

Think child, think parent, think family

Key messages

- Think child, think parent, think family in order to develop new solutions to improve outcomes for parents with mental health problems and their families.
- Take a multi-agency approach, with senior level commitment to implement a think family strategy.
- Review whether criteria for access to adult mental health and to children's services take into account the individual and combined needs of children, parents and carers.
- Ensure screening systems in adult mental health and children's services routinely and reliably identify and record information about adults with mental health problems who are also parents.
- Listen to parents and children – most want support that is flexible, based on a relationship with a key worker and takes account of their practical priorities.
- Build resilience and manage risk – ensure ready access to specialist mental health and children's safeguarding services when needed and that staff know who makes what decision in what circumstances.
- Be creative – consider allocating an individual budget to provide flexibility and tackle stigma by developing non-traditional ways of providing services.
- Increase every family member's understanding of a parent's mental health problem – this can strengthen their ability to cope.

Parents with mental health problems and their families are one of the four groups most likely to be excluded from health and social care provision (SEU 2004). Changing this requires a new way of working – think child, think parent, think family – across adult mental health and children's services. This approach is described in SCIE's guide on working with parents with mental health problems and their children. This At a glance summary presents the recommendations from the guide. It identifies what needs to change to improve service planning, delivery and practice and so help to improve the health, wellbeing and life chances of families affected by parental mental ill health.

The current context

Policy

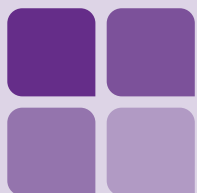
In recent years there has been a shift in policy, which is now placing greater emphasis on supporting adults in their parenting role. This is crystallised in England by the Reaching Out: Think Family review¹ and a commitment to ensuring that adult social services support whole families as well as individuals. Every Child Matters and the Working Together Guidance provides the framework for children's services to support the child and the family. In Northern Ireland, support for parents is covered in the Department of Health, Social Services and Public Safety (DHSSPS) Regional Family and Parenting Strategy.

Organisations

Research has shown that adult mental health and children's social care services need to work together to better meet the needs of families. However, there are currently many barriers to effective joint working characterised by separate legal frameworks, policy and practice guidance.

The challenges for staff

Staff need advice and support on how to change their practice and how to make change. Most staff seem to be aware of the issues, but state they need more effective leadership and guidance to help them overcome the barriers.



Think child, think parent, think family

The views of families

Families want good quality, practical support in looking after their children and freedom from the fear of losing parental responsibility. Children and young people say they want relevant information about their parent's illness, someone to talk to about their experiences and a chance to make and see friends.

SCIE's guide says *Think child, think parent, think family*. It encourages the development of services that:

- offer an open door into a system of joined-up support at every point of entry
- look at the whole family and co-ordinate care
- provide support that is tailored to need
- build on family strengths.

Key recommendations

These recommendations summarise the changes that need to be made at every stage of the care pathway to improve services for families where a parent has a mental health problem:

Screening

Practitioners need to:

- routinely identify families with a parent with a mental health problem, involve them in the screening process as much as possible, and put them in touch with the right services
- reassure parents that identifying a need for support is a way of avoiding rather than precipitating child protection measures
- develop a working knowledge about and relationship with other services. This will facilitate joint working, reciprocity and shared case management.

What makes a successful service?

Based on the findings from this review, a successful service for families with a parent with a mental health problem will:

- promote resilience and the wellbeing of all family members, now and in the future
- offer appropriate support to avoid crises and will manage them well if they arise
- secure child safety.

A high-quality service that incorporates a 'think child, think parent, think family' approach will:

- respect an individual's wishes and recognise their role and responsibilities in a family
- incorporate a resilience-led perspective building on a family's strengths
- intervene early to avoid crises, stop them soon after they start and continue to provide support once the crisis has been resolved
- be built upon a thorough understanding of the developmental needs of children, the factors that impact parenting capacity, the impact of parental mental health problems on children, and the impact of parenting on a parent's mental health
- address the potential impact of parental mental health problems on children over time and across generations
- support the empowerment of people who use services through sharing information and knowledge and ensure their involvement in all stages of the planning and delivery of their care
- respect the right of the child to maintain direct contact with both parents, except if this is contrary to the child's best interests.



Think child, think parent, think family

Organisations need to:

- develop new systems and tools (or customise existing ones) to routinely collect information about families and record the data for future use
- provide training for their staff in the use of new screening tools as well as training to clarify roles and responsibilities around collecting this information and acting on it
- produce written information about their services in a range of formats
- develop a communications strategy to tackle the stigma and fears that parents and children have about approaching and receiving services. This should be a priority.

Managers need to:

- develop a 'whole family' overview of services
- provide advice and guidance to help frontline staff work across agencies and refer and signpost families to appropriate services
- ensure that screening takes place, that staff are using screening tools effectively and that information sharing is of high quality.

Assessment

Assessment processes need to take account of the whole family and their individual and collective needs.

Practitioners need to:

- take a more holistic approach and involve the whole family in the assessment process, including a carers' assessment for any young carers
- be very clear about what information can be shared and with whom, also seeking parents' and children's permission for information-sharing wherever possible
- be better informed about what forms of mental health problems and their symptoms and associated behaviours could pose a risk of harm to children. They also need to be aware of their responsibilities for safeguarding children.

Organisations need to:

- adapt existing assessment processes and develop assessment tools to take account of the whole family. Staff will need to be trained accordingly
- develop information-sharing and joint-working policies to improve communication, coordination and collaboration within their organisation and across agencies
- develop and implement 'family' threshold criteria for access to services to take into account the individual and combined needs of children, parents and carers.

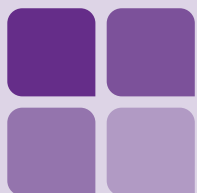
Managers need to:

- increase their knowledge and develop strong working relationships across departments and agencies, particularly at senior management level
- agree strategies for the management of joint cases where the situation is complex or there is a risk of poor outcomes for children and parents
- develop new or adapt existing management information tools to ensure the quality and timeliness of assessments as part of their day-to-day supervision of staff.

‘Assessment processes need to take account of the whole family and their individual and collective needs.’

Planning care

Care planning needs to take a holistic approach to include appropriate care plans for each individual family member as well as the family as a whole. These plans should aim to increase resilience, reduce stressors and respond appropriately to risks.



Think child, think parent, think family

Practitioners need to:

- develop care plans that are informed by a 'think child, think parent, think family' approach
- develop care plans that aim to increase resilience, in particular by increasing every family member's understanding of the parent's mental health problem
- consider using individual budgets to give greater flexibility to care packages.

Providing care

Commissioning, funding and management processes need to ensure that services meet the full spectrum of needs of parents with mental health problems and their children.

Practitioners need to implement interventions that will:

- address immediate concerns about the safety of children in the family
- quickly identify and treat any mental health problems
- help manage any existing crisis quickly and effectively
- prevent crises and promote good health
- prioritise social inclusion
- reflect the priorities of parents and their families including the practical barriers to using services
- be flexible enough to take account of changing circumstances.

Organisations need to:

- develop, implement and regularly review interagency protocols that clearly state who makes decisions and in what circumstances, so that decisions are timely and delays are avoided
- involve parents and young people in the development, review and evaluation of services
- develop or maintain services that meet the full spectrum of need of different families with mental health problems, and reflect local need

- develop processes that enable joint commissioning across agencies and include ongoing monitoring and evaluation to inform future commissioning cycles
- change funding mechanisms to pool budgets, provide long-term funding e.g. for voluntary sector services, and make separate funds available for evaluating services
- enable personal budgets to be used to give more flexibility and choice.

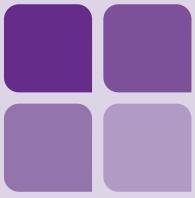
Review of care plans

Reviews need to consider changes in family circumstances over time, include both individual and family goals and involve children and carers in the process.

Practitioners need to:

- seek parents' permission and as far as possible involve children and young carers in the parent's care plan review process
- aim to review the Carers Plan as close as possible to the time of the adult's care plan review
- ensure care plan reviews consider changes in family circumstances over time.

‘Reviews need to consider changes in family circumstances over time, include both individual and family goals and involve children and carers in the process.’



Think child, think parent, think family

Taking a strategic approach

Based on these recommendations, it is clear that changes are needed at every level and across all agencies. Such systemic and fundamental change requires a more strategic approach. This should involve:

Carrying out a multi-agency-led review of services to:

- map the services currently available and identify how well they meet the full spectrum of families' needs
- work in partnership with parents and children at all levels and at all stages to ensure an approach to developing and delivering services centred around the person using the service
- generate family-focused outcome measures and management targets, as well as plans to monitor and evaluate the implementation of new policy and practice.

‘Based on these recommendations, it is clear that changes are needed at every level and across all agencies.’

Ensuring senior level commitment

- There needs to be commitment from the top of organisations, so that these changes become embedded into practice. Specific organisation or management targets are also necessary for these changes to become a priority.
- A 'think family strategy' should be developed by leaders and managers, to engage them in taking forward the recommendations for change.

- Local 'champions' should be identified with specific responsibility for ensuring that recommendations are implemented.

Supporting workforce development

- In order to support managers and practitioners in putting these recommendations into action, those responsible for professional education, training and workforce development should introduce a think child, think parent, think family perspective.
- Provision should be made for joint training for staff in adult mental health and children and family services as well as other professional groups.
- A new leadership programme for adult and children's social work supervisors and managers should be developed.

Next steps

SCIE recognises that this guidance only marks the first step in taking forward a long process of change. SCIE will therefore continue to support this process by working with partner agencies and families to implement and evaluate these recommendations. This work will include:

- developing a national implementation and evaluation plan
- supporting six practice implementation sites across England and Northern Ireland, who will then share their experience of implementing the guidance and the outcomes achieved
- producing training and development resources.

‘SCIE recognises that this guidance only marks the first step in taking forward a long process of change.’



Think child, think parent, think family

Further information

Social Care Institute for Excellence (2009) *Think child, think parent, think family: a guide to parental mental health and child welfare*, London: SCIE.

Social Exclusion Taskforce (2007) *Reaching out: think family*, London: Cabinet Office

OFMDFM (2006) *A ten year strategy for children and young people in Northern Ireland 2006-2016*, Belfast: OFMDFM

DHSSPS (2009) *Families matter: Supporting families in Northern Ireland: Regional family and parenting strategy*, Belfast: DHSSPS

Department of Health (2007) *Putting people first: a shared vision and commitment to the transformation of adult social care*, London: DH.

Department for Children, Schools and Families (2004) *Every child matters*, London: DCSF.

Social Exclusion Unit (2004) *Mental health and social exclusion*, London: Office of the Deputy Prime Minister.

SCIE's At a glance summaries have been developed to help you understand as quickly and easily as possible the important messages and practice advice in SCIE's guides. These summaries will give you an overview of the messages or help direct you to parts of the guide that you may find most useful. You can also use them as training resources in teams or with individuals.

Social Care Institute for Excellence
www.scie.org.uk