

## **Practice example: Strategic – Lewisham protocol**

### Background

Lewisham produced a protocol on supporting families affected by parental mental illness in 2005. It tended to focus on the 'sharp end' of the safeguarding continuum, and on relationships between statutory services.

### Intended outcomes

The aim was to produce a more comprehensive, updated protocol, incorporating the views of young carers and parents with mental health problems. The protocol takes account of early intervention work and the Think Family agenda. Obviously, the ambition is to keep the protocol as a document that is used and applied on a daily basis, so there was also a focus on producing a brief statement of principles and approaches that people could readily digest.

### Practical actions

The first step was to hold a stakeholder event – for parents, young carers and adults' and children's professionals - to get the concept of Think Family and of joint working at the forefront of people's minds. For the protocol itself, the main structure was borrowed from that of Southwark, a neighbouring borough that shares a mental health trust with Lewisham, and which was also a SCIE Think Family pilot site.

A Lewisham steering group member was identified to rework the protocol, and drafts were circulated to the steering group for initial comment. Steering group members undertook to share the drafts with their sector – Child & Adolescent Mental Health Services (CAMHS), family charities, young carers' workers and so on. The drafts also went to the local group of parents with mental health problems set up to support the pilot project in Lewisham [see Practice Example 19], so that the user perspective could be included at an early stage. The protocol was discussed by the parents at a meeting with the author, who adapted the protocol as a result, and who also incorporated the young carers' perspective using Barnardo's consultations messages.

The protocol was also presented to a roundtable discussion of children's social care and adult mental health managers, as they more than anyone will have responsibility for its application in daily practice.

### What actually happened

The protocol contains a theoretical framework for whole-family interventions, and links to practice and policy guidance. It also sets out practical steps for professionals, such as referral routes, details on information-sharing, and what to do for families at each stage of a care pathway. The full protocol can be found [here](#).

**Comment [H1]:** Hyperlink to relevant Resource in guide

At the time of writing (August 2011), Lewisham is planning to promote the protocol more widely - to housing, the police, education and others - prior to an official sign-off and launch in December 2011.

#### Advice for others

Identify if neighbouring areas have documents that can help. There is no virtue in reinventing the wheel. It can also save time to have one author, who then reports back to a group, rather than have the group try to compose the document itself.

Involving users – including young carers – is vital if a document such as a joint working protocol is to have relevance and traction. Thought needs to be given to how to bring such consultations alive: ploughing through the document line-by-line is unlikely to be successful. Lewisham had more success by focusing on broad themes and outcomes the users were seeking from integrated working. Acknowledging the input of all the contributors, including users, is important.

To ensure a protocol has purchase, senior backing is important: Lewisham are seeking mayoral input at the launch, as well as formal sign-off from strategic groups. The protocol needs to be used, of course, and the sign-up of frontline managers is important, as is building in an annual review of its use and its contents, to ensure currency. This gives a protocol a fighting chance of changing practice and changing attitudes.