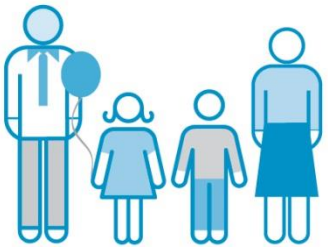
city & hackney safeguarding children board

Joint Service Protocol to meet the needs of children and unborn children whose parents or carers have additional needs



City of London Corporation

CITY OF LONDON

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Contents

1 Introduction

1.1 This protocol is a joint initiative of the City of London Safeguarding Children Executive Board and the City of London Safeguarding Adult Sub-Committee. It applies equally to all agencies in the City of London that work with adults with additional needs who are parents, are about to become parents, or are an adult who has significant involvement in a child's life.

1.2 The City of London Safeguarding Adult and Safeguarding Children Boards are committed to working together to ensure that early help is provided to support these adults to look after their children safely. This commitment is set within the context of the responsibility of all agencies to safeguard adults at risk and the paramount responsibility to protect and promote the welfare of the child.

2 A note on Terminology

2.1 The word capacity has two distinct meanings dependent on the context within this document:

Parental capacity, as defined by Government Framework document (2000):

Parenting capacity is defined as 'the ability of parents or caregivers to ensure that the child's developmental needs are being appropriately and adequately responded to, and to [be able to] adapt to [the child's] changing needs over time. This includes providing for the child's basic physical needs, ensuring their safety, ensuring the child's emotional needs are met and giving the child a sense of being specially valued, promoting the child's intellectual development through encouragement and stimulation, demonstrating and modelling appropriate behaviour and control of emotions, and providing a sufficiently stable family environment'.

Mental capacity as defined under the Mental Capacity Act 2005:

There is an assumption that all adults have capacity to make decisions. Apart from when a specific assessment process has led to the conclusion that a person is unable to make a specific decision at a specific time.

3 Framework: summary, aims and principles

Summary

3.1 All agencies in the City of London are committed to taking action to promote the welfare of children and protect them from harm in accordance with Working Together to Safeguard Children 2015 (see Appendix 7).

3.2 As many of the children of parents with additional needs are likely to require additional support from agencies across universal, targeted and specialist services, this protocol focuses on identifying these needs at an early stage.

3.3 This protocol sets out:

i. key questions that all practitioners must ask in their work where their service users or patients are parents or are in contact with children
ii. clear guidance about the pathways for children who need safeguarding or additional support
iii. guidance for the City of London Corporation Children and Families team about when to access additional support for adults who are or may be in need of community care services.

3.4 This protocol applies in situations where parents or significant others in a child's life have additional needs that may have an impact on the child. For the remainder of this document, the term 'parent' includes significant others.

3.5 Parents with additional needs could be those that have:

- mental health problems
- problematic dependency on substances
- a learning disability
- a physical disability.

3.6 Such parents will have distinct needs and some parents will have more than one additional need or diagnosis if already linked to services (for example, a mental health difficulty and dependency on alcohol and or substances). The Care Act 2014 includes older people as those that may be in need of community care services. While there may be concerns and or additional support needed when older people are caring for children, age alone should not be a reason for concern.

3.7 Many parents with additional needs can also be economically deprived and some groups of people with additional needs may be at more risk of domestic abuse. Economic deprivation and domestic abuse will have a negative impact on any individual's

ability to parent successfully and can have a significant impact when the family includes adults with additional needs. Professionals will need to be aware of the pathways for referral, assessment and support in respect of abuse and its impact upon children and young people, as set out in the Thresholds of Needs document.

Aims

3.8 The protocol aims to:

- identify children who may be affected by adults with additional needs and ensure good quality and early support for them and their families
- identify adults with additional needs that practitioners working with children come into contact with; and equip those staff to appropriately signpost or refer those individuals
- improve communication and joint working between practitioners and services responsible for supporting children, and services responsible for supporting adults with additional needs.

3.9 It guides practitioners on how to simultaneously:

- fulfil their statutory duty to safeguard and promote the welfare of the child
- support and safeguard adults with additional needs
- act in a non-discriminatory manner
- meet their obligation to respect private and family life.

3.10 The protocol recognises that there may be occasions when these responsibilities are not compatible. In these situations, the welfare of the child is paramount. There must, however, be evidence that every effort has been made to meet all responsibilities as far as possible and that decisions are transparent, fair and demonstrably proportionate to the identified risks.

Principles

3.11 The principles below underpin the development of good practice in the support of families affected by disability or ill health:

i. The welfare of the child is of paramount importance and all agencies working or in contact with children in the City of London have a responsibility to safeguard and promote children's welfare.
ii. Children's needs are usually best met by supporting their parents to look after them unless it is unsafe to do so.

iii. Agency responses should address the needs of parents and children in the context of the whole family.
iv. Professionals should respect and support the private and family lives of parents who have additional support needs.
v. All workers and agencies need to build trusting and effective relationships with parents and children whilst also being clear about the possible consequences of non-compliance with agreed case plan goals.
vi. Support needs should be addressed by enabling parents to access universal and community services wherever possible and appropriate, and, where necessary, the timely provision of specialist assessments and services.
vii. All agencies will commit to effective multi-agency and holistic multi-disciplinary working and information sharing to reduce the risk to children.
viii. Services primarily in contact with the adults must consider the needs of children in their life and how those children can be supported to achieve their full potential.
ix. Services primarily in contact with children must take into consideration the additional needs of the adults in the children's lives.

4 Legislative and Local Framework

4.1 This protocol is written within the framework of national legislation and guidance, regional policy and procedures and local policies, as set out in Appendix 4.

5 Diversity

5.1 Diversity should be valued and fully considered in agency responses. However, cultural factors neither explain nor condone acts of commission or omission, which cause a person to be placed at risk or harmed. Anxiety about possible accusations of oppressive practice should never prevent necessary action being taken to protect a child or vulnerable adult.

6 The Protocol

When to use this protocol

6.1 This protocol applies in situations where parents in a child's life have additional needs that may have a negative impact on the child.

Who must follow this protocol

6.2 This protocol applies to professionals, staff and volunteers in directly managed and commissioned services who work with:

- adults with additional needs who are parents or carers
- adults with additional needs who have contact with a child or children; for example, siblings, lodgers, family visitors, babysitters or child minders
- children or young people who have parents with additional needs
- children or young people who have significant contact with adults with additional needs
- pregnant women and their partners with additional needs.

What this protocol covers

6.3 This protocol covers:

- measures available to support families
- measures that must be taken to raise a concern about or to protect children
- measures that must be taken to safeguard adults at risk
- considering and meeting the needs of children/young people who are carers
- joint working through:
    - appropriate information sharing
    - joint assessments of need
    - joint planning and professional trust within the inter-agency
    - networking
    - joint action in partnership with families.

7 Practice

Taking immediate action to protect a child or adult at risk

Where there is imminent risk to the child and or to the adult:
Contact the Police on 999.

If there appears to be need for urgent medical attention:
Contact the London Ambulance Service on 999.

Be mindful of your own safety and follow your agency's procedures for safe/lone working.

Children – professional responsibilities for identifying when children's welfare or safety is at risk

7.1 This section covers practice in relation to children – identifying the needs of children where the parent or carer has additional needs.

7.2 All professionals who come into contact with children, their parents and families in their everyday work must have regard to the need to safeguard and promote the welfare of children. This applies even if the professional is not a children's social care practitioner or a designated or named safeguarding professional.

7.3 Any professional who comes into contact with an adult or pregnant woman with additional needs must consider if the additional need is, or could be, impacting on the ability of the adult to care for and safeguard the child.

7.4 When you are concerned that a child or young person is at risk of being harmed or abused, you must follow the Pan-London Child Protection Procedures. A Multi Agency Referral Form (MARF) must be completed and sent to the Children and Families Team. If you are uncertain about whether a case should be referred, you should speak to the Duty Social Worker on **020 7332 3621/1620/1909.**

How to recognise when additional support is needed for the adult/parent to care for a child/children

Screening question

i. Does the adult/parent have (or be likely to have) dependent children or close contact with children (for example, babysitting, after school care, present in the same household etc)?

7.5 If a professional has concerns that an adult they are working with has additional needs that might be impacting on their ability to care for their child, the following screening questions (7.7) must be considered by the professional as they will assist them in forming a judgment about whether or not they should refer those concerns to the Children and Families Team to initiate a multi-agency response.

7.6 The questions are intended as a guide and are not intended to create a barrier to referral. If the professional has concerns and wishes to discuss these with someone else, they can call the

Children and Families Team on **020 7332 3621/1620/1909**. The team duty email address is: **DCCSDutyF&YPTeam@cityoflondon.gov.uk**

7.7 In emergencies outside office hours, the Emergency Duty Team can be contacted on: **020 8356 2710**.

Screening questions relating to the child or children

i. Are there any concerns about the child/young person's wellbeing or safety?
ii. Is the child healthy and registered with a GP?
iii. Is the child attending school or nursery, if appropriate?
iv. What are the normal daily routines and to what extent, if any, does the adults' additional needs disrupt these and prejudice the child's healthy physical and emotional development?
v. To what extent, if at all, is the child or children caring for their parents/the adults?
vi. If you did not know that the parent/carer had these additional needs, would you still be concerned for the child?

Screening questions relating to the adults

i. Does the person's additional needs impact on their ability to meet the needs of any children they look after?
ii. Has the family recently moved from another area? What if any professional agencies were they involved with there? 1
iii. Is the adult with additional needs subject to, or at risk of, harm or abuse?
iv. Does the adult need additional support, apart from support required to enable them to parent/care for a child?

Screening questions relating to visitors

i. Does the behaviour of a regular visitor/ relative with additional needs adversely affect or appear to adversely affect the child's welfare?

The referral pathway for raising concerns about a child to other services

[1] Check for any history of any statutory agency involvement such as probation, health or social care intervention in that area

7.8 If the questions above alert the professional to adult issues that may be impacting on the child, they should make an appropriate referral to Children and Families Team.

7.9 Referrals to services about a child typically fall into three categories:

- Early help.
- Child in need – Section 17 referrals.
- Child protection – Section 47 referrals.

7.10 The City of London Corporation Thresholds of Need provides a comprehensive guide to the thresholds for intervention according to the three categories above and should be referred to for more detailed advice. This document sets out the level of need that professionals should consider if they are concerned that a child might be in need of additional support or at risk of suffering significant harm.

7.11 Staff in the City of London Corporation Adult Social Care (ASC) Team will need to consider the thresholds tool to help determine whether there is a requirement to refer to the Children and Families Team. In considering this, and given the co-location, a conversation between the teams, to help determine if a threshold has been met, would be expected. However, this **must** always be followed up by a clear application and recording of the referral requirements using the Multi Agency Referral Form (MARF), if the threshold has been met. If threshold has not been met, this should be recorded on the Adult file.

7.12 Where a case is assessed as requiring Early Help, a Common Assessment Framework (CAF) will need to be completed. The CAF form is the agreed assessment tool in the City of London by which professionals can establish what elements of the child's life might be affected and refer these for early intervention or social care response.

7.13 The Children and Families Team Manager will make a decision on receipt of the referral, in line with the City of London Corporation Thresholds of Need document. The referring practitioner will be notified of the outcome of the referral and invited to any subsequent meetings/discussions.

8 Adults

8.1 This section covers practice in relation to adults with additional needs who are parents. It covers supporting them in their role as parents and safeguarding them from harm.

Supporting the adult(s) with additional needs

8.2 There may be some circumstances where Children's Services are working with a family when there appears to be the need for additional support for the adult that may not be directly related to their capacity to parent/care for the child or keep the child safe.

8.3 In these situations, staff should signpost the adult with additional needs to support services as detailed in the contact list (within Appendix 8) and/or encourage them to seek an assessment through the Adult Social Care, including, if applicable, mental health services.

8.4 The Adult Social Care (ASC) Team has a duty to assess adults who they believe may be in need of support but not a duty to provide services. They will, however, provide services to people who have met the Care Act eligibility criteria which includes people who have been abused.

8.5 Where a practitioner has any concerns, they should contact the ASC Duty Social Worker.

Safeguarding adult(s) at risk

8.6 Any member of staff who believes that an adult with additional needs is at risk or is being abused has a duty to discuss their concern with their manager. This is irrespective of whether they are working with the adult or child.

8.7 If a Children and Families worker wants to make a referral to ASC, they would be expected to discuss this with the Duty Social Worker in ASC and to complete a Multi Agency Referral Form (MARF).

8.8 The MARF should be emailed to the Duty Social Worker: **adultsduty@cityoflondon.gov.uk**

8.9 The Duty Social Worker will discuss the case with the Senior Practitioner or team manager to establish whether the parent/carer is known to the ASC team already and will undertake checks with the GP regarding primary care mental health support, such as Increased Access to Psychological Therapies (IAPT) and City and Hackney Adult Mental Health Point of Entry (CHAMPHE) through:

The Junction
Centre for Mental Health

Homerton Hospital, Homerton Row
E9 6SR
Tel: 020 8510 8100

8.10 The case will be allocated to the Adult Mental Health Practitioner (AMHP)/Social Worker in the team. The AMHP and the Children and Families worker will liaise and discuss the family and any known risks.

8.11 In most circumstances the consent of the adult must be obtained before referring the matter as a safeguarding adult concern.

8.12 Situations where a referral should be made without the consent of the adult being obtained are as follows:

- when the needs of a child are considered 'acute' in line with the City of London Corporation Thresholds of Need and there are considered grounds to override consent to protect a child
- when a crime or potential crime has been committed
- when there is a risk to other people
- when the professional believes they need to make a best interest decision to make a referral under the provisions of the Mental Capacity Act[2].

[2] See Appendix 6

9 Specific Situations

Assessing and supporting pregnant women with additional needs

9.1 All agencies are responsible for identifying pregnant women with additional needs who may be in need of specific services and support.

9.2 The principles of good maternity care should equally apply to pregnant women irrespective of other needs that are present.

9.3 The overall objective of identification of any pregnant woman's additional needs over and above the pregnancy itself is to ensure the well-being of both mother and child and to enable the baby to be safely discharged from hospital into the care of the mother, wherever possible.

9.4 Pregnant women with additional needs may need practical advice and support in particular during the later stages of pregnancy and following the birth of their baby. Pregnant women with problematic substance use and mental health problems will need specific physiological support and guidance both during pregnancy and as nursing mothers. Professionals working with this group of women must be familiar with the more detailed guidance on providing this support which is contained in the client group specific sections before intervening[3].

9.5 Where the need for referral to Children's Social Care Services is unclear, this must be discussed with a line manager or professional advisor before being referred to the appropriate service. If a referral is not made, this should be clearly documented within the agency's case management system. Staff must ensure all decisions and the agreed course of action are signed and dated.

9.6 When professionals identify a pregnant woman with additional needs who may need additional support to parent, a CAF must be completed to help decide whether further assessment of the child's potential needs should be undertaken and thus determine the services required. If it is clear that the mother is likely to have difficulties in safeguarding and promoting the welfare of her baby, a referral should be made to the Children and Families Team.

[3] See appendices on additional needs.

Children as carers of adults with additional needs

9.7 Consideration must always be given to the child/young person's role as a carer. Children of adults with additional needs may be taking on inappropriate caring roles. An assessment of their needs should be undertaken. They can be provided with support, including emotional support, to undertake their role.

9.8 In some cases, the demands for caring for adults with additional needs can affect the welfare of the child/young person. In these cases, close joint working across Adult and Children Services, across all relevant statutory and voluntary agencies to support the family, should be undertaken.

10 Appendices

Appendix 1: Specific Additional Needs – Parents with a Learning Disability

Definition of learning disability

The term 'learning disability' is the term most commonly used in the UK. Other recognised terms for learning disability include:

- intellectual disability
- mental impairment
- developmental disability.

Learning disability is identified by[4]:

- a significantly reduced ability to understand complex information or learn new skills[5]
- a reduced ability to cope independently, often described as impaired social functioning
- a condition which started before adulthood (18 years of age) and has a lasting effect.

It is generally considered that all three factors described above must be present for a definition of learning disability to apply.

The right support and intervention can improve functioning for people with learning disabilities, but it is unlikely to improve functioning for the person concerned to such a degree as to be equivalent to adults not diagnosed as having a learning disability.

Learning Difficulties

People with learning impairments, such as Dyslexia, ADHD or Dyspraxia, are described as having a learning difficulty. These people may have experienced difficulties in education and have limited literacy as adults but with the right support they are able to learn and function equally to their peers.

Around 7% of adults with a learning disability are parents, but most have a mild to borderline impairment, which may make it difficult to identify them as they will not have a formal diagnosis.

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[4] Valuing People, DH, 2001

[5] Impaired intelligence is measured as an IQ below 70 (British Psychological Society, 2000)

Around 40% of parents with a learning disability do not live with their children. The children of parents with a learning disability are more likely than any other group of children to be removed from their parents' care.

Prevalence of Learning Disability

The Government does not keep national data on the numbers of people who have a learning disability but there is an assumed prevalence rate of 2% of the general population. This would suggest that approximately 1486 people have a learning disability within the City of London.

Adult Social Care (ASC) is normally only involved in the lives of people with severe or profound learning disability. In the City of London, there are 137 adults receiving a care package from ASC. This means that there will be approximately 135 adults living in the City of London with a learning disability who are not known to Adult Social Care Services.

Thirty to fifty per cent of children whose mothers have a learning disability are at risk of poorer development, compared to children from similar socio-economic groups. They are no more likely to be born with a learning disability, but they are more likely to have developmental delays, lower IQ and behavioural problems.

The impact of learning disability on the capacity to parent/care for a child

The existence of learning disabilities on the part of parent(s) or carer(s) should not be a reason for considering a child to be at risk of significant harm or to initiate child protection procedures, nor to automatically consider them to be a child in need.

Nevertheless, parental learning disability is a factor to be carefully considered when assessing the parenting skills and elements of risk to a particular child.

Some parents with learning disabilities might have reduced capacity to care for children either in the short or longer term to a degree that has a negative impact on the child's safety, security, health or development. In most cases, additional support provided at an early stage can support parents in caring for their children safely.

Sometimes adults with learning disabilities become unable to care for their children or to act in a child's best interest. In these situations, support and multi-disciplinary action is required to prevent significant harm.

Issues in pregnancy

People with learning difficulties are often seen as childlike and face opposition to their desire to parent or dismay at the announcement of a pregnancy; some parents face pressure for an abortion.

One third of pregnant woman with a learning disability report moderate to severe levels of stress, anxiety and depression and this possibility needs to be considered when working with women with learning disabilities particularly as it may impact on how they present.

The babies of mothers with learning disabilities are at increased risk of poor birth outcomes, including: premature birth (28%) and low birth-weight (22%).

Issues for antenatal care and education

Women with learning disabilities may not understand or remember the standard information given out to pregnant women and be unprepared for labour and birth.

Some women with learning disabilities may avoid maternity care because 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.

Antenatal education is vital for parents with a learning disability as they need time to develop and practice their skills and confidence as parents. Most parents with learning difficulties do not access mainstream antenatal classes and might benefit from tailored classes or individual antenatal education.

Good quality antenatal care for people with learning disabilities includes:

- extra time and support for appointments
- the opportunity to have information repeated – there should be opportunities to try out practical skills more than once and example role play and modelling
- information about pregnancy and birth choices and about parenting that is presented in an accessible form – highly visual and written in plain English
- involvement of family carers and advocates
- understanding the complexity of consent issues
- liaison with other agencies involved with them

Additionally, care should be facilitated by someone with a positive attitude to people with learning disabilities.

Issues for parenting

- Childcare skills can be taught through behavioural modelling, using visual manuals and audio taped instructions, and using simple behavioural instructions.
- Parents learn more effectively where they are given praise and feedback, and where complex tasks are broken down into simpler parts.
- Parents with a learning disability face extra scrutiny of their parenting ability, but often receive inconsistent advice from different professionals on what constitutes good parenting.
- Parents with a learning disability may be reluctant to ask for support with parenting issues because of fears that this will raise child protection concerns.
- Comments made by health professionals can be taken at a literal level and therefore the tone may be misunderstood: it is important to avoid jargon and idiom.
- Written resources need to have: pictures and colour, a few simple words on a page, clear ordering of information, pictures containing only one item at a time.
- Parents with learning disabilities may be too shy to ask questions or say when they don't understand and may be afraid to ask for help with parenting in case that triggers the removal of the child.
- Parents with learning disabilities may need the same information to be repeated several times.
- Parents with learning disabilities are well aware when they are being patronised.

Parents with learning disabilities – when assessing their ability to parent:

- Give clear information and explanations of any concerns about their children's welfare and the processes in which they are involved.
- Take proactive intervention as early as possible in pregnancy or babyhood.
- Undertake a competency-based assessment of skills and strengths and of the support required.
- Encourage positive family support, where this is appropriate.
- Ensure co-ordinated multi-agency support led by a key

worker or lead professional with support from honest, consistent and trusted workers.
- Work from a position of trust and enable parents to overcome the barriers in their lives, such as poor housing and low self-esteem.

Methods to support parents with learning disabilities

- Identify parents with learning disabilities.
- Provide appropriate antenatal support.
- Assess parents' support needs.
- Help parents acquire the skills and knowledge they need.
- Provide the right support.
- Help parents to access parenting groups.
- Help parents to engage with other agencies.
- Promote multi-agency working.
- Provide advocacy.
- Involve child protection and the courts.

Appendix 2: Specific Additional needs – Parents with Substance Misuse Issues

Substance misuse by parents

This protocol sets out:

- key questions that all practitioners working with adults who have substance misuse issues must ask in their work where their patients or service users are parents or have significant contact with children
- clear guidance about the pathways for children who need additional support or safeguarding
- guidance for professionals who work with children about when to access additional support for adults who have substance misuse issues.

Context

Substance misuse by a parent(s) in itself should not be a reason for considering a child to be at risk of significant harm or to initiate child protection procedures. Nevertheless, substance misuse by parents is a factor to be carefully considered when assessing the parenting skills and elements of risk to a particular child. Enduring and/or severe parental substance misuse can have serious implications for the safety and well-being of children, particularly when it is combined with other factors such

as parental mental ill health and/or domestic violence. If it is clear that there are child protection issues, existing child protection procedures should be followed.

The term 'parent' as used within this document will refer to pregnant women and parents or carers who misuse substances. However, this protocol also applies to any significant adult who lives in or regularly visits a household where there are children living.

Definition of substance misuse

The term 'substance' as used within this document will refer to alcohol, over the counter medicines, solvents, prescribed and illegal drugs.

It is important for all workers to be aware that the term 'substance misuse' can cover a range of usage from minor recreational through to more serious misuse and physical and psychological dependence. Therefore, there is a need for careful analysis of an individual's own use with the emphasis remaining on how that misuse impacts on their pregnancy and/or the care of their children. When using the term 'substance misuse', this document generally refers to problematic use.

Risk indicators that could lead to a referral

Any of the following parental risk factors justify immediate referral to Children's Social Care Services for an initial assessment to determine whether a child has suffered, or is at risk of suffering, significant harm. Children's Social Care Services will decide if they should hold a strategy meeting following receipt of the referral.

Please note this list is not exhaustive:

- Where the substance misuse is affecting the parent's practical caring skills, perceptions, attention to basic care needs and supervision which may place the child in danger. (for example, getting out of the home unsupervised)
- Where the parents are experiencing mental states or behaviour that put children at risk of injury, psychological stress (for example, absence of consistent emotional and physical availability), inappropriate sexual and/or aggressive behaviour or neglect (for example, no stability and routine, lack of medical treatment or irregular school attendance).
- Where children are considered particularly vulnerable from parental drug withdrawal.
- Where the risk is combined with evidence of mental ill health, domestic violence or both parents are misusing

substances.

- Where there is reduced money available to the household to meet basic needs (for example, inadequate food, heat and clothing, problems with paying rent that might lead to household instability and mobility from one temporary accommodation to another).
- Where children are exposed to unsuitable friends, customers or dealers.
- Where substance misuse and offending behaviour is normalised and children are introduced to using substances themselves.
- Where storage of injecting equipment, drugs and alcohol is unsafe (for example, methadone stored in the fridge or in an infant feeding bottle).
- Where a child is exposed to contaminated needles or syringes.
- Where parents are involved in criminal activity and children are at risk of separation.
- Where children experience loss and bereavement associated with parental ill health and death
- Where parents attend inpatient hospital treatment and rehab programmes.
- Where children are, as a consequence of parental drug misuse, socially isolated (for example, impact on friendships) and at risk of social exclusion (for example, living in a drug using community).
- Where children may be in danger of travelling as a passenger in a car driven by an intoxicated carer.
- Where the child is showing signs of impaired growth, development or has mental health or behaviour problems, including alcohol, substance misuse and self-harming behaviour.
- Where the child is a target for parental aggression or rejection.
- Where the child may witness disturbing behaviour arising from parental substance misuse (for example, increased risk of overdose, uninhibited behaviour, violence).
- Where parents are showing non-compliance with treatment, reluctance or difficulty in engaging with necessary services, or lack of insight into impact on the child.

Substance Misuse and Pregnancy

Most women with substance using problems are of childbearing age (Department of Health, 1997). In 1993, a survey of NHS maternity units in

England and Wales found that over 11% of the total number of notified female substance users had given birth.

All women should be asked about their use of prescribed and non-prescribed drugs, legal and illicit, tobacco and alcohol as part of routine enquiries about medical conditions.

They should be fully informed about the risks to themselves and the baby of all drugs and substances taken during pregnancy by professionals able to give evidence based on contemporary information.

This needs to be done with sensitivity so that the woman is not deterred from seeking help, even if she continues to misuse substances.

On no account should a pregnant woman dependent on drugs or alcohol be told to immediately stop using, as too rapid a withdrawal may harm the baby or cause a miscarriage or premature labour even where the mother feels reasonably well.

Furthermore, the additional social and emotional stresses caused by pregnancy may make it an unrealistic time to achieve complete abstinence, particularly if a partner is still using and there is risk of relapse which could be harmful to the baby.

However, this may be a window of opportunity for the mother to withdraw and stay off substances provided it is done in a closely supervised way, and wherever possible, in a specialist antenatal setting.

Almost all drug services operate a fast-track referral and treatment system for substance-using pregnant women. If the woman's partner also misuses substances, he/she should be encouraged to receive treatment as well, as this increases the chances of the woman controlling her substance misuse during pregnancy.

When adult services identify a pregnant woman with substance misuse issues, a referral to the Children and Families Team must be completed, either through a Common Assessment Framework (CAF) or Multi Agency Referral Form (MARF), to help decide whether further assessment of the child's potential needs should be undertaken.

Additionally, and with her consent, she should be referred to the family's substance misuse worker based at the Westminster Drugs Project and encouraged to engage with their services to reduce harm to herself and her baby.

If it is clear that the mother is likely to have difficulties in safeguarding and promoting the welfare of her baby, a referral should be made to Children's Social Care Services using a MARF, when a pre-birth assessment must be undertaken.

Guidance on pre-birth assessments are contained in the London Child Protection Procedures:

www.londonscb.gov.uk/procedures/london_child_protection_procedures_chapters.html

A referral should be made as soon as concerns are identified, to enable Children's Social Care to have the time to carry out an assessment and organise a pre-birth conference ten weeks before the expected date of delivery, if deemed necessary.

Women with substance misuse problems are more likely to give birth prematurely and professionals should take this into account in making safeguarding plans.

Appendix 3: Specific Additional Needs – Mental Health Issues

All children, even very young children, are sensitive to the environment around them. Thus, their parents' mental state has an impact on them. In this context, all children are vulnerable when a significant adult in their lives has a mental health problem.

Children in such families are vulnerable both on account of their parents' mental health and because of secondary factors that can accompany any chronic illness. Examples are low income, poor housing and neighbourhood, stressed family relationships and societal prejudice. Parents with mental health problems need to be encouraged and enabled in their parenting without fear of prejudice.

In some cases, children and young people themselves can be identified as being young carers who are entitled to an assessment under the Children Act 1989 and Carers (Recognition and Services) Act 1995.

Guidance for professionals working with pregnant women with mental health problems

All agencies are responsible for identifying pregnant women with mental health problems who may be in need of additional services and support. Pregnant women with a previous history of mental health problems are particularly vulnerable to breakdown during the later stages of pregnancy and following the birth of their baby.

When an agency identifies a pregnant woman experiencing mental health problems, an assessment must be undertaken to determine what services she requires. This must include gathering relevant information from the GP, Adult Social Care Mental Health Services and Children's Social Care Services, in addition to any other agencies' involvement to ensure that the full background is obtained about any existing or previous diagnosis, or treatment for mental illness. This is especially important where service awareness of earlier births may need to be clarified particularly from social care, in the case of previous children or those not born in the UK.

Where this assessment identifies that a pregnant woman has mental health problems and there are significant concerns, a pre-birth assessment must be undertaken. Guidance on pre-birth initial assessments is provided in the current London Child Protection Procedures: www.londonscb.gov.uk/procedures/london_child_protection_procedures_chapter s.html.

Where the need for referral is unclear, this must be discussed with a line manager or professional adviser and/or safeguarding lead/advisor

before referring to the appropriate services. If a referral is not made, this must be clearly documented. Staff must ensure that all decisions and the agreed course of action are signed and dated.

The outcome of the pre-birth assessment will determine whether there are sufficient concerns to warrant a pre-birth child protection conference.

A pre-birth initial assessment may be undertaken on pre-birth referrals and a professionals' strategy meeting held where:

- there has been a previous unexplained death of a child whilst in the care of either parent
- there are concerns about domestic violence
- a family member or partner is a person identified as presenting a risk to children
- a sibling/child in the household is the subject of a child protection plan
- a sibling/child has previously been removed from the household either temporarily or by court order
- the degree of parental substance misuse in itself, or combined with mental illness, is likely to significantly impact on the baby's safety or development
- the degree of parental mental illness/impairment is likely to significantly impact on the baby's safety or development. This includes mental illness where a baby or unborn is the subject of abnormal or unusual ideas or attributions
- there are concerns about parental ability to self-care and/or to care for the child (for example, an unsupported young person or a mother who has a learning disability
- any other concern exists that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child.

Identifying children in need of protection who are at risk of significant harm

Any of the following parental risk factors justify immediate referral to Children's Social Care Services for an Initial Assessment (or strategy meeting depending on the urgency and severity) to determine whether a child has suffered, or is at risk of suffering, significant harm.

Please note, this list is not exhaustive:

- Where the child features within parental/patient delusions or is involved in the parent's delusions or is involved in the parent's obsessional compulsive

behaviours.

- Where the child is a target for parental/patient aggression or rejection.
- Where the child may witness disturbing behaviour arising from mental illness (for example, self harm, suicide, uninhibited behaviour, violence, homicide).
- Where a child is neglected physically and/or emotionally by an unwell parent/carer.
- Where a child does not live with a parent with a mental health problem but has contact (for example, formal unsupervised contact sessions or the patient sees the child in visits to the home or on overnight stays).
- Where a child is at risk of severe injury, profound neglect or death.
- Where parents are prone to altered states of parental consciousness (for example, splitting/dissociation, misuse of drugs, alcohol, medication).
- Where parents are showing non-compliance with treatment, reluctance or difficulty in engaging with necessary services and lack of insight into illness or impact on the child.
- Where parents have mental health problems combined with criminal offending (forensic).
- Where the parent has a disorder designated 'untreatable' either totally or within timescales compatible with the child's best interests.
- Where the pre-birth assessment of women who have history of mental illness, or who are experiencing a mental disorder, suggests that there are concerns about the impact of such conditions on an unborn child, or a woman's ability to meet the child's needs once born.
- Where there are parents or carers who are exhibiting signs of mental illness, or who are already the subject of a continued psychiatric assessment, where there are concerns surrounding the impact on a child's wellbeing.
- Where there are concerns about domestic abuse.
- Where a family member or partner is a person identified as presenting a risk to children.
- Where there are children who have been the subject of previous child protection investigations, a child protection plan, local authority care or alternative care arrangements.
- Where there have been previous consecutive referrals to social care concerning parents, carers and their children.
- Where there are urgent concerns as a result of parents or carers being assessed under the Mental Health Act.

- Where there are parents or carers with significant mental health problems who are struggling to care for a child with a chronic illness, disability or special educational needs.
- Where there are children who are caring for parents or carers with mental health problems (see London Child Protection Procedures 5.47 Young Carers): www.londonscb.gov.uk/procedures/london_child_protection_procedures_chapter s.html
- Where there are children with significant social, educational or health needs (for example, non-attendance at school or nursery, lack of involvement with other statutory or primary care services).

When there are concerns that the parent or carer is exhibiting signs of mental illness and is not known to Adult Social Care Mental Health Services, a decision should be made about whether a referral should be made to the City of London Corporation Adult Social Care mental health services.

A referral for an initial assessment to mental health services should always be made if there is a statement or behaviour from a client that raises concerns or indicates a risk to self or others, including children. As far as possible, these concerns should be discussed with the client unless it increases the risk to the child, parent or professional. A referral should always be discussed with your line manager. Advice can be sought from the City of London Corporation Adult Social Care Mental Health Services and or the designated/lead safeguarding professionals.

Contact with the GP and City of London Corporation Adult Social Care Mental Health Services is essential to ensure that the full background is obtained regarding any existing or previous diagnosis of mental illness and information about previous or current treatment to aid your decision-making regarding any further input from mental health services.

If there is an immediate danger to the client or others, including a child, the police must be contacted.

Staff must ensure that their decision and agreed course of action is fully and accurately documented, signed and dated.

Triggers that may indicate referral to Adult Social Care Mental Health Services for initial assessment are listed above. However, this is not an exhaustive list and is provided to assist professional decision-making. It should be noted that mental health problems can also be associated with high risk behaviour or difficulties such as substance misuse.

Please refer to the London Child Protection Procedures - 'Parents who misuse substances' http://www.londonscb.gov.uk/procedures/

Appendix 4: Specific Additional Needs – Parents with a Physical or Sensory Impairment

There are about 1.7 million disabled parents in the UK, mostly with physical and sensory impairments. Research suggests that most parents with a physical disability cope well with the demands of caring for a child.

Health and social services have a legal duty under the Disability Discrimination Act 2005 to make reasonable adjustments to ensure their services and any information are accessible to disabled people.

The social model of disability is that impairment is the functional limitation of the body but disability is caused by the barriers to participation created by society and all professionals need to be mindful of this when working with parents with a physical disability.

- Parents with a physical disability who appear to be in need of community care services have the right to an assessment of their needs.
- Parents with a physical disability have the right to have their assessed needs met if they meet local eligibility thresholds. Assessments should gauge any assistance required with parenting roles and tasks.
- When determining eligibility for adults' services, social services should take into account any risks in the short and long term which may affect the ability of a parents' ability to carry out family roles and responsibilities.
- Decisions as to whether to provide support should also take into account the consequences of not meeting needs which fall outside eligibility thresholds.
- Adults' and Children's Services – across health, education and social care – should work together to improve outcomes for children and their families.
- Parents with a disability are entitled to the same access to services as all parents, including parenting support and information services.
- All public bodies have a duty to actively promote equality of opportunity for disabled people.
- The NHS and local authorities have a duty to promote the health and wellbeing of their local populations.

Issues in pregnancy

- Some parents with a disability face negative attitudes to

their decision to have a child.

- Develop a maternity care plan with the pregnant woman, without imposing stereotypical assumptions.
- Physical access to health service buildings and familiarisation with the layout for people with a visual impairment needs to be provided.
- Accessible equipment such as examination tables, beds and maternity cribs should be available.
- Use of side room if extra equipment (for example, wheelchairs) is too large for postnatal ward.
- Flexible appointment times particularly for people with chronic fatigue or pain.
- Communication difficulties – people with sensory impairments may need an advocate or interpreter.
- Mothers with a disability should not be classified automatically as a high risk, with the assumption that a caesarean will be necessary, or that home birth will be impossible.
- Awareness that pregnancy may exacerbate or sometimes alleviate the presentation of a disability.
- Help may be required to identify suitable birth positions.
- An advance consultation with an anaesthetist on epidural positioning may be necessary.
- Accessibility of antenatal classes may need to be considered.
- Occupational therapist support may be required to plan adaptive strategies or support.
- The mother may need a social care needs assessment to identify her support needs.

Issues in parenting

- An Adult Social Care needs assessment can identify support required in the new parenting role.
- Where a parent with a disability receives support from a personal assistant, s/he has to adjust to having an outside person involved in family life and to cope with his/her feelings about not being able to care for his/her child without help.
- Information is available from specialist organisations and other parents on how to meet the challenges of parenting with a physical disability.

Key points for professionals

- Ask the individual what words are acceptable to him/her to describe the condition.

- Work with the individual – they are often the expert on their condition and can identify their abilities and needs.
- Liaise with the disability specialist. Address complex needs by networking with the multi-disciplinary team.

Appendix 5: Supporting Legislation and Local Guidance

Legislation

- The Children Act 1989
- The Children Act 2004
- Children and Families Act 2014
- The Human Rights Act 1998
- The Mental Health Act 1983
- The Mental Capacity Act 2005
- The Equality Act 2010
- The Carers and Disabled Children Act 2000
- The NHS and Community Care Act 1990
- The Care Act 2014
- Data Protection Act 1998
- Human Rights Act 1998
- Crime and Disorder Act 1998

Statutory Guidance

- The Care Act 2014
- Working Together to Safeguard Children – 2015

Local and Regional Policies

- London Child Protection Procedures
- City of London Corporation Thresholds of Need 2015
- City of London Corporation Young Carers Strategy 2015
- City of London Corporations Transitions Protocol 2015

Appendix 6: The Mental Capacity Act 2005

The Act sets out a legal framework of how to assess, act and make decisions on behalf of people who lack capacity to make specific decisions. It applies to people aged 16 or over.

Anybody involved with an adult who may lack capacity to make a decision must be mindful of the provisions of the Act and the Code of Practice. This includes people who are primarily working with children.

The starting assumption is that people have capacity to make decisions including unwise decisions. Some people may need assistance to make that decision (such as assistance with communication).

If a person has an impairment or disturbance of mind and brain which appears to affects their ability to make a specific decision at a specific time, they must be assessed to determine if they lack capacity in relation to that specific decision at that specific time.

Assessment

The assessment must cover:

1) If the person can understand information about the decision to be made
2) If the person can retain that information
3) If the person can use or weigh that information a part of the decision-making process
4) If the person can communicate their decision with appropriate support.

Best Interest

If a person is assessed as lacking capacity in relation to a specific decision, there is an obligation to act in their best interest in making the decision on their behalf. This applies to both professional and non-professionals.

The Act also makes provision for people (both professionals and informal carers) to act on behalf of people who lack capacity in relation to financial personal, healthcare and welfare decisions.

This can either be through a person giving authority to another (or others) to act on their behalf in relation to either financial or welfare decisions in the event that they lose capacity to make decisions on these matters.

Court of Protection

An application to the Court of Protection can be made for :

- particularly difficult decisions
- disagreements that cannot be resolved
- situations where on-going decisions need to be made.

Transfer of Cases regarding young people

When the Court of Protection is asked to consider a case involving a young person aged 16-17, or in exceptional cases people younger than 16 , the case can be transferred to a court with powers under the Children's Act 1989.

A court with powers under the Children's Act 1989 can also transfer a case to the Court of Protection.

Appendix 7: Consent and Disclosure

This section covers when:

- the person has consented to disclosure
- disclosure is in the public interest, which includes preventing a crime
- disclosure is required under a court order or other legal obligation
- disclosure is necessary to safeguard a child's welfare
- the person is assessed as not having the mental capacity to make a decision about disclosing the information and a decision is made that it is in their best interests to disclose the information.

Disclosure with consent

- Individuals can give their consent to their personal information being disclosed to third parties but it must be explained why this information is needed and who it will be disclosed to.
- Where possible consent should be obtained in writing and placed on the case file.
- Verbal consent should be recorded in the case notes.

Mental Capacity and consent to disclose information

- Children under 16 years can only give consent if it is thought that they fully understand the issues and are able to make an informed decision. If not, the decision must be made by the person who holds parental responsibility.
- A person aged 16 years or over is assumed to have capacity to give consent. When a person over 16 is assessed as lacking the capacity to give consent, the Mental Capacity Act guidance on making a best interest decision on this matter should be followed. [8]

Disclosure without consent with regards to a child

The City of London Corporation Thresholds of Need document sets out the circumstances in which a referral may be made without consent. Where need is considered to be 'acute' (Tier 4 of the Thresholds of Need) professionals should also normally seek consent, except where this

[8] See details on the Mental Capacity Act and consent section

would place the child at potential risk of harm, or compromise a police investigation (for example, allegations of parental sexual abuse, or suspicions of fabricated or induced illness). If consent is withheld for a Tier 4 referral, the practitioner should consider with their Designated Safeguarding Lead whether they have grounds to override consent in order to protect the child. Where a referral is necessary to protect the child, practitioners will have a legal basis to share information without parental consent.

Professionals must consider the proportionality of disclosure against non-disclosure: is the duty of confidentiality overridden by the need to safeguard the child?

Where information is disclosed, it should only be relevant information and only disclosed to those professionals who need to know.

Professionals should consider the purpose of disclosure and remind those with whom information is shared that it is only to be used for that specified purpose and should otherwise remain confidential.

Professionals may also refer any queries on information sharing to their Caldecott Guardian.

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

- Working together to Safeguard Children 2015
- What to do if you are worried a child is being abused.

Professionals should also refer to chapter three of the London Child Protection Procedures:www.londonscb.gov.uk/procedures/london_child_protection_procedures_chapter s.html

Guidance about sharing information, including a practitioner guide in relation to children with additional needs, is available from the Department for Children, Schools and Families website[9].

Disclosure without consent in the public interest

[9] www.everychildmatters.gov.uk/deliveringservices/informationsharing/information

Sensitive personal data may be shared if it is necessary for the prevention and detection of any unlawful act and must necessarily be carried out without the explicit consent of the person it is about so as not to prejudice those purposes.

Appendix 8: Contacts

If you are concerned about a child you must always do something. If you're not sure, seek advice.

If you think a child is in immediate danger contact the police by dialling 999. If you want to report a crime against a child, contact your local police station.

Children and Families Team

Tel: 020 7332 3621/1620/1909

Team Duty email address: **DCCSDutyF&YPTeam@cityoflondon.gov.uk**

In emergencies outside office hours, the Emergency Duty Team can be contacted on **020 8356 2710**

Adult Social Care Team

Tel: 020 7332 1224

Team Duty email address is: **adultsduty@cityoflondon.gov.uk**

In emergencies outside office hours the Emergency Duty Team can be contacted on **020 8356 2300.**

Primary care Mental Health Access to Psychological Therapies (IAPT) and City and Hackney Adult Mental Health Point of Entry (CHAMPHE)):

The Junction
Centre for Mental Health
Homerton Hospital, Homerton Row
E9 6SR

Tel: 020 8510 8100

Pregnant women and babies

- Perinatal Mental Health Outpatient service at the Homerton Hospital:

Tel: 020 8510 8151

- Margaret Oates Mother and Baby unit:

Tel: 020 8510 8420.