

# Dudley Safeguarding Children Board

'Working Together to Keep Children & Young People Safe'



## 'Bridging the Gap'

### Conference Report

#### Introduction

On 23<sup>rd</sup> April 2013, over 150 professionals from a wide range of organisations came together at Saltwells Education Development Centre to consider parental mental health and safeguarding children. The Conference had been organised by Dudley Safeguarding Children Board, in partnership with Dudley & Walsall Mental Health Partnership NHS Trust and Virtual College E-Safeguarding Academy.



It followed the publication in March 2013 by Ofsted of a report entitled 'What about the children?

Joint working between adult and children's services when parents or carers have mental ill health and/or drug and alcohol problems'.

During the Summer of 2012, Dudley was one of 10 local authorities to be inspected by Ofsted and Care Quality Commission. The inspection identified the need for a number of improvements:

- Implementation of Think Family approach
- Evidence of effective working between children's services and substance misuse services leading to good outcomes
- Insufficient action to meet the needs of children & young people where parents/carers have emotional & mental health issues
- Providers of mental health services not sufficiently involved in early intervention to support vulnerable young people
- Numbers of children affected by parental issues not known
- Level of safeguarding training by providers of mental health services not sufficient for complexity of work
- Absence of protocol and care pathways between children's and adult services in respect of parental mental health and safeguarding children



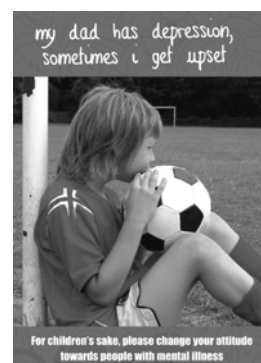
An action plan was developed by the Children & Young Peoples Partnership and Dudley Safeguarding Children Board to address these shortcomings.



The 'What about the children' report makes several recommendations for LSCBs, providers and commissioners of mental health services:

#### Local Safeguarding Children Boards should:

- Commission audits of joint working
- Develop structures for joint training & supervision



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## Adult Mental Health Services should:

- Increase awareness of role of adult MH professionals in safeguarding children
- Review recording systems to improve identification of children's needs/risks, young carers and early support
- Collate data and report to LSCBs on numbers of children affected by mental health difficulties
- Undertake case file audits
- Ensure manage oversight of cases involving children

## Commissioners of adult mental health services should:

- Ensure role of adult mental services in safeguarding children are explicit within tenders and contracts
- Have systems in place for monitoring providers in fulfilling their safeguarding responsibilities

## Adult mental health services & drug/alcohol services should:

- Ensure practitioners appropriately challenge children's social care and use escalation processes where necessary
- Review recording systems to ensure young carers are appropriately identified and referred for support
- Ensure adult assessments consider need for early support
- Agree joint plan of action with children's services where parents/carers fail to attend appointments with adult services

## Local authorities and adult mental health services should:

- Improve quality of assessments of the impact of parental mental health on children
- Review arrangements for discharging patients from hospitals to ensure assessment of the needs of children and involvement of children's social workers, where appropriate

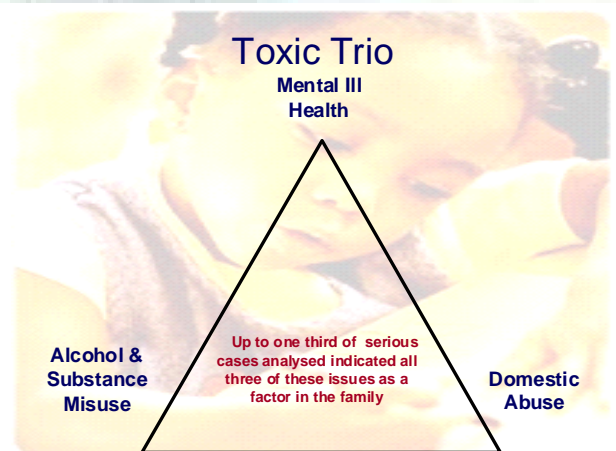
## 'The Toxic Trio'

Jackie Jennings, Safeguarding Development Manager introduced the notion of the 'Toxic Trio' and the learning from serious case reviews. Important issues for consideration are:

**One in four babies is at risk of being killed or abused by being born into homes beset by domestic violence, mental health and dependency problems**



NSPCC Nov 2011



- Keeping the child in focus – 'what's a day in the life like for a child, seen and unseen?'
- The complexity of partnership working in cases of high levels of risk – how do we support parents and ensure that children are kept safe?
- Developing a non-defensive learning culture – how do we avoid blame?

## Keynote Address

Dr Liz McDonald, Royal College of Psychiatry

Perinatal Mental Health.....Mental Health and Women of Childbearing Age

*What are the key issues Perinatal Mental Health?*

- Lack of awareness of the prevalence, presentations and risks associated with mental disorders in the perinatal period in health and social care professionals as well as the wider public
- Lack of clear, helpful information and advice about the risk of breakdown in the perinatal period for pregnant women and their families
- Inequity of access to specialist advice, assessment and treatment
- Women of childbearing age with mental disorders who are not adequately treated have an altered risk profile in the context of motherhood
- Stigma, shame, fear and lack of understanding affecting the individual woman's confidence in approaching services



## Practice Tips

*Some useful questions for practitioners in assessing perinatal mental health:*

- What do you call your problem?
- What do you think caused your problem?
- Why do you think it started when it did?
- What does your sickness do to you? How does it work?
- How bad is it? How long do you think you will have it?
- What do you fear most about your illness?
- What are the chief problems your illness causes you?
- Anyone else with the same illness?
- What have you done so far to treat your illness? What treatments do you think you should receive? What important results do you hope to receive from the treatment?
- Who else can help you?

## 10 Key Messages for Commissioners

1. Regional Perinatal Mental Health strategy
2. Perinatal Mental Health integrated care pathway covering all levels of service provision and severity of disorder with equitable access to the right treatment at the right time by the right service
3. MBUs accredited by CCQI /RCPsych /PQN and to have formal links with specialised community *PNMH* teams in region
4. Specialised community *PNMH* teams to be members of PQN, to manage severe mental illness and to be linked with an MBU
5. Parent-infant services provided by *CAMHS*, maternity mental health teams, primary care and non-health organisations an addition to *and NOT* a substitute for services provided for women with severe mental illness
6. Commissioning: services have and MBU or have links to an MBU. Women and infants to be admitted to an MBU not an acute psychiatric ward
7. Ensure: pre-conception counselling, effects of medications on pregnancy, training to psychiatric teams re *PNMH*, collection of data routinely on pregnant and postnatal women
8. Ensure: midwives are trained, prediction and detection with referral in antenatal clinics, inform GP of pregnancy and ask for history, maternity services have access to *PNMH* services and specialist clinical psychologists, midwives to enquire re current mental health in pregnancy and post-natally
9. When commissioning IAPT: collect data re pregnancy and postnatal women; training in *PNMH*, assessment and treatment within 3 months
10. When commissioning Primary Care: training of GPs and HVs, familiar with *PNMH* integrated care pathway

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## The Impact of Parental Mental Health

Heather Stewart and Nicky Whitehead from Dudley & Walsall Mental Health Partnership Trust outlined some of the effects of parental mental health on children.

- Child may become involved with delusions, hallucinations, rituals etc
- Invasion of child's thinking
- Unclear expectations from/of child and changing, conflicting understanding of roles in the family. Possible poor judgement
- Unclear understanding of emotions and emotional regulation
- Parental perceptions of child/others/the world e.g. effects of depression/anxiety
- May affect the manner, quality and frequency of parent-child interaction – effects on attachment relationship
- Can disrupt relationships – family, wider family, community, friends - isolation of child and parents
- Possible reduced autonomy in child if parent is anxious/dependent – leading to further social isolation
- Can compromise parent's ability to care for children – a significant factor in children entering the care system e.g. effects on living standards, safety, alcohol/drug-related problems
- Extra responsibilities and change in roles - parent and siblings - confusion, anxiety, understanding of relationships
- Not understanding the problem - confusion, low mood, anxiety, shame, embarrassment, feelings of blame etc.
- Impact on attachments/relationships and social life - social withdrawal/difficulty relating to others
- Dealing with uncertainty and fearing parent may harm themselves or others. Possible trauma.

## Effects of Parental Mental Health Problems on Children



## Practice Tips

*What do we need to know from the child?*

- The range of responsibilities of the child
- How the child understands the illness and what he/she knows about it?
- Understanding the consequences of the illness
- The child's feelings
- The child's understanding of the relationship with his/her parent
- How the child sees the future?

*What does the child want?*

- More information
- Services available – help and practical support
- Understanding of the mental illness
- Awareness of the signs when parents are getting ill
- Appropriate expectations - what is 'normal'
- For their contribution to be recognised
- To be listened to - they have important information to give
- Honesty





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## Pathways to Resilience

- Positive networks in family or community
- Friendships
- Interest and achievement in school
- Positive contact with an adult
- Understanding the parental mental health problem
- Not being blamed
- 'Normality'/routine
- Being liked---feelings of self worth
- Placid temperament and positive outlook
- Out of school activities

## Some Good News:

- There are **multiple pathways** for resilience in young carers
- **Most parents** with a mental health problem **do NOT** harm or neglect their children
- Children are **more likely NOT to develop mental illness**
- Children can learn **effective coping mechanisms**
- **We can affect some of the factors** influencing the child's coping and welfare and increase their resilience



- We can't always prevent risk factors entering our lives, but we can always build protective factors to make life more bearable
- Even in the face of the worst hardships, we can always improve our child and family's life outcome by enhancing resilience

## Saltmine Theatre Company

Miriam Sarin-Buckeridge performed a monologue of the story of a young baby, her mother and a social worker entitled 'Becca's World'. It was a powerful insight through the lens of a mother with mental health problems and her social worker and the tensions of what we see as practitioners and the attempts by a parent to mask the realities of her illness.

*"The Saltmine Theatre Company stood out, largely due to the sheer emotion evoked by the actor playing the part of Becca and the social worker."*

*"The Saltmine presentation was extremely powerful"*

*"Brilliant"*

For more information about the performance contact [creative@saltmine.org.uk](mailto:creative@saltmine.org.uk)



**Saltmine**

## Dudley Safeguarding Children Board

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*"In a system that 'thinks family', both adults' and children's services join up around the needs of the family."*

*"Think Family: Improving the life chances of families at risk"*  
Social Exclusion Task Force (2008)

### 'Think Family, Think Parent, Think Child'

Paula Conneely from the Meriden Family Programme outlined some of the key messages from the Social Care Institute for Excellence (SCIE) Report entitled 'Think child, think parent, think family' (2009).

This followed the report by the Social Exclusion Unit Taskforce – 'Reaching Out: Think Family' – published in 2008, which highlighted:

- "No wrong door" principle based on more coordination between adult and children's services
- Looking at the whole family – services working with both adults and children together
- Providing support tailored to need – working with families to agree a package of support best suited to their particular situation
- Building on family strengths – practitioners work in partnership with families, recognising and promoting resilience, and helping them to build their capabilities.



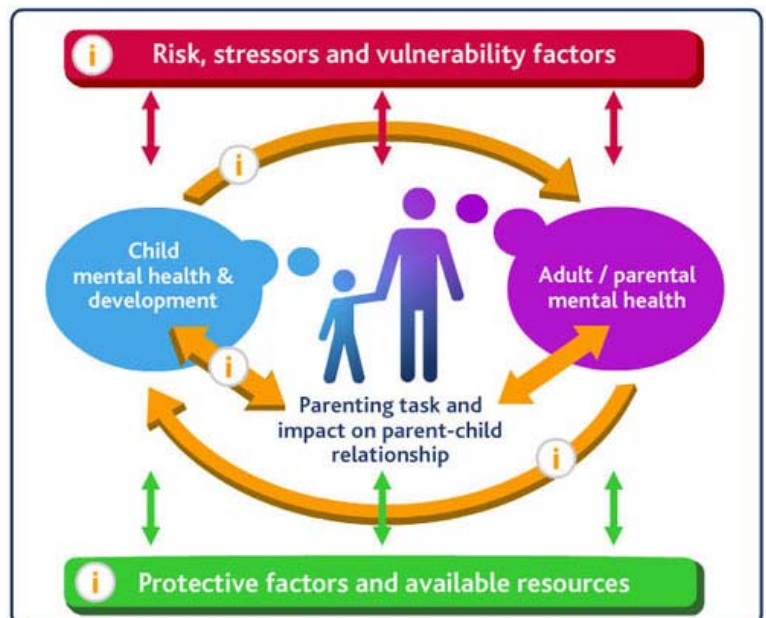
A whole family approach to supporting parents with mental health issues



A whole family approach to supporting parents with mental health issues  
Dudley, April 2013

### In accordance with the SCIE Model a successful service will:

- Promote resilience and the well-being of all family members now and in the future
- Offer appropriate support to avoid crises and also manage them appropriately should they arise
- Secure child safety
- Respect an individual's wishes and needs and their role and responsibilities in a family
- Incorporate a strengths and resilience-led perspective believing that change can be possible, even in unpromising conditions
- Intervene early to avoid crises, stop them soon after they start and continue to provide support once the crisis has been resolved
- Support the empowerment of service users through sharing of information and knowledge and ensuring their involvement in all stages of the planning and delivery of their care.



*"The subject was presented extremely well...it makes you reflective about your own practice"*

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## SCIE's Recommendations

### Signposting & improving access to services

- Multi-agency communication strategy to tackle stigma
- Health promotion and early intervention

### Screening

- Asking the right questions
- Routine and reliable recording of information

### Assessment

- Multi agency
- Adaptation of the old/introduction of new processes to reflect whole family working
- Family "threshold" criteria

### Planning care

- Flexible in meeting needs of individuals/whole families
- Increase resilience and reduce stressors

### Providing care

- Creative thinking including non-traditional ways of working
- Include practical priorities of parents

### Reviewing care plans

- Inclusive
- Regular, taking into account changes in circumstances

### Strategic Approach

- Demands multi-agency and senior level commitment
- Involvement of parents, children and carers in developments

### Workforce development

- Identifies need for investment in training
- Skills/protocols for working across interfaces

### Evidence about what works

- Need for things to be "tried and tested"
- Implementation sites

For more information about The Meriden (Behavioural Family Therapy) Programme contact Paula Conneely - [paula.conneely@bsmhft.nhs.uk](mailto:paula.conneely@bsmhft.nhs.uk)

social care institute for excellence scie

Parental Mental Health and Families  
Module 1: Introducing the family model

Estimated time required: 20-30 minutes

Welcome to this module from the *Parental Mental Health and Families* e-learning series. We hope that you find it useful and enjoyable.

To start click 'Section One' on the right.

If you would like to read the learning aims for this module, click on the button below.

Learning Aims

If this is your first visit, you will find our quick tour useful.

To take the tour, simply click on the button below.

Tour

Section One: The Family model

Section Two: Organisational context

Section Three: The Impact of Inequalities

Section Four: Risk, stressors and protective factors

Hear text Turn on

Text Only > Credits >

*"I travelled from Newcastle for the event...it was enlightening to hear about the progress being made in Dudley and I was impressed by the determination to keep carrying the message 'Think Family forward.'"*

*"Very positive message throughout the day...good networking and focus on joint working"*

# Dudley Safeguarding Children Board

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## The Panel of Experts

The Panel consisted of the following:

Dr. Liz McDonald	<i>East London Foundation Trust &amp; Royal College of Psychiatry</i>
Heather Stewart	<i>Dudley &amp; Walsall Mental Health NHS Partnership Trust</i>
Rosie Musson	<i>Dudley &amp; Walsall Mental Health NHS Partnership Trust</i>
Debbie Cooper	<i>Dudley &amp; Walsall Mental Health NHS Partnership Trust</i>
Dr Ananta Dave	<i>Dudley &amp; Walsall Mental Health NHS Partnership Trust</i>
Nicky Whitehead	<i>Dudley &amp; Walsall Mental Health NHS Partnership Trust</i>
Christine Ballinger	<i>Children's Social Care</i>
Pauline Owens	<i>Clinical Commissioning Group</i>
Paula Conneely	<i>The Meriden Family Programme</i>
Jackie Jennings	<i>Dudley Safeguarding Children Board</i>



The Panel were asked a series of questions from the delegates. In addition, they were asked to rate on a scale of 1-10 (1 being poor; 10 being excellent) how they would describe our current position in terms of joint working between children's services and adult services in respect of parental mental health and safeguarding children. The average score was 3-4 out of 10.

The Panel members were also asked to consider what ONE action they would take away from the Conference? The responses included:

- Report the gaps in local perinatal mental services to the Clinical Commissioning Group
- Progress the delivery of joint safeguarding children and parental mental health training
- Complete the joint pathway/protocol between children's and adults services
- Research the learning from the 'Demonstrator Sites' in respect of the SCIE Model
- Promote the development of generic skills across the workforce
- Promote earlier intervention and information-sharing between adults and children's services
- Ensure that adult social care and mental health professionals understand 'what to do if they are concerned about a child'
- Embed the learning from the Conference within service transformation



*Dudley Safeguarding Children Board would like to thank colleagues from Virtual College E-Safeguarding Academy and Dudley & Walsall Mental Health NHS Partnership Trust for sponsoring the event, in particular, Debbie Cooper and Becky Temple-Purcell. A special thanks to Kim Sharratt for her commitment and organisation and to administrative colleagues from Safeguarding & Review.*

*We would also like to thank the range of statutory and voluntary sector providers who supported the event and took part in the Market Place.*

This report has been prepared by Graham Tilby, Head of Safeguarding & Review (Chair of the 'Bridging the Gap' Conference) on behalf of Dudley Safeguarding Children Board (DSCB). It will be presented to both Dudley Safeguarding Children Board and Dudley Safeguarding Adults Board with the intention of supporting work to better join-up our responses to safeguarding children who live with parental mental health.