Parental mental illness and the effect on children

CANparent market development update

New parenting programme from USA

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Their own minds: What allows children of parents with mental illness to develop a separate and healthy mind?

by Dr Alan Cooklin

Young Carers and Young Survivors

The term young carer has been a mixed blessing for the children of parents with mental illness. It gives some recognition to what they do, and it attaches some resources: some 300 plus young carers’ groups in England and Wales, and projects run by the Include Project of the Children’s Society, Rethink Mental Illness, Carer’s Trust, Family Action and others. However it does not discriminate their specific needs from those of young people caring for a parent with physical illness or disability, it does not recognise the very particular emotional, psychological, and cognitive impacts which may result from living with a parent with mental illness, and it offers a spurious acceptability or sanitisation of a role in which many young people may suffer significant harm. In fact most young people who live with a parent with mental illness – who may carry out a variety of caring roles from managing medication to just being a shoulder to cry on – will not see themselves as carers, but as just surviving. As Kim aged 16 put it, “we just thought that was what life was like, but we never knew if we were the only ones”.

What are the figures?

The available figures also highlight the confusion about the role and plight of these children. Aldridge and Becker (2003) estimated that there were 165,000 young carers aged under 18 in England and Wales, of which about one third would be caring for parents with mental illness: 55,000. However a recent BBC survey of 10 schools suggested that the figure is probably at least 4 x that: 200,000 +. But Aldridge and Becker also estimated that up to 1,000,000 children in England and Wales may be significantly affected by parental mental illness, and that figure was updated by SCIE in 2009 to 2,000,000, or about 1 in 5 school-age children.

So, what does it all mean? Aggregated data suggest that 70% of these children will show some significant emotional, psychological and/or attainment effects. However some children do seem to have the resilience to be little affected, or even to benefit from the experience. Certainly some of these young people protest that they are ‘better people’ as a result of the caring role. However if a child has two parents with a major mental illness he or she has about a 40% chance of developing the same illness. Conversely this also means that he or she is more likely not to develop the illness than to develop it, and the figure gives no indication of what factors may allow the young person to develop their resilience against the illness. The Finnish Adoption study demonstrated that even children with a high genetic loading for schizophrenia could have a future incidence.
of schizophrenia which was no higher than the general population, if they were adopted into a family with particularly high-quality relationships. Other studies have indicated that a variety of factors improve resilience: having another parent who is supportive and not too critical of the ill parent, having good sibling relationships, having a neutral adult (not a counsellor or therapist) to talk things over with, and having a clear and meaningful understanding about the parent’s illness. Social interventions – when these happen – have tended to help children meet others with similar experiences, have some fun, and sometimes offer emergency call facilities or protection. Rarely do children receive a satisfactory explanation of what is happening to his or her parent.

The purpose of an explanation

Many writers have indicated that the resilience of children and young people to all kinds of adversity is significantly enhanced when they receive clear and understandable information about the sources of their adverse experiences (Bostock, 2004, Dyregov, 2001, 2010, Koocher, 1974, Rosenheim and Reicher, 1985, 1986, Rutter, 1999), and many reports confirm the positive benefits of a neutral, caring adult helping the child of a parent with mental illness to appraise their situation more objectively (Schachnow, 1987, Quinton and Rutter 1984, Rutter 1966, 1990, Cowling 1999). A small study by Falcov (1999, 2004) even demonstrated that children who had received just a good explanation of their parent’s mental illness actually scored lower for ‘caseness’, or signs of disturbance in themselves on objective measures, compared to a control group who had received no explanation. In relation to parental mental illness, how can this be understood? When a parent develops a mental illness, this is usually experienced in part by the child as a form of emotional withdrawal, or at least that he or she has lost the closeness previously enjoyed with that parent. Many children will respond to this by trying harder to be emotionally close, in response to which the parent may withdraw further. Thus a vicious spiral evolves which seriously disturbs the child’s sense of attachment. This may lead to the child becoming more ‘open’ and vulnerable to the distorted or disturbed aspects of the parent’s thinking. The child may then experience a sense of confusion of identity as well as confusion about his or her own thoughts and precepts in relation to those of the ill parent. This may not only lead the child to doubt his or her own perceptions, but also enhance the almost universal fear of ‘catching’ the parent’s illness. In this situation the purpose of an explanation is to help the child distance him- or herself from the distorted aspects of the parent’s emotional life. It needs to offer the child an alternative visual image of the parent other than that of the parent’s sad, angry or confused face. To do this the explanation needs to be both visual and of a similar academic level to that of explanatory models the child learns in school. Explanations which offer no real alternative and valid imagery; such as ‘your mum is poorly’ or ‘a chemical imbalance in the brain’ will not help the child to objectify the situation (for an example see “When a parent has a mental illness” – 15 minute film from the Royal College of Psychiatrists www.youtube.com/watch?v=uk9nHr1YFSU).

Kidstime is a multi-family project for the children of parents with mental illness and their families (Cooklin, 2005, Cooklin et al 2006, Cooklin and Njoku 2009, Cooklin et al 2012). It began in 1999 as a response to the lack of attention to children’s understanding of parental mental illness, common in many family approaches within the mental health services. It started in Camden and Islington in London, and later was replicated in Hackney and Westminster, and soon hopefully in a number of centres throughout the UK as part of a randomised controlled trial. The groups meet monthly for 2 1/2 hours after school and may be attended by up to 10 families at a time. Kidstime focuses explicitly on helping the children and young people and their families find an explanation of mental illness that can be acceptable to all of them, so that the distressing events that they have differentially experienced can be named, and what was inadmissible discussed. To do that, however, naming and sometimes labelling the ill parent’s behaviour has been important.

Kidstime is a very simple model. The fear of ‘catching’ the illness expressed by, or silently preoccupying, significant numbers of children and young people leads many to avoid or mistrust offers of therapy or counselling as representing a confirmation of following in their parent’s footsteps. For this reason Kidstime is very explicitly defined as not therapy, and it also has to be popular with both parents and children. The workshops begin with a short seminar for the children and parents together, in which some aspect of mental illness, or questions about it, are discussed or demonstrated. This can last for ten minutes or half an hour, depending on how much interest and attention it generates in the children. This is followed by separate groups for the children and for the parents. The children’s group starts with games and warm-up exercises, then the children tell stories about family life, commonly prompted by the seminar. They are helped to dramatise these stories and the resulting plays are filmed. The parents and children then gather as a single group to eat pizza; the parents report on the topic of their discussion and all watch the filmed plays. Regardless of the content of the films, which to unhardened adult eyes are sometimes quite harrowing, the parents always applaud, and with obvious pleasure. We have at times been genuinely puzzled about what the parents thought they were getting. In the response to that question many parents explained to us their sense of relief that they were actively contributing to the ‘healing’ of their children from the adverse experiences they knew the children had endured. Their sense of pride in seeing the plays was also palpable.

Finally, there is a whole group discussion of what the children have produced as well as of issues raised in the parents’ group. The ensuing discussion may be very brief, ten minutes or so, or it may become very intense and last up to a half hour. The staff team are careful to follow the mood of the group as a whole, not to pressurise revelations, but also to ensure that individual families, children or parents can engage in matters of concern to themselves. No parent or child is asked or even encouraged to disclose personal information, and it is assumed that what is portrayed in the plays is ‘what (the children fear) might happen’ or at least a composite of different experiences, rather than an exposure of one child’s ‘nightmare’. Inevitably some parents and some children do disclose painful experiences when they feel safe to do so, but the tone of the workshops is to have fun. Many parents
have talked of amazement at seeing their children becoming boisterous and playful, and one child was even able to tease his mother “Thanks Mum for having a mental illness, I really enjoy coming here”.

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References


Shachnow J (1987) Preventive intervention with children and young people who care for a parent with mental illness. In Relationships will launch Parents as Partners for families in the London boroughs of Islington, Lewisham, Greenwich and Southwark, with Camden and Westminster following in the Autumn. The programme was originally developed by Professors Carolyn and Philip Cowan, two clinical psychologists from the University of Berkeley, California,
and based on their 35 years of research. They saw that many couples grew less satisfied with their relationships after becoming parents, and that children were suffering as a result. They also noticed that family support initiatives rarely dealt with the relationship between the parents and often understated the role of the father in a healthy family. Over the past decade, the Cowans have been tackling these issues in the United States.

The British Parents as Partners programme will involve a series of 16 weekly group sessions involving up to eight couples run by two co-workers; one male and one female. Additional support will be provided for couples before, during and after this 16-week period. While other parenting initiatives have tended to focus on the relationship between parent and child and can overlook the role played by the father, Parents as Partners looks at the whole family and the quality of the couple’s relationship.

It is difficult to overestimate the importance of providing children with a strong, secure and stable family, and Parents as Partners helps parents to do this. Research has shown that 18 months after taking part in the programme this approach has already benefited families in a variety of ways. Couples have reported that they have maintained their level of relationship satisfaction and now find parenting to be less stressful. In addition to this, the well-being and achievement of their children has also improved. Research has even showed that families involved with the programme have enjoyed an increase in household income.

Anyone interested in participating in the programme may contact Family Action on 020 7254 6251 or at parentsaspartners@family-action.org.uk. More information is available at www.family-action.org.uk/section.aspx?id=23457.

**Troubled Families programme expands**

The Troubled Families programme is set to expand over the next two years. The programme, which has so far worked with 35,000 families, will receive a further £200m fund to support local services in supporting more families. The scheme will extend its parameters so that 400,000 families currently outside the threshold for support will become eligible.

The programme, pioneered as ‘Intensive family support’ by the charity Action for Children in 1996, aims to work with ‘troubled families’ before their issues become too deeply entrenched. As well as supporting families, the programme has already proven to make significant savings in public spending, with positive shifts in school attendance and youth crime statistics.

Local authorities will be asked to cover 60% of this new fund, with the remaining 40% coming from central government on a payment-by-results basis, extending the programme into 2016. To qualify for the funding, local agencies will be asked to provide detailed plans setting out how they intend to collaborate, and to demonstrate how long term public spending can be reduced by supporting families now.

The extension seems to be a positive response to the work carried out by Local Authorities so far, designed to work on an early intervention basis – councils are supported to help families into work, reduce local crime, and improve school attendance, saving public service money in the long term. Chief Secretary to the Treasury Danny Alexander said: “The Troubled Families programme is a radical example of how, by spending a bit more in certain areas, we can save much more in others and by doing so create a stronger economy and a fairer society”.

**CANparent market development update**

We are very pleased that all areas of the CANparent market development contract are underway and making great progress. We held a very successful symposium on marketing in May as part of our business support package which delegates really enjoyed and benefitted from. There is a rolling programme of free events throughout the next year for providers of universal parenting classes. All events will be posted on Parenting UK’s website. Many thanks to those who expressed their interest in being part of the quality mark development process. We are currently in the process of carrying out telephone consultations with a number of different organisations around the types of quality systems they use and how the quality mark should be developed. During the development process we will also be consulting with an online advisory group. If you are interested in being included in this group, please get in touch. The group will be run via email.

**CANparent trial update**

The CANparent trial is going well, with parent satisfaction levels remaining steady. Over the summer we will be holding more roadshows in the trial areas throughout July and August which are a great way of reaching more parents. We will even be attending two CBBC events. Through a recent roadshow in Middlesbrough we met Georgina who had not heard of CANparent before. The team told her all about it, giving her a leaflet and voucher and directing her to the website. From there, Georgina picked out the ‘Understanding Your Child’s Behaviour’ course, run by Solihull Approach. ‘Since doing this course, I can control my daughter better and we just have a better relationship. She’s like a different kid. She still has her tantrums, but now I know how to deal with it, I can control her, and she listens more as well.’

‘I feel more in control, she still pushes the boundaries because she’s a child, but I understand a lot more now. I try to understand how she’s feeling, instead of thinking she’s being naughty.’
Smacking plus love equals?

An editorial by Jane Evans, Trauma Parenting & Behaviour Skills Specialist & Trainer

An article in The Telegraph, ‘Smacking does children no harm if they feel loved’, in April 2013, referred to research to suggest that smacking within a loving child-parent relationship can have benefits, especially in the long term. Some would be upset by this research believing that it is never a good thing to smack, and some would not be. The research carried out by the Albert Einstein College of Medicine in New York which said, “The painful effects of harsh discipline – such as verbal threats or spanking – are offset by the child’s feeling of being loved”. This raises concerns as to whether such findings could serve to confuse and even to vindicate the ‘already smackers’ and to convince those ‘veering towards smacking’ to carry it through. Either way, it does not bode well for children.

However, it is not illegal in the UK for an adult to smack a child, as long as the reddening of the child’s skin is only temporary. Reassuring? Imagine then this household scene. It’s 6.30 pm, the kitchen clock is ticking; she did not get up to the table in time and has not eaten all of her meal. She was warned such behaviour would lead to a smack. Here it comes the searing, stinging pain is always a shock even though it’s not a new experience and then comes the shame, the sadness. Her face reddens, crumples, a tear trickles down, her arm begins to throb, the clock continues to tick. “Come here” he says “have a hug it’s all over now you just need to do what you’re told to and no more smacks, silly old thing it’s only ‘cos I love you”.

For some, smacking as a parenting strategy can seem to be effective ensuring short term compliance with the belief that a lesson will have been learnt. In the scenario described, a warning had been given and some boundaries set, the smack was a consequence of not doing what they had clearly been asked to do, so a refusal to obey and to make the right choice sounds so reasonable. How would you feel if the scene described beforehand was between two adults in an intimate relationship? The more powerful person in the relationship had issued a warning and was carrying it out. How does it seem now?

The NSPCC’s ‘Equal protection for children under the law on assault’, says, “In practice the law places a strong emphasis on visible injury to the skin. This is problematic because children mark differently due to differences in skin tone and type. ..as part of the government’s review of section 58 of the Children Act 2004 a pediatrician told the government that ‘section 58 discriminates against black children because hitting a black child does not leave a visible mark in the same way as seen on a white child’s skin.’ ”

Why then are children still regularly being smacked in the UK, whatever their skin tones? Gershoff (2008) tells us, “Parents use physical punishment primarily to reduce undesirable child behavior in the present and increase desirable child behavior in the future.” Let us explore what smacking can do to a child, apart from causing them physical and emotional discomfort and pain. A study into whether parents use of physical punishment increased the likelihood of adolescents being violent found, that “adolescents who were more likely to engage in fighting, bullying, and victimization of others reported that their parents engaged in corporal punishment as a disciplining method” (Ohene, S., Ireland, M., McNeely, C., & Borowsky, I.W., 2006). Smacking can stop the unwanted behaviour as the child may be too busy crying, saying how sorry they are and dealing with the shock, fear and other overwhelming feelings, which can look like rage or a ‘tantrum’. It can eventually get them not to repeat behaviour as they are frightened and do not want another smack. After all, once they have received enough of them the connection is made in their brain, pushing my brother over equals a smack for me. Therefore, as a short term strategy it could be seen as a ‘solution’.

However, it can cause a child to fear the person they most need to rely on and form a close relationship with, the same person they need to be able to turn to for support when they are struggling in life, or need advice from on relationships. How will that work if they are the same, indeed the only person who has ever hit them for making a childish mistake? Perhaps most importantly, early on, “‘Children who experience frequent physical punishment show elevated levels of the stress hormone cortisol in reaction to an anxiety-provoking interaction involving their mothers’” (Gerhoff, 2008). Children are wired to keep a close relationship with their main carer so they can get their physical and emotional needs met but what if this person can also scare and hurt them? What does this teach them – ‘I can’t get things right for long, I upset people, I deserve to be hurt if I make mistakes, I am unlikeable’ - dangerous lessons which do not serve our children well in the short or long term.

For a teenager forming those first intimate relationships, we have to ask about the impact of having this as their relationship template to refer to. Straus, Gelles and Steinmetz (1980) found that the rate of domestic violence was dramatically higher for the sons of domestic violence perpetrators than for the sons of non-violent fathers (in Tomison, A. M., 2006). For many, it’s not so hard to believe, that a hit is ‘deserved’ in a ‘loving’ relationship if that is what other ‘loving’ relationships have taught them.

Information on the Women’s Aid website states, “Statistics show that 1 in 2 boys and 1 in 3 girls think there are some circumstances when it is ok to hit a woman or force her to have sex.” (Burton et al., 1998). Studies such as Fiebert and Gonzalez (1997) and Miller (2001) have found that most of the violence against dating partners is a response to what the offender believes to be ‘misbehaviour’ by the partner, especially sexual infidelity. This is consistent with the idea that hitting a dating partner who engages in misbehaviour often follows the model set by parents who hit a child who misbehaves (in Douglas, E. M., & Straus, M. A. (2006)).

As adults, one of the main reasons people stay in abusive relationships is because along with the ‘punishments’ there is affection and this seems familiar as they have already learnt that those who love you sometimes hurt you. Research has consistently found that the more individuals were physically punished in childhood, the more likely they are, as adults, to perpetrate violence on their own family members (Gershoff,
Irregular bedtimes damage children’s cognitive development

A new study comparing children’s sleeping patterns to their brain power has highlighted the importance of consistent bedtimes for young children. Using data from the Millenium Cohort Studies researchers from University College London assessed test scores for maths, reading and spatial awareness in 11,000 seven-year-olds. These figures were then compared to historical data showing the children’s bedtimes at ages three, five, and seven. The results showed lower test scores in both boys and girls who had had irregular bedtimes at age three, but no significant difference for those whose bedtimes were inconsistent at five. By age seven, the study found that girls with irregular bedtimes were more affected than boys. These results suggest that three is a particularly important age for bedtime and sleep as cognitive development reaches one of its peaks, but also a cumulative effect. Children with inconsistent bedtimes across all three ages were more likely to show significantly lower test scores, with girls more at risk.

Lack of sleep can affect the brain by disrupting body rhythms and having an impact on the ‘plasticity’ of the brain, which is the function that allows it to develop and retain new information. Sleep is a key factor in maintaining brain health, and can affect health and wellbeing throughout the course of a lifetime. Experts therefore recommend consistent and undisrupted sleep, particularly at key stages of development. Children with the most irregular bedtimes were more likely to have come from disadvantaged backgrounds.

Read the full paper: http://jech.bmj.com/content/early/2013/06/25/jech-2012-202024

Evaluation of Family Star tool to track troubled families progress

Following an independent review of the evaluation tool ‘Family Star’, Family Action is urging local councils to use the tool to track the progress of those in the ‘Troubled Families’ programme. As well as giving practitioners a structured measurement of progress, the Family Star engages the families themselves to give them a sense of how they are doing in different areas of their lives. The tool charts progress of targets across eight key parenting areas such as ‘providing emotional support’ and ‘setting boundaries’. Each area is assessed and scored out of ten, then marked visually on a star chart, giving a clear indication of which areas the family is doing well in and which areas need more work. This system allows practitioners to intervene and take action where needed, and also encourages parents by showing them the areas where they are having the most success, rather than just focussing on areas of need. Used as part of the Troubled Families programme, which operates on a payment-by-results programme, the Family Star will give local councils an opportunity to demonstrate the targets they are meeting, and the financial value of the programme, which aims to support families in finding work and improving school attendance. An independent evaluation of the tool by York Consulting found it be an effective method of engaging parents and practitioners, providing a “clear and effective structure” for delivering the services and support that are known to be effective for families with complex needs.
NSPCC calls on ministers to address mental health gaps for new mothers

A new report from the NSPCC highlights a gap in mental health services for new mothers across large areas of the country. The report, All Babies Count: Spotlight on perinatal mental health has called on Health Ministers to bring about a significant change in the availability of mental health care for new mothers, following findings that less than half of mental health trusts have specialist units for new and expectant mothers.

Mental health problems can start or escalate in women during pregnancy and the first year of their children’s lives, with potentially damaging effects on babies’ health and wellbeing and on family life in general. The majority of these problems, which can include depression, anxiety and post-traumatic stress, can be prevented or treated where the right level of care is available, avoiding further negative effects.

In many local areas, Mother and Baby Units provide excellent care and support to families, but the new report shows that these units are not universally available. With less than half of mental health trusts currently equipped for specialist maternal care, the NSPCC is calling on commissioners to give greater priority to maternal mental health so that new mothers do not have to miss out on vital care.

120,000 babies are currently living with a parent who has a mental health problem and, while many of these families do find ways to cope, the report points out that mothers who do not have access to appropriate care risk suffering longer-term effects that may see them separated from their babies, leading to further trauma for the family. The NSPCC is calling on policy-makers to not only give mental health the same importance as physical health, but also to fill the gaps in services and put an end what is described as a “postcode lottery”.

NSPCC CEO Peter Wanless said: “This report clearly shows that with the right services, it is possible to prevent the harm caused by maternal mental illness. But opportunities to help many more families are being missed.

“We have to start treating the mental health of mums and babies with the same importance as their physical health. Pregnancy and the first months of a child’s life are critical for their future wellbeing and parents naturally play a vital role. If the Government is serious about giving every child the best start in life it must take action to fill the gaps in services.”


SPAN proposes changes to the Work Programme to better support single parents

The Single Parent Action Network (SPAN) has published an analysis of the Work Programme, urging the government to make changes that would better support single parents.

The Work Programme, introduced in June 2011 is designed to provide support for job seekers in finding sustainable employment. Those aged 18-24 who have been claiming Job Seeker’s Allowance for nine months (12 months for those aged 25 and over) are teamed up with a specialist contractor who is employed on a payment-by-results basis to help the job seeker find work.

Currently, there are no additional considerations taken for single parents in the programme, meaning the management of childcare around irregular training and job seeking patterns can be unpredictable for the parents and children.

SPAN works with single parents living in poverty, including support and training for returning to work. In their evaluation, they argue that the Work Programme is “not currently working well” for single parents, either in accommodating their childcare needs or at finding suitable, sustainable, long-term employment.

Working with 16 parents across the UK, SPAN found that the requirements of the Work Programme and the training opportunities it provided were difficult to meet while managing childcare. With the structure of the programme set up as it is, this is putting single parents at a disadvantage to other job seekers on the programme.

Among its recommendations for the future of the programme, SPAN has called upon the government to make changes that would better support single parents.

In response to their finding, SPAN has proposed three major recommendations to better support single parents in returning to work:

• an overhaul of government policy towards single parents that
would allow for greater flexibility and increased opportunities;
• practical changes to the Work Programme to provide clearer
guidelines and tailored support for single parents;
• greater external scrutiny of the programme to make
providers more accountable for the way they work with single
parents.

The evaluation acknowledges that the Government wants the
programme to succeed and that the single parents involved
want to find long term employment, and urges action to
redress the disadvantage that single parents are shown to have
within the programme as it currently stands.

Download the full report (SPAN)
http://spanuk.org.uk/2013/06/18/work-programme-call-for-
changes-to-sanctions/

Social workers request greater role in early intervention

The Royal College of Social Work has published an advice
note, laying out suggested roles and tasks that would extend
the participation of social workers in early years settings.
The advice note, whose consultation period closed on 28th
June, says that the routine involvement of social workers
in early intervention should be increased beyond what is
currently legally required, and highlights the role of social
workers as trained professionals who support families in taking
control of their lives following scenarios where safety
is restricted.

Aimed at employers and commissioners, the note lays out
specific roles and tasks that should only be carried out by
qualified social workers, and situations where the law stipulates
social workers should be used. The note calls for employers
and commissioners to recognise that there are also other
circumstances in which social workers could be called upon,
prior to the levels where legal requirements come into play,
suggesting it would be “extremely unwise to restrict social
workers to working solely on such reserved tasks”.

Social workers are often involved late on in a set of
interventions that can lead to a child being taken into care,
following a period in which the birth family is supported
towards making improvements to provide a home for the
child. The note suggests that an earlier involvement of social
workers in this process could help prevent crisis early on,
and that services should not wait for legal necessity before
engaging social workers.

The College of Social Work, which exists to uphold the
professional standards of social work, hopes that the advice
note will ensure social workers are properly used to carry out
the work for which they are trained. Read the draft advice
note: http://www.tcsv.org.uk/uploadedFiles/TheCollege/__
CollegeLibrary/Policy/AdviceNoteConsultationMayJune2013.pdf

New report urges paediatricians to test babies for stress

A group of leading American paediatricians has published new
data highlighting the importance of testing young children for
signs of ‘toxic stress’ as part of routine medical check-ups.
The American Academy of Pediatrics (AAP) has called for
behavioural and emotional functioning to become a standard
part of paediatric examinations following evidence that signs of
‘toxic stress’ can be identified early and properly treated.
Currently, doctors routinely offer physical examinations
during the early years, which include monitoring heart rates
and testing hearing, and the academy is calling for these
examinations to include tests for toxic stress, indicated by
social and emotional difficulties.

Identifying and treating toxic stress in babies and young
children could lead to reductions in serious heart difficulties as
well as addictive behaviours later in life. Under the proposed
inclusion, children displaying early signs would be referred
to specialised treatment, and parents would be taught
valuable skills for promoting social interaction to support the
emotional development of their children.

The AAP says that while screening is complicated, there
needs to be a positive step taken to connect the evidence
of the effects of early toxic stress to the actions carried out
by professionals working with parents. Recommendations
are being drafted to create a framework for paediatricians
to identify behaviours such as emotional outbursts, social
withdrawal, or delayed speech and motor skills, including
standardised parental questionnaires to identify family
related factors.

The academy has suggested a number of measures to
improve outcomes for children showing signs of toxic stress,
recommending therapy programmes that promote parent-child
interaction which can improve behaviour and help children
overcome the effects of early trauma. As part of the proposed
framework, primary care doctors would be educated in how
to teach key parenting skills early, such as promoting increased
face time between parents and children, which encourages
children to find healthy ways to seek attention from the outset.
In this respect, parenting skills would be embedded in early
care as standard.
Research and consultations

Engaging young people in research and consultations
Date: 6 November 2013
Provider: Centre for Longitudinal Studies
Booking: http://www.cls.ioe.ac.uk/
This workshop explores evidence-based approaches to engaging children and young people in research and consultations. Targeted at the public and third sectors, it will cover a range of issues, from appropriate messaging to effective dissemination. The workshop will be presented by CLS and the National Children’s Bureau (NCB), drawing on findings from a range of joint CLS-NCB research.
FREE

Working with parents

Going Mellow
Date: 18 September 2013, London. 16 September, 11 November, Scotland.
Provider: Mellow Parenting
Booking: maria@mellowparenting.org
Mellow Parenting is a relationship based intervention which promotes positive parent-child interaction. Training in the core Mellow Parenting programme consists of a three day course which provides practitioners with a thorough background to the model and an understanding of how to run Mellow Parenting groups. Participants of this three-day training will receive a Certificate of Attendance to confirm they have attended the three day training, and will leave equipped with the knowledge to deliver Mellow Mums, Mellow Dads, Mellow Babies and Mellow Toddlers Groups within the new modular approach to Mellow Programmes.

Date: 15 August, Edinburgh
Provider: Children in Scotland
Working with parents and other caregivers is central to ensuring good outcomes for children and young people both in a social and educational context, but many workers find it difficult, frustrating or prone to conflict. This training will explain how involving parents can have far reaching implications for the whole family and examine ways of overcoming barriers faced by both practitioners and parents.

Sex and relationships

Supporting Parents to Talk to Their Children about Growing Up, Relationships and Sex
Date: 12 September 2013
Provider: Children in Wales
Booking: www.childreninwales.org.uk/training/index.html
Children and young people consistently say that they would like to be able to talk more with their parents about these issues. Parents also would like support and information to enable them to do this with comfort and confidence. The range of issues presented by parents can vary enormously, from responding to questions from young children, to dealing with changes at puberty, to supporting teenagers to make decisions around their sexual health, identity and relationships. This one-day course will be useful for anyone who works with parents including; Parent Group facilitators, Early Years workers, Health Visitors, Parenting workers, Teachers and Volunteers supporting parents etc.

E-learning

E-learning - parental substance misuse
Provider: SCIE
Booking: www.scie.org.uk/publications/elearning/parentalsubstancemisuse/
These free elearning resources provide audio, video and interactive technology to assist in exploring parental substance misuse, its effects on children and parenting capacity and the implications for social work practitioners.

E-learning - parental mental health
Provider: SCIE
Booking: www.scie.org.uk/publications/elearning/parentalmentalhealthandfamilies/
These elearning resources are freely available to all. They provide audio, video and interactive technology to assist in exploring the nature of parental mental health and its impact on families.

Video interactive guidance

Video Interactive Guidance
Date: 23 September 2013
Provider: Tavistock and Portman
Booking: www.tavistockandportman.ac.uk/cpd108
This two day course provides introductory training in the approach of VIG is for professionals who work with parents and carers who are experiencing difficulties in communication with their children and wish to develop better relationships with them.VIG is also relevant to staff who work with children and young people in care settings, special education, for staff in higher education support, or staff working in specialist projects such as FDAC. The course will provide an introduction to what Video Interaction Guidance (VIG) is and its theoretical origins. It will also offer illustrations of clips used by guiders with clients and an introduction to the framework for micro-analysis of attuned and non-attuned interaction based on the work of developmental psychologist Colwyn Trevarthen. The ratio of trainers to participants will be roughly 1:4, to allow close support to the small group skills based practice sessions that participants will engage in on both days.

Postgraduate

Infant mental health and psychoanalytic parent infant psychotherapy
Booking: www.infantmentalhealth.com
This is a four-year part-time training, that can be shortened to a two-year conversion course for therapists who already have a suitable qualification. The work of the School draws upon learning that ranges from key psychoanalytic papers, through to the latest findings of neurological research. The training includes a range of lectures, seminars, and baby and organisational observations. There are two intakes for these courses each year, in February and October.
Kelly Family Charitable Trust

Main Grants Programme
Website: www.kfct.org.uk/
The Kelly Family Charitable Trust is open to applications from registered charities whose activities involve all or most family members in initiatives that support and encourage the family to work as a cohesive unit in tackling problems that face one or more of its members. The fund also welcomes applications from sports and health-related charities whose activities comply with the above criteria.

The Fund offers revenue and capital grants. Grants are of between £1,000 and £5,000, but higher grants may be considered.

Projects supported in the past include the Hill’s Trust Home School Community Project which is a family education support project based in Hill’s Trust Primary School in Govan. The Project promotes parental involvement at all levels throughout the school and works directly with parents/carers and pupils. It offers support with issues such as attendance, behaviour and family issues, as well as a range of other services. The School is working with Glasgow City council to share its good practice with the aim of expanding the model to all Glasgow Schools.

The next closing date for applications is the 1st September 2013.

Children and Families

Children and families organisation grant
Website: http://wales.gov.uk/topics/childrenyoungpeople/working/grants/?lang=en
This grant programme aims to develop the capacities of voluntary organisations to help the Assembly achieve its objectives of creating a more inclusive society and to enable children to play a positive role in the community wherever possible.

It focuses on the following themes:
• national representation of bodies providing services for children in Wales
• day-care

• looked after children (including advocacy, fostering and adoption)
• disabled children
• parenting
• child protection
• children from ethnic and other minority groups
• play

Children and young adults

John Lyon’s Charity
Website: www.johnlyonscharity.org.uk/
John Lyon’s Charity gives grants to groups and organisations for the benefit of children and young adults up to the age of 25 who are residents in London’s northwest boroughs of Barnet, Brent, Camden, Ealing, Hammersmith and Fulham, Harrow, the Royal Borough of Kensington and Chelsea, City of London, and the City of Westminster.

The charity’s main policy is to promote the life-chances of children and young people through education. To that end, the charity has distributed more than £50 million in the last two decades to a wide range of services for young people. These include youth clubs, arts projects, counselling, child care and parental support schemes, sports and academic bursaries and scholarships.

Gibbons Family Trust
Website: www.gibbonstrusts.org/trust.html
The Gibbons Family Trust offers grants to charitable organisations working with children and young people under the age of 25 years in Devon and the Isle of Thanet, Kent. Funding is intended to support the Trust’s main priorities, which are the care, benefit, welfare, education and support of young people under 25 years of age.

Northamptonshire

Northamptonshire 100 Fund
Website: www.nacf.uk.com/Grants/Northamptonshire100Fund
Northamptonshire 100 Fund was launched in May 2010 with the aim of bringing 100 like-minded businesses and individuals together into a ‘circle of giving’. The Fund focuses on a different theme each year. The 2013 theme is ‘Vulnerable Families’ which covers the following areas:
• Projects that address child poverty.
• Supporting families on a low income and enhancing community activities for families.
• Providing a safety net for vulnerable people.

Deadline: 15 November 2013

Where to find funding

You can find further information about funding on Parenting UK’s website.

The following provide general guidance and information on funding:

Charities Aid Foundation – www.cafonline.org
Charities Information Bureau – www.fit4funding.org.uk
GrantsNet – www.grantsnet.co.uk
September

Children and young people’s conference
Date: 11 September 2013
Venue: Central London
Booking: www.govknow.com/event-detail.html?id=458

Following on from the success of the first annual Children and Young People's Conference in November 2012, GovKnow are proud to present this second annual conference. This conference will provide key stakeholders including frontline practitioners with the opportunity to discuss and debate key issues in relation to services for children and young people. The government are committed to supporting life chances for all, and this conference will examine how current services and policies are supporting children and young people from all backgrounds to reach their full potential.

Troubled Families 2013: Improving the Outcomes for Families with Complex Needs
Date: 11 September 2013
Venue: Central London
Booking: www.insidegovernment.co.uk/event-details/troubled-families/193/#agenda

This forum will explore the progress of the government’s Troubled Families Programme and examine current and future policy strategies for turning around the lives of the UK’s most disadvantaged families. Bringing together leading policy experts and a broad range of case studies, delegates will discuss how to work in partnerships to commission integrated services that improve outcomes for families with complex needs.

Safeguarding Children Service National Conference: “Shaking your baby is just not the deal”
Date: 30 September 2013
Venue: Powys
Booking: www.childreninwales.org.uk/21465.html

This is a free conference to raise awareness in the general public of the causes and consequences of Non-Accidental Head Injuries in babies, and to ensure that the public are aware of the support available to help with the demands of parenting in the early years.

October

Improving Impact Measurement And Analysis 2013
Date: 15 October 2013
Venue: Central London
Booking: www.thirdsectorevents.com/events/impactmeasurementconference-2/

Targeted at the public and third sectors, it will cover a range of issues, from appropriate messaging to effective dissemination. The workshop will be presented by CLS and the National Children’s Bureau (NCB), drawing on findings from a range of joint CLS-NCB research.

November

Children in Scotland Annual Conference 2013: Every child, Every childhood
Date: 5 November 2013
Venue: Paisley

Children in Scotland’s annual conference is the flagship event for the children’s sector, bringing together all those who are making a difference to the lives of children and young people in Scotland. While the Children and Young People’s Bill is about to become reality, support for children and families is feeling the pressure of austerity measures. This makes it more vital than ever to keep children and young people at the centre of our work for the future.