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National Leadership
and Innovation Agency
for Healthcare

Asiantaeth Genedlaethol
Arweiniad ac Arloesoldeb
dros Ofal Iechyd

■ "Improving Child and Family Welfare; can we Measure up in Wales?"

Phil Chick & Alison Maddocks June 2011

Some facts and figures

- 10-15% of Children in the UK live with a parent with a mental disorder
- 9-10% of women and 5-6% of men will be parents with mental disorder
- Prevalence of personality disorder about 4%
- Less than 0.5% will have a psychotic disorder
- 28% of these are children of a lone parent
- 29% of all young carers, care for a person with a mental disorder
- 200k-300k children E&W one or both parents have a serious drug problem



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The impact of parental mental disorder on children

- There are well-established links between parental mental disorder and poor outcomes in children, **although not all children are at risk**. Risk greatest if illness incorporates delusional beliefs
- Effects can be exerted from conception onwards and the impact felt right up to adult life and include:-
 - genetic & developmental problems
 - direct or indirect effects of the symptoms of mental illness; exacerbated if other problems
 - stigma & social isolation
 - exposure to criminal or other inappropriate behaviour
 - separation temporary or permanent.
 - Child abuse (physical/emotional), neglect, death



What do parents want?

List includes:-

- Being a parent should come before being a person with a mental illness.
- Service providers should work out the best way of ensuring the health and safety of the child without excluding the parent from the decisionmaking process when other family members are involved.
- Parental ability should be evaluated before removing children without question.
- Professionals should give the parent with mental illness and their partner information about the effects of medication, possible sideeffects and the effects on the person's behaviour.
- Professionals should respect confidentiality with regard to sharing information with family members.



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Good enough parenting

“hardest job in the world”

Scope for another workshop ; essential to do or ask for help in this – Primary care ideal venue. MUST include among many other attributes:-

- Capacity to prioritise needs of children
- Appropriate denial of requests and demands
- Tolerating & understanding negative feelings and behaviour of children

And when it goes wrong?

Mental Health Disorder: Effects on children in their care.



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Serious Case Reviews

'When a child dies and abuse or neglect are known or suspected to be a factor in the death, local agencies should consider immediately whether there are other children at risk of harm who need safeguarding...(and) whether there are any lessons to be learned from the tragedy about the ways in which they work together to safeguard children'

Working Together to Safeguard Children, 2000

Further guidance (2006) widened the scope of such reviews to also include where:

- a child has committed suicide or
- the child has been killed by a parent with mental illness

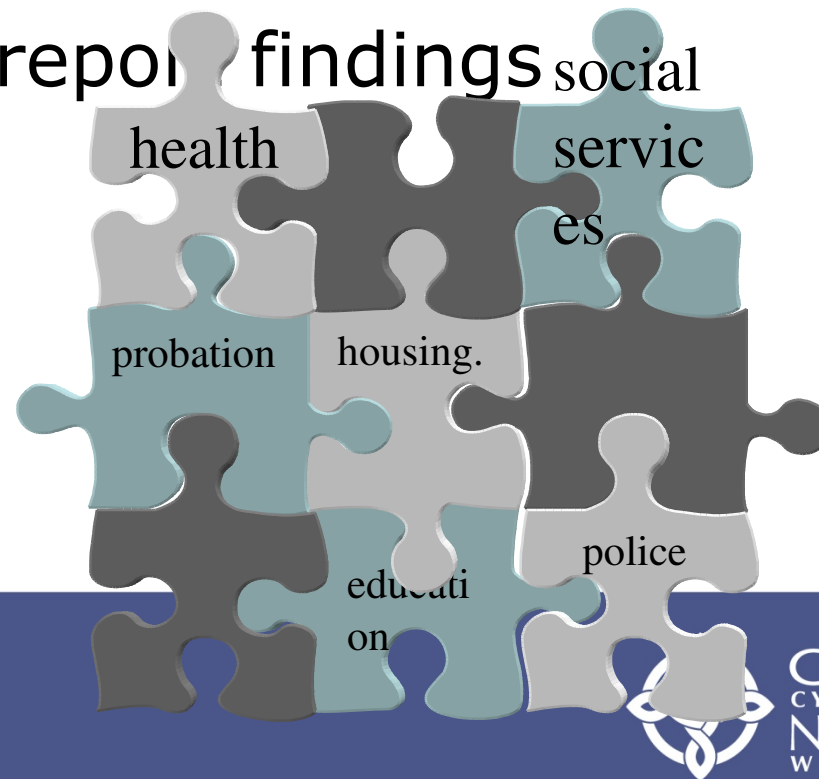


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Serious Case Review Process

- Review records and produce chronology of events
- Primary care records are an essential source of important information
- There are important issues around consent to access notes and use of third party information.
- Analyse chronology and report findings
- Recommend action
- Agencies Implement
- LSCB monitors



Where are the lessons?

Can we learn from the families involved ?

Can we learn from the behaviours of the professionals ?

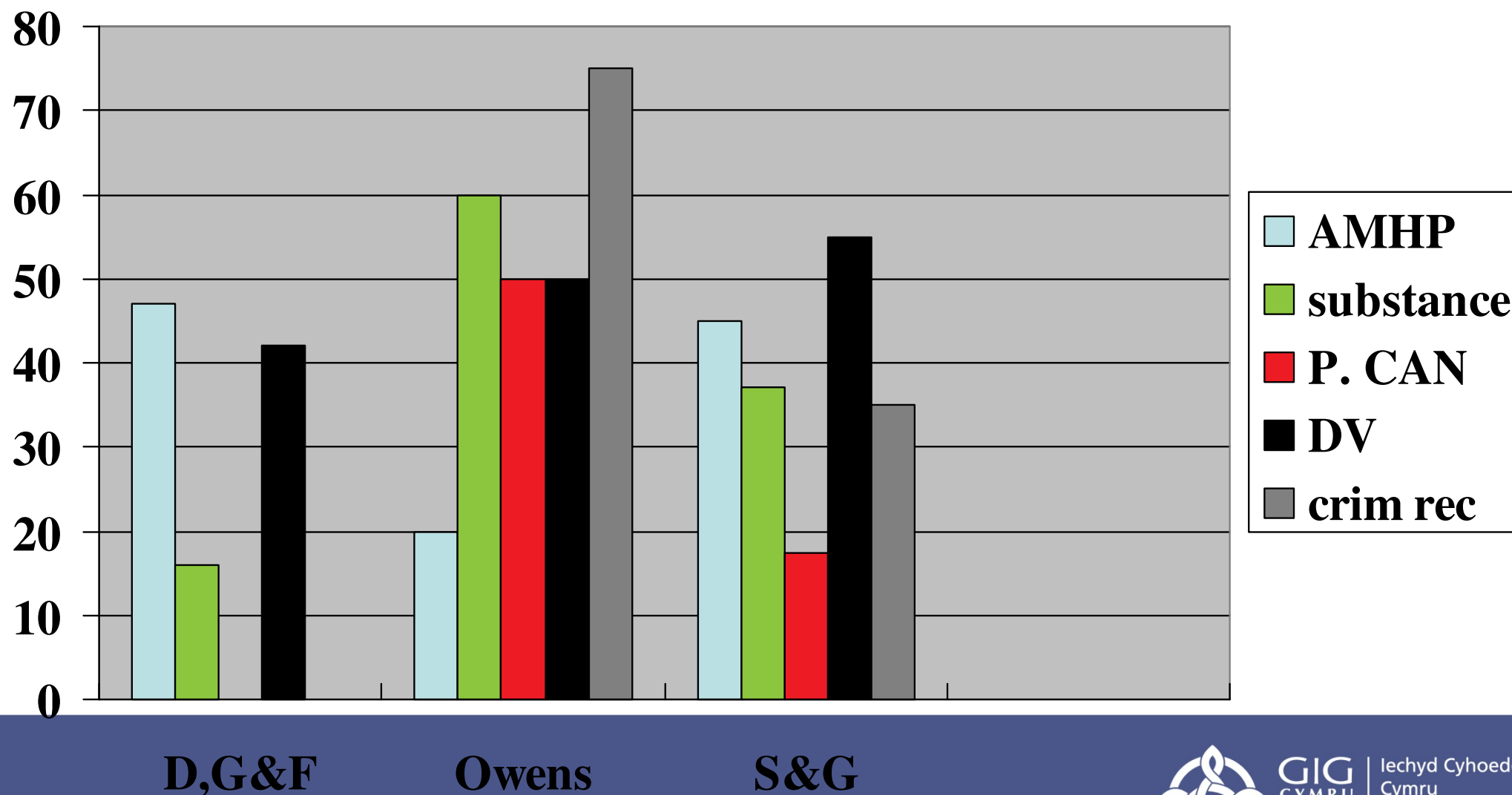
Can we learn from the systems and structures within organisations ?



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Summary - Parental Characteristics (%)



From Ofsted 2008

- “Assessment of parenting capacity was not a routine feature of adult mental health assessments at that time”
- “There was a failure to report the involvement of MH services with F when he was an adolescent, including his learning problems and behavioural outbursts”
- “Two root causes in OVR (i) HV & Midwife not made aware of M’s MH history and (ii) of F’s Learning difficulties”
- Adult Mental Health Trusts “notable by their absence”

Issues for Professionals



“Children are often ‘invisible’ to mental health professionals who are poor at enquiring about and collecting information on them, perhaps feeling that it is not their role.”

CR164 Parents as Patients: ‘Supporting the needs of patients who are parents & their Children RCPsych’ (January 2011)



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Ministerial Foreword

“The days in which public services could act separately are past. Where appropriate we expect public services to work together to deliver integrated services.”



Number: WAG10-11086



Llywodraeth Cymuned Cymru
Welsh Assembly Government

www.cymru.gov.uk

Sustainable Social Services
for Wales: A Framework
for Action



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Children & Families (Wales) Measure 2010

- Part 3 Integrated Family Support Service (IFSS)
- Part 4 Sections 67 & 68

67 Children's needs arising from community care needs of their parents

- (1) This section applies to a child where it appears to a local authority that the child's parent—
 - (a) is a person for whom it may provide or arrange for the provision of community care services, and
 - (b) may be in need of any such services.
- (2) A local authority must consider whether the child appears to the authority to be a child in need as a result of the needs of the parent.

Children & Families (Wales) Measure 2010

68 Children's needs arising from the health conditions of their parents

(1) This section applies to the provision of specified health services to a child's parent where the services are provided by, or secured by, a specified National Health Service body.

(2) A specified National Health Service body must make such arrangements as it thinks fit—

(a) for consideration to be given to the effect of any health condition of the parent

on the needs of the child and whether that effect may call for the provision of services by a local authority in the exercise of its social services functions;

(b) for referral of appropriate cases to the relevant local authority, subject to any duty owed by the National Health Service body to the child or the parent in respect of the disclosure of information relating to the child or the parent.



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IFSS - Transforming Services for Families with Complex Needs

“The Integrated Family Support Service is a major step towards our goal of integrating services to deliver for the needs of the whole family. It places greater accountability and shared responsibility within and across children and adult services and breaks down boundaries between local government and health to better support the family as a unit.”

Gwenda Thomas AM

National Launch event 15th September 2010

IFSS - Transforming Services for Families with Complex Needs

“Substance misuse destroys families and it is often the children who bear the brunt of its consequences. If we are to break the cycle of disadvantage that blights these families...our approach must be to adapt our workforce and integrate our services so that parents are given the support to care for their children and also better care for themselves.

“Our aim through the IFSS is to keep the family together by empowering them to take positive steps to change and improve their lives and this can only be good for our society. “

Gwenda Thomas AM

National Launch event 15th September 2010



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How does IFSS deliver?

- Evidence based
- Statutory platform
- Integrated three dimensional approach

How does IFSS deliver?

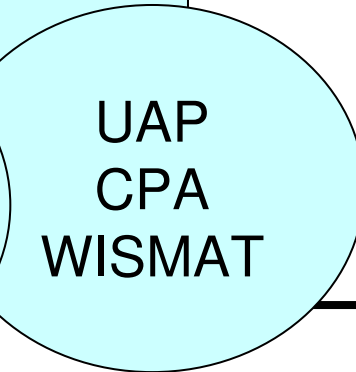
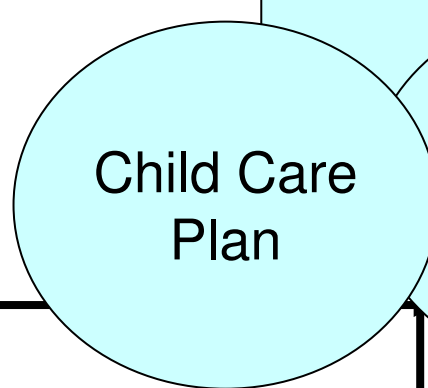
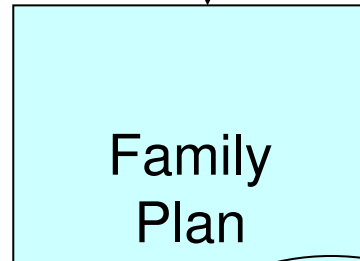
- Requires professional and organisational change
- Strengths based-motivational approach
- Outward looking- embedded within the service system
- Adds capacity and builds & draws on the family's capacity to change
- Highly strategic approach to establishment

IFS Teams and IFS Board Core functions

IFS Board Functions

- Oversight of IFS Team operation
- Partner agency responsibility for IFS Teams service provision
- Ensuring statutory responsibilities are met
- Service development
- Continuous improvement
- Wider service provision issues e.g. ensuring access to appropriate housing
- Quality assurance
- Governance
- Budgetary responsibility
- Conflict resolution

Services for Children



IFS Team Functions

- Offering specialist advice & consultancy
- Receipt of referrals
- Assessment for IFS Team intervention
- Development of family service plan
- Intervention by IFS Team
- Monitoring and review
- Discharge to standard service
- Outreach to partners
- Training and development of standard service
- Ongoing development of specialist knowledge & skills
- Strategic planning, unmet needs service capacity and blockages
- Commissioning services at individual level

Services for Adults

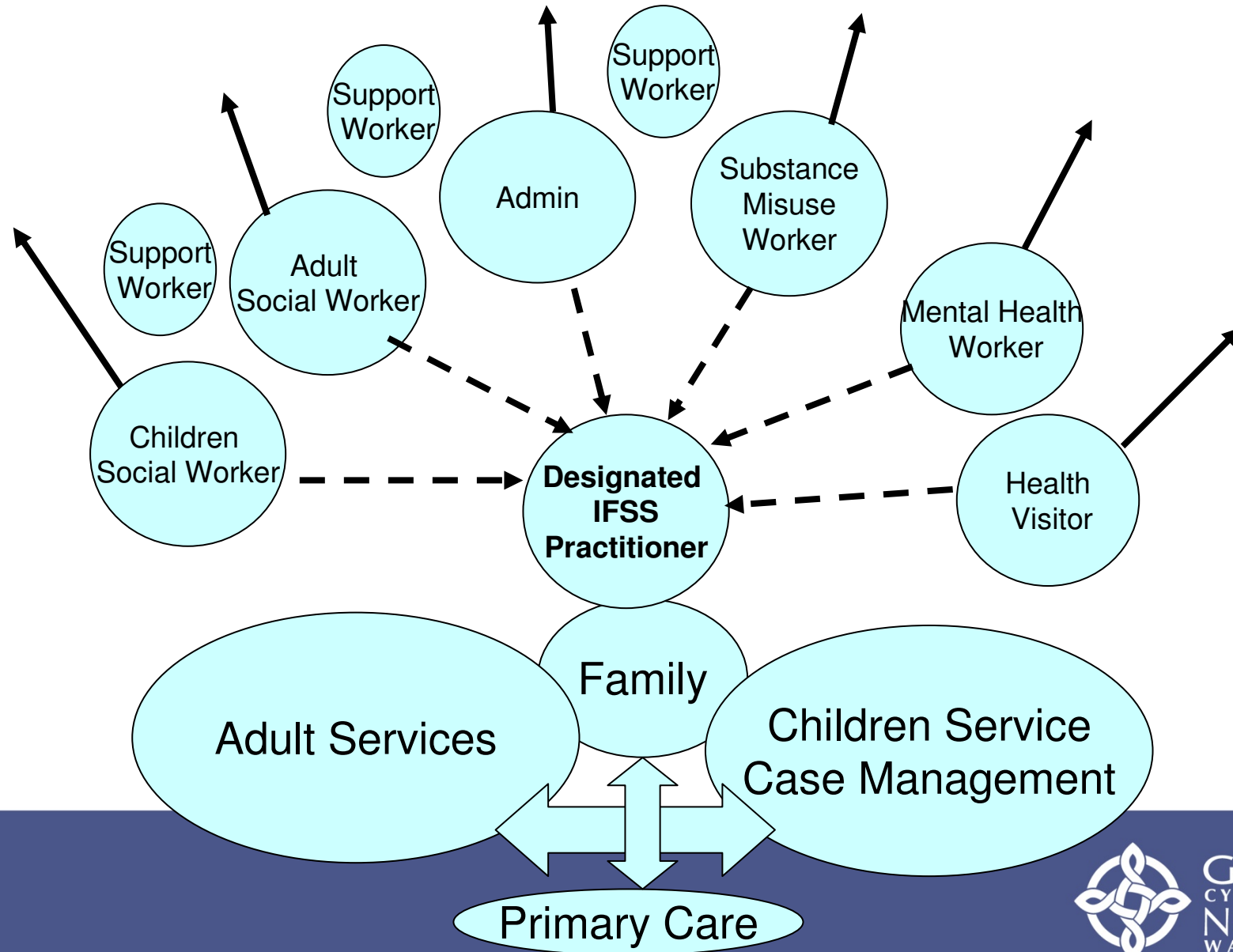


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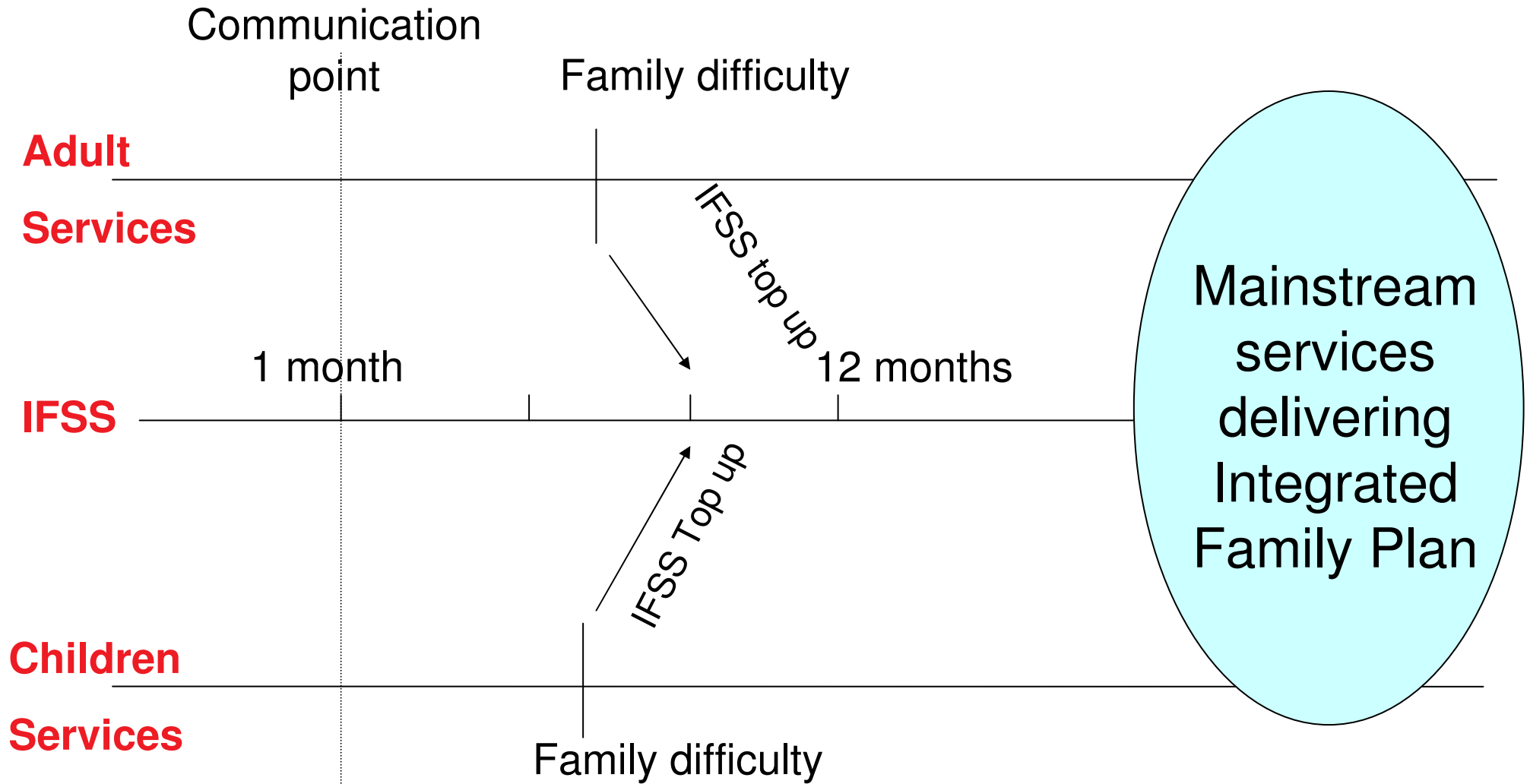
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Integrated Family Support Team Model

consultation and training



IFSS – Delivery and Exit



End of
intensive
intervention



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CPA care and treatment planning

- Medical treatment (medication etc)
- Other forms of treatment, including psychological interventions
- Personal care and physical well-being
- Accommodation, including housing
- Work and occupation
- Training and education
- Finance and money
- Social (including leisure), cultural and spiritual
- ***Parenting or caring relationships***



CPA

| Areas for inclusion in the care and treatment plan | Care and treatment plan for a person in hospital | Care and treatment plan for a person in the community |
|---|--|--|
| Parenting or caring relationships | Support to maintain links with children Support/consideration for meeting needs of those cared for by the service user Management of risks to children, vulnerable adults and general public | Support to maintain parenting and caring roles Support in role within the family Management of risks to children, vulnerable adults and general public |



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Mental Health (Wales) Measure

- Expansion of Tier 1 mental health services
- Rights to care and treatment planning
- Right to assessment by secondary care for former service users
- Expanded entitlement to an Independent Mental Health Advocacy (IMHA) service
- Inpatient advocacy

Section 18 Functions of the care coordinator

- (1) **A relevant patient's care coordinator must work with the relevant patient and the patient's mental health service providers—**
- (a) with a view to **agreeing the outcomes which the provision of mental health services for the patient are designed to achieve**, including (but not limited to) achievements **in one or more of the following areas—**
 - (i) finance and money; (ii) accommodation; (iii) personal care and physical well-being;
 - (iv) education and training; (v) work and occupation; **(vi) parenting or caring relationships;**
 - (vii) social, cultural or spiritual; (viii) medical and other forms of treatment including psychological interventions;
 - (b) with a view to agreeing a plan (—a care and treatment plan ||) for achieving those outcomes;
 - (c) in connection with the review and revision of a care and treatment plan in accordance with provision in regulations made by the Welsh Ministers.

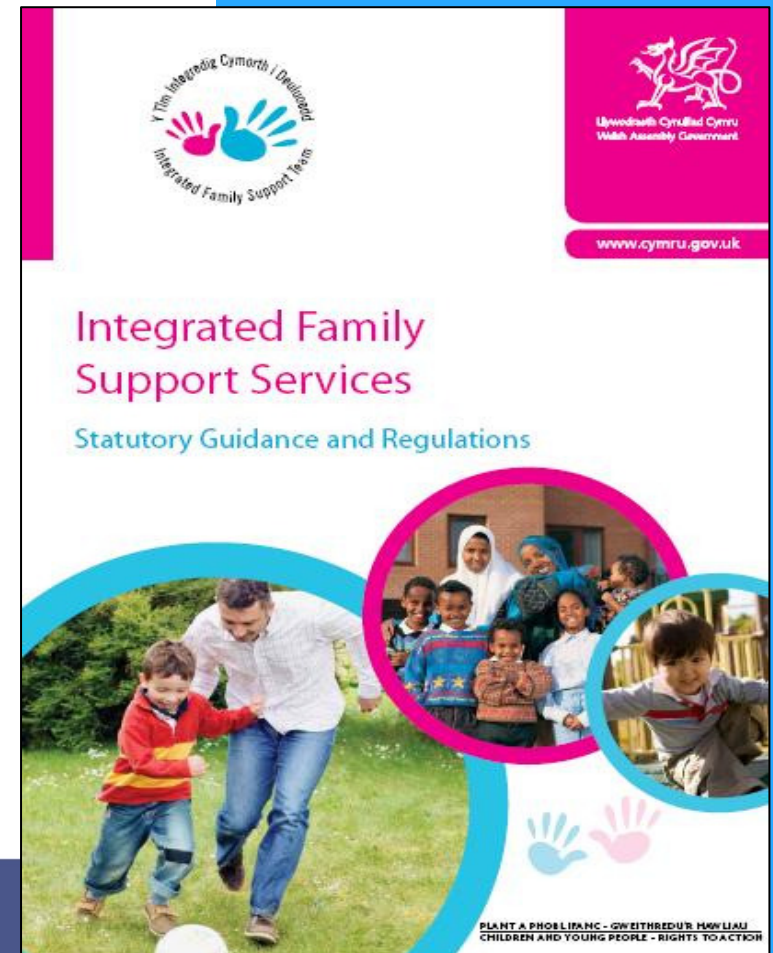


For further information on IFSS ...

<http://wales.gov.uk/topics/childrenyoungpeople/parenting/help/ifst/?lang=en>

Publications | National Advisory Group

Research and reports | Links



✉ IFSS@wales.gsi.gov.uk



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