

Presentation & discussion notes

social care
institute for excellence



Outcomes for children of living with and caring for parents with severe and enduring mental illness

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Presentation notes

What we know

- Children are at risk of significant harm or developmental delay
- Children need protection from harm
- Family separations and breakdown are inevitable

What we know from new research

- Assumption of risk to children
- Children are not at inevitable risk of harm
- Children's resilience may be demonstrated through caring
- Children and parents need family approaches

What works

- Recognition of triggers for caring and the needs of children
- Assessments of children's and parents' needs
- Shift in emphasis from 'parenting capacity' to parenting needs

Recognition



Identity

"To think of myself as having been a young carer helped me to realise how much I had done to support my family. Previously this role had been unrecognised, taken for granted and undefined" *Marlowe, 1996, p 103*

For more information

For more information about outcomes for children of living with and caring for parents with severe and enduring mental illness, visit the summary of *Children caring for parents with mental illness: Perspectives of young carers, parents and professionals* by Jo Aldridge and Saul Becker at www.ycrg.org.uk.

Workshop discussion

General

- Thresholds for receiving help are too high – there is not enough emphasis on prevention of problems, and too much of a focus of ‘when you have a big enough problem we can help you’.
- The voluntary sector is a dumping ground because social services thresholds are too high – people can only get help from social services when there is a complete breakdown.

Communication and joint working

- The group acknowledge that both mental health and child care workers both have vital roles.
- Workers from the two services – adult mental health and children’s services – always have different agendas.
- It is important for the two services to work together from the beginning.
- Adult mental health and children’s services tend only to talk when there is a child protection issue, that is, when there is a problem, rather than talking before there is a problem in a preventative role.
- There is a lack of communication between the services. For example, adult mental health workers won’t ask child protection workers what they need to know, partly because they don’t know what they need to know.

The role of children’s services

- Child welfare officers want to keep families together.
- Assumption of risk is a key issue.

The role of adult mental health services

- Community Mental Health Team (CMHT) worker said that she tries to take a family approach but finds it difficult to work across boundaries because child services often say that the child’s welfare ‘is not her role’.
- CMHT staff are worried that everything they say is noted down for evidence in future court proceedings.
- CMHTs are in unique positions to identify young carers.
- Parents need to know what information cannot be kept from children’s services.

The role of education

- There needs to be better awareness in schools of young carers, although it is acknowledged that sometimes young carers may not attend school because of their caring responsibilities.

- Teachers need to help identify young carers before there is a child protection issue.
- The group felt that teachers are reluctant to get involved.

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Young carers

- It is important to give young carers a choice about whether they want to care or not and what level of care they want to give.
- Adults are offered care assessments but children are not.
- There needs to be better planning for families so that if the parent does have a relapse, there are plans in place for looking after the children.
- Often, a need is identified for a young person but they don't meet child protection thresholds and there are no young carers' projects in the area.