Think Family Northern Ireland
Director Workshop,
23rd October 2015
9.30-1.00pm

OBJECTIVES

1. Revisit the evidence base for the Think Family Approach
2. Review the work areas being driven by the CYPSP regional action plan and the linkages with other initiatives
3. Build connection between Trust interface groups to take forward the action plan
4. Move forward in partnership

Overview of the Agenda

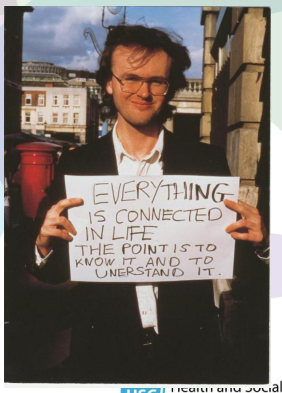
1. Positioning (TA – HSCBNI)
2. Evidence Base (QUB)
3. Progress on regional action plan (MD)
4. Feedback from Champions (AMcM)
5. Forward planning (All)
6. Agreeing next steps
7. Lunch

SYSTEMS THINKING

The more we study the major problems of our time, the more we come to realise they cannot be understood in isolation.

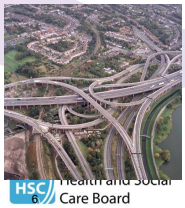
They are systemic problems which means that they are interconnected and interdependent

Capra, 1996



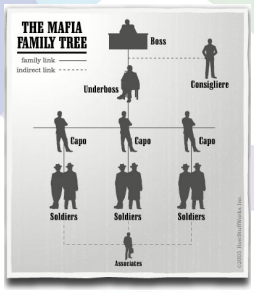
CYPSP Children & Young People's Strategic Partnership

Systems of very different types:
- Physical
- Production
- Sports
- Human relationships
- Designed



What is systems thinking?

1. A system is a collection of parts and processes organised around a purpose. Each system is embedded within other systems.
2. Processes are the components of a system.
3. A process is a series of connected steps or actions to achieve an outcome.
4. They have purposes and functions of their own but cannot work entirely by themselves



CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

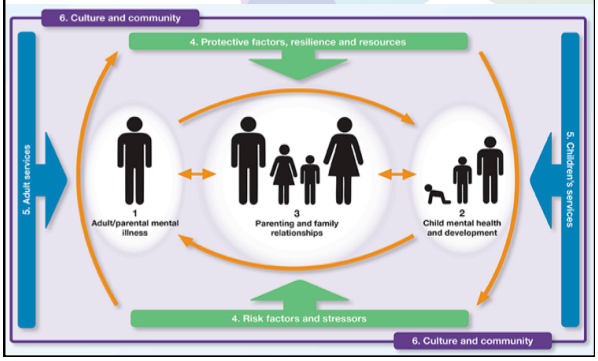
Systems Thinking Principles

1. The whole emerges through the interaction of the parts
2. Parts are interdependent
3. Systems maintain a steady state through interaction with the external environment
4. Feedback enables internal control and self regulation
5. Internal adaptation to external changes
6. System control means reducing unwanted variation

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Think



Cross the Boundaries

Child Protection

- …when undertaking assessment within child protection a *"systems perspective offers the most holistic tool for undertaking informed assessment work that takes into full account the wider environmental factors combined with the inter-personal relationship patterns influencing family experience."* (Munro 2011).

Adult Mental Health

- *"any assessment should measure the potential or actual impact of mental health on parenting, the parent/child relationship and the child, as well as the impact of parenting on the adult's mental health. Appropriate support and ways of accessing it should also be considered"*. (RCPSY 2014)

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

EVIDENCE BASE

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Evaluation of health and social care professionals' family focused practice in adult mental health and children's services

Dr Anne Grant School of Nursing & Midwifery

&

Dr Gavin Davidson School of Sociology, Social Policy & Social Work, QUB

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Menu

1. *Prevalence & impact of PMI*
2. *Benefits of FFP*
3. *Barriers to FFP*
4. *Policy and organisational developments in FFP*
5. *Need for evaluation*
6. *Project aims*
7. *Project design and methodology*
8. *Project deliverables & timescales*

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Prevalence of PMI

1. *In the UK over one third of adults with mental health problems are parents (Tunnard, 2004).*

2. *Elsewhere, it has been estimated that between a fifth and a third of adults receiving treatment from mental health services have dependent children and that over 20 percent of children live with at least one parent with a mental illness (Maybery et al., 2009).*

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Impact of PMI on children

This is a major public health issue:

- *PMI may adversely impact children's cognitive, emotional, social, physical and behavioural development on a short or long term basis (Beardslee et al., 2012; Barker et al., 2012; Davidson, Devaney, & Spratt, 2010; Jacobs, Talati, Wickramaratne, & Warner, 2015; Mennen et al., 2015; Schore, 2013).*

- *Twenty five to 50 percent of children who have a parent with a mental illness will experience some psychological disorder during childhood or adolescence and 10 - 14 percent of these children will be diagnosed with a psychotic disorder at some point in their lives (Beardslee et al., 2012).*

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Impact of PMI on parents

1. *Parental responsibilities may affect parents' mental health and recovery (Cowling & Mc Gorry, 2012; Grant, 2014; Nicholson et al., 2015).*

2. *"…she was under significant stress looking after her children…their behaviour was becoming more and more difficult to manage…I think the…stress …was bringing her…psychotic illness…to the fore…".*

3. *"parenting is …so much part of their identity, so…recovering and being able to do that better again is important".*

4. *"…I think…there is…an obligation on you to be family focused…if you're treating a parent, because…children can affect the parent's mental health…"*

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Intergenerational transmission

1. *While genetics play an important role in the transmission of mental disorders from parents to children, environmental factors are also critical, as the impact of a parent's illness on children is compounded by impaired parenting capacity and parent-child communication (Hansson et al., 2013; Schore, 2013).*

2. *Adverse socioeconomic circumstances that often accompany mental illness such as stigma, poverty and isolation are other factors that may adversely impact children and parents (Nicholson, Wolf & Wilder, 2014).*

CYPSP Health and Social Care Board 17

Benefits of FFP

1. *Several studies suggest that parents, their children and families are more satisfied and find FFP more helpful than other models of practice (Dunst, Trivette, & Hamby, 2007; Espe-Sherwindt, 2008; Gladstone et al., 2006; Gladsone et al., 2011; Nicholson et al., 2015; Van Doesum et al., 2008).*

2. *FFP can "improve outcomes for the parent with mental illness, reduce the subjective and objective burden of care for families, and provide a preventative and supportive function for children" (Foster et al., 2012, p. 7).*

CYPSP Health and Social Care Board 18

Benefits for children

- **A systematic review and meta-analysis by across 13 trials involving over 1000 children found that formal interventions reduced the risk of children acquiring their own mental health disorder by 40 percent (Siegenthaler et al., 2012).**

CYPSP Health and Social Care Board 19

Benefits for parents

1. *FFP may help to reduce the likelihood that parents will experience a relapse of their mental illness (Espe-Sherwindt, 2008; Mottaghipour & Bickerton, 2005; Pitschel-Walz et al., 2006) or need for hospitalisation for treatment of their mental illness (Hyland et al., 2008)*

2. *Psycho educational interventions also improve parents' understanding of their illness, increase the quality of their lives (Rummel-Kluge et al., 2006) and help them to develop stronger relationships with their family (Pitschel-Walz et al., 2006).*

CYPSP Health and Social Care Board 20

Barriers to FFP

1. *Health and social care professionals find FFP challenging because of individual worker, service, family and wider systems barriers to adopting a whole family approach.*
2. *Knowledge and skill deficits in relation to (1) working with children, (2) working with service users on parenting issues, and (3) working with the whole family (Grant et al., in press; Maybery, Goodyear & Reupert., 2014).*
3. *Maybery et al., (2014) found clear differences between professional groups, finding that social workers engaged the most in FFP, while psychiatric nurses performed the lowest.*

CYPSP Health and Social Care Board 21

Organisational and policy developments in FFP

- *International policy increasingly recommends that adult mental health and children's services adopt a whole family approach (Australian Infant Child Adolescent & Family Mental Health Association, 2014; Department of Health and Children, [Ireland] 2006).*
- *In conjunction with policy development there is increasing attention to developing multifaceted implementation strategies across organizations to enable the translation of policy in practice (i.e. Falkov's 2012 TFM forms the cornerstone of the NSW COPMI implementation plan and the establishment of a minimum standards approach in adult mental health services.*

CYPSP Health and Social Care Board 22

- **As a consequence of international and wider UK developments in FFP (SCIE 2009, 2011, 2012) and in response to specific policy and enquiry reports (i.e. Our Children & Young People – Our Pledge; DHSSPS Standards of Child Protection Services; Service Framework for Mental Health & Wellbeing; O' Neil Inquiry), Think Family has become core business for the HSCB who shape strategic direction to influence FFP within established forums at DHSSPS, HSCB and Health and Social Care (H&SC) Trusts level.**
- **Falkov's (2012) TFM is integral to organisational developments in NI.**

CYPSP Health and Social Care Board 23

Need for evaluation

- **Eliciting health and social care professionals' perspectives is crucial in developing their capacity to engage in FFP. Organisational and policy development is often context specific and needs to be responsive to local needs and workforce and professional training frameworks (Falkov et al., in press; Grant, Goodyear, Maybery, & Reupert, in press).**
- **Another fundamental requirement for improving FFP is ensuring the service user and families' voice is heard, and incorporated into education & training as well as service design & delivery (Nicholson, Wold, Wilder, & Biebel, 2014).**

CYPSP Health and Social Care Board 24

Project aims

- The purpose of this project is to benchmark health and social care professionals ' FFP. It will examine extent and predictors of FFP, how, if at all, organisational developments to date have facilitated FFP and how FFP might be further promoted.
- The information generated will provide helpful evidence on the current state of Think Family service delivery Initiatives and establish a platform to inform ongoing evaluation of family focused service initiatives.

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Project design and methodology

The proposed project will incorporate a systematic review of the literature, logic model and primary quantitative and qualitative research with health and social care professionals and service users in adult mental health and children's services on a regional basis.

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Time scale & project deliverables

The work will be completed within 24 months

1. ***By 6 months: Systematic review, logistics model, ethical approval, estimation of sampling frame, detailed data collection protocol, adaption & pilot of the FFMHPQ, promotion of the project.***
2. ***By 12 months: Quantitative data collection, and analysis.***
3. ***By 18 months: Qualitative data collection and analysis and interim report.***
4. ***By 24 months: Executive summary report (max. 2,000 words) detailing methods and findings in the context of the systematic review of the literature, logic model and proposed plans for subsequent service development and evaluation.***

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Further reading

- **Davidson, G**., Duffy, J., Barry, L., Curry, P., Darragh, E., & Lees J (2012). Championing the interface between mental health and child protection: Evaluaiton of a service initiataive to improve joint working in Northern Ireland. *Child Abuse Review*, 21, pp.157 – 172. doi: 10.10002/car.1164
- **Duffy, J.,** Davidson, G. & Kavanagh, D (2015). Applying the recovery approach to the interface between mental health and child protection services. *Child Care in Practice*. http://dx.doi.org/10.1080/13575279.2015.1064358.
- Foster, K., Maybery, D., Reupert, A, Gladstone, B., **Grant, A**.,Ruud, T., Falkov, A & Kowalenko, N (2016). Family-focused practice in mental health care: an integrative review. Accepted for publication in *Child and Youth Services*. Volume 2.
- **Grant, A**., Goodyear, M., Maybery, D., & Reupert, A (2015). Differences between Irish and Australian psychiatric nurses' family focused practice in adult mental health services. *Archives of Psychiatric Nursing* doi: 10.1016/j.apnu.2015.07.005
- **Grant, A** & Reupert, A. (in press). The impact of organizational factors and government policy on psychiatric nurses' family focused practice with parents who have mental illness, their dependent children and families in Ireland. Accepted for publication in *Journal of Family Nursing*
- **Grant, A**. (2014). *Registered Psychiatric Nurses' Practice with Parents who have Mental Illness, their Children and Families, within General Adult Mental Health Services in Ireland*. A Thesis Submitted in partial fulfilment of the Requirements of Monash University for the Degree of Doctor of Philosophy. Melbourne; Monash University.
- Maybery, D; Foster, K., Goodyear, M; **Grant, A**; Tungpunkom, P., Skokog, B.E., et al. (2015). How can we make the psychiatric workforce more family friendly. In A. Reupert, D. Maybery, J. Nicholson, M. Seeman & M. Gopfert (Ed.), *Parental psychiatric disorder. Distressed parents and their families*. (pp. 301-311). London: Cambridge University Press.
- Nicholson, J; Reupert, A., **Grant, A**; Lee, R; Maybery, D; Mordoch, E; et al. (2015). The Policy Context and Change for Families Living with Parental Mental Illness. In A. Reupert, D. Maybery, J. Nicholson, M. Seeman & M. Gopfert (Ed.), *Parental psychiatric disorder. Distressed parents and their families*. (pp. 354 - 365). London: Cambridge University Press.

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

PROGRESS ON REGIONAL ACTION PLAN

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Background /Context

- O'Neill Inquiry
- Think Family Pilot 2009-2012
- SCIE

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Aim

- Better understanding of mental health and children's roles and responsibilities
- Improve practice through enhanced collaborative working
- Introduction of Family Model

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

What we planned to do (2009 – 2012)…

Achievements

- PTL Action Plan
- Strengthened documentation-Think Family Focus
- Linked with ongoing regional initiatives
- Developed regional adult and children's services joint protocol
- Strengthened UNOCCINI (Appendix 1)

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

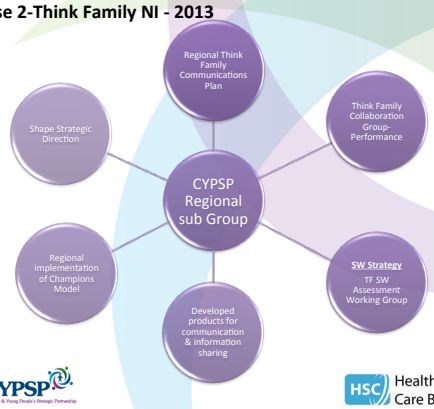
What we planned to do (2009 – 2012)…

Achievements continued…

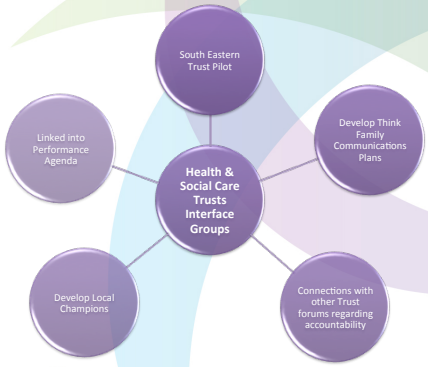
- ❖ Family experience and staff survey
- ❖ Knowledge and Skills Framework
- ❖ Training programme for managers
- ❖ Aide Memoire
- ❖ Resource literature –Talking to Children

CYPSP Health and Social Care Board

Phase 2-Think Family NI - 2013



CYPSP Health and Social Care Board



CYPSP Health and Social Care Board

Questions…?

CYPSP Health and Social Care Board

Think Family Social Work Assessment Pilot (SET)

What's missing in experience

1. Improved communication between professionals and family.
2. Improved access to early intervention family support for children, young people and their families.
3. Improving the extent to which assessment, planning and treatment are inclusive of a whole family approach.

Referral Guidelines

- Mental health difficulties that have a significant and enduring impact on social and personal functioning such as
  1. Psychosis
  2. Bipolar Affective Disorder
  3. Major Depression
  4. Personality Disorder
- Require MH support (Community and/or inpatient care)
- Their mental health difficulties and/ or social circumstances (historical and /or current) may have an impact on their children/adult carers/family members who have significant caring responsibilities.

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Knowledge Competences and Implementation issues

FEEDBACK FROM CHAMPIONS MAY 2015

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Cross Over Knowledge and Competences

A Champion in Adult Mental Health Services needs to be able to	A Champion in Children's Services needs to be able to
• Recognise child abuse, know Regional ACPC Procedures • Understand Child Protection Case Conference process • Understand UNOCINI Threshold of needs and the role of Gateway Teams • Understand implications of mental illness on parenting • Knowledge of relevant inquiries • Experience of co-working cases with Child Care staff • Promoting the paramouncy of the child and assisting re information sharing dilemnas • Assisting team members in completion of referrals and understanding the process and threshold within childcare.	1. Have basic knowledge of mental illness and recognise poor mental health 2. Understand multi-disciplinary working and the role of the Community Mental Health Team's 3. Understand implications of mental illness on parenting 4. Have knowledge of relevant enquiries 5. Experience of co-working cases with Mental Health Staff 6. Provide assistance and guide re the Paramouncy Principle and information sharing 7. Assist Mental Health colleagues in making referrals and understanding processes/threshold within childcare

CY Children & Yo

and Social oard

System Service Staff

ISSUES FACING CHAMPIONS

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Organisational issues

- Filling the gap between perinatal/parental services and mental health interface
- High turnover of Champions has prevented the role developing in one HSCT
- There is no senior management lead and middle management support is needed to realise the importance of the role and provide direction for Champions
- Given the scale of the task there is some concern that four Champions in a Trust area is insufficient
- HSCTs need greater clarity about the role in order to motivate staff to engage
- There needs to be adequate resources assigned to developing the Champion role and the task
- The approach should take care to avoid stigmatising all parents with mental health issues
- Work is needed to 'promote' the concept of the Children's Champion role to all disciplines to secure their understanding and buy in

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Service issues

- Lack of awareness of the Champion role
- There is a challenge to understand the risk when someone with a mental illness is referred to Gateway. It is not clear if those Champions will take all cases which have childcare issues and vice versa
- There is a perception of childcare is a "social work" issue from other disciplines e.g. psychiatry
- Training is needed for a specialist perinatal team
- There are 36 mental health teams in the Belfast Trust who require support from the Mental Health Champions – this places a big demand on resources

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Staff issues

- The Champion must be motivated and develop confidence in their role
- There are capacity issues which constrain their ability to be effective
- The "Think Child Think Parent Think Family" message needs to be reinforced
- Constraints of time and resources impact negatively on Champions
- Champions need more evidence, facts and information to deliver their role effectively
- Peer supervision would be a positive way to support Champions and share learning with each other
- Is an operational and implementation group needed to support Champions in each Trust?

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

DEVELOPMENT NEEDS

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Development Needs Summary

1. Put in place proper project management and planning structures and accountability to embed the role
2. Develop promotional information, presentations and practical resources to support practitioners
3. Familiarisation with mental health and child protection through co-working, shadowing, peer supervision
4. Continue training in infant mental health and communication methods with children

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Development needs 1

1. Shared thresholds of risk between mental health and childcare; peer supervision
2. Identify scope for early intervention and develop agreed process and protocols for working
3. Set up a project group within each Health and Social Care Trust (HSCT) with appropriate structures to involve senior management, provide an agreed mandate and accountability, with access to networks and services to develop the role.
4. Demystify the role of Champion and give it clear "badging" within services; develop an "elevator pitch" for Champions to use to communicate their purpose to others
5. Develop networks by targeting key influences and stakeholders and develop trust and confidence through face to face relationship building, act as allies
6. Administrative support to enable a better skills mix
7. Develop a Champions' Work Plan, setting out clear objectives, roles and key success factors present "what if" scenarios along with the evidence base to convince colleagues of the value of this way of working

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

Development needs 2

1. 'Signs, Symptoms and Signposting' fact sheets as a resource across mental health and child protection along with case studies
2. Shadowing across teams and co-working to increase knowledge transfer through shared experience and reflective practice
3. Create an office file with all relevant information, materials, contracts, networks as a resource for teams to use
4. Prepare regional guidance for all the HSCT Champions
5. Highlight the professional responsibility and standard of decision making at case conferences so that all those who are present realise they have a role in the process; provide mentoring to those for whom this is new and unfamiliar, e.g. psychiatry
6. Develop knowledge and evidence and use with parents to increase their understanding and ability to parent effectively to increase attachment and emotional security
7. Train in skilled communication with children using a range of age appropriate methods and techniques

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

FORWARD PLANNING

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

How to take this forward

- What are the opportunities and resources that in existing programmes that can be adapted for this approach
- What are the obstacles to implementation?
- How can these be overcome?
- Priorities and goals for next 18 months?

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board

NEXT STEPS

CYPSP Children & Young People's Strategic Partnership

HSC Health and Social Care Board