



## OfSTED Thematic Inspection of Joint Working between Children and Adult Services – 29/30 August 2012

### Introduction

These notes have been compiled from six different versions of the oral feedback provided by the inspection team. Thank you to everyone who took notes and shared them. Under these circumstances it has not been easy to produce a coherent account, but what is now important is that we accept the main themes (which appear to be generally agreed) and move on to a robust action planning process. Whilst it will be possible to debate matters of detail this will not be an effective use of time as the main headlines are clear and need to be acted upon.

### A. Headlines

1. There is evidence of the influence of the Think Family agenda in operation but the Think Family Strategy needs to be published, adopted and implemented by all partners.
2. Drug & Alcohol Services have explicit protocols in place about joint working. Services generally identify safeguarding needs of children at the point of referral, and seek to meet those needs. Some effective examples of joint working, good communication and sharing of information, leading to good outcomes were seen.
3. Case file audits and discussions with managers and practitioners revealed that there is insufficient effective action to meet the needs of children and young people in families where adults have emotional and mental health issues.
4. Providers of mental health services are not sufficiently involved in early intervention activity to support vulnerable young people, including common assessment and team around the child processes.
5. The numbers of children affected by these problems are unknown.
6. The level of training about safeguarding children undertaken by the providers of emotional and mental health services may not be sufficient for the complexity of work encountered.

## **B. Background and Contributory Factors; Mental Health Services**

1. There are no explicit protocols in place between partners about mental health.
2. In dealing with adults with mental health problems workers do not pay sufficient attention to children's needs. If referrals are made they are not well considered or made early enough
3. There was evidence which indicated that adult mental health workers, including a doctor, were unclear about when & how to refer cases of concern to Children's Services.
4. There is little evidence of involvement in the common assessment process or team around the child/family arrangements by adult mental health teams. There is a perception that it is difficult to engage Mental Health Trust workers in children in need cases, but there was some involvement in child protection cases.

## **C. Background and Contributory Factors; Training:**

1. The level of training that has been undertaken is not always sufficient to meet the demands of the complexity of work being completed.

## **D. Background and Contributory Factors; General and Partnership Activity**

1. There are links between the Adult & Children's Safeguarding Boards.
2. Clear links between the Local Safeguarding Children's Board and the Community Safety Board.
3. Overall monitoring of Alcohol and Substance Misuse Services and Mental Health Services could be improved.

## **E. Background and Contributory Factors; Children's Social Care**

1. Teams were generally responsive to referrals, but there were some examples of delays in information being assessed.
2. No referrals to adult mental health services were seen because they go through the general practitioners. Is it right that this is the only route?

## **F. Background and Contributory Factors; Feedback from Parents**

1. Parents were mainly positive about the service received although there was some lack of clarity about pathways and care plans.

Feedback notes were received from:

Andrea Pope-Smith, Chris Ballinger, Diane McNulty, Karen Williams/Ian Baines, Ian McGuff, Timothy Horsburgh