# Evaluation of the Think Family Practitioner role within the Think Family Pilot, South Eastern Trust, Down Sector (January 2015-August 2016)

**Date of report: December 2017**

- Think Family Pilot – Setting the Context

- Under the auspices of the Children and Young People's Strategic Partnership and supported by the Safeguarding Board Northern Ireland, a 'Think Family' Pilot project was introduced in the Down sector of South Eastern Trust. The Pilot was rolled out across Adult Mental Health (Community and Inpatient), Addictions (Community and Inpatient) and Children's Services (Family Intervention Team) along with three voluntary sector partners , Action for Children, CAUSE and Mindwise.

- The pilot started in September 2014 and spent the first six months providing extensive awareness raising and focused training with teams in the area. Preparation was also spent on improving assessment documentation using COPMI (Children of Parents with Mental Illness - www.copmi.net.au). The improved documentation helped staff to identify needs and support using a family focused approach underpinned with COPMI information and the Think Family Model. The Pilot was undertaken in three stages and concluded in March 2017:

- Stage One strengthened documentation across the different service areas with information from COPMI;
- Stage Two focused primarily on adult mental health (AMH) staff having the family conversation. This included increasing their knowledge and skills to make family focused conversations part of their practice; the input of the Think Family Support worker at this stage of the pilot was crucial to supporting staff with the opportunity for family focused conversations;
- Stage Three focused on the environment of the facilities, including upgrading family rooms in the addiction and acute inpatient ward to allow family visits to occur in a more stimulating environment that enhanced engagement for the parent and their dependants.

*Please note:*
*Adult Mental Health is inclusive of Mental Health and Addictions Services and covers the following: Acute Mental Health Services - Inpatient Home Treatment and Hospital Social Work; Community Mental Health Services - Assessment Centre and Community Mental Health Team.*

## Think Family Support Worker Role within the SET Pilot

The Think Family Support Worker's geographical remit focused on the Down Sector within the South Eastern Trust, with office base between Market Street Children's Services and the Downpatrick Mental Health Assessment Centre. Remote working technology was utilised extensively, with positive impacts on delivery – this allowed the practitioner to work across different offices and teams. The post was for 22.3 hour per week, funded by the Health and Social care Board and managed by Action for Children.

Key partnerships were developed across statutory interface areas and voluntary sector that included:

- **Children services;** Family Intervention Teams Newcastle, Downpatrick and Ballynahinch.
- **Mental Health Services;** Acute Inpatient Ward, Home Treatment, Community Mental Health Teams, Mental Health Assessment Centre, Community Addiction Team, Addictions Inpatient Ward (**Shimna House)**
- **Psychology;** Adult Team

- **Voluntary Sector:** Mindwise, Action for Children, CAUSE, Action Mental Health

**Think Family Criteria**

Cases were identified by front line staff across all sectors; these were referred directly to the Think Family support worker who worked jointly with a variety of team members. As long as the case had an individual with mental health issues with children or adult carers it met the remit for a family conversation. Typical cases spanned over a number of months from the point of referral, with the Think Family Practitioner providing continuity to the family as they received services from different Trust sectors.

A service plan was drawn up jointly between the family, TF Practitioner and lead professional. This could also draw in additional support from other Trust services or external service providers. Those identified as requiring additional levels of support on the basis of a mental health issue within the family unit received interventions such as:

- **One-to-one working**

This could be with the adult with the mental health issue or one of their children or family members. This could be around educating them on the mental health issue, supporting them to have the family conversation, giving them confidence to utilise resources or responding to an identified need such as safety planning or providing a listening ear.

- **Holistic family support**

The practitioner would have facilitated an open family conversation that not only looked at the support needs of the service user but also the family. This assessment used the 6 domains within the Family Model (Falkov, 2012)

- **Education**

Supporting family members understanding of their diagnosis, medication and impact

- **Signposting to other relevant services**

This included identifying young carers and referring to Action for Children or identifying services via the Family Support NI website

- **Identification of risk**

This included recognising child protection issues and vulnerable adult concerns. One focus was to improve co-working between Adult Mental Health services and Children's Services. The support worker would also have contributed to service plan meetings, team meetings and case conferences.

- **Dedicated support to lead case worker**

Joint working with the lead professional and taking on part of the direct work with the family as related to the family conversation and identified care plan.

- **Face to face and remote contact with case workers and families**

Ongoing support was face to face or over the phone to professionals and family members.

## Raising Awareness of the Family Model

An important function of the Think Family Support Worker was to:

- provide presentations to Trust staff and external voluntary partners
- provide support to staff via team meetings – providing training, progress updates and identifying appropriate referrals
- Designing and delivering training events
- Working alongside other community initiatives such as the Family Support Hub and PIPS (Public Initiative for Prevention of Suicide and Self-harm). This included presenting at a conference on suicide awareness.
- Workshops attended by Trust and Voluntary sector colleagues. These included sessions with families led by Dr Falkov and presentations by other leading practitioners.

During the pilot a total of 494 staff had directly engaged in awareness raising, applying and promoting The Think Family Model in their practice.

**Action for Children Practice Experience: (see appendix 1)**

For the duration of the pilot the TFSW received the following referrals:

| Referral source | Number of referrals |
|---|---|
| Children's Services including. FIT, Gateway and Sure Start | 23 |
| Adult Services including. Acute, Community, Psychology and Addictions | 15 |
| Voluntary including, Mindwise | 6 |

**Children's Services**

The response of staff within Children's Services was encouraging. Staff could see the benefit of Think Family for their practice and found it helped bridge the gap with mental health services and improved lines of communication. Staff found the support and perspective of the Think Family Support worker welcoming, and were keen to engage and work jointly to achieve shared outcomes. Staff from Children's Services embedded the approach into their practice with relative ease, leaving the Think Family Support Worker to focus more directly on Adult Mental Health services. Observations would suggest that TFSW approach was easier to embed with Children's Services due to their holistic training as

social workers and working with the whole family as part of their role and function as a social work team. The TFSW received 23 family referrals from Children's Services throughout the duration of the pilot , an additional 10 to the number they returned via the data capture form as part of the pilot.

The FIT's work with many families where there are mental health issues that are managed via primary care GP services without involvement of secondary mental health services. Children's Services found that one of the benefits of being involved in the Pilot was a greater awareness of the maintenance of the parent's mental health issues when managed by primary care GP services, and the benefits of family focused conversations. One of the unintended consequences for FIT was the benefits of the family conversation being deployed more widely with other families outside of the 13 families where data had been collected.

The Pilot reinforced the importance of communication between family members and enabling the child/adult to understand each other's mental health issues and the impact of this on their own well-being. This allowed the Social Workers to engage more readily with both child and parent and in consultation with secondary mental health and addiction colleagues at an earlier stage to complete UNOCINI were necessary.

## Benefits of the Think family support worker to Children's Services:

- Think Family Practitioner – link across the services.

- Identified appropriate families to deploy TF model.

- Facilitated child friendly conversations alongside mental health and Children's service Staff

- Supported better communication across MH and Children's Services and with families

- Enhanced relationships between professionals and with families. Albeit there were tensions at times if MH were not in agreement with proposed care plan however these were worked through to a satisfactory conclusion.

- Increased the use of resources by staff e.g Child friendly books to help explain certain MH conditions.

- Assisted with the development of 50 information packs.

- Supported the delivery of joint training.

- Promoted the use of the A5 cards to support the family conversation with staff and families.

- Empowered service users as parents to have a conversation with their children.

- Encouraged the use of the Adult and Children's Joint Protocol 2011 where both adult mental health and children's services were involved with the same family

- Raised awareness of the benefits of using COPMI information at induction of new staff and with experienced staff.

- Supported the delivery of the Champions Model training.

- Supported training with Safeguarding Practice Guidance with the Pilot Project team

- Engaged in skills training delivered by Dr Falkov visit with Dr. Tytti Solantus and Dr. Bente Weimand using a 'live family case' to demonstrate the benefits of The Family Model in having a family conversation– 17th & 18th May 2016.

**Adult Mental Health Services (excluding Addictions)**

The TFSW received 14 referrals from mental health services throughout the duration of the pilot. TFSW provided significant awareness raising, training and explanation of the family model to Adult Mental Health Services at the beginning of the pilot to increase knowledge and skills. This was to assist staff embedding a family approach to their direct work.

There had been some concern from staff that the model would require them to complete additional work with children which some staff felt ill equipped to deal with. With the assistance of the TFSW these concerns were addressed and practical advice on how to include children and young people in adult mental health assessments was given. This may explain why there was a steady increase in implementation of the model despite low referrals to the practitioner directly.

Staff across all areas did report that using the TFSW was supportive in having the family conversation with wider family members. For example mental health workers signposting to the voluntary sector for tailored support to family members including children. Family feedback was also positive about the TFSW role and how it straddled both Children's Services and Adult Mental Health. Service users cited that having a staff member who could follow their journey as they used different services to advocate on behalf of the family was very beneficial. It was advantageous to have a worker who could offer direct support to services users, children, adult carers and link in with the wide variety of professionals involved.

## Addiction Services

Addictions Services were enthusiastic about the family model and gaining knowledge and skills to enhance the family conversation. One particular family participated in a family focused conversation led by Dr. Adrian Falkov. The family agreed to this being observed by staff from multiple disciplines and it was an excellent learning opportunity for staff as well as a useful opportunity for the service user to receive support by the author and leading clinician of The Family Model

## Voluntary Sector

The TFSW role opened lines of communication between staff and families. For example, supporting Adult Mental Health and Children's Services staff to pick up on issues relating to the impact of parental mental health on children and the wider family. The pilot supported statutory services learning about was available from the voluntary sector. One such example is that there were some referrals to the Action for Children Young Carers Service as a result of the TFSW intervention. The voluntary sector also made 6 referrals to the TFSW for direct support.

## Training

Training was jointly delivered at various intervals throughout the pilot by TFSW, SET trainer and service users. This enabled staff to see the benefit of joint working to maximise collaboration between Adult Mental Health Services and Children's Services. During opportunities for joint training it was challenging to diminish the perception that family focussed conversations would increase workload. However, in practice this showed the opposite. As this became embedded in practice there

was an increase in the implementation of family focused conversations towards the latter half of the pilot.

In addition to training Think Family was added as a standing item at team meetings and supervision. Significant effort was dedicated to awareness raising within teams in the first three quarters of the Pilot. There was some concern expressed by staff that the model required them to work with service users they did not traditionally work with and that they did not have the skills to work directly across respective disciplines. Over time attention gradually focused upon applying the approach in practice through using TFSW to demystify any concerns they had, as opposed to teaching the theory. As a result of this staff confidence grew as the pilot progressed as evidenced by the increase in numbers to TFSW.

**Improved Outcomes for Families:** Case study example.

*An Addiction Services Inpatient was referred owing to the requirement for support pending transition to outpatient services. The patient's 10 year old child was unaware of the reason for the mother's period of hospitalisation and had been instead told that this was due to a physical illness. Think Family Practitioner provided support to enable communication about addiction to the child and wider family circle. There was collaborative working with nurses within the Outpatient Unit to prepare how to have this conversation with the child so they understood the reason for hospitalisation and the future care plan in a way appropriate to their age.*

*Family members were arranged to accompany the child to visit the inpatient ward and learn of the purpose of the unit and methods of treatment. UNOCINI assessment processes followed with the outcome of Tier 2 family support. Following discharge, the patient was supported by the Outpatient Unit and Addiction Team. Family support was put in place by Action for Children as well as an Action for Children Young*

*Carers referral. Mother and daughter also availed of a local parenting support programme through Parenting NI. The Think Family Support Worker coordinated the interface approach throughout, working on a direct ongoing basis with the family, and monitored the implementation of the support plan. This resulted in improved outcomes for the family unit who had previously been known to other interface services without a joined up approach being applied.*

## Think Family Pilot Feedback

### Feedback received from service users and staff on the Family Model

- The carer and her husband were impressed with the support they could access following one meeting where the different issues (adult and child) could be discussed at the same time rather than have separate meetings with different agencies who do not work or link in together. They found the meeting very constructive and continue to be involved with ourselves. *Feedback from professionals in Children's Services and Adult Community Mental Health*

- "As a result of Think Family, I would say my personal awareness of involving family in the admission process improved. As has the level of carer involvement throughout the individuals admission. I am also more conscious of recognising the stress on family members and so am mindful of ensuring carers are signposted to

Mindwise/ carers assessments/ social work involvement" *Mental Health Inpatient Unity Nurse*

- "Following the think family pilot on the ward I feel patient care has been improved. There is increased awareness of family involvement during initial admission assessment and throughout admission. Increased emphasis on carer contacts and offering carers assessment. The think family worker… was also a good source of information and support for the patient, family members and also staff. This will be reflected in future practice." *Consultant Psychiatrist*

- "The think family commenced on the ward has highlighted the issues of family support. It made everyone aware of the whole picture and to focus on family as well as the individual. There have been difficult situations in relation to confidentiality but listening is a skill nurses have in abundance" *Staff Mental Health Services*

- "Following the Think Family Pilot Scheme on the ward, my knowledge base has increased and I have been able to implement this into my practice and my daily contact with the patients on the ward right through from admission process, to assessment and through the discharge process. My practice has been influenced through the Think Family Project, with increased emphasis being placed on carer's contacts and carer's assessment. This project has had positive experience in the way in which I practice, has been reflected in patient care throughout, enhancing the overall quality care given to patients who come into my contact. The Think Family Practitioner was very approachable and an excellent source of information and knowledge, who was always readily available to answers questions." *Staff Mental Health Services*

- "I found that the Think Family Project has been beneficial to patients, carers and staff. It has increased staff's awareness about

the importance of looking at the family as a whole and not an individual. The courses provided were educational and informative. I also found that the Think Family practitioner was an asset to the team and provided a lot of support and reassurance to clients and their families. Overall I feel that this was a very worthwhile project and staff continue to recognise the importance of 'Think Family'. *Staff Mental Health Services*

- "if it was not for you and your (TF Practitioner) experience, I don't think I would be here today. I've always had difficulties being a parent, a wife and just me. You have taught me through your work that I am a good parent and a strong woman. I now know that I have strengths and weakness, but now recognise the telling signs and who to call… when services became involved it was always about my mental health. Now I can communicate with my children about my journey and they can also get support for theirs..." *Service user*

- "...joint visits with key workers are beneficial in a sense of developing trusting relationships between the parties, with on-going mutual learning and role modelling for the Think Family approach. These experiences shared in a working environment between the workers may have positive effect regarding attitudes towards implementing the model in practice." *Think Family Practitioner February 2017*

- "Overall I found the Think Family Project to be beneficial. It provided a more focussed approach to our initial assessment to include the family as a whole. Our assessment documentation was updated to include the main components of the project including useful reminders and triggers in bullet point form at the side of each page referring to the impact on the children. I had numerous conversations with the two Think Family Practitioners which was reassuring to myself in relation to my own practice. This proved

useful in me being able to signpost individuals in the right direction. The small glossy guide was also useful and also became part of our assessment documentation. I found benefit from the seminar provided by Dr Falkov which was also a good opportunity to meet and network with other professionals within the trust. Overall I found the Project a worthwhile venture." *Trust Senior Management*

## Key Recommendations

The Way Forward:

The learning provided from the participation of the TFSW in the SET Pilot has raised a number of key recommendations that senior management should consider within Children and Adult Mental Health Services. This can pave the way for HSCB discussion to consider how Children's and AMH continue to take forward the key recommendations on a regional basis regarding knowledge, skills and workforce issues.

1. From a governance perspective it is essential that the TFSW is given access to internal networks, notably email, MAXIMS, PARIS and other recording platforms to assist with the record keeping of staff involved with the families.

2. A significant benefit was the use of the A5 card as a visual tool to direct family conversations using the 6 domains. The questions on the reverse of the card also supported the family conversation and assisted explanation of the benefits of The Family Model and the importance of having a family conversation in everyday language.

3. Remote and flexible working practices are recommended. There was huge benefit for TFSW being able to be facilitated across teams and directorates. The TFSW needs to be able to split their time across multiple teams to provide support as and when needed. They require a flexible working pattern to meet the needs of the services – for example having the freedom to attend team meetings on different days. They also require remote access so they can work from different places within the Trust and with external partners.

4. As part of the induction there is a requirement of appropriate levels of dedicated support to be in place for the TFSW. This should include the identification of a lead facilitator to take charge of induction, i.e.to provide opportunities of shadowing and to

formalise a network of ‘single points of contact’ within each team in addition to the established network of ‘Champions.’

5. A requirement of ongoing monthly supervision throughout the duration of the pilot to discuss operational and professional issues is an important governance issue and to maximise progress of the pilot.

6. Close links should be maintained regionally to learn from each other’s experiences of implementing Think Family NI.

7. Progress reports were essential in providing timely updates of the pilot. These were used to inform the pilot Project Team (PPT) whose role was to oversee the implementation of the pilot over a 2 year period.

8. Agreed quantitative and qualitative data should be collected from the start of the pilot as a means of measuring outcomes and identifying areas that require further work.

9. There is a need for continued roll out of multi-disciplinary training with staff in adult mental health and Children’s services to

increase knowledge (The family Model) and skills, (platform for family focussed conversation in practice).

10. It is important to continue using people with lived experience to co- produce and deliver training of The Family Model and family focused practice to staff across SET. Using different methods of delivery (theory, mentoring, active participation and reflective practice) supports how adults learn. This increased staff confidence and understanding of the importance of the impact parental mental health issues can have upon families.

11. Senior Leadership in SET is required to shape, influence and embed front line practice in consideration of the key recommendations.

# Action for Children – Think Family Pilot

## Appendix 1

## Draft Report Card 2015-2016

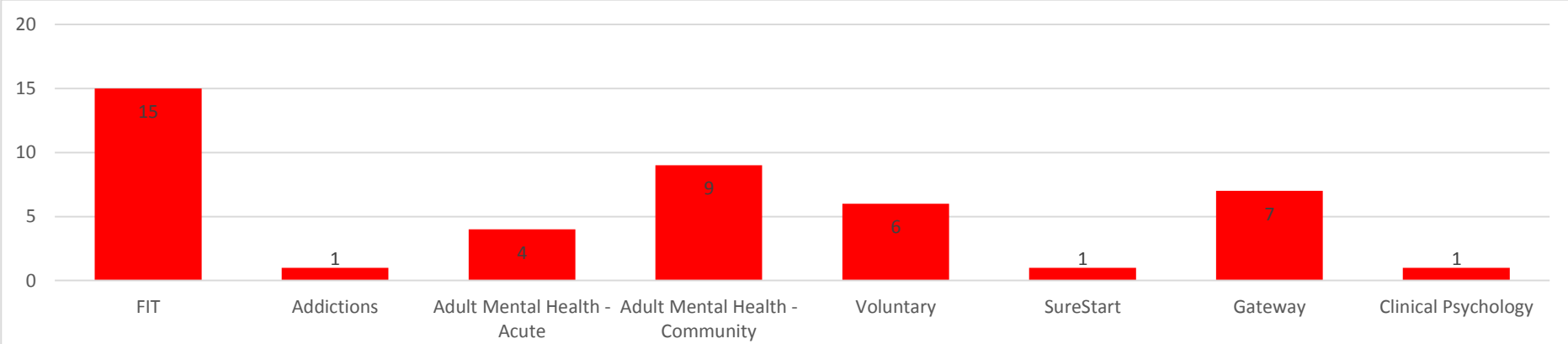
- The collection of data was gathered for a one year period spanning 1/4/2016 – 31/03/2017 using a data collection tool developed specifically for this period. Unfortunately, this tool was not available from the beginning of the pilot meaning that some data was collected retrospectively. This has meant that some of the referrals were counted overall, but their demographic information was not able to be ascertained after the intervention. This is evident in some of the charts below. For example, chart 1 shows that 44 families were referred but only 33 were able to be broken down by age. Some of these families may also have been referred for consultation only, meaning that the TFSW did not have demographic information. For future studies it would be useful to have the data collection tool designed and ready for implementation from the beginning of the study.

- The data collection tool provided the input of quantitative and qualitative data onto an excel spreadsheet that was the converted into an Outcomes based report card used by CYPSP.

How Much did we Do?

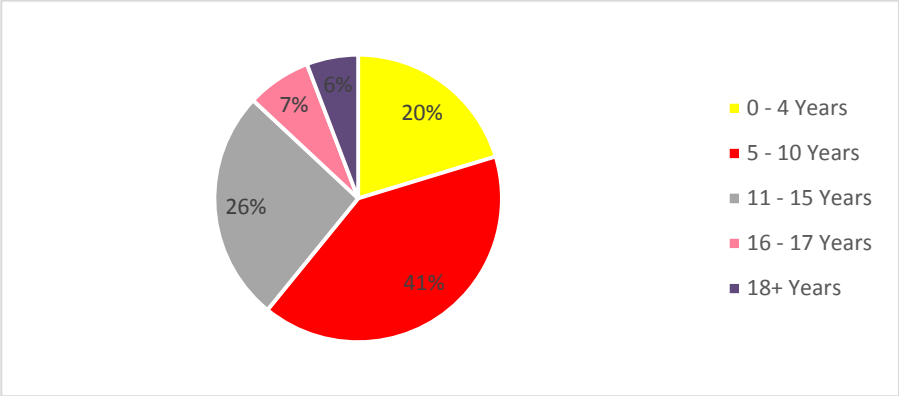
AFC1: Breakdown of families referred to Think Family Support Worker (TFSW) by team

**44 families** were referred to the Think Family Support Worker during the period



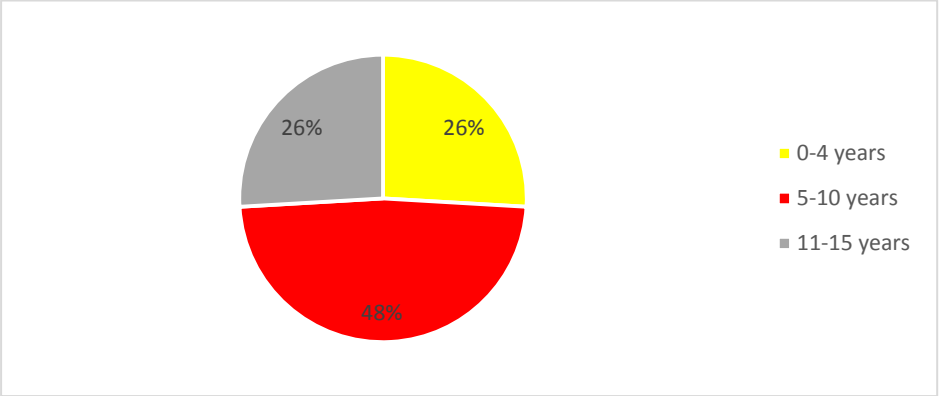

AFC2: Percentage breakdown of total children by age range within participating families.

A total of **69 children** were identified within the **44 families** referred to the TFSW. **11** of the families identified have been omitted from this chart as the age or number of children in these families was not recorded.




AFC3: Percentage breakdown of total children by age range within families referred to TFP by Children's Services

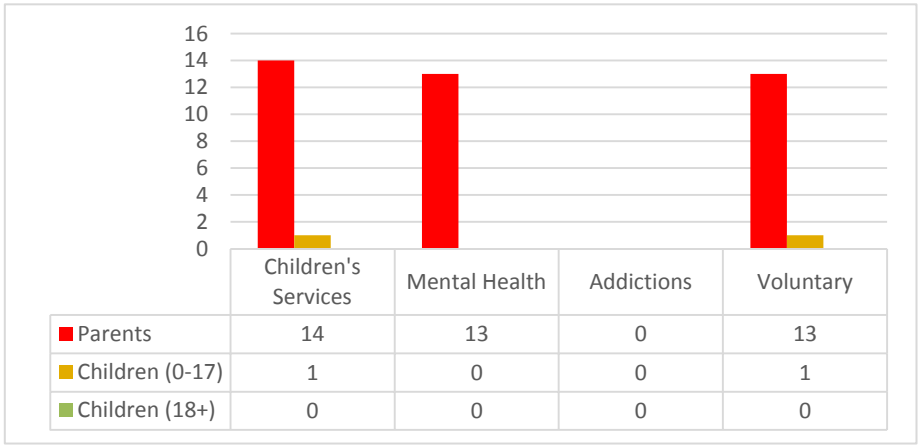
A total of **27 Children** were identified within the **22 families** referred to the TFP by Children's Services departments. **8** of the families have been omitted from this chart as the age or number of children was not recorded



How much did we do?

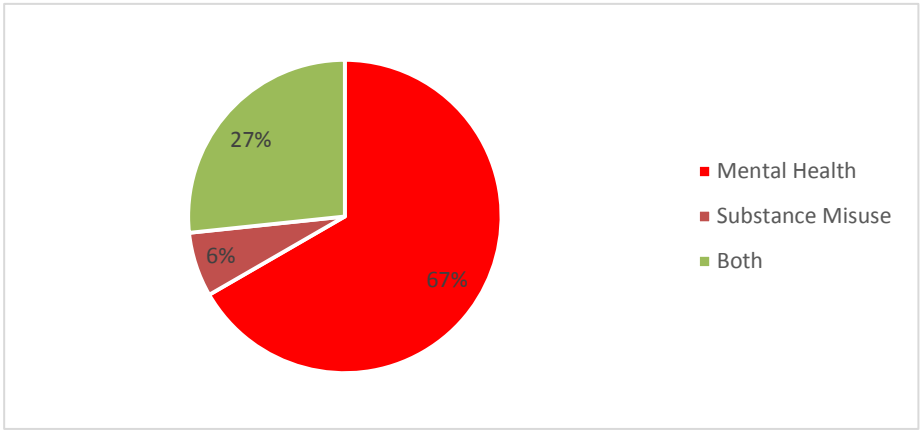
**14** of the **44** families referred to the TFP have been omitted from AFC4, AFC5, AFC6, AFC7 as presenting need was not recorded on the monitoring form

AFC 4: Individuals in each home engaging with TFP referred as presenting with poor mental health or substance misuse by referral source and age

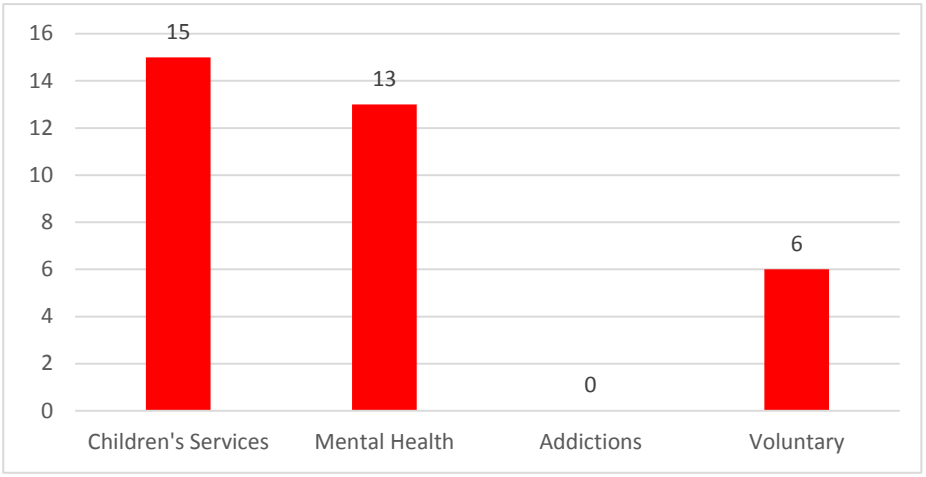



| | Children's Services | Mental Health | Addictions | Voluntary |
|---|---|---|---|---|
| Parents | 14 | 13 | 0 | 13 |
| Children (0-17) | 1 | 0 | 0 | 1 |
| Children (18+) | 0 | 0 | 0 | 0 |

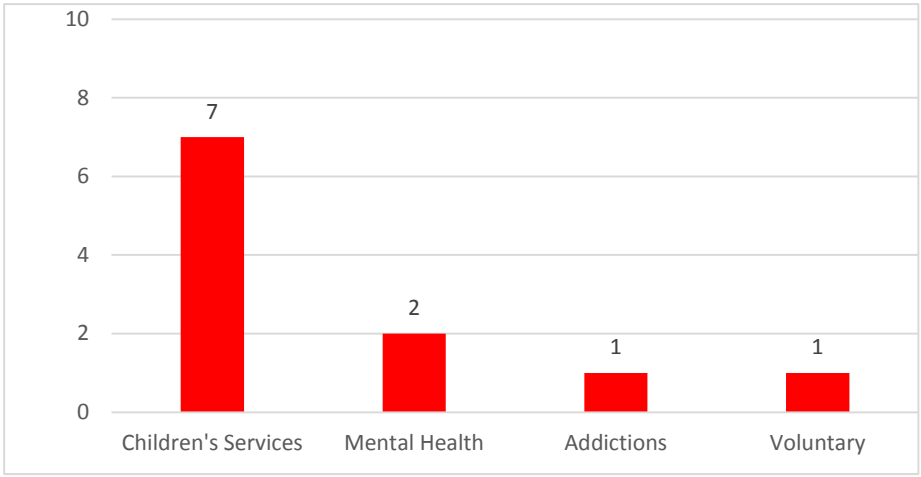
AFC5: Breakdown of families referred to TFP due to at least one family member being identified as having poor mental health, addiction or both




AFC6: Number of individuals with mental health issues by referral strand




AFC7: Number of individuals with addiction issues by referral strand



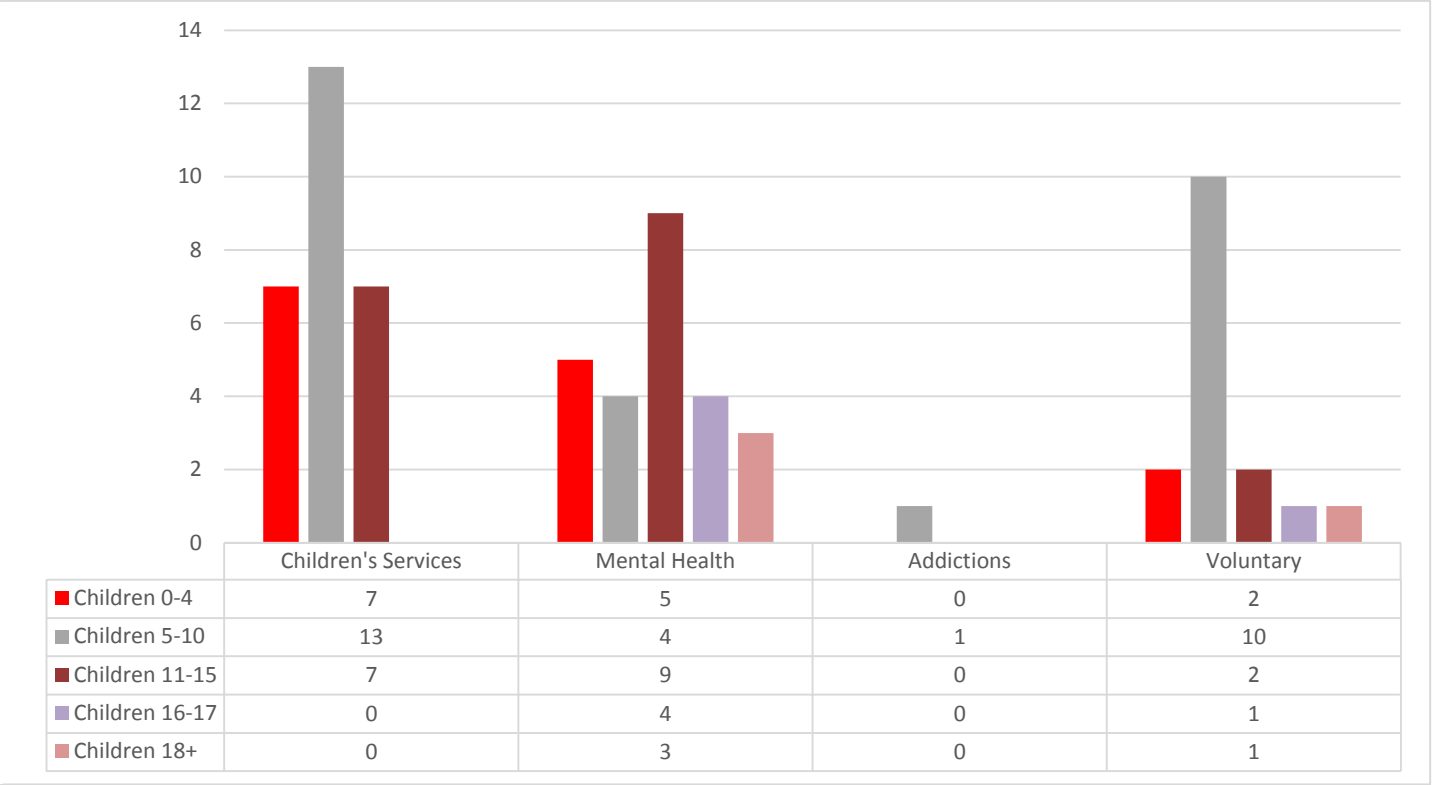
How much did we do?

AFC8: Breakdown of children impacted by parental mental health and/or substance misuse by team

A total of 65 children (0-17 years) and 4 children (18+ years) were identified by the TFP as being impacted by parental mental health or substance misuse. This information is presented below broken down by referral strand.

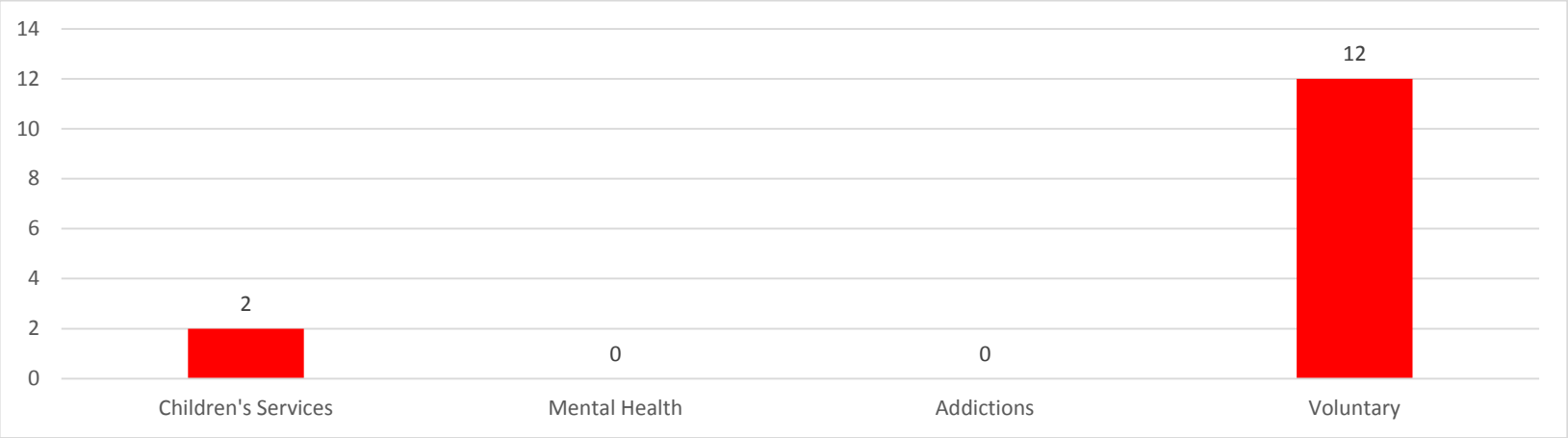
In 11 of the 44 families identified as having engaged with the TFP, it was not possible to ascertain the number or age of child impacted in each household. These families have therefore been omitted from the chart below.

One of the families referred through the voluntary sector included 5 children aged 5-10




| | Children's Services | Mental Health | Addictions | Voluntary |
|---|---|---|---|---|
| Children 0-4 | 7 | 5 | 0 | 2 |
| Children 5-10 | 13 | 4 | 1 | 10 |
| Children 11-15 | 7 | 9 | 0 | 2 |
| Children 16-17 | 0 | 4 | 0 | 1 |
| Children 18+ | 0 | 3 | 0 | 1 |

| How well did we do it? |
| --- |
| AFC9: Number of families signposted to other services<br>This information was only available for 14 of the families identified as having engaged with the TFP |

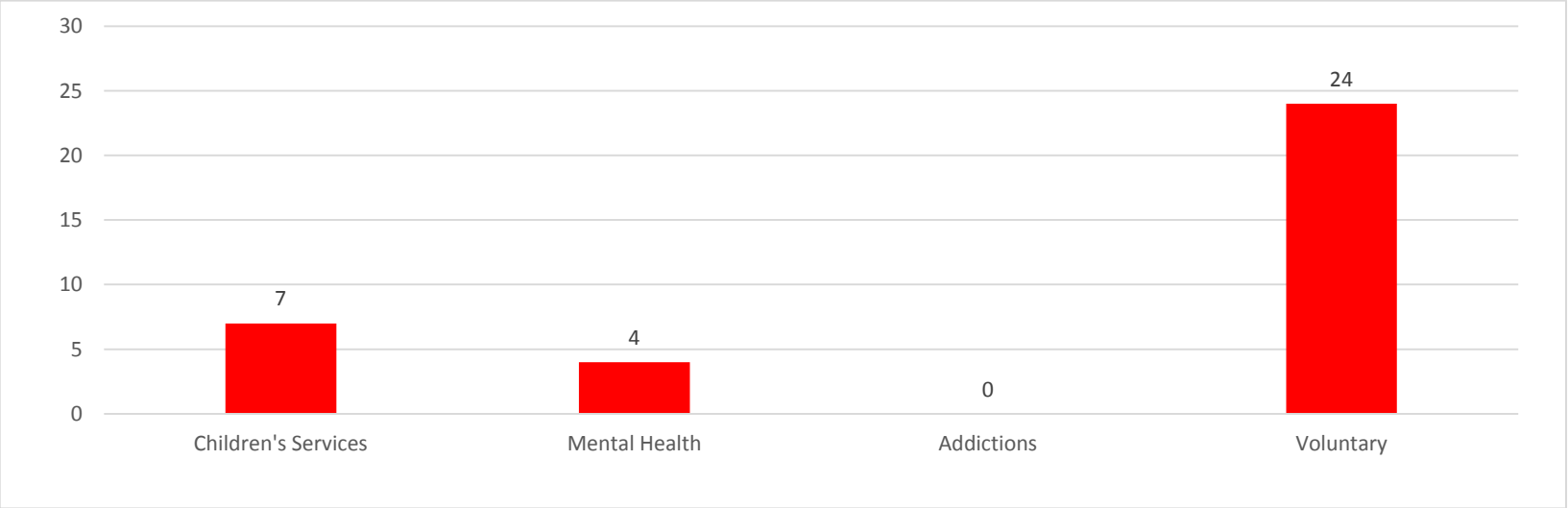



Services to which families were signposted:

- AFC Young Carers
- Sure Start
- Mindwise
- Women's Aid
- Alcoholics Anonymous
- New Horizons
- School Counsellor
- Afterschool
- Multi-Systemic Therapy

How well did we do it?

AFC10: Number of families referred to other services




Services to which families were referred:

- Gateway
- Family Intervention Team
- Community Psychiatric Nurse
- Day Hospital
- GP
- Schools Counsellor
- Sure Start
- Mindwise
- Action for Children Ballymote Family Support Service
- AFC Young Carers
- Dunlewey Addiction Services
- SANDS
- Bryson House
- Nexus
- Daisy Project
- New Horizons
- Strengthening Families
- Day Hospital
- Women's Aid