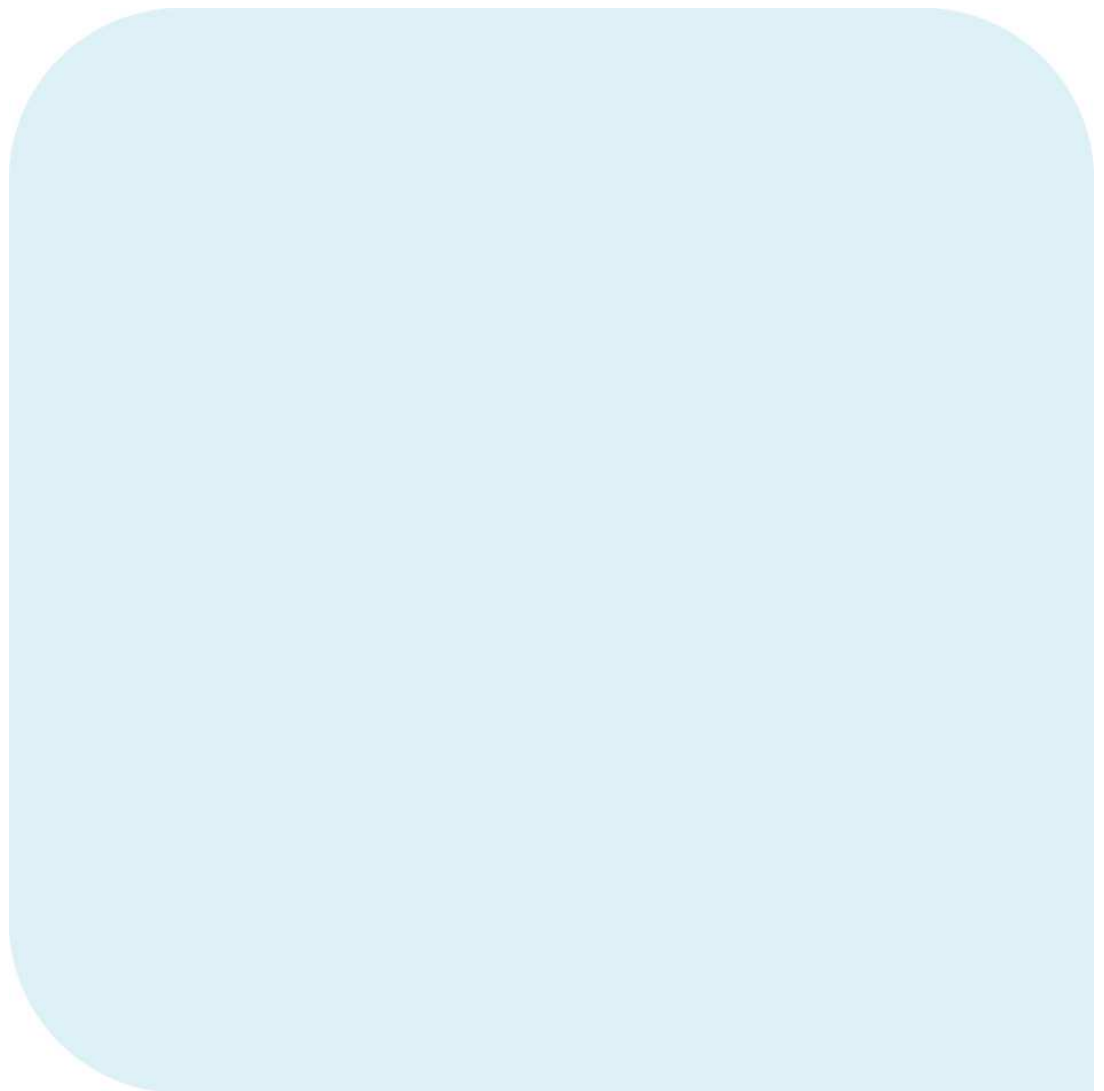


HMT/DfES Joint policy review: children and young people



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	Which area of the review are you responding to? (please mark X)
<i>Prevention strand</i>	x
<i>Review of disabled children</i>	
<i>Strategy for youth services</i>	
<i>Review of high cost, high harm families</i>	x

Children and Young People's Review: prevention strand

What should be the role of universal services in providing access to protective and preventative support, risk assessment and referral?

Parents with mental health problems are one of the four groups of adults with mental health problems least likely to access core services for themselves and their children. In their report on mental health and social exclusion, the Social Exclusion Unit (SEU) highlighted that this group face barriers to getting their health and social care needs metⁱ. The SEU also made recommendations for supporting these families some of which are outlined on page 5, below.

There is clear evidence that the cross generational impacts of not intervening successfully in and out of crisis leads to serious public health issues. Indeed, the following extract from 'Crossing Bridges'ⁱⁱ highlights the potential impact of mental health on parenting, on the child, over time and across generations:

Between one in four and one in five adults with experience a mental illness during their lifetime. At the time of their illness, at least a quarter to a half of these will be parents. Their children have an increased rate of mental health problems, indicating a strong link between adult and child mental health. Parental mental illness has an adverse effect on child mental health and development, while child psychological and psychiatric disorders and the stress of parenting impinge on adult mental health. Furthermore, the mental health of children is a strong predictor of their mental health in adulthood.
(Falkov, A 1998:1)

The needs of the whole family should be viewed separately but also together in the ways that the different needs and behaviours of different family members interrelate and impact on each other, for example parent and child, parent to parent and cross generational. This should also include the measurement of longer term impacts if the individual or family do not meet the criteria for service.

At present, specialisation in health and social care services mean that families are not treated as a whole and their interrelatedness is not recognised. This separation has led to a situation where staff in adult mental health services focus on the adult with insufficient attention paid to the adult as a parent and his/her dependent children. Staff in children's services put insufficient emphasis on the mental health needs of parents and the potential adverse impact on children.

Increased specialisation has emphasised the importance of ensuring effective communication and collaborative working. Recommendations from both adult homicide inquiries and child death reviews are remarkably similar – improving communication, coordination and collaboration within and between all services and agencies to better support mentally ill parents who are struggling to meet the needs of their children including their safety (Falkov, A 1996, Woodley 1995).

However the problems are perpetuated by current national strategies and operational frameworks of which there are an increasing number aligned to core specialist areas. A national based approach to raising standards and improving outcomes for all family members does not exist. As a result, local managers and practitioners are faced with the challenge of seeking out the relevant points and then translating them into cohesive family-based policy locally.

As families do not divide in the way that services and professionals do, sorting through the muddle can lead to fragmented and diluted service responses with practice guidance that does not have a 'must do' element.

Now with the responsibility for children's services moved to the Department for Education and Skills (DfES) and mental health services remaining with the Department of Health, there is even more impetus to support 'joined up thinking' and 'working together' at a national level to create guidance and standards that cross health and social care and mental health and children's services.

We would also point out that universal services need to include staff and community education programmes to raise awareness and to encourage staff and the public to consider the impact of multiple stressors in the family on the individual and the family as a whole. Standard one of the National Service Framework for Mental Healthⁱⁱⁱ recognises this need as it points out that mental health problems can result from a range of adverse factors including; unemployment, drug and alcohol problems, domestic abuse and homelessness. Children from a very early age have access to social education and awareness and age appropriate understanding of these issues can act as a 'protective' factor encouraging children and their families to seek help at an early stage.

We will be addressing the above issue in the Parental Mental Health and Child Welfare systematic review and guideline development programme and would be delighted to share our emerging findings throughout 2007 with our finalised guidance due to be published in January 2008.

How can targeted and specialist services intervene earlier to address problems before they become acute?

Early identification of the potential 'at risk' population is essential. Education is a key issue here for professionals, the public and service users. SCIE's Parental Mental Health (PMH) systematic review will be reviewing qualifying and post-qualifying training and occupational standards and requirements for health and social care professionals working with PMH families. The problem of the specialisation of services highlighted above is relevant here because staff in neither adult mental health teams nor children's services are detecting the problems of other family members soon enough. SCIE's commissioned review of professional education will address these issues from the perspective of how qualifying and post qualifying education and professional standards and frameworks address the knowledge, skills and attitudes needed by professionals to work effectively with parents with mental health problems and their

children and to work effectively as part of a multi-disciplinary team or multi-agency service.

Standard one of the national service framework for mental health should also ensure earlier intervention with the recognition that mental health problems can result from a wide range of factors. Standard 6 is also relevant to addressing problems before they become acute as it is concerned with assessing the care, physical and mental health needs of individuals caring for a person on a CPA. This would be particularly welcomed by families where one or both parents have mental health problems. Currently, children and young people caring for a parent with mental health problems are the group of carers most likely *not* to be offered a 'carers' assessment of their needs from either mental health or children and family services (Dearden et al, 2004).

However, even more could be done and earlier. Care Programme Approach (CPA) forms and formats and the new Children's Assessment Framework (CAF) and forms should include specific reference to identifying which adults with mental health problems have children. This factor should be referenced for consideration throughout assessment and review frameworks.

The CPA is the core assessment and care planning framework for adults with Severe and enduring Mental Illness (SMI) and therefore inclusion of the needs of adults as parents into this programme would go a very long way into introducing the concept that adults with mental illness may be parents and that this needs to be taken account of during assessment and care planning and identifying whether the children are also in need. This should include need of protection due to the direct or indirect impact of the parental mental illness.

To date there has been a glaring omission in the CPA in its attention to the needs of the adult as a parent and his or her dependent children. SCIE feels strongly that the fact that an adult is also a parent should be addressed at every stage of the assessment, care planning and review process as should the needs of the wider family e.g. well parent, children and so on. With the Children's Assessment Framework about to be piloted and the CPA being reviewed, now is a critical time for this call for evidence to influence change in this extremely important area.

SCIE is also commissioning research reviews on prevalence, detection and interventions in parental mental health and child welfare, the results of which will also be relevant to this issue. The first review, which has two parts, seeks to uncover what we know about the prevalence and types of Parental Mental Health Problems (PMHPs) in the United Kingdom (UK) for the whole populations of parents and children; and for population sub-groups. The second part will describe what range of systems, tools and opportunities are in place for detecting PMHPs during child care screening and mental health screening, including cross agency referral and multi agency systems. The second review, focuses on the accessibility, acceptability and effectiveness of interventions used in the UK and overseas that support children, whole families, parenting and/or couple relationships in families with children, where a parent already has a mental health problem. The findings from these reviews will be finalised in July

2007 with an interim review report due in November 2006. SCIE would be delighted to share the emerging results of both reviews.

How can the impact of intervention to prevent children, young people and families with complex needs repeatedly moving in and out of contact with targeted services be sustained?

Research and enquiry reports have established the possible adverse effects of parental mental illness on child development, well-being and safety and the need for mental health and children and family services to work collaboratively to meet the needs of families. Falkov's quote on page 2 above sums up this strong link between adult and child mental health.

We also know that parents with mental health problems are particularly likely to have difficulties in accessing core services for themselves and their children. As noted above, the SEU highlighted this problem in their report on mental health and social exclusion and they made specific recommendations for supporting families including:

'DH will commission the Social Care Institute for Excellence (SCIE) to conduct a systematic review of evidence and existing practice by health and social care services in parenting needs, including meeting the needs of ethnic minority parents; and to publish new guidelines. In developing these guidelines, SCIE will, if appropriate, collaborate with the National Institute for Clinical Excellence' (p105)

SCIE's PMH and Child Welfare work arises out of this recommendation by the SEU and it is intended that it will tackle the problems of accessing services. Improving access to core services can help to 'break the cycle' of impacts as will early identification discussed above.

The problem of the approach taken toward parents with mental health problems must also be tackled; although this clearly links to access. As mentioned above, health and social care services currently focus on the individual and do not take a family perspective and this is reflected in their access to service or 'threshold' criteria. Regardless of the service provision a systematic or 'whole family/whole community' perspective is needed that focus on the individual but in the context of their family unity and the relationships within it and the community.

Working together between and across agencies is extremely important in this area of work but unless services think in terms of individual *and* family it makes it extremely hard to do this in any meaningful way at a policy, commissioning and service delivery level.

We would emphasize that criterion for access to services and commissioning need to reflect the needs of the individual taking into account the family context. All of the reviews within the PMH and Child Welfare work will be addressing this, particularly the

practice survey. We anticipate some findings from the survey will be available by the end of 2006 and we would be happy to share these with the DfES and HM Treasury.

Professional and other education programmes as above should include specific reference to the cumulative and interrelated impacts over time and generations and should be specifically included in training programmes. This information could also be included in CPA and CAF materials as above in prevention.

Better understanding of the evidence about impacts and stressors in families could avert crises but could equally provide clearer evidence about the need to intervene earlier in situations that are unlikely to improve significantly or 'in time for the child's development'. SCIE's PMH review will include work on the legal and policy framework and impacts and protective factors. The law and policy framework for adult, mental health and children's services will be reviewed and from these, the points that together provide a family orientated legal and operational framework will be extrapolated for use locally by all agencies.

Better use of the legal framework for earlier intervention could prevent long term impacts of emotional abuse and neglect that sometimes drag on overtime until it makes it extremely difficult for interventions to have a satisfactory or lasting effect. Acting earlier if the right evidence is available may be the better option for many families if practitioners and their managers factor in the evidence of long term cumulative impacts and seeing prevention can include the use of statutory powers.

How can rights and responsibilities for individuals, families and communities be integrated into services to improve the lives of children and young people?

At the crux of this is better information and a more informed workforce and public. The PMH review will provide the evidence base to better inform practice but this evidence will have to be integrated into practice through training, performance assessment frameworks for services and so on. It will also be crucial to share the knowledge with services users so that they can better protect their rights.

Considering the individual in the context of their family and society and not focusing on the individual alone will help recognise the different responsibilities that the individual has. For example, mental health workers striving to get someone back into a working environment when they have two children under five will need to consider the impact on and reality of this for the individual and the whole family.

If people are given clear information about the way that services operate and the requirements that are made of them as parents and the evidence that we use to make those requirements, then any sanctions incurred will be in context.

What would be the impact of more preventative services and early intervention on the life chances of children and young people and on

the value for money of public spending on children, young people and families?

A shift in thinking that includes individual, cross generational and a life-span perspective need not necessarily include an increase in public spending in the long-term. In fact the reverse will arguably be the case if it 'breaks the cycle' of impacts.

Research in this area shows that parents and children want very practical services, clear information, help with parenting, help for the child to understand their parents' mental health problems and practical support, 'negotiating the systems', including help with housing and finance.

Comprehensive early assessment of all areas and assertive follow up can prevent the costs of expensive repeated crisis in the family including, hospital admission, forensic issues, accommodating children and a breakdown of the family unit.

Shifting to a preventative focus that will not be overtaken every time acute Mental Health or child protection services get overstretched will only be successful if the time and resources are made available and the evidence that needs to underpin the prevention is made clear through professional and other training and information sharing.

Supplementary questions:

What works in reaching out to the most vulnerable families to ensure they are able to take full advantage of service provision, especially in the early years?

The review will identify a range of practice examples but attention to how services implement and evaluate themselves is certainly going to be a key issue and finding. It can be difficult to really establish how much impact interventions have had on the family.

However, we will have practice examples and will be reviewing some of the interventions as part of the practice survey. We can also contact SCIE's Parental Mental Health and Child Welfare network for further examples or specific examples in different areas as a longer term consultation exercise.

What evidence is there of major barriers to developing a preventative system? Are there examples where you have overcome these barriers?

There are a number of interrelated barriers continuing to get in the way of progress. Discrimination is a critical problem. As we pointed out above, parents with mental health problems face discrimination in their own right and they are one of four groups identified by the SEU as particularly likely to face barriers to getting their mental health and social needs addressed.

However, other variables compound and/ or contribute to this. Gender, race, mental illness and parenthood each carry the risk of discrimination and oppression. The adversities are greatly magnified when they occur together within individual families. Mentally ill women from BME groups who are parents repeatedly appear as the most vulnerable group – socially alienated, materially deprived and with least access to support. (Darton et al, 1994)^{iv}.

Women are often afraid to come forward for help until it is too late and they are in crisis. Women and particularly black women are fearful that their children will end up in local authority care (Darton et al, 1994). One study found 80 per cent of black mothers with children in care were referred for mental health reasons, as compared to only 20 per cent of white mothers (Barn, 1990)^v.

Hugman and Phillips (1993)^{vi} in their study of social work responses to parents with mental health needs report;

Social workers were criticised by service users for their concentration on pathology, such as evidence of illness and not coping, emphasising weaknesses in parenting and undervaluing strengths, and not taking seriously the 'service users' own views of

resource needs. Whilst interviewees in the study thought professionals should be concerned with symptoms and effects, the focus should also be wider. For example they wanted advice for housing and financial problems. (202,203)

Parents and children want appropriate understanding and support based on different needs of individual family members, sustained over time but varying according to prevailing circumstances. (Falkov, 1998).

It is also important to reiterate that children and young people caring for a parent with mental health problems face discrimination as they are the group of carers most likely *not* to be offered a 'carers' assessment of their needs from either mental health or children and family services (Becker et al, 2004)^{vii}.

As previously outlined, current policy and operational frameworks reinforce the separation of health and social care services which perpetuates the discrimination faced by families with parents who have mental health problems as they fall through the net of both children's and adult mental health services.

We also mentioned education earlier and this functions as another barrier to developing a preventative system. SCIE's commissioned review on education, legal and policy frameworks will address this problem by examining the role of qualifying and post qualifying education in ensuring professionals have the skills and attitudes to work effectively with parents with mental health problems and their children.

In terms of overcoming these barriers, we would highlight the formation of SCIE's Parental Mental Health and Child Welfare Network to promote joint working between adult mental health and children's services. We would also flag up the evidence that will be gathered and the lessons learned for policy and practice development by our PMH review and specific commissioned work.

What evidence is available on how funding can be freed up at the acute end of provision to spend on preventative services?

More imaginative supported accommodation for families, regular respite or 'shared care' opportunities and better and more imaginative use of 'direct payments' and 'Supporting People' money to support parents with mental health and their children. Much more controversial would be the inclusion of direct and indirect impacts of mental health on parenting responsibilities and the child in Disability Living Allowance claims.

How can we build the capacity of parents, families and communities to shape the design and delivery of services for children and young people?

It is fundamentally important to include all stakeholders in development in this area and this is evidenced by all of SCIE's work. If we can offer HM Treasury SCIE's assistance

in facilitating consultation with families throughout the Spending Review at this stage, then that can only inform the process for the better.

This involvement should thereafter be a requirement for all other core services – and the use of community education programmes, as per standard one of the National Service Framework for Mental Health, that involve family members in their delivery .

Review of High Cost, High Harm Families

Who are these families? How can we define them and how many of them are there?

SCIE's comments in this response refer to parents with mental health problems, their families and their children. The Treasury has already identified mental health as a key component in High Cost, High Harm Families.

Most of the responses we have about this particular group would involve early intervention which we have included in the prevention strand of the review.

It is important to emphasise here that only a small proportion of families with parental mental illness will be included in this group of families and using an informed guess these will include those with multiple problems and dual diagnosis issues.

We know that families with a combination of parental mental health, domestic violence and drug and alcohol abuse are likely to have a particularly negative effect on parenting and the child.

The SCIE PMH review will be focusing on prevalence and identification of families and the accompanying performance and inspection framework could address this issue specifically to help target early intervention where these factors exist.

What progress has already been made in addressing the needs of high cost, high harm families?

SCIE is engaged in improving the evidence base through the PMH review and should make a substantial contribution to addressing those needs.

We also refer you to our comments above which warn how health and social care strategies and frameworks are perpetuating some of the barriers against addressing those needs.

Can we better align local services to improve identification of these families earlier on and before they become high cost high harm?

As per our earlier comments relating to prevention, SCIE believes professional training and post-qualifying training and service frameworks need to think of the individual in their wider context e.g. family and community. This should include the impact of life-span and cross generational public health issues.

SCIE maintains that services will be better aligned for these families if:

- Additions are made to professional education and requirements to reflect 'whole family' thinking including life-span and cross generational impacts and preventive factors.
- That the CPA and Children's Assessment Framework take advantage of their current status – e.g. in review and in development respectively to include the above perspective across all categories of assessment and review including identification.
- That the proposed content of the SCIE/NICE guidance on PMH be considered for an elevation in status as a piece of cross cutting overarching government policy (health and social care/education, children and family) with the currently proposed performance and inspection and implementation plan as this will provide more 'teeth' to the messages contained within. We maintain that although this may be incredibly ambitious, it would be extremely worthwhile and would probably attract a significant amount of support.

Are current incentives and levers adequate to deliver co-ordinated responses for families across relevant services such as health, education, housing, social services and the police at local level?

No, SCIE believes that better knowledge and a wider approach needs to be considered by all if agencies and individuals are to be open to think beyond the individual and to seriously consider prevention for families.

What interventions here and abroad have been shown to work in reducing the harm caused by these families and supporting them to exit the cycle of low achievement?

The systematic review on interventions in Parental Mental Health is being commissioned by SCIE. It will explore the accessibility, acceptability and effectiveness of interventions used in the UK and overseas to support children, whole families, parenting and/ or couple relationships in families with children, where a parent already has a mental health problem. Although the review clearly aims to address this question, there may be little useful evidence about 'what works' for families as few services have reviewed their work or have reviewed it in relation to working together. However, this in itself will be useful information and will indicate the need for better commissioning (including evaluation) and for services to evaluate their performance more effectively.

SCIE would promote:

- A better evidence base, a more informed workforce, community and service user group.
- Truly preventive services that are not swallowed up by statutory requirements i.e. CP work
- More attention to the possibility of cumulative and life-span impacts and the earlier use of compulsory measures where the evidence (from the SCIE review)

indicates that the long term outcomes for children are seriously jeopardised if it is unlikely that any change can be made or sustained in the family circumstances

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