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Safeguarding Children Standards for Adult Mental Health

Date: 24 July 2015

Version: Final

Distribution:

- **Health Boards and NHS Trusts**
- **Safeguarding Children NHS Network**

Purpose of Document:

The purpose of this document is to share the standards developed to support adult mental health services in identifying service users with a parenting or caring role and ensure that professional intervention achieves safe outcomes for children.

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Review Date: 3 Years

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1. INTRODUCTION

Safeguarding and Protecting Children is a statutory function for health services and in a report produced for Welsh Government, Professor Sir Mansel Aylward identified the need for robust monitoring and evaluation in order to improve and develop health services in this respect (Safeguarding and Protecting Children, Cardiff University, 2010).

The acceptance of this view by Welsh Government and by those working within the NHS led to the development of the first quality outcomes Framework for safeguarding children.

As part of their programme of work, the Safeguarding Children Service, Public Health Wales, was asked by Welsh Government to develop and implement with Health Boards and NHS Trusts, a quality outcomes Framework for discharging their responsibilities in respect of safeguarding and looked after children. This work was supported by the Safeguarding Children NHS Network.

The aim in developing this performance Framework was to assess how well Welsh health services are contributing to the good delivery of outcomes for children and young people when carrying out their normal functions. Implementation by Health Boards (HBs) and NHS Trusts through self assessment provided valuable data to inform individual HBs and Trusts of their own performance and where possible provide an overall picture across Wales to enable the sharing of good practice, support a collective effort to develop practice and identify any gaps in practice.

2. BACKGROUND

The background to this task was as result of the Quality Outcomes Framework recommendation 6 which related to *Health professionals providing care to adult patients, give consideration to the patients' role as a carer of children*. The results identified a gap in information provided around whether all mental health assessments identified patients that were parents or carers.

The Children Act 2004 identifies children whose parents suffer from mental illness as one of the key groups of vulnerable children. Safeguarding Children: Working Together under the Children Act 2004 identifies that all health professionals working with adults need to be alert to the needs of children. They should routinely enquire about any dependent children or those children with whom the adult patient has significant contact. This highlights the importance of routinely identifying and recording if adults who use mental health services are parents or carers.

Mental illness in a parent or carer does not necessarily always have an adverse impact on a child, but it is essential always to assess its implications for any children involved in the family.

Being a parent with a mental health need, however, may be particularly challenging. Many parents are painfully aware that their disorder affects their children even if they do not fully understand the complexities. (Falkov A (1998) *Crossing Bridges*)

The Royal College of Psychiatrists states that "data indicate that 10-15% of children in the UK live with a parent who has a mental disorder and 28% of those are the children of lone parents with a mental disorder" (Parents as patients: supporting the needs of patients who are parents and their children CR 164, January 2011)

Other relevant research reviews including *Learning Lessons from Serious Case Reviews* published by Department for Children Schools and Families (DCSF) in 2010 and the Ofsted Report, *Improving Safeguarding Practice*, 2008 adds to this body of evidence. One of the key findings was adult mental health services, and other agencies working with families, not sharing key information about family circumstances early enough.

The Social Care Institute for Excellence (SCIE) produced national guidance for adult and children's mental health and social care services, working with parents with mental health problems and their children entitled *Think child, think parent, think family: a guide to parental mental health and child welfare*.

The Social Care Institute for Excellence (SCIE) was originally commissioned to work in this area following a 2004 Social Exclusion Unit report which identified parents with mental health problems as a group that was sometimes poorly served by health and social care.

3. DEVELOPMENT OF THE STANDARDS

An invite was extended to all relevant Health Board staff to attend a task and finish group to support adult mental health services in developing Wales wide auditable standards of practice to include: identification of service users with a parenting or caring role; impaired parenting capacity arising from their mental disorder and the role of the adult mental health worker in this regard.

Two task and finish groups were held in late 2014 and early 2015 facilitated by the Safeguarding Children Service with representation from staff across NHS Wales (Appendix 3).

Whilst there was a general consensus that all Health Boards routinely screen within adult services to identify which adults with mental health problems are also parents or carers, not all are able to provide this information. All in attendance were in support of developing the standards as a way of ensuring that this approach was standardised throughout Wales.

National and local documents were considered and their principles incorporated into the standards produced, in particular the *Think child, think parent, think family: a guide to parental mental health and child welfare* which highlights the impact that parents with mental health problems can have on their children.

Asking the right questions and recording which adults are parents is very important. Apart from the obvious consequences of not having this information for assessment and care planning, it's important that this information is easily available to facilitate service planning. We have included guidance for mental health professionals on some factors to consider in appendix 1.

As in all areas of safeguarding good communication is vital between professions to meet the needs of the whole family. The welfare of the child must be paramount. Where professionals suspect a child has suffered or is at risk of suffering Significant Harm as the result of commission or omission on the part of the parent or carer, the referral process must be followed.

Often a barrier to joint working is the issue of confidentiality .Where an issue of child protection is involved it is valid and lawful to share any relevant information in order to protect the child. Staff should discuss information with other team members and all areas should have access to a named professional for safeguarding.

Making sure that these standards are embedded in practice will further promote the think family agenda enabling staff to provide understanding and support based on the different needs of individual family members.

4. MENTAL HEALTH STANDARDS

As part of all mental health assessments each episode of treatment whether at an inpatient unit or in the community, the mental health professionals will:

- 1. Routinely record/confirm whether the adult being assessed is a parent or has a significant caring role for a child.**
- 2. Establish and record details of the children, the parenting arrangements and what agencies are currently involved.**
- 3. Following assessment professionals should routinely inform midwifery, health visiting or school nursing service as appropriate. If the initial referral was not from the GP, primary care should be notified of any concerns which may impact upon an adults parenting or caring capacity (appendix 1). Reassess at each further contact.**
- 4. Referral process must be followed in line with the All Wales Child protection Procedures. Where professionals suspect a child and/or unborn child has suffered or is at risk of suffering Significant Harm as the result of commission or omission on the part of the parent/carer, the referral process must be followed. An appropriate child protection referral should not be delayed, for example, because a diagnosis has not yet been made in relation to the adult (see flow chart appendix 2).**
- 5. Professionals working within adult mental health services must ensure that their care planning includes explicit details about issues and interventions required to help their clients in their parenting role. Consideration must be given to the adults' role as a parent and the impact of their mental ill health on their parenting capacity and subsequently on their children. This should also consider the wishes and feelings of the child regarding the parent's illness.**
- 6. Where there are issues about children's welfare, discharge plans must involve and be agreed by all professionals working with the family. Discharge planning needs to be robust to ensure that the child's physical and emotional needs are met.**

7. The needs of children should be explicitly considered within the planning processes. Where there are concerns about service users' ability to care for their children due to their mental state, and following referral, Children's Services should be invited to attend meetings.

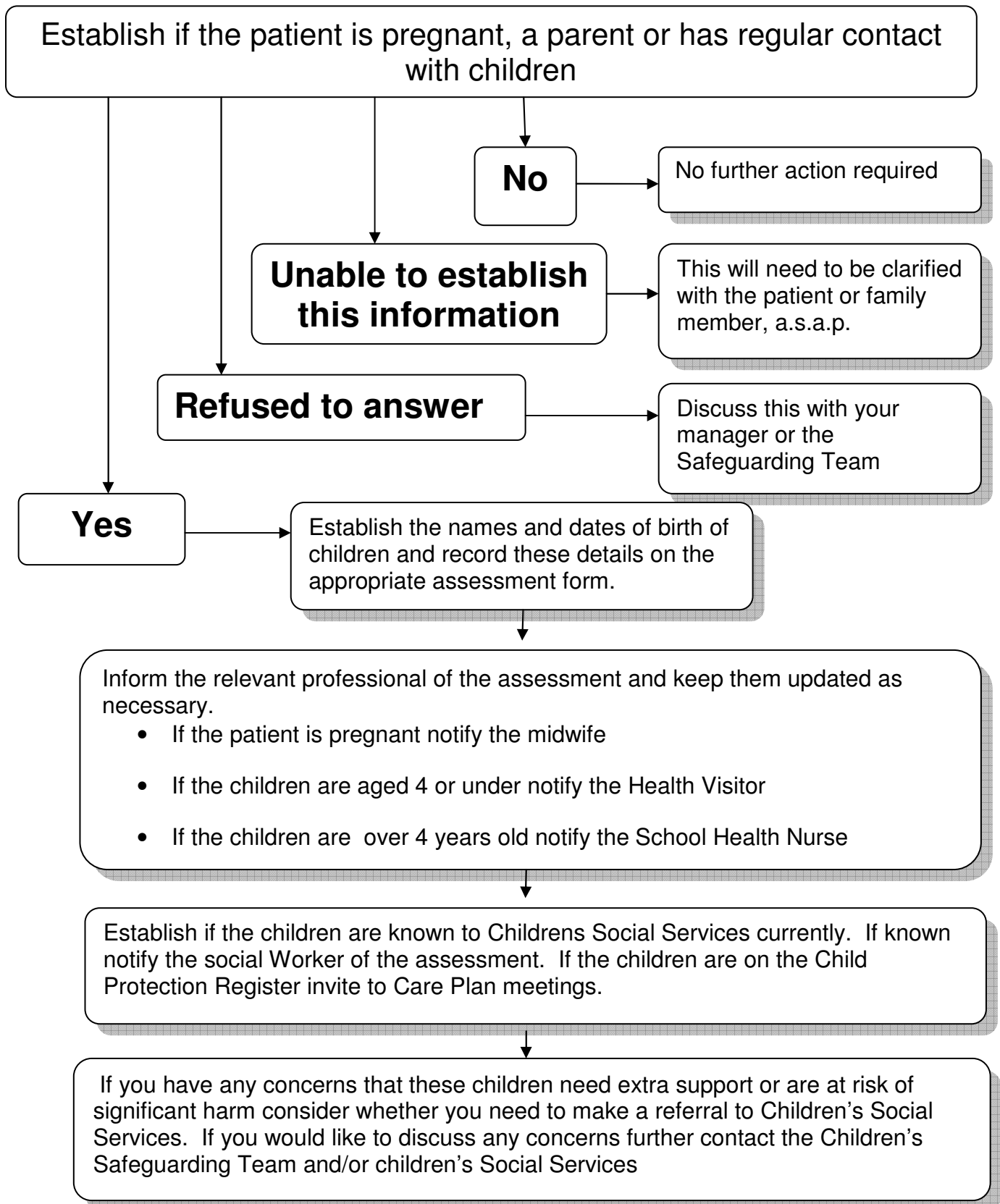
APPENDIX 1

An assessment of risk should consider the following factors:-

- Psychotic beliefs particularly if involving the child or unborn baby.
- The potential for the parent to harm the child or unborn baby as part of a suicide plan.
- Persistent negative views expressed about a child or unborn baby, including rejection.
- Ongoing emotional unavailability, unresponsiveness and neglect, including lack of praise and encouragement, lack of comfort and love and lack of age-appropriate stimulation.
- Inability to recognise a child's needs.
- Ongoing hostility, irritability and criticism of the child or adolescent, inconsistent and/or inappropriate expectations of child.
- Parent-child boundaries.
- Serious neglect of the child.
- Any history of domestic violence.
- Ongoing use of a child to meet a parent's own needs.
- Any aspect of their presentation that effects their ability to prioritise their children's needs first.
- Distorted, confusing or misleading communications with a child.
- A history of issues with regard to safeguarding adults.
- parent's obsessional cleaning/contamination rituals, or a child kept at home due to excessive parental anxiety or agoraphobia.
- Any history of substance misuse by parent(s), visiting family members or friends or carers.
- Any history of significant personality disorder in a parent/carer.
- Side effects of medication which could impair ability to look after the child.
- Poor engagement with services.
- History of poor compliance with medication.

APPENDIX 2

SAFEGUARDING CHILDREN FLOWCHART FOR MENTAL HEALTH SERVICES



Adapted from a chart devised by Cardiff and Vale University Health Board

APPENDIX 3**Membership of the Task and Finish Group**

Angela	Lodwick	Head of Specialist CAMHS(Hywel Dda UHB)
Angela	Wragg	Specialist Nurse Safeguarding Children Powys Teaching HB
Claire	Humphries	Lead Nurse Safeguarding Children (Cardiff and Vale UHB)
Diane	Davies	Clinical Service Manager Mental Health (ABM ULHB)
Helen	Osullivan	Senior Nurse Manager Community Mental Health Services (Cardiff and Vale UHB)
Janet	Evans	Designated Nurse Safeguarding Children Service
Malcolm	Jones	Service Manager Mental Health (ABM ULHB)
Matthew	Reynolds	Ward Manager Adult Psychiatry (Aneurin Bevan UHB)
Michelle	Denwood	Deputy Director of Nursing and Safeguarding. (BCUHB)
Nigel	Farr	National Safeguarding GP Public Health Wales

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