

Think child, think parent, think family: a briefing for senior managers

Key messages

- Promote and support *Think child, think parent, think family* approaches to improve outcomes for parents with mental health problems and their families.
- Take a strategic multi-agency approach to implement the guide's recommendations.
- Lead cultural change by challenging practice which does not support families, and by collaborating across agencies.
- Ensure your organisation listens to parents and children, including young carers.
- Embed whole-family approaches into performance and quality systems such as supervision, performance management and internal audit.
- Provide opportunities for staff to improve their skills. This includes formal joint training and informal opportunities such as shadowing.
- Ensure that information about families is recorded and accessible. This is essential for individual care management, child protection and to build up population information for commissioners and managers.

Introduction

This At a glance briefing looks at how senior managers can improve the health, wellbeing and life chances of parents with mental health problems and their families. Better joined-up working between services for adults with mental health problems and children's services is essential to achieving this.

This briefing, supported by the Mental Health Network at the NHS Confederation, summarises SCIE's *Think child, think parent, think family* guide. It includes early findings from 10 implementation sites working to put the guide in to practice. The guide promotes a whole-family approach to parental mental health and child welfare.

Current contexts

Families affected by parental mental ill health can experience poor outcomes.

- **Risks to children:** Parental mental ill health is a factor in a third of serious case reviews in children's services.
- **Intergenerational impact:** Up to two-thirds of children whose parents have mental health problems will experience mental health difficulties themselves.
- **Young carers:** Nearly a third of young carers are estimated to care for a parent with a mental health problem, and are the group least likely to be offered a carers' assessment.

Lack of coordination

Adult mental health and children's services need to work more effectively together. Barriers to joined-up working include different assessment and recording frameworks, and incompatible IT systems.

A lack of coordination between services can mean missing opportunities to:

- support adults with mental health problems in their role as parents



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- protect children from harm
- support children to ensure that they do not suffer adverse health, development or educational consequences.

‘They say things like “we only work with your mum” but my mum lives with me so it’s all connected’

(Young carer)

Challenges for staff

Staff in all sectors face high work pressures. Staff have found that the absence of clear prioritisation of this area of work can make it difficult to see it as a ‘must-do’.

Financial restrictions

In the current financial climate, it is more important than ever to ensure that services are efficient and provide good value for money.

Taking a whole-family approach may not require significant expenditure. Often it is about sharing resources, exchanging information, and simply asking the right questions.

By making better use of existing resources, taking a whole-family approach has the potential to reduce costs as well as improve outcomes.

Policy direction

There has been growing political commitment to supporting families, including those with multiple problems and to improving child health and wellbeing. This provides a useful framework within which to develop whole-family approaches, despite the challenges presented by the current financial climate.

What makes a successful service?

SCIE's guide recommends that good services for families affected by parental mental ill health should:

- enable joined-up support at every point of entry – a ‘no wrong door’ approach

- look at the whole family and coordinate care
- intervene early to avoid crisis
- provide support that is tailored to need
- build on family strengths and promote resilience.

This means incorporating a whole-family approach at each stage of the care pathway. This may require changing organisational structures and processes, as well as the practice of managers and practitioners.

The views of families

Families want good-quality, practical support to look after their children. They also want a seamless service – a one-stop shop that is available all the time, not just when there is a crisis. Children and young people say they want relevant information about their parent’s illness, and someone to talk to about their experiences.

Key recommendations

Based on our research, and our work with the implementation sites, we recommend that senior managers undertake a number of actions.

Take a strategic approach

A strategy should be developed by leaders across agencies.

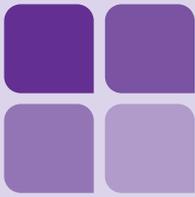
These principles should also be embedded in other strategies and business plans.

A multi-agency approach is essential. Consider whether there is an existing multi-agency panel or board which could take the lead.

Demonstrate commitment and lead cultural change

Explain to your workforce and partner organisations the importance of taking a joined-up approach when working with families. Model this by collaborating with senior colleagues in other agencies, including the third sector.

Support frontline workers and managers to implement change, and challenge practice which does not support families.



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Learning from practice

SCIE is working with five English local authority areas – Birmingham, Lewisham, Liverpool, North Somerset and Southwark – and all five health and social care trusts in Northern Ireland to put the *Think child, think parent, think family* guide in to practice.

The work in each of the sites is being led by a multi-agency steering group, typically with representation from adult mental health and children's social care services, the third sector and representatives of carers and people who use services.

The sites are implementing the guide to meet local priorities. Actions include:

- updating strategies and protocols to incorporate a whole-family approach
- updating screening and assessment processes to ensure that they support staff to ask the right questions
- training staff, often in multi-agency groups
- placing adult mental health staff in children's centres
- appointing a link-worker across adults' and children's services.

The experience of the sites has highlighted the importance of senior manager involvement. Staff involved in the project have reported this to be the single most important enabler of change.

Continue to demonstrate commitment and see the bigger picture during times of financial uncertainty.

Involve people who use services

Ensure your organisation actively listens to parents and children, including young carers.

Working with the third sector can be an effective way to achieve this, so ensure that you have made contact with the relevant organisations in your area.

Embed into performance and quality systems

Ensure staff supervision monitors use of interagency protocols and policies.

Develop clear family-focused outcome measures and management targets.

Make use of audit, internal quality reviews and evaluation to assess progress.

Improve staff skills and knowledge

Engage those in your organisation who are responsible for workforce development and training to support this agenda.

Provide joint training for staff in adult mental health and children's services, as well as other professional groups.

In addition to formal training, organisations can provide informal opportunities to improve knowledge and skills, such as shadowing.

Services in North Somerset have recently set up a practitioner champions group for staff from adult mental health, child and adolescent mental health and children's services. The group meets bi-monthly and aims to promote understanding of each other's roles, exchange information and best practice, and explore ways to improve joint working.

Collect the right information

Ensure that adult mental health and children's services routinely and reliably identify, record and share information about adults with mental health problems who are also parents.

This information is essential for individual case assessment and care management, and for building up a picture of the service user population for use by commissioners and managers.

Clarify joint working arrangements

Develop and implement joint working protocols to improve collaboration across agencies.

Make information sharing procedures clear to staff.

Develop procedures that define how, why and when financial issues are decided when agreeing multi-agency care packages, and communicate these to staff.



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Improve access to services

Develop thresholds for support from adult mental health and children's services that take into account the individual and combined needs of children, parents and carers.

Develop a communications strategy to tackle the stigma and fears that parents and children have about approaching and receiving services.

Produce clear information for people who use services about what services are available, how services work together to support the whole family, and how they can access them.

Ensure commissioning supports families

Map the services currently available across all sectors to parents with mental health problems and their children, and assess how well these meet families' needs.

In Southwark, three adult mental health workers have been funded to work in children's centres. They provide consultation for staff working in the children's centres as well as individual and group work sessions with parents.

Develop non-traditional and creative ways of delivering services, such as delivering therapy at

children's centres or using personal budgets, to support families more effectively.

Visit www.scie.org.uk to view the *Think child, think parent, think family* guide and other resources.

References

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