

Southwark Joint Service Protocol to meet the needs of children and unborn children whose parents or carers have mental health problems

April 2020



Foreword

This protocol is important for the safeguarding of children and families in Southwark. It should be read and implemented when necessary by staff who deliver services to children and young people whose parents or carers have mental health problems, and staff who deliver services to adults who are parents or carers with mental health problems. The protocol applies equally to pregnant women and their partners where there are concerns about their mental health. The protocol also applies to adults with mental health problems who have contact with a child or children, even if not a parent or carer; for example, siblings, lodgers, family visitor, babysitter or childminder.

This document was drafted jointly by Southwark Council, Southwark NHS, South London and Maudsley NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust on behalf of the Southwark Safeguarding Children Partnership (SSCP).

Research and local experience have shown that mental health problems in parents/carers or pregnant women can have a significant impact on parenting and increase risk, especially for babies and younger children. This does not mean that parents who experience mental health problems are poor parents. However, the impact of mental health problems can, on some occasions, lead to children and families needing additional support; or in a small number of cases support and multi-disciplinary action to prevent significant harm.

The SSCP is committed to ensuring early help and that intervention is provided to enable and support parents including those with mental health problems to care safely for their children.

To achieve this, the protocol promotes good multi agency working including appropriate information sharing, joint assessment of need and making effective use of Team Around the Child/Family (TAC) for those parents with mental health problems who are in need of additional help in caring for children and young people.

This work should be underpinned by working in partnership with parents and children and applying a 'Think Family' approach.

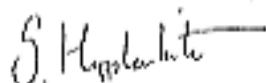
In the minority of situations where parents are unable to care safely for their children the protocol will ensure that there is effective joint working between adult and children and young people's services so that risk to children can be assessed and service response implemented.

Evidence tells us that children are more at risk of experiencing neglect when the parent or carer has significant mental health problems, coordinated understanding, planning and service delivery is vital to children's wellbeing as neglect can fluctuate both in level and duration, key to delivery is timely and decisive action. It is important that professionals recognise the long term developmental consequences of neglect on a child and the urgency of early intervention to prevent the impact of neglect.

The SSCP expects all agencies working with children or adults who are parents in Southwark to implement this protocol and ensure that all relevant staff are aware of it and know how to use it.



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1. Introduction

Being a parent with a mental health problem can be particularly challenging. Many parents are painfully aware that their mental health problem can affect their children even if they do not fully understand the complexities.

All children, even very young children, are sensitive to the environment around them. Thus, their parent's state of mind has an impact on them. In this context all children are vulnerable when a significant adult in their lives has a mental health problem. For example, in some cases children and young people themselves can be identified as being young carers who are entitled to an assessment under the Care Act 2014.

Children in such families can be vulnerable depending on the severity and impact of their parent's mental health and because of secondary factors. Examples are low income, poor housing and neighbourhood, stressed family relationships and societal prejudice. Parents with mental health problems need to be encouraged to be enabled to discuss their concerns without fear of prejudice.

Likewise, their children have a right to have their needs assessed, receive appropriate services and be heard in their own right so that risk factors can be minimised and protective factors promoted. In this way, children will be enabled to achieve their potential and move confidently into adult life.

All the agencies in Southwark are committed to early intervention to ensure that all children and young people, including those whose parents have mental health problems, are protected and enabled to achieve their optimum potential.

As many of the children of parents with mental health problems are likely to require additional support from agencies across the spectrum of universal, targeted and specialist services, this protocol focuses on the identification of these needs at an early stage.

This protocol sets out:

- Key questions that all practitioners working with adults who have mental health problems must ask in their work, where their patients or service users are parents or are in contact with children
- Clear guidance about the pathways to obtaining additional support for children who need early help or safeguarding
- Guidance for children's work force about when to access additional support for adults who have mental health problems

2. Aims of the protocol

To ensure that professionals working in Southwark are clearly aware of their duty to work together to safeguard and promote the welfare of children.

To improve the identification of children who may be affected by adult mental health problems and ensure good quality and early support and intervention for them and their families.

To improve communication and joint working between services responsible for supporting children, and the services responsible for supporting adults experiencing mental health problems.

3. Principles

In line with the Children Act 2004 and the current London Child Protection Procedures, **all professionals** who come into contact with children, their parents and families in their every day work **have a statutory duty to safeguard and promote the welfare of the child** (see section 1 Children Act 2004). This applies even if the professional is not a social worker in Children's Social Care or a designated or named safeguarding professional. This is emphasised in *Working Together 2018*.

- The welfare of the child is of paramount importance
- Parents, carers and pregnant women with mental health problems have the right to be supported in fulfilling their parental roles and responsibilities
- While many parents, carers and pregnant women with mental health problems safeguard their children's well-being, children's life chances may be limited or threatened as a result of those factors, and professionals need to consider this possibility for all clients with children
- A multi-agency approach to assessment and service provision is in the best interests of children and their parent and/or carers
- Risk is reduced when information is shared effectively across agencies
- Risk to children is reduced through effective multi-agency and multi-disciplinary working
- Services and interventions will be provided in a timely manner and will be based on the assessed needs of the whole family
- The focus should remain on the safety and welfare of the child at all times
- Children's needs are best met when professionals and parents work in collaboration
- We value and appreciate diversity. However, cultural factors neither explain nor condone acts of commission or omission which cause a child to be placed at risk or, be harmed. Anxiety about possible accusations of racist practice should never prevent necessary action being taken to protect a child or vulnerable adult.

4. Identifying the needs of the child, when their parent, carer or expectant mother is experiencing mental health problems

Any professional working in Southwark who comes into contact with an adult or pregnant woman with a mental health problem must consider:

- How his/her mental health is impacting on the safety or welfare of any children in his/her care, or who have significant contact with him/her
- Whether he/she has access to the relevant support services
- Whether the child/young person is a young carer.

The birth of any new child changes relationships and brings new pressures to any parent or family. Agencies need to be sensitive and responsive to the changing needs of parents or carers with mental health problems.

Parents, carers or pregnant women with mental health problems may have difficulties which impact on their ability to meet the needs of their children or expected baby. This protocol acknowledges that such children may be in need of assessment for services provided by a range of agencies, from universal and early intervention to specialist services for those with more acute or complex needs.

This set of questions and the two flowcharts are designed to guide your decision making about how you can best meet the needs of children and adults in families experiencing mental health problems:

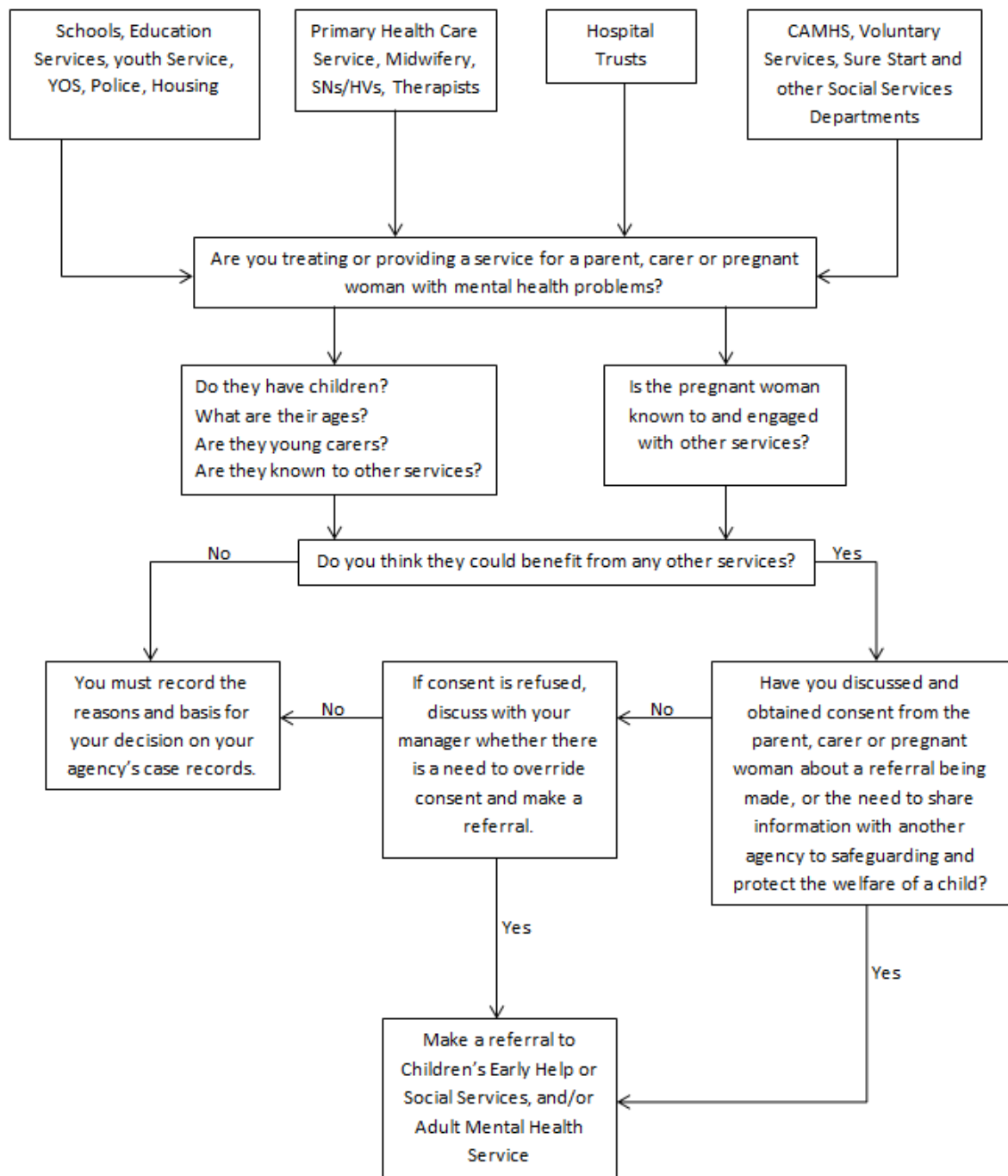
The following questions should be asked of both men and women:

- Does the person have (or is likely to have) dependent children or close contact with children (e.g. babysitting, after school care, present in the same house hold etc.)?
- What are the child's details - age, name, address?
- Is there a young carer in the house?
- Is the person pregnant or their partner pregnant? If so, has the prospective mother contacted services regarding ante-natal care?
- Is the child registered with a GP?
- Is the child attending school if appropriate?
- Have you seen the child/ren?
- Have you spoken to the child/ren where appropriate?
- Have you considered the impact of your patient or client's mental health on their ability to meet the needs of their children?
- Is you client an expectant father/partner who has mental health problems
- Do you know what other services are involved and what their role is?
- Do you have any concerns about their children's well-being, safety or behaviour?
- Are there any alternative care arrangements in place if needed? If so, what are they and who has/is arranging these?
- Is the child/young person at risk of significant harm? If so you should contact children's social care immediately - see 'who to contact' Appendix 1.
- Are there any cultural considerations to take into account for the assessment?

Actions

- Do you think the family or pregnant woman would benefit from any additional services?
- Can support be provided from within your service/agency?
- Have you discussed the need for any additional services, or making a referral to another service with the parents, carers or pregnant woman?
- Have you discussed or sought advice from your manager or appropriate safeguarding lead?
- Have you sought consent to make a referral and to share information from the parent/carer?
- Professionals should document the above in their appropriate client and/or child records.

Decision-Making Flowchart



5. Guidance for referral and assessment for pregnant women with mental health problems

All agencies are responsible for identifying pregnant women with mental health problems who may be in need of additional services and support. Pregnant women with a previous history of mental health problems are particularly vulnerable to breakdown during the later stages of pregnancy and following the birth of their baby.

When an agency identifies a pregnant woman experiencing mental health problems an assessment must be undertaken to determine what services she requires. This must include gathering relevant information from the GP, Adult Mental Health Services and Children's Social Services, in addition to any other agencies involvement to ensure that the full background is obtained about any existing or previous diagnosis, or treatment for mental illness. This is especially important where service awareness of earlier births may need to be clarified particularly from social care, in the case of previous children or those not born in the UK.

Where this assessment identifies that a pregnant woman has mental health problems and there are significant concerns, a pre-birth assessment must be undertaken. Guidance on pre-birth initial assessments is provided in the current London Child Protection Procedures.

Where the need for referral is unclear, this must be discussed with a line manager or professional adviser and/or safeguarding lead/advisor before referring to the appropriate services. If a referral is not made this must be clearly documented. Staff must ensure that all decisions and the agreed course of action are signed and dated.

The outcome of the pre-birth assessment will determine whether there are sufficient concerns to warrant a pre-birth child protection conference.

A pre-birth initial assessment may be undertaken on pre-birth referrals and a professional's strategy meeting held where:

- There has been a previous unexplained death of a child whilst in the care of either parent
- There are concerns about domestic violence
- Where a family member or partner is a person identified as presenting a risk to children
- A sibling/child in the household is the subject of a child protection plan
- A sibling/child has previously been removed from the household either temporarily or by court order
- The degree of parental substance misuse in itself or combined with mental illness is likely to significantly impact on the baby's safety or development
- The degree of parental mental illness/impairment is likely to significantly impact on the baby's safety or development. This includes mental illness where a baby or unborn is the subject of abnormal or unusual ideas or attributions
- There are concerns about parental ability to self-care and/or to care for the child e.g. unsupported young person or a mother who has a learning disability
- Any other concern exists that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child.

6. Guidance for referral to Mental Health Services

When there are concerns that the parent or carer is exhibiting signs of mental illness and is not known to mental health services, a decision should be made about whether a referral should be made to Southwark secondary mental health services.

A referral for an initial assessment to mental health services should always be made if there is a statement or behaviour from a client that raises concerns or indicates a risk to self or others, including children. As far as possible these concerns should be discussed with the client unless it increases the risk to the child, parent or professional. A referral should always be discussed with your line manager. Advice can be sought from the mental health services and or the designated/lead Safeguarding professionals.

Contact with the GP and Southwark mental health services is essential to ensure that the full background is obtained regarding any existing or previous diagnosis of mental illness and information about previous or current treatment to aid your decision making regarding any further input from mental health.

If there is an immediate danger to the client or others, including a child, the police must be contacted.

Staff must ensure that their decision and agreed course of action is fully and accurately documented, signed and dated.

Triggers that may indicate referral to Adult Mental Health Services for initial assessment are listed below. However, this is not an exhaustive list and is provided to assist professional decision-making. It should be noted that mental health problems can also be associated with high risk behaviour or difficulties such as substance misuse.

Please refer to the London Child Protection Procedures:

http://www.londoncp.co.uk/chapters/responding_concerns.html

- Previous or current history of assessment and treatment by secondary mental health services, including hospitalisation or previous Community Mental Health Team involvement
- Previous or current treatment for mental health problems by a GP
- Previous history of overdose or self-harm and especially if there has been more than one such episode, or current expression of an inability to manage their own or their child/children's safety
- Expression of apparently unreal fears about their own safety or that of others
- Evidence of significant withdrawal from people, family or activities i.e. showing signs of depression or anxiety
- Fluctuations in mood and activity e.g. excessive crying, inappropriate expression of anger, over activity, or increased suspicion
- Concerns regarding self-neglect
- A child's or other's expression of concern regarding change in the parent's and/or carer's behaviour or attitude
- Evidence of personality factors (pre existing and/or exacerbated by the illness, e.g. irritability, hostility, inability to cope, self preoccupation, etc.)
- A previous history of severe childhood trauma and adversity, including discontinuities in carers and experience of abuse where this may be impacting on the

- person's current mental state
- A history of violence (as a perpetrator or a victim) with unstable, discordant parental relationships
- Environmental stressors outweighing support and protective factors; for example; poor-quality support and social isolation in association with multiple adversities such as discrimination (on grounds of gender, ethnic minority status sexuality and mental illness), material deprivation and poverty
- Concerns regarding adult learning capacity
- Expressions of delusions incorporating their children and/or where a child or unborn is the subject of an unusual idea or attribution (See [Parental Mental Illness, in the London Child Protection Procedures](#))
- Significant concerns regarding adults with possible eating disorders.
- Non/poor/chaotic engagement by parent or carer
- Obsessive compulsive rituals by parent or carer
- Significant trauma as an adult that is impinging on their ability to manage routine activity

7. What to do if you are concerned that a child is at risk of significant harm and needs to be protected

Where there is imminent risk to the child in an emergency, the Police should be called.

If any of the criteria in section 8 are met, an immediate referral to the multi-agency safeguarding hub (MASH) is justified. If unsure, please make use of the consultation function in Southwark MASH by calling 020 7525 1921. A referral must always be discussed with a manager in your agency. Staff must ensure that their decision and agreed course of action is fully and accurately documented, signed and dated, and that a written referral follows any telephone conversation or verbal referral.

More information on the MASH can be found on the Southwark Council website: <https://www.southwark.gov.uk/childcare-and-parenting/children-s-social-care/child-protection/multi-agency-safeguarding-hub-mash>

Following referral, adult services and children's social care should, where appropriate, undertake a joint assessment to assess the level of risk to the children, consulting with other agencies to understand the level of support being provided.

Adult mental health professionals must be included in any strategy meetings convened by children's social care and children's services included in any Care Programme Approach or other mental health planning meetings where the adult's needs are assessed to ensure that consideration is given to the needs of the child.

Assessment and identification of parents', carers' or children's need for services is not a static process. The assessment should build in evaluation of progress and effectiveness of any intervention. Agencies should always take into account the changing needs of adults and children. Regular dates should be set to jointly review the situation and ensure that interagency work continues to be coordinated.

These services should endeavour to work in partnership with parents and children's consent for joint working. Information sharing consent should be sought in the first instance.

Children should be invited to contribute to the assessment as they often have good

insight into the patterns and manifestations of their parent's mental health.

Services should always be flexible and ready to reassess or review cases speedily before planned reviews if new concerns or support needs arise.

If the concerns about the parent/carer mental health are not significant but are a cause for concern, referral to the person's GP or other primary care services such as primary care psychology should be considered

Each agency should document their own actions and responsibilities clearly and also the roles and responsibilities of other agencies and where appropriate copies of Child in Need or Child Protection plans should be obtained and stored on the individual agency record.

8. Identifying children in need of protection who are at risk of significant harm

Any of the following parental risk factors justify immediate referral to Children's Social Care for an Assessment (or Strategy Meeting depending on the urgency and severity) to determine whether a child has suffered or is at risk of suffering significant harm.

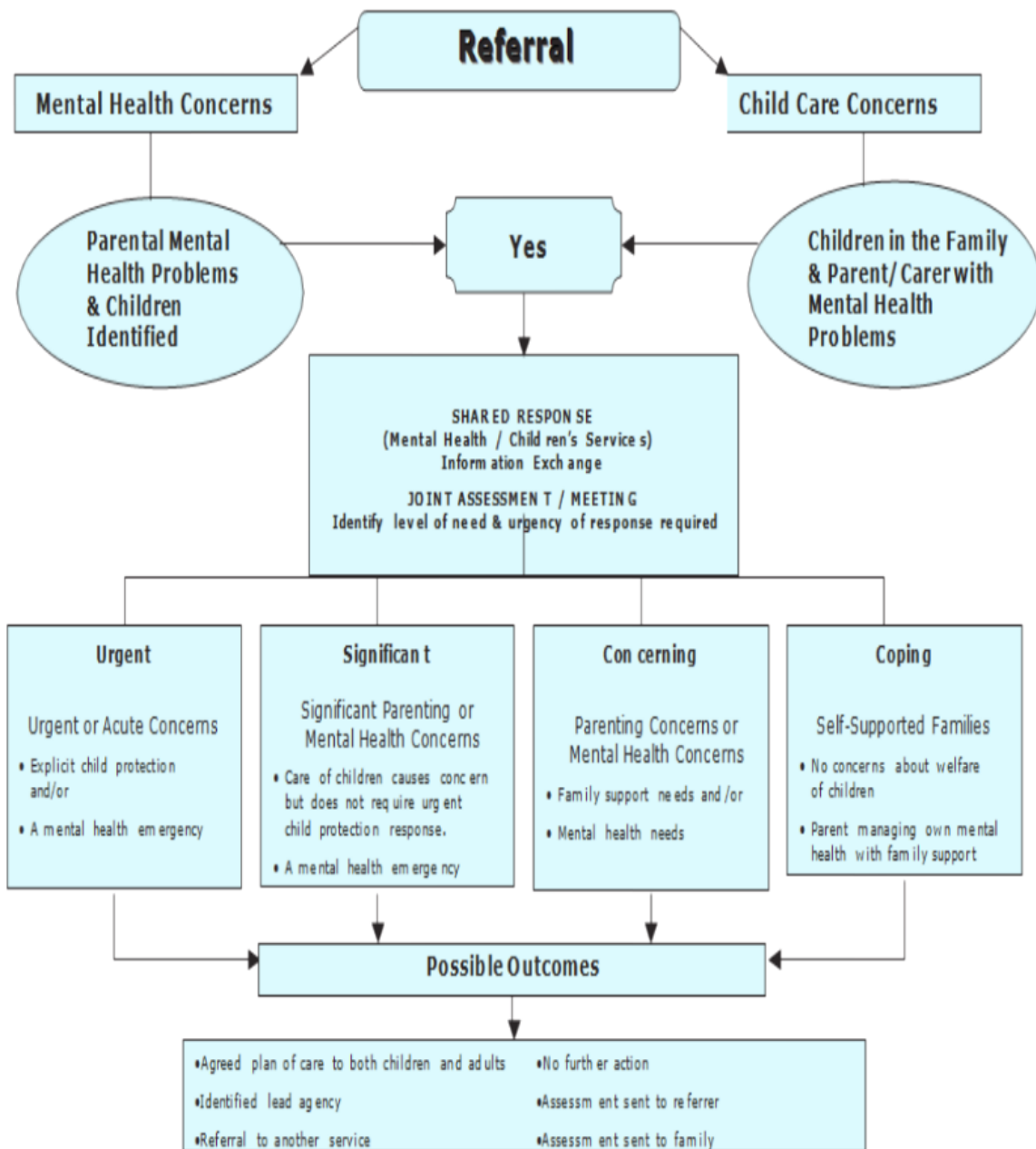
This list is not exhaustive:

- Where the child features within parental/patient delusions or is involved in the parent's delusions or is involved in the parent's obsessional compulsive behaviours
- Where the child is a target for parental/patient aggression or rejection
- Where the child may witness disturbing behaviour arising from mental illness (e.g. self harm, suicide, uninhibited behaviour, violence, homicide)
- Where a child is neglected physically and/or emotionally by an unwell parent/carer
- Where a child does not live with a parent with a mental health problem but has contact (e.g. formal unsupervised contact sessions or the patient sees the child in visits to the home or on overnight stays)
- Where a child is at risk of severe injury, profound neglect or death
- Where parents are prone to altered states of parental consciousness e.g. splitting/dissociation, misuse of drugs, alcohol, medication
- Where parents are showing non-compliance with treatment, reluctance or difficulty in engaging with necessary services and lack of insight into illness or impact on the child
- Where parents have mental health problems combined with criminal offending (forensic)
- Where the parent has a disorder designated 'untreatable' either totally or within timescales compatible with the child's best interests
- Where the pre-birth assessment of women who have history of mental illness, or who are experiencing a mental disorder, that suggests that there are concerns about the impact of such conditions on an unborn child, or a woman's ability to meet the child's needs once born
- Where there are parents or carers who are exhibiting signs of mental illness, or who are already the subject of a continued psychiatric assessment, where there are concerns surrounding the impact on a child's wellbeing
- Where there are concerns about domestic abuse
- Where a family member or partner is a person identified as presenting a risk to children
- Where there are children who have been the subject of previous child protection investigations, a child protection plan, local authority care or alternative care

arrangements

- Where there have been previous consecutive referrals to Social Care concerning parents, carers and their children
- Where there are urgent concerns as a result of parents or carers being assessed under the Mental Health Act
- Where there are parents or carers with significant mental health problems who are struggling to care for a child with a chronic illness, disability, or special educational needs
- Where there are children who are caring for parents or carer with mental health problems- see https://www.londoncp.co.uk/files/young_carers_needs_assess.pdf
- Where there are children with significant social, educational or health needs e.g. non-attendance at school or nursery, lack of involvement with other statutory or primary care services.
- Where information shared between agencies highlights concerns about the well being of a child please see information Sharing Protocol: see appendix 2

Referral Pathway Flowchart



Referral to Children's Services using the Multi Agency Referral Form (MARF)

See appendix 2

Southwark has developed an approach to Early Intervention which is detailed in our Early Intervention Strategy. Our focus is on identifying and meeting needs for children, young people and families earlier and more effectively. A fundamental component of early intervention is defining what help is needed; which is why high quality assessment is so significant. The strategy highlights our local commitment to developing a common approach to the understanding and recording of the needs of children, young people and families; from the earliest point of identification. It is our intention that effectively targeting help at these stages will reduce reliance on specialist services and enable children, young people and families to become as independent as possible in identifying and addressing any concerns that arise in family life.

MARF is the primary mechanism for referral to children's social care.

How do I complete the MARF?

It is essential that the identifying details (e.g. names, dates of birth, etc.) are accurate and complete as this will ensure that if additional services are required they are directed at the right child, young person or family.

A critical component of the MARF is exploring whether there are factors in the parenting, family and environment dimensions impacting on the development of the child or young person.

For example, indicating that the parent is 'drinking and anxious' or 'smoking cannabis' and not including any information regarding the impact of this on the child does not always help other services understand the kinds of concerns that a practitioner may or may not have.

What do I do if I identify a safeguarding concern?

When you are concerned that a child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow the SSCP safeguarding children procedures. In order to make a referral to children social care, please complete the Multi Agency Referral Form (MARF) and send it to the secure email address mash@southwark.gov.uk

In situations where immediate support is required, the MARF should be completed following a telephone referral.

If you are uncertain about whether a case warrants a referral to children's social care, you can call and speak to a duty manager or duty social worker in MASH on 020 7525 1921.

The quality of the referral is key in assisting a manager in making a decision about whether the threshold for statutory intervention is met as well as what the right service may be to help the child and family at that time

How can I find out more?

If you want to find out more about what is happening with MARF, Team Around the Child (TAC) and Lead Professional as well as the wider Early Intervention Strategy, please contact the Early Help Service Duty Officer on 020 7525 3893.

9. Conflict resolution and escalation

Research and Serious Case Reviews have shown that difference of opinion between agencies can lead to conflict resulting in less favourable outcomes for the child. If disagreement remains between agencies every effort should be made to reach satisfactory resolution under the guidance provided in the London Child Protection Procedures.

Where a professional requires advice and guidance on child protection matters they should first discuss this with their line manager and, or, their designated lead professional for child protection. If further clarification and guidance is required they can seek this from the duty child protection co-ordinator located within children's services Quality Assurance Unit (Tel: 020 7525 3297).

If agreement cannot be reached on action required following discussion between first line managers (who have sought advice from their designated/named/lead officer/child protection advisor), then the matter must be referred without delay through the line management to the equivalent of service manager/detective inspector/head teacher and or designated professional.

In Southwark, it is agreed that where conflict and disagreement still remains (following the above process being followed) the matter must be referred to the social services Quality Assurance duty child protection coordinator for final resolution (Tel: 020 7525 3297).

Records of discussions and any decisions must be maintained by all agencies involved.

10. Training

All staff are responsible for ensuring their training in child protection is up to date and meets the requirements for their role and job description.

All agencies are required to support their staff's access to child protection training.

The Southwark Safeguarding Children Partnership commissions child protection training through My Learning Source (MLS): <http://www.mylearningsource.co.uk>.

All Southwark staff are invited to register on MLS. Staff can then access this training once agreed as part of the staff member's professional development plan.

Appendix 1: Who to contact

If you are concerned about a child you must always do something.

If you're not sure – seek advice

If you think a child is in immediate danger contact the police by dialling 999. If you want to report a crime against a child, contact your local police station.

To make a referral to Children's Social Care ring the Referral and Assessment Team and ask for the Duty Social Worker on: 020 7525 1921

General If your agency does not have its own guidance or child protection adviser contact the Children's Services Referral and Assessment Duty Team (as above) or the **Duty Child Protection Coordinator: 020 7525 3297**

Out of hours

In an emergency, after 5pm and at weekends or on bank holidays, you can contact the 'out of hours' social worker' on **020 7525 5000**

If you are seeking advice or support for a disabled child, you should contact the Children with Disabilities and Complex Needs Team on **020 3049 8250**

The LADO (Local Authority Designated Officer) 020 7525 0387

For more information on the LADO please see

<https://www.southwark.gov.uk/childcare-and-parenting/children-s-social-care/child-protection/allegations-against-people-who-work-with-children-in-southwark>

The Family Early Help Service can be contacted on 020 7525 1922. More information can be found on their website: <https://www.southwark.gov.uk/childcare-and-parenting/children-s-social-care/family-early-help-feh/family-early-help-feh-strategy>.

Designated Professionals and Advisers in child protection/safeguarding:

Southwark NHS

Designated Doctor (Paediatrician): **020 3049 8009**

Designated Nurse: **07775 863 478**

Guy's and St Thomas' Hospital NHS Foundation Trust

Named Doctor: **020 7188 4635** Named Nurse: **020 7188 2473**

Named Midwife: **020 3299 3084**

King's College Hospital NHS Foundation Trust

Named Doctor: **020 3299 3984** Named Nurse: **020 3299 1185**

Named Midwife: **020 3299 4971**

South London and Maudsley NHS Foundation Trust

Named Nurse: advice line **020 3228 3483/ 07885 245 781**

Education

Each school/setting has a Designated Safeguarding Lead and Deputy Designated Safeguarding Leads.

The Strategic Lead Officer for Safeguarding in the Local Authority's Education Services is the Director of Education: **020 7525 3252**.

Police

Metropolitan Police - Child Abuse Investigation Team (CAIT)

For general advice call: **020 7232 6355/6**

To make a referral call: **020 7230 3700**

For information on the Multi Agency Risk Assessment Conference (MARAC) contact marac@southwark.gov.uk

Appendix 2:

Southwark Safeguarding Children Partnership:

<https://safeguarding.southwark.gov.uk/>

Information Sharing:

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

<http://www.londoncp.co.uk/>

For further information on parental health and its impact on children, please go to:

<http://www.scie.org.uk/publications/elearning/parentalmentalhealthandfamilies/index.asp>

www.ourtime.org.uk

Rethink Mental Illness:

<http://www.rethink.org/>

Royal College of Psychiatrists:

<http://www.rcpsych.ac.uk/>

For further information regarding children's legislative framework:

Children Act 2004:

<http://www.legislation.gov.uk/ukpga/2004/31/contents>

Working Together 2018:

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Appendix 3: Sharing Information about children or adults

Good information sharing is a crucial element of successful interagency working, allowing professionals to carry out their statutory obligations and make informed decisions based on accurate and up-to-date information, thus improving outcomes for clients. These guidelines are based on the guidance given in the Southwark Information Sharing Assessment Protocol.

It is essential for all services to accurately record the names, dates of birth, involvement of other agencies and areas of concern for all children in families known to them. If parents, carers or pregnant women decline to provide basic information about themselves or their families this fact should be recorded and, if necessary, advice sought.

Legal framework

As a general rule, personal information that agencies hold on a client is subject to a duty of confidentiality and cannot be shared with third parties. However, information can be disclosed where it is lawful to do so.

Sharing of information is lawful where:

- The client has consented to disclosure
- The public interest in safeguarding a child's welfare overrides the need to keep information confidential
- Disclosure is required under a court order or other legal obligation

Disclosure with consent

Individuals can give their consent to personal information about them being disclosed to third parties but it must be explained why this information is needed and who it will be disclosed to. If the information is sensitive in nature, for example relating to a person's mental health, such consent would need to be in writing and placed on their case file. Verbal consent should be recorded in the case notes.

A young person aged 16 years or over is capable of giving consent on their own behalf; children under 16 years can only give consent if it is thought that they fully understand the issue and are able to make an informed decision. If not, the decision must be made by the person that holds parental responsibility for them. Where an adult, 16 or over, is deemed incapable of giving consent to disclose because they lack mental capacity, consent should be sought, where possible, from a person who has legal authority to act on that person's behalf.

If it is not possible to obtain consent to disclosure, information can be disclosed without consent under the circumstances listed.

Disclosure without consent

Where consent has not been given, or it is thought that to seek consent from a parent or carer may place the child at further risk, professionals should consider whether it is lawful for them to disclose the information without consent.

Clearly, it would be lawful to disclose information in order to safeguard a child's welfare, but professionals must consider the proportionality of disclosure against non-disclosure: is the duty of confidentiality overridden by the need to safeguard the child? Where information is disclosed, it should only be relevant information and only disclosed to those professionals that need to know.

Professionals should consider the purpose of disclosure and remind those with whom information is shared that it is only to be used for that specified purpose and should otherwise remain confidential.

Further guidance on information sharing with regard to safeguarding children is contained in *'Working together to safeguard children'* and in *'What to do if you are worried a child is being abused'*. Professionals should also refer to the 'London Child Protection Procedures'.

Professionals may also refer any queries on information sharing to their Caldicott Guardian. This is a designated professional who is responsible for implementing information-sharing protocols within their respective organisations and can act in an advisory capacity to help staff share information in a lawful way.

Appendix 4: Guidance on Significant Harm and Children's Legal Context

The concept of significant harm

Some children are in need because they are suffering, or likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. It lays a duty on local authorities to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer significant harm.

A court may make a care order (committing the child to the care of the LA) or supervision order (putting the child under the supervision of a social worker or a probation officer) in respect of a child if it is satisfied that:

- The child is suffering, or is likely to suffer, significant harm; and
- The harm, or likelihood of harm, is attributable to a lack of adequate parental care of control (s31).

There are no absolute criteria on which to rely when judging what constitutes significant harm.

Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent or constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and supports.

Under s31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002: 'Harm' means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another; 'development' means physical, intellectual, emotional, social or behavioural development. 'Health' means physical or mental health; and 'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.

Under s31(10) of the Act:

Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child.

To understand and identify significant harm, it is necessary to consider:

- The nature of harm, terms of maltreatment or failure to provide adequate care
- The impact on the child's health and development
- The child's development within context of their family and wider environment
- Any special needs, such as a medical condition, communication impairment or disability, that may affect the child's development and care within the family
- The capacity of parents to adequately meet the child's needs
- The wider and environmental family context.

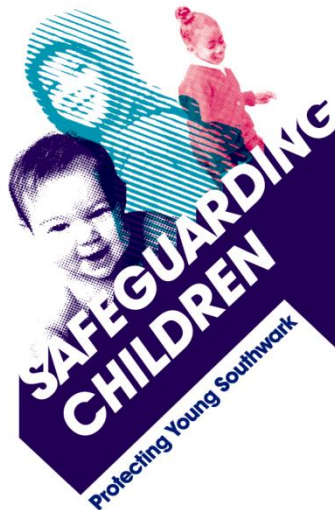
The child's reactions, his or her perceptions, and wishes and feelings should be ascertained and taken account of according to the child's age and understanding.

To do this depends on communicating effectively with children and young people, including those who find it difficult to do so because of their age, impairment, or their particular psychological or social situation. It is essential that any accounts of adverse experiences coming from children are as accurate and complete as possible. Accuracy is key, for without it effective decisions cannot be made and, equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults.

This Protocol was agreed and published by Southwark Safeguarding Children Partnership for use by all agencies working within Southwark.

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Southwark Safeguarding Children Partnership is the inter-agency strategic body with responsibility for child protection and safeguarding children in Southwark.

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