection case conference, but are unable to attend, they should provide a written report to the conference outlining the work undertaken with the parent and providing an opinion on the risk to the child posed by the parent's mental illness.

**7.6** If the parent does not agree to the TSCFS social worker being invited to their Care Programme Approach meeting, the care co-ordinator will discuss with the patient their objections and the importance of professionals working together for the benefit of themselves and their children. It may be possible to negotiate for the TSCFS social worker or another children's worker to attend part of the meeting however, in all situations relevant key information will be provided to the TSCFS social worker.

The health visitor should be invited to all Care Programme Approach meetings where the service user has a child less than five years.

### **7.7 Joint assessments**

Joint assessments need to focus on the impact of parental mental health on their ability to meet the child's needs. The mental health professional involved in the assessment would normally be the care co-ordinator for the Care Programme Approach (CPA) and sit along side current assessment procedures pertaining to Adult or Children Service's.

**7.8** Throughout the assessment process, there must be:

- clear communication between the services
- sharing of individual assessments.
- joint planning for ongoing work and services that is recorded in the files of both services
- a clear assessment of risk based on information available to both services
- a clear indication, recorded on the case files, as to how, when and by whom the plan will be reviewed
- sharing of information with the parents or carers, unless this would put the child in more danger or compromise a child protection investigation.

**7.9** It is important that assessments start and take place within the agreed timeframes as required by the agencies' performance frameworks. Copies of completed assessment documentation should be exchanged and held on both agencies' records..

### **7.10 Interagency contact**

Services should maintain regular contact, particularly where there are concerns about the child or the situation is changeable. Contact between the services should be at a fortnightly level for children who are at medium risk (children in need), and at a weekly level for children who are at high risk and/or are being dealt with under child protection procedures, particularly where the parent's condition is unstable.

### **7.11 Decisions on cases**

No major decisions (such as the removal of children, closure of case or move to discharge from hospital) should be made without the consultation of other services, unless urgency requires immediate action. In these circumstances other parties should be informed as soon as possible.

**7.12** The mental health worker must be informed if a child is returning home following a period of being in care or of accommodation and the TSCFS social worker must be informed of any changes in treatment, such as a trial on reduced or no medication and of hospital admissions or discharge.

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

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

## **8 Equality and anti-discriminatory practice**

**8.1** Children's Social Care and mental health services should work to promote equality and social inclusion for service users by tackling inequality and ensuring equal access to services, regardless of race, religion, gender, disability, age or sexual orientation. Equality should be integrated into all working practices and should be inclusive, welcoming, non-judgmental and empowering.

**8.2** Agencies should consult fully with parents regarding any concerns, providing a clear explanation of what is expected of them and what they can expect from services. Where possible, and as far as is consistent with the child's welfare, parents should be fully consulted on any action to be taken and given a full explanation of procedures. They should also be enabled to participate in assessment and planning for all services provided for themselves and their children.

## **9 Sharing information about children or adults**

**9.1** Good information sharing is a crucial element of successful inter-agency working, allowing professionals to carry out their statutory obligations and make informed decisions based on accurate, up-to-date information. Good information sharing can improve outcomes for children and their parents, by ensuring that appropriate services are provided in an integrated manner, and enabling professionals to monitor the impact of interventions towards defined goals.

### **9.2 Legal framework**

As a general rule, personal information that agencies hold on a client is subject to a duty of confidentiality and cannot be shared with third parties. However, information can be disclosed where it is lawful to do so.

**9.3** Sharing of information is lawful where:

- the service user has consented to disclosure.
- safeguarding a child's welfare overrides the need to keep information confidential.
- disclosure is required under a court order or other legal obligation.

### **9.4 Disclosure with consent**

Individuals can give their consent to personal information about them being disclosed to third parties, but it must be explained why this information is needed and to whom it will be disclosed. If the information is sensitive in nature, for example relating to a person's mental health, such consent would need to be in writing and placed on their case file. Verbal and written consent should be recorded in the case notes.

**9.5** A young person aged 16 years or over is capable of giving consent to disclosure on their own behalf. Children and young people aged under 16 can give their consent if they have the capacity to understand the nature of information sharing and can make an informed decision.

If not the decision must be made by the person who holds parental responsibility for them. Where an adult is deemed incapable of giving consent to disclosure, consent should be sought, where possible, from a person who has the legal authority to act on that person's behalf. If it is not possible to obtain consent, information cannot be disclosed except under the circumstances stated here. If the child is under 16, the worker should seek advice from Children's Services.

#### **9.6 Disclosure without consent**

Information can be disclosed to third parties without consent in child protection cases where there is reasonable cause to believe that the child is suffering or likely to suffer significant harm. In some cases, it may be necessary to forgo seeking consent from parents as this may in itself place the child at further risk.

**9.7** Before taking this step, professionals should consider the proportionality of disclosure against non-disclosure; is the duty of confidentiality overridden by the need to safeguard the child?

**9.8** Only relevant information should be disclosed, and only to those professionals who need to know. Professionals should consider the purpose of the disclosure, and remind recipients that the information is confidential and only to be used for the stated purpose.

Further guidance on information sharing with regard to safeguarding children is contained in the following publications:

#### **Information sharing; guide for practitioners**

[http://www.everychildmatters.gov.uk/\\_files/ACB1BA35C20D4C42A1FE6F9133A7C614.pdf](http://www.everychildmatters.gov.uk/_files/ACB1BA35C20D4C42A1FE6F9133A7C614.pdf)

#### **Working together to safeguard children**

[http://www.everychildmatters.gov.uk/\\_files/AE53C8F9D7AEB1B23E403514A6C1B17D.pdf](http://www.everychildmatters.gov.uk/_files/AE53C8F9D7AEB1B23E403514A6C1B17D.pdf)

#### **What to do if you are worried a child is being abused**

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4061304.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4061304.pdf)

#### **London Child Protection Committee child protection procedures**

<http://www.londonscb.gov.uk>

## 10 Structure and roles of local services

### 10.1 Mental health services

Mental health services in Islington are delivered by Camden & Islington NHS Foundation Trust, which brings together mental health professionals from health and social care in order to deliver integrated services for adults affected by mental health issues. The Trust provides assessment, treatment and follow up care both in the community and in hospital settings.

**10.2** The Assessment & Advice team has responsibility to assess all new referrals. There are specialist community teams e.g. Personality Disorder team and Complex Depression, Anxiety & Trauma Service in addition to other specialist psychosis teams eg. Early Intervention Service. (See Appx E for more details) that treat adults with diagnoses specific problems. On occasion, the GP or other health professionals remain responsible for treating the individual and will liaise with the relevant mental health team for advice, as appropriate. All mental health teams work in accordance with thresholds agreed between statutory agencies responsible for mental health services.

**10.3 Recovery and Rehabilitation Teams have lead responsibility for working with adults with severe and enduring psychotic illnesses.** These teams are multidisciplinary and made up of mental health social workers (MHSW), community psychiatric nurses (CPN), psychologists, occupational therapists (OT) and consultant psychiatrists.

**10.4 Rehabilitation and Recovery Teams use the Care Programme Approach (CPA).** When a case is allocated in the team, the allocated worker is known as a care coordinator. This can be either a CPN, MHSW, psychologist, OT or consultant psychiatrist, depending on the needs of the individual. The CPA care plan is reviewed regularly, depending on individual need.

### 10.5 Targeted & Specialist Children & Families Services

The Targeted & Specialist Children & Families Services (part of the Children's Services Department) is responsible for safeguarding and promoting the welfare of children "in need" and children "looked after".

There are two main operational services: Children in Need and Children Looked After.

The Children in Need Service supports children (usually those living at home with a parent or carer) who have been assessed as being in need under the Children Act 1989 because:

- They are unlikely to meet a reasonable standard of health and development
- Their health and development would be seriously impaired unless provided with services
- They are disabled children.

Islington Council provides a service for looked after children with the aim of helping them to do as well as other children in terms of their health, safety, enjoyment, education, employment opportunities and to prevent them from significant harm.

**10.6** The Children in Need (CIN) service comprises of social work teams, a range of specialist and integrated multi-agency / disciplinary direct services and is responsible for:

Responding to contacts and referrals

Undertaking assessments.

Planning for children and young people in need

□ Planning for children and young people subject to Child Protection Plans Planning for looked after children until the first statutory review.

The delivery of social care support services for children and young people in the community e.g. **The Adolescent Multi-agency Support Service, Pulse N7, Specialist Family Support Team, Islington's Drug and Alcohol Service for Young People and Specialist Domestic Violence Service,**

**10.7** Contact for information on and referrals to youth crime, victims and diversionary activities and services provided by Islington Council is 0207 527 2600 or email [tys@islington.gov.uk](mailto:tys@islington.gov.uk)

10.8 Children's Social Care follows the government's **Every Child Matters agenda** for children's services which aims to ensure that the welfare of all children is being safeguarded and promoted and that they are able to achieve their potential by focussing on 5 main outcomes: ***being healthy, staying safe, enjoying and achieving, making a positive contribution, and achieving economic well-being***

## 11 Inpatient services

### 11.1 Admission

When an adult is admitted to an inpatient psychiatric ward, the admitting nurse should enquire if the person has parental responsibilities or regular contact with children. They should note any childcare issues on the nursing assessment, including:

- Details of who is looking after the children.
- Any concerns about the care of the children while the patient is on the ward.
- Any issues about visiting, taking into account ward policy.
- Issues about parental leave.
- Any involvement of other agencies, particularly The Targeted & Specialist Children & Families Services

Further guidance can be found in the **Mental Health Act (2007) Code of Practice 19.17-19.19** and the **London Child Protection Procedures (2007) 5.36.1-7 and 5.36.3.**

Pregnant women should be referred to the relevant children's services according to the address of the patient.

If, due to the nature of the patient's illness or for any other reason, it is not possible to gather information about the children, this should be sought from other sources available.

In the first instance, ward staff should contact the relevant Children's Social Care referral and advice team to see if the family are known, if it is believed that there are children involved. Any gaps in information about a patient's child or children should be noted in the case records and must be followed up with the patient, their relatives or other professionals involved, for example the GP or health visitor, within five days.

### 11.2 Patient known to TSCFS

□  
Where a patient is known to TSCFS, the allocated social worker should be:

- Informed about admission as soon as possible.
- Informed if the patient is going on leave.
- Informed if the patient is absent without leave.
- Involved in planning for the patient's discharge.
- Informed if the patient's discharge is imminent, whether or not joint planning has been possible.

**11.3** Information must be left with the patient's TSCFS social worker, the duty worker or the relevant administrative officer and a record made of the person spoken to.

**11.4** Out of normal office hours, information should be passed to the Emergency Duty Team (**EDT**). **Tel 020 7226 0992**.

**11.5** If TSCFS are involved with a patient, or accept a referral, they should be invited to all care planning meetings under the CPA.

**11.6** If the patient does not agree to the TSCFS social worker being invited to their CPA meeting, the ward manager or senior nurse will discuss the patient's objections with them and explain the importance of professionals working together for the benefit of themselves and their children. It may be possible to arrange for the TSCFS social worker or another children's worker to attend part of the meeting.

**11.7** Whether or not child care professionals attend the CPA meeting, where there are concerns about the wellbeing of the children, the need to share information takes precedence over the patient's right to confidentiality.

**11.8** Where there are issues about children's welfare, discharge plans must involve and be agreed by all professionals working with the family. Copies of plans must be kept both adult Mental Health and TSCFS systems.

**11.9 Patient not known to TSCFS**

If the patient and their family are not known to TSCFS, the patient's care co-ordinator in the CMHT should be informed as soon as possible. They will refer the family to TSCFS or other services as deemed appropriate.

**11.10** If there is no care co-ordinator or the care coordinator is not available and the situation is urgent, the admitting or primary nurse must consult the ward manager or senior nurse. They will decide if a referral to TSCFS is required following the procedures outlined in section 4, if the child is considered to be at risk of significant harm.

**11.11** If child protection thresholds are not met, referral to TSCFS will require the agreement of the patient or other person with parental responsibility. Out of normal office hours, information should be passed to Emergency Duty Team.

**11.12 Working with TSCFS**

Whenever a parent is referred for inpatient services, and the child is known to TSCFS, it is vital that mental health professionals inform TSCFS at the earliest possible time so that adequate plans can be made for the child's care in the parent's absence.

□  
**11.13** TSCFS may have to find an alternative carer for the child, which could involve assessing a member of the child's extended family to care for the child or finding a suitable short-term foster placement. It is important that TSCFS are provided with basic information about the resource, such as the duration of the stay and what arrangements can be made for the child to have contact with the parent whilst they are there.

**11.14** Both services should convene a joint planning meeting prior to the parent being discharged to discuss continued support for the family within the community.

## **12 Resolution of disputes and differences**

The aim of this protocol is to encourage decisions to be taken jointly and to ensure that the needs of both the children and the mental health service user are addressed within the framework of legislation and codes of practice.

In the event of a dispute or disagreement arising between professionals, in the first instance the matter should be discussed between the respective line managers. If the differences cannot be resolved at this level within a reasonable timescale, then the matter should be referred to the relevant TSCFS Operational Managers and the equivalent senior manager in the mental health services and following that the CIN Head of Service or the appropriate Assistant Directors within the NHS Foundation Trust.

Any disagreements or differences should be recorded on the case file, including the views of the other party.

## **13 Training**

All employees of the Trust are expected to undertake child protection training at least to the equivalent of level one.

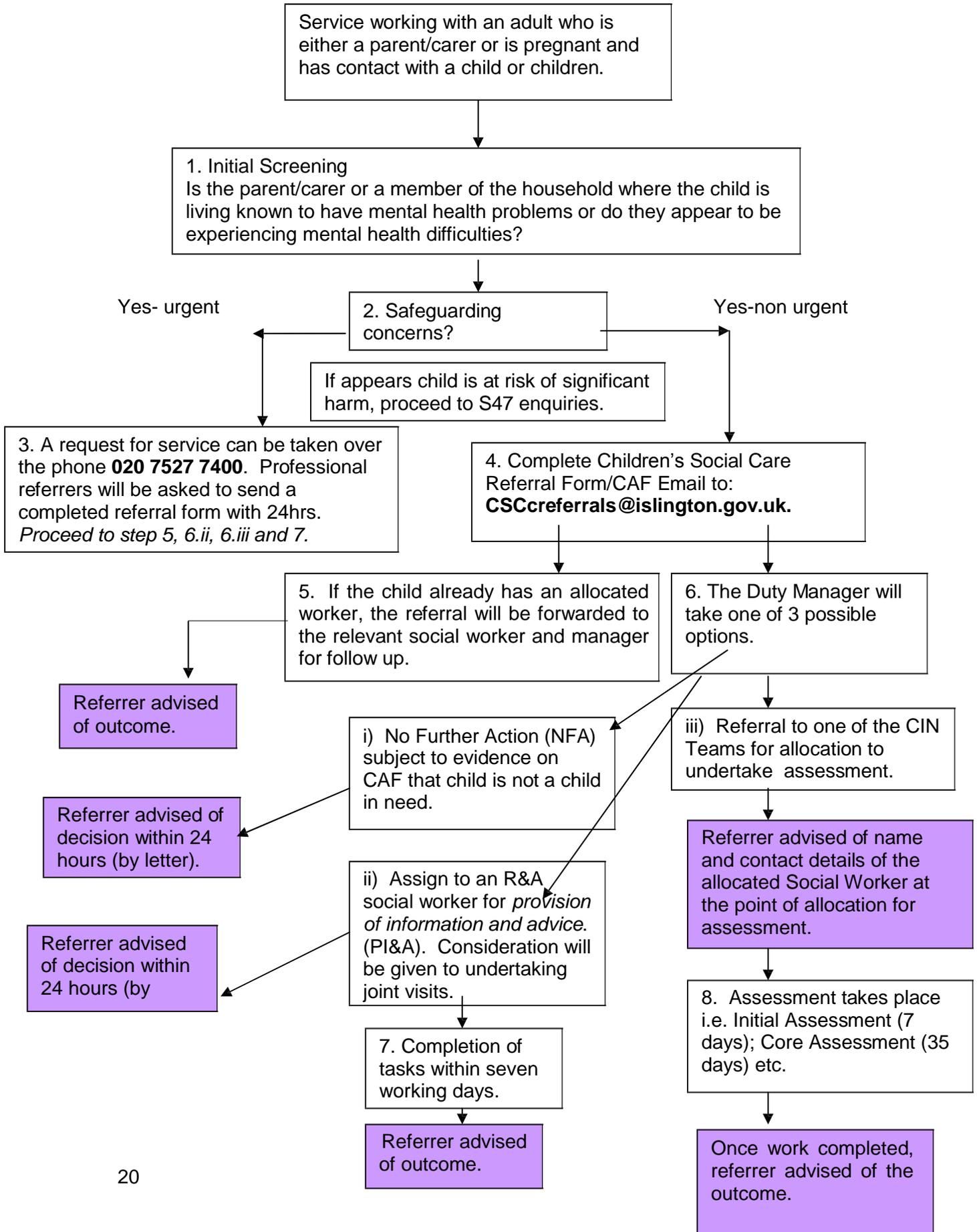
All mental health professionals should attend the ISCB multi-agency safeguarding training, which includes training in the use of the Common Assessment Framework.

Frontline TSCFS social workers should attend the relevant in-house training provided on working with parents with mental illness and the TSCFS mental health and child protection training.

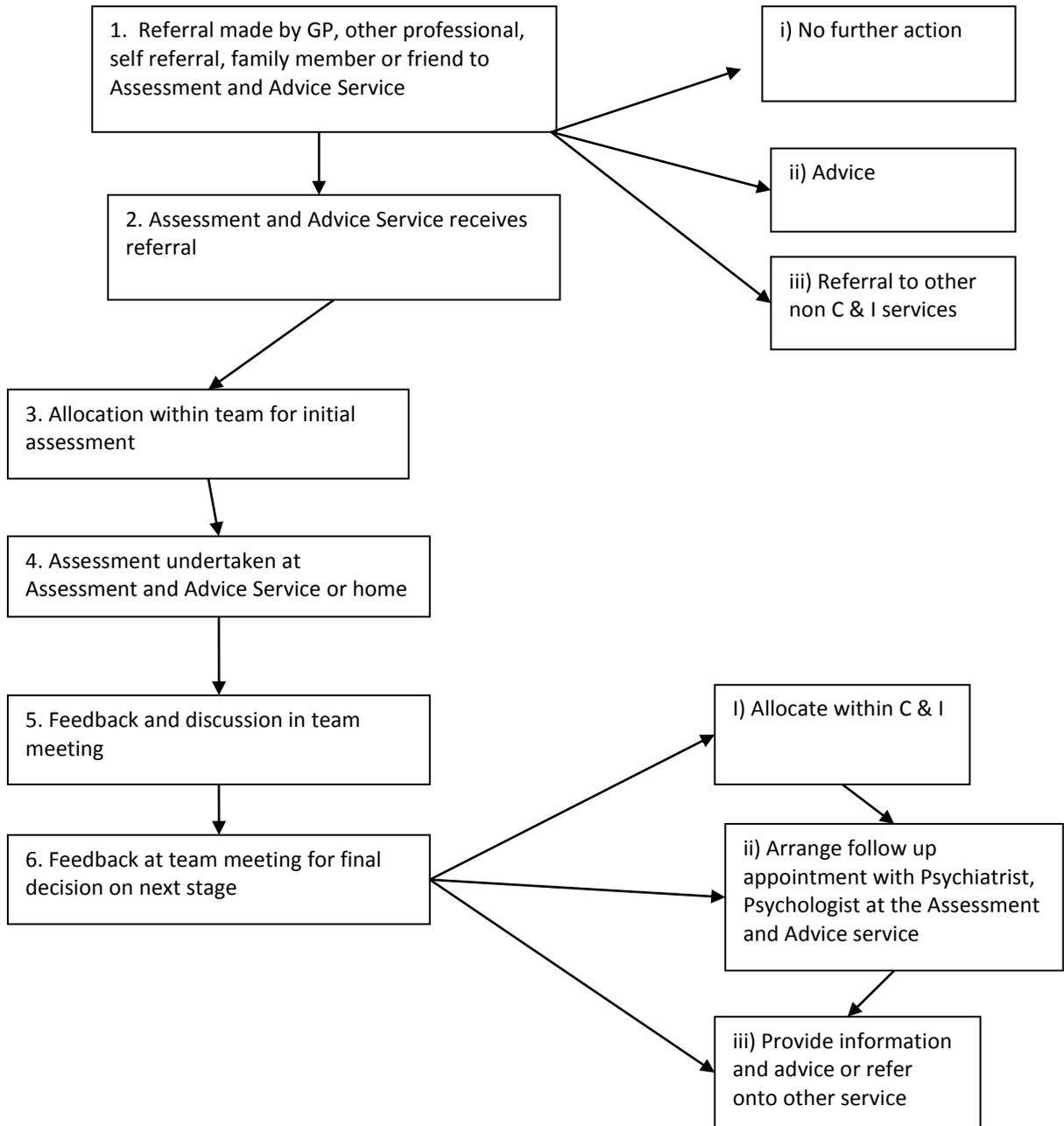
## **14 Review of protocol**

This protocol will be reviewed annually by representatives from the TSCFS division of the London Borough of Islington and the safeguarding leads in Camden and Islington NHS Foundation Trust, with any others co-opted and agreed by the parties. At times where Islington Council and Islington NHS undergo changes, these organisations should make sure the relevant person aware on how the protocol should be changed.

## APPENDIX A Referral Pathway to Children in Need Services



**APPENDIX B - Referral Pathway to Mental Health Services For Individuals Unknown to C & I**



## **APPENDIX C            Impact of mental illness on families**

Parental mental ill health does not automatically indicate that children will be at risk of harm or that their needs will not be met, as the impact on children will depend on the severity and duration of the parent's illness. For many parents, mental ill health will be mild and short-lived, and may only have a limited impact on children's welfare and development. However, where the illness is severe and enduring, with frequent episodes of hospitalisation, this will have a more disruptive effect on family life.

It is important professionals working with families affected by parental mental illness recognise when the illness is causing difficulties in parenting which may have a detrimental affect on the safety and wellbeing of the child. Even if the child is not at risk of harm, many families would benefit from extra support to enable parents to deal with the effects of their illness and continue to care for their children.

### **Impact on parents and parenting**

The key impact of parental mental illness is the way in which the illness affects parents' relationships and interactions with the child. Parents may exhibit impaired social skills due to changes in mood and other symptoms, leading to difficult relationships.

The outcome in terms of parenting capacity is that parents could have difficulty in maintaining a good level and quality of communication and interaction with the child and may:

- struggle to meet basic standards of care for the child or be unaware of the child's need for emotional support or warmth
- fail to see the child as an individual with separate needs
- expect the child to take on an adult role in terms of supporting the parent emotionally
- become more irritated or possibly hostile towards the child
- fail to provide appropriate guidance and boundaries
- be unable to interact with the child in order to provide stimulation.

Parenting in general can be stressful, but parents affected by mental illness may find it difficult to cope, particularly those becoming parents for the first time.

Pregnant women may find that they are unable to continue with some medications during pregnancy, or may have to change or reduce medication, which may lead to relapse. Research shows that following pregnancy, women with mental health problems are at a higher risk of developing depression or having a new psychotic episode within 3 months of the birth.

### **Impact on Children**

The level of risk to children's safety and welfare will depend on the severity of their parent's mental illness, and could range from serious concerns for the child's safety to concerns about the child's general development and ability to achieve the 5 ECM outcomes.

One of the main concerns is the quality of the relationship between the parent and child, and how any disruption to this caused by parental mental illness can affect the child in terms of their emotional development and how they form lasting attachments with their parents and others.

An unstable family life and home environment, possibly characterised by poor family relationships and frequent separations due to hospitalisation, can lead to poor provision of care and the child's basic needs being neglected.

Children may also be affected by the social stigma attached to their parent's illness, and may be frightened by some of the behavioural manifestations of the illness exhibited by their parents.

Many children are worried about what will happen to their parents, their family, and may be concerned for their own future mental health. They may also blame themselves for their parent's illness.

#### **Other environmental factors**

Generally, any illness, including mental illness, can have a negative impact on various environmental factors; families living with mental illness are more vulnerable to poverty and social exclusion, poor housing, lack of employment opportunities and poor social support networks.

However, there may be positive, protective factors. The presence of a "well" parent, or good support from extended family and friends, may lessen the impact of the illness on the family and make children more resilient and better able to deal with their parent's illness.

## APPENDIX D Childcare Information Form

CHILDCARE INFORMATION FORM – NHS Foundation Trust.

Basic Information form (DRAFT)

**CHILDREN:**

1. Does the service user have childcare responsibilities?    Yes        No   

2. Does the service user have regular and substantial contact with children?

Yes        No   

3. Child's/ren's details?

Child's Name	Age	Address	Gender
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4. What schools do they attend?

Child's Name	School
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5. Are they attending school regularly if appropriate?    Yes        No   

6. Name and address of Children's GP:

7. Is a child providing care to the client?    Yes        No   

8. Has a young carer's assessment been offered?    Yes        No   

9. Is the person or their partner pregnant    Yes    No       

If so, has the prospective mother contacted ante-natal care?

10. Are there any concerns about the child/young person's wellbeing or safety?

Yes  No

Is the child/young person at risk of significant harm? Yes  No

If yes, you should contact Children In Need's Referral and Advice Service immediately on 020 7527 7400.

11. Are there any other agencies/family members/friends helping look after the children?

Yes  No

If yes please give details (including names, contact numbers etc.)

12. Are there any alternative care arrangements in place if needed?

Yes  No

13. Would the child benefit from additional support?

Yes  No

If yes, can this be provided by your agency, or do you need to discuss this or make a referral for additional support (CAF)? Please provide details of actions to be taken.

# APPENDIX E

# Contacts

<b>Islington Borough Director</b> <a href="#">Jackie Drury</a> Tel: 020 7561 4178  <b>PA to the Borough Director and Associate Directors</b> <a href="#">Emilia Marchitto</a> Tel: 020 7561 4189						<b>Islington Business Unit</b>  <b>Acting Business &amp; Performance Manager</b> <a href="#">Acosia Nyanin</a> 020 7561 4414  <b>Business &amp; Performance Officer</b> <a href="#">Paul Muirhead</a> 020 7561 4408  <b>Business &amp; Performance Analysts</b> <a href="#">Melissa Foster</a> 020 7561 4184  <a href="#">Joshua Tendeter</a> 020 7561 4414					
<b>Islington Community Mental Health Services</b>		<b>Islington Rehabilitation &amp; Recovery (R&amp;R)</b>		<b>Forensic Services</b>		<b>Community Outreach Services</b>		<b>Islington Acute Services</b>			
<b>AD</b> <a href="#">Ken Wong</a> 020 7561 4116	<b>ACD</b> <a href="#">Dr. Nigel Lester</a> 020 3317 6600	<b>AD</b> <a href="#">Keith McCoy</a> 020 7561 4179	<b>ACD</b> <a href="#">Druid Fleming</a> 0203 3317 6910	<b>AD</b> <a href="#">Oneal Thomas</a> 020 7561 4183	<b>ACD</b> <a href="#">Dr. John Dunn</a> 020 7317 6055	<b>AD</b> <a href="#">Oneal Thomas</a> 020 7561 4183	<b>ACD</b> <a href="#">Dr. Nigel Lester</a> 020 3317 6600	<b>AD</b> <a href="#">Ian Griffiths</a> 020 7561 4019	<b>ACD</b> <a href="#">Dr Kove Oduoye</a> 020 7561 4162		
<b>ICope</b> <a href="#">Judy Leibowitz</a> North Islington ICope – <a href="#">Alan Colam</a> South Islington ICope – <a href="#">Melinda Rees</a> 020 3317 6583  <b>Personality Disorder Service</b> (Oscar Hill, DPU,IMPACT & DOH Liaison/Diversion) <a href="#">Win Bolton</a> 020 3317 6977 Live Work <a href="#">Elena Tourni</a> 020 3317 6999  <b>PD/CDAT Case Management Team</b> Service Manager - <a href="#">William Harper</a> Team Manager - <a href="#">Alison Arrektion</a> 020 7561 4105  <b>Complex Depression, Anxiety &amp; Trauma Service</b> <a href="#">Stuart Linke</a> 020 685 4700  <b>Islington Psychotherapy</b> <a href="#">Alan Colam/Jo O'Reilly</a> 020 685 4700  <b>Traumatic Stress Clinic</b> <a href="#">Mary Robertson</a>		<b>Service Managers</b> <a href="#">Joan Bradford</a> & <a href="#">Dave Fearon</a> 020 7561 4169      020 3317 6974  <b>Highview w/ Aberdeen Park</b> <a href="#">Becky Berrell</a> 020 7226 0384/020 75615473  <b>Malachite Ward</b> <a href="#">Alan Bartlett</a> 020 7561 4026  <b>Cornwallis</b> <a href="#">Lydia Abbey</a> 020 7561 5479  <b>Hanley Gardens /Cally Road</b> <a href="#">Steve Snoxell</a> 020 7619 3576/ 020 7700 6399  <b>Isledon Road</b>		<b>Service Manager</b> <a href="#">Mary O'Donnell</a> 020 7023 7352  <b>Criminal Justice &amp; In Reach Team</b> <a href="#">Len Paton</a> 020 7023 7352  <b>Pentonville Inpatient Service</b> <a href="#">Junaid Dowool</a> 020 7023 7380  <b>Pentonville Prison Substance Misuse Service (F Wing)</b> <a href="#">Vacant</a> 020 7023 7421/020 7023 7422  <b>Pentonville Day Care</b> <a href="#">Lisa Cohen</a> 020 7023 7368		<b>AOT/Focus/EIS</b> <a href="#">Elaine Greer</a> 020 3317 6590  <b>Camden AOT</b> <a href="#">Sue Dinham</a> 020 3317 6590  <b>Islington AOT</b> TBC 020 3317 6590  <b>Focus</b> <a href="#">Sara Tiplady</a> 020 3317 6590  <b>Early Intervention Service Islington</b> <a href="#">Suneel Christian</a> 0203 317 6255  <b>Early Intervention Service Camden</b> <a href="#">Rachel Busby &amp; Louise Cantrell</a> 020 3317 6590		<b>Lead Nurse</b> <a href="#">Ann Jumawan</a> 020 7561 4156  <b>Sapphire Ward</b> <a href="#">Andy Burns</a> 020 7561 4096  <b>Jade Ward</b> <a href="#">Chipo Chipwaya</a> 020 7561 4086  <b>Amber Ward</b> <a href="#">Martin Brooks</a> 020 7561 4046  <b>Opal Ward</b> <a href="#">Loveness Muusha</a> 020 7561 4076  <b>Topaz Ward</b> <a href="#">Ian Ibeme</a> 020 7561 4056 <b>Coral Ward</b> <a href="#">Mick Duggan</a> 020 7561		<b>Crisis/Liaison Service Manager</b> <a href="#">Aisling Clifford</a> 020 7561 4281  <b>North Islington Crisis Team</b> <a href="#">Jo Pollock</a> 020 7561 4278  <b>South Islington Crisis Team</b> <a href="#">Deborah May</a> 020 7561 4278  <b>MH Liaison Team</b> <a href="#">Anne Fredericks</a> 020 7561 4269  <b>Drayton Park Women's Lead</b> <a href="#">Shirley McNicholas</a> 020 7607 2777  <b>Perinatal Mental</b>	

<p>TSC Adult/Refugee Team 020 7530 3666 <b>Veteran Project</b> <a href="#">Dee</a> McManus 020 7530 3666 020 3317 6262</p> <p><b>Assessment &amp; Advice Service</b> <a href="#">Pamela Atkinson</a> <a href="#">Simon Peel</a> Islington Assessment Team Tel: 020 3317 6590</p>	<p><b>Resource Centre</b> <a href="#">Chris Manby</a> 020 7700 7458</p> <p><b>Employment &amp; Education Project</b> <a href="#">Francine Haagman</a> 020 7281 6221</p>			<p>4016 <b>Lead Nurse</b> <a href="#">Gus Brown</a> 020 3317 6544 <b>Garnet Margaret Ahmed</b> 020 3317 6587 <b>Pearl Ward</b> <a href="#">Reid Baboolal</a> 020 7561 4036 <b>Jasper Ward</b> <a href="#">Jean Moyo</a> 020 3317 6549 <b>HMHC Admin &amp; Estates</b> <a href="#">Angie Robinson</a> 020 7561 4157 <b>OT</b> <a href="#">Catherine Westoby</a> 020 7561 4110</p>	<p><b>Health Service</b> <a href="#">Nisha Shah</a> 020 7561 4163/4142</p>
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## Targeted Specialist and Children and Families Services

<b>Referral and Advice Team</b> <b>0207 527 7400</b>	<b>Emergency Duty Team</b> <b>0207 226 0992</b>
<b>Barnsbury</b> 222 Upper St 0207 527 7918	<b>Canonbury</b> 222 Upper St 0207 527 7320
<b>Finsbury</b> 222 Upper St 0207 527 7318	<b>Highbury</b> 222 Upper St 0207 527 7321
<b>Hornsey</b> 222 Upper St 0207 527 7917	<b>Holloway</b> 222 Upper St 0207 527 4432
<b>OTHER SERVICES</b>	
<b>Families First</b>	<b>Highbury &amp; Hornsey Families First Team</b> Holland Walk Area Housing Office 85-88 Holland Walk Islington N19 4XS Tel: 0207 527 4199 fax 0207 527 7042
<b>Families First</b>	<b>Barnsbury &amp; Finsbury Families First Team</b> St Luke's Centre, 90 Central Street EC1V 8AJ Tel 0207 / Fax: 0207 527 7042
<b>Families First</b>	<b>Holloway &amp; Canonbury Families First Team</b> 608 Holloway Road London N19 3PH <b>Tel: 7 272 6933</b>
<b>CSV (Community Service Volunteers)</b> 237 Pentonville Road N1 Tel: 0207 278 6601	<b>CAMHS (Child &amp; Adolescent Mental Health Service)</b> Northern Health Service 580 Holloway Road, N7 6LB Tel: 0207 445 8150 E: i.camhs@islington.pct.nhs.uk
<b>Family Action: Young Carers Project /Kidstime</b> 608 Holloway Road London N19 3PH Tel: 0207 272 6933	

## Appendix F: Relationship between Key Issues in Adult Mental Ill Health and the Parenting Capacity Aspect of the Framework for the Assessment of Children in Need and their Families



### Mental health

- Parent's strengths and coping mechanisms
- Nature, frequency, severity, pattern, timing and duration of MH problem
- Child's exposure to or involvement in behaviours and symptoms
- Dual diagnosis
- Supports, treatment issues, insight and compliance
- Impact on behaviour and functioning
- History

## Glossary of Terms

<b>CSC</b>	Children's Social Care
<b>ECM</b>	Every Child Matters
<b>R&amp;A</b>	Referral and Advice Service
<b>CMHT</b>	Community Mental Health Team
<b>CAF</b>	Common Assessment Framework
<b>EDT</b>	Emergency Duty Team
<b>MHSW</b>	Mental Health Social Worker
<b>CPN</b>	Community Psychiatric Nurse
<b>CLA</b>	Children Looked After
<b>AMHP</b>	Approved mental health professional
<b>CAFRF</b>	Common Assessment Framework Referral Form
<b>CIN</b>	Child In Need
<b>TAF</b>	Team Around the Family
<b>TAC</b>	Team Around the Child
<b>TAS</b>	Team Around the School
<b>ICS</b>	Integrated Children's Services
<b>CPA</b>	Care Programme Approach



In partnership with





Emma Johnson

Think Family, Programme Manager

Signature...

Date 22<sup>nd</sup> October 2010

Jackie Drury, Director of Islington  
Mental Health Service

Signature:

Date: 19<sup>th</sup> October 2010

Cathy Blair, Director,

Child Protection, Children's Services

Signature

Date 20<sup>th</sup> October 2010.

Debra Norman  
Director of Legal and HR Services

Signature

Date 1<sup>st</sup> November 2010

Reviewed and amended by Rachel Busby  
Parental Mental Health Specialist Manager  
Signature

Date 10th July 2012



