

Presentation & discussion notes



A management perspective on getting child care services and adult mental health services to work together

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Presentation Notes

Lewisham

- Relatively deprived inner London Borough
- Mental Illness Need Index average 112. Population 250,000
- 34 per cent of adults 18-65 are from black or ethnic minority communities
- Social Services re-organised into Adults/Child Care in 1992
- Separate mental health team, linked to SLaM, in 1997
- SLaM now the lead provider for community mental health services

Management initiatives

- Marie Diggins research
- Lewisham a pilot of the DOH Crossing Bridges Training Pack
- Building Bridges Project
- Inpatient unit children's visiting policy 2000

Following a workshop in October 2002 an Overlap Steering Group was formed, concentrating on:

- (a) protocols
- (b) training
- (c) trouble-shooting
- (d) raise the profile.

SLaM response to Climbie

- Lead nurse post
 - Child Protection Committee
 - Lewisham SLaM Child Protection named professionals
 - Joint Serious Incidents/ Part 8 Inquiries
 - Role of Perinatal service
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Workshop discussion

- Participants discussed whether specialism helps and the case of London Borough of Greenwich was cited where there was a specific interfacing role that clarified whether responsibilities should be passed to Children or Families Services. While it took time for the role to be accepted, the decisions made by this interfacing position were valued by the post-holder's experience.

- However, Named Child Protection Nurses felt that they carried out this kind of role in their existing jobs, without being labelled as a specific interfacing role.
- It was felt that the existence of Named professional roles assisted the interface between responsibilities and roles.
- Participants felt that there was a need for some generic social work as in the past and that too many specialists meant that general needs could get unmet and responsibilities be unclear.
- There was some debate on joint training. It was felt that joint training was constantly needed to skill a high-turnover workforce. It was argued that joint training might not always be appropriate. Staff needed to feel that the training was very relevant and have a sense of ownership of the training they are undertaking.
- The workshop felt that one of the big questions was how to create a culture of shared understanding between different practitioners.
- Participants cited the problems of thinking that issues were someone else's responsibility meant that issues could fall between gaps in the system. Additionally, because practitioners were very focussed on direct and high-level risk, it was possible that less obvious signs of risk, such as emotional needs, could be overlooked.
- The group felt that there were practitioners that were often left out of integrated working such as paediatricians and midwives.
- It was also suggested that young people with mental health issues are the parents of the future and that policy and systems did not look at addressing of these future parents now.
- The group questioned whether co-locating workers from different specialisms might make a positive impact on the way services are delivered.
- One of the group's main questions was how to make partnership working a reality when eligibility criteria is resource driven.