

## Assessing the impact of parental mental health on children

These guidelines are to be used when considering the likelihood and severity of the impact of an parent/carer'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.

These questions are designed to help practitioners and parents identify what is going well, what are we worried about and what we are aiming for.

This tool does not replace your own safeguarding policies or procedures where you are concerned that a child/young person is at risk of significant harm.

| Parent/Carer name:          |  |  |  |  |
|-----------------------------|--|--|--|--|
| DOB:                        |  |  |  |  |
|                             |  |  |  |  |
| Parent/Carer name:          |  |  |  |  |
| DOB:                        |  |  |  |  |
|                             |  |  |  |  |
| Child name                  |  |  |  |  |
| DOB/EDD                     |  |  |  |  |
| Address                     |  |  |  |  |
|                             |  |  |  |  |
| Child Name                  |  |  |  |  |
| DOB/EDD                     |  |  |  |  |
| Address                     |  |  |  |  |
|                             |  |  |  |  |
| Child name                  |  |  |  |  |
| DOB/EDD                     |  |  |  |  |
| Address                     |  |  |  |  |
|                             |  |  |  |  |
| Name of Practitioner/Agency |  |  |  |  |
| Date form completed         |  |  |  |  |
|                             |  |  |  |  |

|   | Name   |  |
|---|--|--|
| Α | How do you manage your mental health difficulties?   |  |
| В | Is there someone else in your family who has a mental health difficulty that you are trying to manage? |  |
| С | What does that mean for you and your family?   |  |
| D | Talk me through a day when you're struggling   |  |
| Е | Who's around to help you?  |  |
| F | Are there any particular moments of pressure?  |  |
| G | What makes things worse for you?   |  |
| T | What makes things better?  |  |
|   | How do you know things are building up?  |  |
| J | What happens when you're in crisis? How do you manage this as a parent?                                |  |
| K | How might it feel for your child?  |  |
| L | Does your child have a caring role for anyone in your family?  |  |

## **Analysis**

| Please comment on strengths, protective factors impact of other factors. e.g. pregnancy, domestic | s and areas of concern. Please also consider the abuse, substance misuse, disabilities. |
|---|---|
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Needs identified (Please record for both parent   | Actions (and by whom)   |
| and child) 1.   |   |
| 1.<br>  |   |
| 2.  |   |
|   |   |
| 3.  |   |
| 4.  |   |
| <del></del> -   |   |
|   |   |
| Company to above information with other convi   | issa (alagas inglude which convice)   |
| Consent to share information with other servi Name:   | Date:   |
| Agency:   | Signature:  |
| Name:   | Date:   |
| Agency:   | Signature:  |
|   |   |
| Г   |   |
| Conclusion  |   |
| No unmet needs identified (continue with  |   |
| universal services)   |   |
| 2. Unmet needs – consider CAF   |   |
| Cause for concern – consultation with   | +   |
| iCART   |   |
| 4. Children at risk of significant harm – follow  |   |
| local safeguarding procedures   |   |



