LSCB

Bath & North East Somerset
Local Safeguarding Children Board

Protocol for Joint Working across Adult Mental Health, Primary Health and Children's Services

Date approved by LSCB	December 2015
Author	Original Author: Trina Shane (Children's Social Care) and Jon Peyton (AWP) Review Author: Trina Shane (Children's Social Care) and Jon Peyton (AWP)
Date for review	December 2016
Detail of review amendments	Update on 2009 procedure to increase joint working ethos. Further work to be done by multi agency partners in 12 month review

Contents

Appendices

1. Introduction

This protocol is designed to strengthen and improve multi-agency working practices for staff working with families where there is significant parental mental illness.

The following documents were used in producing this Protocol:

- Framework for the Assessment of Children in Need and their Families (DoH 2000)
- What to do if you are worried a child is being abused (HM Gov. 2015)
- Working Together to Safeguard Children (HM Gov 2015)
- Information Sharing: Advice for Practitioners providing safeguarding services to children, young people, parents and carers Guide (HM Gov 2015)
- South West Child Protection Procedures
- Refocusing the Care Programme Approach (DoH March 2008)
- Protocol for Joint Working Across Adult Mental Health and Children's Services (BSCB)
- Care Programme Approach Briefing: Parents with Mental Health Problems and their Children (DOH/SCIE April 2008)

1.1 Background to the Protocol

A multi-agency group in 2009 developed the original protocol. This Protocol was reviewed and updated between May and August 2015 to ensure the protocol was current and to better assist practitioners to work in partnership to safeguard children.

1.2 Scope

This protocol provides guidance for Children's Services, Primary Health Care, and Avon and Wiltshire Partnership staff working in the B&NES area to promote effective joint working incorporating Think Family principles.

It provides a practical framework for working with families where an adult is experiencing mental illness, including those with dual disorder (mental illness and substance abuse):

- the lawful sharing of information between practitioners and agencies to maximise collaborative working with families, improve outcomes for children and families and limit disguised compliance
- Access to advice, support and sign-posting for professionals who may be concerned about a child or an adult with mental health problems.
- Instigating and agreeing joint assessments to identify the needs of children and adults in the family.
- Shared complementary multi-disciplinary work, regular monitoring and reviews of interventions and support, which addresses the needs of all family members, provides help and safeguards and protect them from harm.
- clear line management oversight of cases with clear multi-agency lines of accountability

The legal framework, covering all statutory organisations that underpins effective joint working across adults and children's services is:

- **The Children Act 1989**
- **The Children Act 2004**
- **Working Together to Safeguard Children** (statutory guidance) **2015**
- **The Care Act 2014**
- **Mental Health Act 1983**
- **Mental Capacity Act 2005**
- **Human Rights Act 1989**
- **Data Protection Act 1989**

The multi-agency policy and procedural framework that underpins effective joint working across adults and children's services in B&NES is:-

- South West **Child Protection Procedures** *[1].The procedures offer a comprehensive set of step by step guides to professionals about what to do if they are concerned about a child at www.swcpp.org.uk .
- B&NES Local Safeguarding Children's Board procedures and guidance

All partnership organisations and providers included in this protocol are represented at the B&NES Local Safeguarding Children Board.

2. The Policy Context

Mental illness in a parent or carer does not necessarily have an adverse impact on a child. However, evidence from research (including that a third of children in CAMHS or from families with a history of parental mental illness) and from national and local serious case reviews following the serious injury to, or death of a child indicate that it is a significant risk factor to children, particularly when combined with substance misuse and/or domestic abuse. It is therefore essential to always consider and assess the potential or actual impact of mental illness in the family on any children involved in the family.

AWP staff, see Module 1. Lessons from experience: AWP Trust Guidance on working with families to safeguard children for further information

The Children Act 2004 and Refocusing the Care Programme Approach (DoH March 2008) identifies children whose parents suffer from mental illness as one of the key groups of vulnerable parents, who need to be prioritised in order to provide appropriate support for parenting and for the child when it is required.

[1] * Bath and North East Somerset, Bristol, Cornwall, Devon, Gloucestershire, North Somerset, Plymouth, Somerset, South Gloucestershire, Swindon, Torbay and Wiltshire

2.1 Think Family Working

The Think Family principles set out an effective framework for adult and children's services to work together to promote good outcomes within families, whilst protecting and providing help to children and adults who are at risk.

Key Think Families principles include that the safety and well-being of children is paramount, that all professionals who come into contact with children and their parents/carers and families and pregnant women must recognise they have a duty to safeguard and promote the welfare of children, and that parenting capacity is best assessed with the joint input and support from adults and children's services working with the family. It also requires adult services to listen to, and see children when working with their parents or carers, and above all to consider the lived experience of the child in the family.

AWP staff, see Module 3 "Think Family" in working with families with safeguarding concerns: AWP Trust Guidance on working with families to safeguard children for further information, and SCIE: Think Child, Think Parent, Think Family – A Guide to Parental Mental Health and Child Welfare

2.2 Issues and Risks in families with mental health problems

There are a number of known issues and risks that can impact on the experience and outcomes of children in families with an adult parent or carer with mental health problems.

These include risks from hidden harm (from drugs and alcohol), children as carers, non-engaging or uncooperative parents, emotional neglect, children visiting parents in mental health hospitals, and unborn children

AWP staff, see Module 5 Issues and Risks in families with mental health problems: AWP Trust Guidance on working with families to safeguard children for further information

In addition, there are a number of specific high level risks that severe mental illness in parents with mental health problems to the welfare and development of children. These include where a parent or carer expresses delusional beliefs involving their child or where a they include a child in a suicide plan, and puerperal psychosis (including postnatal depression with actual or emerging psychotic features)

Such cases should be considered a safeguarding as well as a psychiatric emergency, and immediate action taken to consider and ensure the safety of children involved.

See Module 6 Specific risks in families with adult mental illness: AWP Trust Guidance on working with families to safeguard children for further information.

2.3 Dual Disorder

Many people suffering from mental illness can also misuse drugs or alcohol. Dual disorder can significantly impact on the functioning of the individual and their family, and increase the range and levels of risk within families. Good practice in working with families with dual disorder involves:

1) Mental health and drugs/alcohol difficulties being treated at the same time (Integrated Approach)
2) Treatment focussed on the individuals needs not the primary or secondary diagnosis
3) Taking a long-term perspective, and whilst retaining therapeutic optimism, also maintaining healthy cynicism, and recognising the impact of the rule of optimism

2.4 Significant Risks to Young People

There are a number of specific risks to older children and young people that adult practitioners need to be aware of when working with all families, and respond to.

These include radicalisation (Prevent), Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM), Honour based violence, Human Trafficking and Modern Day Slavery.

AWP staff, see Module 12 Other significant risks to young people: AWP Trust Guidance on working with families to safeguard children for further information

3. Confidentiality and Information Sharing

Information sharing for children and families is based on the key principles set out in HM Government seven golden rules to sharing information.

Further information on information sharing about children is also available in B&NES

3.1 Information Sharing: A Practitioners' guide (HM Government, 2006) sets out k**ey points on** confidentiality and **information sharing** about children and families:

1. You should explain to children, young people and families at the outset, openly and honestly, what and how information will, or could be shared, with whom and why, and seek their agreement. You should also explain the limits to confidentiality as consent to share information is not necessary where to do so would put that child, young person or others at increased risk of significant harm or an adult at risk of serious harm, or if it would undermine the prevention, detection or prosecution of a serious crime including where seeking consent might lead to interference with any potential investigation.
2. You must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them. Where there is concern that the child may be suffering or is at risk of suffering

significant harm, the child's safety and welfare must be the overriding consideration.

3. You should, where possible, respect the wishes of children, young people or families who do not consent to share confidential information. You may still share information, if in your judgment on the facts of the case; there is sufficient need in the public interest or legal duty to override that lack of consent.
4. You should seek advice where you are in doubt, especially where your doubt relates to a concern about possible significant harm to a child or serious harm to others.
5. You should ensure that the information you share is accurate and up-to-date, necessary for the purpose for which you are sharing it, shared only with those people who need to see it, and shared securely.

6. Finally you should always record the reasons for your decision –whether it is to share information or not.

AWP staff, see Module 13 Information sharing: AWP Trust Guidance on working with families to safeguard children for further information

3.2 Mental Capacity and Children

Young people of 16 or 17 are covered by the Mental Capacity Act 2005, which contains a principle that there is a presumption that they have capacity to make decisions about themselves, including care, treatment, and who to share information with. For those who may lack capacity to consent, the person providing care or treatment must follow the Mental Capacity Act's principles and the guidance set out in the Mental Capacity Act Code of Practice 2005: Chapter 12, ensuring they act in a way that they reasonably believe to be in an incapacitated young person's best interests.

Whilst the Mental Capacity Act does not apply to children under 16, common law, as defined in the Fraser Guidelines (House of Lords judgement1985) sets out the basis where a child (under 16) may be considered to have the capacity to make decisions on their own behalf. For children under 16 who do lack the capacity to make decisions on their behalf (due to age or other reason) generally the person(s) people with parental responsibility are entitled to make decisions on their behalf.

4. Assessment of Children in Need

4.1 Framework for the Assessment of Children in Need (DoH 2000)

The assessment by children's services is undertaken in accordance with the Framework for the Assessment of Children in Need and their Families (DoH 2000).

Figure 1 The Assessment Framework

Parenting capacity will best be assessed with the joint expertise of adult workers (mental health) and child care workers co-operating where both are working with the family.

4.2 Children's Social Care Assessment

CSC respond to a referral (C 2 form) and make a management decision within 24 hours. The outcome of the decision will be shared with the referring practitioner within 48 hours of the referral being made. It is the responsibility of the referrer to chase up the referral outcome. If an assessment is to be carried out, this will be completed within 45 days. It is expected that the child will be seen within 5 working days. The assessment should be completed as soon as possible and should be proportionate to the circumstances of the family and their needs. If the presenting concern is has reached a threshold for a safeguarding/child protection intervention, a strategy discussion will be convened within 24 hours and it is expected that the referrer will attend this meeting or participate in a telephone strategy discussion. The mental health referrer will be expected to share their knowledge of the family and assist in the planning of the Section 47 investigation that will follow. The Section 47 investigation will result in either a child protection conference, a child in need plan, universal/targeted support or no further action. The outcome of these enquiries will benefit most from partnership working with services that are involved with the parents. The mental health services and their involvement with either a child protection plan or a child in need plan is critical to reducing risks and providing a holistic service. Professionals are encouraged to communicate with each other on a regular basis to ensure consistency of approach and working in partnership with parents.
Any new referral will have a qualified social worker allocated to complete the assessment. The social worker will contact mental health services if there has been current or historical involvement to assist their enquiries.
Consent
If this is a child experiencing or at risk of significant harm consent to share information from parent or carers is not necessary. In all other instances consent will need to be given, unless already given, for instance through CAF arrangements. It is good

practice to obtain consent in all situations to promote confidence that professionals are working together in the best interests of children and young people.

Where there is current involvement with specialist mental health services, mental health staff will be expected to contribute to the assessment and comment on the following:

- The nature and degree of the mental illness and how this impacts the individual's day-to-day functioning
- Compliance with treatment and care plan
- Any additional factors that might increase risk e.g. alcohol, drug use, domestic abuse or conflict
- The impact of parental mental ill health on the child's lived experience
- Environmental factors, including access to support from family and or friends
- The parent's engagement with universal and targeted provision and their attitude to these services and any reasons this might be affected by virtue of their mental health e.g. agoraphobia
- Any other factors that might have a bearing on the parents ability to care for the child

This will help to assess the ability of the adult to parent the child/ren within safe and acceptable parameters.

The involvement of Children's Social Care might end before, during or after the mental health intervention. It is the responsibility of the case holding social worker to communicate their intention to cease their involvement and ensure that this is a step down arrangement and lead professional identified for children and young people where their parent has a mental health issue.

The completion of the assessment will result in a plan of intervention. This plan will be delivered in accordance with the case transfer protocol within children social care

If the children are subject to a child protection conference, the duty team will produce their assessment and the plan will be transferred to the Child Protection and Court Team. If there is a need to make an application to the Family Court to remove the child the family will be transferred to the CP/Court team at the first hearing.

Where the child is subject to care proceedings there will be an expectation that if mental health services are involved they may be required to produce a statement for the court outlining their involvement. Where the mental health services have a difference of opinion with regard to the actions of CSC this must be discussed between managers and not communicated to parents. Professional challenge should be seen as a healthy feature of our working relationships but should not result in undermining the position of each other's professional role and responsibility

Where a child is relinquished for adoption the case will be managed within the children in care team

Escalation policy
Where differences of opinion arise, practitioners are invited to refer to the LSCB Escalation Policy for Resolving Professional Disagreement.

Community Based Assessments (CBA)
The CBA is a model which draws upon the knowledge and expertise of professionals, in the community, who can provide evidence on risk and potential for change that, may reduce the need for the court to instruct additional experts, which is often the cause of much delay in care proceedings.

The CBA is co-ordinated by the child care social worker who identifies which service area is relevant to the family circumstances. (A brochure and additional information is available on the intranet).

Where there is concern about the mental health of either or both parents the social worker will, if the nature of the concerns indicate they require treatment in a specialist (secondary) mental health service, seek to obtain consent to contact the GP to discuss a potential referral to an appropriate specialist mental health service.

Where there is already current specialist (secondary) mental health involvement, the care coordinator will be asked to complete a report indicating the impact of the diagnosis and presentation on the adult's functioning and risks, ability to parent or adapt to provide safe care to their child, and the likelihood and potential for change in functioning and level of risk.

Requests for CBA reports, setting out the relevant timescales will be made through the agreed single point of contact between B&NES children' services and AWP at awp.safeguardingadmin@nhs.net.

The outcome of the assessment required will be confirmed at the CBA professionals meeting chaired by a service manager. It is expected that the care coordinator will attend this meeting, if this is not possible they will have communicated their involvement and discussed their with the child care social worker prior to the CBA meeting.

The care coordinator will need to submit their report in accordance with the schedule of the PLO and the timescales agreed at the professionals meeting through the single point of contact.

5. Specialist Mental Health Teams

5.1 Referral

All mental health practitioners receiving a referral must check if there are children in the household and the referral includes information that indicates that there are child protection, children in need or parenting capacity concerns. If this is not clear within the referral, they should establish with referrer if there are any child protection, children in need or parenting capacity concerns.

In Practice:-

The receiving service should consider the risk to the child and to effective parenting, in prioritising and acceptance of the referral. Note: always consider if sharing information should be done with or without parental permission.

From the point of referral throughout the adult care pathway, assessment and recording of safeguarding children and child protection risks should be undertaken in line with the Trust and service standards arrangements.

See Module 4 Assessing and recording safeguarding and child protection risk: AWP Trust Guidance on working with families to safeguard children for further information

5.2 Assessment

As part of the mental health assessment all mental health practitioners will:

- Confirm whether the adult being assessed is a parent or has a significant caring role for a child or significant contact with children. If the answer to this is 'yes' then:
- Establish and record details of the children and the parenting arrangements.
- If indicated, establish what other agencies are currently involved.
- Consider the adults' role as a parent and the impact of their mental ill health on the children.
- Consider whether parental actions or behaviour present any child protection risks: e.g. where drugs or alcohol are an issue.
- Consider LSCB threshold document to consider whether the child/ren may child in need or whether an offer of early help may be beneficial to safeguarding and supporting the child and parent / carers.
- Be aware of the risks associated with domestic violence and the likely impact on the child(ren)
- Consider the roles of other adults who may be involved in parenting caring for the children.
- Remember that practitioners have a statutory responsibility to report any private fostering arrangement (of over 28 days) which they become aware of to the appropriate local authority.
- Consider whether they meet the definition of disabled parent: any person with a physical, sensory or learning impairment or long term illness, including mental illness.
- Assess the adults current mental state (using the appropriate assessment format for the relevant service) and consider the impact of this on the lived experience of the children(on a day to day, and longer term basis) in the family
- Consider possibility of joint assessment with Child Care Team.
- Consider the involvement of other agencies.
- Consider the needs of young carers.
- Liaise with the individual, their family or carers, and primary health care team (PHCT) colleagues.
- Record the assessment.
- Always use secure a secure e-mail address(encrypted) when sending confidential information to another agency

- If there are concerns of significant harm check with PHCT and Children's Teams who may already know the family and plan liaison.
- Record impact of parents' behaviour in terms of basic care, routine, supervision and (emotional, psychological and physical) support available for children.
- Consult South West Child Protection Procedures at:-www.swcpp.org.uk if required

Key Steps:

- Discuss your concerns with your line manager and/or a member of the AWP Safeguarding Team: awp.safeguarding@nhs.net

- Consider the need to seek consent from the parent or carer to discuss any concerns with B&NES Children's Services

- Consult BANES multi-agency threshold guidance to assist in identifying level of concern and whether consent is required to consult and or refer into children social care: Threshold for Assessment

- Consult/discuss with a member of the B&NES Children's Services at First Contact - Bath & North East Somerset Council to:

- Plan joint work as appropriate.
- Consider consulting with Adult Community Care and Child Care team in relation to disability.
- Establish whether extended family can offer any necessary assistance.
- What support does the family need? Ensure appropriate interventions for the family.
- Establish the roles and responsibilities of all the children in the family including where a child is identified as a young carer and refer to Children's Services for advice and information as needed
- Offer a child identified as a carer a Carers assessment (Carers Act 2004 and Care Act 2014).

Note: For parents or carers in primary care and acute liaison mental health services, advice will be available on a consultancy basis, and assessment information will be available based on the relevant service model. For these services the GP retains the primary responsibility for the parent or carers mental health care.

5.3 Care and Treatment

The impact of any intervention on the ability to safely care for a child or effectively parent should be considered and recorded when planning care and treatment.

In Practice:-

The impact of changes of intervention (including medications) on the risk to a child or on parenting capacity should be recorded in the relevant assessments and care plans, and shared, within joint working arrangements, with PCHT or childcare workers.

If a parent is admitted to a mental health inpatient unit as an informal patient or a patient detained under the Mental Health Act 1983 the following must be considered alongside consent were appropriate and the outcome recorded by inpatient staff:

- Care arrangements of children whilst parent is in hospital (staff to be aware of possible Private Fostering Arrangements and relevant regulations).
- Contact arrangements AWP staff can access: AWP Procedure for children visiting adult mental health inpatient units

For all parents or carers receiving care of treatment, the following issues should be considered:

- Liaison with the Health Visitor
- Providing information as appropriate to the age and understanding of the child about their parents/carers mental health problems.
- Attention needs to be taken when considering the impact of treatments, including psychological therapies on the short term functioning and risk impacts on a parent or carer
- Particular attention needs be taken when prescribing potentially sedating medication in order to highlight the increased risk when caring for children. In particular advice should be given to warn against sleeping with a baby or very young child, due to the increased risk of accidental smothering.
- Consideration must always be given to provide advice to the service user and their immediate family about the safe storage or dispensing of medication where this has been prescribed.

5.4 Mental Health Assessments

The needs of children in the family should be considered as part of any assessment of a parent, including those under the Mental Health Act 1983.

For requests for a mental health act assessment of a current AWP service user in specialist care a discussion with the care coordinator would be appropriate to see if there any other options before proceeding down this route. However if the person is not known to services then the referrer would have to contact the AMHP desk and have a discussion with the AMHP on duty.

In Practice:-

- Where there appears to be an early help need or a need for a CAF assessment, Child in Need assessment and or a significant harm concern, a joint assessment should to be considered and promoted to safeguard the child and support the family unit, this would be undertaken in partnership with Children's Services. This assessment may run in parallel to statutory assessments being undertaken by children services with the outcomes feeding into that process. It's important to note that all mental health assessments other than under the Mental Health Act are consensual and therefore a joint assessment must be agreed with the parent or carer.

- If a joint assessment is undertaken, a professionals meeting will need to be set up to agree approach and lines of enquiry for the assessment with an emphasis on focus on the child and understanding the different organisational roles in undertaking the assessment. If the parent / carers refuses to engage with Mental Health assessment and or subsequent intervention and support this is their right and children social care will need to analysis the risk insofar as what the non-engagement means within the context of safeguarding and harm

5.5 Child Protection Enquiries

Where child in need or child protection concerns have been identified, enquiries will be completed by Children's Services.

In Practice:-

Where there are child protection/safeguarding concerns, these will need to be shared with the Duty and Assessment Team, a Strategy Meeting will be convened and a Section 47 Enquiry opened. Children Act 1989 (c. 41).

Where a Child Protection Conference is arranged there will be an expectation that Mental Health practitioners will provide a written report (CP5) and attend the conference. AWP and B&NES Children's services have a single point of contact arrangement to manage requests for child protection reports, quality assure reports and transmit all documents securely.

AWP staff see Module 9 How to complete and present a child protection report: AWP Trust Guidance on working with families to safeguard children for further information

5.6 Joint Working

Mental health professionals need to be competent and confident in liaising with other professionals, services or agencies, including joint-assessment and joint-working. They should be confident in applying the Trust's and the local authority's procedures and protocols to assess or intervene where it is believed that children are or may be in danger or risk of being harmed (physically, psychologically, sexually, neglect) and to liaise and co-operate with other professionals involved

When mental health practitioners are part of a multi-agency intervention with a family, regular liaison, clarity of role and consent when required with agreed actions are essential whether the service user is being supported at home or has been admitted to hospital or is only being followed up a single mental health practitioner on an out-patient basis.

This should commence at the point of the original referral and involvement of other agencies and continue for as long as multi-agency working continues. If at all possible the direct involvement of children in the CPA process e.g. assessment, care planning and review is preferable. If this is not possible then consideration should be given to involving an Advocate. Children are often the first people to notice when

things are going wrong and can identify changes in the parents behaviour that signify they may be becoming unwell.

In Practice:-

Mental Health practitioners should:-

- Ensure that they know which other professionals are involved in providing services to:-
  - Parents with mental health/ psychological difficulties
  - Their children and how to contact them.
- Liaise regularly with other involved agencies in order to share relevant information, clarify roles and agree actions which will need to be recorded.
- Attend child protection conferences and reviews, children in need reviews and parenting capacity meetings
- Be involved with the planning and delivery of multi-agency care

5.7 Ending Joint Working

When mental health services are considering ending their involvement, this should be discussed with all practitioners working with the family.

In Practice:-

If the service user is to be discharged from mental health services:

- A discharge CPA will need to be arranged
- Time, location and who to invite will need to be agreed with the service user
- Child care services should be invited to the CPA unless they object
- Discharge, crisis and contingency plans, rapid access/ re-referral arrangements to be agreed at CPA
- Copy of Discharge CPA to be sent to G P.
- Copy of Discharge CPA to be sent to other involved practitioners and carers as agreed with service user

If there is significant disagreement on the withdrawal of service, child care and mental health managers should liaise to attempt to resolve the disagreement. If this is not resolved between team manager, service managers should be informed.

5.8 AWP Teams, Roles and Expectations

AWP provides both primary and specialist secondary community care and tertiary inpatient care for adults (and some secondary community care for young people) experiencing enduring mental health problems or mental disorder. (All phone numbers below will provide access to the team managers and clinical staff)

B&NES Primary Care Talking Therapies Service- 01225 675150. Based within the Royal United Hospital but operating from GP surgeries and community venues. This team provides open access talking therapies via individual and group appointments. They operate as an IAPT service (Improving Access to Psychological Therapies) which is primary care based, working with common mental health disorders. The team do not provide specialist mental health assessment, where this may be required a referral is made to the Primary Care Liaison Service. This team does not care manage individuals and is an alerting service in respect to safeguarding issues. Responsibility remains with the individual's GP whilst they are accessing treatment from this team.

Acute Hospital Liaison- 01225 362719. Based within the Royal United Hospital, this team provide specialist mental health advice and assessment for people who may be experiencing mental health issues who present in the acute hospital. Where assessment indicates further specialist mental health care is required they ensure that a seamless transition occurs. This team does not care manage individuals and is an alerting/ supporting service in respect to safeguarding matters.

Primary Care and Care Home Liaison Service- 01225 371480. The team are an open access service who provides proportionate specialist mental health advice, support and assessment for adults who may be experiencing mental health issues in the community. Where assessment indicates further specialist mental health care is required they ensure that a seamless transition occurs. This team does not care manage individuals and is an alerting/ supporting service in respect to safeguarding matters.

Intensive Service- 01225 362814. The team are an open access service providing Intensive, home based interventions to people who are not already in secondary services, or a wraparound service for people who are. The team also co-ordinate admission into and timely discharge out of acute inpatient care where needed.

Recovery – 01225 73163. The team provides care coordination for adults over the age of 18yrs that are assessed as having complex mental health issues and their carers that require the input of recovery to support their health and social care needs, as well as working with the person to reach a point that they can be discharged back to primary care. They also provide long term input/review for those who are placed into residential/nursing care by the team.

Early Intervention (EI) – 01225 731631. This team provides support and interventions currently for adults up to the age of 35 and young people of 18yrs and over with first presentation psychosis.

Therapies – 01225 731631. This team provides a range of therapeutic interventions for people with complex issues that cannot be met through Primary Care Talking Therapies and for service users in recovery, CITT, EI and the inpatient units as part of the treatment to address the presenting mental health issue.

Complex Intervention and Treatment Team (CITT) – 01225 371411 (NHS House) 01225 396772 (The Hollies), is the older adult mental health team which is split across two sites. The team primarily work with older adults 65 + or will work with younger adults who have a diagnosis of dementia. The team provides care coordination for service users assessed as having complex mental health issues and their carers that require the input of CITT to support their health and social care needs, as well as working with the person to reach a point that they can be discharged back to primary care. They also provide long term input/review for those who are placed into residential/nursing care by the team.

BANES Specialist Drug and Alcohol Service (SDAS) - 01225 359900
The Single Point of Entry (SPOE) into drug and alcohol treatment in BANES is via Developing Health and Independence (DHI). Assessments for drug and alcohol treatment take place every Monday and Thursday at the Beehive, Walcot Street, Bath and are joint assessments between DHI and BANES Specialist Drug Alcohol Service (SDAS) which is an AWP service. Service users who have multiple and complex needs or require medically assisted recovery e.g. methadone will be offered treatment through SDAS. Service users who have a lower level of need, for example, are not drinking alcohol dependently and wish to make changes will be seen by staff at DHI. SDAS have a number of locations across BANES in order to meet service users need and staff regularly work out of Midsomer Norton and the Riverside centre.

6 Primary Health Care Teams

6.1 The Initial Assessment

All primary health care practitioners who have contact with pregnant mothers, parents, or adults with either a significant parenting role or significant contact with children where there are emerging (subtle and overt) concerns regarding mental psychological health will need to establish:

- Details of the children
- What level of parenting responsibilities the adult has
- What support is available from immediate/extended family and/or others?
- What other agencies are currently involved
- Whether the parent is currently on medication

Primary health care practitioners should also consider:

- Any history of previous parental mental health/psychological difficulties
- The nature of the parental mental health/psychological illness particularly in the context of parental behaviour and its effect on the children
- Whether the parental behaviour presents any acute or long term child protection risks, thinking specifically about significant harm to children: e.g. where drugs or alcohol are an issue
- Whether the parental actions or behaviour has any longer term implications for the children, thinking specifically about normal health and development of children
- The risks associated with domestic violence and the likely impact on the child/children
- What other agencies (voluntary and statutory) need to be involved

In Practice:

Action required

- Liaison with appropriate primary health care team colleagues to confirm names dates of birth, addresses and schools of the children
- Confirm whether the parent is the sole carer and what day to day care is provided by the parent
- Confirm what level of support and practical care is or could be available from immediate/extended family - discussion with appropriate family members may be needed to establish the impact of parental mental health/psychological difficulties on all family members and what support is needed. The quality of family relationships may also need to be considered
- Confirm details of current agency involvement and the need to liaise
- Details of current medication

Liaison with appropriate primary health care team colleagues to:

- share known information of a parent's mental health history, particularly the impact of this on their parenting abilities

Share information regarding:

- All statements made by the parent, the family or neighbours that relate to potential risk of or actual physical harm to the child/children
- Non-compliance (with medication and contact with professionals)
- Attempts to self-harm/over-dose
- Domestic abuse

Consider the impact of a parent's physical and mental health presentation on their children in terms of:

- Physical risk: consider whether parental actions or behaviour present any child protection risks
- Neglect : Including how the parent's mental ill health impacts on their ability to provide basic care, routine, supervision, emotional and physical support for the child
- Emotional abuse
- Domestic violence
- Sexual abuse
- Clarify the roles and responsibilities of all the children in the family, and whether this has an impact on their school attendance
- Whether any of the children are taking on a parenting or caring role within the family
- Discuss and agree on the need to involve other agencies to ensure appropriate interventions for the child/children, parent and immediate/extended family. Advice can and should be sought from your line manager, Consultant Community Paediatrician (on-call 24 hours), Designated Nurse Child Protection, Children's Services duty team manager

6.2 Referrals

- When primary health care team members reach a threshold of concern based on their initial assessment, the family GP should consider referring the parent to secondary mental health services.
- The family GP/PHCT member should always refer the family to Children's Services if there are any Safeguarding or Children In Need concerns
- Primary health care team members who have contact with adults with mental health/psychological difficulties who are not parents, but who still have contact with children should consider using a CAF assessment for the children who may have additional needs.

In Practice:

Action required

The GP referral of the parent to specialist mental health services must additionally specify the patient and family details, this must include if the patient has parenting responsibilities or caring responsibilities for a child:

- Any cultural/communication needs for the family
- The degree of urgency in expected response from mental health services and the reasons why (including risk to a child/parenting and feedback mechanism.
- Any child protection, children in need, parenting capacity or child care issues and which other agencies are involved to address these (including names and contact numbers).
- Any concerns about engagement or non-compliance (with medication and/or contact with professionals).
- Parental knowledge of the referral.

For families where there is Health Visitor involvement, a copy of the referral letter should be sent to the Health Visitor.

The referral to Children Services should specify:

- The child/children and family details and any cultural/communication needs for the family
- The reason for the referral
- Summary of Primary Health Care involvement and medical history.
- What sort of response/intervention is expected and how quickly
- What mental health services are involved (including names and contact numbers)
- Any concerns around non-compliance (with medication and/or contact with professionals)
- Parental/family knowledge of the referral
- Always use secure a secure e-mail address(encrypted) when sending confidential information to another agency

6.3 Joint Working

When primary health practitioners are part of a multi-agency intervention with a family, regular liaison, clarity of role with agreed actions are essential whether the service user is being supported at home or has been admitted to hospital or is only being followed up a single mental health practitioner on an out-patient basis. This should commence at the point of the original referral and involvement of other agencies and continue for as long as multi-agency working continues

In Practice:

Action required
Primary health care team members must ensure that they know which other professionals are involved, their roles and the service that they are providing to:

- Parents with mental health/psychological difficulties
- Their children

And know how to contact them:-

- Liaise regularly with child care social workers and mental health practitioners to ensure sharing of relevant information and clarity of role Joint visits can be extremely valuable in achieving this
- Attend care plan meetings, child protection conferences, children in need and parenting capacity review meetings and be involved with the planning and delivery of multi-agency care
- Clarify frequency of contact with the parent/children and wider family members and the focus of work to be undertaken. This should incorporate short, medium and longer term responsibilities and involvement.

6.4 Ending Multi-Agency Working

When a decision is reached that Mental Health and Children Services are no longer required for a parent/children and family the details of this decision must be documented by primary health care team members, including discharge (ideally a copy of the discharge CPA if possible), crisis & contingency plans, rapid access/ re-referral arrangements.

In Practice:

Action required
Primary health care team members must:

Discuss ending multi-agency working. In cases of significant disagreement advice should be sought from immediate line management, consultant, community paediatrician and senior nurse child protection.

Clarify and document ongoing responsibilities of PHCT members, particularly in terms of any monitoring responsibilities for:

- Children
- The parent
- Any medication (ongoing and non-compliance)
- Clarify and document detailed multi-agency contingency and crisis plans if the family circumstances should alter and deteriorate
- Ensure that parents, children and wider family members know and agree with these decisions and plans
- Liaise regularly with relevant PHCT members

If there is significant disagreement on the withdrawal of service, primary health care and mental health managers should liaise to attempt to resolve the disagreement.

If this is not resolved between team manager, service managers should be informed

7. Children's Services

7.1 Referrals

All child care practitioners on receipt of a referral where there is a significant mental health issue for one or both adults reported will:

- Establish whether there is any involvement from any mental health service
- Establish the type of involvement of a mental health service (primary care liaison or specialist mental health service
- Establish how adult mental health issues are causing concerns regarding child care

If child protection enquiries are being undertaken, the child care team manager will be responsible for management of the enquiries and will ensure that the care co-ordinator/mental health team manager is contacted if mental health services are currently involved.

If there is no current mental health service involvement, the child care team manager will need to discuss possible mental health service involvement with the GP. A relevant Mental Health Team manager or the AWP Trust Safeguarding Team may also be contacted for advice on a possible mental health referral.

In Practice:

If the referral is of a child protection nature, discuss with mental health services and complete other appropriate checks, referring to the B&NES information sharing about children protocol is also available in B&NES

Establish whether there is a child who appears to be acting as a carer and consider discussion with the young carer's service.

See also: Mental illness in your family?
Information leaflet for older children and young people who are affected by the mental health difficulties of someone in their family. Young Minds (2003)
Mental illness in your family — Young Minds

The Wise Mouse
Book aimed at younger children whose parent has mental health difficulties.
Ironside, V (2003) Young Minds
The Wise Mouse — Young Minds

Establish whether there are any other adults in the household who are undertaking the parenting role.

- If a decision is taken to call strategy meeting, the referral will need to be discussed with mental health services in order to consider if the parent or carer meets the criteria for referral to a mental health service, what type of service may be available, and consider the most appropriate mental health intervention available.
- Where a referral is made and accepted into a specialist mental health service (or primary care liaison service that is planned to work with the parent or carer on a medium term basis) the relevant mental health team manager will need to allocate a mental health practitioner to attend the strategy meeting
- If a decision is taken to undertake child protection enquiries a discussion will be needed between children's and mental health services to plan how the two services will work together
- If it is decided call a child protection conference, representation from mental health services will need to be agreed, this will normally be the care coordinator for the parent or carer. Discussion should also include what specialist or other mental health interventions could be made available

'Parents say that they appreciate additional support when they are unwell. Parents describe how they fear losing their children and the reality of it happening. They feel on trial about their parenting abilities and though they may need help, they fear the consequences of asking for it. Women are afraid to come forward for help, particularly black women. Such anxiety can be an impediment to recovery. Worry about mental Illness being 'passed on' to the children is another common fear, and one shared by the children'.

(**Care Programme Approach Briefing: Parents with Mental Health Problems and Their Children DOH April 2008**)

7.2 Assessments

Where there is current mental health service involvement, the child's services team manager to will need to discuss mental health service involvement with the relevant AWP Team manager, in particular, what involvement or support mental health services can offer, including advice on a consultancy basis for parents or carers in short term primary care liaison mental health services (where the GP retains the primary responsibility for the parent or carers mental health care).

In Practice:

Arrangements will need to be made between respective Child Care and relevant Mental Health team how to plan the assessment process, also recognising that in some cases an urgent assessment may be needed.

Assessment will need to cover:

- Whether appropriate parental tasks regarding activities of daily living are being met including the impact of parental mental ill health on being able to achieving this
- Whether drugs or alcohol are an issue
- The quality of family relationships. Lack of warmth, high levels of criticism, level and length of lack of emotional availability and capacity of parent or carer.
- Whether there is domestic violence within the parenting relationship, the associated risks and the likely impact on the child(ren)
- Roles and expectations of family members including whether children taking on inappropriate caring roles, school attendance.
- Are communications clear and direct.
- Belief system: is this consistent with the ethno-cultural context or are there distortions arising from the impaired mental functioning of one or both of the carers?
- Behaviour controls: is there a threat of parental violence or of behaviours that might put the child at risk, e.g. self-destructive acts or overdoses.
- Issues of gender and ethnicity to be given careful consideration.
- Always use secure a secure e-mail address(encrypted) when sending confidential information to another agency

7.3 Ending Multi-Agency Working

When child care services considering ending involvement, this should be discussed with all practitioners working with the family. If there is significant disagreement on the
Withdrawal of service, child care and mental health managers should liaise to attempt to resolve the disagreement.

In Practice:

If withdrawal is agreed:

Letter confirming the phased withdrawal of service, and contingency plans etc to be sent to:

- The individual
- The carer

Clarify and document detailed multi-agency contingency and crisis plans if the family circumstances should alter and deteriorate.

Ensure that parents, children and wider family members know and agree with these decisions and plans.

If there is significant disagreement on the withdrawal of service, primary health care and mental health managers should liaise to attempt to resolve the disagreement.

If this is not resolved between team manager, service managers should be informed

Appendix 1

Community Based Assessments

In response to changes in public law which introduced the Public Law Outline (PLO) in April 2008, B&NES recognised the need to have a more comprehensive and robust assessment process for cases being put before the court. The PLO requires the Local Authority to submit all its assessment prior to an application of a child, being placed before the court.

The CBA is a model which draws upon the knowledge and expertise of professionals, in the community, who can provide evidence on risk and potential for change that, may reduce the need for the court to instruct additional experts, which is often the cause of much delay in care proceedings.

The CBA is co-ordinated by the child care social worker who identifies which service area is relevant to the family circumstances. (A brochure and additional information is available on the intranet).

Where there is concern about the mental health of either or both parents the social worker will obtain consent to seek a mental health referral to an appropriate specialist mental health service.

Where there is current specialist mental health involvement, the care coordinator will be asked to complete a report indicating the impact of the diagnosis and presentation on the adult's ability to parent, change or adapt to provide safe care to their child.

Requests for CBA reports, setting out the relevant timescales will be made through the agreed single point of contact between B&NES children' services and AWP at awp.safeguardingadmin@nhs.net.

The outcome of the assessment required will be confirmed at the CBA professionals meeting chaired by a service manager. It is expected that the care coordinator will attend this meeting, if this is not possible they will have communicated their involvement and what contribution is required to the child care social worker prior to the CBA meeting.

The care coordinator will need to submit their report in accordance with the schedule of the PLO and the timescales agreed at the professionals meeting through the single point of contact.

Appendix 2

B&NES Multi-Agency Referral Form (C2)

http://www.bathnes.gov.uk/NR/rdonlyres/1A8B2D33-BABB-4051-94B3-E11C1908CA75/0/C2ChildrenandFamiliesReferralConsentForm.rtf

This form has been designed to facilitate the process of professionals making referrals of vulnerable children and families to Children's Services.

The form needs to be completed within 48 hours following a verbal referral to the Children & Families Referral & Assessment team.

There is an expectation that Children & Families services will let the referring agency know the outcome of their enquiries within seven working days of receiving the referral unless there are acute child protection concerns requiring an immediate strategy meeting to make safeguarding decisions to protect the child.

There may be occasions when a copy of the referral form should also be provided for other professionals within your agency.

A copy of the referral form should be shared with the family where possible.

How to Make a Referral

Children's social care will want to decide with you whether;

- this is a child protection case requiring a strategy discussion, a core assessment or an initial assessment; or
- another agency should deal with the matter, or
- You need to continue to monitor the situation

It will help if you consider;

- why you think the time is right to discuss the matter with children's social care
- what information you can give them about
- the child's developmental needs
- parenting capacity
- Social and environmental factors.
- how you will remain involved with the family
- whether the parents know that you are making this referral

- whether the parents agreed to you making this referral
- how you can help to introduce a social worker to the family - for example by a joint visit
- What you want children's social care to do.

It is important that you make your referral as soon as you have decided that this is the best course of action.

At the end of any discussion about a child, the referrer (whether a professional, a member of the public or a family member) and the social worker must be clear about what the proposed actions are, who will undertake them and what the timescale is; or alternatively that no further action will be taken. This decision should be recorded by both the person making the referral (if a professional) and the worker in children's social care.

Sometimes children's social care may be unable to get involved. This could be because the situation is not serious enough, or because there isn't yet enough information. In this case, you should continue to follow up your concerns, working with the family and collecting further information. Do not stop until you are sure that the child's needs are being met or that there is no need to be concerned.

For AWP staff, see Module 7 Making a child protection referral: AWP Trust Guidance on working with families to safeguard children for further information and also www.swcpp.org.uk

Appendix 3

Mental Health Services Contact Information

Community Services
(9am-5pm Monday - Friday)

Adults of Working Age

BANES Recovery Team Bath NHS House, Newbridge Hill, Bath BA1 3QE	☎	01225 731631
Early Intervention Team Bath NHS House, Newbridge Hill, Bath BA1 3QE	☎	01225 731631

Older Adults

Complex Intervention and Treatment Team Bath NHS House, Newbridge Hill, Bath BA1 3QE	☎	01225 371410
The Hollies, High Street, Midsomer Norton BA3 2DP	☎	01225 396772

Hospital Services

Adults of Working Age
In-Patient Wards (24 hour care)

Hillview Lodge, Royal United Hospital, Combe Park, Bath BA1 3NG

Reception	☎	01225 825362
Sycamore Ward	☎	01225 825352

Older Adults
In-Patient Wards (24 hour care)

St. Martin's Hospital, Clara Cross Lane, Bath BA2 5RP

Ward 4	☎	01225 83151

Local Specialist Services

Child & Adolescent Mental Health Services:
Temple House, Temple Court, Temple Street, Keynsham BS31 1HA
☎ 0117 3604040
Provide a range of community services, clinics, one-to-one and group work for children and young people who are going through a period anxiety, distress or are experiencing a mental health problem, and their families.
CAMS also have a number of ongoing projects working children, working with them to develop and maintain good mental health and to help them recognize and cope with stressful or upsetting situations and anxieties.

Mon-Thurs 09:00am – 05:00pm, (04:30pm on Fridays)

Adults of Working Age:

Sedgemoor Home Link ☎ 01225 837092
59 Sedgemoor Road, Combe Down, Bath BA2 5PL
Operates 7 days a week.

Referrals from Care Coordinators to this service. A Supporting People Scheme providing practical and emotional support to assist people to maintain their accommodation. Includes flats for four people within the service, available on a 6 month tenancy.

Crisis & Home Treatment Team ☎ 01225 825328
Hillview Lodge, Royal United Hospital, Combe Park,
Bath BA1 3NG.
(Operates between 24 hrs a 7 days a week).

Work Development Team ☎ 01225 396645
1ST Floor The Hollies Midsomer Norton, Radstock BA3 2DP

Referrals from Care Coordinators to this service. Assists people with mental illness to keep or gain employment.

Community Support Workers ☎ 01225 396266

Referrals from Care Co-ordinators to this service. Work primarily in groups, but also

one-to-one work, to provide opportunities for social contact, leisure, educational and occupation.

Mosaic
P.O. Box 3343, Bath BA1 2ZH. ☎ 01225 396266

Provides a service to service users and carers from ethnic minority communities. Runs Social Group as well as providing one-to-one work.

Adults of Working Age and Older Adults:

Mental Health Liaison Service to the Royal United Hospital (Bath)
Bath NHS House, Newbridge Hill, Bath BA1 3QE
(Operates 7 days per week 08:00-20:00hrs) ☎ 01225 825320 or 01225 824913

Primary Care Liaison Service
Hillview Lodge, Royal United Hospital,
Combe Park, Bath BA1 3NG
(Operates 08:00- 20:00hrs Monday- Friday) ☎ 01225 371480

Home Support Service ☎ 01225 396206
P.O. Box 3343, Bath, BA1 2ZH
(Operates 7 days a week 7 am - 10 pm)

Referrals from Care Coordinators to this service. Provides a range of practical and emotional support to people in their own homes, working alongside people to help them to maximize their independence, working towards agreed objectives as agreed in the care plan.

AWP Drug and Alcohol Services ☎ 01225 359900
BANES Specialist Drug and Alcohol Service (SDAS)
34 Oldfield Road
Bath
BA2 3ND

Developing Health & Independence (DHI) ☎ 01225 329411
The Beehive Yard
Walcot St,
Bath
BA1 5BD

B&NES Council Approved Mental Health Professionals Service ☎ 01225 396256

Specially trained mental professionals who undertake assessments under the Mental Health Act, possibly leading to compulsory hospital admission or Guardianship. Access via Social Services' Adult Duty desk.

Useful Contacts

AWP trust Safeguarding Team	0117 9195895
awp.safeguarding@nhs.net	
Callington Road Hospital:	01275 392811
Childline:	0800 1111
SDAS: Community Drugs & Alcohol Service:	01225- 359900
Emergency Duty Team:	01454-615165
The Freedom Programme (For women who are or who have experienced violence)	07531116548
Patient Advice & Liaison Service (PALS)	0800 073 778
Police Public Protection Unit: -	01225-842763
Psychiatric Medication Helpline: (Mon – Fri: 11am – 5pm)	0207919 2999
Rethink Advice Service: (Mon-Fri: 10am-3pm)	0208974 6814
Rethink Carers Service: (Mon-Fri: 9am – 4.30pm)	0117986 4706
Samaritans (24hr):	08457 909090
SANE: (7 days a week 6pm-11pm)	0845767 8000
Somerset MINDline: (Wed/Fri/Sat/Sun: 8pm-12am)	01823 276892
Southside Family Project:	01225 331243
SWAN Benefits Advice:	01761 437176

Children & Families Services Contact Information

Bath and North East Somerset

- Duty Team – Bath 01225 396313 or 396312

Bristol

- Bristol East: Avonvale Road: 0117 955 8231
- Bristol Central Welsman: 0117 903 6500
- Bristol North Ridingleaze: 0117 903 1700
- Bristol South Broadwalk: 0117 903 1414
- Hartcliffe: 0117 964 2593

North Somerset

- North Woodspring and Central and South Woodspring 01934 627611

Somerset

- All areas covered by: 0845 345 9122

South Gloucestershire

- All areas covered by
  The Referral and Assessment team: 01454 866211

Wiltshire

- Bradford on Avon and Melksham: 01225 773500
- Chippenham: 01249 444321
- Corsham and Calne: 01249 444321
- Trowbridge: 01225 773500
- Warminster and Westbury: 01985 218021

Useful Links:

BADAS - Bath Area Drugs Advisory Service - Reducing Harm, Supporting Change

Family support - Barnardo's Norton Radstock Family Centre

The Hide Out - Home

Mothers for Mothers - a support group for the family and friends and sufferers of post natal illness and depression

Off The Record Home: Off the Record

117 Project - Bath & North East Somerset Council

South Side Family Project: Home Page

YoungMinds

Useful Resources and References

Resources for parents and children

How to parent when you are in crisis
Booklet which helps parents who are going through a difficult time, avoid reaching crisis point.
Mind (2004)
Mind > Information

Parents with a mental illness: the problems for children
A fact sheet for parents and teachers.
Royal College of Psychiatrists (2004)

Resources based on the views of parents and children

Bibby A and Becker S (ed) (2000) *Young carers in their own words* Calouste Gulbenkian
Foundation: London

Dearden C and Becker S (2004) *Young carers in the UK: the 2004 report* Carers National Association: London

Robinson B and Scott S (2006) *Parents in Hospital: how mental health services can best promote family contact when a parent is in hospital*
This review identifies the need to improve visiting arrangements and facilities, and the support offered to parents. The findings draw on data from Mental Health Act Commission announced visits, hospital staff and crucially, parents and children themselves.

The Keeping the Family in Mind Resource Pack 2nd Edition (2007) Barnardo's. The pack includes the 15 minute 'Telling it like it is' film as well as visual aids such as postcards and posters, reports, booklets and advice sheets.
See resources & publications: Barnardo's

Frank J. (2002) *Making it work: good practice with young carers and their families*
The Children's Society and The Princess Royal Trust for Carers: London

Royal College of Psychiatrists (2005) *A checklist for professionals coming into contact with the children of parents with mental health problems* Royal College of Psychiatrists: London

Appendix 4

B&NES Council Children Services Contact Information

- Children Social Care Duty Team – Bath 01225 396313 or 396312
- Secure email address: ChildCare.Duty@BATHNES.GCSX.GOV.UK
- B&NES Council telephone: Bath 01225 477000

Appendix 5

Glossary of Terms

AWP	Avon and Wiltshire Mental Health Partnership NHS Trust
B&NES	Bath and North East Somerset Council
BSCB	Bristol Safeguarding Children's Board
CAF	Common Assessment Framework: a process for undertaking a common assessment, to help practitioners gather and understand information about additional needs and strengths children, based on discussions with the child, their family and other professionals as appropriate
Caldicott Guardian	Acts as the 'conscience' of an organisation, the Guardian Should actively support work to facilitate and enable information sharing and advise on options for lawful and ethical processing of information as required.
CAMHS	Child and Adolescent Mental Health Service
Child	Anyone who has not reached their 18th birthday
CMHT	Community Mental Health Team
Child Protection (CP)	Process of protecting individual children identified either as suffering, or at risk of suffering, significant harm as a result of abuse or neglect through S47 enquiries to ensure vital interests of child.
Child Protection Conference	Multi agency information sharing arena; where concerned parties have the opportunity to outline findings and issues relating to the child which may

	result in the child being made the subject to a Child Protection Plan
MSE	Mental State Examination
MHA assessment	Mental Health Act assessment (for detention under the Act)
MH assessment	Mental Health assessment (general clinical assessment, including of risks)
DOH	Department of Health
Discharge ICPA	A discharge planning meeting
Dual Disorder	Individuals who have co-existing problems of mental disorders and substance misuse
CCG	Clinical Commissioning Group
Section 47 Inquiry	The local authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer significant harm (Section 47 Children' Act 1989)
Strategy Discussion/ Meeting	A multi-agency discussion/meeting to determine whether there are grounds for conducting a section 47 enquiry. Consent from parents and carers should be sought, however not necessary.
LSCB	Local Safeguarding Children's Board
Safeguarding	Protecting children from abuse or neglect, preventing impairment of health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care, that enables optimum life chances