

Socially excluded families

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Role of Children's Commissioner

- To promote awareness of the views and interests of children and young people in England
- Improve outcomes
- Have regard to the UN CRC

Socially excluded families includes:

- 'Hidden harm': 300,000 children with drug misusing parent
- 850,000 children with alcohol misusing parent
- Parents with a serious mental health condition: between 30% and 50% of adult mental health users are parents
- Between 50% and 90% of families on child care caseloads have a parent with a mental health problem
- 175,000 young carers in the UK – high risk of mental health problems
- Domestic violence also a major risk factor
- Inter and cross-generational impacts (Falkov 1998)

But also:

- Asylum-seeking families
- Families of prisoners (including teenage parents)
- Parents with disabilities (eg learning disabilities)
- Homeless families
- Families of children in care

Children tell us that they:



- Have no-one to talk to
- Scared to tell anyone about their home circumstances
- Tired, hungry
- Frightened, isolated
- Ashamed, guilty, stressed
- Stigmatised
- Worried eg financial worries, being put in care
- Look after siblings as well as parents
- Have difficulty getting to school, on time, staying the whole day
- Find it difficult to concentrate, control their tempers
- Carry high levels of responsibility with little support
- They need information and explanations

Sources include Gopfert M, Harrison P, Mahoney C (1999) 'Keeping the family in mind – participative research into mental ill health and how it affects the whole family'

Key issues for parents:

- Fear of losing children
- Uncertainty & complexity re access & re-uniting with children
- Feeling “on trial about parenting abilities”
- May need help - fear of asking for help
- Recovery impeded by anxiety
- Fear of own mental illness & transmission to children
- Focus on risk rather than impact
- Impossibility of parenting without family and social networks
- Stigma

'Children in special circumstances' – National Service Framework for Children

- Commonality of need and problems:
 - Prevention (eg Health-led parenting pilots; can predict risk of poor attachment - though with care!)
 - Early identification
 - Comprehensive high quality assessment
- Evidence-based interventions
 - Non-stigmatising services
 - Targeted services tailored to need
- See National Service Framework for Children standards 3 and 5

CSIP National Social Inclusion Programme

- Action 16 of Social Exclusion Unit Report on Mental Health (2004): promoting mental health and social inclusion for parents with mental health difficulties and their children
- Objective: to improve understanding and capacity within adult mental health services to support parents and their children, manage risk and reduce impact
- Work nearing completion



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How do we get socially excluded families to engage?

- Recognise who is the client – establish relationship
- Make clear limits of confidentiality
- Recognise tension between responsibility to (adult) client and duty to safeguard children
- Identify all clients/patients who are parents
- ‘More carrot, less stick’
- What parents need is support eg Health-led Parenting Partnerships

What will make them disengage?

- Working in professional silos
- Lack of information sharing
- Blaming them
- Sanctions eg in benefit
- Inappropriate use of anti-social behaviour measures
- Fear of children being taken away...
-though safety of the child must remain paramount and is everyone's business

What works?

- Two levels of engagement:
 - Strategic (eg multi-agency, partnership working)
 - Casework
- Major training issues on both sides
- 'Crossing bridges' - training resources for working with mentally ill parents and their children (DH 1998)
- Protocols between local children and adults services
- Include all key agencies

What works contd.

- Connect to existing protocols eg information sharing
- Establish common language and aims
- Recognise need for cultural change
- See SCIE resource guide No 1 June 2003
- SCIE/NICE review 2004-2007
- Regular joint case conferences
- Involve service users and carers

➤ **Hidden Harm – Three Years on:
Realities, Challenges and
opportunities.**



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Hidden harm: Three Years On – Realities, Challenges and Opportunities

- Inquiry identified need for joined-up approach
- Insufficient to locate responses within children's services
- ACMD February 2007
- Critical to have cross-govt structure to co-ordinate delivery across children's and adult policy
- Increased emphasis on drug-related crime as the main form of 'harm'...concern that result is 'a neglect of treatment services' responsibilities towards the children of their clients'

Hidden Harm contd.

- *Every Child Matters* focuses on preventing drugs use in children ('Being Healthy')....
- ...but falls clearly within the 'Staying Safe' outcome
- See models adopted in Scotland, Wales and N. Ireland
- Must broaden to reduce harm to children affected by drug misuse in their families
- Need to involve families in service design and delivery

Further research:

- Fetal alcohol syndrome – as cause of social exclusion, anti-social behaviour
- Multi-systemic therapy
- Multi-disciplinary treatment foster care
- Promotion of pro-social behaviour
- Promulgation of (emerging) attachment theory
- Importance of inter-generational approaches
- Participation with young people

What else?

- Primary care engagement
- Investment in CAMH services (all tiers), speech therapy and school nurses
- SCIE/NICE review and guideline on Parental Mental Health and Child Welfare Guideline
- Extend (adult) Care Programme Approach to include parenting capacity and interventions
- Strengthen Common Assessment Framework for Children to include more on impact of parental problems
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‘Think parent, think child’

Thank you



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