

Evaluation of The CAPE Project

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Executive summary

Background

In 2004 Greenwich Social Services and Oxleas NHS Foundation Trust secured funding from the Gatsby Charitable Foundation to develop and implement an innovative project to address the needs of children and families in Greenwich who were affected by parental mental health problems. This project became known as The CAPE Project (Children and Parents Empowered).

The overall aim of The CAPE Project is to bring about sustainable change within those agencies that work with families in which a parent or carer has a severe and enduring mental illness or disorder. There are two main strands to The CAPE Project's work: working with professionals and practitioners in Adult Mental Health and Children's Services to raise awareness and promote joint working, and also carrying out direct work with families affected by parental mental illness. The work of The CAPE Project is delivered by a multi-disciplinary team.

About the evaluation

The Research, Evidence and Evaluation department of the National Children's Bureau (NCB) was commissioned to carry out a wide-ranging evaluation of The CAPE Project from October 2006 to March 2008. The evaluation employed a range of methods including the analysis of monitoring data and feedback from training, face-to-face interviews (with staff, families and key stakeholders from relevant services), telephone interviews (with users of The CAPE Project's consultancy service), and a survey of professionals and practitioners working in Greenwich.

Key findings

- **Work with practitioners, professionals and agencies**

The CAPE Project has successfully developed a range of services to support practitioners from Adult Mental Health and Children's Services, all of which have been well received. Awareness has been raised and knowledge improved through training provided to a large number of practitioners, working across a wide range of disciplines in Greenwich and beyond. In addition The CAPE Project has, through its consultancy and outreach services, provided individual support to practitioners and teams who are working with families, assisting them to make judgments and to access relevant information. Increasingly, CAPE Project staff conducted joint holistic assessments alongside other agencies.

Links between Adult Mental Health and Children's services were reported to have been improved thanks to the work of The CAPE Project. New protocols and procedures have been introduced to services, in some cases backed up by appropriate training, leading to a greater awareness of families' needs and hence better informed and more appropriate referrals.

- **Establishing the TIME clinic**

The CAPE Project was instrumental in initiating and develop a multi-disciplinary perinatal clinic, known as the TIME clinic. This clinic was instigated to support pregnant mental health service users and women identified as being at risk of postnatal mental illness. Stakeholders report that the clinic fills an important gap, and that previously

mothers were liable to receive a disjointed service from practitioners who lacked appropriate information and support to fully meet their needs.

- **Direct work with families**

The needs of families referred to the project have proved more varied and complex than initially anticipated. The CAPE Project has responded to the challenges presented by improving and extending its assessment procedures and by being more flexible in terms of both the nature and length of its interventions. The support offered by the project can range from short-term provision of practical assistance to more therapeutic and intensive interventions involving input from more than one member of the multi-disciplinary team and lasting for up to a year.. Additionally the project has played an increasing role in identifying where children are at risk, by unravelling the complex interactions that are going on in a family.

Feedback from practitioners who refer to the service, stakeholders and families who have received an intervention has been largely positive. Parents particularly appreciated the holistic way that The CAPE Project worked with them in their role as parents and not simply as mental health patients. CAPE workers established good relationships with families, as evidenced by positive feedback even in cases where the parent did not agree with the eventual outcome of the intervention.

Reported outcomes for families as a result of The CAPE Project's intervention varied according to the needs of the family and the nature of the intervention. These included: improved communications within the family, improved confidence in the parenting role, and child protection issues emerging and being addressed.

Conclusions

The CAPE Project is valued by practitioners and families alike and is widely acknowledged to have filled an important gap between Adult Mental Health and Children's Services. The project has responded flexibly to emergent needs at both service and family level, and has extended or adapted its provision accordingly.

Through its many activities The CAPE Project has become well known to relevant practitioners within Greenwich and has had a positive impact on both individual awareness and knowledge of issues and also on agency practices. The multi-disciplinary composition of the team has proved to be a real asset, ensuring a holistic service to families and facilitating communication and liaison between agencies.

It will be important for commissioners to consider the implications of The CAPE Project's funding coming to an end. While some procedures and protocols have been improved and awareness has undoubtedly been raised among practitioners in Greenwich during the lifetime of the project, staff turnover will inevitably entail a reverse within a relatively short timescale. More urgently, there is an ongoing and demonstrable need for holistic and intensive work with families, such as that provided by The CAPE Project's multidisciplinary team.

1. Introduction

In 2004 Greenwich Social Services and Oxleas NHS Foundation Trust secured funding from the Gatsby Charitable Foundation to develop and implement an innovative project to address the needs of children and families in Greenwich who were affected by parental mental health problems. This project became known as The CAPE Project (Children and Parents Empowered). The project was ambitious both in terms of the types of work it would become involved with and also in its desire to influence the wider policy context and bring about change in other agencies.

The overall aim of The CAPE Project is to bring about sustainable change within those agencies that work with families in which a parent/ carer has a 'severe and enduring' mental illness or disorder.

There are two main strands to The CAPE Project's work. The project works with professionals and practitioners in Adult Mental Health and Children's Services¹, where parental mental health is an issue. It also works directly with families where one or both of the parents/ carers is known to Adult Mental Health services. In addition The CAPE Project was instrumental in setting up, and continues to deliver, a multi-agency perinatal mental health clinic - the TIME clinic.

¹ During the course of the evaluation social services for children have been reorganised and renamed. For reasons of clarity and consistency we are using the current term, Children's Services, to refer to those services that may previously have been called 'children and families services' or 'children's social services'.

2. Rationale for the project

The CAPE Project was initiated in response to circumstances in Greenwich and nationally, namely:

- an increasing recognition that parental mental ill health was a factor in many families
- a recognition that parental mental ill health can affect the life chances of both adults and children
- a recognition that current agency responses were inadequate.

The implications of these are discussed in more detail below.

2.1 Numbers affected by parental mental health

Professionals within Greenwich were becoming increasingly aware of the number of children who lived with a parent who suffered from mental ill health and the impact that this could have on the family. Although Greenwich did not have any monitoring systems in place to identify how many families this issue affected, the appointment of a child care/ mental health coordinator identified a high level of need. The informal audit produced from the coordinator's work found that between, April 2003 and December 2006, 1,500 children were identified as living with a parent who was known to Adult Mental Health services. Given that each child was recorded individually, these statistics did not give an accurate tally of the families where this was an issue, as several individual child records could pertain to a single family. Nevertheless they still indicated a significant level of need. In addition a needs analysis undertaken by The National Children's Bureau (NCB) in 2004 found that parents with mental health problems were over-represented in Greenwich in both child protection registrations and care proceedings.

Nationally, there was also an increasing recognition that parental mental health affected many families. Mayes et al (1998) looks at several studies and estimates that 20 to 25 per cent of adults using mental health services are parents. From the children's perspective, Tunnard (2004), reports that parental mental health concerns are likely to be a problem in at least a quarter of new referrals to social services.

More recent research confirms this continues to be a significant issue. Morris and Wates (2006) report that the Labour Force Survey and Family and Children study record a total of 1.7 million parents in England, Wales and Scotland with a long-term health problem or disability; 26 per cent of this total represented parents with mental health problems. This equates to an estimated 450,000 parents with mental health problems in Britain.

Gopfert et al (1994) estimate that between 50 per cent and 66 per cent of parents with a severe and enduring mental illness live with one or more children under 18. That suggests that approximately 17,000 children and young people in the UK living with a parent who suffers from mental health problems.

2.2 Problems associated with parental mental ill health

Research also suggests that parental mental ill health can negatively impact on a family in various ways.

2.2.1 The effect on children

Parental mental ill health can have a detrimental effect on the children in these affected families. Mayes et al's (1998) report *Crossing Bridges* highlights the potential impact of parental mental ill health on children.

“Between one in four and one in five adults will 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.” (Mayes et al, 1998: 1)

Research, highlighted in Scott, Robinson and Day (2007) shows that the impacts on children and young people whose parents have mental health difficulties can include health, emotional and educational problems; poverty and social exclusion; restricted opportunities and aspirations and 'stigma by association' (see also for example Hugman and Phillips, 1992; Shah and Hatton, 1999; Jones, Jeyasingham and Rajasooriya, 2002; Cogan, Riddell and Mayes, 2003; Aldridge and Becker, 2003).

More seriously, a number of children suffer permanent injury or die at the hands of mentally ill parents (Falkov, 1995), typically during an acute phase of an illness. Gibbons et al (1995) found parental mental illness recorded as a factor in 13 per cent of cases referred for child protection concerns.

There is also a '*hidden problem*' around children who care for a mentally ill parent ('young carers') who may miss out on many opportunities. An NSPCC report (Green, 1997) contained accounts of children acting as carers and of the costs thus incurred. It showed that many of these children had significant experiences of loss, self-blame and stigma.

2.2.2 The effect on parents

For parents suffering from mental ill health, the fact that they are parents can further impact on their health status. For example, parents may worry about their children having to take on too much responsibility, or they may be concerned about the adequacy of their own parenting, with the consequent anxiety that their children could be taken into care. These concerns can add greatly to the stress of a parent who may already be struggling to cope. In Bassett et al's (1999) study quoted in Scott, Robinson and Day (2007), the major concerns of parents with mental health difficulties focused on: the importance of their relationship with their children; the care of their children if they were hospitalised and fear of losing custody; the stigma of mental illness; dissatisfaction with mental health services and difficulties to do with accessing support in the community.

2.3 Agencies' response to parental mental ill health

Research in Greenwich and nationally has suggested that agencies' response to the issue of parental mental health has been inadequate. This inadequate response is partly due to the way that agencies work with families. Families where parental mental health is an issue are often simultaneously involved with two services – Adult Mental Health and Children's Services. This makes it hard for professionals to take a rounded view of the family and thus provide care packages that meet the needs of the whole family.

Falkov (1995) argued that separation and specialisation in health and social care services has resulted in staff in Adult Mental Health focusing solely on the needs of the adult, whereas staff in children's services place insufficient emphasis on the mental health needs of parents and the potentially adverse effect of this on children. More recently Aldrige and Becker (2003) argue that interventions tend to be *either* patient oriented *or* based on principles of safeguarding children, and therefore fail to recognise the reciprocal and interdependent nature of parent-child relationships.

In Greenwich a needs analysis carried out by the National Children's Bureau (2004) highlighted other problems that agencies were having in responding to this issue. Interviews and focus groups with professionals, parents and children revealed barriers to addressing the needs of these families. There were felt to be significant gaps in service provision and existing services were dispersed across different locations, accessed via different routes, cut across professional boundaries and had varying eligibility criteria. The needs mapping found that:

- All professionals felt that current services were reactive to crises but did not provide opportunities to do preventative work with clients.
- There were gaps in staff knowledge. For example, some children's services staff did not feel they had much knowledge of specific mental health conditions and some mental health workers felt they knew very little about the effects of parental mental illness on the child. Staff from different agencies found that to make assumptions about each other's roles and remit resulted in confusion about who offered what support or led to assumptions that another worker would be dealing with a particular issue or concern.
- There was a lack of interagency working. Interviews with professionals revealed that whilst there was a strong commitment to work with other agencies at a strategic level, this practice had not yet filtered down to front line workers or middle managers.

Professionals also reported that the threshold for access to services from community mental health teams was high, so they would only take on clients with severe and enduring mental illness. The threshold for accessing services through Children's Services was also high and many parents who sought help or were referred for help did not get an initial assessment, or if they were assessed found that they did not get a service. As a result parents who received services from Adult Mental Health teams found that although they would have welcomed advice and support on parenting issues, or help in meeting their children's needs, they did not meet the threshold for services from Children's Services. Equally professionals reported that families who were in contact with Children's Services where there were concerns about parental mental health found that these concerns were not serious enough to meet the threshold for Adult Mental Health services.

This local situation was replicated nationally. Mahoney & O'Hara (2004) argued that health and social services policy was not adequate to address the needs of these families. They argued that there was no nationally based approach to raising standards and improving outcomes for families. They suggested:

“As families do not divide in the way that services and professionals do, sorting through the muddle can lead to fragmented and diluted services responses.”
(2004: 2)

Prior to The CAPE Project there was increasing recognition that this area needed to be more fully considered. The Social Exclusion Unit in their report *Social Exclusion and Mental Health* (2004) had identified parents with mental health problems and their children as one of four groups most likely to face barriers in having their health and social needs addressed. In addition the green paper published by the government *Every Child Matters* (2003) included specific reference to mental health issues. The Parental Mental Health and Child Welfare Network were also established to focus attention on the needs of this client group.

Against this background and as a result of NCB's needs analysis, the weight of national evidence and the work of the child care/ mental health coordinator it was concluded that a new project was needed which would both address holistically the particular combined needs of this group of families where the parents suffered from mental ill health and also improve the way that agencies worked with these families. In 2004 a successful bid was made to the Gatsby Charitable Foundation to fund The CAPE Project over a period of three years.

3. Development and staffing of The CAPE Project

Project work began in April 2005, and was administered from a base in one of Greenwich's Child in Need team premises. The project team subsequently moved to a permanent base in central Woolwich.

The CAPE Project team is staffed by professionals from different backgrounds who work together within one multidisciplinary team. The number of staff working in the team has fluctuated during the lifetime of the project, following initial recruitment difficulties that caused some delays to getting the project underway.

Currently there is a programme manager, one assistant programme manager (this post is shared between two workers) and a team of six practitioners whose backgrounds are variously in social work (children and families), family therapy, community psychiatric nursing (from Adult Mental Health services) and clinical psychology. All CAPE Project staff are involved in both strands of The CAPE Project's work: the work with professionals and direct work with families. Each member of the staff is assigned to particular teams in Children's Services and Adult Mental Health that they liaise with and whose team meetings they attend. When working directly with a family, CAPE Project staff work in pairs, usually comprising one worker whose background is in adult mental health and one worker whose background is in children's services.

The project also funds two specialist posts within Building Bridges, (Family Welfare Association), a well-established voluntary sector mental health project in Greenwich.

A consultant psychiatrist (adults) and lead clinical psychologist (CAMHS) provide professional supervision around casework to CAPE Project staff.

4. About this evaluation

In 2006 NCB was commissioned to carry out a wide-ranging evaluation of The CAPE Project. The evaluation took place from October 2006 to March 2008 and sought to assess all areas of The CAPE Project's work, as well as to capture the changing nature of the project as it evolved throughout its lifetime. As far as possible the impact of the project on professionals and practitioners, as well as on families, was also considered.

4.1 Evaluation questions

The evaluation set out to address a number of broad evaluation questions, as follows:

Process questions

1. To what extent was the project implemented as planned?
2. What barriers and enablers have been encountered in implementing the project?
3. How has the project changed or developed in order to respond to emerging or newly identified needs?
4. How successful has the project been in reaching and engaging with its intended target group(s)?
5. How is The CAPE Project perceived and experienced by stakeholders (project staff, other professionals and practitioners, partner agencies, parents/ carers, children)?

Impact/ outcome questions

6. What was the impact of the project on individual professionals and practitioners (attitudes, awareness, practice change etc)?
7. What was the impact of the project on agencies and services (new protocols, procedures, joint working etc)?
8. How has the project impacted on individual family members (i.e. positive outcomes for parents/ carers and children)?
9. How has the project impacted on referred families (relationships between parents/ carers and children, social inclusion etc)?
10. What has been the impact of the project on numbers of unplanned/emergency hospital admissions for parents/ carers (and other relevant indicators/ targets)?
11. What has been the impact of the project on numbers of unplanned/ emergency placements for children (and other relevant indicators/ targets)?
12. To what extent, and how, may the achievements or changes brought about by The CAPE Project be sustainable?

These evaluation questions will be returned to in section 8.1. The evaluators were also asked to consider how The CAPE Project fitted into policy developments in Adult Mental Health and Children's Services in order to assess the extent to which the development of The CAPE Project was aligned to current local and national government priorities. This issue is considered in section 8.2.

4.2 Evaluation methods

A range of methods was used to carry out the evaluation. The proposal for the evaluation identified certain methods that were to be used in the evaluation. These

however, were amended during the course of the evaluation, to reflect the developing nature of The CAPE Project and to respond to changes in the project's workload and priorities. The following section therefore considers both the evaluation methods utilised as well as, where appropriate, how those evaluation methods changed.

4.2.1 Stakeholder interviews

Ten semi-structured interviews were carried out with key stakeholders in The CAPE Project at the beginning of the evaluation. The informants included members of CAPE Project staff as well as managers and key representatives of relevant services in the children's division and Adult Mental Health. The interviews were designed to ascertain views on the progress and development of The CAPE Project; how the project worked with other services and agencies and the perceived impact of The CAPE Project on other agencies, as well as on the families involved in The CAPE Project.

Follow up interviews with these stakeholders were carried out towards the end of the evaluation. These interviews focused on perceptions of progress made by the project since the first interviews. They also explored in more detail emerging questions of interest that had been highlighted in the analysis of the first round of interviews.

In addition to the above, three interviews were carried out with key stakeholders in relation to the TIME Clinic.

4.2.2 Semi-structured interviews with professionals who had used the consultancy service

Feedback was gathered from a sample of The CAPE Project's consultancy 'clients'. Sixteen semi-structured interviews were carried out with professionals/ practitioners who received advice/ consultancy from the project during the months of March and April 2007. These interviews were designed to assess the effectiveness of The CAPE Project's ongoing consultation and advice service.

4.2.3 Interviews with ward staff

In addition, three interviews were carried out with professionals who worked on the mental health wards. These interviews were designed to assess the impact of The CAPE Project's work on hospital staff's levels of awareness about parental mental health and to ascertain whether any changes in practice had occurred.

4.2.4 Case studies of the direct work

Six case studies were compiled to illustrate the nature and impact of the direct work with families carried out by The CAPE Project. As well as providing insight into the impact of the direct work, the qualitative case studies demonstrate the range of different types of interventions undertaken with individual families.

It was difficult, initially, to identify families who were both willing to participate and also whom The CAPE Project workers considered suitable participants. Project workers made a judgement about whether families were likely to find the interview to be intrusive or sensitive. The evaluators were therefore reliant on The CAPE Project workers to identify families and provide access to those families.

In the evaluation proposal it had been planned that follow up interviews would be carried out with families, three to six months after the initial interviews. In practice, it did not prove possible to carry out follow-up interviews, due to difficulties and delays in identifying, recruiting, and setting up interviews with a suitable sample of families. This left insufficient time to carry out follow-up interviews.

For each case study, interviews were conducted with the parent who had been referred, and in three cases with the referrer. The CAPE Project staff that worked with each family were also interviewed. Initially it had been hoped that interviews would be conducted with children about their experiences of working with The CAPE Project, but due to either the age or unwillingness of the children to participate in the evaluation, this was not possible. Interviews were tape-recorded and transcribed verbatim.

4.2.5 Survey of professionals and practitioners within Greenwich

A survey was carried out to gather feedback from relevant professionals and practitioners about The CAPE Project. The questionnaire was e-mailed to all managers of Children's Services teams and Adult Mental Health teams in Greenwich. The managers were asked to forward the survey to all their team members to fill in individually. The questionnaire asked respondents to feed back on the types of services they had received from The CAPE Project and their opinions regarding the quality of service they had received. In addition they were asked to report on any changes in their own attitude, awareness or practice as a result of their contact with The CAPE Project.

The survey yielded 47 responses; 29 per cent worked in Adult Mental Health services, 34 per cent worked in Children's Services and 10 per cent worked for CAMHS. The remaining respondents worked for other agencies, including midwifery and health visiting.

4.2.6 Feedback forms from direct work with families

In order to get a broad overview of The CAPE Project's work undertaken with families, simple self-completion feedback forms were devised. Four forms were designed to cover each case – one to be completed by the parent, one by the worker, and one by the referrer and one by children over 10. These forms were issued to all individuals involved in cases that closed between August 2007 and December 2007. The feedback forms sought to bring focus to bear on the perceived impact of the intervention on the family concerned, from the perspective of all those involved.

Findings from the feedback forms have not been included in the evaluation report, due to a very poor response rate, combined with a low volume of cases actually closing between August and December. CAPE Project workers filled in the forms, but no forms were returned from families, and only two from referrers. The small numbers and partial response therefore precluded meaningful analysis.

4.2.7 Analysis of The CAPE Project's monitoring data

Figures relating to the number of families/ cases that The CAPE Project was consulted about were examined and an analysis of the project's referrals database was conducted. Some findings from this analysis can be found in Appendix 2.

4.2.8 Training feedback forms

Feedback was obtained from some of the professionals and practitioners (n=24) that had attended training delivered by CAPE Project staff. Feedback forms used by the Greenwich safeguarding board to assess their training were examined to assess how the training had been received and whether individuals felt the training had impacted on their practice.

4.3 Structure of this report

The two main strands of The CAPE Project (work with practitioners/ professionals and direct work with families) are closely linked and inevitably impact on each other, given that the work is carried out by the same team of workers and runs concurrently. However, for simplicity's sake, findings for each strand are reported separately below.

The work of the TIME clinic is also considered separately. Although this is an important area of The CAPE Project's work it does not sit easily with either the direct work or the work with professionals/ practitioners as it contains elements of both these strands.

For each main area of work (the two main strands and the TIME clinic) the evaluation considers

- The aims of the work.
- How the work is delivered and whether there have been any changes in the way the work is delivered.
- The impact of the work.

In the conclusion to this report our original evaluation questions will be reconsidered in the light of all the evaluation findings; The CAPE Project will thus, ultimately, be considered as a whole.

5. Evaluation of The CAPE Project's work with practitioners²

The CAPE Project sought to bring about sustainable change in the way that practitioners and agencies worked with families. It was hoped that agencies would not become solely reliant on The CAPE Project to deal with issues. Rather, once The CAPE Project had put the issue on the agenda, it was anticipated that – over time - agencies would develop their own expertise in dealing with families where mental ill health was a factor. Agencies would at least know where to go to seek further help.

5.1 Aims of the work with practitioners

The aims of this strand of work, as identified by key stakeholders, and developed in response to the NCB's needs analysis are to:

- Provide practical support and information to practitioners working in this field.
- Raise awareness among practitioners of the impact of parental mental health issues on families.
- Improve communications and joint working between agencies, so that they are better able to identify and respond to need.

5.2 How the work is delivered

These aims were to be fulfilled in various ways.

- Through a consultation service based at The CAPE Project, to provide advice, support and information to practitioners.
- Through outreach work with practitioners and agencies, to raise parental mental health as an issue, and to provide advice, support and information to teams.
- By providing training to practitioners working with families.
- Through the dissemination of information about parental mental health, at conferences and in publications.
- The project also sought to encourage and facilitate joined up working between Adult Mental Health and Children's Services, for example by producing joint working protocols.

Towards the end of the evaluation period another element was added:

- The CAPE Project started to undertake joint assessments with agencies to identify whether parental mental health was an issue for the family and, if so, what should be the best way forward. One aspect of this process was helping agencies to identify when a child might be at risk in a family.

² We are using the term 'practitioner' in its broadest sense, to include a range of professionals and other staff who work directly with children and families in adult mental health and children's services

5.2.1 Consultancy services

The CAPE Project provides consultancy to practitioners in a variety of ways, both formally and informally. In order to raise the profile of parental mental health and encourage practitioners to consider this issue in their working lives The CAPE Project felt it was important to educate practitioners both about the existence of The CAPE Project and how it may be able to support them in their work. In addition, it needed to be able to support practitioners who had already identified concerns, but did not know how best to proceed. This mix of drivers led to the development of two elements to the consultation service:

- A responsive service: practitioners can approach The CAPE Project when they have concerns over a case where parental mental health is an issue.
- An outreach service: CAPE Project workers visit teams in Adult Mental Health and Children's Services to raise awareness of the issue of parental mental health and assist practitioners in considering whether this may be an issue for any of their cases.

The responsive service

The project team offers consultation and support to colleagues in Adult Mental Health and Children's Services regarding cases involving parental mental illness. These consultations usually relate to a particular family that the practitioner is working with where there are concerns that parental mental health is impacting negatively on the family. These consultations may be carried out face to face or over the telephone. Sometimes consultations consist simply of a short discussion resulting in advice. However there may be more than one contact concerning the particular family and varying degrees of follow up work carried out. The CAPE Project worker may in some circumstances take on an extended piece of work as part of the consultation, without necessarily accepting the family as a referral for direct work. CAPE Project staff may, for example, attend case conferences, practitioners' and strategy meetings or in complex cases, chair professionals' meetings regarding the family. Project records dating back to March 2005 reveal that more than 800 families had been discussed with The CAPE Project, including those that had been directly referred.

The outreach service

Since the inception of the project CAPE workers have attended all community mental health referral and hospital team meetings and also visited teams in Children's Services to raise awareness of the issue of parental mental health; to raise the profile of The CAPE Project; to pick up referrals for direct work, and to provide a contact point for staff to bring any queries to.

This role has been particularly important for hospital staff who may only see an adult in isolation and therefore may be less likely to consider the impact of that individual's mental health on their own family.

In order to facilitate better access to The CAPE Project's services for these ward-based staff and to help Adult Mental Health workers to identify when there is a need for them to consult with The CAPE Project, two workers from the project and one affiliated worker from the Building Bridges project made links with the mental health wards at Oxleas House, Queen Elizabeth Hospital. There are four adult mental health wards in total (Shrewsbury, Avery, Tarn, and Maryon) and two associated teams (the home treatment team and the assessment team). A named CAPE Project or Building Bridges worker maintains contact with a ward each, and contact with the Tarn (secure

ward) as required. This contact entails attending the ward rounds on a weekly basis or regular liaison with a named worker on the ward and attendance as and when required.

The purpose of The CAPE Project workers' attendance is to be present when clients are handed over from one shift to another, so as to raise awareness about the patient's family situation and to deal with any concerns that hospital staff may have. The CAPE Project workers also undertake joint visits with the Home Treatment Team, to assist them in their assessment of a patient's situation. The CAPE Project workers provide consultation regarding patients who are parents, including the need to liaise with appropriate agencies and family members to ensure open communication and planning. Staff in the Assessment and Home Treatment Teams report that probably six or seven cases are discussed with The CAPE Project workers each week.

5.2.2 Training and dissemination

The CAPE Project team delivers training in mental health awareness, parental mental illness, child protection, and joint working, to various practitioners in Greenwich and outside the borough. In the period April 2005 to November 2007 The CAPE Project staff delivered 21 training sessions. Training was delivered to midwives, psychiatrists, junior doctors, consultants, paediatric staff, foster carers, teachers, school nurses, health visitors and housing workers. The project manager estimates that up until November 2007, The CAPE Project had delivered training to approximately 1,200 people.

Some of this training is occupation-specific. For example, midwives received specific training in mental health issues that may affect women during pregnancy and postnatally. Between June 2006 and June 2007, there were 10 training sessions at which 105 midwives were trained. This equates to 87.5 per cent of the midwives working in Greenwich at the time. Prior to this, in 2005, 65 midwives had received training in five sessions.

The CAPE Project's manager also runs four training sessions per year for the Greenwich Safeguarding Children's Board. During 2007 training was delivered to a total of 79 of the borough's workforce. Those who received the training were practitioners working with children, parents or families. CAPE Project workers, in conjunction with the Named Nurse for Safeguarding, also delivered safeguarding training to inpatient staff on the adult mental health wards.

The CAPE Project Manager summarises the nature of the training delivered by members of the team:

“Essentially helping people understand what mental illness looks like in adults, trying to get them to think clearly about how that would impact on children, understanding children's developmental needs and safety needs and so on ... and then thinking about intervening in a way that takes all of that into consideration.” (CAPE project manager)

In addition to training, members of the CAPE project team have disseminated the work of the project and raised the issue of parental mental health in a range of other ways, both within Greenwich and beyond. Workers from the project also attended and ran workshops at Community Care Live. They have also visited the following agencies to publicise the work of The CAPE Project and raise awareness about parental mental

health: NCB, Southampton CAMHS, Cambridge CAMHS, Bracknell Children's Services, DOH EIP Forum, and the SCIE conference.

The project has established links with SCIE, and is represented on the CEMACH panel (Confidential Enquiry into Maternal and Child Health), the Parental Mental Health and Child Welfare Advisory Group and the MIMHS (Mother and Infant Mental Health) Steering Group. Within Greenwich the project is represented on the Prevention, Health and Training sub-committees of the Children's Safeguarding Board.

5.2.3 Improving joint working between agencies

Joint working between Children's Services and Adult Mental Health was encouraged by CAPE Project workers, who acted as intermediaries between different agencies, for example, by assisting practitioners in accessing information about their clients. They also encouraged practitioners to attend joint meetings with other agencies to discuss their client's situation. CAPE Project workers also produced written documents outlining the referral pathways for different agencies. Some of The CAPE Project's training focused on educating practitioners in Children's Services about the working practices of Adult Mental Health and vice versa.

5.2.4 Assisting agencies in assessing families

CAPE Project workers and some stakeholders identified, in the second round of stakeholder interviews, that in addition to consultation, training, and awareness raising, CAPE Project workers had started to undertake longer joint assessments with practitioners during the consultation process. CAPE Project staff had identified the importance of, and were beginning to formalise, this emerging element of their work. It was recognised by the project workers that The CAPE Project, due to its unique access to information, its position between two agencies, and its multidisciplinary team, could play a valuable role in the holistic assessment of families.

5.3 Perceived impact of The CAPE Project's work with practitioners

In assessing the impact of The CAPE Project's work with practitioners we draw upon the following evidence from the evaluation: stakeholder interviews, interviews with practitioners who had used the consultancy service, interviews with ward staff, the survey of practitioners within Greenwich, and feedback from the Safeguarding Board training. Findings are reported under broad headings corresponding to The CAPE Project's aims for this strand of work, together with an additional section summarising user satisfaction.

5.3.1 Providing practical support

The first aim of the service was to provide support to practitioners working in the field. Telephone interviews with those who had used the responsive telephone consultation service revealed three types of support provided by The CAPE Project. The consultation service was described as providing:

- client-related advice
- assistance in accessing information and liaison with other agencies

- opportunities to discuss wider issues and practice.

These are discussed in more detail below.

Client related advice

Interviewees stated they consulted The CAPE Project to obtain advice about at least one specific case they were working on. Practitioners reported needing advice about cases when they were unsure of the way to proceed. This could be because of a lack of knowledge about the correct procedures to follow or because they had not dealt with a similar type of case before.

“ I just wanted some guidance really as to whether we needed to refer on to Children’s Services or if there was anything more we should be doing with regard to our clients.” (Adult mental health worker)

“Because I didn’t know what to do about this particular situation I was relying purely on [CAPE worker’s] advice.” (Children’s Services social worker)

This strategic uncertainty could, in some instances, result in their calling The CAPE Project’s responsive consultation service to establish exactly what the project could offer, rather than simply calling to request specific help or advice.

Information and liaison

The other major reason given by practitioners for consulting with The CAPE Project was to discover general information that they were finding difficult to access from other sources. In these instances the practitioner had a clearer idea of what they wanted from The CAPE Project. This could be as simple as, for example, locating the whereabouts of an individual, looking for an update on a particular family’s progress, or to ascertain whether a particular adult was known to mental health services.

This ‘information providing’ role involved The CAPE Project acting as a link between teams. Owing to the project’s access to databases (both in Children’s Services and Adult Mental Health) and its wide ranging and close professional relationships with other teams, practitioners found that reliable information could be obtained quickly by using The CAPE Project’s consultation service. When working on a particular case one Children’s Services social worker commented on this role:

“I was doing a core assessment on a family and prior to meeting them someone had suggested that a member of the family might have mental health issues. I was advised to phone The CAPE Project to see if they had any records of that, or if they could find that out for me.” (Social worker)

These enquiries for information could sometimes lead to further CAPE Project involvement in the case.

Opportunities to discuss wider issues and practice

For some practitioners interviewed about the service, The CAPE Project workers also provided an opportunity to discuss wider issues about practice. These practitioners spoke about the difficulty of dealing with complex cases and of being unsure about the best way to proceed. In these cases, as well as providing advice, The CAPE Project’s work was cited as being extremely supportive and the staff as approachable, reassuring and helpful.

“They were able to relieve my anxieties there and then.” (Social worker, Children’s Services)

5.3.2 Raising awareness

The second aim of the work with practitioners was to help increase awareness about parental mental health issues. The survey of practitioners in Greenwich revealed that the majority of respondents from both Adult Mental Health and Children's Services felt that their awareness had been raised as a result of their contact with The CAPE Project. Sixty-five per cent (n=22) of respondents felt that their contact with The CAPE Project had increased their personal awareness of the issues surrounding parental mental health. A further 26 per cent (n=9) felt that their awareness had been partly increased.

Increases in awareness about parental mental health were also delivered through The CAPE Project's programme of training. Interviews with stakeholders indicated that the training addressed the aims of the project, in that it was perceived to have raised the profile of parental mental health thereby potentially reducing the marginalisation of those affected by the issue. More specifically, it was reported that the training had increased practitioners' knowledge base, enabling them to identify when parental mental health was an issue and respond appropriately. The training also aimed to improve practitioners' knowledge about child safeguarding issues associated with parental mental health and thus potentially contributed to protecting children. In addition, practitioners were encouraged to work more holistically with families. Overall, stakeholders have a positive view of both the quality and reach of the training provided by CAPE:

"I think the training has been very successful. I think they have actually achieved a lot and reached a lot of people. I think that's been particularly good."
(Manager, Children's Services)

Feedback forms used by the Greenwich safeguarding board to assess the training that CAPE Project staff delivered were analysed to assess how the training had been received. Trainees were asked whether, as a result of the training, they had an increased awareness of the impact of parental mental health problems on families. One hundred per cent (n=24) agreed. When asked whether they felt that the training would have a positive impact on their practice, again 100 per cent agreed (24 trainees). While such assertions of intent may not actually translate into action, this is nevertheless an indication that this training was perceived as informative and potentially influential.

Interviews with stakeholders and staff working in Adult Mental Health found that the outreach element of The CAPE Project's consultation work had increased awareness among practitioners of the impact that a parent's mental health may have on their child. It was felt that this greater awareness had led to better child protection through increased referrals and earlier recognition of problems. A manager from one adult mental health team commented that the work of The CAPE Project:

"really increased our awareness of child and family protection issues. It massively increased our communication, it improved our communication with [Children's Services]." (Ward manager)

Other adult mental health workers agreed:

"I think there is a much greater awareness around child protection because of CAPE." (CPN)

Respondents from Adult Mental Health services also felt that as a result of their raised awareness, more families were being referred to Children's Services, and that they were now more confident about making referrals. A ward manager stated that:

"The presence of CAPE has increased our awareness so that we're much more likely to consider if a person needs to be referred to Children's Services. I think CAPE almost gave us the confidence that it's OK to do that." (Ward manager, Adult Mental Health)

5.3.3 Improving links between agencies

The third aim of the work with practitioners was to provide a bridge between services. The survey of practitioners found that the majority of respondents felt that The CAPE Project had helped to provide a bridge between Adult Mental Health and Children's Services. Seventy per cent (n=26) agreed that there had been improvements in working with other agencies. A further 13 per cent (n=5) felt that this was partly the case.

Practitioners who were interviewed about the responsive consultation service were very positive about The CAPE Project's liaison role between Adult Mental Health services and Children's Services. They valued the project's role in helping to share information and develop multi-agency working. One respondent from Children's Services stated that, prior to The CAPE Project, there was "*no working together*" and that the project had made a major contribution to improving this situation.

"I hope we can continue to have a service like that because it's helped us in our work in terms of the mental health service being more aware of the concerns we have in relation to child protection." (Children's Services Social worker)

Ward staff agreed that The CAPE Project's work had led to improved communication between Adult Mental Health services and Children's Services. They stated that, prior to The CAPE Project, adult mental health staff might have contacted Children's Services directly when there were concerns about a family. Respondents reported however that such approaches had often proved unsatisfactory. Sometimes issues around a particular patient had been identified and the hospital had spoken to Children's Services but misunderstandings around the procedures for reporting families had led to cases not being followed up. One community psychiatric nurse described her previous experiences of trying to liaise with Children's Services:

"In some cases I'm working under the assumption that I've referred a case to Children's Services because I had a concern, and that they were dealing with it, when in fact, for one reason or another (they may not have had enough information...maybe I hadn't asked the right questions) Children's Services had not followed it up." (CPN)

Respondents stated that families or children were now more likely to be followed up as The CAPE Project workers have the time and expertise to chase up referrals to Children's Services. The fact that The CAPE Project has unique access to both the Children's Services IT system and the Adult Mental Health system means that families can be manually cross-referenced. For example, the Children's Services system can be used to identify whether a mental health patient is a parent and the family is known to Children's Services. Children's Services practitioners can also access information via The CAPE Project about the mental health status of a parent, taking into account data protection.

Stakeholders also reported that as a result of raised awareness about parental mental health, links between agencies were improved. CAPE Project workers stated that more practitioners from Adult Mental Health were being invited to, and attending Children's Services case conferences and meetings.

Procedures and protocols

Improved communication between agencies and raised awareness were both also facilitated by the introduction by CAPE Project staff of new procedures and protocols to be followed when working with families where parental mental health was an issue. Forty-eight per cent (n=16) of respondents to the practitioners survey reported that new protocols and procedures had been introduced into their work as a result of contact with The CAPE Project.

On the wards, procedures were developed to assist the staff in identifying patients as parents. The work of CAPE Project staff led to changes in the IT system used to record patient's details when they are admitted to hospital. Their input led to the introduction of a question about whether a patient was a parent as well as a field on the system for recording information about dependents. Work has been ongoing to ensure that it is mandatory for fields about children to be filled in and training has been provided on this system.

In addition, one ward now has a whiteboard on which every patient who is known to be a parent is identified. Laminated flow charts have also been developed by CAPE Project staff indicating referral pathways for Adult Mental Health and Children's Services. A further poster has also been developed through consultation with the ward staff to identify the correct procedures to follow if staff are worried about safeguarding issues when someone is admitted to hospital.

5.3.4 Overall satisfaction with The CAPE Project's services to practitioners

The majority of practitioners who provided evaluation data, either through the survey or via interviews, reported a high degree of satisfaction with the services provided by The CAPE Project.

The survey questionnaire asked respondents to indicate which of The CAPE Project's services they had used and whether they found them to be very helpful, quite helpful, variable, or not very helpful. As indicated in table 1 below, although numbers reporting using each service were not large, the overwhelming response was very positive. In addition to this, 70 per cent of respondents (n= 44) said that the services provided were in line with their expectations.

Table 1: Perceived helpfulness of The CAPE Project's consultation activities

Service Provided	% who found the service very helpful	% who found the service quite helpful	% who found that the service varies	% who found the service not very helpful
Telephone consultation (25)	76%	20%	4%	0%
Face to face consultation (24)	79%	17%	4%	0%
Attendance at a child protection meeting (15)	93%	7%	0%	0%
Attendance at a professionals meeting (21)	86%	10%	4%	0%
Attendance at a team meeting (28)	75%	25%	0%	0%
CAPE worker attended a meeting with the family (8)	62%	38%	0%	0%
CAPE worker acted as a liaison with other agencies (22)	77%	23%	0%	0%
CAPE worker chaired a multi-agency meeting (11)	90%	10%	0%	0%

Feedback gained from interviews with users of the responsive and outreach services was also positive and reinforces the findings from the survey. Interviewees perceived the responsive service provided by The CAPE Project to be useful, worthwhile and efficient and there were very few negative comments about its role or its work. Interviewees identified a number of levels on which The CAPE Project works to provide both practical support and the opportunity to discuss wider issues and practice for the people who consult it. With only one exception, all interviewees (n=16) were satisfied with the help they received from the project. Considering that The CAPE Project workers were called upon to fulfil a variety of different roles, as described above in section 5.3.1, this can be adjudged a high degree of satisfaction.

In practical terms, interviewees were generally satisfied with the amount and types of contact they had with project staff and the fact that queries and phone calls were responded to promptly. They appreciated a "can do" attitude and a willingness to answer queries there and then. CAPE Project staff are perceived as proactive and flexible in their response. Some interviewees stated this explicitly, but even when this was not directly stated, interviewees talked about the willingness, on the part of project staff, to attend meetings, engage with clients and return phone calls.

"I've found them really good, very approachable, very professional, ... They've given me quite regular feedback, because I've attended meetings, they've been able to talk to me on the phone. If I leave a message for them, they ring me back." (Social worker)

Some interviewees reflected particularly on the flexibility and openness of The CAPE Project's service. There was perceived to be a willingness to engage with cases on different levels and not to be constrained by a narrow remit in terms of the work they were prepared to undertake. On a less positive note, however, this flexibility was occasionally perceived as reflecting a lack of clarity about the scope of the service. One respondent felt that this could potentially create problems, as practitioners might be unclear as to precisely what The CAPE Project was offering.

"They were willing to offer advice, willing to offer support, just a little bit hazy - from my point of view - about what their selection criteria is." (Social worker)

However, both the responsive and outreach elements of the service to practitioners were generally perceived as providing a useful range of help, which was judged to have been delivered effectively. One ward manager commented:

“I am very satisfied actually. They’re a good service and we’d miss them if they weren’t there, if they didn’t come [to the ward].”

5.4 Work with practitioners: summary

The overall aim of The CAPE Project’s work with practitioners was to change the way that agencies worked with families in which a parent had a mental health problem; in particular by assisting agencies in identifying need and helping them to respond appropriately. CAPE Project workers hoped that this would lead to more effective identification of families experiencing problems and to families receiving support which they may not otherwise have received.

To achieve this, The CAPE Project has successfully developed a range of services, all of which have been well received. The uptake of the services, as well as the positive responses from practitioners, both within Children’s and Adult Mental Health services, suggest that they fill a gap in provision.

Users of the services have identified the following positive outcomes from this strand of The CAPE Project’s work.

- The CAPE Project has provided a bridge between Adult Mental Health and Children’s Services. In some cases this has resulted in families receiving appropriate help, which they may not otherwise have received.
- Awareness and knowledge has been raised through training, which has been provided to a large number of practitioners, working across a wide range of disciplines.
- Useful support has been provided for practitioners who are working with these families in particular to assist them in making judgments and finding information.
- Practitioners have been encouraged to identify the needs of families as a whole and seek support and advice through The CAPE Project’s outreach work.
- New protocols and procedures have been introduced, in some cases backed up by appropriate training, leading again to more informed and appropriate referral of families to appropriate agencies.

It has not been possible to consider the impact of the joint assessments carried out by CAPE Project workers, as this work was only identified as discrete activity of the project quite late in the evaluation period. We were therefore not able to explore whether these assessments led to better or earlier identification of a family’s problems, reduction of risk for children or increases in family cohesion. It is interesting to note, however, the fact that The CAPE Project has developed this element of its work in response to a perceived need. It could be argued that, by taking on this role, The CAPE Project has moved somewhat away from some of its original aims, in that it is not building capacity in other agencies in such instances, but is directly inputting additional expertise into the assessment process.

6. Evaluation of The CAPE Project's direct work with families

Since February 2006 The CAPE Project has been offering a direct service to families referred either by Adult Mental Health services, Children's Services or other agencies. Practitioners refer to the project when there are concerns that the parent/ carer's mental health is negatively impacting on their ability to parent. The main eligibility criterion is that the parent or carer must meet the threshold for a secondary mental health service. Case responsibility remains with the referring agency.

Sixty-one referrals were recorded on The CAPE Project database between January and December 2007. Of these, half (30) were immediately appropriate for direct work by The CAPE Project, workers were allocated, and interventions commenced. Whilst the remaining 31 did not culminate in direct work by The CAPE Project, they remained as complex consultations, or led to further joint assessment, or more appropriate referrals to other agencies, including The CAPE Project's Building Bridges workers.

The vast majority of referrals (85 per cent) were women. Although ethnicity data is not complete (records only exist for 37 referrals), it suggests that around 60 per cent were white, around a quarter Black (African, British or Caribbean) and 14 per cent of Asian origin. This limited data indicates a slight over-representation of referrals from black and ethnic minority groups, compared with the borough as a whole, and suggests that The CAPE Project was successful in reaching the main minority groups within the borough.

Direct work with families has always been considered an integral part of The CAPE Project's work. In addition to providing support for families, project workers also believed that the direct work undertaken by The CAPE Project would make their consultation work more effective as it would provide further insight into the complexities of case-work with this group.

"You need to know what it's like to be working with this group of individuals - what life is really like for them, what things work - in order to be able to consult about that with people who are having to work directly with them." (CAPE worker)

During the evaluation period a further important reason for engaging in the direct work was articulated by The CAPE Project team: CAPE Project workers, through their interventions, would be able to identify where children were at risk due to the impact of their parent's mental illness.

Over the lifetime of the project there have been a number of changes and developments to the way in which The CAPE Project takes on cases and works directly with families. These are explained in section 6.2 and 6.3 below.

6.1 Aims of the direct work with families

When the direct work started the aim was to engage families, where parental mental health was an issue, in tailored, short- term interventions. The objectives of these interventions were to:

- Provide holistic and integrated services for children and their parents/ carers; focusing on the family as a whole.
- Provide a targeted service for children and their parents/ carers, which would meet their specific needs.
- Encourage positive attachments and resilience, strengthen family relationships and promote social inclusion.
- To work with families to support children in understanding their parents' situation.
- To help parents understand the impact their illness has on their children and support them in a multi agency way.

The original intention was to work with the family in a short-term intervention lasting around six to twelve weeks. A broad range of support was to be offered both to individuals in the family and to the whole family group. As stated above, safeguarding children, although never explicitly referenced in the aims of the direct work, underpinned all the work carried out by the project.

6.2 How the direct work is delivered

There are three stages involved in the direct work. A family is referred, an assessment is undertaken and an agreed programme of work begins with the family.

6.2.1 Referral

When The CAPE Project's direct work began, the process for referral, as described by project workers, was fairly straightforward. The first stage was for a telephone discussion followed by referral form to be completed by the referring agency. Weekly meetings at The CAPE Project were held to consider referrals. If the criteria were met (the parent was known to adult mental health services), the case was considered by the project. Occasionally, The CAPE Project did not have all the information needed to assess whether the referral met the criteria, in which case further investigation was undertaken. Once all the available information was collected, one of the following would happen:

- The case was taken on by The CAPE Project.
- The case was referred to Building Bridges (this might happen if the family had younger children, with lower levels of concern, who may just need support and linking work between agencies).
- The case was referred to the initial response teams in Child Protection, because of an obvious child protection issue.
- The referral was rejected and no subsequent referral was made. This could be because the family did not want the referral and were not ready to engage; alternatively the family may already have been working with too many agencies.

Towards the later part of the project another layer was added to this process. The CAPE Project started to undertake joint assessments in collaboration with the referring agency *prior* to accepting a referral. The purpose of the assessment was to determine whether the case was suitable for direct work by The CAPE Project and, if not, to identify other potential sources of assistance. (These assessments are distinct from the consultation assessments discussed in section 5 of this report, which were to help

agencies in responding to their own cases). The changing process of assessment for direct work is clarified below.

6.2.2 Assessment

When The CAPE Project first started undertaking direct work, assessments were usually undertaken by workers during their first visit to the family, *after* the referral had been formally accepted. The CAPE Project therefore had limited knowledge about the family but was effectively already committed to direct work. Sometimes a referrer may not have been able to assess whether the difficulties that a family were experiencing resulted from parental ill health or other factors, which could be more appropriately dealt with by another agency. Consequently, at the initial meeting with the family, it could become apparent that they were not, in fact, an appropriate referral for the project. The CAPE Project began therefore, to do more investigative assessments before taking on families.

These new joint assessments may be undertaken by the project and the referring agency with no explicit agreement or expectation that The CAPE Project will ultimately take on the family for direct work. This change to the assessment process ensures that the project does not receive inappropriate referrals. And if a potential referral turns out to be inappropriate, the assessment process allows the worker to assist the referrer in identifying a more appropriate source of support. This change to assessment procedures has also enabled the assessment and establishment of the direct work to become a more collaborative process between referrer, family and CAPE Project worker.

In some cases, therefore, CAPE Project workers may simply undertake a longer-term assessment of a family, where previously they may have instigated a short-term piece of direct work. In these cases where ultimately project staff did not work directly with the family, they were nevertheless able to produce a clear picture of the family's needs and use this information to access help from other agencies or provide agencies with an accurate picture of the family situation. As The CAPE Project manager suggests, this process was aided by the project's specific expertise.

"I think we've formalised one of the things we can offer professionals, which is an assessment of a family, informed by our perspective of working in Children's Services and Adult Mental Health. Once the situation in a family is clarified we can support workers and help them identify what work needs to be done with the family or suggest an appropriate referral pathway." (CAPE Project manager)

Assessments are fairly flexible and adaptive to each family. No standardised assessment tools are used with each family. There are however some ways of working that are consistent across all assessments. Firstly they are collaborative and inclusive. The perspectives both of the family and the referrer are taken into account and a shared understanding of what the family wants and needs is developed.

"It's about developing a shared understanding and shared ownership of what the referrer and the family want the work to be. So it's as much about empowering them to have some control over what it is that we're doing." (CAPE Project worker)

As well as the collaborative process involving the referrer and family, assessments are always done in partnership and negotiated between the two CAPE Project workers who work together with the family. Project staff draw on their pooled professional

expertise to help them in the assessment process. The clinical psychologist, for example, may use a questionnaire to establish if a child has ADHD.

“I am able to do those more formal kind of assessments and we’ve been trained to use questionnaires to think about things like ADHD and autistic spectrum disorders. And so you’re very much drawing on your training and your qualifications.” (CAPE Project Worker)

Staff are also informed by their previous experiences when working with other families. One CAPE Project worker describes how they have developed a ‘tool kit’ of responses to different family situations:

“I suppose, working with families and building up experience helps you to develop a tool kit. When you assess a family and recognise that there are similarities to another family with whom you worked you can recognise what will work for that family.” (CAPE Project Worker)

6.2.3 Intervention

After a case has been explored through the assessment process or at the referrals meeting, a formal referral can be made and this may result in the case being accepted for direct work. From March 2006 until December 2007 approximately 50 referrals went on to become cases, 30 of these being accepted since January 2007, when the new monitoring systems were put in place.

At an initial meeting with the family CAPE Project workers will decide in collaboration with the family what kinds of support the family needs and what the project can offer. A written working agreement is then put in place. The working agreement states what kinds of support The CAPE Project will provide and how this support will be delivered. There may be changes to the work offered through the time period of the intervention, as further needs are uncovered.

The CAPE Project undertakes direct work in a range of different ways. For example, project workers may work with individual members of the family or with the whole family in group sessions. This work may take place in the family home, or at other venues or take individual members out to neutral locations where appropriate.

Sometimes support will be focused on the children. When working with children CAPE Project workers may do any of the following:

- Talk to children about any concerns that they have about their parents’ mental health.
- Access support to children and young people identified as carers.
- Liaise with the child’s school and visit the child there if the child is having difficulties in this area.
- Work to raise a child’s self esteem and help them to develop their own identity separate from their parents.
- Establish whether children are achieving their developmental goals.
- Organise activities for the children to attend.

On other occasions the focus of the support may be on the parents:

- Work with parents/ carers on parenting skills and understanding the impact of mental illness on children.
- Offer support to parents/ carers to help them engage in social activities with their children.
- Liaise with other agencies and identify external support that might be appropriate.
- Accompany parents/ carers to appointments in order for them to access appropriate treatment.
- Access childcare to enable parents/ carers to access treatment or have respite from their children.

At the end of the intervention project workers write up a closing report, and meet with the family to close the case. The parent, referrer and other involved agencies are given a copy of the closing summary.

Changes to the way in which direct work has been delivered

Stakeholders and CAPE Project staff identify that there have been some changes in the way in which direct work has been delivered over the period of the project. There have been changes both to the kinds of support offered to families and to the length of interventions. The objective at the start of the project was to deliver direct practical and therapeutic support to families through short-term interventions, focusing on assisting parents to manage their illness. Some families' needs, however, were found to be more complex than had originally been anticipated when the direct work was set up. Some families may have, for example, substance misuse or safeguarding children issues that were not apparent at the beginning of the intervention. Even families whose needs initially seemed less complex may turn out to have hidden issues that only emerged as work progressed. Thus the short-term interventions were uncovering many issues that were difficult to address on a short-term timescale.

CAPE Project workers identified three solutions to this problem. Firstly the changes in the assessment procedure described earlier enable CAPE Project staff to develop a clearer picture of what kinds of support will be required. Secondly, the length of some interventions was increased to give workers more time to deal with a family's identified needs. Thirdly, for some families, the types of support offered in the intervention were changed to address their more complex needs. Some of these changes included CAPE Project workers offering therapeutic support, with the aim of giving families the tools to deal with their needs on a more sustainable basis. For example, if a family presented with problems in getting the children to school on time, rather than simply providing practical assistance in the mornings, the workers may also support the family in articulating to the school that they are experiencing problems. Nevertheless, it is important to note that the CAPE Project still does offer practical assistance and support in many cases, if this is felt to be appropriate.

6.2.4 Developing a 'model' for working with families where parental mental health is an issue

It was hoped by CAPE Project staff that, through the work of the project, a model of working with families who were affected by parental mental health could be developed and disseminated to other agencies working in the field. This has proved to be difficult, partly because of the wide range of families with varying needs with whom the project works.

As described above when working with one particular family there are numerous factors that have a bearing on the way that any intervention is delivered and the kinds of assistance that are appropriate:

- The families may have very complex needs. Mental health may not be the only problem in the family. There may also be substance misuse, child protection or housing issues.
- Even where the mental health of the parent is the most relevant factor, parents with differing mental health diagnoses will have different needs and require different types of interventions.
- Children of different ages will require different interventions.
- Both the referrer and The CAPE Project worker may bring different priorities and expectations to the work.

In order to deal with this complexity and address the various different requirements, expectations and needs, The CAPE Project has developed a broad approach to the direct work, founded on the original aims of providing a holistic responsive service.

The features of this way of working are that:

- It is holistic – wherever possible the whole family is worked with.
- It is individualised.
- It is responsive.
- It is flexible.
- It draws on the different expertise of team members.

This approach is discussed in more detail below.

How The CAPE Project works with families

The aim of The CAPE Project has always been to work holistically with a family, and this approach has come to be seen as increasingly important as the direct work has progressed. CAPE Project staff judge that this way of working is important for families as it enables greater understanding between family members and recognises the fact that all behaviour in a family is interrelated. Furthermore if the entire family are brought together as part of The CAPE Project's work, this allows project staff to better assess any ongoing relationship issues.

Stakeholders report that the holistic approach to dealing with families is very positive and has enabled issues to be uncovered and addressed which could have been missed by services working with only either the child or the parent. A manager from Children's Services gave an example of how The CAPE Project brought individual family members together in order to work with the whole family, enabling greater insight and a fuller assessment of the family's needs:

“So [The CAPE Project] were actually able to see this unit which we were dealing with as two separate units, because one child was living with an aunt and the other child was living with the parent. We were seeing them as two cases, whereas [The CAPE Project] were seeing the family all together, and so they had more access to the actual dynamic of what was happening between the parent and the children, which obviously helped [in terms of] gathering information and making an assessment of what was going on.”

The CAPE Project's interventions are responsive to each family's needs and wishes and are individually tailored into a specific package of support appropriate to that family. Interventions are not offered in the form of an inflexible package of help that is available, into which the family must fit; rather the workers respond to the family. Interviewees contrasted this approach with that of some therapy services which provide a single type of service (for example Cognitive Behaviour Therapy) to be delivered uniformly to all families. An important feature of The CAPE Project's approach is that the support offered can be adjusted in response to changing circumstances and emergent needs within the family:

"It is difficult to have a clear-cut idea of what you're going to do right from the beginning of an intervention, because there are always other elements introducing themselves. So the work with the family tends to just evolve constantly, until you are perhaps at a position where you didn't expect to be at the onset of the work." (CAPE Project worker)

Another important aspect of The CAPE Project's work is that it draws on the expertise of multi-disciplinary team members working collaboratively. The team holds regular meetings where information is shared about different cases and strategies for working with families are developed. The CAPE Project staff work on each case in pairs and this also means that expertise can also be shared between workers on a case-by-case basis. Working in pairs can also be helpful when children and adults from the same family may need to be worked with separately.

"This way of working is very supportive to people, the staff are supported by it, they feel that they can draw on the knowledge of the other person around aspects of the case." (CAPE Project worker)

Being a multidisciplinary team also enables this process of collaborative working. Workers come from different occupational backgrounds: clinical psychology, social work, psychiatric nursing and family therapy. All of their varied expertise can be applied to the assessment of cases and when working with a family.

"Staff members are involved in all discussions around cases about how we're going to work with them and the approaches we're going to take. This ongoing discussion has contributed to the success of the direct work. When we set out, we set out with the idea that people wouldn't stick rigidly to their professional role that they would traditionally have in a service, but they would bring the expertise from their training, their professional background, to contribute to a model of working." (CAPE Project worker)

Further developing this approach to working with families

CAPE Project staff argue that the original aspiration to develop a standard 'model' of working with families was perhaps inappropriate because of the complexity and range of issues they encountered. There has been some further refinement of these underlying principles as the project has progressed. Project workers have for example further developed the following aspects of their practice when working with families:

- Consistency;
- Maintaining communication and informing parents of what is going on;
- Working in partnership with other agencies and keeping them informed.

6.3 Perceived impact of the direct work on families: case studies

The following six case studies illustrate the nature of the direct work being carried out by The CAPE Project. Cases were selected, in consultation with CAPE staff, from recently completed interventions. In some instances, the professional judgement of workers was that involvement in the evaluation could be counterproductive to the family in some way; these cases were not pursued. Consent was sought from identified families, and if this was obtained, the case was included in the sample. The way in which families were selected, therefore, does not mean that these cases are necessarily representative of all the direct work undertaken by The CAPE Project.

In each case interviews were conducted with the parent who had been referred, and in three cases with the referrer also. CAPE Project staff who worked with each family were also interviewed. The testimonies of informants were triangulated to build up a rounded picture of 'what happened' in each of the cases.

The case studies illustrate for each family: the nature of the problems experienced by the family, the support that The CAPE Project provided, and the perceived outcomes of the intervention. The evaluation sought to examine a varied cross-section of cases that the project worked with, demonstrating a range of different interventions. Further in depth analysis of case files would be needed to determine the volume of different types of cases or to draw any conclusions about whether different types of interventions led to different impacts. It was beyond the scope of the evaluation to undertake such an analysis.

6.3.1 Case A

Referral Source: Care Planning Team, Children's Services.

Gender: Female

Ethnicity: Black British

Family make up: single parent, one son aged four

Background

The mother was a single parent who had one son. At the time of the intervention, her elderly mother, for whom she had been caring, had recently died. Her mental health diagnosis was bipolar affective disorder; she also had numerous physical health problems affecting her ability to parent.

Reason for referral

The 'Initial Response and Assessment Team'² had visited the family in response to the mother's request for three months of respite care for her son, as she was struggling to manage her mental health whilst caring for her young son. As a result of this contact it was agreed that, rather than the child being separated from his mother for a period of time, they would provide support services to enable mother to continue to care for her son at home. A referral was made to The CAPE Project.

The referrer felt that the mother needed support to both manage her mental health and improve her parenting skills. Her parenting skills were being affected by her mental health problems, while at the same time her difficulties with parenting were adversely affecting her mental health.

The first intervention with the family lasted 6 months. The family was re-referred to The CAPE Project a year later at the instigation of the mother, who asked her social worker to make the referral. The mother then used the visit from The CAPE Project worker to disclose a child protection issue regarding her son. The case study that follows refers mainly to the first referral.

Referral process and initial assessment

Two CAPE Project workers visited the mother at home to assess how her mental health may be affecting her parenting capacity. They observed her interactions with her son and discussed with her how she felt about her parenting.

Services provided

Meetings were held on a weekly basis at the mother's home and some additional meetings were held at The CAPE Project, a neutral place where she could focus on herself.

There were two phases to the work with the mother. The initial phase focused on supporting her to manage her mental health issues. The Community Psychiatric Nurse (CPN) at The CAPE Project liaised with the mother and arranged a full review of medication. The fatigue and consequent parenting difficulties the mother was experiencing were felt by The CAPE Project workers to be related to her medication. Once the medication issues were addressed, the CPN focused her intervention on helping the mother to manage her physical ailments and her mental health. This included education about healthy eating, rest and taking care of herself in order to build up her capacity for childcare.

Once some of these issues were resolved, the parenting work commenced. The aim of this part of the work was to help the mother to improve her parenting skills. This involved talking to her about healthy eating (as the child's weight was of significant concern), helping her to set boundaries, providing strategies for coping with her child's demands, establishing routines, and making sure the child was getting enough sleep. Structured ways of dealing with particular childcare problems were introduced to her. The workers also helped her to boost her confidence and challenge her feelings of inadequacy.

She was also given advice on managing the household so as to achieve a less chaotic lifestyle. Some practical assistance was also provided, for example help with clearing rooms so that the child could have his own bedroom. The CAPE Project also funded childcare for two days a week, to give the mother space to do domestic tasks and have some time away from her son. The family also went on two of The CAPE Project's summer trips.

Reported outcomes for the family

The CAPE Project workers felt that the parent had engaged well with the workers and responded positively to the fact that two workers were focusing on her parenting issues and her mental health issues at the same time.

During the second period of involvement with The CAPE Project the parent disclosed information about her son. This led to a child in need meeting and, eventually, to the child going to live with his father.

Perceived impact of the CAPE Project's involvement

The CAPE Project workers felt that the mother began to prioritise her own health, both mental and physical, and that, for a short time, this had a major positive impact on her parenting skills. In the longer term, as the child changed and developed and she was

presented with new challenges, it transpired that she was unable to respond adequately to these changing demands. However, her ultimate decision to let the child go and live with his father, suggests that she had recognised her son's needs sufficiently to prioritise his interests and to seek the best outcome for him. Her decision to disclose to The CAPE Project workers was influenced by her belief that the project saw her not as a parent who was unable to parent her child properly, but as someone with mental health issues that affected her ability to parent.

Despite the eventual outcome, the parent felt that her relationship with her son had been enhanced as a result of her contact with The CAPE Project.

6.3.2 Case B

Referral Source: Recovery East Team (Adult mental health team)

Gender: Female

Ethnicity: White British

Family make up: One male child aged seven.

Background

The subject was a single parent with a seven-year old son. She had recently separated from her partner and moved house to live independently. Childcare was shared between both of the parents. Shortly after moving house the mother was admitted to hospital with mental health problems. She was diagnosed with depression, anxiety and personality disorder.

Reason for referral

After leaving hospital, the parent was allocated a care co-coordinator with the recovery team, in order to monitor and assess her progress. The care co-ordinator made the referral to The CAPE Project as it was felt that the parent needed additional support in living independently with her son; for the previous ten years she had been living with her partner and she was having difficulty coping in her new home. The referrer also felt that the mother needed support in coping with her anxieties about parenting. She lacked confidence in her parenting skills and had expressed concerns that she wasn't a very good parent. She felt a degree of guilt in having been admitted to hospital and having, as she saw it, abandoned her son.

Referral process and initial assessment

Two CAPE Project workers visited the family, accompanied by the care coordinator who had made the referral. A working agreement was drawn up based on the project workers' and the referrer's assessment of what the family's needs were, with input from the mother.

Services provided

The CAPE Project staff met with the parent eight times in her home. Sessions involved talking to the parent about strategies she could develop to help her son settle into his new home and to deal with her son's anxieties about going to bed and nightmares. In addition the workers helped the parent to practice scenarios around talking to her son about her mental health problems and explaining to him why she had been in hospital. The family also went on two summer outings with The CAPE Project.

Reported outcomes for the family

The parent felt the outcome of The CAPE Project's intervention had been very positive. She felt that the project had given her reassurance and provided an independent perspective on the issues she was struggling with.

“Everything was up in the air and I was feeling really guilty about having separated from his dad and also being in hospital. I just felt like I was a really awful mum and I was putting [son] through really bad stuff, and I think it was just nice to have them there to reassure me that I was doing the best I could, and that because you're not feeling too good it's not very logical and stuff. It's good to just hear it put into perspective and [CAPE Project workers] too, they were pointing out a lot of good stuff that was OK.” (Mother)

She also welcomed the fact that the support related to her role as a parent rather than as a mental health patient.

“I think, because I'd just come straight from the hospital into living alone with my son it was good to have some extra support. Even though I do have some other support, it's not directly about parenting. It's more about my own problems and stuff and this was helpful like with working out how things were between me and my son.” (Mother)

She also reported that contact with The CAPE Project had *“made me less anxious about my son.”*

Perceived impact of The CAPE Project's involvement

Overall the intervention was felt by The CAPE Project workers, referrers and parent to have improved communication within the family. The mother's diminished levels of anxiety made it easier for her to deal with her son's concerns and difficulties in a confident manner. The mother was able to involve the child in more activities, and her CAPE Project worker reported that she subsequently brought the child along to appointments, whereas before she had not felt able to address the issue of her mental health with her son.

6.3.3 Case C

Referral Source: Core Assessment team (Children's Services)

Gender: Female

Ethnicity: White British

Family make up: Single parent. One son aged 13

Background

The mother was a single parent who lived alone with her 13-year-old son. She was an insulin-dependent diabetic and suffered from anxiety, depression and possibly personality difficulties. The mother also had a history of deliberate self-harm and suicide attempts, as well as drug misuse.

The son was linked in with Young Carers in Greenwich (a local organisation that provide help and support to carers in Greenwich) as he had a significant caring role for his mother, both physically and emotionally, and had poor school attendance, due to concern about his mother. He had been on the child protection register in the past but was not at the time of the referral.

The family had moved around a lot, living at various locations around England. This had led to difficulties in maintaining contact with agencies.

Reason for referral

The main reasons for the referral were concerns about the son; in particular the reason for his poor school attendance. In addition, his mother found it very difficult to engage with any services; she didn't keep appointments and found it difficult to leave the house.

It was hoped that The CAPE Project workers could put the parent in touch with appropriate agencies and support her contact with these agencies. The workers also hoped to be able to help the mother in understanding how her behaviour impacted on her son.

The referral process and initial assessment

The Young Carers Project initially referred the family but, because the mother didn't meet The CAPE Project's criterion of having a diagnosis of severe and enduring mental illness, The CAPE Project was unable to take on the case. The mother was later assessed by the community mental health team and then referred to The CAPE Project again through the Core Assessment team. This referral was accepted as the mother now met the threshold criteria for adult mental health services.

Establishing contact with the family was problematic, as the mother found it difficult to keep appointments. An assessment took place at the family home and was undertaken by two CAPE Project workers

Services provided

One CAPE Project worker undertook direct work with the son. She saw the child individually, and took him on social trips such as bowling, as a way of building a therapeutic relationship and reducing his isolation. They also met at his school to try and encourage his attendance and arrange a mentor for him at the school. The son was also allocated a social worker and was referred to a dietician.

The second allocated CAPE Project worker worked primarily with the mother, meeting with her at The CAPE Project and at her home. The purpose of these meetings was to support her in her dealings with statutory services. The worker helped her to prepare for meetings with practitioners and sought to assist and empower her. CAPE Project workers liaised with the school and arranged meetings on behalf of the mother. They also helped her to negotiate her relationship with the social worker. In addition project workers attended out patient's appointments with the mother and accompanied her to social services meetings with regard to child protection proceedings for the son.

The mother was also referred to other agencies by The CAPE Project, including the Substance Misuse team. Parenting issues were also discussed with the mother.

Reported outcomes for the family

From the perspective of The CAPE Project workers, the outcome was fairly positive in that the parent was assisted in re-engaging with those agencies with which she had previously had difficulties in maintaining contact.

"I feel it was very positive. I suppose the engagement issues were extremely difficult and it would have been easier to say, 'Well, she doesn't want the service', which I think was what happened before. But the fact that we were able to stick with this and assist her to link with services, and then assist in her parenting, contributed to good outcomes." (CAPE Project worker)

The mother concurs with this to some extent. She was receiving help from a few different agencies at the time and her recollection of the specific services provided by The CAPE Project was hazy. She felt, however, that The CAPE Project had been persistent, which resulted in progressing her relationship with other services.

“CAPE Project came in and everything that was arranged was carried out.”
(Mother)

Perceived impact of The CAPE Project's involvement

The impact of this intervention, in the short term, was felt to be positive for the son. The CAPE Project worker felt that there was a shift towards the son making himself a priority rather than focusing on his mother's needs.

The mother felt that The CAPE Project worked very well with her son and that he had appreciated having someone to discuss his troubles with. However she also felt that the time-limited nature of the intervention was problematic because, in her view, just as the son was getting used to The CAPE Project, they finished working with him.

6.3.4 Case D

Referral Source: The Kinship Team. Children's Services
Gender: Female
Ethnicity: White British
Family make up: Single parent. Two daughters aged 12 and 15

Background

The mother was a single parent with two daughters aged 15 and 12. Prior to her referral to The CAPE Project the mother had been admitted to hospital after taking an overdose and the grandparents had been caring for both daughters while the mother was in hospital. At the time of the referral, the older daughter had moved back in with the mother but the younger daughter was still living with her grandparents. The mother had a diagnosis of Emotionally Unstable Personality Disorder, which she disputed.

During the course of the work the younger daughter returned to live with her mother and the elder daughter chose to live with her aunt.

Reason for referral

The family was referred in order to help the children understand their mother's mental health difficulties and increase their mother's understanding of how her mental health impacted upon the children. A further aim was to help them feel less isolated. In addition it was hoped that the intervention would support the mother in her parenting.

The mother particularly wanted help in managing her relationship with her younger daughter and in persuading her to come home. She also felt that she needed support to help her cope with her older daughter's return to the family home.

Referral process and initial assessment

The referrer contacted The CAPE Project by telephone and, following an initial discussion, made a written referral. Project workers met with the mother's CPN to discuss her diagnosis and lengthy involvement with mental health services, before they first met with the mother. Two CAPE Project workers attended the home to meet with the mother, the CPN and the eldest daughter. It was recognised, by The CAPE Project workers at this meeting, that relationships in the family were entrenched and

antagonistic. They felt that the mother pathologised the daughters, insisting that they were the ones with difficulties and that she was trying to access help for them.

Services provided

One project worker focused on the older daughter and another worked with the younger daughter. They saw them outside of the home, usually once a week, for an hour. Approximately six meetings were held with each daughter. For the older daughter the aim of these meetings was to empower her and give her choices, by providing her with information about, for example, her degree of control over where she chose to live.

The aim of the work with younger daughter was to assess her emotional needs, and get a better sense of her as an individual with a view to assessing whether her needs were being met.

Three family meetings were also held at The CAPE Project. The focus of this family work was to help the family to communicate and to give the older daughter a secure environment where she could express some of the things she wanted to say to her mother.

Reported outcomes for the family

Although the parent initially engaged with The CAPE Project, the outcomes of the family work were mixed.

When interviewed following the closure of the case, the mother stated that she didn't feel the meetings were productive in any way. CAPE Project workers however felt that the younger daughter benefited from the meetings, as they enabled her to have contact with her sister. It was also felt by the project workers that the meetings gave the older daughter an opportunity to articulate some of the issues that she had with her mother.

"I think [older daughter] used the family meetings as a platform to say to her mum, 'It's not going to happen [returning to the parental home]. I'm happy where I am. I'll stay in contact.'" (CAPE Project worker)

Overall The CAPE Project workers felt that the older daughter benefited enormously from her contact with them, in terms of encouraging her self-confidence and self esteem as well as giving her strategies to manage her mother's behaviour. The intervention also reduced her level of guilt and negative feelings around her circumstances. She decided to live with her aunt due to the ongoing difficult relationship with her mother.

During their period of contact with the family, the project workers became concerned about the emotional impact of the situation on the younger daughter. This concern was compounded when, by the end of the intervention, the younger daughter was no longer attending school. From observing the interactions within the family, The CAPE Project workers felt that the younger daughter was at risk of emotional harm.

Through working with the family, The CAPE Project workers had developed a fuller understanding of how the mother's mental health difficulties were impacting on the children. They also observed how the family interacted with practitioners. The CAPE Project workers produced a report outlining their concerns, evidenced by the information that they had gathered from the different agencies that had worked with the family, and through their own experiences of working with the family. This was forwarded to Children and Families and Adult Mental Health and a professionals' meeting was convened. The outcome of the meeting was that a Child Protection Case

Conference was convened and the younger daughter's name was placed on the Child Protection Register.

Perceived impact of The CAPE Project's involvement

Overall the mother was not happy about her contact with The CAPE Project, as it had culminated in her younger daughter being placed on the child protection register while the older daughter did not return home. The CAPE Project workers and the referrer however, felt that the outcome was positive for the daughters. It was felt to be important that the younger daughter would have ongoing involvement with Children's Services. Prior to The CAPE Project's intervention, the younger daughter had no involvement with Children's Services apart from the `Kinship Team`, whose primary role was to support the placement with the grandparents.

It was felt by both the project workers and the referrer that the insight and time that The CAPE Project workers were able to devote to this case enabled them to pick up on issues within the family that other agencies may have missed and this resulted in the family being referred for extra services and monitoring.

"The way we worked is very specialist, and I think the fact that there's two of us to process it all it really helped. Because I think had I been the front line social worker in the case I might well have been receiving everything that [mother] was saying in a completely different way. Because it's difficult ...as a lay person, who's not a mental health practitioner, it's really hard to pick up on what is personality issues, and what is pathological. It's really, really hard, and I think [mother] is one of those people, amongst many I suppose, who are very plausible, so it would be easy for it to be something that's not picked up on at all." (CAPE Project worker)

6.3.5 Case E

Referral Source: Child In Need Team: Prospects

Gender: Male

Ethnicity: White British

Family make up: Two-parent family. Five children. Father is stepfather to 12-year-old twin boys, father to 3-year old twin boys and a 2-year old girl.

Background

The focus of this case was the father. He had a diagnosis of emotionally unstable personality disorder- impulsive type. He also had issues with anger and with alcohol misuse. A social worker from the Child In Need Team had been working with the family for two years. The family have had a lot of input from social services for help with parenting issues.

Reason for referral

The referral was made by a social worker to try and help the older two boys understand their step-father's mental health issues and explore any worries or concerns that they might have. The father was frequently unwell and was finding it difficult to cope, and relationships in the family were strained. The two older boys' behaviour was quite difficult to manage.

Referral process and initial assessment

There had been telephone consultations with The CAPE Project about the family over several months and the final referral was made via e-mail. Various investigations were

carried out before the workers first met with the family. The clinical psychologist involved with the family was consulted and there was a professionals' meeting held. The CAPE Project workers then had an initial meeting with the family to assess their circumstances. Two areas explored were the father's difficulties and the concerns that both parents were having with managing the older boys.

Service provided

Work with the family continued for a year and was split into two phases. For the first eight months the emphasis was on direct work and in the following four months The CAPE Project played a more supportive role, which mainly consisted of telephone calls to the family.

The initial focus of the direct work with the older boys was on establishing a relationship with them. This continued with after-school meetings, which were set up to enable the boys an opportunity to discuss their concerns. CAPE Project workers met with the boys individually on a regular basis for six sessions, and also involved them in activities outside of the family home. The CAPE Project used its links with Charlton Football Club to give the boys an opportunity to spend a week football training at Charlton during the summer holidays. Tickets were also provided for family members to go to a football match at Charlton. The older boys were also referred to the Greenwich Young Carers project, which organises activities, support and outings for children who have a caring responsibility.

The family went on two summer outings with The CAPE Project and the project workers also arranged for the older boys to go on a holiday to Devon, supported by a charity. All travelling expenses were paid by The CAPE Project and the charity. The CAPE Project workers organised two meetings with the parents to elicit their views on the dynamics within the family and to offer them assistance with any parenting issues.

The CAPE Project workers facilitated the father's contacts with Adult Mental Health services. At one stage the father had been taken off the waiting list for an assessment because mail was not reaching him. CAPE Project workers were able to address these issues for him and were also able to talk to his consultant about any issues that arose.

The CAPE Project workers were supportive and encouraging of the changes that the father was trying to make in his life. During the time period when the family was involved with The CAPE Project, the father decided to go into a rehabilitation unit to address his drinking. At this time, the workers remained in telephone contact with the mother to provide additional support.

Reported outcomes for the family.

During the period of the work, The CAPE Project workers reported that the father went through a significant change in attitude. They report that he wished to start to make changes for himself and also to engage with services more fully to access the support that they could provide. The workers felt that they could take some of the credit for this, in that their liaison with the Adult Mental Health services empowered the father and gave him greater insight. Because of their intervention, The CAPE Project workers felt that mental health services seemed less threatening to the father and he was able to receive his assessment.

Because Children's and Adult Mental Health Services for some time had known the family and the father had not always engaged with them fully there was a view among The CAPE Project workers that the family had "*slipped off the radar*". The CAPE Project was able to provide fresh insight into the family's problems, both for the family themselves and for other agencies, and a new point of access to services.

The father felt that the interventions with the boys had certainly been successful in the short term and that it had improved communication among the whole family.

“There was all this talk about options really, more options, giving ourselves ideas and taking ideas from other people. Ways of getting round the situations and developing parenting skills. I think this allowed us to be able to challenge our problems instead of pushing them aside. Giving us the confidence to be able to talk to our boys in a respectful way and expect them to speak back to us with respect, because that was a great problem. They didn’t have the respect there, and we didn’t have the respect there for a time. And CAPE seems to have given us that. They gave us ideas and learning strategies that we’ve come away with.” (Father)

Initial mistrust from the father gave way to trust during the time that The CAPE Project workers were involved with the family. This was achieved through the workers building up a relationship with the father, and allowing him to see that the project wasn’t about judging him, it was more about helping the family understand and deal with what was going on.

“I think it’s just about engaging with [families] and [families] getting a sense of what the work’s about, rather than going and judging them. Just really engaging with them and helping them feel supported, and this takes time. This was a case that was open for a year; sometimes six months is not long enough for some of these families, if they’re only just starting to engage. But I think it was a really valuable piece of work, so it was worth having that longer time.” (CAPE Project worker)

Perceived impact of The CAPE Project’s involvement

It was felt by The CAPE Project workers that the father’s emotional well being had improved over the time of the intervention. The relationship between the father and the two older boys also appeared to have improved.

The father found the service very helpful; he felt that The CAPE Project was accessible at any time to discuss any problems.

“I mean everyone wants to walk up the ladder not down. They were an organisation that allowed us to do that.” (Father)

The father was also positive about the fact that The CAPE Project intervention wasn’t all focused on his mental health problems but took into account the whole family situation.

6.3.6 Case F

Referral Source: Maryon Ward, Queen Elizabeth’s hospital

Gender: Female

Ethnicity: Black British

Family make up: single parent, one daughter aged 1

Background

The mother was a single parent, who had been separated for four months from the father of her child at the time of the intervention. She had a history of self-harm and

depression. She took an overdose when she was pregnant and also took another overdose related to the break up of her relationship with the father of the child. She was under the care of the Home Treatment team.

Reason for referral

The hospital ward staff made the referral when she was discharged. The mother was concerned about what would happen to her when she left hospital, and had requested, a service she could engage with if she needed help in the future, or somebody to talk to. The mother also said that she wanted coping strategies to deal with stress.

Referral process and initial assessment

CAPE Project workers met with the mother at her home to assess her needs. At this initial assessment meeting the reasons why she may have ended up in hospital were discussed as well as her background. After this discussion, the mother decided that she didn't need any of the help that The CAPE Project was offering.

She was consequently referred to the Building Bridges project. A CAPE Project worker and a Building Bridges worker visited her again, with a view to supporting her through the Building Bridges project. The CAPE Project workers also offered to send her information about other support that was available in the area. Ultimately however, the mother didn't take up any support from either The CAPE Project or Building Bridges.

Reported outcomes for the family

Despite not taking up support from The CAPE Project the mother was positive about the contact that she had had, and welcomed the fact that there was an agency like The CAPE Project that she could turn to if she needed any help.

“It was nice to know that there were services basically.” (Mother)

The mother had started taking anti depressants as a result of which she felt better in herself. She also felt that speaking about a lot of issues since being in hospital, both with hospital staff and CAPE Project workers, had contributed to her enhanced sense of well-being.

Perceived impact of The CAPE Project's involvement

The impact, for the mother, was reassurance that there was someone she could turn to if she did feel she needed help. The CAPE Project worker also hoped that the closing summary that was provided for the mother, highlighting what the workers felt were her areas of need, might be useful to the mother if she ever needed to access other help in the future.

6.4 Direct work: summary

The direct work has proved challenging, varied and complex. The CAPE Project has established an approach to working with families that takes into account these complexities and the range of issues presented. In general The CAPE Project has responded effectively and proactively to the challenging direct work that it has encountered. It has responded to complex needs, not by tightening its referral criteria, but by improving its assessment procedures and by being more flexible in how it provides interventions. Additionally the project has played an increasing role in identifying where children are at risk, by unravelling the complex interactions that are going on in a family. Feedback from practitioners who refer to the service, stakeholders and families who have received an intervention has been largely positive.

The case studies show that The CAPE Project's services range from the very practical, for example, accessing childcare, to the more therapeutic, for example allowing a parent to discuss their worries around parenting. Interventions range from short-term contacts with a family, to discuss their options for accessing other assistance, to work which lasts up to a year. Outcomes for families can range from improved communication in a family to the family becoming involved in child protection case conferences.

After the end of an intervention contact with families and relationships with workers can be maintained through the summer day trips. These day trips have proved to be a valuable part of The CAPE Project's work. They provide social opportunities for families that they may not previously have had access to.

Parents interviewed for the case studies appreciated the holistic way that The CAPE Project worked with them as parents and not just as mental health patients, and how, even though their mental health was the underlying reason for the intervention, their children's needs in relation to this were considered. One mother commented:

“When parents have mental health problems at the end of the day we're all parents as well, just like everyone else, and you don't want to feel like you're a weird kind of parent.”(Mother)

7. Evaluation of the TIME clinic

In addition to the practitioner service and the direct work, The CAPE Project was instrumental in helping to initiate and develop, in partnership with Adult Psychiatry (Oxleas Adult Mental Health) and Obstetrics (Borough of Greenwich maternity services), a multi-disciplinary peri-natal clinic, known as the TIME clinic. This clinic was developed in response to the CEMACH report into maternal deaths (2004), to support pregnant mental health service users and women at risk of postnatal mental illness.

The TIME clinic did not fall explicitly within the remit of the evaluation at the outset, as it was not up and running at the time the evaluation plans were being developed. However, it became apparent during the course of the evaluation that this was an important, and distinctive, element of The CAPE Project's work, and should therefore be considered within the wider evaluation. The information about the TIME clinic was obtained through three semi-structured interviews with key stakeholders in the clinic and two interviews with CAPE Project workers who were involved with the clinic.

7.1 Aims of the TIME clinic

The aims of the weekly assessment clinic service are:

- To provide a multidisciplinary assessment of expectant mothers who currently experience, or may be at risk of developing, mild to severe perinatal mental health difficulties.
- To identify and support expectant pregnant mothers who either have a history of mental health difficulties (including previous perinatal mental health difficulties) or are considered to be at risk in their current pregnancies.

Although the TIME clinic stands apart from the rest of The CAPE Project's services its underlying aims are aligned with those of the rest of the service, namely:

- To promote mental health of parents as an issue.
- To encourage joint working between practitioners involved in the antenatal and postnatal care of mothers.
- To provide, or access, direct support to mothers where mental health is an issue in a holistic way.

7.2 How the work is delivered

The clinic was initiated by a working group set up in June 2005 comprising Head of Women's Nursing and Midwifery, CAPE Project Assistant Programme Manager, Consultant Obstetrician and Gynaecologist/ Clinical Director, Women's and Children's Services, and the Clinical Director, Psychiatry. The clinic, which is based in the Queen Elizabeth Hospital maternity unit, began accepting referrals for assessments in January 2006. The clinic is staffed by an adult psychiatrist, consultant obstetrician, specialist midwives and two CAPE Project practitioners (a clinical psychologist and a community mental health nurse). The clinic accepts referrals from midwives and obstetricians, who may themselves have received referrals from various other agencies. A consultant obstetrician, a psychiatrist and two members of The CAPE

Project team (a CPN and a psychologist) staff the weekly clinic. Children's Services were unable to provide a social worker for the clinic.

The TIME clinic applies much the same approach to working with mothers as The CAPE Project applies in its direct work with families in that the service provided is holistic and multidisciplinary. The patient is considered not just in terms of their mental health issues but also in terms of their parenting capacity.

“We were very clear we wanted the clinic to sit in the Antenatal Services department and for Mental Health services to come in. So the clinic took place at the hospital rather than at the mental health unit to try and minimise some of the stigma. So, it's not solely about mental health, it's about the whole care, it's a more holistic approach and that's why we have the obstetrician and the midwife present as well.” (CAPE Project Assistant Manager)

Once an expectant mother has attended the assessment clinic and her level of need is understood, appropriate follow up or referral is recommended. For mothers with mild to moderate levels of distress the following services are recommended:

- Psycho-education on issues such as anxiety, stress, panic attacks and postnatal depression. This could be delivered in the clinic.
- Referral to Building Bridges or other supportive groups such as MIND or Welcare (for mothers who require further support around managing their feelings, or advice and support in accessing services in their local area).
- Appropriate medication may be prescribed for anxiety, depression, sleeping difficulties etc.

For mothers with moderate to high levels of distress any of the following may be additionally recommended:

- Referral to the MH Assessment and Shared Care (ASC) team if it is felt that the mother would benefit from support through the secondary mental health services and closer monitoring.
- Referral to the Home Treatment Team (HTT) and/ or Rapid Response team if it is felt that the expectant mother is suffering from a high level of distress.

Women then attend follow up appointments at the TIME clinic to assess their progress.

The specialist midwives continue to monitor and support women in the community throughout their pregnancy and the postnatal period.

The Psychiatrist from the TIME clinic also aims to visit all mothers who have been seen in the clinic on the postnatal ward following delivery. This provides an opportunity to assess the mother at this stage and to arrange any additional postnatal support required.

7.3 Perceived impact of the TIME clinic

Three stakeholder interviews were carried out with practitioners involved in the development and delivery of the TIME clinic. Feedback about the clinic was positive and interviewees felt that it filled a gap in services. Interviewees reported that, prior to the TIME clinic's existence, mothers who may have been at risk of mental ill health received a disjointed service provided by GPs and midwives who were often ill-

equipped to deal with the very complex histories with which they were confronted, and may not have known the best way to take any concerns forward.

Stakeholders also commented that the existence of the clinic assisted in communication between different agencies and provided an additional level of support for practitioners who work with this group of vulnerable women.

“I used to go and see patients in the maternity ward, and it was a nightmare, involving Children’s Services and all. But because of this clinic and The CAPE Project’s involvement it’s all automatically done - they take their bit; I take my bit. So I think it is really important to have The CAPE Project around.” (TIME Clinic stakeholder)

7.4 TIME clinic: summary

The clinic has enabled issues, which could get lost between Adult Mental Health and Children’s Services to be dealt with in one place and assisted joint working. It has provided a dedicated service for mothers who have mental health issues and allowed these issues to be more readily identified and addressed.

All practitioners involved with the service think that is a valuable service, and there are plans to carry out a formal audit of the clinic’s work looking at outcomes for mothers and satisfaction of users. The clinic has no independent funding and without the support of The CAPE Project it may not be possible for the clinic to continue in its current form.

8. Conclusions

Having presented the findings from the evaluation, we now revisit and consider our original evaluation questions, drawing on evidence from the evaluation of the work with practitioners, direct work with families, and the TIME clinic. We then consider The CAPE Project's position in relation to current policy, before making a final summary of the evaluation evidence.

8.1 Revisiting the evaluation questions

1. To what extent was the project implemented as planned?

The project has kept to its original remit of providing services both to families and to practitioners. How these services have been delivered has altered somewhat over the time period of the project, but it was envisaged from the outset that the project would be responsive to changing needs as it progressed.

2. What barriers and enablers have been encountered in implementing the project?

Stakeholders identified staffing issues as one of the major barriers to implementing the project. Recruitment to project worker posts was reported to have been difficult because of the time-limited nature of the project. Applications to posts were affected by the fact that the project could only offer short-term positions, which were not attractive to staff leaving permanent jobs.

The complexity of the issues that arise when working with families has also been a barrier to implementing the project as originally planned; for example, short-term work was not always appropriate for families with multiple or complex needs. The project has responded to this challenge in various ways. External clinical supervision for staff has been introduced, to assist them in their work with complex cases. The kind of support that is offered to families has also changed and greater depth of enquiry has been introduced into the referral and assessment process.

Various factors have enabled the project. The CAPE Project brings practitioners with experience of working with adults with mental health problems into a multidisciplinary team with those who have expertise in working with children and families, to think together about holistic ways of approaching and understanding problems and developing appropriate interventions. The project has provided time and space for different approaches to be developed and for CAPE Project workers to reflect on the direct work they undertake with families and other agencies, in order to improve their practice.

The project's access to client databases, for both Adult Mental Health and Children's Services, has given them a unique insight into the issues for individual families and enabled them to act as a bridge between the two agencies.

3. How has the project changed or developed in order to respond to emerging or newly identified needs?

The CAPE Project has been successful in responding to newly identified needs. Reflective practice is a feature of the project. Cases are discussed, both in supervision and at weekly meetings, and the project has been open to trying different approaches to direct work with families.

Experience of carrying out direct work has led to a realisation that the cases that The CAPE Project was dealing with were, in many instances, very complex and that the support and outcomes the project hoped to achieve needed to be individually tailored to each family. The project did carry out some practical short-term interventions, as originally envisaged, where the needs of the family were quickly assessed and then addressed. However, a substantial number of cases have proved to be more complex, requiring a greater depth of assessment; as a result, The CAPE Project is now increasingly conducting joint assessments of families in collaboration with other agencies. This joint assessment work involves drawing together knowledge about a family from a wide range of sources and refocusing attention on the needs of the family. In addition to assessment at the referral stage, ongoing assessment is seen as increasingly important to the direct work itself. These developments regarding assessment, together with longer term interventions with families has led in some cases to CAPE Project workers identifying children at risk. Where this has been the case, the families have been referred to relevant agencies.

One notable example of The CAPE Project's responsiveness to need has been its role as a catalyst in the establishment of the TIME clinic.

4. How successful has the project been in reaching and engaging with its intended target group(s)?

The project has been successful in reaching and engaging with its intended target groups. Practitioners who work with families where parental mental health is an issue show a good awareness of the project. Project publicity and outreach work have all proved successful in engaging with practitioners who work in Children's Services.

Reaching and engaging with adult mental health staff, to ensure that they consider the needs of their clients who are parents, has proved more challenging. Reported barriers have included both shift-work patterns and the workload of staff on the wards. As new protocols have been embedded and management has become engaged there has been more success in thinking about patients as parents.

Training has been delivered to a large number of practitioners from a wide range of agencies. This has been well received. The telephone consultancy service is also well used and valued by practitioners from different services.

The CAPE Project's reach to families is limited by the fact that they only take referrals from agencies; therefore the number of families they can reach is dependent on the extent to which agencies make referrals. There is a general consensus amongst stakeholders that the project has engaged with families effectively, once contact has been established. The limited data on ethnicity available to the evaluation suggested that the project was reaching the main minority groups in Greenwich, indeed these seemed to be slightly over-represented among referrals.

CAPE Project workers appear to be able to build good relationships with families and once relationships are established, they have been well maintained. This is confirmed by evidence from the case studies, where positive feedback about the staff has been received, even when the outcome of the intervention was felt to be unsatisfactory by the parent. Several factors assist staff in building good relationships with families. The referral and assessment process means that they are able to build up a clear picture of family's needs, which assists them in engaging effectively. This is facilitated by their access to multi-agency information about families. The multi-disciplinary nature of the CAPE Project team means that they are able to respond to a range of needs.

The project's capacity and desire to engage effectively have also allowed extended pieces of work to be continued with a family, even when originally only short-term work was envisaged. In addition, informal contact may be continued with a family even after the intervention has finished. Some families commented that they felt able to keep in touch with the project even when they were no longer being formally worked with. Families are also invited back for summer trips, which serves both to engage the families in social activities and enables them to keep in touch with the project.

5. How is The CAPE Project perceived and experienced by stakeholders (project staff, other professionals and practitioners, partner agencies, parents/carers, children)?

The evaluation found that The CAPE Project is perceived, almost without exception, in positive terms.

The project relies very much on the expertise of staff and there has been a steep learning curve for CAPE Project workers, in that they are working differently with very complex cases using a holistic approach within a multidisciplinary project. Sometimes the novelty and complexity of the work can be challenging, but the team works well in sharing information in team meetings and in supporting one another in the office.

Professionals and practitioners see the project as effective and worthwhile. The survey findings and consultation interviews reveal a high degree of satisfaction with the services provided.

The parents and carers we interviewed generally reported positive experiences of working with The CAPE Project. The evaluation has found that, where this was not the case, it tended to be related to a conflict between the parent's mental health related needs and the welfare of the child. In such cases it proved challenging to work holistically, taking into account the needs of both the parent and the child, which may not always be compatible. CAPE Project workers have responded to this challenge in part by developing their assessment procedures to produce a more informed picture of what is happening in the family.

6. What was the impact of the project on individual professionals and practitioners (attitudes, awareness, practice change etc)?

The project has clearly impacted on professionals and practitioners in Greenwich. The survey and interviews both suggest that individual attitudes and awareness have changed. This has been brought about in a number of ways: through training, outreach work, consultancy and by carrying out joint assessments. CAPE Project workers report that there may be more work to be done in some areas in this respect, particularly among adult mental health teams.

Stakeholders and practitioners described a number of ways in which their practice had changed. Practitioners are now more aware of the fact that they need to consider whether there are parental mental health issues, when working with a family or an individual. If such issues are identified, they are aware of the option of referring the case to The CAPE Project, or consulting the project for advice. The presence of The CAPE Project has therefore provided an additional layer to services, helping individual practitioners to work more effectively to identify issues and then having somewhere to refer them.

7. What was the impact of the project on agencies and services (new protocols, procedures, joint working etc)?

Stakeholders, CAPE Project staff, professionals and practitioners report that The CAPE Project has impacted, to some extent, on agencies and services in terms of developing new protocols, procedures and joint working. For example adult services have had fields relating to parental status added to their databases and CAPE Project staff have worked to ensure that these fields are used in practice. Survey responses and the stakeholder interviews both indicate that joint working between agencies has improved as a result of The CAPE Project's activities.

8. How has the project impacted on individual family members (i.e. positive outcomes for parents/ carers and children)?

Stakeholders, referrers and those families interviewed highlight ways in which they believe that The CAPE Project has had positive impacts on individuals, ranging from raised self-esteem to improved confidence. Sometimes the impact on an individual can be quite straightforward to ascertain. For example, stakeholders identified that filling in gaps in children's knowledge about mental health was one positive impact.

"I'm absolutely certain that just being able to fill in the gaps in knowledge for children, [in a] very simple information sharing kind of way, is huge. Because the understanding children had was so confused - just the working out of some of those complexities of what mental health is, supports them." (CAPE Project worker)

The project has also impacted positively on individual parents by supporting them in their relationships with other agencies. This can lead to concrete changes in an individual's life simply, in some cases, as a result of formal recognition of their role as a parent. One stakeholder reported that mental health practitioners had changed the way that they worked with one client, as a direct result of a CAPE Project worker highlighting how that person's mental health was affecting their family.

The limited nature of the data gathered by this evaluation does not, unfortunately, enable a full assessment of the impact of The CAPE Project on individual service users. However, the case studies have provided examples of reported impact that include reduced anxiety, increased confidence in parenting skills and an increased trust in services.

The evaluation has even less data relating to perceived outcomes for children. Nevertheless the case studies provide a few examples, such as children being described as gaining in confidence and self-esteem, and being able to recognise their own needs as well as those of their parent. In some families risks have been identified as a result of The CAPE Project's intervention, resulting further assessments under child protection or child in need procedures.

9. How has the project impacted on referred families (relationships between parents/ carers and children, social inclusion etc)?

It is difficult to measure impacts in terms of concrete changes in families' lives as a result of their contact with The CAPE Project. Even when positive impacts are identified, it would be difficult to establish authoritatively whether these changes were a direct result of The CAPE Project's work or other factors changing in a family's life, including interventions from other services. Changes that are reported at the end of an evaluation furthermore, may only be short lived; further challenges may arise, as the children in a family grow older. A further complicating factor is that, what may be seen as positive for one family would not be considered a positive outcome for another family. Keeping the family together for example, may be a positive outcome for one

family but where there is an underlying child protection issue, not necessarily the most desirable outcome for a different family.

Nevertheless the evaluation interviews with stakeholders, practitioners and families, reveal a strong perception that The CAPE Project's direct work has had positive impacts on referred families, including improved communication between family members and enhanced parenting skills. In addition, 75% (n=27) of survey respondents thought that positive outcomes for families had been achieved as a result of The CAPE Project's work.

The case studies suggest that the project has had some impact on the families concerned, for example in terms of communication between parents and children. CAPE Project staff argue that social inclusion has been increased by initiatives like the summer trips that are organised for families and the links that have been built with other organisations, such as Charlton football club and holiday providers. Families who participated in them have reported enjoying these initiatives. These trips also have the potential to build family relationships. The Project has also referred families to other organisations, for example MIND parenting groups and Children's Centres.

10. What has been the impact of the project on numbers of unplanned/ emergency placements for children?

The evaluation has not been able to gather relevant factual data for the time period concerned. Nevertheless, some stakeholders reported that, during the lifetime of the project, there has been a reduction in the number of children undergoing care proceedings in which parental mental health was cited as a factor affecting parenting capacity. In addition, the named nurse for child protection in Oxleas reports receiving very few enquiries from Greenwich, about child protection issues featuring parental mental health factors, rather they tend to come from Bexley and Bromley. It has been suggested that this may reflect the fact that The CAPE Project works with families and practitioners in Greenwich, but not in the other two boroughs. It must be noted that this is anecdotal evidence only, and even if such numbers were available it would be difficult to establish a direct causal link between the activities of The CAPE Project and the rate of child protection proceedings or emergency placements.

Furthermore stakeholders argue that in some cases, the expectation that the project, through working with families, would prevent the emergency accommodation of children is not only unrealistic, but possibly also inappropriate. While such prevention could be a positive aim for some families, it may not be the best outcome for all. The CAPE Project's intensive interventions may, in fact, uncover factors that other services have failed to identify, thereby providing information that actually does lead to children being accommodated. When it is appropriate to the interests of the child, this could be judged to be a positive outcome.

11. What has been the impact of the project on the numbers of unplanned/ emergency hospital admissions for parents/ carers?

Relevant data relating to hospital admissions has not been possible to gather for the evaluation. CAPE Project workers involved with the 'outreach' consultation service, suggest that information about the status of hospital admissions as parents was not routinely recorded prior to The CAPE Project. One of the main tasks in working with the wards has been to highlight the fact that patients may also have parental responsibilities and establish procedures for recording this information.

Even were relevant figures relating to admissions available, it would be difficult to establish the extent to which The CAPE Project was directly responsible for preventing a parent being admitted to hospital, or whether other factors had led to this outcome.

Furthermore, although emergency hospital admissions are not desirable, this may be the best outcome, in the short term, for some parents.

12. To what extent, and how, may the achievements or changes brought about by The CAPE Project be sustainable?

Informing and influencing practitioners and agencies

The CAPE Project has worked towards improving communication and joint working between agencies, and raising practitioner awareness about the impact of parental mental health on families. Stakeholders report that the involvement of The CAPE Project has meant that agencies have been increasingly considering all of the family members, rather than just the original parent client with the severe and enduring mental health problem. They report further that there is now a much more systemic reflection and questioning about what might be happening to the family as a whole. The evaluation has found also that there is more joint working and communication between agencies. These good practices could be expected to continue, at least in the short-term, assuming agencies have indeed embedded this holistic thinking into their working practices. However, as existing staff move on and are replaced, there is a risk that some of this work will regress.

Providing training to practitioners has been an important element of the project, and a high volume of activity has taken place. By providing training The CAPE Project sought to leave a legacy of improved knowledge about parental mental health that was independent of their continuing presence. Stakeholders who commissioned training from The CAPE Project reported a high degree of satisfaction with the training provided. Given the success of the training programme to date in raising awareness, it may not be necessary for The CAPE Project to continue to deliver the same volume of training in the future. However, as time goes on and new staff join agencies, the overall level of understanding and awareness in the borough can be expected to decline. One element of a sustainability strategy could involve CAPE staff embarking on a 'train the trainer' programme for key individuals within each agency, to ensure that capacity to provide relevant training remained within the borough.

The CAPE Project has also provided a valuable consultation service to support individuals and agencies in identifying the best way to proceed with a family, once parental mental health has been identified as an issue. Consultees have found the service useful, and it has arguably raised awareness, knowledge and understanding in individual cases, as well as providing support and reassurance. While the overall work of The CAPE Project may have reduced the need for such a service in some respects, for example by raising general awareness and understanding, practitioners are always going to be presented with particular cases that prove challenging or problematic. It is difficult to see how CAPE's role with respect to such enquiries could be replaced. CAPE Project staff have considered ways of embedding some of their consultation services, for example by developing and disseminating written procedures about how to refer families to other agencies, although this only represents a fraction of the queries addressed by the service.

The TIME clinic

The TIME clinic appears to offer a valuable service, the need for which had long been recognised. Two of the five regular practitioners staffing the clinic, a CPN and a psychologist, are members of The CAPE Project team. It is unclear whether other agencies would be able or willing to provide staff with the equivalent expertise to support the clinic.

Direct work with families

With regard to the direct work with families, the number of appropriate referrals received by The CAPE Project indicate, that there is a clear need to be met. The number of families affected by parental mental health is unlikely to diminish substantially in the near future.

While it could be argued that raised awareness and understanding within other agencies (brought about by other strands of The CAPE Project's work) could go some way towards bringing about a more integrated and holistic approach to the needs of such families, it is unlikely that statutory agencies would have the time and resources to work with families in the flexible and responsive manner of The CAPE Project, nor would they be in such a good position to harness multi-disciplinary support

It is therefore difficult to see how the work that The CAPE Project undertakes with families could be continued in its current form without the project's involvement. In short the project has developed an approach to working with families that is sustainable within the project as it stands but which may not be transferable to other more pressured and specialist services. Whether or not The CAPE Project continues, stakeholders argue that it has exemplified the benefits of having an independent agency linking between the two main statutory agencies, containing practitioners who have experience and understanding of both sectors.

8.2 The CAPE Project's alignment with current policy

With reference to Adult Mental Health, The CAPE Project has helped agencies comply with their statutory requirement to know whether patients are parents, and whether they are in contact with their children. Since the Laming report (DOH 2003) of the inquiry into Victoria Climbié's death, Adult Mental Health Services have been required to consider the interests of children in the formulation of care plans, and in-patient services are all required to have policies on family visiting. Furthermore, the revised Code of Practice (DoH, 2008) for the 1983 Mental Health Act (which comes into force November 2008) suggests a thorough assessment by mental health services is likely to involve consideration of patients' parenting or caring needs. The code also advises that consideration should be given to the implications of treatment for the patient's family and social relationships, including their role as a parent. Evidently, a holistic approach to Adult Mental Health is now deemed best practice.

The CAPE Project has also helped to develop better communication between Adult Mental Health and Children's Services as well as encouraging partnership working between these two agencies. Partnerships are a key feature of New Labour policy, with legislation and policy guidance produced to encourage and promote working across agencies. The Nuffield Foundation has produced an assessment tool (Hardy et al, 2000) to evaluate partnership working and the Department of Health also published examples of good practice, where particular-working methods had achieved success in partnership working. The CAPE Project has utilised many of the approaches highlighted, where they are considered to be effective in developing good partnership working. For example:

- Collaborative working of individuals who are skilled at mapping and developing interpersonal policy networks across agencies.
- Building good relationships.
- Clarity of protocols.

- Joint training.
- Good communication.

Through these methods The CAPE Project helps to facilitate partnership working. Its focus on building bridges between agencies is very much in line with current policy developments and it is regarded as an example of good practice.

The National Social Inclusion Programme (NSIP) has a similar ethos to the CAPE project, promoting a holistic way of working with families. NSIP's Best Practice Guidance (2007) suggests Adult Mental Health practitioners should consider the following questions:

- Who in the family is taking up the care-giving role?
- Are caring practices evident in the family and what do these practices comprise of?
- Does the caregiver fully comprehend their role in relation to their own needs?
- Are social networks sufficient and appropriate?

The CAPE Project's work with families is also in line with the objectives that are set out in the recent report from the Cabinet Office Social Exclusion Task Force (2008). This report, entitled *Think Family* argues that services for adults with particular needs should be considered in the light of the family circumstances of that adult. Services need to "think family" when delivering services. Adults' services should remain fully aware when an adult patient is a parent and children's services should always consider the adults who are crucial to a child's wellbeing. Families should be involved in assessing and addressing their own difficulties and services should try to adapt to the changing needs of that family. According to the Think Family report, local services should adopt the following basic principles:

- No wrong door - contact with any service offers an open door into a system of joined-up support.
- Look at the whole family - services working with both adults and children take into account family circumstances and responsibilities.
- Provide support tailored to need - tailored & family-centred packages of support are offered to all families at risk.
- Build on family strengths - practitioners work in partnerships with families recognising & promoting resilience and helping them to build their capabilities.

Think Family also states how these various services should be delivered, to maximise their effectiveness. It states that "empowered and assertive frontline staff", who identify needs early on and proactively engage families, should deliver them. These staff would facilitate shared assessments and share information across agencies, to give a full picture of a families needs. The report also argues that:

"Practitioners should be given the confidence and skills to work assertively and creatively to engage families who are reluctant to accept support. Families with entrenched problems may be wary of services and it can be hard for them to motivate themselves and engage with support. Therefore, failing to meet appointments or declining help should not mean that the family is forgotten"

The CAPE Project pursues a holistic way of working with families and seeks to provide tailored individual services, delivered by practitioners working independently. This is in line with the objectives set out in *Think Family*. If this model is the way forward for

services that work with families in need, then The CAPE Project has already developed a strategy that encompasses many of these objectives and ways of working.

In recent years there have been various policies that support the development of perinatal mental health services, most recently the Antenatal and postnatal mental health NICE guidelines (2007). The guidelines recognise the necessity of detecting and treating mental health problems in women during the perinatal period and make recommendations to support this.

8.3 Conclusions: summary

The CAPE Project has achieved much of what it set out to do, in raising awareness and understanding of the impact of parental mental health on children and families, and in encouraging and supporting agencies to work together to support such families. In addition the project has responded to emerging needs, for example by helping to establish the perinatal TIME clinic, and by developing a more comprehensive system of assessment to reflect the complex and varied needs of referred families.

It has developed a flexible and holistic way of working with families, which draws on the multidisciplinary experience of the team. In addition, support has been provided to a wide range of practitioners across Greenwich, through training, consultation work, joint working and outreach into hospitals. Although the evaluation cannot provide evidence of hard outcomes achieved for families, The CAPE Project is reported to have had a positive impact on parents, children and relationships within families. The project is well respected and valued by local practitioners and agencies and its mode of operation is in line with current policies relating to family support and partnership working.

The CAPE Project is a good example of a service that cuts across traditional service boundaries. This has led to a better understanding that families' needs will not always fit neatly within the configuration of either Adult Mental Health services or Children's Services. Given these circumstances, it is not clear how all the services currently provided by The CAPE Project could be sustained or replicated in its absence; this is particularly true of the direct holistic work with families.

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Glossary of acronyms

CAMHS – Child and Adolescent Mental Health Service

CAPE – Children And Parents Empowered

CEMACH – Confidential Enquiry into Maternal and Child Health

CPN – Community Psychiatric Nurse.

DOH – Department of Health

MIMHS – Mother and Infant Mental Health Service

NCB – National Children’s Bureau.

NSIP – National Social Inclusion Programme

NSPCC – National Society for the Prevention of Cruelty to Children

SCIE – Social Care Institute for Excellence.