Supporting Children, Supporting Parents: A North Wales Multi-agency Protocol

Parents with severe mental health problems and / or substance misuse: A framework for safeguarding children

Revision History

Revision date	Version number	Summary of changes
October 2008	Version 1.0	Original draft document
November 2008	Version 1.1	First consultation document
December 2008	Version 1.2	Second consultation document
January 2009	Version 1.3	Third consultation (medical and substance misuse)
January 2009	Version 1.4	Current version post-consultation
January 2009	Version 1.5	Final amendments following LSCB Exec meeting
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March 2012	Version 2.3	Changes made after consultation with LSCBs
September 2012	Version 2.4	Changes made following further comments from Gwynedd/Mon LSCB

Approvals

Name	Approved	Date of approval	Version

Reviewed document

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Consultation

Local Safeguarding Children Board (LSCB) Members

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Joint protocol for considering the needs of children when working with adults with severe mental illness and / or substance misuse

1 Introduction

1.1 The overarching aim of this Protocol is to ensure that the children [1] of a parent(s) [2] with severe mental illness or substance misuse[3] receive appropriate support, safeguarding and protection.

1.2 Agencies have a collective responsibility to protect children. This requires effective communication and coordination of services at both strategic and operational levels.

1.3 It is essential that there is close cooperation and joint working by all Agencies involved with the family. This may include Social Services, Health, Education, Police, Probation and the Voluntary Sector. This Protocol provides the framework for joint working to ensure that children living with adults with severe mental illness and/or substance misuse are safeguarded in North Wales.

1.4 All agencies need to work together in partnership with parents, wherever possible.

1.5 It is recognised that there may be a perceived conflict of interest between the needs of the child(ren) and the needs of parents with severe mental illness and/or substance misuse.

1.6 However, if a child is at risk of significant harm[4], **the welfare of the child is paramount and the All Wales Child Protection Procedures should be followed.**

[1] A 'child' is defined here as a person under 18 years of age.
[2] For reasons of clarity, the term 'parent' refers to those persons with significant child care responsibilities, whether or not they may be the biological parent. The term 'parent' is defined more by parental role and responsibility than by familial or genetic bonds.
[3] The term 'mental illness' will be used in the remainder of this document for reasons of brevity, notwithstanding its associations with the medical model. It includes addiction as described in section two.

1.7 This does not mean that all parents with a severe mental illness or who use substances are compromised in their ability or unable to provide appropriate care for their children or that children cannot cope with parents who may be, in some ways, unstable or unpredictable. Many such people may be 'good enough' parents.

1.8 This document must be read in conjunction with the legal framework of *The Children Act (1989 and 2004), The National Health Service and Community Care Act (1990),* the *Mental Health Act (2007)* and the *Human Rights Act (1998),* as well as within the parameters of the relevant operational policies relating to children's and mental health services. The Children and Families(Wales) Measure 2010, includes in Part 4, Sections 67 and 68, the responsibility of local authorities and health services where adults are receiving community care or health services, to consider the impact of any health condition of the parent on the needs of the children and to refer appropriate cases to the relevant local authority.

1.9 This Protocol is also to be considered in the context of the National Assembly for Wales Guidance Documents, *Working Together to Safeguard Children (2004); Safeguarding Children: Working Together for Positive Outcomes (2004)* and the *All-Wales Child Protection Procedures (2008).*

1.10 This protocol should be read in conjunction with the Advisory Council Misuse of Drugs document (ACMD) *'Hidden Harm: Responding to the needs of children of problem drug users' (2003);* updated in 2007.

[4] There are no universally agreed criteria on which to rely when judging what constitutes 'significant harm'. Consideration of the severity of any ill-treatment may include the degree and the extent of any physical or emotional harm, the duration and frequency of any abuse or neglect, and the extent of premeditation, degree of threat or coercion, sadism, and any bizarre or unusual elements in parenting likely to lead to harm. For references to 'Good enough' parenting see *'Significant Harm' edited by Adcock, White and Hallows (1991).*

2 Scope of this Protocol

For the purpose of this protocol, an adult with severe mental illness / disorder is defined as: An adult who, following assessment, is diagnosed with one (or more) of the following:

- Schizophrenia or other (enduring or transient) psychosis
- Bipolar disorder
- Severe affective disorder (e.g. severe depression, OCD, anxiety or phobia)
- Severe eating disorder
- Dementia, or other related organic state(s)
- Personality disorder (e.g. anti-social or borderline personality disorder)
- For the purpose of this protocol, an adult with problematic substance misuse is defined as: An adult who. following assessment, is deemed to have a dependency

And as a consequence of the above, experiences substantial disability which significantly impedes their ability to live safely in the community without support.

(based on ICD 10 diagnostic categories)

3 Purpose of this Protocol

3.1 To safeguard and protect children.

3.2 To support coordinated responses from Children and Family Services, Mental Health, Substance Misuse Teams and Primary Care services.

3.3 To improve communication between Children and Family Services, Mental Health, Substance Misuse Teams and Primary Care services.

3.4 To facilitate the early identification by adult services, of those children who may be at risk of harm.

3.5 To support joint assessments of families where there are child care concerns and where the parent has significant problems in relation to mental illness and/or substance misuse.

3.6 To facilitate the consideration of the trans-generational impact of an adult with a severe mental illness and/or substance misuse and any impediments it may present to their parenting ability and/or the child's development.

3.7 To support effective and well-coordinated service delivery to these families.

4 Risk factors

4.1 Research has shown there to be several factors to be considered to help determine whether a child is in need of services to promote or safeguard their health or development (Cleaver *et al*, 1999). These factors include:

4.2 **Social exclusion -** Social exclusion involves the lack or denial of resources, rights or goods and services, leading to a reduction in a person's ability to participate in the normal relationships and activities available to the majority of people in a society, whether in economic, social, cultural or political arenas. It is closely linked with poverty and discrimination.

4.3 **Domestic Abuse** – is the emotional, physical, sexual, psychological or economic abuse of power and the exercise of control by an individual or individuals of a family member, partner or ex partner regardless of gender, age or sexual orientation (North Wales Domestic Abuse Forum Definition, 2003)

4.4 **Mental illness of a parent(s) -** It is estimated that mental illness will affect 1 in 4 of us at some time in our lives. Many children will grow up with a parent who, at some point, will experience mental illness. Most of these parents will have mild or short-lived illnesses which will usually be treated by their General Practitioner. A few children live with a parent who has a severe mental illness such as schizophrenia or bipolar disorder. Many more

children live with a parent who has a long-term problem, such as alcohol or drug addiction, personality disorder or depression. Problems are more likely to arise if children:

- Are separated repeatedly from a parent who needs to go into hospital
- Feel unsure of their relationship with the parent with a mental illness
- Are not being looked after properly
- Are being hit or mistreated (more likely if the parent suffers from alcohol or drug problems or has personality difficulties)
- Are looking after a sick parent, or are taking care of their siblings
- Are being bullied or teased by others
- Hear unkind things being said about their parent(s)
- Live in poverty, poor housing or have many changes of home address
- Witness a lot of arguments or violence between their parents
- Live with carers who have a history of not complying with treatment / medication

Research examining the links between child care and mental illness has shown the latter to be a significant factor when considering the safety and welfare of the child. At the very least, it is likely that the quality of parent - child interaction is affected. Consideration needs to be given to supporting the adult's parenting capacity to in order to meet the needs of their child(ren).

4.5 **Substance misuse** - Research cited in Dore, Doris and Wright (1995) suggests that children who live with substance misusing parents may run a higher risk of having mental health problems themselves, have a greater rate of drug and alcohol use in adolescence, suffer impaired intellectual and academic functioning, have higher levels of anxiety and depression and have lower self-esteem than the norm. These children may feel different from their peers and may worry that their friends may find out about their parent(s) drug misuse. Therefore, they may miss out on aspects of childhood many

children take for granted, for example, having friends visit them at home, and participating in pleasant rituals such as birthdays and Christmas. However, it is acknowledged that not all substance users have problems with parenting.

4.6

4.6 In many cases it will be necessary to make an assessment, which includes the substance(s) used and behaviour of the parents, and any impact of this upon their parenting, before deciding what support, if any, is required, and whether the All Wales Child Protection Procedures should be invoked.

5 Indicators of distress

Many children are frightened or worried about their parent's illness or behaviour. Some children withdraw into themselves, become anxious and find it difficult to concentrate on their school work. They may find it very difficult to talk about their parent's illness or their problems at home, which may prevent them from getting help. Children are sometimes ashamed of their parent's illness and worry about becoming ill themselves. Some children may emulate aggression they witness at home, leading them into conflict with other children, teachers or other authority figures.

6 Common observable indicators of compromised parenting

- The child's basic physical needs are not adequately met
- The child's emotional needs are not met by a parent who is emotionally unavailable
- Inconsistent or unpredictable parenting due to parental mood swings
- The child receives inadequate or too much supervision for their age
- The child 'looks after' the parent in an inappropriate caring capacity ('parentified' children)
- Health appointments for the child are not kept or appropriate advice is not sought for any health problems the child may experience
- Disruption to the child's education or poor school attendance
- The child's own needs are unacknowledged or ignored by their caregiver
- Unrealistic expectations of a child's abilities
- Unclear boundaries between family roles, with the child assuming a parental role

- Lack of boundaries and routines for the child
- Developmental delay

7 Common emotional consequences of compromised parenting

- Emotional distress leading to disturbed behaviour
- Emotional or mental health problems
- Fearing they may be abandoned
- Fearing their parent(s) may die
- Being afraid their parent(s) do not love them
- Being afraid or ashamed that other people may find out about their parents illness
- Feeling responsible for their parent(s) wellbeing
- Precocious maturity

Passivity due to illness, disinhibition or intoxication due to misuse of substances may allow abusive behaviour to take place, or a child may be exposed to strangers within the home who may present a further risk to them.

8. Assessment of parenting capacity

8.1 All staff working with adults with severe mental illness or substance misuse problems must consider the needs of the child(ren).

8.2 This must be incorporated into the assessment process and records. This routine assessment of parental capacity within the assessment of adult service users will conclude with a decision whether the worker within adult services has any concerns about the welfare of the child. Where there are concerns of the welfare of the child, this protocol should be used.

The assessment format in Appendix 2 should be used by adult services when undertaking an assessment of parental capacity. It concludes with a decision about the level of concerns that the adult worker has about the welfare of the children.

Where there are concerns about the general welfare of children, a referral can be made to Children's Social Care, where the child and parent consent to the referral.

Where there are concerns about significant harm, a referral must be made as part of the Child Protection Procedures. There is no pre requisite that the parent and child have consented to the referral under Child Protection Procedures.

These decisions should always be discussed with your supervisor. Children's Social Care are available to discuss your concerns and assist you to understand the information required for different types of referrals.

Where there are concerns about significant harm, a referral will be made to Children's Social Care. They will review the referral received and if there are concerns about significant harm, will convene a Strategy Discussion as part of Child Protection Procedures. One outcome of a Strategy Discussion is to undertake further investigations as part of a S47 Enquiry.

Where the referral is submitted for a "child in need", an appropriate referral where consent has been obtained will usually be allocated for an Initial Assessment. The social worker undertaking the Initial Assessment will liaise with other agencies who will contribute to the assessment. Following the Initial Assessment, undertaken in 7 working days, further assessment may be required.

Further assessment will focus on a more detailed understanding of the parental capacity of the adult and the impact on the child. This should be undertaken jointly.

8.3 In planning for the joint assessment, the lead agency should be clarified and they will coordinate the assessment process. In planning for the assessment they should consider the following issues:

- Who will be involved in the assessment, including family members?
- Who will undertake which parts of the assessment?
- Whether there are any communication difficulties, and plans for how they will be overcome
- Which questionnaires and scales will be used, and by whom?

- What aspects of the assessment have already been undertaken?
- Whether there are any sources of information about the child(ren) or their family not previously contacted
- Whether the consent of the child's parents has been given and, if not, how it will be gained
- Where the assessment will be conducted
- How the information will be recorded
- Who will be involved in the analysis and how it will be done
- What the timescales are for each stage
- Whether any specialist assessments are required
- Who will undertake direct work with the child(ren)?
- How family members and children will be involved in the assessment
  Whether the assessment needs to 'co-opt in' any members with particular areas of knowledge and skill, e.g. mental health, drug and alcohol issues

8.4 The lead assessing agency will coordinate the overall assessment process. This involves planning, preparation and coordination with other agencies as appropriate. Discussions will need to take place as to who will be the lead agency, but where there are concerns about the welfare of the children, this will generally be Children's Social Care, with the Adult Mental Health/Substance Misuse professional contributing to the assessment.

9. Assessment of parenting capacity – typical questions and considerations for joint assessment

9.1 The assessment of parenting capacity can help provide an overview of the parent(s) ability to ensure the safety of the child(ren), to provide appropriate emotional warmth, stimulation, guidance, boundaries and ongoing stability. Many measures and resources to support the assessment process are available from the Department of Health website: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144.

9.2 The Framework for the Assessment of Children in Need [5] and their families provides the foundation for the systematic assessment of children and families. The Framework embraces three key areas: the child's developmental needs; parenting capacity and wider family and environmental factors (q.v. *Framework for the Assessment of Children in Need and their Families*, 2001).

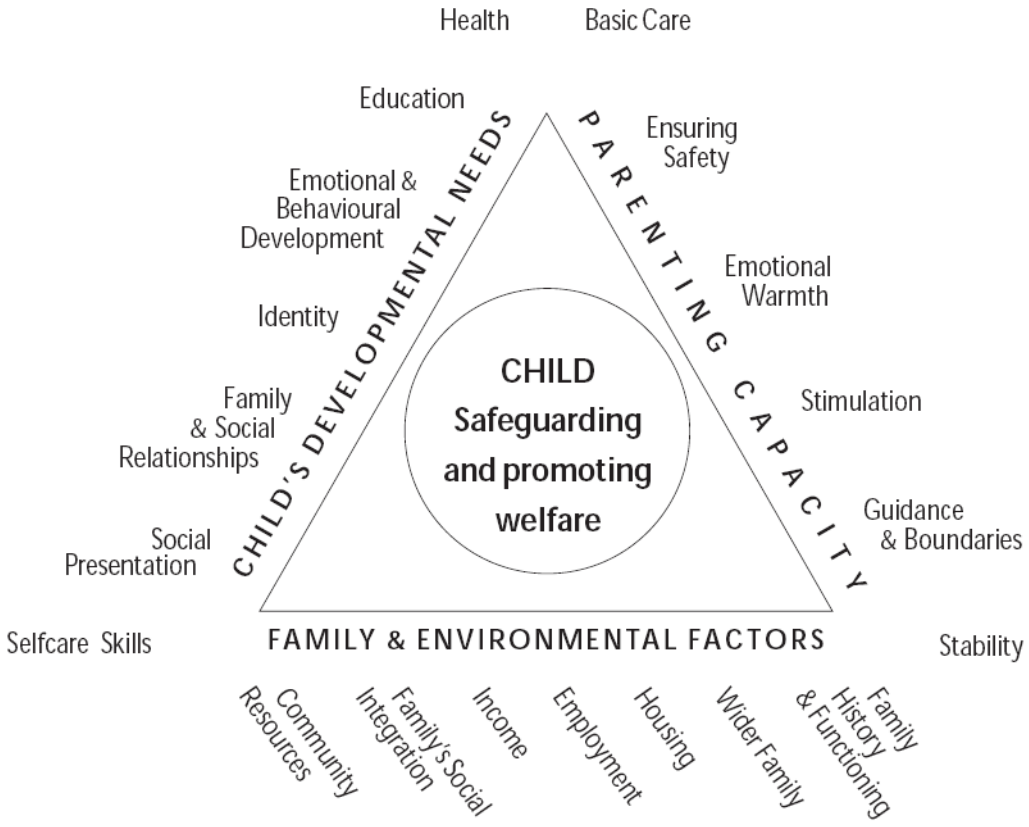


Figure 1

9.3 Information should be gathered, collated and recorded in such a way that it supports a process of analysis, giving consideration to the 20 domains of the assessment framework (see figure 1) using the Holistic Assessment Tool for parents and carers (Appendix 2).

9.4 The Assessment should include clear summaries in which both strengths and difficulties are identified in each of the three domains ('family and environmental factors', 'parenting capacity' and 'child's developmental needs').

[5] A child i.e. a person under 18 years is deemed to be 'in need' if they are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health and development without the provision of services by a local authority.

9.5 This protocol does not suggest that mental health/substance misuse workers should carry out full assessments of children using the three domains (below); rather that the domains provide a useful basis for considering children's needs, and that they should be considered routinely in the assessment of adults with mental health problems. Adult mental health professionals will be particularly valuable in assessing the impact of the parent's mental health in the 'parenting capacity' domain.

10. Care planning and the decision-making process

10.1 In this context, the Adult Mental Health Services Care Plan is the 'jointly agreed plan', which is derived following consideration of the holistic assessment of the family's needs, with the child's needs being of paramount importance.

10.2 Following the Joint Planning Meeting, each Care Plan will identify clear objectives, responsibilities and review dates.

10.3 It is essential that there is good communication and joint planning to support appropriate and integrated service responses. Consultation should always occur between families and teams on significant changes in Care Plans and on the planned closure of a case. Children's services should always be informed if there are any significant changes in a family which may impact on parenting, for example, if a parent or carer leaves the household, leaving the other parent who suffers from mental illness with sole care of the children. Equally, Children's services must always be informed if there are plans to discharge a parent / carer from acute psychiatric care.

10.4 In cases where there is not an allocated Social Worker or Care Coordinator for the parent, the relevant Team Manager from the Mental Health Service/Substance Misuse Service will provide advice and consultation to Children's Services along with undertaking the liaison function.

10.5 Alternatively if there is not an allocated Social Worker for the child(ren), the relevant Team Manager from Children's Services will provide advice and consultation to the Mental

Health Team/Substance Misuse Service. Each authority should consider holding regular meetings between relevant Team Managers to facilitate this process.

10.6 In cases where it becomes apparent that a child is suffering, or is likely to suffer, significant harm either as a result of a deliberate act or as a result of a failure on the part of a parent or carer to act, or to provide proper care, or both, the All Wales Child Protection Procedures must be referred to and a referral must be made to Children and Families Service without delay.

10.7 Any Care Plan developed under this protocol must be referred to, and included within, the Care Programme Approach Care Planning process.

11. Making a referral to Children's Social Care from Adult Mental Health/Substance Misuse Services

11.1 If an AMH/SM worker is worried about a child's welfare a prompt referral should be made to Children and Families Services. Referrals can be made by telephone or e-mail to the duty Social Worker to avoid delay but must be followed up with a written referral form within 24 hours. As outlined in section 8 the referral pathways for child protection and child in need referrals vary and will have different demands in terms of consent and the information supplied.

11.2 As much information as possible should be provided in the referral, including:

- Reasons for referral/concerns
- family details, schools attended, GP
- diagnosis
- severity
- risk
- history
- dual diagnosis
- compliance with treatment
- Insight into the child's needs

- Impact on parenting capacity
- Whether the child or family have consented to being referred as a child in need or whether this is a child protection referral.

11.3 Where appropriate, Children's Social Care will undertake an Initial Assessment within seven working days and will carry out a Section 47 investigation, where it is found that parental illness/drug misuse may cause a child to be at risk of significant harm. This could be a child:

- who features within parental delusions
- who is involved in his or her parent's obsessional compulsive behaviours
- who becomes a target for parental aggression or rejection
- who has caring responsibilities inappropriate to his or her age
- who may witness disturbing behaviour arising from the mental illness (e.g. self-harm, suicide attempts, uninhibited behaviour, violence
- who is neglected physically and/or emotionally by an unwell parent
- who is at risk of physical injury or chronic neglect

11.4 Where a child is assessed as not being at immediate risk, but the family is in need of support to improve parenting, an in depth, core assessment, using the Framework for the Assessment of Children in need may be completed.

11.5 A pre-birth core assessment should be undertaken by Children's Services on all referrals of pregnant women or male service users with a pregnant partner, where the degree of parental mental illness/impairment or substance misuse is likely to impact significantly on the baby's safety or development. Where mental health or substance misuse services are aware of a service user where there are concerns about an unborn child, they will ensure that a referral is made to Children's Social Care.

12. Children's Social Care response to a referral from Adult Mental Health/Substance Misuse Services

12.1 Once a referral is received, Children's Social Care will check whether or not the child(ren) are already allocated to a Social Worker. If the child is already an open case to Children's Social Care, the allocated worker will be informed of the referral immediately. The allocated worker will then liaise directly with the referrer.

12.2 If the child is currently not an open case, further checks will be undertaken and a decision made as to what further action is necessary within 1 working day.

12.3 If child protection procedures are to be followed:

- Children's Social Care will undertake a Strategy Discussion in order to decide whether to commence a Section 47 investigation. The Strategy Discussion takes place within 24 hours. Sometimes the Strategy Discussion will decide to convene a Strategy Meeting.
- The AMH/SM worker should attend the strategy meeting to ensure joint planning and assessment takes place
- It may be appropriate for a joint home visit to take place as part of the S47 Enquiries.
- Children's Social Care should inform the AMH/SM worker of the outcome of the Section 47 investigation
- Children's Social Care will invite relevant representatives of Adult Mental Health or Substance Misuse services to the Initial Child Protection Case Conference

12.4 If a Children in Need response is appropriate, Children's Social Care will:

- Undertake an Initial Assessment
- Invite the AMH/SM worker to contribute to the assessment and attend any planning meetings to ensure joint planning and assessment takes place
- Conduct a joint home visit with the AMH/SM worker or other involved professional
- Require all agencies to contribute to the assessment, the development of a Child in Need plan and subsequent reviews
- Always inform the AMH/SM worker if the case is to be closed

12.5 the status of cases at child protection or child in need can change over time once new information has been received or decisions made.

13 Children's Social Care referrals to Adult Mental Health /Substance Misuse Services

13.1 Children's Social Care staff with concerns about the mental health/substance misuse of a parent/carer should establish if they are receiving or have received any services from

their GP or Adult Mental Health/Substance Misuse services. A referral to Adult Mental Health services must always be considered when there is a current or past diagnosis of psychosis.

13.2 Children's Social Care staff should state their concerns explicitly, providing an accurate description of presentation, behaviour and impact on parenting capacity. The details of the family composition should also be recorded

13.3 Urgent Mental Health assessments for new referrals

The AMH worker will:

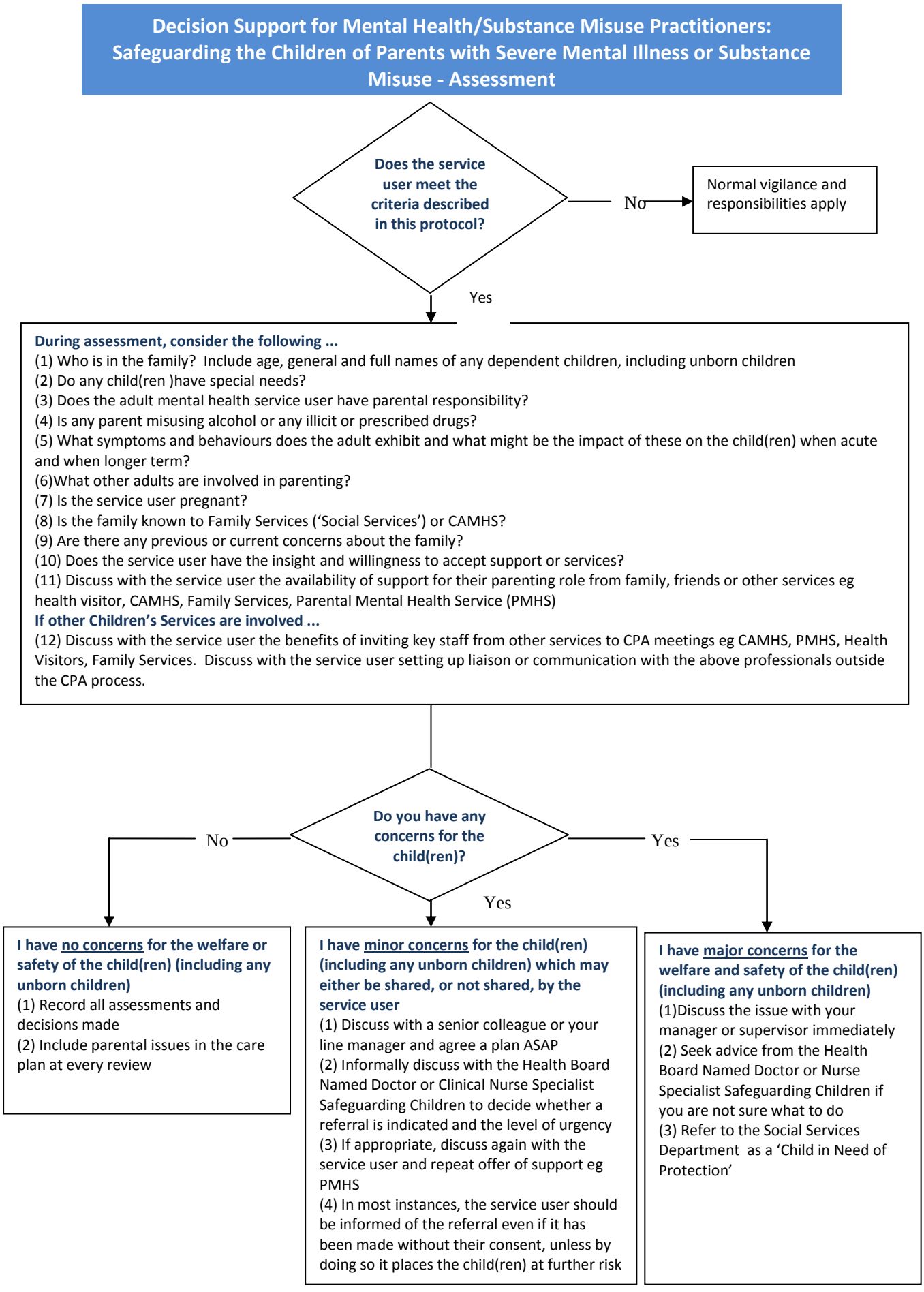
- Acknowledge receipt of the referral within 24 hours and state the actions taken in response
- Undertake an adult mental health assessment which must include a risk assessment within 10 working days
- Consider if there is immediate risk to self or others. A formal Mental Health Act assessment may be required
- Inform Children's Social Care promptly of the outcome of this assessment
- Inform Children's Social Care promptly if an immediate Mental Health Act assessment of the carers/parents is considered unwarranted
- Advise Children's Social Care if the result of the assessment leads to a Mental Health Act assessment. Discussions should take place regarding the timing of assessment and the care plan for the children
- Agree a joint care plan with Children's Social Care if the carers/parents are to remain at home

- Inform Children's Social Care immediately if the carer/parent is to be admitted either as a formal or informal patient, so that alternative child care arrangements can be made in a planned and timely manner

14. Working with other Agencies

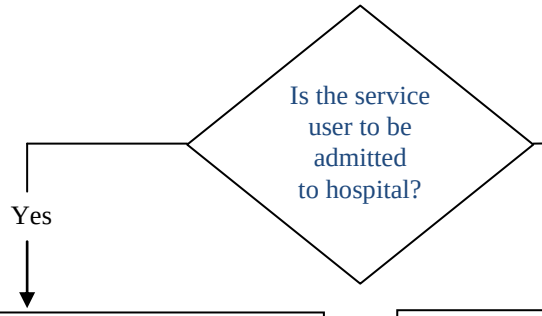
14.1 A number of professionals from a variety of agencies may be involved including Primary Care, Education, Police, Probation and the Voluntary Sector. Consideration must be given to securing multi-agency representation at Joint Planning Meetings.

15. Decision support: Parents in crisis



15. Decision support: Parents in crisis

Decision Support for Mental Health/Substance Misuse Practitioners: Safeguarding the Children of Parents with Severe Mental Illness or Substance Misuse – Parents in Crisis



(1) If parent is hospitalised and there is no other adult at home, arrangements may be made by the parent to find suitable alternative care through family/friends. If no suitable alternative care is available a referral will need to be made to children's services.

(2) Consider how the impact on the child(ren) can be minimised eg agree how contact can be maintained, what support and information the other carer and children need; who will explain the admission to the children, and how

(3) Discuss the issue with Family Services and the Health Visitor as soon as possible once the need for admission has been identified

(4) Ensure written information on the children and arrangements for their care is passed to ward staff and that there is ongoing communication between all professionals and services involved

(5) Refer to the Health Board policy on children visiting inpatient areas, if relevant

(6) As part of discharge and CPA planning, ensure support for the parenting role is included and that child safety is considered

(7) Ensure the CPA Care Plan contains a support Plan for children in the 'Crisis and Contingency Planning' section

(1) If the child remains at home it must be remembered that the welfare of the child is paramount. Consideration should be given to involving specialist child care services if you have concerns about the welfare of the child.

(2) Ensure there is ongoing communication between all professionals and services involved

(3) As part of discharge planning, ensure support for the parenting role is included

(4) The safety and welfare of the child should be kept under constant review

NB Children whose parents have severe mental health or addiction problems will usually be 'children in need' in their own right.

As part of the assessment of an adult with mental health problems practitioners need to consider how the service user's presentation impacts on their children or on those children with whom they have regular contact.

In all cases where there is a conflict between the welfare of a child and the rights of a parent or carer, the welfare of the child is paramount and takes precedence.

Appendix 1 – Initial /Review Conference Report

CONFIDENTIAL

REPORT FOR *Initial/Review CHILD PROTECTION CONFERENCE
(*delete as appropriate)

Prepared by:		**Designation:**		
I *will/will not be attending (*delete as appropriate)				
Date of Conference:		**Venue:**		
Local Authority Area:				
Names of Children:	**Sex:**	**Date of Birth:**	**School:**	
Address:				
Siblings (if not subject of report) and address if different:				
Name:	**Sex:**	**Address:**	**D.O.B.**	**School**
Parents:				
Mother:			**D.O.B.**	
Father:			**D.O.B.**	
Parental Responsibility:				
Address (if different):				
Significant others:				
Name:	**Address**		**D.O.B.**	**Relationship:**
Name of GP/Surgery:				
Registered with Dentist:	**Yes [ ] No [ ]**			
Key Worker:				
Other professionals involved:				
Name:		**Agency:**		
If a Review Conference: **Date of Registration:** **Category:** **Date of last case Conference:**				
Background Information/Reason for Conference:				
Child's Developmental Needs:				
Hospital Attendances/Admissions:				
Immunisation status:				

Parenting Capacity:		
Family and Environmental Factors:		
Analysis of key issues:		
Identified Needs:		
Current or planned Intervention:		
Strengths:		
Risks:		
Recommendations for registration (with reasons):		
Signature:		
Name (please print)		
Designation:		
Date:		
Base Address:		
Report shared with parents/ young person:	**Yes [ ] No [ ]**	**Date:**
If No Reason:		

Appendix 2 Holistic Assessment Tool for use by Adult Mental Health and Substance Misuse Services

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

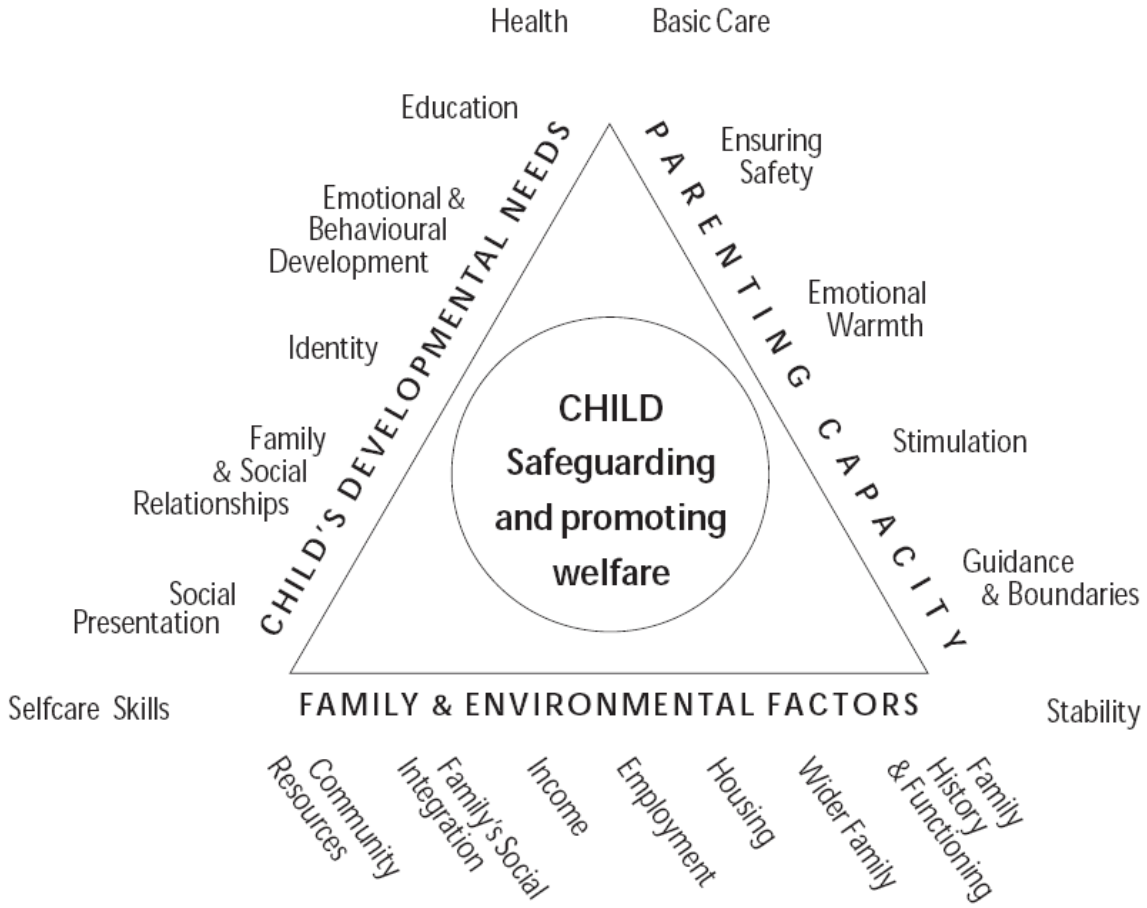
Mental Health & Learning Disability CPG

Holistic Assessment Tool for Parents & Carers

(To be used for all parents & carers who are responsible for children and for the assessment of unborn child)

Framework for the assessment of parenting capacity

Assessment Framework



- The Framework for the Assessment of Children in Need and their families embraces three key areas: the child's development needs: parenting capacity and wider family and environmental factors
- All staff working with adults with severe mental illness or substance misuse problems must consider the needs of the child(ren), giving consideration to the 20 domains of the assessment framework.
- This tool does not suggest that workers should carry out full assessments of children using these above three domains but that the domains provide a useful basis for considering children's needs and that they should be considered routinely in the assessment of adults with mental health/substance misuse problems.

Personal Details

Name:	**Address:**
DOB:	**Contact No**
Partners Name: **DOB:**	**Partners address**
GP:	**Health visitor:** **School Nurse:**

Children/unborn: **Name:**	**DOB/EDD**	**Relationship**	**Who has parental responsibility**

Family and environmental factors:

Health Issues

To consider:

Details of substance use, ie., type, quantity and administration of substance. Is the substance use stable, recreational or chaotic?

Is the person engaging in treatment?
Does the person have a mental health problem? Is there history of self harm, suicide attempts or repeated admissions to hospital? Is there any history of postnatal depression?
Does the person have any current medical problems?

Family history & functioning

To consider:

Details of partner & whether they have a substance use problem/mental health issues. Are there any disclosures of Domestic Abuse? Do the parents have support from family & friends? Are others within the family known to services? Any criminal activity?
Are the child(ren) isolated from extended family?

Housing

To consider:

Is the accommodation adequate & safe for children/new baby? What are the storage arrangements for medication & hazardous substances? Does the family move frequently or share accommodation with others known to services? Are there concerns about the frequency or number of visitors to the home?

Employment/income

To consider:

Is one or both of the parents in employment? Are there any financial difficulties? What benefits are being claimed? Is support needed with application forms?

Family social integration/community resources

To consider:

What activities/groups are the family involved in? Are they known to other services? Give contact details
Is the child/young person accessing universal services – play, youth etc?

Parenting capacity:

Provision of basis necessities

To consider:

Ensuring basic care, safety, emotional warmth, stimulation, guidance/boundaries & stability for example –
Is there adequate food, clothing & warmth for the child(ren)? Is there appropriate toys in the home?
Are the child(ren) attending school regularly – check & document liaison with school nurse or Education Welfare Officers
Are the child(ren) engaging in age appropriate activities or assuming parental responsibilities?
Are the child(ren) known to Social Services? If so document the name of the Social Worker & outline plan of care. Have the child(ren) ever been separated from their parents & for what reason?
If the child(ren) were to wake up in the night would their needs be met?
Are there signs the person is struggling with parenting?
What safety precautions exist for the care of the children?

Child's developmental needs:

Pregnancy

To consider:

Is the woman accessing health care? Document contact details of midwife, Specialist Midwife & Health Visitor.
Has relevant information been given regarding mental health/substance misuse/pregnancy including health risks to both her & unborn baby?
Does her partner have a mental health or substance misuse issue, if so, is he in services?
Has the woman started to prepare for the birth of her baby?
Has a Planning/Professional's meeting been held?

Child health

To consider:

Are there any health concerns? Does the child have a disability? What services are involved?
Are developmental goals being achieved & immunisation programmes being met? Liaise with Health Visitor
Do the child(ren) present appropriately, for example, clean/tidy?

Outcome of assessment:

Plan of action:

Discuss with team manager? Yes/No
Action required? Yes/No
Are the child(ren) in need? Yes/No
Has consent been given for referral Yes/No
Are the child(ren) at risk? Yes/No
Have you made a referral to Social Services Yes/No
Date, time & to whom referral was made:

Is there a disclosure of Domestic Abuse? Yes/No
Have you completed the HITS? Yes/No
What was the HITS score? 1 2 3 4
Have you completed the CAADA DASH RIC? Yes/No

What was the CAADA DASH RIC score? ☐

Have you made a MARAC referral? Yes/No
Date, time & to whom referral made:

Full Name (print)	Signature:	Designation:
Date completed:		
Copy sent to:		