



### Transcript:

**Cait:** My name is Cait, I am eighteen years old, and I care for my mum who has a few mental health problems.

**Narrator:** Cait has been caring for her mum since the age of seven. And over the years, as her mum's mental health deteriorated, Cait's responsibilities grew.

**Cait:** When it first started happening we used to live in a flat, and we had a balcony, and she'd want to go outside and try and go over the balcony basically.

She would wake me up and we would just sit there talking, trying to distract her from the voices in her head. And sometimes she'd go to sleep at about four O'clock in the morning, and I would just stay awake and go round doing housework or something, because I was too awake by then to go back to sleep. But by about six O'clock, maybe seven, I would be knackered again and I would have to sleep, and it would either make me late for school, or you don't wear the right shirt for that day, and our school counsellor, well she was like our learning mentor, she wasn't there to be a proper counsellor, she used to say things like "You're just acting out to get attention" and stuff, and admittedly I was, but not for the reasons that she's thinking of. She even knew that my mum had mental health problems, because she asked me what was happening at home, and then she said "Well don't bring it into school". I was like "Well what was the point in me telling you?".

And then when I was thirteen or fourteen my mum had a really big nervous breakdown and she had to go into hospital. That first day that she was there, all I did was just sit in a room, and not one person came in and had the decency to tell me what was going on. When she came out of hospital it was even worse. And then there was someone who came round to see my mum, I just answered the door and I don't think she realised that I was my mum's daughter, and she was like "Well who are you?" and I went "Well the person you have come to see is my mum, who are you?" And she was just like "Well, I am from Mersey Care, the crisis team" and I was like "Oh hello, it's nice that you introduced yourself, none of them ever do". I was just about to walk out of the room and she just really quickly asked me a question and I was like "What was that?" And she went "What's it like being a young carer?" And I went

"Well, what are you on about, being a young carer? I am just here because it's my mum". She was like "Well I'd like to put you in touch with a place Barnardos Action with Young Carers".

Narrator: That referral was a key moment in Cait's life. Her needs as a child with a parent with mental ill health were addressed. Barnardos recognise the importance of taking a whole family approach, and have been working with the LA and Mersey Care Trust in Liverpool, and the Social Care Institute for Excellence, to help implement a think child, think parent, think family approach.

Louise Wardale: Cait's story is very unique, but also is often shared by many other young people who are growing up with parents with mental health problems. But what happened with Kate was actually her mum was receiving services from adult mental health. Cait herself was trying her best to go to school, trying her best to get on with her life, but when her mum's health became so poor, that really affected Cait. And even though she did share that information with school, what didn't happen was, for all sorts of reasons, was that school didn't communicate with adult mental health services to start to think about what the roles were for both school and for adult mental health.

Cait: I began to get quite depressed myself, and I became quite a bad self-harmer as well. For me that was my release, this was before I had anyone else. Well, before I thought I had anyone else.

Louise Wardale: For many children they might, what we say, keep their head just below the parameters, so nobody's actually aware of it until it hits a crisis. And I think that's often because we have adult services, that support adults, and children's services that support children. And quite often, unless there's a bridge working across them, those children get missed.

Narrator: Liverpool has been an implementation site for the SCIE Guide, Think Child, Think Parent, Think Family. Jane Weller, the Senior Improvement Officer for carers at Liverpool City Council, has been working on bridging that gap with a variety of agencies including Barnardos.

Jane Weller: My role is about identifying where the gaps are, and where families are falling through those gaps, and to work across systems, so basically plugging those gaps. Because of where I sit within the local authority I was able to draw on both adult and children's colleagues to develop a young carers assessment; because currently the thresholds are too high for a lot of children impacted by a parent's ill health or disability to actually access services within children's services. But this enabled us to actually navigate them across, so that they could get the services and the support that they needed.

Narrator: Although not all children of parents with mental ill health are young carers, supporting them is still important, and has been a

key area within children's services, who've been approving awareness and protocols for referrals.

Colette O'Brien

We've tried to help our schools to look for signs, like very poor or patchy attendance, their parent or carer not engaging in the life of the school, perhaps that young person coming to school distressed, or in an unkempt way, and then being able to escalate that up the line so that we are actually looking at services that can help to meet their needs.

And what we've been developing is consortia of schools, to look at solutions across that group, so that for Cait, for example, her needs that she was displaying in school around behaviour were just the tip of the iceberg. When you actually sat and worked with Cait, you would have found out that she had other problems at home. And that team around the school is a way of getting the right level of support exactly where it's needed, so that there's no wrong door for a family. So that just because they go to one particular service, it doesn't stop there, but that service has the responsibility to say "Let me help you towards somebody who can assist you in what you need at this particular time".

Narrator:

Before becoming an implementation site, the LA and its partners had always tried to take a holistic approach to dealing with parental mental health. Cait returned to the Broadoak Unit where her mum was being cared for to talk to Service Director for Mental Health Services in Liverpool, Carol Barnard, about the family rooms that dramatically improved visiting times with her mum.

Cait:

You couldn't really have any privacy because everyone else was having visitors as well, so you could hear all their conversations and fights used to go on and everything. It wasn't really very nice.

Carol Barnard:

Can you explain to me how the family room has changed visiting for you?

Cait:

It does give us a bit of time for me and her, just to be like a little family again, because she couldn't come home. If it wasn't for the family room then I probably wouldn't have really seen my mum much because I would have refused to come really.

Carol Barnard:

For people who experience mental health problems, maintaining links with their family and their children is of vital importance to enable their recovery. One of the ways that we, as an organisation, have tried to make sure that our service users can maintain the links with the family is to create dedicated family rooms within our in-patient services.

Narrator:

Taking a whole family approach to parental mental health has been a positive move for the local authority and Mersey Care Trust, who embraced the SCIE Guide.

Jane Weller: Since becoming an implementer site, Liverpool has established a strategic group to lead on the implementation. This is chaired by an assistant exec., director of adult, and assistant exec., director of children's. And that was a really important thing to get across really, that this is very much a shared agenda, and we felt that we were very much coming from a place of families and young people's voices.

Carol Barnard: Previously in mental health services we didn't always ask as many questions as we should have done about service users, family responsibilities and caring responsibilities. So we weren't always able to identify when service users had children under the age of sixteen.

Jane Weller: What the SCIE Guide for Think Child, Think Parent, Think Family, has enabled the local authority to do is to take some leadership around the think family issue, and particularly around the care pathway for parents with mental ill health, so that we are able to identify parents and their young children at each stage of the pathway, from screening and initial contact with our organisation and other organisations within the city, assessment, that the care plans are developed taking the needs of the whole family into consideration; and then obviously the review, that they happen timely.

Carol Barnard: So for people who are in situations like Cait was experiencing, the care pathways now allow us to work much more collaboratively to make sure that we are looking at the needs of the whole family, and that we are supporting each other in managing any issues, anxieties or concerns that come up for the family as a whole. And that we can use our individual expertise for the benefit of the whole family.

Colette O'Brien: The difficulties in implementing that sort of approach are often difficulties that we have made, rather than from the service user point of view, who are only too pleased to have someone come to their home and talk about their whole family, rather than just a simple approach, which is just about working with, say their child. Because problems that present themselves are very rarely just about one particular thing, they are usually about the whole life of that family.

Carol Barnard: One of the concerns from staff working in teams, particularly in adult mental health, but also in children's services, is that we would automatically expect them to become expert in each other's business. And that's clearly not the case. What we want to do is establish a base-line understanding across all practitioners about the importance of think child, think parent, think family. What we've done about that is actually do some multi-agency training and Louise Wardale from Barnardos has been instrumental in supporting and delivering that training across the organisation.

As a result I think our staff feel far more confident in talking to children in the family home, talking to them when they come

into the in-patient services, and come to the family rooms. And it allows them to understand what their needs might be.

Cait: I was going to come in and talk to Bridget about finding me a job at some point.

Female Speaker: Maybe we can speak to Connexions as well?

Cait: Yeah.

Narrator: Although Cait has had her struggles in the past, because she was referred to Barnardos she is now receiving the help that she needs to look ahead to her future. With the SCIE Guide in place Liverpool is continuing its hard work using the recommendations for good practice.

Jane Weller: What the SCIE Guide has given us is a strategic mandate, a mandate to do this work. And for those resistant pockets, albeit getting fewer by the day, but for those resistant pockets and individuals it's actually given us something to say it's a must do, rather than a we would like you to do.

Cait: I owe that worker quite a lot, and it's sad the fact that I don't know actually who she is, or if she still works for them anymore, because I would just love to thank her for putting me in touch with Barnardos and giving me all these different opportunities I can do, and she has just basically sort of given me my life back really. I thought I was alone, but obviously because she was the only one who helped me, she actually took the time to help, now I don't feel so alone anymore.

[End of Recording]