

Parental ill-health:

Many parents & carers experience mental ill-health e.g. eating disorders, depression, anxiety, & provide a safe, secure, supportive family environment.

However, mental ill-health can blunt emotions & make a person unresponsive, bizarre or violent.

Parents & carers may neglect their own & their children's physical, emotional & social needs & their children may become '[young carers](#)'.

Stigma can prevent people from asking for support & children may feel responsible or secretive.

Other issues such as domestic abuse, drug or alcohol misuse & social isolation can increase the risks.

Parental mental ill-health - consider:

- Frequency & length of episodes
- Emotional, cognitive, physical, practical impacts of symptoms, illness, medication
- Age, exposure & understanding of child at onset
- Periods of wellness with return of skills and abilities between episodes
- Care plan considers needs of child & parent
- Access to specialist services at key times

Settings should:

- Educate all pupils about mental ill-health through assemblies, PHSE etc.
- Work with the whole family wherever possible
- Share information with all involved agencies
- Consult involved adult mental health professionals & invite to all relevant multi-agency meetings
- Jointly assess & plan with the family & involved services e.g. the Family Common Assessment Framework or Child in Need processes
- Ensure child is supported as a 'young carer'

If you feel that the child is at risk of significant harm, refer your concerns immediately to the Sheffield Safeguarding Hub tel. 0114 2734855

Further national & local information:

- [Promoting and supporting mental health and wellbeing in schools and colleges, DfE June 2021](#)
- [Mental Ill-Health, Safeguarding Sheffield Children website](#)

Children & young people's mental ill-health:

- Can be an indicator of abuse or neglect
- May be more impacted by a child's disability
- Should only be diagnosed by trained professionals

Includes:

- Not looking after their emotional or physical needs
- Direct self-harm & depression
- Staying in an abusive relationship
- Taking risks too easily
- Eating distress & addiction

Staff should:

- Be aware of impact of abuse, neglect & trauma on a child's mental ill-health, behaviour & education
- Observe & identify worrying behaviour & speak to DSL/D immediately
- Always take self-harm/suicidal thoughts seriously
- Support, respect, understand, and don't judge

Settings must have process to identify mental ill-health, support, refer & record actions

Specialist agencies can advise about support & positive health, wellbeing and resilience resources.

Children with suicidal thoughts:

- Check if they have taken any substances or injured themselves & if so identify urgent medical attention even if they appear well
- Ask what is troubling them, the extent any self-harm is likely or planned, help required

Information sharing:

Informed consent should be sought [if the young person is competent](#) unless:

- The situation is urgent and there is no time
- Seeking consent may cause serious harm or is linked to serious crime

If consent is refused/not sought, share information if:

- Risk of serious harm or link to serious crime
- Risk greatly outweighs harm caused by sharing
- There is a pressing need to share the information

A competent young person can limit the information shared about them if there is no risk of serious harm or link to serious crime.

A young person who threatens or self-harms & is caring for a child or pregnant, must be referred to Children's Social Care to assess the needs of both the young person and the child/unborn baby.

Parental ill-health - protective factors:

The child has:

- Support of family, friends, staff, others
- Self-esteem, security, worth, confidence, age-appropriate independence
- Understanding of own strengths and limitations
- At least one secure relationship
- Positive education & community experiences
- Good attendance & achieves as expected
- Opportunity to read & play alone & with others
- Information about illness, events & interventions
- Contact details in the event of a crisis
- Social skills, coping strategies, intelligence, problem solving abilities
- Regular medical and dental checks

The parent or carer has:

- Ill-health, which is mild, short-lived, stable
- Help from parent, family, carer, friend
- No other family difficulties
- Complied well with treatment & advice
- Modelled appropriate emotion and interaction
- Provided appropriate guidance & boundaries
- Supported child's individuality, race, religion, gender, sexuality, disability
- Provided appropriate dress, hygiene, care
- Accepted support from friends, family, services

The family home provides:

- Stability & attachment to the primary carers
- A positive daily routine for the child
- Good family, friends, community relationships
- A place for the child to invite friends to
- Sufficient income and good physical standards
- Supportive siblings, family members and friends

Safeguarding Adults:

If concerned about an adult inform your DSL/D immediately - they can seek advice from:

- **Adult Safeguarding tel. 0114 2736870**
- **Adult Access Team tel. 0114 2734908**
- **South Yorkshire Police tel. 101**

Ring 999 in an emergency

Parental ill-health - indicators of risk:

The child is/has:

- Featured in parent/carers harmful thoughts, delusions, obsessive behaviours, suicidal plans
- Targets of parent/carers aggression or rejection
- Profoundly neglected
- Very young & mother has mental ill-health or personality disorder
- Age-inappropriate young carers
- Witnessing harmful adult behaviours
- Unsupervised contact with unwell parent/carers
- Unable to explain what's happening at home
- Feeling unloved, frightened, inhibited, anxious
- Poor attachments and/or socially isolated
- Bed-wetting, self-harming, emotional problems
- Thinks they will be mentally ill in later life
- Embarrassed by parent/carers behaviour/beliefs
- Going missing from home or education
- Becoming involved in criminal behaviour
- Misusing alcohol or drugs
- Using online media unsafely

Parent or carer is/has:

- Experiencing undiagnosed or untreated illness
- Unaware of the child's emotional needs
- Affecting child's development & understanding
- Violent, unpredictable, or chaotic
- Emotionally inappropriate, unavailable, rejecting child, negative, over-protective, unreasonable expectations
- Unable to provide basic care due to finance
- Experiencing or has a history of domestic abuse
- Non-compliant with services & treatment
- Misusing drugs, alcohol and/or medication
- Exhibiting severe eating disorders or self-harm
- Lacking insight into impact of ill-health on child
- Having compulsory admissions to hospital
- Experiencing relationship difficulties, social isolation, poor support
- Involved in criminal offending