

**Minna Daum BA BSc (Hons)**  
Senior Family Therapist

**Education**

- 1994 Diploma in Family Therapy (Distinction) UCL  
UKCP Registered Family Therapist
- 1993 BSc (Hons) Psychology (2.i) Brunel
- 1982 BA (Hons) Modern Chinese Studies (2.i) Leeds

**Employment**

- Sep 1998 – present Head of Programme, Families at Risk; Senior Family Therapist; co-Manager of Court Assessment Service, The Anna Freud Centre

The Anna Freud Centre offers a range of services to children and families including individual child psychotherapy, outreach work and parent-infant psychotherapy. In conjunction with Dr Duncan McLean, Consultant Psychiatrist, I manage the Court Assessment Team, which carries out detailed multi-disciplinary assessments concerning the risk of rehabilitation in cases of suspected or known child abuse. We have a particular expertise in parents with personality disorders and the way these impact upon child development. I am responsible for carrying out the parenting assessments, working with parents and children together and assessing the parents' capacity for change. I oversee the work of the team and am lead author for many of the reports produced.

In addition to these duties I manage the Families at Risk Programme at The Anna Freud Centre. This involves overseeing work with children on the edge of care, children in care proceedings, and Looked After and adopted children.

I also deliver trainings, mainly in Personality Disorder and Parenting, with my colleague Dr Duncan McLean.

- Mar 1992 – Sep 1997 Senior Clinical Specialist (Family Mental Health) Marlborough Family Service

The Marlborough Family Service is a multi-disciplinary all-age NHS Service. Initially employed as Clinical Specialist in the Family Day Unit (runs intensive multi-family assessment/treatment programmes, at that time nine-weeks, up to nine families per programme, four days per week).

**Clinical work:** intervention with 'multi-problem' families (drug/alcohol abuse, psychosis, poverty) in court process due to child

abuse, with a view to making firm recommendations regarding the risk to the children of rehabilitation with parents. I worked systemically in a variety of contexts:

- wider professional network around the family,
- ‘unofficial’ network of friends and extended family
- home context,
- multi-family groups

**Training:** numerous training events for professionals from Europe wishing to duplicate the multi-family group model pioneered at the Marlborough Family Day Unit.

**Management:** Promoted to Senior Clinical Specialist in 1995, managed the Day Unit until the birth of my child in September 1997. Responsible for managing and supervising the work of my two full-time colleagues and a number of temporary staff and trainees. Part of Senior Management Team at the Marlborough, and of the Senior Managers’ Group, Child and Adolescent Mental Health Services, North West London Mental Health (NHS) Trust.

**Research:**

- I set up and ran a longitudinal outcome study of families attending the Day Unit since 1992, examining relationship between our recommendations and reabuse rates.
- I developed a study concerning the relationship between biological parents, children and foster carers, examining the extent to which an intervention aimed at shifting this triangular relationship can ameliorate both the parents’ capacity to care for their children and the child’s experience of the rehabilitation process.
- I established and chaired a research group involving a number of agencies throughout the Greater London area also involved in assessment/treatment of abusing families with a view to coordinating further outcome research, comparing the effectiveness of different approaches to risk assessment.

**Service Development:**

- I successfully included foster carers in the process of family assessment and change, by establishing foster carers’ groups, visiting carers in their homes, and so on.
- In response to users’ views I developed outreach work by the Day Unit team in families’ homes, both as follow-up to families who attended the Day Unit and as a separate intervention for families who did not find that outpatient

sessions in the clinic addressed their problems as experienced in the home context.

- I developed short, intensive ‘mini-programmes’ at the Day Unit, doing preventative work with groups of families who had severe problems in coping with their children but who had not yet become involved in child protection procedures.
- Using the same approach I developed the team’s work with families of Asian origin who did not speak English sufficiently well to participate in multi-family programmes.
- I began the process of establishing relationships with professionals in the community in order to work with families and groups of parents in schools and nurseries.

**Consultancy:** I have acted as a consultant to the following staff groups:

- Local nurseries: consultation to staff teams when nurseries become family centres, i.e. skills extension for nursery workers are being required to work with parents and children together.
- Westminster Women’s Aid: consultation to local women’s refuge staff team re: addressing child protection issues with parents.
- Westminster Social Services Kiu Wah Project (Chinese workers): consultation/training on the use of systemic ideas in clinical practice.

April – October 1991

Child Care worker, Mildred Creak Inpatient Unit, Great Ormond St Children’s Hospital

My duties on this 8-bed inpatient psychiatric unit included running a ‘social skills’ group, individual work in school, family therapy sessions, the construction of nursing plans, and everyday care of the children

April – Sep 1990

Nurse, Families Unit, Cassel Hospital, Richmond, London

I participated in all groups and meetings, worked individually with children in the hospital’s school, and was key worker for two families in association with a psychotherapist.

August – October 1989

Residential Social Worker, Bowman’s Close, Ealing, London

This is a rehabilitation hostel for residents suffering from long-term psychotic illness who are trying to live independently following

periods as psychiatric inpatients. I was key worker for a number of residents.