

Summary of potential impact of Parental Mental Health Difficulties & Drug & Alcohol Misuse on Children

Age years	Health	Education & Cognitive ability	Relationships & Identity	Emotional & Behavioural Development
0-2	Drug & alcohol misuse in pregnancy may result in symptoms of withdrawal Poor ante-natal care, missed appointments & Immunisations Failure to provide safe environment - Risk of serious injury or death by overlaying, unsuitable clothing, very poor hygiene	Development may be delayed through parent's inconsistent, under-stimulating & neglectful behaviour	Risk of use of multiple carers that can lead to insecure attachments Parents' own inconsistent & chaotic behaviour can lead to attachment problems Drug or alcohol use can be placed before the needs of the child	Emotional insecurity in the child due to parental lack of commitment, indifference, unhappiness, tension or irritability Parental unavailability & pre-occupation leading to neglect & anxiety in child
3-4	May be placed in physical danger by parental unavailability & excessive drug or alcohol misuse and by the presence of drugs in the home Physical needs may be neglected	Lack of stimulation Nursery or pre-school attendance may be irregular	May be left home alone or with unsuitable carers Taking on responsibilities beyond their years - Blame themselves for problems and try to put them right	Emotional insecurity continues Unable to tell of their distress therefore at risk of emotional disturbance. behaviour does not always reflect mental state
5-9	Medical & dental appt missed Psychosomatic symptoms e.g. sleep problems, bed-wetting, head & stomach aches	Academic progress may be negatively affected with related problems of school attendance, punctuality & concentration affected. Some children may immerse themselves in school and attain well	May develop poor self-esteem & blame themselves for parental problems Feelings of shame & embarrassment over parental behaviour may affect friendships & social interactions	Behaviour may become a problem at school Conduct disorders in boys-hyperactivity, inattention Depression & anxiety in girls Denial of own needs & feelings -Child labelled as the 'problem'

Age years	Health	Education & Cognitive ability	Relationships & Identity	Emotional & Behavioural Development
10-14	Little or no support during puberty due to parental emotional withdrawal Early experimentation with substances more likely May have difficulty in developing healthy & balanced attitude to alcohol use	Continued poor academic performance Higher risk of school exclusion	Caring for siblings &/ or parents Restricted & loss of friendships Neglect & poor appearance leading to becoming highly self-conscious Poor self-image & low self-esteem	Increased risk of emotional disturbance & conduct disorders including bullying At risk of becoming drug mis-users themselves
15 +	Increased risk of substance misuse Risk of pregnancy, STIs, self neglect & failed relationships	Poorer life chances due to poor school attainment or exclusion -behavioural problems Parents incapable of supporting getting them back into school or their continued learning	Lack of appropriate role models If parental behaviour is chaotic may have low self-esteem, feelings of rejection, unable to control events in their lives	Emotional problems may result from self-blame & guilt leading to an increased risk of suicidal behaviour & vulnerability to crime

Resources:

London Child Protection Procedures www.londonscb.gov.uk/procedures/
The two leaflets for families which should be given to all relevant families at:
www.oxleas.nhs.uk/site-media/cms-downloads/MH_parents_supporting_from_printer_pdf.pdf
www.oxleas.nhs.uk/site-media/cms-downloads/Children_with_MH_parents_from_printer.pdf
LSCB Multi agency protocol January 2010 www.bexleylscb.org.uk
Oxleas Child Protection Policy and Procedures www.oxleas.nhs.uk/site-media/cms-downloads/1659.pdf
Working Together to Safeguard Children 2010
www.education.gov.uk/safeguardingandsocialworkreform

If you would like to know more about the services the Council provides, or would like either a translation of this document or the information in a different format, please call our Customer Contact Centre on 020 8303 7777 and press 0, quoting reference: 603977/9.10

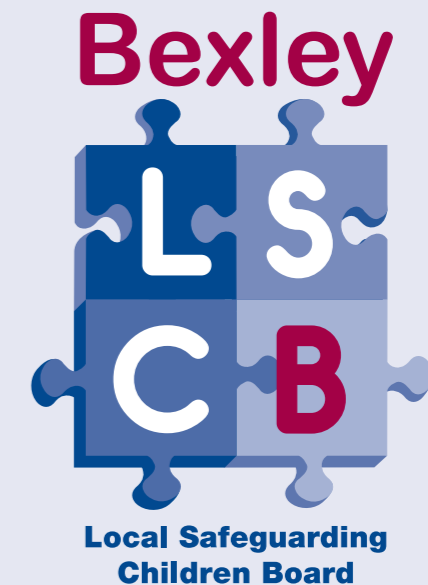


Children's Social Care and Adult Mental Health

Working together to meet the needs of Children and their Families

Information for Professionals

Children's Social Care and Adult Mental Health practitioners must work closely together to ensure that they safeguard and promote the welfare of children and vulnerable adults



Referral practice:

- A referral should always be made to Children's Social Care if a parent, carer or pregnant woman is considered to have significant mental health, substance mis-use problems or is threatening to harm themselves or their children
- A referral should always be made to Adult Mental Health or Substance Misuse Services if the behaviour or statements of a parent or carer indicate a risk to self or others
- Where there is immediate risk to a child, other adult or danger of self harm the police should be contacted

Assessment practice:

- Mental Health Practitioners should identify at an early stage if there are children in the family network/household and establish with their service user what those relationships are, if those children are in school and are registered with a GP. They need to establish what support the parent/carer may require in relation to parenting.
- Children's Social Care practitioners will identify at an early stage if a parent/carer has suspected mental health problems and if they may need support or assessment in relation to these
- Assessments should be jointly planned where possible
- Mental Health will assess on the impact of the mental health on the parenting capacity of the person/s involved while Children's Social Care practitioners will assess the child and their needs. Final decisions on parenting capacity will remain with Children's Social Care.

Care Planning:

- Each individual, whether child or adult, should have their own care plan that is reviewed according to the relevant guidelines/statutory requirements
- Consideration of joint planning and joint risk assessments where there is significant change within the circumstances of either the adult or child. This might include the parent leaving hospital or the child returning home after an episode in care
- Consideration of the inter-relationship of the risk assessments. For example when a parent is well enough to go home and their risk is reduced, the risk to the child may increase

Sharing information:

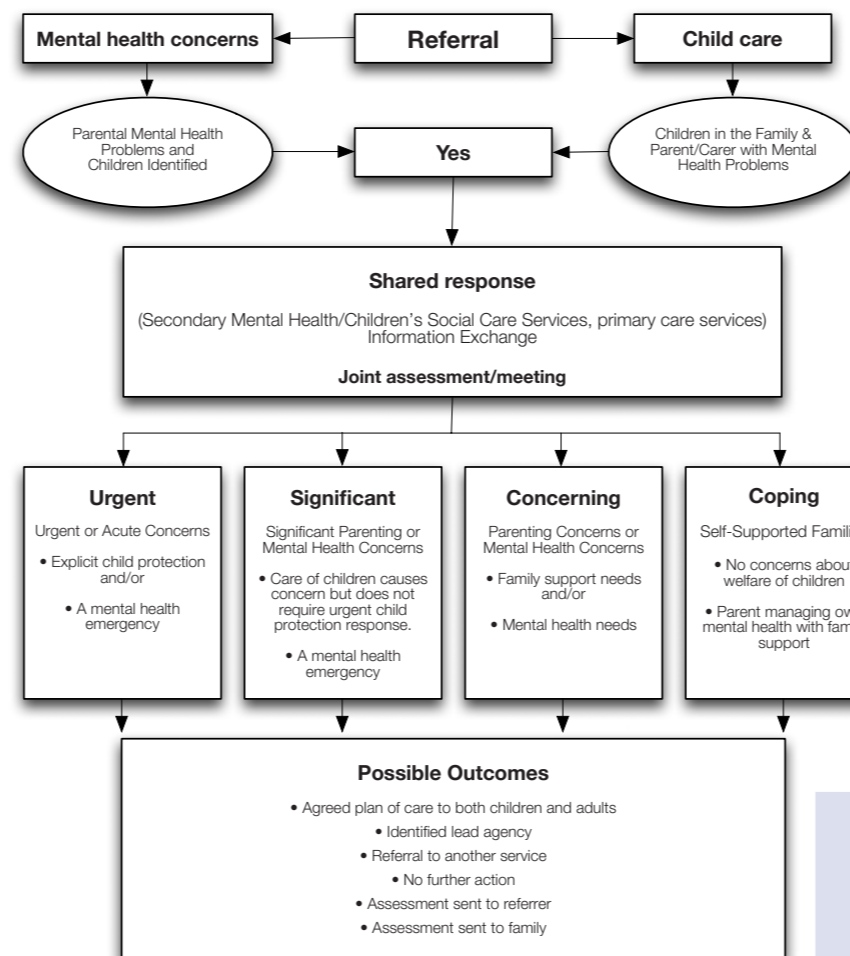
The guidance on sharing information is contained in this link:

Information Sharing Protocol
www.bexley.gov.uk/index.aspx?articleid=4645

Families including children, who are old enough to understand, should be told that Children's Social Care and Adult Mental Health Services will work in partnership, and that essential information to assist safeguarding and effective care planning will be shared.

Permission needs to be gained from the relevant adults and young people for information to be shared.

Referral Pathway Flow Chart



Actions to promote good working practices

- Inform families that the agencies work in partnership and share information
- Provide them with the following leaflets:
 1. Information for Children and Young People who have parents or a family member with a mental illness
 2. Advice for parents and family members with mental illness
- Display flow charts from the Joint Protocol in duty rooms
- Follow up any verbal communication in writing
- Work in close partnership throughout the initial and joint risk assessments, treatment and discharge/closing stages of the work. Good communication at endings is as important as good communication at the outset. Ensure that there is agreement on who is the lead professional and that case closure is communicated to and acknowledged by the other party
- Share service user feedback if given
- Advise managers of any conflicts or disagreements in risk assessments or planning

Decision Making Flow Chart

