A Study of Health and Social Care Professionals' Family Focused Practice with Parents who have Mental Illness, their Children and Families in Northern Ireland

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Overview of presentation

- Acknowledgements
- Need for regional investigation of FFP
- Methodology
- Key findings
- Conclusions & recommendations

Acknowledgements

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Need for regional investigation of FFP

PMI is a Major Public Health Issue:

- Prevalence
- Impact
- Benefits of FFP

KEY INITIATIVES

Since the commencement of the Think Family NI programme in 2009 a wide range of initiatives have been developed and implemented.

Key Initiatives from the fi
included:

- Development and circu
  care professionals and
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- Staff development initi
- Development of a regi
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- Revision and amending
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Most recently, ongoing key initiatives to improve services include:

- Development of children and young people's leaflets by Action for Children young carers groups.
- Refinement of A5 cards checklist based on The Family Model (TFM) domains Falkov's (2012) that includes six questions (developed by service users and carers to support the family conversation
- Introduction of a Think Family Support Worker practitioner in the South Eastern Trust and Belfast Trust and Western Trust
- Evaluation of the SET Pilot and Think Family Support worker in SET
- Commencement of Think Family Social Work Assessment Pilot in partnership with The Social Work Strategy
- Development of an eLearning resource on TFM, in conjunction with QUB and international partners from Australia and Norway to develop HSC professionals and service users' awareness of the model and how it may be used in practice.
- Development of the Champions Model in the remaining four Trusts in line with developments in the Northern Trust

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What did we do?

There is an absence of studies comparing FFP across mental health and children's services and limited evaluation of Think Family NI initiatives.

The study set out to measure:

1. **The extent, nature and scope of HSC professionals' FFP.**
2. **Factors that predict, facilitate and, or hinder FFP.**
3. **How FFP may be further promoted.**

Survey Administration

A survey was distributed to approx. 3585 HSC professionals within adult mental health and children's services across the five HSC Trusts to measure extent of FFP and predictors of FFP.

The total final sample of HSC professionals taking part in the current study **(n) = 868**

This number includes:

- Adult mental health **(n) = 493**
- Children's social care services **(n) = 316**

Semi structured interviews

Sample:

- 30 HSC professionals and 21 service users

Interviews were conducted to explore:

- The nature and scope of HSC professionals' FFP
- Enablers and barriers of FFP
- Future potential developments in FFP

Extent of FFP

- **Overall, HSC professionals are not particularly family focused,** with over half obtaining low scores on the majority of subscales in the questionnaire.
- **Highest scores were obtained by Social Workers** followed by Nurses and Psychologists. Psychiatrists consistently obtained the lowest scores across all subscales.
- A large majority of these high scorers reported **practicing within community mental health teams** (*n* = 105, 30%), or within **family intervention teams** (*n* = 73, 21%)
- **The biggest difference** between the high scorers and the rest of the sample related to ***skills and knowledge*** and ***referrals.***

High Scoring Professionals Cont.

High scorers reported spending 50% or more in the service user's home delivering services and more face to face contact with children whose parents have a mental illness compared to the remainder of the sample.

Compared with the remainder of the sample, Think Family Champions are more family focused. Think Family Champions (n = 182) had higher mean scores on all 14 FFP subscales.

What Predicts HSC Professionals' FFP?

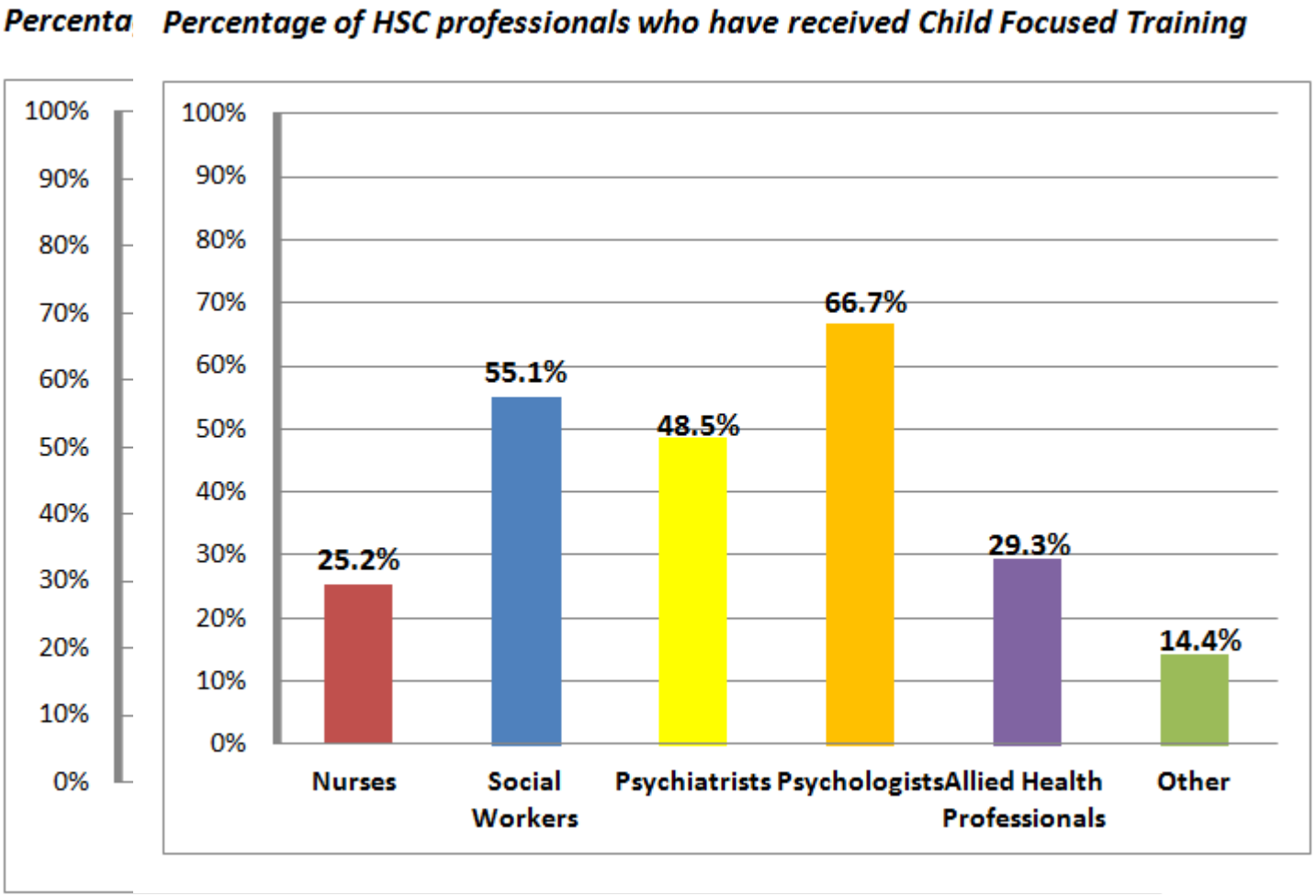
Summary of Significant FFP Predicators

Dependent	Key FFP Predictor's	Other Factors
Assessing the Impact on the Child	Skills & Knowledge	Gender (Female) Length of Time Practicing
Connectedness	Co-Worker Support Training Skills & Knowledge	Age Length of Time Practicing
Referrals	~~Workplace Support~~ Time & Workload Training Skills & Knowledge Worker Confidence	
Interventions to Promote Parents Mental Health	Time & Workload Skills & Knowledge	Child Focused Training
Support to Carers & Children	Time & Workload Professional Development Skills & Knowledge Worker confidence	
Family & Parenting Support	Time & Workload Co-Worker Support Training Skills & Knowledge	Child Focused Training

Skills and Knowledge was noted as the single most important predictor.

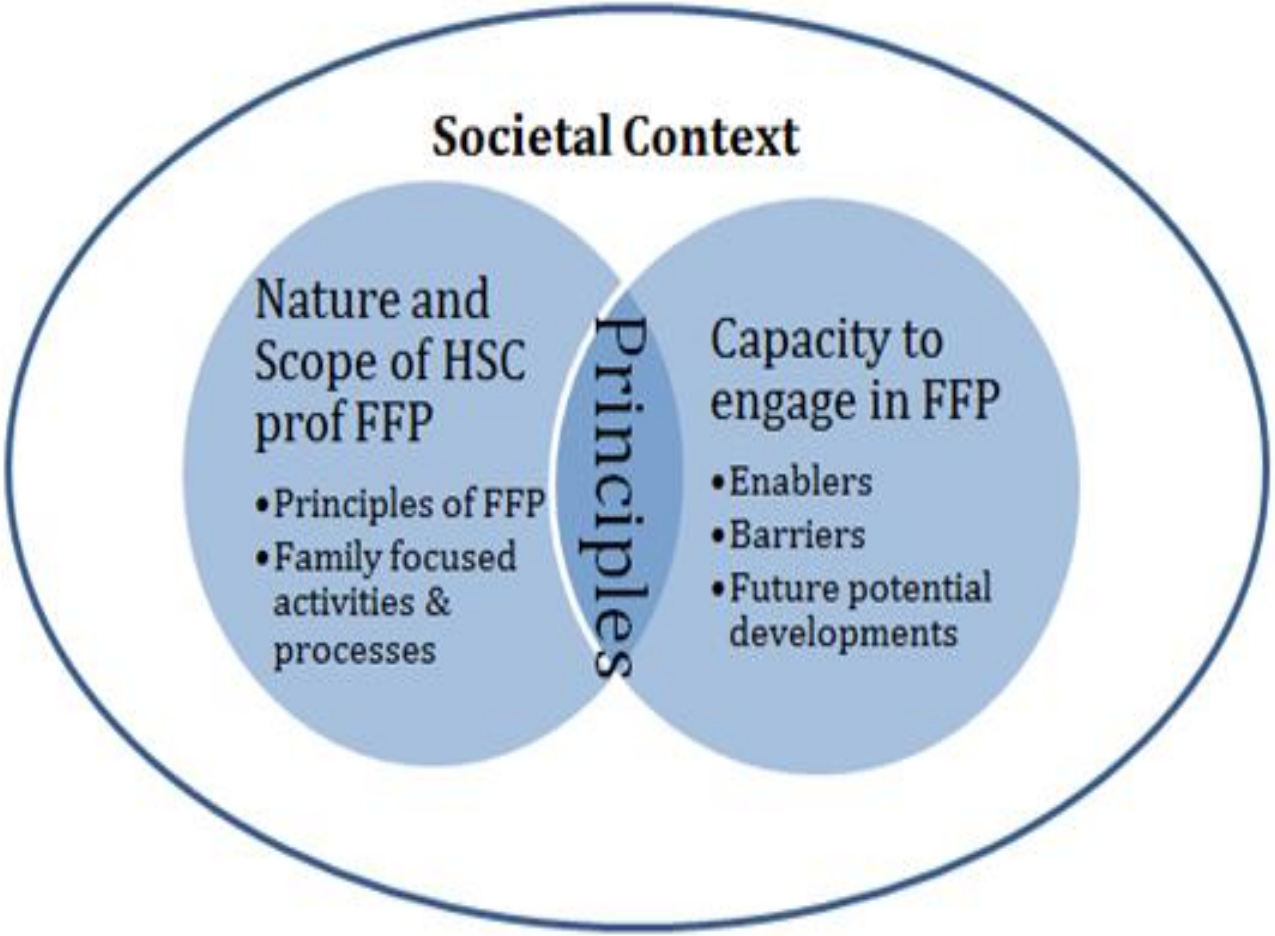
Such findings support the critical nature of skills and knowledge relating to PMI and its impact on children as particularly important for HSC professionals' FFP.

Results also indicate that having less time and higher workloads has the potential to negatively impact on capacity for FFP.


Percenta
Percentage of HSC professionals who have received Child Focused Training
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
25.2%
55.1%
48.5%
66.7%
29.3%
14.4%
Nurses
Social Workers
Psychiatrists
Psychologists
Allied Health Professionals
Other

Findings from Interviews

Overview of Two Thematic Networks



Why should professionals engage in FFP?

- Emotional impact of PMI on children, including potential for the intergenerational transmission of mental illness:

  My depression has rubbed off on my kids (SU 2 Trust C Home Treatment & Children's Services).

- Stress on the wider family:

  They were just completely consumed by it…my parents couldn't sleep. My father …cried… my mum… a teacher… took early retirement because …I needed support… it has taken its toll on them (SU 3, Trust E, CMHT & F&CC).

Family Focused Activities

- The two most discussed activities included identifying needs and collaboration.

  We talked …about the kids I had in the house and …she had to ask…about the kids and did they need support (SU 2, Trust E, CMHT)

- Collaboration between AMH and children's services primarily occurred when child protection concerns arose or when families experienced multiple adversities.

HSC Professionals' Capacity to Engage in FFP

Enablers related to HSC professionals

- Aware of the impact of PMI on the whole family

  …for me…it is about…having a really good understanding of the impact of …severe and enduring mental illness, what is that likely to mean in respect of their parenting capacity… (P30, Trust E, SW, AMH).

- Supportive attitude towards parent

  … it was the way she presented herself and walked into my home and had respect, and didn't come down on me like a ton of bricks. She spoke to me as a person. And she showed empathy and feelings and respect, for me as a mum… (SU 3, Trust B, CMHT & FIT).

Organisational Enablers:

- Positive organisational culture.

  …we are bringing the family work more into the service. Now we are actually seeing the work and our colleagues are sharing it with us and we are hearing it very much at our team meetings… it [FFP] is very much on the radar (P26, Trust E, Nurse, AMH).

- Policies and protocols in relation to child protection:

  …we have clear guidelines on how to …operate… express… concerns… through the UNOCINI (P28, Trust E, SW, AMH).

- Joint Working:

  …quite often the parent will tell the social worker one thing and their mental health worker something completely different…joint visits with mental health professionals can reduce…miscommunication or misunderstandings (P4, Trust A, SW, Children's).

- Interdisciplinary Working:

  It is important that they work closely together. I have definitely found, especially this time dealing with the FIT team, that they are very … much connected now with other professionals and in contact with each other and working together…it makes me, obviously, less fearful and more confident when I see that (SU 5, Trust E, Addictions & CMHT

- Home Visiting:

<u>Service Users' Perspectives</u>

- Service users highlighted how flexible service delivery including service delivery within the home environment enabled FFP. This allows for real life assessment of need and provides an opportunity to build a rapport with the service user and their children in a more relaxed environment:

> **The kids could have went to the centre, you know, but me as a parent, I wanted to make them feel as comfortable as possible and to me their own home environment was the best place for them to be, to have this strange person coming in and trying to teach them about stuff, and everything else** (SU 3, Trust B, CMHT & FIT).

- Training
- Training was also very significant in promoting FFP and specifically interdisciplinary Think Family training.

…the Think Family training was actually like light bulb moments. Gosh…maybe that's why such and such is happening…and from that…I would be a bit more conscious of family relationships and how that impacts on mental health and how mental health affects relationships as well (P9 Trust B, SW, AMH).

…we had training …and it was an amazing day…just to here the different views. We are coming from adult services; they are coming from children's services and to here the pressures and …the stressors…and the things that could be done better. And the simple things that we miss sometimes…so that was a really important day and I would like to duplicate that again and again (P24, Trust E, SW, AMH).

- **Specialist Positions/Roles:**

  HSC Professionals' Perspectives

  Specialist positions or roles, including, Think Family Support Workers (previously Think Family Practitioner), Safe Guarding Nurses and Think Family Champions enable FFP through developing awareness of the impact of PMI on children and by enhancing capacity to engage in inter-agency practice.

  We have a mental health champion in our team who has been working quite closely with the mental health champion in the community mental health team, and se we are starting to develop those networks in terms of mental health understanding how childcare teams work and vice versa. And that's been really helpful (P5, Trust A, SW, Children's).

Barriers to FFP

- **Barriers Related to HSC Professionals**

  HSC Professionals' Perspectives

- Adult mental health professionals indicated that assessment of parenting and family issues is challenging given the individualised focus on the parent and their mental health.

- Children's services HSC professionals indicated that having insufficient knowledge on mental health issues was a disadvantage towards understanding the needs of parents and how the mental illness impacts on them.

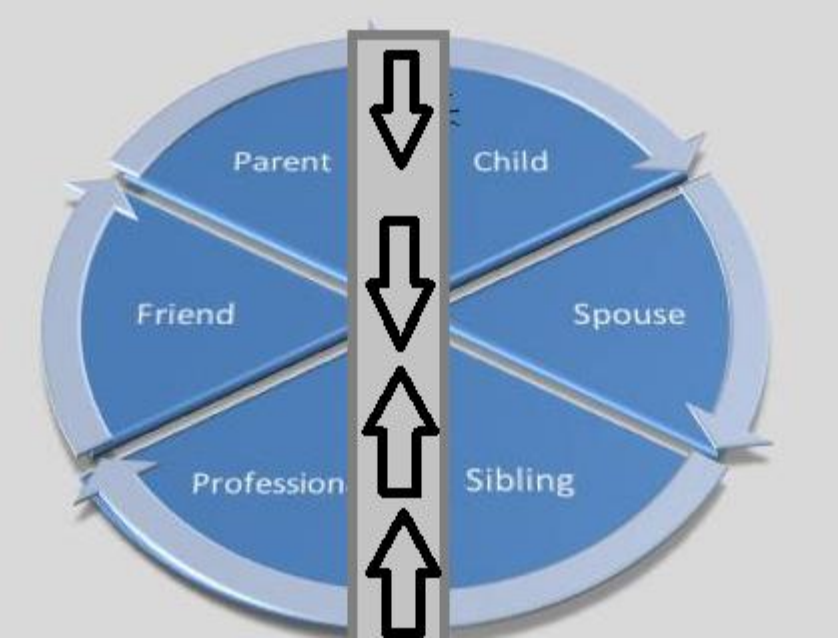
> **…we …lack …knowledge of what our parents are experiencing and how the mental illness impacts on them.** (P3, Trust A, SW, Children's).

Barriers Related to HSC professionals

Service users' Perspectives

- Professionals have a lack of empathy and limited understanding (particularly from childcare professionals) regarding PMI.

> **They should be able to understand that it is a mother. It is not just an adult that has mental health issues, it is a mother** (SU 4, Trust B, CMHT).



Organisational Barriers

HSC Professionals' Perspectives

- Adult mental health service structures result in professionals often not having direct contact with children impacting on the professionals' ability to make an assessment on the needs of the child.

> **…because we are an adult service, we are not getting the opportunity to see the children, because we don't have any direct contact with them.** (P1, Trust C, SW, AMH).

- Communication and information sharing between HSC professionals is generally through a referral only process rather than a collaborative approach to FFP.

Organisational Barriers

HSC Professionals' Perspectives Cont.

- HSC professionals also commented on the difference in family focused approaches within community based services versus acute in-patient facilities as is evident from the following respondent:

> **Whenever the mum was in hospital. We found a lot of barriers, a lot of difficulties with mental health hospital staff. And I think things just hadn't moved on compared to what it had in the community, with the community staff. And it was quite difficult.** (P4, Trust D, SW, AMH).

- The acute in-patient and clinic based service environment and design was not appropriate for children accompanying or visiting their parents.

Organisational Barriers:

HSC Professionals' Perspectives Cont.

Service users are only seen in service settings making comprehensive, family inclusive and holistic assessments difficult.

> **Because we don't do home visits, we don't get to see the children with the parents or the interaction that is going on. We have to look for concerns purely from what we are hearing… how their body language is when they are talking about their children and how involved they are with their children** (P4, Trust C, Nurse, Comm Addictions).

Tension between services hindered FFP:

> **We would always be edgy if we had to approach mental health professionals. We would always be thinking, what way are they going to work with us? Are they going to listen to us? We would always be careful about how we would be talking to them …you would be worried you'd get their back up and then you wouldn't get any cooperation from them** (P1, Trust D, SW, Children's).

Organisational Barriers

Service users' perspectives

- Throughout interviews the majority of service users who had experience of both adult mental health and children's services discussed their experiences as almost discrete.

There's no connection, you know. Adult services deals with the parent and children's services deals with the children …but there's no connection between the two (SU 5, Trust E, Addictions & CMHT).

Barriers related to Parents, Children and/or Adult Family Members

- Lack of engagement with services, particularly reluctance towards children's service involvement.

> **The thought of losing your kids … that fear has to be taken away. Because I spent so long being afraid to be completely honest and ask for the help that I needed, because I felt that I was going to lose my son** (SU 5, Trust E, Addictions & CMHT).

- Increasing numbers of families dealing with multiple adversities which further impacts on capacity to engage in preventative work and being able to provide the right type of support to families.

Future Potential Developments in FFP

HSC Professionals' Perspectives

- Ongoing Interdisciplinary Training - face to face training could be supplemented by online training.
- There is a need to focus on early intervention and prevention as well as developing specific supports for families when parents have mental illness within services as opposed to just referring and time to engage in FFP.
- More effective interdisciplinary, interagency and inter sectoral collaboration in the recognition that FFP is intense and complex work and as such requires input from various disciplines and services.
- Need to implement a specialist professional within teams who could specifically focus on supporting families and act as a resource for all other professionals across both services. Importance of further developing existing roles, such as the Think Family Support Worker, Champions Model and Family Support Worker.

Future Potential Developments:
Service Users' Perspectives

- Service users perceived that knowledge and understanding of their own mental illness and, or substance use problems, is important for engaging in FFP and would help them better cope with PMI.

- It is equally important that children also understand PMI (in an age appropriate way) and how to live with this in order to protect them against intergenerational transmission. Professionals in adult mental health services could do this in conjunction with parents.

Future Potential Developments:

Service Users' Perspectives

- Services should be family friendly and flexible with regards to children in order to allow for appointment attendance.

- Collaborative working with adult mental health and children's services would enable FFP and better meet the needs of families.

- Future training for professionals should promote their capacity to understand and respond to PMI and professionals should be facilitated to have time to engage in FFP.

> **...all you ever hear from them is that they have no time and are short staffed. So the only thing that would ever probably improve the services would be more staff and more training. ...the reason why they have to work on risk management is because they don't have the time to assess the situation right away** (SU 5, Trust E, Addictions & CMHT).

Key messages & recommendations

- The findings suggest that while Think Family NI is a widely recognised initiative within some parts of the HSC system, the knowledge and understanding of FFP is more patchy.

- There are encouraging findings that indicate that some of the Think Family NI initiatives have supported FFP, in particular in relation to community versus in-patient services; children's sector versus adult mental health sector; and the social work profession versus other professional groups.

Key messages & recommendations

- However, there remains a large proportion of the workforce across all professions, services and sectors who display low levels of family focused awareness and practice. This is evident from feedback from both HSC professionals and, more significantly, users of services.

- Whilst the Adult Mental Health and Children Services Joint Protocol aims to promote collaboration and a holistic approach towards service delivery, the findings suggest that this strategy is not effective to embed FFP and is hindered by a number of multi-level organisational and systemic barriers, including the co-occurrence of multiple adversities experienced by families when PMI is present.

Key messages & recommendations

- The HSC Board should develop a Think Family NI Strategy and consider how this will be taken forward as part of the transitional arrangements for the embedding of Think Family NI within HSC Trusts.

- In doing so it would be important to provide an overarching theory of change and the specific, intended outcomes for the overall strategy, and the associated elements.

Key messages & recommendations

- The new Think Family NI Strategy should include an integrated plan for service development and guidance on how it should be implemented.

- The new Strategy should also include a governance and performance management framework. This will allow senior managers to monitor the implementation and effectiveness of the various initiatives under Think Family NI.

Key messages & recommendations

- The HSCB should engage in discussions with the bodies that validate qualifying and post qualifying education programmes in Northern Ireland to develop a comprehensive approach to multi-disciplinary and uni-disciplinary teaching about The Family Model and family focused practice for health and social care professionals.

Key messages & recommendations

- HSC Trusts should continue to provide regular in-service training on family focused practice and The Family Model to all staff in adult mental health and children's services. This should include both awareness raising and skills development, tailored to the specific needs of different staff groups

- Each HSC Trust should formally adopt The Family Model (Falkov 1998, 2012) as the basis for future development of Think Family NI.

Key messages & recommendations

- Think Family NI Champions are perceived as an important resource for teams and as such additional professionals should be trained and supported in the role by HSC Trusts.

- Service users who have had the opportunity to engage with a Think Family Support Worker have perceived this role as a useful resource. As such, further examination of this specialist role would be useful.

Key messages & recommendations

- There is a need for further development within HSC Trusts of family friendly visiting facilities in in-patient psychiatric facilities. This would support the maintenance of parent, child and family relationships, and enhance staff in their FFP. A timetable should be developed as part of the new Think Family NI Strategy for when this will be completed.

Key messages & recommendations

- Home visiting is an important enabler of inclusive assessments and FFP and the facilitation of a percentage of home visiting for clinic based professionals would be beneficial. The HSC Board should consider how this can be included in the commissioning of mental health and addictions services across NI.

Key messages & recommendations

- Finally, to inform, support and evaluate Think Family NI, further research should be commissioned by the HSC Board and partners to assist providers in better understanding how many families require help, what types of help are most effective for whom and in what circumstances, and to trial new interventions.

Thanks for Listing

Final Reports Available @

Health and Social Care Board/ Publication Section

http://www.hscboard.hscni.net/

Children and Young People's Strategic Partnership

http://www.cypsp.org/regionalsubgroups/think-family/

For Questions Regarding the Research Project Contact PI

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