



**OXFORDSHIRE
COUNTY COUNCIL**



Oxford Health
NHS Foundation Trust

THINK FAMILY AND EARLY HELP

**A GUIDE FOR PRACTITIONERS WHO
ARE SUPPORTING ADULTS WHO HAVE
CARING RESPONSIBILITIES**

This pathway is designed to help practitioners supporting adults who have caring responsibilities to think family when emerging need is identified. It was developed as a result of a local child safeguarding practice review whereby a mother who has experienced mental ill health for long periods killed her son – please see Appendix 1 for further background information/key findings.

Following this review Common themes were identified with other Oxfordshire Child Safeguarding Practice Reviews:

- Parental mental ill health – the impact of the parent’s mental health on the safety and wellbeing of the child.
- Loss of continuity of service (and significance of history) when families move across boundaries. Member agencies should set their staff clear expectations for obtaining and reading case histories and giving them due weight in assessment.
- Professional curiosity – the need for curiosity about the family’s history, relationships and current circumstances that moves beyond reliance on self-reported information.
- ‘Think Family’ – the importance of thinking about the role of extended family members in the family system.

Learning points for practitioners and the safeguarding system

- Assessment - A detailed assessment should be undertaken that includes parent and family history, strengths/protective factors and potential risks. It is always best to gain a shared understanding and complete joint assessments including adult mental health, children’s social care and others working with children to ensure a holistic picture of the families/child’s lived experience is gained.
- Use of Language - Mental Health practitioners should be clear in stating mental health diagnosis and presentation and possible impact on parental capacity, behaviour and ability to keep their child/ren safe.
- Information sharing - Remember GDPR are not barriers to sharing information about the welfare of children in need, including those who move in and out of the local authority area.

Think Family and Early Help

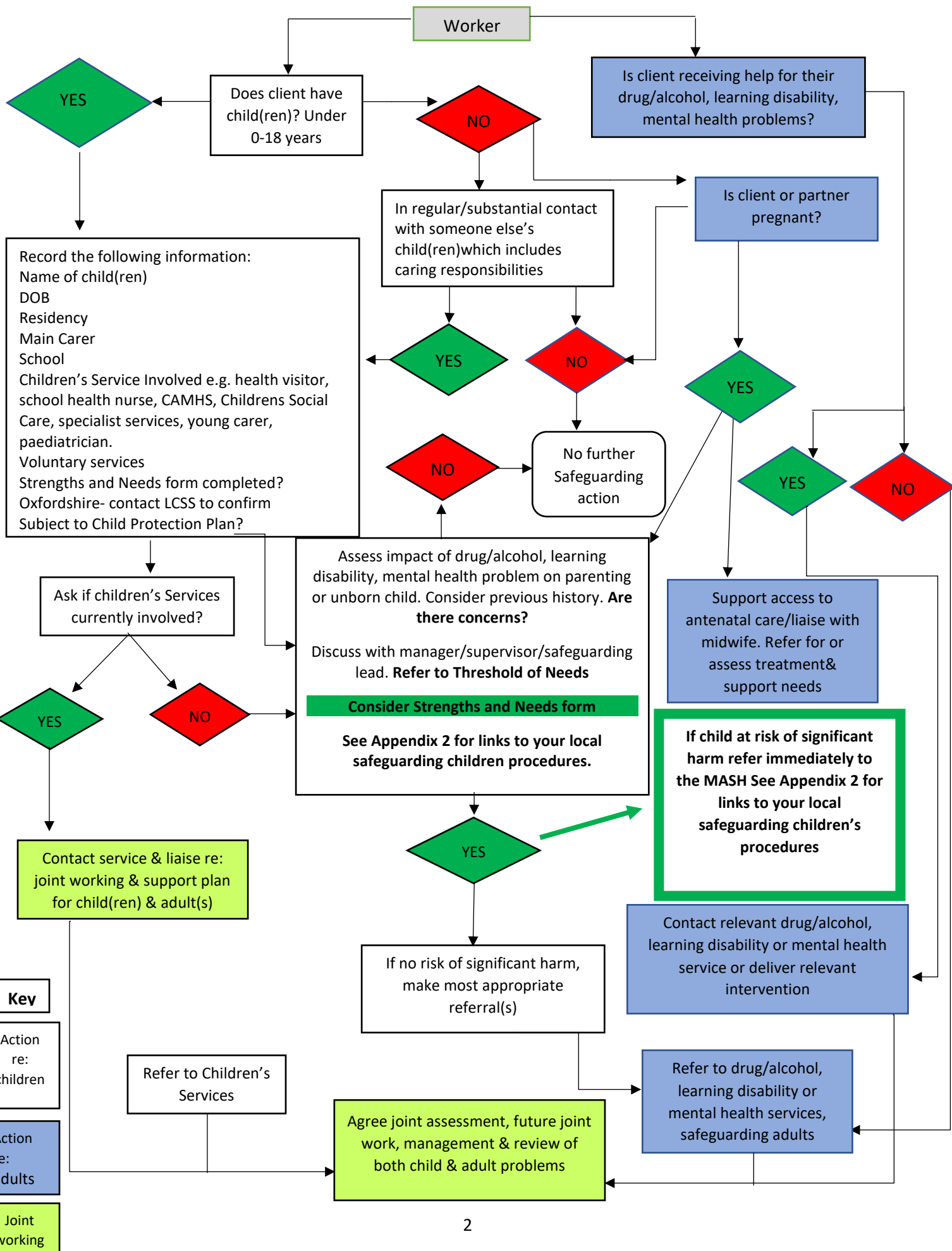
All practitioners working with adults who have caring responsibilities should always THINK FAMILY. The below flow chart supports you in your role to ensure that any additional needs that could impact parenting capacity are thought about and addressed at the point of noticing emerging concern for a child/ren.

Threshold of needs

The threshold of needs document looks in detail at a child’s developmental needs, parents’ capacity to be able to meet these needs and how family and environmental factors might affect this. The document provides criteria, level and type of need and level of help to be provided if child has needs at universal, additional complex, or critical level. Please go here to find this supportive document [threshold needs document.pdf](#)

For further information on Early Help we recommend you read the following pages on OSCB: [Early Help and the Locality Community Support Service \(LCSS\) - Oxfordshire Safeguarding Children Board \(oscb.org.uk\)](#) here you will also find links to Early Help E Learning and Early Help Skills Training.

Flow chart for safeguarding children, young people, and unborn babies whose parents/carers have additional needs that may affect parent capacity



Prompts for considering parenting capacity

Parents with additional needs have the right to be provided with care and support that can enable them to meet the needs of the child/children. Children have the right to be protected from harm and to receive services when their health or development is at risk.

Informed assessments and effective multi-agency/disciplinary working are the key to ensuring that children and families receive the appropriate services to meet their identified needs and manage risk.

Key to ensure children are safe, protected, and their needs are being met where parents have additional needs, is to assess parent's capacity to ascertain if additional support is required, particularly in relation to the following areas;

- Basic care
- Ensure they are safe
- Able to provide emotional warmth
- Stimulation
- Appropriate boundaries and stability

The following prompts are taken from the Oxfordshire Threshold Continuum of Needs document¹ however, other local area threshold documents include similar information.

The prompts are there to help you consider whether the child/children's needs are being met by parents/carers. If this raises concerns, further discussion with multi-agency/disciplinary colleagues or a referral will be required as indicated by the joint activity pathway and threshold of needs levels above.

Key Questions to consider when supporting adults with caring responsibilities:

- Is the parent able to provide basic care for the child? E.g., able to get to GP/dental appointments, providing food, drink, appropriate clothing and meeting personal care needs of the child? Does the adult struggle to meet these when their own mental health/needs deteriorate? What would support them?
 - Are the children kept safe? Are adults recognising hazards at home/online and elsewhere? Is safety planning for children in their mental health care plan included for when the parents' mental health deteriorates?
 - Is the parent able to offer appropriate physical contact and emotional warmth to the child? Do they talk positively about their child/ren and indicate the child experiences a secure, stable and affectionate relationship with them? If not, what would help?
 - Does the parent support the child to regulate their own emotions and behaviour through demonstrating and modelling appropriate behaviour? Can they set boundaries and offer routines that support the child to develop an internal model of moral, values and appropriate social behaviour? If not, what would help?
 - Is the parent able to support their child's education? Is the child in school? Good attendance? Is the parent able to promote learning and social opportunities? If not, what is needed to support this?
-

- Does the parent offer a stable family environment to enable a child to develop and maintain secure attachments to ensure optimal development? Can the parent respond to the child's developmental progress and keep in contact with important family members/significant others? Do they support to keep the child safe and support the parent when their mental health deteriorates?

Consider the child/children's experience

Here are some messages to mental health professionals written by young people from a Barnardo's project in Liverpool². The messages show how important it is to keep children informed.

- Introduce yourself. Tell us who you are and what your job is.*
 - Give us as much information as you can.*
 - Tell us what is wrong with our parents.*
 - Tell us what is going to happen next.*
 - Talk to us and listen to us. Remember it is not hard to speak to us; we are not aliens.*
 - Ask us what we know and what we think. We live with our parents; we know how they have been behaving.*
 - Tell us it is not our fault. We can feel really guilty if our mum or dad is ill. We need to know we are not to blame.*
 - Please don't ignore us. Remember we are part of the family and we live there too.*
 - Keep on talking to us and keep us informed. We need to know what is happening.*
 - Tell us if there is anyone we can talk to. **MAYBE IT COULD BE YOU.***
-

As part of the assessment completed within your agency (e.g., risk assessment, care plan, strengths and needs assessment, assessment framework) consider the following:

- Complete a genogram to understand the family and relationships. Click on the link if you are unsure how to complete a genogram <https://www.oscb.org.uk/wp-content/uploads/2019/08/genogram-detail.pdf>
- Consider completion of a multiagency chronology, if appropriate to your service and it has been identified as required as part of the assessment.
- Whether there are any actual or potential risks to the children, including delusional beliefs involving them, and drawing on as many sources of information as possible, including compliance with treatment.
- Inviting key professionals to Care Programme approach (CPA) meetings for adults who are a parent/carer. **Health visitors should be invited where children are under 5 years.**
- Offer age-appropriate information to help children understand and cope with their parent's mental illness. . [How to Talk to Your Child about Mental Health | YoungMinds](https://ourtime.org.uk/resource/) <https://ourtime.org.uk/resource/>
- Provide the opportunity for children to be involved in planning support for

² Barnados Action with Young Carers (2007) *Keeping the Family in Mind Resource pack 2nd Edition*. Barnardo's. Liverpool.

themselves and for their parents

- Work with schools and other children's agencies so that, if necessary, social, emotional and practical support can be given.
- With whom are the children able to talk to?
- Consider transition points and ensure that the network is updated regarding change of staff or service. The responsibility of handing over this information would fall to someone such as the team manager

Appendix 1 – Background

- This pathway was developed because of a local serious case carried out by Oxfordshire Safeguarding Children's Board, following the death of Child M, aged 5 in 2017. Child M's mother had a long history of mental illness which included long periods when she appeared well and did not show symptoms. Child M's mother was found to have been suffering from a serious mental disorder when she killed her son.
- In early 2015 (while living in another local authority area) Child M's mother became mentally ill, telling professionals that she had thoughts about harming Child M which were understood to be part of her psychotic thinking.
- Child M spent a period in foster care and his mother accepted hospital treatment. The family moved to Oxfordshire in mid-2015, Child M's mother's mental health remained good, she was in contact with mental health services and her GP and she worked closely with her health visitor, children's centre, pre-school and primary school.
- There were no serious concerns about Child M who was in good health, reached all of his expected developmental milestones and was always observed to be calm and happy, interacting very positively with his mother.

1.1 Key findings

- There was no coordinated transfer with agreed objectives and plan, each agency made its own transfer arrangement resulting in a lack of shared understanding of the history.
- Practitioners working with the family in Oxfordshire had limited or no knowledge of the mother's mental health history and were not aware of the episode where she had thoughts of causing him harm.
- When the family moved to Oxfordshire, case transfer and closure summaries did not contain the full details of the incidents that had placed Child M at most risk.
- Important transfer information was added to the electronic record as a document with a file name that did not indicate its significance.
- Extended family members had important background information that could have added to the assessments undertaken.

Work undertaken

- A working group was established made up of Oxford Health NHS Foundation Trust (OHFT) adult mental health colleagues, safeguarding team, community children services and Children's social Care (CSC).

- The team created a flow diagram linked to the threshold of needs and an aide memoire to achieve the recommendations as set out in the serious case review and support practitioners when completing assessments either within their own agency, joint assessment between adult and children services or to support practice.
- A workshop took place in January 2021 with CSC and children’s community and mental health colleagues to review the pathway, suggest amendments, and consider any barriers. Following discussion and findings from Brandon et al (2020) that of 278 case reviews, 164 (59%) involved domestic abuse, 153 (55%) involved parental mental health problems and 99 (36%) are faced with problematic parental substance use. It was felt the flow chart could be useful for staff working with parents with other additional needs, not just mental health. Hence the change of title of the pathway for any parents with additional needs.
- Information to write this document has been taken from various sources and the reference list is at Appendix 3.

Appendix 2

Links to Local Safeguarding Childrens Board/Partnership for safeguarding procedures

Bath and North East Somerset- [Safeguarding children | BCSSP \(bathnes.gov.uk\)](https://www.bathnes.gov.uk/safeguarding-children)

Berkshire West- [Berkshire West Safeguarding Children Partnership - scp](https://www.berkshiresafeguardingchildren.org.uk/)

Pan Berkshire- [Pan Berkshire Local Safeguarding Children Board Child Protection Procedures Manual \(proceduresonline.com\)](https://www.proceduresonline.com/pan-berkshire-local-safeguarding-children-board-child-protection-procedures-manual)

Buckinghamshire- [Home - Buckinghamshire Safeguarding Children Partnership \(buckssafeguarding.org.uk\)](https://www.buckssafeguarding.org.uk/)

Hertfordshire- [Hertfordshire Safeguarding Children Partnership | Hertfordshire County Council](https://www.hertfordshire.gov.uk/safeguarding-children)

Milton Keynes- [Safeguarding Children - Milton Keynes Council \(milton-keynes.gov.uk\)](https://www.milton-keynes.gov.uk/safeguarding-children)

Northamptonshire- [Home - Northamptonshire Safeguarding Children Board \(northamptonshirescb.org.uk\)](https://www.northamptonshirescb.org.uk/)

Oxfordshire- [Home - Oxfordshire Safeguarding Children Board \(oscb.org.uk\)](https://www.oscb.org.uk/)

Swindon- [Reporting Concerns \(proceduresonline.com\)](https://www.proceduresonline.com/swindon-reporting-concerns)

Wiltshire- [Wiltshire Safeguarding Vulnerable People Partnership \(wiltshirescb.org.uk\)](https://www.wiltshirescb.org.uk/)

Links to Adult Local Safeguarding Adults Board/Partnership for safeguarding procedures

Bath and North East Somerset- [Safeguarding adults | BCSSP \(bathnes.gov.uk\)](https://www.bathnes.gov.uk/safeguarding-adults)

Berkshire- [Home Of Berkshire Safe Guarding For Adults \(berkshiresafeguardingadults.co.uk\)](https://www.berkshiresafeguardingadults.co.uk/)

Buckinghamshire- [Home - Buckinghamshire Safeguarding Adults Board \(buckssafeguarding.org.uk\)](https://www.buckssafeguarding.org.uk/)

Hertfordshire- [Hertfordshire Safeguarding Adults Board | Hertfordshire County Council](https://www.hertfordshire.gov.uk/safeguarding-adults)

Milton Keynes- [Safeguarding Partnership Policies & Procedures; Milton Keynes Safeguarding Partnership \(mktogether.co.uk\)](https://www.mktogether.co.uk/safeguarding-partnership-policies-procedures)

Northamptonshire- [Safeguarding adults - Adult social services \(northamptonshire.gov.uk\)](https://www.northamptonshire.gov.uk/safeguarding-adults)

Oxford- [Home - Oxford Safeguarding Adults Board \(osab.co.uk\)](https://www.osab.co.uk/)

Swindon- [Adult Safeguarding - Swindon Safeguarding Partnership](#)

Wiltshire- [Wiltshire Safeguarding Adults Board \(wiltshiresab.org.uk\)](http://wiltshiresab.org.uk)

Appendix 3

Supporting documents

Barnados Action with Young Carers (2007) *Keeping the Family in Mind Resource pack 2nd Edition*. Barnardo's. Liverpool.

Bolton Safeguarding Children Board (2014) *Joint Protocol Working with Parents/Carers Who Have Mental Health Problems*. Bolton Safeguarding Children Board. Bolton.

Brandon, M, et al. (2020) *Complexity and challenge: a triennial analysis of SCRs 2014-2017 Final report*. Department of Education. London.

Buckinghamshire Safeguarding Children Partnership (2021) *Continuum of Need* Buckinghamshire Safeguarding Children Partnership. Buckinghamshire.

Buckinghamshire Safeguarding Children Partnership (2021) *Parenting Capacity and Mental Illness: Guidance* <https://bscb.procedures.org.uk/lkqog/parents-who-have-additional-needs/parenting-capacity-and-mental-illness-guidance#s1148>

Evans, J and Fowler, R. (2008) *Family Minded: Supporting children in families affected by mental illness* (U.K.). Barnados. Liverpool.

Hampshire Safeguarding Adults Board; Hampshire Safeguarding Children Partnership; Isle of Wight Safeguarding Adult Board, et al. (2017) *Joint Working Protocol, Safeguarding Children and Young People whose parents/carers have problems with: mental health, substance misuse, learning disability, and emotional or psychological distress*. Hampshire Safeguarding Adults Board et al. Hampshire.

OFSTED (March 2013) *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*. Crown. London.

Oxfordshire Safeguarding Children Board (2019) *Oxfordshire's Threshold of Needs* Oxfordshire Safeguarding Children Board. Oxfordshire.

Oxfordshire Safeguarding Children Board (2020) *Children of Parents with Mental Health Problems* https://oxfordshirescb.proceduresonline.com/p_ch_par_mental_health.html

Royal College of Psychiatrists (Jan 2011) *Parents as patients: supporting the needs of parents who are patients and their children*. Royal College of Psychiatrists. London.

Social Care Institute of Excellence (SCIE) (2011) *Think child, think parent, think family: a guide to parental mental health and child welfare*. SCIE. London.

Social Care Institute of Excellence (SCIE) (May 2012) *At a glance 9: Think child, think parent, think family*. SCIE. London.