The CAMHS Review - Next Steps to Improving the Emotional Well-Being and Mental Health of Children and Young People. Call for Evidence

The Review will investigate how universal, targeted and specialist services can be improved to meet the needs of children and young people who are experiencing, or are at risk of, mental health problems. This consultation calls for evidence from all individuals, organisations and groups

RESPONSE TO CAMHS REVIEW SUBMITTED BY

AFT, THE ASSOCIATION FOR FAMILY THERAPY AND SYSTEMIC PRACTICE IN THE UK

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14: To what extent do variations in the terminology used across the different professions, that provide services for children and young people with emotional well-being and mental health concerns, affect the way that services are provided? What are the main issues? How can they best be addressed?

Effective, family-inclusive working to meet the needs of children and young people with emotional well-being and mental health concerns requires much more than ‘information sharing’ and ‘translation of terminology’ across discipline and service boundaries.

Each service will have statutory duties, professional anxieties, and beliefs about the best way of problem solving that may conflict with other agencies also working with the same family. Therapeutic network meetings, facilitated by supervisors skilled in working systemically with the ‘family of professionals,’ are key if those competing agendas, anxieties and beliefs are to be identified, processed and resolved so healthy, positive and co-ordinated cross agency working can function.

20b: How can current issues be addressed? What steps should be taken at national, regional, local level? (please indicate in your answer whether you are referring to national, regional or local level.)
**Steps to be taken at national level:**

**MAINTAINING A RANGE OF HELPFUL THERAPIES**

AFT (the Association for Family Therapy and Systemic Practice in the UK)\(^1\) recognises that maintaining a range of helpful psychological therapies within the NHS is essential to meet children and young people’s wide ranging and often complex needs.

AFT wholeheartedly supports the Government’s commitment to psychological therapies in the NHS. AND we remain extremely concerned that the continued focus on CBT in its implementation plan may squeeze other important and helpful approaches out of the public health system.

We know that children and young people’s emotional well being and mental health concerns are frequently associated with their relationships. Whether small problems amplify into serious ones, or serious ones are negotiated constructively, often depends on their relational resources, contexts and experiences. The Government’s own reports into the future direction of public services highlight the importance of family-focused interventions to better support individual and family resilience and happiness, and social well-being (for example, the ‘Think Family’ reports from the Cabinet Office Social Exclusion Task Force \(^2\)). A substantial and growing body of research and research reviews, including NICE guidelines, highlight how working with families\(^3\) encountering difficulties, rather than solely with the child, young person or adult deemed to have ‘the problem’, is proving effective across an extraordinarily wide range of problems\(^4\) including:

- Alcohol and substance misuse
- Adult, child and adolescent mental health difficulties (including schizophrenia\(^5\), depression\(^6\), eating disorders\(^7\), bi-polar disorder\(^8\), obsessive compulsive disorders\(^9\))

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1. Association for Family Therapy and Systemic Practice in the UK, the leading body for professionals working with families in the UK. [www.aft.org.uk](http://www.aft.org.uk)
3. AFT takes ‘family’ to mean any group of people who define themselves as such, who care about and care for each other.
- Trans-generational and other relationship difficulties
- Impact of poverty and social marginalisation, including that associated with race and ethnicity
- Childhood physical abuse and neglect
- Parental separation and divorce
- Sexual abuse
- Domestic violence
- Problems with attention and over-activity
- Illness in the family
- Child and adolescent behaviour problems
- Step-family issues
- Fostering and adoption, and the needs of ‘looked after’ children
- Changing family structures, beliefs and expectations

Research points to many benefits of Family and Systemic Psychotherapy (aka Family Therapy) 10, including

- Greater acceptability to clients and families
- Continued improvements after therapy has ended
- Greater compliance with medication programmes when medical and therapy treatments are combined.

Yet the IAPT process risks pulling in a different direction by extending provision of one individually-focused, correctional approach. Maintaining and developing a variety of helpful psychological therapies is essential to meet the wide ranging and often complex needs of children, young people, adults and families in the UK.

**DEVELOPMENT OF FAMILY INCLUSIVE APPROACHES**

The “Think Family” reports recommend a whole family approach and joined up working between adult and children’s services. They point to the importance of:

- Developing the capacity of all services to ‘Think Family’
- Working in ways that acknowledge the strengths and needs of all family members and the family as a whole. An adult service user may also be a parent. A child and young person does not exist in isolation and needs the support of those close to them

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7 NICE (2004a) Eating Disorders; Core Interventions in the Treatment and Management of Anorexia Nervosa, Bulimia Nervosa and Related Eating Disorders. London: DoH
• Ensure there are no ‘wrong doors’ to family inclusive, family sensitive support. The needs and resources of all family members should be considered whenever a family member accesses services.

A relational focus is central to the development of caring and preventative services and risk assessment and referral processes for children, young people and their families that:

- Recognise the importance of parental well-being to children and young people’s development and life experiences.
- Mobilise families’ own resources, using the strengths and understandings of those in close relationship as a valuable resource, supporting children and young people’s well-being and recovery from problems.
- Recognise the importance of relational and social networks – family, friends, peer groups, carers, teachers, neighbours, communities, professional networks – to children and young people’s health and well-being.
- Tailor support to children and young people’s particular needs, capacities, contexts and circumstances.
- Build on the capacities of families and communities to shape the design and delivery of services and interventions.

AFT recognises the importance of ‘Thinking Family’ beyond provision for ‘families at risk’ to services for children, young people and families generally. Supporting relationships that support the child or young person can be crucial to supporting their recovery from difficulties and improving their lives. Children and young people’s emotional well-being and mental health requires staff at all tiers to be trained and equipped with skills in family work, to help them identify difficulties early and intervene effectively before they escalate further, and to provide effective support at whatever point families access relevant services.

Yet provision UK-wide remains woefully inadequate. Despite the clear evidence base for family inclusive working to support children, young people AND the staff who work with them (see Training and Support for Staff, below), surveys by AFT confirm an acute shortage of specialists who can deliver and support therapeutic work with families in many service and geographical areas. Some trusts have not a single designated Family Therapy post in Child and Adult Mental Health Services (CAMHS)\(^{11}\). There are even fewer employed in the Adult Mental Health (AMH) system\(^{12}\).

Vulnerable children, young people and families are falling between these gaps in provision.

**ELIGIBILITY CRITERIA**

AFT agrees with the findings of the Commission for Social Care Inspection (CSCI) report on the state of social care in England, that “Increasing financial pressures are resulting in high eligibility criteria and thresholds for access to services. Children and families are not always getting the help they need, at the time they need it.”\(^{13}\).

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\(^{12}\) Ayres, G (2008). Family Therapy in Adult Mental Health Services. Copies available on request from GAyres@hssd.gov.gg

TRAINING AND SUPPORT FOR STAFF

Access to specialist services and practitioners skilled at working with children, young people and families with more complex and serious difficulties is crucial, for families AND FOR THE WORKFORCE SUPPORTING FAMILIES.

National policy guidance highlights the importance of specialist consultation and supervision for mental health workers at all levels, and the importance of access to specialist and more experienced practitioners14.

Workforce training and access to specialist consultation and supervision in family-sensitive, family-inclusive working are essential if staff are:

• to intervene effectively with ‘low-level’ problems
• to recognise when individuals and families may need more specialist support
• to support families in getting the specialist support they need, when they need it
• to work safely, ethically and effectively within their competencies

Without robust structures of training, supervision and consultation, staff can find themselves in roles they are neither trained nor qualified to perform.

The problems many children and young people encounter – discrimination, poverty, addiction, violence and abuse, neglect, mental and physical health difficulties, loss of hope and aspiration over generations – are complex and often multiple. A child who does not go to school, for example, may not have the words, security or understanding to explain that he fears his Dad will hit his Mum if he is not there to protect her. It is rare for a parent to accurately diagnose him or herself as depressed when a child is overactive due to lack of emotional availability in the family.

Family and Systemic Psychotherapists and others trained in systemic practice to enrich their work with children and young people are able to recognise and work with the complex interplay of family relationships and offer effective interventions, and to provide specialist consultation and supervision to others.

CUTS TO MENTAL HEALTH TRAININGS

Vulnerable children, young people and families struggling with emotional and mental health difficulties need effective support from professionals sufficiently qualified and skilled to support them.

Yet the Government’s recent confirmation that it is cutting the state subsidy to higher education institutions for the fees of students studying ELQs (a second qualification equivalent or lower than one they already possess) will drastically reduce the numbers able to train, and to develop their training, as mental health professionals.

To begin training in Family and Systemic Psychotherapy, for example, students must already possess a related professional qualification and show they can work effectively at a sophisticated level. They, and many other professionals wishing to enrich and expand their trainings beyond their core qualification to support the needs of children and young people, now face a dramatic and disenfranchising hike in fees.

AFT has long emphasised the importance of trained professionals from diverse ethnic and cultural backgrounds if services are to reach children, young people and families from communities currently underrepresented in mainstream services. This work is threatened if training is to be limited only to individuals and employers who can now afford the fees increase.

AFT supports the conclusion of the House of Commons Innovation, Universities, Science and Skills Select Committee\textsuperscript{15}, that the decision to cut funding ‘was insufficiently justified either by persuasive analysis of its likely effectiveness in achieving the desired goals or evidence of the likely wider impact of the policy.’ If the UK is to meet the needs of children and young people with emotional well-being and mental health concerns, mental health trainings must be made exempt from this ruling.

**GAPS WITHIN AND BETWEEN SERVICES**

Too many children and young people with emotional well-being and mental health concerns are falling through gaps within and between services.

Too many children and young people’s emotional and mental health difficulties are exacerbated by being ignored or forgotten in services, or failing to meet current eligibility criteria.

Many of these risks would be reduced dramatically if a ‘whole family’ approach were embedded in training and practice throughout health and social care.

Many areas have yet to close the gaps between child and adolescent and adult services. The recent swathe of changes to services, including service fragmentation and funding crises, have actually increased that distance in some areas.

Professionals, service users and families point to the need for more effective liaison between services, especially when young people are moving into adult services, when children and young people are moving from in-patient to out-patient care, and when a parent has mental health problems.

**ADDRESSING THE NEEDS OF CHILDREN AND YOUNG PEOPLE IN ADULT MENTAL HEALTH SERVICES**

The impact of parental mental health on children and families is well-known. Children of a parent with a mental health diagnosis may have much to contend with – perhaps a mother or father attempting suicide, or being repeatedly separated while their parent has in-patient stays. Children and young people may struggle to make sense of what is happening to a parent who is emotionally withdrawn, or highly anxious, or agoraphobic, or has rituals or delusions. They need help with this process.

Yet most Adult Mental Health workers are not trained to recognise the impact of parental mental health problems on children, or the background family violence or other difficulties that may fuel them. Some workers receive training to recognise ‘children at risk’ but not ‘low level problems’ which may develop into more embedded, chronic difficulties.

Even if children’s distress is acknowledged, few if any services are available for them until their distress has escalated i.e. because of high eligibility thresholds to CAMHS and other services, children have to become symptomatic in their own right before accessing support.

There is clear and urgent need for ‘whole family’ provision and trainings within the AMH system, inclusive of and sensitive to the needs of children and young people.

Such ‘whole family’ provision could include:

- facilitated groups for children to share their experiences with other children and learn from each other
- family and systemic therapy for parents, carers and children and others
- therapeutic and other support for grandparents juggling dual roles of surrogate parents to their grandchildren and looking after their adult child who has a mental health difficulty
- systemic ‘family focused’ consultations and supervision for staff teams and professional networks

27a: What in your view is working well nationally and/or locally to provide high quality interventions and achieve good outcomes for those children and young people experiencing mental health problems and their families? (please indicate in your answer whether you referring to national or local interventions.)

The local interventions referred to in this section are ones of national significance.

DEVELOPING FAMILY INCLUSIVE MAINSTREAM SERVICES ALONGSIDE SPECIALIST FAMILY SERVICES

Training programmes in systemic, family inclusive working are already being cascaded to staff teams in public services in some areas. Working in partnership with families and carers, a team in the Somerset Partnership NHS and Social Care Trust, for example, has
developed and delivered awareness and skills training in family inclusive working to staff at all levels in mainstream mental health services, acute inpatient units, and community and older adult teams16.

Staff report feeling significantly more confident, skilled and supported in working with families and a pre- and post-training audit showed increased consideration of families’ needs17. The development has been welcomed by services users, carers and families, including children and young people. Carers of all ages say they feel more supported, included and heard. Family inclusive services are now embedded in the trust structure, with training schemes supported by on-going consultation and supervision led by Family and Systemic Psychotherapists. Specialist family services have also been developed, with a multi-disciplinary Family interventions in psychosis service, and Family Therapy clinics for those with complex and severe needs.

Trainings in the integrated, collaborative ‘Somerset approach’ 18, developing ‘family inclusive’ ways of working in all mental health services alongside the establishment of a


trust-wide, specialist family and systemic psychotherapy services, are now being requested by mental health services in many areas around the UK.

In Exeter, an Integrated Adult and Child Services Family Therapy Clinic now provides early intervention in complex cases where there are serious concerns for the mental health of both adults and children in a family.

The clinic has two qualified Family and Systemic Psychotherapist CAMHS (Child and Adolescent Health Service) practitioners and one Chartered Clinical Psychologist from Adult Mental Health services, and students on observation placements from both services. Family members are first seen individually, then invited to family group sessions where parents, sometimes grandparents, and children are able to share their stories, ask questions of each other and make sense of their experiences.

In south Bristol, two members of CAMHS and two members from AMHS join up across two mental health trusts to run a clinic that crosses the divide between young people's and adult mental health. The clinic, which works to harness and maximise family strengths, takes referrals from either service where there is or potentially could be a referral to the other service as well. The work is ever mindful of the young people's and the adult's perspectives, for example the impact of parental mental health on the children and/or the impact of the children's difficulties on the parents. The service networks widely and involves other professionals (CAMHS, AMHS, CYPS, Education Welfare, Drugs projects, Young Carers) in clinics where relevant. Many of the cases are very complex with additional risk factors around potential suicide and/or child protection issues. But the joined up working helps manage and address these risks more effectively.

Clinicians within the service recognise the commitment necessary from managers to support staff in working across health trust and service sector boundaries.

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Somerset family projects also referenced in:

Similar collaborations between Adult and Older Adult Mental Health Services and Child and Adult Mental Health Services are developing elsewhere, with Family and Systemic Psychotherapists often taking leading roles in such integrated clinics and facilitating supervision and consultation to support colleagues from different disciplines in sharing experiences and expertise for the benefit of the individuals and families with whom they work.

FAMILIES HELPING FAMILIES

The multi-family approach, where groups of families are brought together to share their experiences and to work jointly to overcome their individual problems, is an important development in services addressing the needs of children and young people with emotional well-being and mental health concerns.

Examples of effective multifamily work\textsuperscript{19} include family interventions in schizophrenia\textsuperscript{20}, family discussion groups for severe depression\textsuperscript{21}, groups where a family member has an addiction\textsuperscript{22}, chronic physical illness\textsuperscript{23} and intensive multifamily day programmes for abused children\textsuperscript{24} and children with emotional and behavioural difficulties in schools.

Multifamily approaches are highly collaborative and generally viewed very positively by families. They help overcome a sense of isolation and stigmatization. By instilling hope, they are a powerful way of mobilising families' own resources.

Examples of current multifamily treatment include:

Multifamily work with adolescent anorexia nervosa

Specialist Family Therapy provides a treatment alternative for adolescent anorexia nervosa that is not so reliant of inpatient treatment\textsuperscript{25}; and is clinically and cost effective.

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Effective family interventions have low relapse rates of around 5%. These findings are reflected in the guidelines by NICE in the specific recommendations for the treatment of children and adolescents suffering from ED. For AN in children and adolescents, Family Therapy has the strongest evidence base.

The Child and Adolescent Eating Disorder Service (CAEDS) at the Maudsley Hospital in South London offers an intensive multifamily day programme. The expertise of the team means that even quite severely ill adolescents can be included in the programme avoiding costly, prolonged treatment in hospital. High user satisfaction is reflected in a very low drop-out rate from treatment (less than 3%). The team has been invited to set up a number of trainings to enable the setting up of similar programmes in other countries (including Norway, Sweden, Canada, Czech Republic).

Multifamily approaches in education

The Marlborough Family Service Education Centre provides assessment and treatment for children aged 5 to 16 years and their families. The Centre is staffed by teachers who are also trained Family and Systemic Psychotherapists. They endeavour to form a bridge between mental health and education services in order to make family-based intervention acceptable and accessible.

The Marlborough model, developed over the last twenty years as part of the mental health service provided by Central and NorthWest London NHS Foundation Trust, is designed to help those families who are thought to be reluctant to seek help or who are hostile to the idea of professional intervention.

The success of the programme is due in part to the support that the parents give each other. They share ideas and skills which promote change in the parent-child relationship as well as challenging destructive behaviours and beliefs. Parents who have achieved success are actively encouraged to share their knowledge and experience with new and nervous parents. These “trained peers” have proved invaluable in the engagement of ‘hard to reach’ parents. They have become an important component of the Centre’s satellite family classrooms in mainstream schools, encouraging participation in these programmes and speeding up the development of trust.

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SUPPORTING FAMILIES WHERE A MEMBER HAS A DISABILITY

Developments in effective provision for children and adults with a disability and their families require that services acknowledge the experiences of all family members, including children and young people, and mobilise the family’s own resources as well as those of professional support systems to improve individual and family well-being.

A growing number of studies demonstrate the effectiveness of such work with families where a member has a Learning Disability 30.

Many parents point to the transition from ‘child and adolescent’ to ‘adult’ services as a stressful one 31. Creative multi-disciplinary team-working that prioritises families’ needs above traditional organisational and service boundaries is helping bridge this ‘gap’ in some areas. Family and Systemic Psychotherapists are consulting to and participating in many such teams, encouraging acknowledgement of the impact of disability on all family members, working with systems of significance such as school and extended family, and exploring how to best use existing family resources and professional and other support networks for the good of individual family members and the family as a whole. Many families benefit from family-focused therapy when issues are difficult to resolve.

Newham Primary Care Trust, for example, currently operates a family focused service for families with a child with learning disability. This highly valued home-based systemic service includes both family members and professional services in its work, developing support, encouragement and understanding.

Sussex Partnership Trust operates a Family Service within its Community Learning Disability teams. This service for men and women with Learning Disabilities, their families and significant networks employs a Family and Systemic Psychotherapist and is supported by a range of health professionals.

Sadly, the availability of such services remains poor and across many areas of the UK.

ENHANCING PARENT-INFANT RELATIONSHIPS

The importance of a relational and family focus for those working with new parents and their babies is reflected in NICE guidance on ante natal and post natal mental health 32. The value to adult health and child development of interventions that support and help


develop parent-infant relationships, rather than focus solely on treating the parent, is being increasingly recognised. This requires healthcare professionals, where appropriate and acceptable, to involve a woman’s partner, family members and carers in supporting her, and for healthcare workers to assess and address the needs of the partner, family members and carers where the woman has mental health difficulties.

Mothers suffering from clinical levels of anxiety have difficulty responding to their infants’ cues and this can have a deleterious impact on the formation of the infants’ mental health. There is emerging evidence that babies of depressed mothers are at greater risk for later psychopathology. There is also growing understanding of the emotional costs to the child and the economic costs to society that such later disorders will incur.

Studies suggest that these mothers can benefit from a therapeutic focus on enhancing their reflective capacities about their babies and which facilitate maternal responsivity, sensitivity and engagement.

Psychological interventions for these parents, and parents who have a very sick or extremely premature baby, is best provided by practitioners with specialist knowledge of infancy who have abilities to work with parental mood disorders and who are trained to support the relationship between parents and child.

Family and Systemic Psychotherapists may, for example, share video recordings of parent-infant interactions, encouraging parents to reflect on the relational ‘dance’ that

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develops between themselves and their baby as they grow in confidence and ability to ‘tune in’ to their baby’s needs.

The importance of involving fathers and partners in care of the mother and infant has been widely recognised over the last 30 years, as has the potential benefits to most families of fathers’ greater involvement in family life. Systemic approaches which acknowledge such relational resources, and which support and nurture healthy family relationships, are an important element of preventative services in the early years.

All those working with families and family members during children’s first years would benefit from training that promotes respect and understanding of parent-child relationships rather than a focus solely on individual well-being. Training needs also to encourage understanding of different families’ ways of coping and sensitive ways of engaging with parents and infant(s)/child(ren).

FAMILY FOCUSED WORK IN ADDICTIONS SERVICES

Many more families are dealing with the consequences of drug and alcohol misuse. The number of young people displaying cannabis induced psychosis is increasing, as is the number of children and young people whose own mental health is affected by parental addiction.

Increasing numbers of grandparents are raising their grandchildren because of parental drug misuse. Family Therapists report increasing referrals involving tired and exhausted grandparents struggling to raise young people with complex needs and challenging behaviour, and whose relationship with their adult son/daughter is under increasing strain. When grandparents become ill or die, young people suffer yet more loss.

The need for family-inclusive services to support children and young people affected by addiction is clear. Current services highlighting the effectiveness of such work include:

Meanwhile Family Therapy Service, Central and North West London NHS Trust: covers five inner London boroughs, offering family systemic therapy to all members of the family affected by drugs and/or alcohol.

Non-using members of the family enjoy equal access to the service along with those who are either active or in recovery. A relatives’ support group, Relative Connections, enriches the range of therapeutic options for non-user carers.

South London and Maudsley NHS Trust is supporting the development of family interventions in addictions across 7 SE London boroughs. This work has been supported by Action on Addiction, which is funding a family therapy trained consultant clinical psychologist to develop this work.

The group recently received funding for a 3 year part time Family Therapy post to develop multiple family therapy in addiction services.

Its services benefit children and young people with or at risk of mental health problems connected with addiction by working with:

• Parents using or drinking
• Adolescent or young adult users and their parent(s)/family/carers
• Adult drug users and their family member/s, where family of origin issues appear to be significant factor in problematic continued drug use.

SUPPORTING PARENTAL RELATIONSHIPS

The likelihood of poor outcomes for children is increased by family conflict, whether in marriage or before, during and after separation; and multiple changes in family structure. Quality contact with the non-resident parent can improve outcomes\(^{36}\). Children for whom divorce means the loss of a valued relationship – of a parent, grandparent, step sibling or others close to them - find it particularly hard to deal with the emotional toll.\(^{37}\)

While distress and problematic behaviour are common in children in the first two years following parental separation, most children seem to cope with life as well as those from non-separated families two to three years after parental separation, provided they do not experience continued and/or bitter parental conflict\(^{38}\).

AFT values the important contribution of many Third Sector services in providing relationship support, such as couple counselling, are recognizes their importance in supporting children and young people’s mental health and well-being. It hopes these services will be encouraged to

• develop their work in ways mindful and inclusive of children and other family members,
• support staff, through training and supervision, to be alert to ‘low level’ and more serious problems in families, referring to public services and statutory agencies when appropriate

Meeting the needs of families in hospital.

Recent Department of Health (DOH)\(^{39}\) and Social Exclusion Unit reports have emphasised the necessity for seamless access, reliable consistent support and information for families of critically sick or injured children\(^{40}\), children with a disability\(^{41}\).

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children who are palliative or with life threatening diseases and issues involving the transfer of care.

The Paediatric Liaison Service (PLS) is well located, with easy access to multiple interfaces within the hospital, to promote and support the needs of families in an environment which traditionally has emphasised a biological and individualised approach to care.

Children and young people with acute and chronic illness are often from vulnerable families: attendance rates and severity of illness and injury are higher in children from more deprived areas. Outside the hospital setting they may be seen as “hard to reach” families. PLS is able to engage with families and assess at admission in ways that destigmatise supportive interventions.

Family and Systemic Psychotherapists offer a range of knowledge and skills in working with children, young people and families facing acute and chronic illness and life threatening disease.

Systemic practitioners within the PLS service in many areas also offer consultation and supervision to a wide range of medical and non medical professionals involved in patient care, aiming to improve working relationship between individuals and systems, facilitating open dialogue between staff and a greater coherence of bio/psycho/social approaches to patient and family care. This work needs to be expanded across the UK.

27b: What factors enable children and young people with mental health problems to achieve good outcomes?

Children and young people with emotional well-being and mental health concerns can be supported in recovery by those close to them, within the family and beyond. Supporting and amplifying children and young people’s relational resources requires the development of

- Family-inclusive approaches
- Supported by trainings in family-inclusive work for those working with children, young people and adults
- With a workforce supported by robust structures of supervision and consultation with specialist clinicians
- Skilled and specialist clinicians offering high-level interventions to children, young people and families with complex problems, and available to take referrals from those providing family interventions with a lower level of training

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41 Department of Health, (May 2007), Aiming high for disabled children; better support for families.
43 Department of Health (2008) Transitions: moving on well: A good practice guide for health professionals and their partners on transition planning for young people with complex health needs or a disability
• Active outreach work to engage communities and families not currently served by mainstream services

Family and Systemic Psychotherapists and other systemically trained professionals also point to the importance of

• Children, young people and families being offered a range of options, including brief therapy in specialist CAMHS services and longer term support when indicated, from a range of approaches as appropriate to need.

• Good links between public sector services and projects and Third Sector and community projects

**27c: What factors hinder children and young people with mental health problems from achieving good outcomes?**

**SHORTAGE OF SKILLED PROFESSIONALS AND SERVICES**

There remains an acute shortage of specialists, such as Family and Systemic Psychotherapists (aka Family Therapists), providing support for children and young people and their supportive or potentially supportive relationships. Specialist services even for children and young people in serious and urgent need, including looked after children and those who have experienced abuse or neglect, are woefully inadequate in many areas.

**INADEQUATE SUPPORT FOR FAMILIES WITH SERIOUS AND COMPLEX NEEDS**

Known risk factors associated with poor outcomes for children include parental violence and abuse, parental alcohol misuse, parental disability or mental health problems, maternal educational qualifications, poverty, homelessness, paternal imprisonment and household unemployment. Children from families facing multiple disadvantages are at greater risk of negative outcomes.

The experiences and needs of many children and young people do not fit narrow diagnostic definitions, ‘presenting problem’ categories or the individual focus of ‘identified patient’ systems.

Families as well as the children and adults within them can become caught in cycles of harm. Approaches that acknowledge transgenerational patterns and relational dynamics, and that work with families and their support networks to better support all family members, are essential if these families’ complex needs are to be met and the life chances of the children within them improved.

Many families in greatest need are the hardest to ‘engage’ with professional support. Developing services so that they work with people’s supportive relationships wherever they may be, inside or outside the home, is essential if vulnerable children, young people and adults are to escape cycles of damage and harm.

**INADEQUATE ENGAGEMENT WITH AND INVOLVEMENT OF ETHNIC MINORITY COMMUNITIES**

There has been an increase in referrals of families affected by immigration and asylum issues, and a recognition that mainstream services are often failing to reach many in marginalised populations.

Research points to the need for community based family therapy services that can engage and work with minority ethnic families, including culturally appropriate and faith based interventions.

Specialist clinical and other services for minority ethnic children, adolescents, adults, couples and families is available in some areas (including the Centre for Cross-Cultural Studies, IFT; The Marlborough Cultural Therapy Centre) but there is urgent need to develop this work to bridge the gulf between mainstream services and often marginalised communities across the UK.

**INADEQUATE RECOGNITION AND ACTION ON ABUSE AND VIOLENCE IN FAMILIES**

A large proportion of children, adolescents, adults and older adults who experience serious mental health difficulties have experienced domestic violence.

Families can be supported in recovery from its aftermath. Working with families can help identify children and adults living with domestic violence and/or its aftermath, and help children and adults recover and build healthier, safer relationships.

Despite greater awareness of ‘domestic’ violence and its consequences, and the excellent support provided within many refuges for individual women and children experiencing the immediate practical and psychological consequences of abuse, there remains:

- a shortage of professionals trained to identify risk and support family members who have experienced domestic violence. Too often, a diagnostic label is applied to adult or child distress while the background violence remains unrecognized
- a shortage of services to help children and their families recover from the long term effects of violence
- an urgent need to develop staff training and supervision structures supported by professionals skilled in domestic violence and family work

As a society as well as professionals working in health and social care, we need to support family and other potentially supportive relationships if we are to protect and serve the best interests of vulnerable children, young people and adults.

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45 Details available from The Centre for Cross-Cultural Studies, Institute of Family Therapy, London, and The Marlborough Cultural Therapy Centre (MCTC), part of Central and North West London NHS Foundation Trust
Recent research highlights the risks for children living with domestic violence\textsuperscript{47}. A review of research suggests that 40\% of children from families with domestic violence exhibit clinically significant behavioural problems in their families and/or schools \textsuperscript{48}. Children exposed to domestic violence present a variety of emotional and behavioural problems, including increased internalizing symptoms\textsuperscript{49}, externalizing problems, decreased cognitive functioning and an increased risk of post-traumatic stress disorder \textsuperscript{50}. The more severe and chronic the violence, the more at risk children are; alongside the effects of witnessing violence, children often experience abuse themselves, physical, emotional and sometimes sexual\textsuperscript{51}. Children who have witnessed domestic violence are vulnerable to developing relationships in which there is violence when they become adults \textsuperscript{52}. An estimated 50\% of women adult mental health service users have experienced violence and abuse as children\textsuperscript{53}.

Nearly one million children in the UK may be living within violent domestic contexts\textsuperscript{54}. Three quarters of children on the Child Protection Register in London have experienced domestic violence\textsuperscript{55}.

\begin{itemize}
\item \textsuperscript{46} Cooper, J. and Vetere, A. (2005) \textit{Domestic violence and family safety}. Chichester: Whurr/Wiley.
\item \textsuperscript{51} Cunningham, A. & Baker, L. (2004) ibid
\item \textsuperscript{54} DoH (2008). Refocusing the Care Programme Approach: Policy and Positive Practice Guidance.
\item \textsuperscript{55} Unicef (2006) \textit{Behind Closed Doors: The Impact of Domestic Violence on Children}.
\end{itemize}
While a child’s distress is often recognised by referring frontline professionals, this can mask problems linked to violence within the family or other significant relationships. Many children referred to child and adolescent mental health services (CAMHS) have experienced violence in their family, yet as CAMHS are currently organised around helping children with specific psychiatric diagnostic labels (such as conduct disorder) these children’s experiences of violence and its effects (including parental mental illness) are often overlooked.

Children may need the help of highly trained practitioners to talk about their experiences, fears and feelings, especially if they are confused, concerned and/or fearful of expressing disloyalty to one parent. Viewing and responding to children or their distress as ‘the problem’ can place large obstacles in the path of effective support for them and the people and communities that help sustain them.

While the ‘bigger’, relational picture remains largely unexplored in routine assessment, child support professionals risk failing to explore whether children live in contexts of violence or fear. Neglect of these issues can leave children vulnerable to the inappropriate application of psychiatric labels and all family members without appropriate and effective support.

In supporting children, we need also to support the relationships that sustain them (with parents, grandparents and other close and extended family members, with foster and adoptive parents and wider supportive networks) and to provide services to perpetrators (female and male).

Focused perpetrator programmes for men and women often suffer from short term funding streams, yet have long term consequences for the future health of the nation, including a reduction in violent relationships and in addictive behaviours, depression and anxiety in the child/adolescent/adult populations.

Helping children talk with their mothers and receive support from them through their acknowledging of the child’s experience can be key in the important task of rebuilding relationships and supporting recovery56.

As children’s coping strategies often go unnoticed during the experience of violence, helping children and parents to identify and validate these can support and develop resilience57. Adults and children can be supported by skilled professionals in re-examining family and cultural beliefs and their impact, such as the gendered messages conveyed through violent interactions that can cascade through generations58.


57 Burck, C (2005) ibid.


Safe work is sometimes possible with couples and families who have experienced domestic violence in the past, supported by rigorous assessment and management of risk 59.

We know that many professionals find it difficult to talk to families about violence and other abusive experiences that can undermine children’s emotional well being and mental health. This is often because they do not know what to do should family members disclose past or ongoing abuse. We know that children, young people and parents often find it shameful to discuss.

Without robust and supportive structures of staff supervision and consultation with more highly trained professionals skilled in family work, initiatives to train workers to ‘talk’ with services users about violence risk becoming tokenistic or even ‘silencing’. Many staff will have experienced violence themselves and need support to work constructively in this area. Without trainings and support, many may not have the skills or confidence to talk with children and adults about violence in ways that invite rather than close down possibilities and conversation.

**TOO LITTLE TOO LATE FOR TOO MANY LOOKED AFTER CHILDREN**

Family and Systemic Psychotherapists and others concerned with the needs of “looked after” and other vulnerable children and young people point out that therapeutic services remain under-resourced, often under threat, and are weighted towards the most hurt and confused children, many of them nearing the end of their time in care.

While clearly acknowledging the importance of developing services for these children, they also wonder whether ‘enabling’ models, rather than the more positivist ‘treatment’ models, would require services to better meet the emotional needs of all "looked after" children by offering them enduring relationships with skilled carers, and by providing carers with effective skilled support, from the beginning of their “care” experiences.

The number of children living in kinship (family and friends) care is significant and increasing, yet remains largely invisible at key national policy and funding levels. Kinship care families include asylum-seeking young people caring for younger siblings, plus grandparents, aunts, family friends and members of the wider family network as carers.

Kinship care relationships are often more complex and stress-prone than non-relative care relationships, and a commitment to and awareness of family and friends networks, family systems and systemic interventions is required for good and effective practice60.

Family and Systemic Psychotherapy is an important component of multi-disciplinary support responsive to children’s, carers’ and families’ changing needs and that works with the wider family network, schools, communities and the ‘family of professionals’.

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59 Vetere and Cooper; Cooper and Vetere, ibid.
BIGGER DOESN'T MEAN BETTER

Family and Systemic Psychotherapists working in Tier 4 CAMHS services are concerned at the move towards large-scale units covering large populations and several counties. More locally-based services make it easier for family and friends to visit in-patients and for families to join in therapy. Day and in-patient programmes at the same local centre enable a step up and step down model of care on the same site. This reduces admissions.

28: Any further comments?

AFT, the Association for Family Therapy and Systemic Practice in the UK (www.aft.org.uk) is the leading professional body representing those working with families in the public, independent and Third Sectors in the UK.

AFT is multi-disciplinary. It supports, registers and accredits training in systemic practice and Family and Systemic Psychotherapy throughout the UK. Its training standards and guidelines are the basis for professional registration and accreditation. It also works to develop professional and wider understandings of strength and resilience in families and supportive communities, and the importance of these to individual and social well-being.

AFT believes children’s emotional well being and mental health will be supported by the development of services that
- ‘Think Family’ throughout the lifespan, and
- Acknowledge and amplify children and young people’s relational resources

This will require
- a training strategy to develop staff competencies and understandings of family-sensitive, family-inclusive working throughout ‘frontline’ services, with tiers of more highly trained professionals to support supervision, training and service development and to address more complex problems.
- Large-scale expansion of family therapy and systemic practice courses - linked to agency based provision for live and observed practice facilities - as part of a continuing in-service family training in all statutory agencies. Such courses to assess levels of practitioner competence.
- A recognition that one size does not fit all. Training needs to better enable staff to support and work with families and relationships in all their many forms and contexts in our culturally diverse society.
- Expansion of designated specialist Family and Systemic Psychotherapy posts and systemic services in health and social care. At present, provision for families and the staff supporting them is a postcode lottery.
- The urgent expansion of specialist systemic services for client groups and families inadequately reached (for example, minority ethnic families) or inadequately supported by current service provision (for example, looked after children, families where a member has a physical or learning disability, families struggling with addiction)
• Collaborative and multi-disciplinary team working across service boundaries, facilitated by staff skilled at working systemically with different professional cultures, to better fit services to families’ needs.

• Accessible, self-referral relationship services in the public and Third Sector, including parental relationship support mindful and inclusive of children and other family members.

• A continued commitment from Government to tackle the structural social inequalities that impact on family life – including poverty, discrimination, social marginalization, loss of aspiration and hope.