**Joint Protocol Approved Mental health Practitioner (AMHP) and Children’s social Care**

**Why this protocol is important**

Where children experience problems with their mental health and emotional wellbeing this can have a negative effect on their social and emotional development and learning, leading to poor outcomes in later life.

Research shows that the majority of lifelong mental health issues start in childhood and adolescence and that maltreatment and traumatic experiences during childhood are strongly linked to poor mental health outcomes. Adversity in childhood can negatively impact on emotional development and mental health, and the effects of this can extend into adulthood. For some children, difficulties with mental health and emotional wellbeing may be indicative of underlying social issues requiring a joint response from mental health and children’s social care services in order to meet all the child’s needs.

Parental mental ill health does not automatically indicate that children will be at risk of harm or that their needs will not be met, as the impact on children will depend on the severity and duration of the parent’s illness. For many parents/carers, mental ill health will be mild and short-lived, and may only have a limited impact on children’s welfare and development. However, where the mental ill health and/or drug or alcohol misuse issues are severe and enduring, perhaps frequent episodes of hospitalisation, this will have a more disruptive effect on family life. It is important that professionals working with families affected by parental mental illness recognise when the illness is causing difficulties in parenting which may have a detrimental impact on the safety and wellbeing of the child. Even if the child is not at risk of harm, many families would benefit from extra support to enable parents/carers to meet the child’s need

Raising a child who is experiencing poor mental health (whatever the cause), can make even the most resilient family very vulnerable to breakdown due to the pressure of managing the situation and it is important for professional networks be pro-active, in order to offer appropriate support and advice that will strengthen families and enable them to remain resilient.

**Aim of the protocol**

When a Mental Health Act assessment is undertaken on a child under 18 or an adult who is either the parent or family member residing in the same home as children under 18 this needs to be referred to the Integrated Front Door (IFD) so that this can be looked at in terms of intervention needed from Social Care through Childrens Social Care.

This will ensure that the family receive the appropriate response and that consideration can be given to whether a child and family assessment is required given the concerns for the persons mental health. This has been considered following the significant increase in mental health crisis’ in young people within West Sussex.

**Implementing the protocol**

In implementing this protocol, we will:

* Put the safety and welfare of children first.
* Work to promote children’s resilience and focus on prevention so that they can enjoy good mental and emotional health throughout their lives.
* Promote early intervention in order to deal with problems as they emerge.
* Provide services and interventions only at the level required by the child’s needs.
* Ensure children can access the right kind of support in a timely manner.
* Uphold the rights of children and aim to work in partnership with them and their parents and carers within a framework of shared decision making.

**Process for referrals**

1. Approved Mental health Practitioner (AMHP) will notify the Integrated Front Door of any Mental Health Act assessment undertaken on a child under 18 or a family member living in the home with children under 18.
2. The referral will be in the form of an email to the Integrated Front Door in West Sussex [wschildrenservices@westsussex.gov.uk](mailto:wschildrenservices@westsussex.gov.uk)
3. The email will need to include the following information:

* The name of the person who is being assessed and the reason why the request for assessment was made.
* If known the details of the children in the home.
* Basic details such as names, Dates of Birth, Address and Phone Numbers where known.
* What the outcome of the assessment is for example have they been admitted, will there be follow up. Also, where the person is now (if known). If not concluded, then who to contact for an update.
* Any perceived risks to the children concerned or to workers contacting the family.
* If consent has been obtained for referral (family need to be made aware this is being sent to Childrens Services)

1. This will then be screened by the IFD and will be triaged as a priority referral by the IFD managers and flagged on receipt by Mash Referral Advisors.
2. If the child is an allocated case this will be sent immediately to the allocated worker and their team.
3. If the child is not open to Childrens Social Care, this will be triaged by the team manager in the same way as other referrals and will be progressed accordingly. [See MASH Operating Procedures](https://proceduresonline.com/trixcms1/media/5883/multi-agency-operating-procedures-may-2020-logos.pdf)
4. Feedback will be provided to the referrer from IFD/MASH to advise on what has happened following the [referral](https://proceduresonline.com/trixcms1/media/5883/multi-agency-operating-procedures-may-2020-logos.pdf)
5. If the AMHP is not satisfied with the outcome or has further information to add to referrals this will need to be escalated back to the Integrated Front Door manager for review.

**Confidentiality and information sharing**

Legal basis for sharing information All agencies will owe a duty of confidentiality to children, but this must be balanced. Information may be shared without consent where there is a legal basis to do so; however, families should be informed first and their consent sought, but information can be shared if consent is withheld.

Where there are safeguarding concerns, the Children Act 2004 provides a lawful basis for agencies to make a referral to the Children and Families Contact Service without consent if this is a proportional response to concerns. However, parents should be informed of the referral and asked for their consent unless to do so would put the child at further risk of harm or cause unreasonable delay in taking action.

**Resolving professional differences**

## During the course of working with children who have difficulties with their mental health and emotional wellbeing, individuals and agencies may differ in their assessment of the child’s needs and the most appropriate interventions, and it will not be uncommon for professional differences to emerge during the course of joint working. It is therefore important that there is an opportunity to discuss these differences and challenge assessments and decisions within a clear framework. [7.2 Resolving Professional Differences](https://sussexchildprotection.procedures.org.uk/skypzp/complaints-and-professional-disagreements/resolving-professional-differences/#s4033)

## 