



**Joint Protocol between the London Borough of
Newham (LBN) and East London NHS
Foundation Trust (ELFT)**

**Working alongside families in order to support
parents and carers with good mental health and
wellbeing**

Version 1 September 2017



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1. Purpose

1.1 The protocol is for LBN and ELFT staff who work with adult mental health service users and for LBN children's social care staff who work in the social work and Families First teams, including staff employed in commissioned services. It is designed to support staff when they are assessing and supporting families where a parent or carer has a mental health difficulty.

1.2 The protocol set out the roles and responsibilities of each service area and provides guidance for staff about how and when to refer for assessment, support and/or protection.

1.3 The protocol is informed by the London children protection procedures <http://www.londoncp.co.uk/>

1.4 This protocol should be read in conjunction with the above and other relevant ELFT and LBN safeguarding policies.

2. Parenting Capacity and Mental Illness

2.1. Parental mental illness does not necessarily have an adverse impact on a child's wellbeing and developmental needs, but it is essential to always assess its implications for each child in the family. Many children whose parents have a mental illness may be seen as children with additional needs. Thus requiring professional support and in these circumstances, the need for an assessment of need using Newham early help record should be considered.

2.2 In addition to considering risk, it is important to keep a child or young person's care and support needs in mind and to consider whether they may be a young carer. Children and adult mental health staff can refer to Newham young carer's project for support. Details can be found here: <https://adultsocialcare.newham.gov.uk/pages/young-carer.aspx>

2.3 Where a parent or carer has an enduring and/or severe mental illness, children in the household are more likely to suffer significant harm. This could be through physical, sexual or emotional abuse, and/or neglect. A child likely to suffer significant harm or whose well-being is affected, could be a child who is:

- Living with a parent/carer who suffers from delusions;
- Who features within parental delusions;
- Who is involved in his/her parent's obsessional compulsive behaviours;
- Who becomes a target for parental aggression or rejection;
- Who has caring responsibilities inappropriate to his/her age;
- Who may witness disturbing behaviour arising from the mental illness (e.g. self-harm, suicide, uninhibited behaviour, violence, homicide);
- Who is neglected physically and/or emotionally by an unwell parent;
- Who does not live with the unwell parent, but has contact (e.g. formal unsupervised contact sessions or the parent sees the child in visits to the home or on overnight stays);
- Who is at risk of severe injury, profound neglect or death;

Or s/he could be an unborn child:

- Of a pregnant woman with any previous major mental disorder, including disorders of schizophrenic, any affective or schizo-affective type; also, severe personality disorders involving known risk of harm to self and/or others.

3. The Importance of Partnership Working

3.1 Adult mental health staff must identify those service users who are either pregnant and/or those who are parents or who have regular access to children, whether they reside with the children or not. Staff should consider the needs of all children as part of their assessments and reviews.

3.2 When any adult mental health services and children's social care service are both involved with a family, assessments and reviews where able, should be jointly carried out to assess the support parents need and the risk of harm to the child/ren.

3.3 Where appropriate, children should be given an opportunity to contribute to assessments and reviews as they often have good insight into the patterns and manifestations of their parent's mental illness.

3.4 Assessments, reviews and professional meetings for any adult who is a parent must include ongoing monitoring of the needs and risk factors for the children concerned. Children's social care services should be invited to contribute if they are involved with a case or where risks and needs have been identified that justify their involvement.

3.5 East London NHS Foundation Trust (ELFT) have their own policies and procedures regarding the welfare of children and the needs of visiting children whilst parents/carers are an inpatient. Link to ELFT's website:
<https://www.elft.nhs.uk/About-Us/Freedom-of-Information/Trust-Policies-and-Procedures>

3.6 Throughout the time of joint involvement, there should always be clear and regular communication between children's social care staff and adult mental health staff and they should meet face-to-face for a regular review of the case.

4. Information Sharing

4.1 If there is a risk of significant harm to children, there is a duty to share information, with or without the parent's consent. If it is not clear if there is a potential risk, staff should consult with their supervisor and/or the named safeguarding professional. Failure to share relevant information could be viewed as a failure of the organisation to discharge its duty of care particularly if there is subsequent harm.

4.2 With regard to support at early help level, consent should always be obtained from the family to share information or to complete an early help record. It is important to utilise a range of approaches to engage families' trust with regards to obtaining consent to share. However, the significance of refusing consent, withdrawing consent, or resisting/avoiding professional help should always be reflected on in terms of any ongoing risk to the children's welfare.

4.3 All safeguarding meetings should be minuted and all other forms of communication including telephone calls, emails, faxes and informal conversations must be documented on the appropriate file for the child and adult.

4.4 It is important that all telephone calls between professionals, including those where a message is left with a member of staff or on a voicemail system, are recorded with the name of the person spoken to, date of call and all relevant details.

4.5 Advice, direction, guidance provided by line managers or managers must also be recorded.

5. Admission to Hospital, Visiting and Leave Arrangements

5.1 On admission of an adult who is a parent/carer, the in-patient services must check whether children's social care are already involved with the children. If so, children's social care must be informed of the admission.

5.2 If the case is not currently open to children's social care, inpatient services must consider whether a referral is required. If the case is already known to a community mental health team or specialist service, a discussion about which service is best placed to make the referral and have ongoing contact with children's social care will be determined by those involved.

5.3 For cases involving children social care, child visiting arrangements and parental leave arrangements will be jointly discussed, agreed and recorded on the care records for both the adult and the child.

6. Making a Referral to Children's Social Care and CSC Response

Before making a referral to children's social care, adult mental health staff should always consider whether the family would benefit from early support services available within the borough and make the necessary referrals.

Link for early help: <http://www.newhamconnect.uk/Page/2378>

6.1 The children's triage team is the first point of contact for all referrals to children's social care. Anyone can refer a child to children's social care if the parent is an inpatient, living in the Newham borough, normally resident in the child's home or not and whether or not previously known to children's social care.

6.2 If an adult mental health worker is worried about a child's welfare (whether or not the child lives with their parent or carer), a prompt referral should be made initially by telephone to the children's triage team and followed by a written referral within 24 hours using the early help record.

The contact telephone number for the **children's triage team is 0203 373 4600**

The online portal for making referrals can be accessed here:

<https://www.newham.gov.uk/Pages/Services/Child-protection.aspx>

In emergencies outside office hours **the emergency duty team** can be contacted on **0208 552 9587** for children's social care.

6.3 Once a referral is made, the referral will be acknowledged within one working day of receipt either by the children's triage team or from a social work from families' first team within the relevant neighbourhood area if the case is already open and allocated.

6.4 The triage manager will decide if a statutory assessment, (known as a single assessment), is required. If accepted, the referral is passed onto the appropriate social work locality team. Cases not reaching the threshold for a statutory assessment may be referred by triage to the locality families' first team or early help co-ordinator.

6.5 If allocated for a single assessment, the social worker's role will be to assess if the child is at risk and/or in need of support. The social worker will seek information from adult mental health services and any other relevant agencies to inform the assessment.

6.6 The outcome of the assessment may lead to one of the following plans being put in place: child in need plan; child protection plan; early help or families' first plan.

7. Making a referral to Adult Mental Health and AMH Response

There are two separate mental health service providers in Newham with their own eligibility criteria and referral pathways:

1. East London NHS Foundation Trust (ELFT)
2. London Borough of Newham (LBN), Mental Health Services.

ELFT

7.1 ELFT's main point of access is via the assessment & brief treatment team (ABTT). ABTT receives all referrals into secondary mental health services. Adults must be over the age of 18 years old and registered with a Newham GP and/or live in Newham.

ABTT will accept referrals for adults with the following mental health difficulties (if the referrer is not clear about nature of mental health difficulty, the duty worker at the ABTT can advise)

- Significant depression
- Mood disorders
- Personality disorders associated with risk to self and/or others
- Perinatal/Post Natal Depression
- Psychosis

7.2 ABTT will not be appropriate for the following groups of people:

- Parents whose primary difficulty is associated with substance misuse or a learning disability. They should be referred to CGL or Adult Learning Disability Service respectively.

CGL: <https://www.changegrowlive.org/content/newham-rise-canning-town>

Learning Disability Service:

<https://adultsocialcare.newham.gov.uk/Pages/Com%20LD%20Health%20Team.aspx>

- Parents who are under 18 years of age can be referred to CAMHS

CAMHS: <https://www.elft.nhs.uk/service/48/Child-and-Family-Consultation-Service>

- People who have been discharged from Community Recovery Team (CRT) to primary care within a 6 month window (Such people will be allocated back into the CRT)

ELFT'S services can be found here: <https://www.elft.nhs.uk/Services>

7.3 Referrals can be sent via secure email to: ABTTReferrals@elft.nhs.uk.

All urgent referrals must be followed up with a telephone call to 020 3288 5100.

Adults referred should be made aware of the referral unless there is a specific reason not to disclose this and in such cases the reason should be clearly documented in the referral.

7.4 The service provides a screening and assessment function, Monday to Friday 09:00 until 17:00hrs. Outside of these hours people seeking advice or urgent support should contact ELFT'S crisis line: **020 7540 6782**.

7.5 Following screening a service user may be:

- Offered an assessment with ABTT within 28 days
- Signposted to or referred to ELFT Newham Talking Therapies
- Signposted to London Borough of Newham's single point of access
- Signposted to GP or voluntary sector providers
- Signposted to CGL (Change Grow Live) for substance misuse issues
- Be referred for another ELFT service for a specific pathway e.g. early intervention service (EIS), CRT, Perinatal, psychology services etc.

- Or any other appropriate service which can meet the needs of the adult.

7.6 The perinatal service is for pregnant women and women with a baby up to one year old, who have a serious mental illness. CSC and other agencies can refer directly to the perinatal mental health team by phoning **0207 363 8801/8258** for a referral form or to discuss a referral.

E-mails can be sent to Newhamperinatalreferrals@elft.nhs.uk or Newhamperinatalreferrals@bartshealth.nhs.uk or fax: 0207 363 8650.

The perinatal service is able to offer priority appointments for women to be seen with 24-48 hours. For out of hours or urgent referrals please refer to rapid, assessment, interface and discharge team (RAID) on 0207 363 9233

LBN Mental Health Services

7.7 Adult mental health access and assessment team (MHAAT) is the single point of access for all referrals to mental health social care. To contact the **adult mental health access and assessment team** call 020 3373 0733 or send an email to AdultMentalHealthAccess@newham.gov.uk.

7.8 After acceptance of a referral, a worker will be allocated to conduct an assessment and devise a plan of support to meet the individual needs (subject to Care Act criteria). If someone does not qualify for services, the team will enable them to access local services in the community who may be able to deal with the presenting problem.

7.9 The Care Act criteria is:

To be eligible you must have a mental illness

AND

As a result of your illness you are unable to achieve two or more of the daily tasks listed below, whether you need help to do them and if this impacts significantly on your wellbeing.

Daily Tasks List includes Managing and maintaining:

- Nutrition
- Personal hygiene
- Toilet needs
- Being appropriately clothed
- Being able to make use of the home safely
- A habitable home environment
- Family and other personal
- Work, training, education or volunteering
- Using necessary facilities or services in the local community
- **Any caring responsibilities the adult has for a child relationships**

7.10 Newham social care recovery team: There are two recovery teams within Newham. Referrals into the recovery teams are via MHAAT and will be allocated to a case manager for assessment/review on a case by case basis. Recovery teams work alongside someone who maybe receiving treatment and support for a mental health issue and/or allocated a care coordinator, working jointly with ELFT.

7.11 Mental health enablement service: The mental health enablement team aims to promote good mental health, prevent admissions to hospital, and reduce delayed discharge from hospital. By working alongside individuals, the team hopes to reduce the need for any further mental health input and will assist individuals to choose and access other services and agencies as required. The team will work alongside individuals to develop a range of agreed outcomes, which include offering practical support and guidance to maximise independence and giving greater control and choice. The majority of the work will be face to face in individuals' homes or in the community. The team will offer a three to six month focused intervention to help the individuals reach their desired goals.

7.12 Approved mental health professionals service (AMHP's): approved mental health professionals (AMHP's) are trained to implement elements of the Mental Health Act 1983, as amended by the Mental Health Act 2007, in conjunction with medical practitioners. AMHP's are responsible for organising, co-ordinating and contributing to Mental Health Act assessments. It is the AMHP's duty, when two medical recommendations have been made, to decide whether or not to make an application to a named hospital for the detention of the person who has been assessed. The AMHP Service is managed by LBN and sits within LBN MH services.

The AMHP service will operate Mon – Sun 24 hours a day. The email address for making a referral is AMHP@Newham.gov.uk or for phone enquiries: 0203 373 0560. The arrangements for referring to the AMHP service out of office hours is via the Newham Control Room 0208 430 2000.

8. Collaborative Assessments and Plans

8.1 Collaborative working and parallel planning are best practice when adult mental health and children's social care are working with a family. Assessments should be approached as a shared activity even when the level of involvement of each agency may be different, depending on the features and issues that are present. There should be joint agreement about how to proceed on each case.

8.2 Joint discussions should be held during any assessment process to share information, evaluate risk and inform the analysis, drawing on the expertise of practitioners in both agencies. Joint visits must also be considered and arranged whenever it is necessary or useful.

8.3 Joint discussions must include both agencies' views of any risks to children in the household. Staff must be aware that siblings and other adults visiting the household may also present risks. This will include actual and potential impact of behaviour, attitude and actions associated with the parent's mental illness on their parenting, the child, the parent-child relationship and the impact of parenting on the adult's mental health. Staff may take into account activities of daily living assessments (ADL) if appropriate. Assessments should provide a comprehensive and reflective

analysis of the actual or likely impact on the child of living with a parent/carer with mental health needs.

8.4 A parent's previous mental health history and records that provide information about their past parenting must be sought, evaluated and used to inform current assessments and plans.

9. PLANNING MEETINGS

As well as joint visits and meetings with families, there are a number of different meetings that professionals from adult mental health and children's social care will be invited to and expected to attend if they are involved with a family.

Professionals Meetings

Any agency can call a multi-agency professionals meeting to share information or decide on further action. The meeting will not include any members of the family. Professionals should not decide what other agencies will do or lead on without there first having been agreement for such decisions.

Care Programme Approach (CPA) Meetings

The CPA process will include a full needs assessment, resulting in a detailed care plan. The care plan must demonstrate that parenting support needs and the needs of, and risk to, the child or children, and any carers, including young carers, have been identified and reflected in the risk assessment, risk management, crisis and contingency plans.

LBN Assessments, Reviews and Care and Support Plans Meetings

LBN offer customers and carers assessments, reviews and if eligible a care and support plans.

The assessment/review focusses on the following:

- The nature of your illness/impairment and the impact it has on you and your wellbeing in your day to day life
- What you can help yourself with to maximise your independence
- What opportunities there are to prevent, reduce or delay the on set of your needs developing further
- What family, friends, community and support networks can do to assist you in meeting outcomes and enhance your wellbeing

The questions have been designed to draw upon your strengths, capabilities and help you explore opportunities available to you in your community and support networks. Ultimately, it will look to detail what is important to you, what outcomes you want to achieve for yourself and how you can be supported to achieve these.

Child Protection Strategy Discussions (Section 47 Enquiries)

A multi-agency child protection strategy discussion will take place and a meeting may be convened by children's social care services in response to any referral where adult mental health may significantly affect a child's well-being. The meeting will not include any members of the family.

Child Protection Conferences

Children's social care has the responsibility to invite all relevant professionals to child protection conferences and core group meetings. When adult mental health has been invited, they are expected to attend the initial child protection conference with a written report on a **child protection conference report proforma**. A blank document can be obtained from the children's social worker when requested. This meeting decides whether a child should be the subject of a child protection plan. Adult mental health staff must attend all subsequent review conferences if invited. Parents and older children are invited to attend.

Child Protection Core Group Meetings

If the child is made the subject of a child protection plan, the adult mental health worker/s must be invited to become a member of the core group and attend the core group meetings. These review the implementation of the child protection plan. Parents and children where appropriate, are members of the core group and are invited to attend.

Children in Need Meetings

If the child is subject to a child in need (CIN) plan, the relevant adult mental health worker/s must be invited to meetings in respect of the plan and subsequent reviews and should make every effort to attend. If unable to attend, worker/s should ensure that up to date information is available prior to the meeting. Parents, and children, when appropriate, attend CIN planning meetings and reviews.

Statutory Looked after Children's Review Meeting

If the plan is for a looked after child (LAC) to have contact with or to return home to live with a parent who is known to adult mental health team, the parent and a representative from the adult mental health team must be invited to participate in the review and their views should help inform the looked after children care plan and/or pathway plan (guidance says that a child/young person is lead in deciding who attends the actual meeting so we can't dictate that parents/mental health worker should attend if the child/young person chooses otherwise).

10. Newham Framework for Joint Working

10.1 The following senior officers are responsible for the implementation and effective operation of this protocol:

- **Tina Benjamin** Head of Child Protection wham Children's Social Care
- **Gill Williams** Borough Director for Mental Health, East London NHS Foundation Trust
- **Andrew Thiedeman** Service Manager for Mental Health, London Borough of Newham, Mental Health Services

10.2 The LSCB will co-ordinate the launch of the protocol with an event that brings together front line practitioners and managers in adult mental health and children's social care service and test the effectiveness of the protocol through the following quality assurance activity:

- Staff survey
- Findings from case audits and multi-agency panels
- Feedback from children, young people and their families
- Number of early help and statutory assessments where mental health is identified and numbers leading to a plan
- Number of parents being supported by adult mental health services
- Referrals made to young carers

10.3. Escalation and Dispute Resolution

In the event of a dispute between professionals, the Newham LSCB conflict resolution procedure should be used. <http://www.newhamlscb.org.uk/wp-content/uploads/2016/11/NSCB-Conflict-Resolution-Protocol-2015.pdf>

10.4 This protocol will be updated whenever new guidance or legislation is published and reviewed by August 2019.

Feedback on Using the Protocol

This protocol has been developed for multi-agency working with families affected by domestic abuse. It is designed to provide practitioners with guidance that is informed by current research and best practice. The impact of the protocol will be tested through multi-agency audits, case reviews and other QA activity.

The protocol will be used as part of training commissioned by the LSCB and LSCB partner agencies are asked to reference the protocol in their single agency training.

A copy of the protocol will be uploaded to the LSCB website on the Professionals page <http://www.newhamlscb.org.uk/policies-and-procedures/>

The Newham Local Safeguarding Children Board would welcome any feedback you have about using the Protocol.

1. How did you find out about the Protocol?

2. On a scale of 1-3, (where 1 is not useful, 2 is of some use and 3 is very useful) please tell us how useful you have found the protocol, giving your reasons ?

3. Can you please provide an example of how you have used the protocol in your work a family ?

4. Is there anything that you would like to see included in the next update of the protocol?

5. Is there anything that you think should be changed or removed ?

Thank you for your feedback. Please email this page to the LSCB.Administrator@newham.gov.uk