



North Wales Practice Guide:

Supporting Children, Supporting Parents with
severe mental health problems and or
substance misuse issues

A framework for safeguarding children

1. Introduction

- 1.1 The overarching aim of this practice guide is to ensure that children, including unborn children of parent(s) experiencing mental ill health and/ or misusing substances receive appropriate support, safeguarding and protection.
- 1.2 All agencies have a collective responsibility to safeguard and protect children. This requires effective communication and coordination of multi-agency services to children and their families at both strategic and operational levels. This may include Adults and Children Social Services, Substance Misuse Services, Health, Education, Police, Probation and the Voluntary Sector. This practice guide provides a framework for joint working to ensure that children living with adults who are experiencing mental ill health and/ or misusing substances are adequately safeguarded and supported within the North Wales Region.
- 1.3 The practice guide is specifically intended for all professionals and staff members who work within Adult Mental Health, Children Services, Substance Misuse Services and all Health Professionals. It complies with the requirements of [The Social Services and Well-being \(Wales\) Act 2014](#) and the related [Safeguarding Statutory Guidance](#), [The Mental Health \(Wales\) Measure 2010](#), [Mental Health Act 1983 \(and 2007 Amendments\)](#) and the [Wales Safeguarding Procedures 2019](#)
- 1.4 All agencies need to ensure they work together in partnership with parents and in the best interest of children. It is recognised there may be, at times, a perceived conflict of interest between the needs of the child(ren) and the needs of parents who are experiencing mental ill health and/ or misusing substances. However, if a child is at risk of abuse or is suffering or is likely to suffer significant harm, the welfare and well-being of the child is paramount and the [Wales Safeguarding Procedures 2019](#) must be followed.
- 1.5 All agencies should be aware [The Social Services and Well-being \(Wales\) Act 2014](#) introduced new statutory duties on 'relevant partners' to report both children and adults who are at risk, along with new definitions of what is meant by a child and an adult at risk, along with the categories of abuse and neglect. When a child has been reported under [Section 130 of the Act \(Duty to report children at risk\)](#), the local authority must consider whether there are grounds for carrying out an investigation under [Section 47 of the Children Act 1989](#).
- 1.6 It should be understood, that not all parents who experience mental ill health and/ or misuse substances are abusive or neglectful. Many parents with mental ill health and/or who misuse substances can provide safe and effective care for their children, if they have good positive support networks and if they can access appropriate advice and support in the community.
- 1.7 [The Social Services and Well-being \(Wales\) Act 2014](#) places a strong emphasis on the duty to work in partnership with parents and children; to provide early help, advice and prevention strategies which build on peoples' strengths and address what matters to them.

1.8 This document should be read in conjunction with the legal framework of the [Social Services and Well-being Wales Act \(2014\)](#), the [Wales Safeguarding Procedures \(2019\)](#), the [Mental Health \(Wales\) Measure \(2010\)](#), the [Social Services and Well-being \(Wales\) Act 2014 and its interface with Mental Health Legislation in Wales](#) and the [Human Rights Act \(1998\)](#), relevant operational policies relating to children's, mental health and substance misuse services and in particular in conjunction with the [Safeguarding Children Standards for Adult Mental Health \(2015\)](#) published by Public Health Wales.

2. The purpose of the Practice Guide

2.1 The purpose of the Practice Guide is to set out the responsibilities of agencies and practitioners for joint working and sharing information when there is a concern that a parent's mental ill health and/ or misuse of substances compromises his/her parental capacity-placing his/her child/ren (or unborn child) in need of care and support and/or at risk of harm. It is based on the principle that regular multi-agency cooperation and communication will lead to informed assessments, effective planning and better outcomes for children and families.

2.2 The Practice Guide's key message is that all mental health and substance misuse agencies providing services to adults with parental and child care responsibilities, must regard protecting and safeguarding the welfare and well-being of children as the most important consideration.

2.3 The aim is to facilitate coordinated responses from Children and Family Services, Mental Health Services, Primary Care Services, Substance Misuse Services and Partner Agencies. This response is to include joint assessments of families where there are child protection concerns and the parent has significant problems in relation to their mental health and/ or misuse of substances.

To maintain effective communication between Children and Family Services, Mental Health Services, Substance Misuse Services, Primary Care services and Partner Agencies.

To facilitate the early identification of those children who are experiencing or may be at risk of experiencing harm as defined in the [Wales Safeguarding Procedures](#) and statutory guidance so that support can be offered to prevent the escalation of risk.

3. Scope of the Practice Guide.

3.1 For the purpose of this practice guide, an adult with mental ill-health is defined as:

- An individual who is experiencing mild to moderate mental ill-health such as anxiety disorders, mild to moderate depression, psychosocial, behavioural or emotional difficulties or memory impairment

- An individual who is experiencing severe mental ill-health such as schizophrenia or other (enduring or transient) psychosis, bipolar disorder, severe affective disorder, severe eating disorder, dementia or personality disorder.

3.2 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.
- An adult whose substance use is chaotic; excessive use of substances over a prolonged period of time, with the user finding it very difficult to live without the substance or experiencing problems stopping or regulating use. Such individuals may not appear to care or be aware of the dangers of their use.

4. Sharing information and confidentiality

4.1 [The Children Act 2004, section 28](#), places a statutory duty on Local Authorities, Police, Probation, NHS bodies, YJS, Prison Governors, Training Centre Directors, British Transport Police and contracted services, to make arrangements to ensure they carry out their existing functions in a way that takes into account the need to safeguard and promote the welfare of children.

4.2 Partnership arrangements are strengthened further under Part 9 of the Social Services and Well-being (Wales) Act 2014. The [Codes and Guidance: Part 9 Statutory Guidance \(Partnership Arrangements\)](#) notes that:

“A partnership body (member organisation) must share information with any of the other partnership bodies (member organisations) within the Regional Partnership Board for the purposes of carrying out the functions being carried out by the partnership arrangement. However, this duty does not apply if this is incompatible with any of the body’s other duties, including its duties under the [General Data Protection Regulations 2018](#), the [Data Protection Act 2018](#) and the [Human Rights Act 1998](#).”

Any personally identifiable information should be shared within the principles of the ‘Wales Accord on the Sharing of Personal Information’ (WASPI). All Local Health Boards and Local Authorities in Wales are signatories to the [WASPI Accord](#)”.

4.3 Professionals and staff providing services to adults and children will be concerned about the need to balance their general duty towards their service users and their duties to protect children from harm.

4.4 Confidentiality is an important factor in enabling service users to engage confidently and honestly and all agencies should support the requirement to maintain confidentiality as far as possible.

- 4.5 The personal information given by a service user should not be shared with others without consent, unless the safety of the service user or other vulnerable person may otherwise be put at risk.
- 4.6 The general principle of professional and ethical codes of conduct, and in human rights and data protection legislation. This acknowledges an individual's right to privacy but also enables disclosure and sharing of information in certain appropriate circumstances, such as when there is a concern regarding the welfare of a child.
- 4.7 Research and experience from child practice reviews have repeatedly shown that in order to safeguard a child from abuse and/or neglect professionals and staff must share information in a timely manner about the child's health and development and exposure to serious harm. It is critical information is shared about a parent whose needs may compromise their ability to care adequately for the child, and those who may pose a risk of harm.
- 4.8 The main provisions on disclosure of information for professionals and practitioners are:
- The common duty of confidentiality;
 - [Human Rights Act 1998](#)
 - [Data Protection Act 2018](#)
 - [General Data Protection Regulations 2018](#)
 - [Children Act 1989](#)
 - [Children Act 2004](#)
 - [Crime and Disorder Act 1998](#)
 - [Social Services Well-being \(Wales\) Act 2014](#)
 - [Wales Accord on the Sharing of Personal Information](#)
- 4.9 [Working Together to Safeguard People Volume 5 – Handling Individual Cases](#) states that in exceptional circumstances, personal information can be lawfully shared without consent where there is a legal requirement or the practitioner deems it to be in the public interest. One of the exceptional circumstances is in order to prevent abuse or serious harm to others.
- 4.10 The common law and statutory restrictions do not prevent the sharing of personal information with other professionals and practitioners as long as:
- The service user and/or those likely to be affected give their consent; or
 - The public interest in safeguarding the child's welfare or well-being overrides the need to keep the information confidential; or
 - Disclosure is required under a court order or other legal obligation.
- 4.11 The legislation therefore recognises that disclosure of confidential information without consent or a court order, may be justified in the public interest to prevent harm to others. It is good practice that when concerns about a child's

safety require a professional or staff member to share information without consent, he/she should tell the person they intend to do so, unless it would place the child or others at greater risk of harm.

- 4.12 It is good practice for a professional or staff member requesting information from another agency to explain:
- What kind of information they require;
 - Why they require it;
 - What they will do with the information, and;
 - Who else might need to be informed if there are continuing concerns about the child.
- 4.13 In circumstances when a child is considered to be at risk of abuse or neglect, professionals and staff members may be asked to provide information either verbally or in a written report, for the purpose of;
- A proportionate or specialist assessment of the child's circumstances
 - Completion of Section 47 enquiries
 - Provision of information and advice to parents
 - Provision of preventative services and targeted intervention for a child and their family
 - Informing decision making at a Child Protection Conference
 - Completion of Court reports

Please note that this is not a definitive list.

- 4.14 The professional or staff member to whom the request for information is made should consider:
- Whether there is a perceived risk or likely risk of abuse or neglect to a child;
 - Whether they have relevant information to contribute;
 - Whether the information is confidential, or in the public domain, or could be better provided by another agency
 - What information the service user has given permission to share;
 - How much information needs to be shared in order to safeguard and reduce the risk of harm to the child/ren.
 - For professional's/ staff members to seek support from safeguarding leads within their organisation in line with the Wales Safeguarding Procedures.

5. Standards for professionals and staff members in Mental Health Services, Children Services, Substance Misuse Services and other agencies

For unborn babies, please see North Wales Safeguarding Board Pre-Birth Protocol for guidance in relation to pre-birth assessments and management.

- 5.1 Professionals and staff in adult mental health services, substance misuse services and other agencies should make themselves aware of service users who are parents and/or pregnant, and/or hold parental responsibility and/or

have children living with them.

5.2 Professionals and staff in children services should prioritise making themselves aware of parental mental health issues and/ or substance misuse issues so as to be sure of an informed assessment and to ascertain whether the parents they work with are known to or would benefit from mental health services and/ or substance misuse services.

5.3 Professionals can access online learning on the Social Care Wales – Wales Safeguarding Procedures Training; [Social Care Wales – Wales Safeguarding Procedures Training](#)

Professionals can also access training internal within their own organisation.

- Facilitate the early identification of children at risk of harm and to develop skills in undertaking multi-agency assessments and to promote effective collaboration and communication between agencies.
- Improve staff awareness of mental health issues and child protection.

6. The role and responsibilities of mental health services and/ or substance misuse services in safeguarding and promoting the welfare of children - It should be understood, not all parents who experience mental ill health and/ or misuse substances are abusive or neglectful.

For unborn babies, please see North Wales Safeguarding Board Pre-Birth Protocol for guidance in relation to pre-birth assessments and management.

6.1 Mental health services and/ or substance misuse services within the region when working with parents/ carers, will need to ensure their service users are made aware that any identified child protection/ safeguarding concerns in relation to children will be shared with the appropriate agencies. It can also be explored that they can access care and support provision, as an early help mechanism.

**When working with parents/carers, Mental Health Services and/or Substance Use Services within the region, will need to ensure that any child protection/safeguarding concerns will be shared with the appropriate services. Care and Support provisions may be explored as an early help mechanism.*

6.2 As part of all mental health and/ or substance misuse assessments, each episode of treatment, whether as an inpatient or in the community, the professionals will:

- Routinely record/ confirm whether the adult being assessed is a parent or has a significant caring role for a child.
- Establish and record details of the children, the parenting arrangements and what agencies are currently involved.

6.3 Following assessment, professionals should routinely inform midwifery, health

visiting, peri natal mental health or school nursing service as appropriate. If the initial referral was not from the GP, primary care should be notified of any concerns which may impact upon an adults parenting or caring. There will be a need to reassess at each further contact.

The [Welsh Government Guidance on Co-Occurring Framework for Mental Health and Substance Misuse Services](#) has been designed to inform and influence the delivery of integrated and collaborative practice in the delivery of services for adults, children and young people.

- 6.4 Where professionals suspect a child or an unborn child is experiencing or is at risk of experiencing abuse or neglect, the referral process must be followed in line with the [Wales Safeguarding Procedures](#). An appropriate [Child at Risk referral/report](#) should not be delayed because a diagnosis has not yet been made in relation to the adult's mental health.
- 6.5 If mental health service/ substance misuse service professionals and staff members have concerns about the welfare or well-being of a service user's child, in relation to their safety, their health and/ or education and/ or development they should seek parental consent in order to make a report (referral) to the appropriate agency. If consent is not gained, professionals/ staff members can still submit a report (referral) but this would be a child at risk report (referral).
- 6.6 It is good practice to gain parental consent, as long as asking for consent from parents is not likely to increase the risk of harm to a child. When considering making a report (referral), agency professionals and staff members should ask themselves the following questions:
- What parenting information, support and advice is required in order to prevent a risk of harm to the child?
 - What impact are the parental mental health issues having/likely to have on the child's well-being?
 - How vulnerable is the child/ren?
 - How extensive is the concern/problem?
 - Are the concerns/problems long standing or part of a repeated pattern?
 - What is likely to happen if action is delayed or not taken?
 - What protective factors/strengths are in place?
 - How vulnerable is the adult?
 - What is the lived experience of the child?
 - What actions have already been taken to try and address any concerns?
- 6.7 All adult mental health/ substance misuse service professionals and staff must make a report (referral) to Children Services in accordance with local arrangements in their area of the region, as per the Wales Safeguarding Procedures.
- 6.8 The agency professional or staff member should provide a completed [Referral Form](#) which provides information about the family and household circumstances and the identified concerns.

- 6.9 When considering making a report (referral) you should ask if there may be circumstances where a referral would prevent harm and where early intervention or targeted prevention could prevent risk from escalating. Parental consent is required in these circumstances. When considering making a report (referral) the agency professional or staff member should ask themselves if a referral would prevent harm and where early intervention or targeted prevention could prevent risk from escalating. Parental consent is required in these circumstances.
- 6.10 All verbal reports (referrals) should be directed to the relevant Local Authority where the child resides and should be confirmed in writing within 24 hours. Please note that each Local Authority has a different team to process reports. Please refer to Appendix 1.
- 6.11 In addition, it is important for professionals and staff to distinguish between issues of evidence and likelihood of harm. It is often difficult to obtain clear evidence to substantiate a professional/ staff member's concern, and professionals need to consider all safeguarding concerns. Conversations with involved professionals should take place to ascertain the level of harm, but this should not be taken as a signal that the situation is not potentially serious.

When considering 'harm' it should be based around the legal definition ([The Social Services and Well-being \(Wales\) Act 2014](#) [Children Act 1989](#) and the [Wales Safeguarding Procedures](#)) and professional concern (judgement). If agencies have these concerns resonating around 'harm' the direction must be a CAR.

- 6.12 All mental health and/ or substance misuse service professionals and staff members should assist social services professionals in undertaking assessments. This is undertaken by contributing relevant information from assessment materials and attending and reporting to Child Protection Conferences and related meetings. This will be undertaken in accordance with information sharing and confidentiality requirements.

7. The role and responsibilities of social services in safeguarding and promoting the welfare of children

For unborn babies, please see North Wales Safeguarding Board Pre-Birth Protocol for guidance in relation to pre-birth assessments and management.

- 7.1 When the Social Services Department receive a report (referral) about the children of a parent experiencing mental ill health, and/ or substance misuse, a decision will be made about accepting the referral within 24 hours and the referrer will be informed within 7 days of the outcome. The assessment will include a preliminary risk assessment based on an analysis of identified strengths and vulnerabilities. Where there are grounds for concern that a child is at risk of harm, a Strategy Discussion/ Strategy Meeting will be held to consider the need for child protection enquiries in accordance with the [Children Act 1989 S47](#).

7.2 All Agency professionals and staff when notified of an assessment will gather and contribute relevant information about the child and parents.

Other agencies working with children may be able to provide information about:

- The child's age and stage of physical, social and emotional development;
- The child's educational needs;
- The child's health and health care needs;
- The emotional impact on the child of frequent and/or unpredictable; changes in adults' mood and behaviour;
- The child's perception of parental mental health issues/ and or misuse of substances; this child centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families. Anyone working with children and young people should see and speak to the child; listen to what they say; take their views seriously; and work with them and their families collaboratively when deciding how to support their needs. Special provision should be put in place to support dialogue with children who have communication difficulties, unaccompanied children, refugees and those children who are victims of modern slavery and/or trafficking.
- Strengths and barriers
- Health pre-birth assessment – internal processes

7.3 Following the completion of the assessment a decision will be made if the child is a child in need of care and support, and if so, a Care and Support Plan will be formulated and reviewed. This may mean further specialist or detailed proportionate assessments are undertaken. It is important children's services and mental health and/ or substance misuse services along with other agencies involved with the child and family share ownership of the Child in Need of Care and Support Plan.

7.4 Should this assessment identify an adult, or a child who requires a Care and Support Plan, a referral should be made to the relevant service.

7.5 In the event of a child being considered to be at risk of harm, Child Protection Section 47 enquiries will be undertaken and a proportionate assessment will be completed from which a decision will be made whether an Initial Child Protection Conference should be convened.

7.6 The Initial Child Protection Conference must be undertaken within 15 working days from the date of the Child Protection Strategy Discussion/Meeting, and agencies will therefore have limited time in which to prepare and share their report with the family and send it to the Conference Chair within two working days prior to Conference. If a child's name is placed on the Child Protection Register, a Care and Support Protection Plan is made and agencies in contact with the child and/ or parents will be required to attend Child Protection Core Group meetings and the Review Child Protection Conference.

7.7 As mental ill health and substance misuse can be very complex and often involves a relapsing condition, it is essential that when involvement ceases from Children Services or from Adult Mental Health Services or Substance Misuse Services that this decision is communicated to all involved agencies. It is important to ensure there is at least one agency providing universal services such as health and education having continuing contact with the child who can remain vigilant for any reoccurrence of signs of difficulties.

Prior to closing a case relapse prevention work should be considered.

7.8 Professionals working within adult mental health services and substance misuse services must ensure their care planning includes explicit details about issues and interventions required to help their clients in their parenting role. Consideration must be given to the adults' role as a parent and the impact of their mental ill health and or/ misuse of substances on their parenting capacity and subsequently on their children. This should also consider the wishes and feelings of the child regarding the parent's illness and behaviours.

7.9 When considering withdrawing involvement, practitioners must ensure that outcomes have been met and any agreed actions have been communicated to the family. There should be robust step-down plans in place to ensure the child's needs are met and continued support can be offered via other professionals, agencies or Universal Services.

8. Risk Factors

8.1 It is estimated that illness or mental health difficulties will affect 1 in 4 people at some time in their 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. Some children live with a parent who has a long term mental ill health condition. Additional support may be required in these cases.

8.2 Recent research has highlighted the adverse effects of childhood trauma which can result in long term health, educational, social and relationship difficulties. Parental mental ill health has been identified as one of the main stressful experiences that can adversely affect the environment in which children live. Research shows that some of the most harmful family environments for children include a combination of parental mental illness, alcohol/ substance abuse and domestic abuse.

8.3 The strong associations between exposure to adverse childhood experiences (ACEs) and vulnerability to various kinds of harm including substance use, unintended teenage pregnancy, violence, mental illness and physical health problems in adulthood mean the children of those affected by ACEs are at increased risk of exposing their own children to ACEs. This is often referred to as the 'cycle of violence'. Consequently, preventing ACEs in a single generation or reducing their impact on children can benefit not only those individuals but also future generations across Wales.

8.4 The need for agencies to work together to ensure targeted, effective prevention measures progressing through to remedial intervention and child protection planning is key.

8.5 Research also shows that the risk of harm to children is more likely to escalate 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 had 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

8.6 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 to child interaction is affected. Active consideration needs to be given to supporting the adult's parenting capacity in order to meet the needs of their child(ren).

9. Care and Treatment Planning and reviewing

9.1 In this context, the Adult Mental Health Services Care and Treatment 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.

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

9.3 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 and Support Plans and on the planned closure of a case. Children Services should always be informed if there are any significant changes in a family which may impact on parenting, for example, who is in the household; if a parent or carer leaves the household, leaving the other parent who suffers from mental illness and/or misuses substances with sole care of the children.

Consideration should also be given to who is in the house, and where especially at the time of home visits – any additional household members should be identified, such as fathers and mothers' partners, involved in the care of children. Please refer to recent Child Practice Review CPR (Conwy

2019/1) where key risk factor within this case was the unknown male. No professional who visited the home was aware of the male. The children had not shared any information with school regarding the male and the mother had not informed any professionals of him.

Equally, Children Services must always be informed if there are plans to discharge a parent / carer from acute psychiatric care.

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

Appendix 1

Concerned about a child?

If you know a child who is at risk of abuse or is being abused, it's very important that you let the council or the police know.

If the individual is in direct danger, call the Police immediately on 999. If not, telephone Social Services as soon as possible to share your concerns.

Anglesey

01248 725 888

01248 353 551 (out of hours)

Gwynedd

01758 704 455

01248 353 551 (out of hours)

Conwy

Social Services: 0300 456 1111

Out of Hours: 01492 515777

Denbighshire

01824 712200: Monday – Friday 9am – 5pm

0345 053 3116: Evenings and weekends

Flintshire

01352 701 000

0345 053 3116 (out of hours)

Wrexham

01978 292 039

0345 053 3116 (out of hours)

Appendix 2

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 – Assessment

Does the service user meet the normal vigilance and criteria described in this protocol?

Yes:

No:

During assessment, consider the following:

Normal vigilance and responsibilities apply

- Who is in the family?
Include age, general and full names of any dependent children, including unborn children
- Do any child(ren) have special needs?
- Does the adult mental health service user have parental responsibility?
- Is any parent misusing alcohol or any illicit, over the counter or prescribed drugs?
- What symptoms and behaviours does the adult exhibit and what might be the impact of these on the child(ren) ?
- What other adults are involved in parenting?
- Is the service user pregnant?
- Is the family known to Family Services ('Social Services') or CAMHS?
- Are there any previous or current concerns about the family?
- Does the service user have the insight and willingness to accept support or services?
- Discuss with the service user the availability of support for their parenting role from family, friends or other services e.g. health visitor, CAMHS, Family Services, Parental Mental Health Service (PMHS).
- Discuss with the service user the benefits of inviting key staff from other services to CPA meetings

e.g. CAMHS, PMHS, Health Visitors, Family Services. Discuss with the service user setting up liaison or communication with the above professionals outside the CPA process.

- Anything about visitors to the house (in regard to exploitation)

Do you have any concerns for the child?

No

I have no concerns for the welfare or safety of the child(ren) (including any unborn children)

- (1) Record all assessments and decisions made
- (2) Include parental issues in the care plan at every review

Yes (Minor)

I have minor concerns for the child(ren) (including any unborn children) which may either be shared, or not shared, by the service user

- (1) Discuss with a senior colleague or your line manager and agree a plan ASAP.
- (2) Informally discuss with the Health Board Named Doctor or Clinical Nurse Specialist Safeguarding Children to decide whether a referral is indicated and the level of urgency.
- (3) If appropriate, discuss again with the service user and repeat offer of support e.g. PMHS.
- (4) In most instances, the service user should be informed of the referral even if it has been made without their consent, unless by doing so places the child(ren) at further risk.

Yes (Major)

I have major concerns for the welfare and safety of the child(ren) (including any unborn children) (1) Discuss the issue with your manager or supervisor immediately (2) Seek advice from the Health Board Named Doctor or Nurse Specialist Safeguarding Children if you are not sure what to do (3) Refer to the Social Services Department as a 'Child in Need of Protection'

Appendix 2

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

Is the service user to be admitted to hospital?

Yes

- 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 Social Care.
- Consider how the impact on the child(ren) can be minimised e.g. 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
- Discuss the issue with Family Services and the Health Visitor as soon as possible once the need for admission has been identified
- 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
- Refer to the Health Board policy on children visiting inpatient areas, if relevant
- As part of discharge and Care and Treatment Planning (CTP), ensure support for the parenting role is included and that child safety is considered
- Ensure the CTP Care Plan contains a support Plan for children in the

No

- 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.
- Ensure there is ongoing communication between all professionals and services involved.
- As part of discharge planning, ensure support for the parenting role is included.
- The safety and welfare of the child should be kept under constant review.

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

'Crisis and Contingency Planning'
section

NB Children whose parents have severe mental health or dependency problems will usually be 'children in need of care and support' 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 the child and the rights of a parent or carer, the welfare of the child is paramount and takes precedence.