

Practice example: Screening - Birmingham cross-checking

Background

A recurring problem in parental mental health and child welfare work is disjointed working between adult mental health services and children's social care. Serious case reviews of incidents in which children have been harmed repeatedly highlight a lack of checking between services, to see if a child at risk has a parent or carer known to adult services, or if an adult with significant needs is a parent or a carer to children.

Intended outcomes

To try to tackle this, Birmingham are introducing a system: whenever there is a child protection enquiry (also known as a Section 47 enquiry), a staff member from children's social care will automatically check with adult mental health services to see if any members of the family are known to them. A similar check is made when an adult is referred to Birmingham's mental health Home Treatment Team. At that point, children's social care services are contacted to see if they have knowledge of the family. Referrals to the Home Treatment Team were chosen as a trigger because the numbers were felt to be manageable for staff, while still capturing people likely to be living with children.

The aim is to identify families where joint working may be of benefit, and to minimise the chances of services only addressing a part of a family's needs. The cross-checking is not based on an assumption that all parents with mental ill health will be a risk to children, but on evidence that some sometimes are, and that whole-family approaches can benefit families whatever their level of need.

Practical actions

A lot of the preparatory work involved liaising with local Caldicott guardians (NHS professionals responsible for managing the confidentiality of patient information), and their children's social care equivalents, to make sure that the checks do not breach the rules on information-sharing. For children's services, making checks at the point of a section 47 child protection enquiry is not an issue. Section 47 is a significant threshold for a case to reach, and information-sharing about a family becomes paramount. Information-sharing across agencies is mandated in Working Together (DCSF 2010), the key governmental guidance on safeguarding, and the mental health trust in Birmingham is clearly a key player in safeguarding locally. The focus on safeguarding within children's services also meant they were willing to respond to enquiries from the Home Treatment Team.

What is actually happening

In children's social care, the First Response Team (the local duty system) has the responsibility to make the check with adult mental health services when a section 47

enquiry comes through. In the Home Treatment Team, staff contact children's Integrated Access Team to see whether children's social care are/have been involved.

Advice for others

Working with Caldicott guardians and information-sharing leads is vital to getting this sort of cross-checking up and running. The practicalities of the checks - who will do them, will it be a team task or the role of one person, is it to be done by phone or via computer - all need to be addressed. It is important to consider cross-checks not just for parents, but for anyone living with a child.