

Mental Health and Children's Services Project

Update

Think Child, Think Parent, Think Family

2ND Edition Newsletter April 2010

Think Family: Update

This is the 2nd Edition of our update; we hope you have noticed the little extras we have made to the style and format. There is always room for improvement, so let us know how to keep improving the quality and content of the update. Use the contacts at the back of the newsletter to express your views and to help us continually improve our communication with you.

What's been happening?

Think Child, Think parent, Think Family: Project Board

The Project Board had their induction day on 6/11/10 support by **Anne McMurray, independent facilitator,** who will work with us for the duration of the project. The day focused on a mapping of current cultures, analysing the strengths and weaknesses and what was missing. We also looked at proposals of how to integrate culture change into the project recommendations and delivery plan.

The Project Managers under the direction of the Project Board will begin to develop their family focused performance indicators to measure how changes will be made to the provision and delivery of services at this interface, that are inclusive of service users and carers.

We welcomed new members to the Project Board in February; Pip Jaffa, Chief Executive of the Parents Advice Centre & Seamus McGoran, Director of Hospital Services, South Eastern Health & Social Care Trust.

We sought views from Project Board members as to how we can continue to improve the family experience and cited learning from Liverpool pilot site.

This is a partnership approach with Mersey Care NHS, The City of Liverpool and Barnardos. Using their young carer's group 'Keeping the Family in Mind', they have developed;

- Family rooms in acute psychiatric wards.
- Child friendly literature
- Kite-mark standards illustrating family orientated services.

If you are interested in finding out more, here are some contacts:-

Drew: <u>dlindon@carers.org</u> Louise: <u>lousie.wardale@barnardos.org.uk</u>

The next Project Board Meeting is due to be held on the 15th April 2010 and we will keep you updated regarding progress at Project Board level.

Think Child, Think Parent, Think Family: Project Locality Teams



From Left: Damien Brannigan (Deputised for Don Bradley, Chair of South Eastern PLT); David Gilliland, Chair of Northern PLT; Francie McConnell, deputized for Ian Sutherland, Chair of Southern PLT; Bernard McAnaney, Chair of Western PLT; Liz Bannon, Chair of Belfast PLT; Colin McMinn, Mental Health Unit, DHSS&PS who gave the opening address at the workshop

We have had 2 regional workshops so far to begin to develop the SCIE recommendations.

The 5 Chairs of each PLT have started to meet every month to agree implementation plans, consistency of approach and timescales for the work. This will help to keep the teams focused and working together at the same pace to strengthen and improve the development of the work.

The teams are made up voluntary, statutory and service users and carer representation; however, there is still an opportunity to improve service user and carer representation. If you are interested in joining, please contact The Chair of the PLT in your area. Details are at the back of the update.

Think Child, Think Parent, Think Family: Getting service users and carers views

We are embarking upon an innovative way to capture Service User & Carers views using particular methods and 'Sensemaker' software to help us gain qualitative information from parents who have mental health problems and their children and/or carers.

Who is involved?

We have partnered with a consortium of organisations within health and social care and the regeneration sector in Northern Ireland.

Why this approach?

This sort of approach is helpful when organisations are dealing with complex problems and it is used to measure the intangible, i.e. qualitative aspects such as trust, hope, confidence, respect and integrity which are important indicators of positive change in a community, organisation or society. It will help us focus upon the qualitative information rather than basing outcomes for change solely on quantitative information. The Sensemaker software is designed and owned by Cognitive Edge <u>www.cognitive-edge.com</u> and is focused on rejuvenating management practices to better equip organisations when addressing intractable problems, or seizing new opportunities in uncertain and complex situations.

Where are we now?

Voluntary organisations who support service users and carers have already started to capture their experiences. Upon completion we will design how the information will look on the Sensemaker software, agree this with the voluntary organisations who support service users & carers, pilot the online questionnaires and analyse the results. The outcome will support decision making in relation to changing the culture of how we think and practice as determined by the improvements that we make within the project.

We will keep you updated on progress!

Next Steps – Spread the word!

We will send out an update on a 3 monthly basis. Each PLT will be able to add local information to the update relating to progress in their locality. Each 3 monthly update will be cited on the 5 Trust intranet as well as the GP intranet & HSCB & PHA website. Voluntary organisations who support service users & carers will receive the update for dissemination within their own organisations.

Q Can you think of others that would wish to be included in our mailing list for Think Family updates, if so, please let us know.

Are you thinking family?

If so, we want to hear about what you are doing, send your examples of good practice to Mary Donaghy – <u>mary.donaghy@hscni.net</u> & Judith Lees – <u>Judith.lees@hscni.net</u> and we will include them in the forthcoming editions of the Think Family update.

Want to know more about the SCIE recommendations?

Recommendation 1

Signposting and improving access to services

Organisations should develop a multi-agency communications strategy to tackle the stigma and fears that parents and children have about approaching and receiving services. This should be a priority to enable families to get the support they need as soon as possible and should focus on promoting good mental health and wellbeing for all family members

Recommendation 2

Screening

Ensure screening systems and practice routinely and reliably identify and record information about adults with mental health problems who are also parents, and which children have parents with mental health problems. This means developing systems and tools in collaboration with parents and young people, to ensure the right questions are asked and the data is recorded for future use.

Recommendation 3

Assessment

All organisations need to adapt existing assessment and recording processes to take account of the whole family and train staff in their use. This means developing and implementing "family" threshold criteria for access to services to take into account the individual **and** combined needs of parents, carers and children. Strategies for the management of joint cases should be recorded where the situation is complex or there is a high risk of poor outcomes for children and parents.

Recommendation 4

• Planning care

Care planning needs to be flexible enough to meet the needs of each individual family member as well as the family as a whole, and staff should aim to increase resilience and reduce stressors. Allocating an individual budget could provide this flexibility. Increasing every family member's understanding of a parent's mental health problem can strengthen their ability to cope.

Recommendation 5

Providing care

Commissioners and providers of care should ensure that they can meet the full spectrum of need, including the practical priorities of parents with mental health problems and their children. This means developing non-traditional and creative ways of delivering services as a way of targeting families and improving access.

Recommendation 6

Reviewing care plan

Reviews should consider changes in family circumstances over time, include both individual and family goals and involve children and carers in the process.

Recommendation 7

Strategic approach

Multi-agency, senior level commitment is required and we recommend that a "Think Family Strategy" is developed to implement this guidance and that parents, children and carers are involved in all stages of development.

Recommendation 8

Workforce development

Investment is needed in training and staff development for adult and children's front line managers and practitioners to support the changes recommended in

this guidance and that parents, children and carers are involved in all stages of development.

Recommendation 9

Generating more evidence about what works

The recommendations in this guide emphasise the need to generate further evidence about "what works for families" and this requires attention and resources to be dedicated to ensuring that the policy, service and practice recommendations in this guide are "tried and tested" and their impact evaluated and reviewed.

KEY CONTACTS

<u>PROJECT MANAGERS</u> <u>Mental Health & Children's Services Project</u> <u>Think Child, Think Parent, Think Family</u>

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PROJECT LOCALITY TEAM CHAIRS

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