



<p>Ref: CSC/AMH Protocol</p> <p>Effective from: October 14</p> <p>Review date: Sept 16</p>	<p>CHILDREN,SCHOOLS AND FAMILIES DEPARTMENT</p> <p>POLICIES &amp; PROCEDURES</p> <p>CHILDREN'S SOCIAL CARE SERVICES</p>	
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<p><b>TITLE:</b> Joint Protocol for Safeguarding Children and Families with Mental Health and /or Drug and Alcohol needs.</p>
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This document is currently under consideration of MSCB Policy Sub-Group.

Any suggestions for changes or inclusions would be most welcome and may be submitted to [MertonLSCB@merton.gov.uk](mailto:MertonLSCB@merton.gov.uk)

**PURPOSE OF PROTOCOL:**

To clarify the reciprocal responsibilities of Children’s Social Care with Services in Adult Community Mental Health, Drug and Alcohol Services, and Child and Adolescent Mental Health (CAMHS), in order to achieve the dual outcome of supporting parents who have mental health or drug and alcohol needs while ensuring their children’s welfare is safeguarded. ***This procedure is continually reviewed by all members of staff for suitability, effectiveness and customer focus to ensure we can improve upon the service we provide. If you have any comments on this procedure, please complete an improvement form included in the ‘Issue, Control and Revision’ procedure (1.0)***

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**Appendices**

- Appendix 1 – Clinical Pathway – Children’s Social Care to Adult Mental Health, and Drug & Alcohol Services
- Appendix 2 – Service Pathway – Adult Mental Health, and Drug & Alcohol Services, to Children’s Social Care
- Appendices 3 and 4 for CAMHS as above
- Appendix 5 – Merton Child and Young Person Well Being Model (MWBM) 2013
- Appendix 6 – Contact List

## **1. INTRODUCTION**

This joint protocol has been developed in order to improve the co-ordination and communication between Adult Services, Child and Adolescent Mental Health Services (CAMHS), and Children's Social Care, to ensure that children's welfare is safeguarded and promoted, and that adults who have mental health issues, and drug and alcohol problems, are supported in their role as parents or carers.

### **1.1 Background**

With the increased separation in service areas, and greater specialism in working with families with complex health and social care issues, there is a need to ensure that a strategic approach is adopted to improve joint working and to the exchange of information between services for adults and children.

### **1.2 Key Documents**

**Children Act (1989)**

**The Framework for Assessment of Children in Need and Their Families (2000)**

**Children Act (2004)**

**Working Together to Safeguard Children (2006) and Review (2010 and 2013)**

**London Child Protection Procedures (4th edition Apr 2011; Vs5 due Nov 2013)**

**The NHS & Community Care Act (1990)**

**Fair Access to Care Services (DoH 2003)**

**National Service Framework for Children, Young people and Maternity Services (2004)**

**The Mental Capacity Act (2005)**

**The Mental Health Act (1983) and amendments (2007)**

**National Service Framework for Mental Health (1999 / 2007)**

**NPSA Rapid Risk Report (National Patient Safety Agency 2009)**

**Hidden Harm (2003)**

**Supporting Parents, Safeguarding Children (CSCI - February 2006)**

**Analysing Child Deaths and Serious Injury through Abuse and Neglect (2008)**

**National Drug Strategy (2008-2018)**

**Caring for Carers (1999); Carers at the heart of 21st Century Families & Communities (2008)**

**SCIE 'Think Family' (2009)**

**The National Carers Strategy (refreshed 2010)**

**SCIE Good Practice guidelines**

**Guide 19- provide more effective support for families**

**Guide 30- A guide to parental mental health and child Welfare**

**The Equality Act (2010)**

**The Triangle of Care, Carers Included: A Guide to Best Practice in Mental Health Care (2011)**

**Merton Carers' Strategy (2008); and Young Carers Strategy (July 2009)**

**SWLSTG Carers' Friends and Family Strategy (July 2010)**

**Safeguarding Children and Young people roles and competences for health care staff**

**INTERCOLLEGIATE DOCUMENT March 2014**

### 1.3 Service Principles

This protocol is underpinned by the principles of the [Merton Child and Young Person Well Being Model 2013](http://www.merton.gov.uk/mwbm) ([www.merton.gov.uk/mwbm](http://www.merton.gov.uk/mwbm))

- earlier and more holistic identification of needs
- earlier and more effective intervention
- improved information sharing and co-ordination across agencies
- better service experience for children and families
- reduction in bureaucracy

All those who come into contact with children and families in their everyday work have a duty to safeguard and promote the well-being of children.

Section 11 of the Children Act 2004 places a duty on all agencies who have contact with children to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children. This includes health services, for whom this duty is also incorporated in all post-2004 guidance as listed overleaf in Section 1.2.

This joint protocol is specific to the need for Adult Mental Health, Drug and Alcohol Services, Child and Adolescent Mental Health Services (CAMHS) and Children's Social Care Services, together with Young Carer Support services as appropriate, to work together to ensure:

- the needs of the whole family are considered in an assessment, using the principles set out in 'Think Family'
- the ongoing well-being of children where their carer may have a mental health need is considered, as well as the ongoing mental health care of any parents/carers of these children
- Young carers are recognised and supported in their caring role, ensuring it is appropriate and does not conflict with their own needs being met.
- Wherever possible, children remain at home and support will be provided to enable this to happen.
- Efforts should be made to work in partnership with families, children and parents/carers.
- All Information sharing between the services will be Caldicott compliant.

Merton supports the main thrust of 'Supporting People, Safeguarding Children' which recommends that:

- those working in Adult Social Care should respond appropriately to the needs of adults as parents;
- those working in Children's Services ensure parents and children receive the help they need, and;
- There is an adequate range of relevant services to those parents needing help with parenting.

The [Merton Child and Young Person Well Being Model 2013](http://www.merton.gov.uk/mwbm) provides the local framework for assessing risk and need, and on how agencies need to work together to manage and respond to this in a coordinated manner.

## 1.4 Roles and Responsibilities

- **Adult Mental Health, Drug and Alcohol Services, and Child and Adolescent Mental Health Services:**

As defined in the following documents *Children Act 2004*, *Working Together 2006*, the *NPSA Rapid Risk Report 2009*, *The Review of Working Together 2010*, *Working Together to Safeguard Children; a guide to inter-agency working to safeguard and promote the welfare of children March 2013*, Adult Mental Health, Drug and Alcohol Services, and Child and Adolescent Mental Health Services have a responsibility to safeguard children when they become aware of or identify a child at risk of harm. They also have a responsibility to be aware and respond when a child's developmental needs are not being met below this statutory Child Protection threshold. This may be as a result of service's direct work with those in receipt of the above services and who have parenting responsibilities, or from work with a non-related abuser, or in response to a request for the assessment of an adult perceived to represent a potential or actual risk of neglect, of emotional-physical-sexual abuse, or of domestic abuse.

In order to safeguard children of service-users known to South West London and St Georges Mental health NHS Trust, mental health practitioners should routinely record details of patients' responsibilities in relation to children on the agency's database RIO (the electronic patient record system) and also on the internal record for Safeguarding Children. The children's names, date of birth, age, and schools attended should be clearly documented and kept up to date on these forms:

- *Safeguarding Children - Adult Client – Form 1*: for regular contact, and
- *Safeguarding Children - Adult Client – Form 2*: for child protection concerns.

All mental health practitioners should consider the support needs of service-users who are parents, and any service-user who has contact with children – i.e. family, friends – in all aspects of their work including the care plan, risk assessment, recovery, and contingency plan. Service-users and carers (with the service-users consent) should be given a copy of their care plan and it should be regularly reviewed as per the CPA (*Care Programme Approach*) Policy.

As defined in *The Triangle of Care 2011*, where there are carers who provide care and support to other family members who may be known to Adult, Children, or CAMHS services, a full carer's assessment should be offered, as per the CPA Policy, and in Merton, subject to consent, their details sent to Carers Support Merton.

All carers details should be recorded on RIO and have a separate record which is linked to the service-user, as well as being offered advice and guidance about local carer groups or specialist agencies who can provide them with support..

- **Children's Social Care**

- To lead on safeguarding the welfare of vulnerable children in order to, wherever possible, enable them to remain with their families
- Where this is not possible, to provide family based care that maximises their life chances and promotes their well-being
- To work with partner agencies to ensure appropriate services for children and young

people are provided at MWBM Universal, Enhanced levels, as well as Specialist/statutory levels in order to achieve positive outcomes for all children.

- To ensure that safeguarding and wellbeing service provided is based on a clear understanding of the needs and views of the children involved – and remains child centered.

- **Child and Adolescent Mental Health Service**

To work closely with other agencies, including but not limited to the London Borough of Merton (LBM) Multi Agency Safeguarding Hub (MASH) and Children's Social Care, Schools, Voluntary agencies such as Jigsaw4U and Young Carers, and Trust's Adult Mental Health and Addiction services.

CAMHS works within the Joint Information Sharing policy agreed as part of the MASH protocols and the Trust's Health and Social Care record keeping policy. CAMHS will always attempt to gain consent from the adult with parental responsibility to share information between agencies, but accepts that this may not always be possible. In such cases, the MASH protocol will be followed in the event of overriding safeguarding concerns.

CAMHS services in the Trust do not carry out carer's assessments, as the carer will be the adult with parental responsibility. Such assessments are carried out by the appropriate LBM services.

- **All Services with respect to Young Carers**

When a child is under 16 they can receive a carer's assessment when the adult is being assessed or re-assessed, but when 16 or over they can request an assessment at any time. Young carers may be hidden and there is a need to develop pro-active practice to enable families to feel able to ask for support

All health and social care professionals in adult's and children's services should ensure that children and young carers are provided with information ( appropriate to their age) which will help them understand the cared-for person's health issues, and the role of professionals visiting their home.

All professionals should ensure that

- Young carers are safeguarded appropriately and protected from any harm which may result from their caring role.
- Every young person who is a young carer receives adequate support to ensure that they do not take on an unduly heavy or inappropriate caring role. The reasons for their caring role may be complex and to resolve them may require a multifaceted approach.
- Every young carer has the opportunity to extend and fulfil their potential and receive sufficient support to enable them to attend school regularly and benefit from the opportunities offered to all young people at school, college or education provision.
- Every young carer has opportunity to access positive activities.
- Every young carer receives a range of timely, practical and emotional support to help them manage their caring role. Support and information will be readily accessible.
- Young Carers are entitled to be children first and ensure access to leisure activities and having fun.

- Young Carers should be included and consulted on all plans for the person they have caring responsibilities for, where this is appropriate.
- Young Carers are involved in the design, development and review of services to support them and their families.
- Young Carers should be given the contact details for care coordinators, or appropriate professionals in adult mental health and drug and alcohol teams, both for office hours and evening and weekends in case they have concerns to raise or in the event of a crisis or emergency.
- A whole-family approach to work with Young Carers is taken, in the context of an awareness of the individual and cultural identity of each family.

## **2 PRACTICE GUIDELINES**

### **2.1 A Joint Approach to Assessment and Care Planning**

When working with families with vulnerable adults as parents, or where one or more children has mental health issues, professionals need to consider whether the needs of all children are being met and whether the capacity of parents/carers to meet those needs is sufficient. The following points must be considered:

- The protective factors that help children stay safe in the context of their family/community, and how to strengthen a family's resilience and promote a recovery focused approach to managing mental health issues and drug or alcohol misuse.
- The impact of the parent/carers mental health / drug and /or alcohol difficulties on their ability to meet their children's physical, educational and emotional needs;
- The impact of treatment, hospital admission or other intervention from Adult Mental Health / Drug & Alcohol services on service user's dependent children;
- The impact of treatment, hospital admission or other intervention on the parenting of a child requiring support from CAMHS, as well as impact on any other siblings
- Planning for in-patient care – who will take responsibility for children or any young carers while their parent is in hospital? – and ensure an action plan is place.
- The implications or risks for the children in cases where adults have refused cooperation or withdrawn from treatment;
- The physical safety of the service user's children in cases of violence, aggressive or unpredictable behaviour.
- Domestic Violence
- Children as Young Carers
- Substance misuse
- Neglect issues

## **2.2 Merton Multi-Agency Safeguarding Hub (MASH), and the Merton Child and Young Person Concern Model (MWBM) 2013 at MWBM Levels 2-3**

If Adult Mental Health Services, Drug and Alcohol Services, or Child and Adolescent Mental Health Services (CAMHS) identify **Child Protection** concerns about any child/ren in a household at **MWBM Level 3**, a referral should **immediately** be made by telephone to Merton MASH (*refer Appendix 4 for contact details*). Where confirmed as child protection concerns by MASH, then Merton Children's Social Care will immediately initiate assessment and response, though supporting information from the referring practitioner will be required within 24 hours on a Safeguarding Children Referral Form for non-case-holding practitioners, or on a Common and Shared Assessment (CASA) form where the practitioner has further helpful holistic information to share.

All social care services have a responsibility to identify the support needs of vulnerable parents, and to identify the safeguarding and wellbeing needs of their children.

Where a referral to MASH identifies other non-child-protection safeguarding or wellbeing concerns at MWBM Level 2-3, then a Common and Shared Assessment (CASA) will be required from the outset from the referring practitioner, outlining holistically what these concerns are, how parenting is being compromised, what has already been tried, what needs to change, and providing as much information as possible on how this impacts on the child/ren's development. This will then inform further intervention from either the Specialist or Enhanced Level services within Children's Social Care.

## **2.3 Merton Early Intervention, Common and Shared Assessment (CASA), and the Merton Child and Young Person Well Being Model (MWBM) 2013 at MWBM Levels 1-2**

If Adult Mental Health Services identify lower level concerns at MWBM Level 1-2 about children in a household then, in line with the Merton Child & Young Person Well Being Model (MWBM) 2013, a Common and Shared Assessment (CASA) should be undertaken as the primary assessment tool for preventative support/intervention in consultation with relevant other professionals.

Advice and guidance can be provided by consulting with the MASH Team, or directly with the Supporting Families Team (SFT) (0-5), Vulnerable Childrens Team (5-18), or Transforming Families Team: (*contact details in Appendix 4 of this document*).

A referral to the Young Carers Project may still be very appropriate where concerns do not reach MWBM Level 3.

Where just two agencies are involved, the assessment detail, outcome, and action plan resulting from the mutual consultation between these agencies and the child/family are recorded and shared using the CASA and Action Planning forms. A copy is also shared with the family, while a copy is also sent to the CASA Co-coordinator for central record keeping. A CASA Review should be undertaken at least every 6 months, with Actions reviewed and updated, through to closure of the CASA episode.

Where there are three or more agencies involved, then a Team Around the Child (TAC) or Team Around the Family (TAF) meeting is convened. The CASA Review and updated Action Plan forms incorporates the TAC/TAF record. This is recorded and shared with all agencies



involved, and with the child/family. As above, a copy is also shared with the family, and a copy also sent to the CASA Co-coordinator. (Further guidance available in the MWBM Multi-agency Practitioner on-line Handbook at [www.merton.gov.uk/mwbm-casa](http://www.merton.gov.uk/mwbm-casa)).

Representation from the Adult service involved should always be sought for the TAC/TAF meetings.

Where there is a Young Carer involved and a TAC/TAF meeting is convened it may be appropriate (with their consent) to invite a representative from the Young Carers Project.

## 2.4 Practitioner Training Needs

### • Children's Social Care

In their professional capacity, Children's Social Care practitioners should be able to identify those parents of children who may have a mental health need, and should be aware of how to make a referral to the single point of entry for adults, the Merton Assessment Team (MAT).

All new referrals are subject to the service eligibility thresholds (Fair Access to Care Service). In emergencies all practitioners should know how to contact the Crisis Line, Home Treatment team, and refer to Out of Hours emergency Duty Team. This team covers four Boroughs, Merton, Sutton, Kingston, and Richmond. (*Contact details in Appendix 4*).

If the adult is already known to mental health, or drug and alcohol services, all Children's Social Care practitioners should know how to contact the relevant care coordinator.

Training provided by the Merton Safeguarding Children Board (MSCB) on working with Parental Mental Health, and Hidden Harm (alcohol and drug misuse) addresses this.

Further details available from [www.merton.gov.uk/lscbtraining](http://www.merton.gov.uk/lscbtraining)

### • Adult Mental Health, Drug and Alcohol Services, and Child and Adolescent Mental Health Services:

In a reciprocal manner, the Merton Assessment Team, Recovery and Support Teams, Early Intervention, Home Treatment, Complex Needs, Older Peoples Mental Health and Drug and Alcohol Services practitioners should understand their responsibility to safeguard and promote the well-being and welfare of children, and receive training on:

- The London Child Protection Procedures, to identify potential risk factors and those children/young people in need of support and/or safeguarding. This includes recognising the risks of abuse to an unborn child. To aid practitioners there is also a web link to Pan London Child Protection Procedures: [www.londonscb.gov.uk/procedures/](http://www.londonscb.gov.uk/procedures/)
- Merton MASH (Multi-agency Safeguarding Hub) – for sharing information about families/children where there is child protection, safeguarding or well-being concerns at MWBM Levels 2-3.
- The CASA is incorporated within the Merton Child and Young Person Well-being Model (MWBM) 2013 for addressing Early Help concerns at MWBM Levels 1-2. All practitioners from all agencies who have contact with children and young people are required to either know how to undertake a CASA themselves, or know who and where to go to have the CASA completed if they need assistance or to obtain information. All mental health services should have some staff trained on how to complete a CASA and at least assess how parenting capacity, and family and environmental

considerations, are impacting on a child's development and well-being.

- All services must ensure their staff know how to refer to other forums: Multi-Agency Public Protection Arrangements ( MAPPA); Multi Agency Risk Assessment Conference (MARAC); and the risk forum hosted and chaired by Sutton and Merton Management team in the SWLSTG Trust.
- All practitioners must be able to recognise the needs of parents who may require help and support in bringing up their children and have knowledge of where to refer them for such support.

- **All**

Finally, **Children's Social Care, Adult Mental Health Services, Drug and Alcohol Services, and Child and Adolescent Mental Health Service (CAMHS)** will commit to develop training programmes that equip practitioners to the appropriate levels for the services that they work within, in accordance with the above, and to develop opportunities for joint training events.

All have a duty to ensure they have clear arrangements for such assessment/intervention to take place when a need is identified – through their individual training or with the support of trained delegated lead practitioners within their own agency.

All mental health practitioners need to be trained in being alert to concerns about children and young people within families and in knowing how to follow-through with appropriate action.

All Children's Social Care practitioners to be alert to the impact on parenting of mental health or drug and alcohol misuse issues, and in knowing how to follow-through with appropriate action.

Children Social Care services and Adult Mental Health Services, Drug and Alcohol Services, and Child and Adolescent Mental Health Service (CAMHS) hope to develop regular forums to meet and jointly offer multi-agency training events, outside those which are provided by the Safeguarding Children Board, and to improve opportunities for staff forums, and reciprocal placements within each agency.

## **2.5 Service Pathways**

### **2.5.1 Children's Social Care to Adult Mental Health (Appendix 1).**

- a) Where the behaviour of a parent/carer arouses reasonable concern regarding a mental health need that may detrimentally affect the welfare of the child, Children Social Care at either Specialist or Enhanced MWBM Levels, will refer to the **Merton Assessment Team (MAT)**: this team is located at the Wilson Local Care Centre in Mitcham. Children's Social Care will also inform the parent/carer of this, and of the rationale for their decision.
- b) If a Children's Social Care practitioner is concerned that the behaviour of a parent/carer may affect the welfare of the child, but is unsure where to make a referral, the Social Worker can contact the Merton Assessment Team ( MAT) based at the Wilson Hospital, team manager or the Safeguarding Children's Lead: the Associate Director of Social Work in Mental Health, **prior** to making a referral (*contact details in Appendix 4 of this document*). If there is serious concern that the adult is experiencing a mental health crisis and is in need of urgent assessment under the Mental Health Act, the practitioner can contact the Approved Mental Health Professionals (AMHP) Service and refer for a statutory Mental Health Act assessment.

- c) Where the reasonable concern of mental health need is associated with specific forensic risks, then referral flows should take place as follows:
- Risk of sexual offending towards child – refer to *Sex Offender Service, Shaftesbury Clinic, Springfield Hospital* alongside implementing London Child Protection Procedures [www.londonscb/procedures/](http://www.londonscb/procedures/)
  - Risk of violence towards child – refer to *Forensic Service, Shaftesbury Clinic, Springfield Hospital* alongside implementing [London Child Protection Procedures](#).
- d) In cases where adults with children are receiving a service from an adult mental health team – Recovery Support; Early Intervention; Complex Needs; Home Treatment; or Older Peoples Mental Health team – this should be discussed with the care coordinator or team manager and consideration given to whether or not a multi-agency Practitioner’s Meeting should be held under the Merton Child and Young Person Well-Being Model (MWBM) 2013.
- e) Where the parent/carer is already a service-user of Adult Mental Health, Drug and Alcohol Recovery Services or Child and Adolescent Mental Health Services (CAMHS), this referral will immediately prompt information sharing between the relevant agencies to consider the welfare needs of the child (children), within the context of the mental health needs of the parent/carer.
- f) If a significant mental health need is not identified in the MAT assessment, Children’s Social Care will ensure the child’s needs continue to be met in line with Merton’s Child and Young Person Well-Being Model (MWBM) framework at MWBM Levels 1-3. This may involve work being undertaken by partner agencies as appropriate. Other healthcare input may be required from other agencies e.g. primary care, or IAPT (Improving Access to Psychological Therapies). Re-referral to MAT/specialist service can take place should the presentation change subsequently.
- g) Where appropriate, the assessment of the future welfare of the child (children) should be integrated with the assessment and treatment of the mental health of the parent/carer through reciprocal attendance at Care Programme Approach meetings, and also including Children’s Social Care Professionals meetings within both Merton Child and Young Person Well Being Model (MWBM) and Child Protection Guidelines, to ensure effective joint working, whilst both child (children) and parent/carer are receiving services from respective agencies.
- h) Where the parent/carer is not an existing service-user of mental health services, and a reasonable concern of mental health need is apparent from the referral or subsequent discussion, the MAT will arrange an assessment of the parent/carer. The urgency of this will be proportionate to the risk identified
- i) If a significant mental health need is not identified in the MAT assessment, Children’s Social Care will continue to ensure the child’s needs are met in line with Merton’s Child and Young Person Well Being Model (MWBM). This may require work being undertaken with the family by partner agencies. Other healthcare input may also be required from other agencies.
- k) If the parent/carer does not comply with the MAT assessment, and there are no Mental Health Act issues apparent, the MAT will inform Children’s Social Care, and the next steps will be agreed, dependent upon the apparent risk. Children’s Social Care will continue to be the lead agency for the child’s welfare, if required, but without input from mental health services. Children’s Social Care will encourage and support the parent/carer to comply with an assessment with mental health

services and jointly assess where possible.

l) Where Children's Social Care practitioners are the key worker for a child whose parent/carer/significant adult is receiving treatment from their GP (e.g. in cases of mild depression) for conditions which do not meet the Adult Mental Health services eligibility criteria, it is the responsibility of the Social Care practitioner (where appropriate) to contact the GP and request information to be shared, with consent from the carer, where there may be a potential risk to the child/young person if the situation is not appropriately managed and monitored. (Please see Information Sharing Protocols for further guidance in situations where carers do not give consent for information to be shared.)

## **2.5.2 Adult Mental Health, and Drug and Alcohol Services, to Children's Social Care (Appendix 2)**

a) Where a Recovery & Support Team & Drug and Alcohol Services or specialist mental health team practitioner, as part of their assessment or ongoing treatment of a parent/carer recognise concerns about the welfare of a child, and where these issues reach the Child Protection thresholds at MWBM Level 3, a referral should immediately be made to Merton Multi Agency Safeguarding Hub (MASH). Initially by telephone, this should be followed up with details on a Safeguarding Children Referral form within 24 hours as more fully described in Section 2.2. Consent should always be gained from parent/carer except in situations where this would place the child at further risk of harm.

b) Where a Recovery & Support Team & Drug and Alcohol Services practitioner, as part of their assessment or ongoing treatment of a parent/carer, recognises concerns about the well-being of a child that do not reach MWBM Statutory Level 3 threshold of the Merton Child and Young Person Well Being Model (MWBM), the Recovery & Support Team practitioner should ensure that a CASA is undertaken in line with the MWBM Level 1 Universal response, or Enhanced level response at MWBM Level 2.

c) Where more than one other agency is involved this will then be followed by a Team Around the Child/Family (TAC/TAF) meeting, and consideration will need to be given to which agency will convene the meeting and who should attend. Children's Social Care will not normally be expected to attend at this level, but the MASH or Enhanced Services can offer advice and information. It is important to support and enable the parent in their role by utilising the most appropriate local agencies available, and the resources in Section 4 of this document may be helpful.

d) Once a CASA has completed at MWBM Level 1-2 it can, subject to consent, be shared with the Vulnerable Children's team (5-18) or the Supporting Families Team (0-5) for further advice and support as appropriate. (*Contact details in Section 4 of this document.*)

e) Where a significant risk to the child's well-being is not identified from the Children's Social Care assessment, then the care coordinator will continue to provide treatment for the parent/carer, without specific Children's Social Care input at MWBM Level 3. However, Enhanced services or other agencies could be involved in maintaining welfare of child e.g. Children's Centre). Re-referral can take place should this presentation change.

f) If the child is allocated to a Social Worker, this referral will be passed to the appropriate team within Children's Social Care, and will prompt a discussion between relevant agencies to consider

the welfare needs of the child (children), within the context of the mental health needs of the parent/carer.

g) Future welfare of the child (children) should be integrated with mental health care of parent/carer through appropriate reciprocal attendance at Care Programme Approach and Children's Social Care meetings (including Child Protection meetings) to ensure effective joint working, whilst both child (children) and parent/carer are receiving services from respective agencies.

### **2.5.3 Child and Adolescent Mental Health (CAMHS) and referrals to Children's Social Care.**

- a) Referrals to CAMHS can be made by any professional; this is usually GPs, or other services, with the exception of children who are a Child in Need, who may be referred to the Children Social Care worker/s based in Children's Social care team. CAMHS do not accept self-referrals.
- b) All referrals to CAMHS are screened within 24hrs and are weighted for allocation according to clinical urgency. Referrals from Accident and Emergency are allocated immediately. Those who are identified as requiring urgent assessment and treatment, for example, children with an eating disorder are allocated between two-to four weeks. Referrals that are weighted as 'standard' or 'non-urgent' will be allocated for assessment and treatment between 8-14 weeks.
- c) **CAMHS interface with Children's Social Care-** All referrals are sent to the Multi-Agency Safeguarding Hub (MASH). There are appointed CAMHS specialists ( CAMHS @social care workers) in Children's Social Care who assist staff working with a Child in Need or a Looked After Child, and also children/young people who require support for their mental health needs but do not meet the threshold for CAMHS.

### **2.5.2 Child and Adolescent Mental Health (CAMHS) to Improving Access to Psychological Services (IAPT), Early Intervention Service (EIS) and Adult Mental Health.**

The transition of a young person from CAMHS to adult mental health services is uncommon, and will only take place where there is serious mental illness such as psychosis or eating disorder, or Class 'A' substance misuse.

The Trust Transition policy will be followed at all times in such cases. About six months before the young person's 18<sup>th</sup> birthday, a handover will commence between CAMHS and the appropriate mental health team. This is to allow a seamless transition of care between the two services.

The Early Intervention Service offers assessment and treatment for up to 3 years to young people who have emerging or established symptoms of psychosis. Referrals will be accepted when the young person is 17yrs, and CAMHS and EIS will work in partnership during this transition.

The IAPT (Improving Access to Psychological Therapies) service will accept referrals for young people who are 16yrs+.

## 2.6 Response Times

Response times to referrals for respective services are:

### **Children's Social Care**

Decision on how to respond to referral	1 day
Feedback to referrer	7 days
Single Assessment - Review	20 days
Single Assessment - Completed	40 days

### **Recovery & Support Teams and Specialist Mental Health Teams, including Early Intervention, Drug & Alcohol Recovery Team, and Older Peoples Mental Health Team**

Emergency response	1 day
Feedback to referrer	7 days
Urgent	7 days
Standard	28 days

Both services will copy initial appointment letters to the referrer.

### **CAMHS**

Immediate response	1 day
Urgent assessment	7-14 days
Standard	8-14 weeks

CAMHS in the Trust are under review and these response times may change.

## 2.7 Levels of Consultation and Seamless Response

There should be a shared response with prompt exchange of information and consultation, leading to an initial response from the most appropriate professional (who may become the Lead Professional) depending on the urgency or the severity of the concerns. Referral and assessment should be regarded as being along a continuum of need. These discussions should routinely take place if only to establish level of concern and to improve communication between the services.

There should be an exchange of information between specialist teams initially about RISK and SAFETY either for the parent/carer or the child. Different levels of response are required depending on the urgency or significance of the needs or concerns. If there are urgent needs and issues then an urgent response is suggested depending on the degree of need and it is also acknowledged that some families will require no external support outside of the family.

## 2.8 Guidance Relating to Young Carers

*(see Section 1.4 in relation to all agencies responsibilities towards Young Carers)*

- a) Under the *Carers (Recognition and Services) Act 1995 and the SWLSTG Carers Strategy*

the local authority and mental health services have a duty, where requested to do so, to assess the ability of carers to care and continue to care, when carrying out an assessment of need under other legislation.

For example:

- where an assessment of need for a disabled child is being conducted under the Children Act 1989, where requested to do so, the local authority has a duty to assess the ability of carers (adult carers and young carers) to care and continue to care. Children's Social Care would normally carry out this assessment
  - where an assessment of need for a disabled adult is being conducted under the *NHS and Community Care Act 1990*, where requested to do so, the local authority has a duty to assess the ability of carers (adult carers and young carers) to care and continue to care.
- b) It is important to emphasise that under the *Carers (Recognition and Services) Act 1995*, a young carer would only be assessed by NHS and Community Care on their ability to care and continue to care. It would not be an assessment of need for the young carer.
- c) Where a young carer is thought to be a child in need, then an assessment of need under the Children Act 1989 would be undertaken in the same way as any other child in need assessment by Children's Services.
- d) Young carers should not be expected to carry inappropriate levels of caring which have an adverse impact on their development and life chances.
- e) The *Carers and Disabled Children Act 2000* supplements the *Carers Act 1999* by enabling local authorities to provide carers service in response to an assessment of need, and also enable carers to receive direct payments in lieu of services.
- f) Referral to Young Carers Merton and the AYCES project (Action for Young Carers Education and Support) may be appropriate. (*See Appendix 4 of this document for contact details*).
- g) All professionals should consider contacting the Young Carers Project at Carers Support Merton for a discussion about whether to refer a young person or not. Carers Support Merton can offer advice and guidance about the appropriateness of a referral and other resources in the community that may be of benefit to the family.

### 3. OUTCOMES

**Overall, the outcomes sought in relation to Adult Mental Health, Drug and Alcohol Services, Child and Adolescent Mental Health Services (CAMHS), and Children's Social Care are:**

- Increased knowledge within Children's Social Care of mental health issues affecting adults and appropriate resources to refer to, reducing numbers of adults reaching threshold of services from adult mental health, drug and alcohol teams.
- Increased knowledge within Children's Social Care of Child Adolescent Mental Health issues and appropriate resources to refer to.

- Increased knowledge within Adult Services and CAMHS of safeguarding and well-being concerns for children and young people, of London Child Protection Procedures, and how this is reflected in Merton Multi-Agency Practitioner Handbook: *The Child and Young Person Well Being Model 2013*
- Increased understanding of the relationship between Supporting Adults and Safeguarding Children within the context of our respective services
- Increased communication between services to meet the needs of adults, young people and children
- Increased opportunity to provide early intervention for parents with mental health and drug and alcohol problems.
- Children, young people and their families to receive an assured and timely response to meet their needs.
- Reduction in the incidence of the most vulnerable children becoming Looked After through working together to identify appropriate resources and support for families.
- Adherence to specified timescales including appropriate follow-up assessment and interventions.
- Appropriate, reciprocal training in relevant areas (Child Protection Procedures; working with parents with mental health or substance misuse issues; Merton Child and Young Person Wellbeing Model; Early Help and CASA; Multi-Agency meetings; etc) to ensure staff gain an increased understanding of respective services and the interaction between services. Increased numbers of staff from Adult and Child & Adolescent Mental Health Services to attend child protection training; and for Children's Social Care and partner agencies to undertake dedicated training in identifying and working with parents whose mental health or substance misuse may compromise their parenting, impacting on child's development and well-being. Appropriate training is coordinated and facilitated by Merton Safeguarding Children Board training.
- Increased use of CASA and Merton Child and Young Person Wellbeing Model 2013 to identify vulnerable children, young people, and adults (see [www.merton.gov.uk/mwbm-additional-needs-identification](http://www.merton.gov.uk/mwbm-additional-needs-identification) ), and to respond appropriately to meet their needs, through guidance on consultation and joint or multi-agency assessment. An Action Plan for service delivery may involve use of Family Services Directory ([www.merton.gov.uk/fsd](http://www.merton.gov.uk/fsd) ) where needed – engaging targeted or specialist services through appropriate referral, and monitoring and reviewing outcomes throughout. ([www.merton.gov.uk/mwbm](http://www.merton.gov.uk/mwbm) for full on-line multi-agency practitioner handbook.)



## **CONFLICT RESOLUTION**

All services commit to working within this protocol, and to conflicts being resolved between individual professionals wherever possible. A first step in resolving conflict is for practitioners from both teams to discuss differences of view and attempt to resolve these. If resolution is not achieved, then the Team Managers of the respective teams will be requested to intervene/follow this up.

Where conflicts cannot be resolved at a Team Manager level, it will be the responsibility of the respective Safeguarding Children Leads and Service Managers to agree a joint approach to the issue.

Where conflicts cannot be resolved at a manager level, the Borough Director (SWL&StG) and Head of Children's Social Care Service (LB Merton) will agree a joint approach.

Further in [www.merton.gov.uk/mwbm-conflict-resolution](http://www.merton.gov.uk/mwbm-conflict-resolution)

## **CONFIDENTIALITY AND INFORMATION RECORDING**

It is expected that all practitioners will record outcomes of information-sharing discussions, and share minutes of relevant meetings as required, subject to parent's consent.

Further on [www.merton.gov.uk/mwbm-information-sharing](http://www.merton.gov.uk/mwbm-information-sharing)

Copies of assessments will be shared with the family, and with the referrer subject to parental consent.

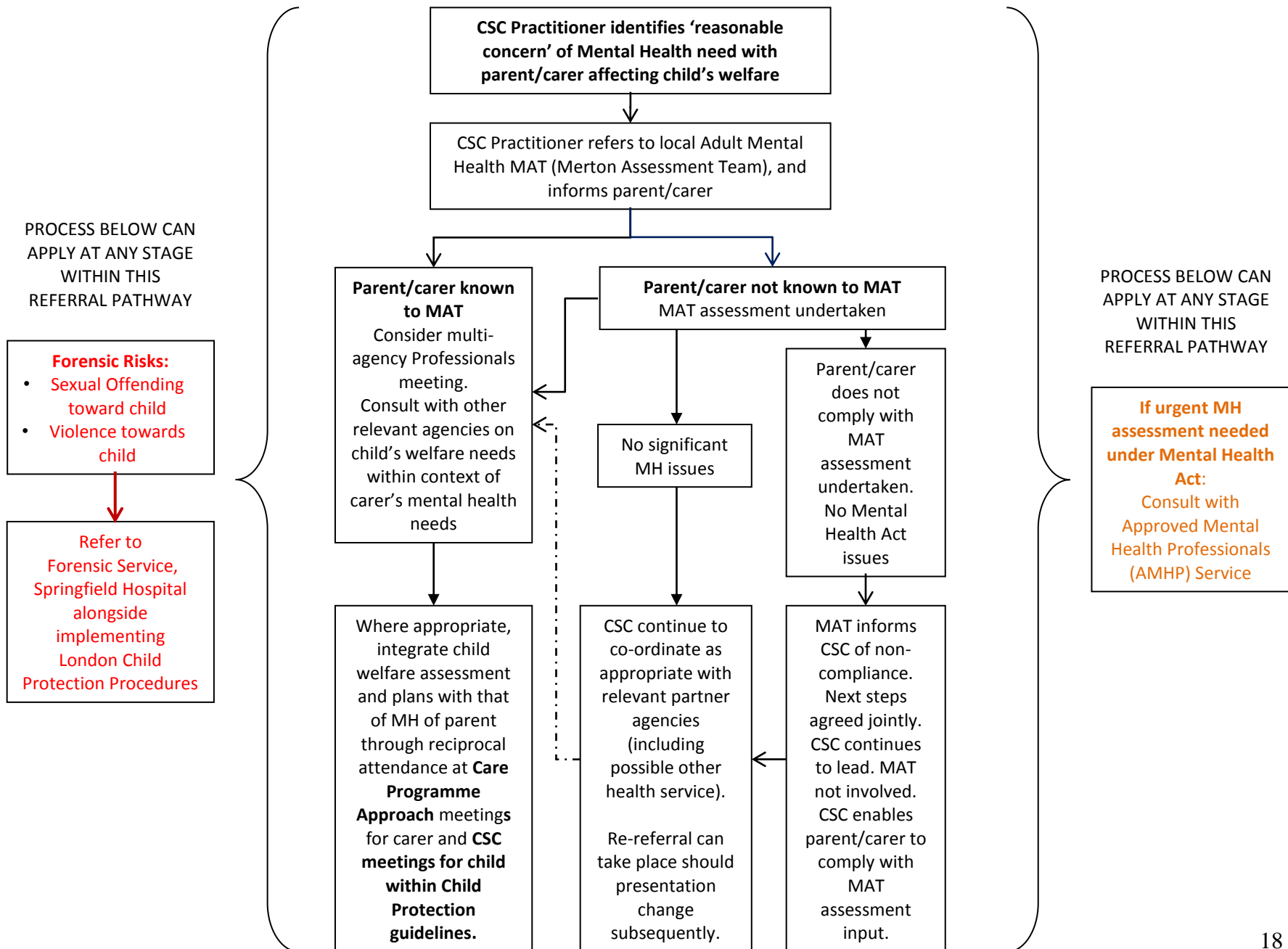
Secure methods of transferring information to be adhered to: further guidance from [www.merton.gov.uk/mwbm-secure-exchange](http://www.merton.gov.uk/mwbm-secure-exchange)

## **IMPLEMENTATION, MONITORING and REVIEW OF PROTOCOL**

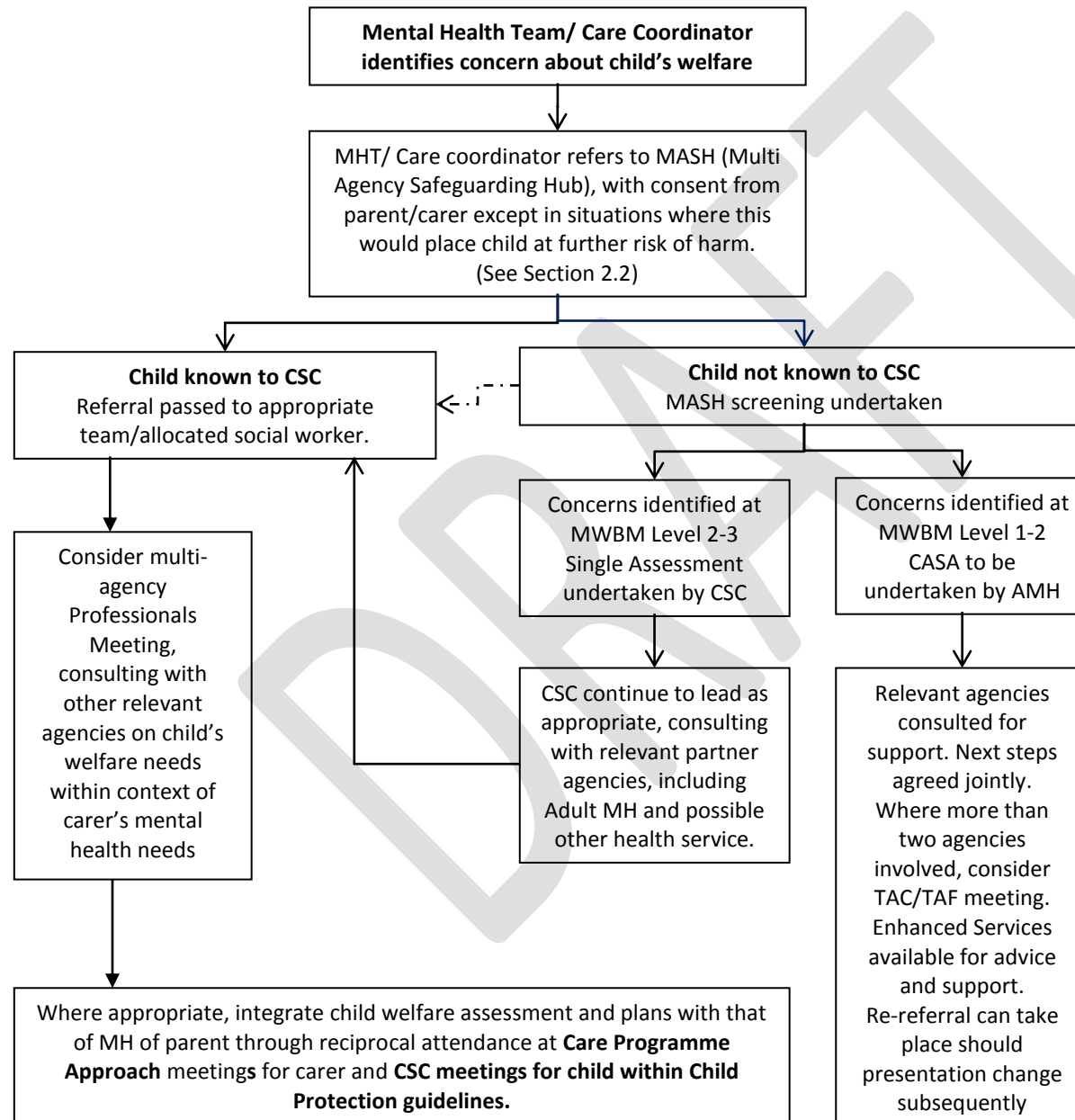
This protocol will be reviewed on an annual basis by Service Managers from Children's Social Care, Adult Mental Health, Drug and Alcohol Abuse Services, and Child & Adolescent Mental Health Services (CAMHS).

This Protocol will be signed off by SWL&StG, and LB Merton Management Teams and submitted, for information, to the Policy & Practice Sub-Committee of the Local Safeguarding Children Board (LSCB).

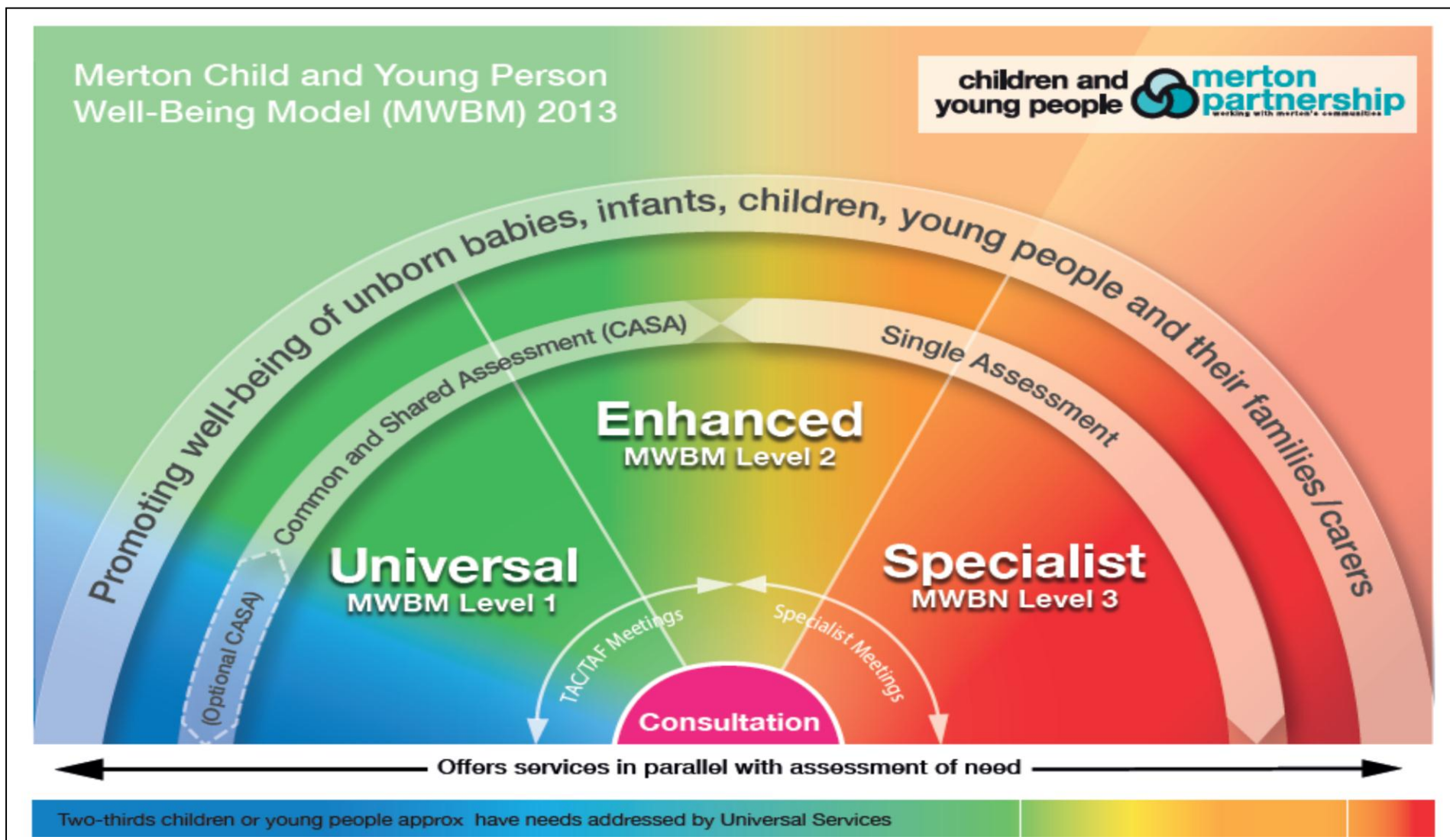
Appendix 1: LB Merton Clinical Referral Pathway – from Children’s Social Care (CSC) to Adult Mental Health (MH)



Appendix 2: LB Merton Service Pathway – from Adult Mental Health (MH) to Children’s Social Care (CSC)



**Appendix 3**



**FAST TRACK THROUGH LEVELS WHEN SERIOUS INJURY/ALLEGATION OR HIGH LEVEL OF CONCERN FROM ANY AGENCY**

[www.merton.gov.uk/mwbm](http://www.merton.gov.uk/mwbm)

In particular for **Additional Needs/THRESHOLD** Indicators see [www.merton.gov.uk/mwbm-additonal-needs-indicators](http://www.merton.gov.uk/mwbm-additonal-needs-indicators)

## APPENDIX 4

### USEFUL CONTACTS AND RESOURCES

#### **Named Nurse for safeguarding Children:**

**Ian Higgins-** South West London and St George's NHS Mental Health Trust,  
Springfield University Hospital, TOOTING, SW17 7DJ.

[ian.higgins@swlstg-tr.nhs.co.uk](mailto:ian.higgins@swlstg-tr.nhs.co.uk)  
0203-513-6755  
07789-501526

#### **Named Doctor:**

**Monica Aziz-** South West London and St George's NHS Mental Health Trust,  
Springfield University Hospital,  
TOOTING, SW17 7DJ.

[Monica.Aziz@swlstg-tr.nhs.uk](mailto:Monica.Aziz@swlstg-tr.nhs.uk)  
0208 652-7900

**Jale Punter** – *Interim Named Doctor*, South West London and St George's NHS Mental Health Trust.  
[Jale.Punter@swlstg-tr.nhs.uk](mailto:Jale.Punter@swlstg-tr.nhs.uk)

#### **Children and Adolescent Mental Health Team (CAMHS)**

- Base: Birches Close Mitcham CR4
- Locality Manager: Brian Murphy
- Children's Safeguarding Lead: Monica Aziz
- Consultant Psychiatrist: Dr Monica Aziz
- Telephone Number: 020 8254 8061/60
- Fax Number: 020 8640 4525

#### **Adult Mental Health Services (contact details for pre-referral discussions/ advice/ information)**

##### **Morden - Recovery & Support Team**

- Base: Wilson Hospital, Cranmer Way Mitcham CR4 4TP
- Team Manager: Marisa Rosato
- Children's Safeguarding Lead: Marisa Rosato
- Consultant Psychiatrist: Dr Nicola Omu
- Telephone 0203 458 5580

- Fax Number: 020 8687 6960

### **Wimbledon - Recovery & Support Team**

- Base: Wilson Hospital, Cranmer Way, Mitcham CR4 4TP
- Team Manager: Joyce Badmus
- Children's Safeguarding Lead: Joyce Badmus
- Consultant Psychiatrist: Paul Brain
- Telephone Number: 020 3458 5580
- Fax Number: 020 8687 6960

### **Mitcham - Recovery & Support Team**

- Base: Wilson Hospital, Cranmer Road, Mitcham, CR4 4TP
- Team Manager: Christine King
- Children's Safeguarding Lead: Christine King
- Consultant Psychiatrist: Michael Yates
- Telephone Number: 020 3458 5580
- Fax Number: 020 8687 6960

### **Early Intervention Service (EIS)**

- Base: Wilson Hospital, Cranmer Road, Mitcham, CR4 4TP
- Team Manager: David Jarrott
- Children's Safeguarding Lead: David Jarrott
- Consultant Psychiatrist: Louise Guest
- Telephone Number: 020 8687 4658
- Fax Number: 020 8687 6960

### **Merton Home Treatment Team (HTT)**

- Base: Building 12, Springfield Hospital, 61 Glenburnie Road SW17 7DJ
- Team Manager: Brian Makonyola
- Children's Safeguarding Lead: Funmi Ariyo
- Consultant Psychiatrist: Adil Akram
- Telephone Number: 020 3513 6158
- Fax Number: 020 3513 6405

### **Merton Approved Mental Health Professional (AMHP) Service**

- Base: co- located with Home Treatment Team ( as above)
- Service Lead: Deborah Wright
- Duty Manager: Funmi Ariyo
- AMHP coordinator/referrals Telephone number: 0203 458 5597
- AMHP Duty Desk Telephone Number: 020 3513 5947

### **Community Drugs & Alcohol Recovery Team (MDART)**

- Base: Wilson Hospital, Cranmer Road, Mitcham, CR4 4TP
- Team Manager: Jean Laws
- Children's Safeguarding Lead: Tajinder Hayre
- Consultant Psychiatrist: Olimpia Pop
- Telephone Number: 020 8687 4666
- Fax Number: 020 8687 0265

### **Merton Adult Crack Service (working in partnership with MDART)**

- Base: 296a Kingston Road, Wimbledon Chase, London SW20 8LX
- Manager: Franco Tomas
- Children's Safeguarding Lead: Tajinder Hayre
- Consultant Psychiatrist: Olimpia Pop
- Telephone Number: 0208 417 1960

### **Older Peoples Mental Health Team**

- Base: Springfield Hospital, 61 Glenburnie Road, SW17 7DJ
- Team Manager: Jane Farrell
- Children's Safeguarding Lead: Jane Farrell
- Consultant Psychiatrist: Dr Rajen Shah
- Telephone Number: 020 3513 6325

### **Advice and Support for Adults with Parenting Needs**

- **Merton Mind:** The Vestry Hall, London Road, Mitcham, Surrey Tel: 0208 648 6565
- **Carers Support Merton:** The Vestry Hall, London Road, Mitcham, Surrey Tel: 0208 646 7515

## **DRUG AND ALCOHOL SUPPORT**

- Alcohol anonymous helpline 0845-76975555
- Narcotics Anonymous helpline – 0300-999-1212
- FRANK – 0800-776600 – [www.talktofrank.com](http://www.talktofrank.com)
- Al-anon (families affected by substance misuse) – 0207-403-0888, [www.al-anonuk.org.uk/](http://www.al-anonuk.org.uk/)

## **Mental Health Support**

- Crisis Line 0800 028 8000
- Samaritans: 08457 90 90 90
- Rethink: 24 hour Confidential Emotional Support Tel: 0208 974 6814
- NHS Direct: 24h Nurse Advice and Health Information Service Tel: 0845 4647 (or 111)
- Patient Experience Service Tel: 0208 682 5915
- SANE Line: Tel: 0845 766 0163
- MIND Information Line Tel: 0845 766 0163

## **Children's Services Sources of Information and Support**

- **Children and Adolescent Mental Health Team (CAMHS)**  
Springfield Hospital, 61 Glenburnie Road, SW17 7DJ Tel: 020 8254 8061/60
- **Merton Multi-Agency Safeguarding Hub (MASH)**  
12<sup>th</sup> Floor, Merton Civic Centre, London Rd, SM4 5DX  
[mash@merton.gov.uk](mailto:mash@merton.gov.uk) Tel: 020 8545 4226 or 4227
- **Merton Enhanced Services**
  - **Supporting Families Team (SFT) (0-5)**  
EYCCCS, 10<sup>th</sup> Fl, Merton Civic Centre, London Rd, Morden SM4 5DX  
[www.merton.gov.uk/supporting\\_families\\_teams](http://www.merton.gov.uk/supporting_families_teams)  
[ChildrensCentreServices@merton.gov.uk](mailto:ChildrensCentreServices@merton.gov.uk) Tel: 020 8274 5866  
  
**St Marks Family Centre** (*specialising in support for mental health concerns*)  
St Mark's Road, Mitcham CR4 2LF  
[info@stmarkscentre.co.uk](mailto:info@stmarkscentre.co.uk) Tel: 020 8640 9595
  - **Vulnerable Children Team (VCT) (5-18)**  
VCT, 4<sup>th</sup> Floor Merton Civic Centre, London Rd, SM4 5DX  
[VulnerableChildrensTeam@merton.gov.uk](mailto:VulnerableChildrensTeam@merton.gov.uk) Tel: 020 8545 3343
  - **Special Educational Needs & Disabilities Integrated Service**



**Cricket Green Polyclinic**, 4 Birches Close, Mitcham, CR4 4LQ  
[sen@merton.gov.uk](mailto:sen@merton.gov.uk) Tel: 020 8545 4200 Fax: 020 8545 4646

**Merton Mencap**, the Wilson Hospital, Cranmer Road, Mitcham CR4 4TP  
Tel: 020 8646 0965

- **Bond Road Family Centre**  
Family Support Service Tel: 020 8274 5100 Fax: 020 8640 5570
- **CASA Co-Ordination** (Common and Shared Assessment - Early Help Merton)  
[Casa@merton.gov.uk](mailto:Casa@merton.gov.uk) Tel: 020 545 3993 / 3234
- **Merton Child and Young Person Well Being Model (MWBM) 2013**  
[www.merton.gov.uk/mwbm](http://www.merton.gov.uk/mwbm) (*on-line multi-agency practitioner handbook*)
- **Family Services Directory** in Merton - [www.merton.gov.uk/fsd](http://www.merton.gov.uk/fsd)
- **Family Information Advice & Guidance Services (FIAG)** [fiag@merton.gov.uk](mailto:fiag@merton.gov.uk) 020 8274 5830
- **MVSC Directory** (*On-line home for Voluntary, Community and Faith support in Merton*)  
[www.mvsc.co.uk](http://www.mvsc.co.uk)

### **Health Visiting Services-Merton**

Clinical Lead Health Visiting: Nadine Mitchell  
Tel: 020 8254 8463 Mob: 07824350250  
Email: nadine.mitchell@nhs.net

Health Visiting Team Leader: Christine Brooker  
Tel: 020 8254 8273 Mob: 07824343703  
Email: Christine.brooker@nhs.net

Health Visiting Team Leader: Nicola Brown  
Tel: 020 8254 8274 Mob: 07825203688  
Email: n.brown@nhs.net

Health Visiting Team Leader: Bernadette Charles  
Tel: 020 8 254 8276 Mob: 07810850250  
Email: bernadette.charles@nhs.net

### **Parenting Support Groupwork Programmes**

**\*Health Visiting Service - All get referred via the Strengthening and Supporting Families Panel \***

### **Family Support for Families with Children Under 5**

- **Homestart** – 020 8646 6044  
227 Western Road, Merton Abbey, London SW19 2QD  
[admin@homestartmerton.org](mailto:admin@homestartmerton.org) **Tel:** 020 8646 6044 **Fax:** 020 86405249

### **Advice and Assistance for Young People**

- **CATCH 22:** Merton Substance Misuse Service, 21 Leyton Road, Merton SW19 1DJ  
[msm@catch-22.org.uk](mailto:msm@catch-22.org.uk) Tel: 020 3701 8642
- **INSIGHT:** 39-41 Monarch Parade, London Road, Mitcham CR4 3HA  
[insight@merton.gov.uk](mailto:insight@merton.gov.uk) Tel: 020 8687 5226
- **AYCES ( Action for Young Carers in Education and Support) Project:** The Vestry Hall, London Road, Mitcham, Surrey  
[info@csmerton.org](mailto:info@csmerton.org) Tel: 0208 646 7515