Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Procedure for Assessing and Responding To the Impact of Parental Mental Ill Health on children

1. **This procedure is Intended for** anyone involved in:

   - Providing services to adults who are parents & carers
   - Providing services to children and young people

2. **When to use this procedure**

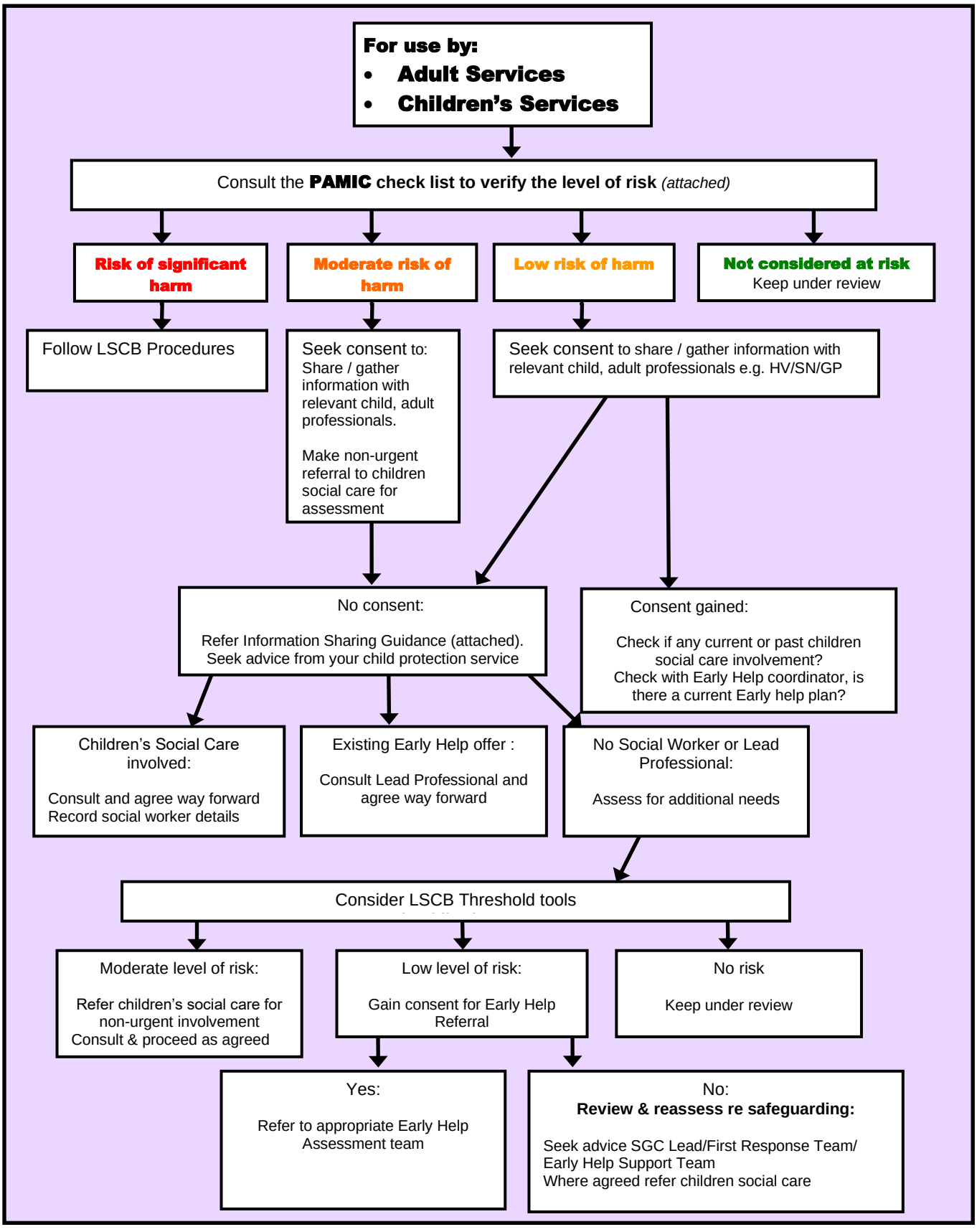
   This procedure is to be used when considering the likelihood and severity of the impact of an adult's mental ill health on a child. It involves the practitioner thinking about the nature of risk and also the protective factors for the child so it brings into being the practitioner's professional judgement.

3. **Process to follow:**

   1. Follow the flowchart on page
   2. Page 3 will support your assessment
   3. Page 4 will support you in decision making regarding consent, confidentiality and information sharing

4. **Record Keeping**

The assessment and actions taken should be recorded along with the resulting outcomes on PARIS in the Safeguarding Public Protection option in the Central Index it can be found in the Safeguarding Children section.



Assessing the Potential Impact of *Parental Mental Ill Health on Children

*Parent includes: partner of a parent, living with or having regular contact with children.
tool **LSCB**: Local Safeguarding Children Board. **HV**: Health Visitor **SN**: School Nurse
PAMIC: Mnemonic for the assessment tool – Parental Adult Mental Health Impact on Child

PAMIC check

Potentiality for the Adult's Mental Ill Health to Impact on the Child

The PAMIC check is a tool to support you when considering the likelihood and severity of the impact of an adult's parental mental ill health on a child; it is not intended to replace professional judgement. You need to think about the nature of risk but also the protective factors for the child.

Examples of protective factors include:

- There is another adult that can be depended upon to meet the needs of the child.
- The individual has insight into their problems, can take action to significantly reduce the impact of their behaviour on the child and is sufficiently supported.

Risk of Significant Harm - If any of the following factors are present they are highly likely to have a direct impact on the safety and well-being of the child. ***Follow LSCB Child Protection Procedures***

- Delusional beliefs/ideas involving the child *and or*
- Risk that child will be harmed as part of a suicide plan
- The child is a target for parental aggression or rejection?
- Co-existing domestic abuse, drug or alcohol abuse
- There is no other adult that can be depended upon to meet the needs of the child. (Children of lone parents or isolated parents are at greater risk as they are less likely to have an alternative caregiver when a parent is in crisis.)
- The child is the parent's carer

Moderate Risk of Harm - Where, for example, factors such as the following are present, although not of the severity of the above they can potentially impact on parenting and result in concern for the child's care. ***Make a referral to Children's Social Care for an assessment.***

- The presenting mental ill health (including the effect of medication/treatment) is impacting on the parents' capability to consistently meet the needs of the child
- The parental mental health disorder is designated 'untreatable,' either totally or within time-scales compatible with the child's best interests

Low Risk of Harm - Where, for example, factors such as the following are present they require an assessment of the child's needs to influence planning of the child's care. **Refer to early Help for further assessment**

- Parental learning disability rendering the child more vulnerable
- Non-compliance with treatment, reluctance or difficulty in engaging with necessary services, lack of insight into illness or its impact on the child
- The child is vulnerable due to, for example, age, illness, disability or behavioural/emotional issues
- Changes in the child's behaviour since the onset of the parent/carer's mental ill health

*Alternatively negotiate with a children's services worker e.g. Health Visitor/School Nurse to complete.

Not considered at risk – No obvious impact on the child's health and well-being are evident. Liaise with key others where appropriate and consent to do so is obtained. As events may change ***keep under review***

Confidentiality and Information Sharing

1. **Information Sharing**

Good information sharing is a crucial element of successful inter-agency working, allowing professionals to make informed decisions, thus improving outcomes for patients/clients. Sharing of information is lawful where:

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

2. **Disclosure with Consent**

2.1. 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.

2.2. A young person aged 16 years or over is capable to giving consent on their own behalf; children under 16 years can only give consent if it is thought that they fully understand the issues and are able to make an informed decision. If not, the decision must be made by the person who holds **Parental Responsibility** for them.

2.3. Where an adult is deemed incapable of giving consent to disclosure, consent should be sought, where possible, from a person who has the legal authority to act on that person's behalf.

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

3. **Disclosure without Consent**

3.1. 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.

3.2. 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 who 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.

3.3. Further guidance on information sharing with regard to safeguarding children is contained in Information Sharing, HM Gov 2008 https://www.education.gov.uk/publications/eOrderingDownload/00807-2008BKT-EN-March09.pdf and *What to do if you are Worried a Child is being Abused***.**
https://www.education.gov.uk/publications/eOrderingDownload/6840-DfES-IFChildAbuse.pdf