5th Annual Social Work and Social Care Research in Practice Conference

Group 1 – Chichester Room
Carole Kirk
Northern Health & Social Care Trust

Morning session only

Restorative Approaches with Families in Elder Abuse Cases
Restorative Approaches with Families in Elder Abuse Cases

Carole Kirk
Learning and Development Officer
Northern Health and Social Care Trust
Context of Question

- Background in Practice
- Current Role
- Rationale for literature review
- Final question for research
Common themes emerging from the studies is the need to recognise the value of empowerment, awareness raising and alternative approaches across the full spectrum of adult safeguarding.

There is a lack of completed research on the effectiveness of Family Group Conferencing or other family based models within Adult Safeguarding.

There is a willingness and an opportunity to consider restorative, family based approaches within safeguarding older people’s services.
Objectives

**Primary Objective**
- The primary objective of the research was to capture staff knowledge, experiences and views on restorative approaches to support families following formal processes within safeguarding older people.

**Secondary Objective**
- A secondary benefit of the research was to generate knowledge and explore new and innovative ideas in family work within safeguarding older people and to capture any potential challenges to the implementation of these.
Methodology

- Why Qualitative?
- Why Focus Groups?
- Why Northern Trust & Women’s Aid?
- Ethical Approval
# Focus Groups

<table>
<thead>
<tr>
<th>Focus Group</th>
<th>Area of Practice</th>
<th>Date</th>
<th>Invited</th>
<th>Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Learning and Development</td>
<td>23.5.17</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Adult Safeguarding and Family Group Conferencing</td>
<td>16.6.17</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>Women’s Aid 1</td>
<td>20.6.17</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Women’s Aid 2</td>
<td>27.6.17</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Community Care Team 1</td>
<td>29.6.17</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Mental Health Team for Older People</td>
<td>4.7.17</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Community Care Team 2</td>
<td>5.7.17</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>Hospital Social Work</td>
<td>5.7.17</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>Learning Disability Team</td>
<td>20.7.17</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>
Reflections on Methodology

- Challenges around recruitment of participants
- Developing the Questions
- Managing the Process
- Transcribing and analysing
- NVIVO
## Findings

<table>
<thead>
<tr>
<th>Theme</th>
<th>Code</th>
</tr>
</thead>
</table>
| **Families: Needs and Services** | • Context of Practice  
                            • Approaches to Helping Service Users and Families |
| **Categorisation of Abuse and Neglect** | • Physical Abuse  
                            • Sexual Violence and Abuse  
                            • Psychological/Emotional Abuse  
                            • Institutional Abuse  
                            • Neglect  
                            • Exploitation  
                            • Domestic Violence and Abuse  
                            • Human Trafficking  
                            • Hate Crime |
<table>
<thead>
<tr>
<th>Working with Risk</th>
<th>Managing Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Complex Risk Factors</td>
</tr>
<tr>
<td></td>
<td>Models for Managing Risk</td>
</tr>
<tr>
<td></td>
<td>Families Views on Risk</td>
</tr>
<tr>
<td></td>
<td>Capacity, Risks and Rights</td>
</tr>
<tr>
<td>Engaging Families and Service Users</td>
<td>Engaging Service Users</td>
</tr>
<tr>
<td></td>
<td>Identifying and Exploring Options</td>
</tr>
<tr>
<td></td>
<td>Collaborative Working</td>
</tr>
<tr>
<td></td>
<td>Challenges for and Emotional Impact on Service User</td>
</tr>
</tbody>
</table>
| Challenges for Professionals in Practice | • Challenges and Emotional Impact on Worker  
• Potential Challenges for Restorative Approaches  
• Cultural Perspectives  
• Legislative Powers  
• Dealing with Dependency in Families  
• Value Conflicts |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of Professional Skills and Services</td>
<td>• Specialist Skills and Services</td>
</tr>
</tbody>
</table>
Recommendations

- Need for further robust research on the application of FGC, FCC, FGDM in practice
- Review of Adult Safeguarding Legislation within NI
- Continue to promote awareness raising across communities, voluntary, independent and statutory organisations
- Review, develop and streamline risk assessment models for all professionals involved in safeguarding
Recommendations

- Training for professionals on ‘Best Interests Meetings’ and issues around Consent and Capacity
- Consider opportunities within Post Qualifying Training to develop social work skills in this area
- Pilot of FGC, FCC, FGDM within Northern Trust
- Careful consideration of criteria in relation to suitability of restorative approaches on a case by case basis
Social Workers
make a difference...
Paula McFadden
Ulster University

The Wellbeing Exchange
from Volunteering
The ‘Well-being Exchange’
How relationships contribute to Well-being for Service Users, Carers and Volunteers

By Dr Paula McFadden (UU)
Dr Paul Best (QUB), Dr John Moriarty (QUB) and Dr Caoimhe NiDhonaill (QUB)

A Study Funded by Invest NI for Good Morning Northern Ireland, June 2017
Good Morning Phone Calls and Their Impact

Background Information

- Good Morning NI Network (GMNIN) supports **4500** people across Northern Ireland who receive a volunteer based telephone call from its membership of 20 Good Morning Services. Through more than **650K** calls a year, service users have been reassured, supported, sign-posted to other supports and lives saved.

- A total of **250** volunteers (majority female) work across the service, 163 over 50 years old and 87 under 50 years old. The Network collaborates with Health and Social Care Trusts (HSCT) health and social care (community based social services) teams, families and carers, PSNI, NIFRS and local community organizations.
Aims and Methods of the Study

• This was a mixed methods study, using survey methods and focus groups with service users, carers and volunteers.

• Surveys had standardised measures to examine, mental health and well-being, social support, social services involvement, sensory disability issues, social contact, access to a car, use of technology to promote wellbeing, safety and security and medication support requirements. Demographic information was also gathered and reported.

• Focus groups were conducted with volunteers and carers to explore the meaning applied to the use of the service, the interpretation of how the service benefits service users and carers and the perspectives of volunteers who make the calls. Themes relating to survey data were replicated as focus group questions.

• In total, 273 service recipients, 82 volunteers and 29 carers responded to the survey(s) and four focus groups were conducted with volunteers and carers.
Key Findings

High satisfaction levels relating to the GMNI ‘daily phone call’ service is shared by familial carers and service users.

Furthermore, those more satisfied with Good Morning services also had higher scores on validated scales of social and emotional wellbeing.

Volunteers who provide the daily phone calls to service users also have reported increased wellbeing from this role.

Social support and well-being are positively related and evidenced in the study.
Is there someone you can talk to about things that are important to you - someone you can count on for understanding or support?

- No, no one: 5.86%
- Yes, one person: 20.88%
- 2-3 people: 41.03%
- 4-5 people: 17.22%
- 6 or more people: 15.02%
Social Support and Social and Emotional Well-being

- A positive association has been found between increased social support and social and emotional wellbeing.
- People with greater support from their families, friends and neighbours showed improved social and emotional wellbeing.
- Furthermore, social support from family, friends and neighbours each make an independent contribution to social and emotional wellbeing.
- Those with visual impairments also have lower social and emotional wellbeing and report fewer overall sources of social supported.
Gender Differences, Car Access & Memory Loss

• In relation to gender differences, there was a very slight difference between women and men with females having slightly more social contacts than men.

• People with car access had higher levels of social and emotional wellbeing than those who did not have access to a car or car access. Therefore car access is associated with increased social and emotional wellbeing.

• There are differences in social and emotional wellbeing scores according to levels of self-reported memory loss. In general, wellbeing is highest in those with the least memory issues. This needs further explored.
Volunteer Perspectives on Main Benefits of the Service

How important is GMNIN service in relation to alerting family / carers to concerns? 0 = not important 5 = very important.

- 93.9% rated it as 5
- 4.88% rated it as 4
- 1.22% rated it as 3
- 0% rated it as 2
- 0% rated it as 1
- 0% rated it as 0
Typical Conversations During the Phone Call

- Volunteer Quotes on topics of the calls:
  “....the birthdays. On the system, a wee birthday cake comes up, and you can wish them Happy Birthday, **and for some of the ones with no family, you might be the only one to say it**, and that just brightens up their day”

  “History, general and personal, was another topic of interest for Service Users. **Reminiscing** about times gone by, earlier work life, childhood, raising their own family, friends and fun things...”

Volunteers talked about sign-posting to services, Lifeline, handyman, grass-cutting and other useful support with managing life.

The relationships that developed between volunteers and service recipients was warm, caring and friendly. Although they generally never met face to face.
Home Visits – No family

• Additionally, in some cases, particularly in cases where a Service User had no family, Good Morning staff members participated in home visits, particularly in ensuring service users are safe, or if they need further support, from doctors, social workers.
Volunteers Wanting to Give Back to Society

• Volunteer, Focus Group Three:

‘You’ve retired, but you still want to contribute something, and feel that this is the way we can do it, through talking to people. And some days you go in, and you are feeling a bit down yourself, and wondering can you even help, and as soon as you get on the phone, you realise how much it means to them [The service user], and how glad they are to talk to you, and it turns your day around. Just like that’
Much More to Share.....time against us
The End: Full Report Available

Contact
• Email
  p.mcfadden@ulster.ac.uk
Patricia Nichol
Health & Social Care Board

Anne Marie Bagnall
Education Authority

Raising the Education Outcomes of Looked After Children,
Early Intervention Transformation Programme
Raising the Educational Outcomes of Looked after Children through improving supports at Key Stage two

Anne Marie Bagnall
Patricia Nicholl
commissioned by Department of Education (DE)
delivered under the Delivering Social Change Early Intervention Transformation Programme (EITP)
the research constitutes part of a wider Project which aims, through the appointment of a LAC Champion to;
identify effective interventions to raise educational outcomes for the key stage 2 cohort of LAC
to challenge current support provision for LAC at key stage 2 and
to establish structures and systems to enhance multi-agency collaboration in respect of LAC education.
AIMS AND OBJECTIVES OF THE PROJECT

- to undertake an analysis of existing interventions and a gap analysis against national and international benchmarks
- to identify effective interventions to raise educational outcomes for the key stage 2 cohort of LAC
- to develop and implement a plan for intervention based on the benchmarking and gap analysis exercise
27% LAC attained 5 or more A* - C or equivalent GCSEs, compared to 83% of peers in 2014/15, (DoH 2016)

70% LAC at Key stage 1 attained Level 2 English, compared with 89% of the general school population

73% LAC attained Level 2 Maths compared with 90% of the general school population

significant differences in educational attainment emerge at Key Stage 2

36% LAC attained Level 4 English compared with 77% peers

36% LAC attained Level 4 Maths or above, compared with 77% general school population

21% LAC at Key Stage 3 attained Level 4 English, compared with 74% of the general school population

24% LAC attained Level 5 maths compared with 77% of peers
NI LAC POLICY AND STRATEGY

- care matters in Northern Ireland - A bridge to a better future (2007)
- ten year Strategy for Children and Young People 2006-2016, ‘Our Children and Young People - Our Pledge’
- 2016-2021 (PfG), indicator 10 commits the executive to improve supports for LAC
- DoH/DE developing LAC Strategy
- Children’s Services Co-operation Act (2015)
- Children and Young People’s Strategy 2017-2027 Consultative document (2016)
REASONS FOR LAC EDUCATIONAL ATTAINMENT GAP

- placement instability, school absence, lack of educational help and support at school, lack of educational help and support from foster carers, and lack of help for emotional, psychological and physical health issues. (DfES, 2006c)

- a culture of low expectations, higher than average rates of school exclusion and a lack of social capital and placement instability. (Perry, 2014)

- low expectations of the child, lack of stability in the child’s life, poor funding and monitoring mechanisms and the lack of a joint approach where the views of the child are heard. (OECD, 2016)
METHODOLOGY

Mixed methods approach

**Surveys;**
- the effectiveness of multi-agency working
- foster carer survey enablers and barriers in education

**Focus groups**

Multiagency group

Looked after Children

Foster carers

**Desktop reviews;**
- Benchmarking of current service delivery to LAC
- desktop review of what works in promoting LAC education
- Review of what works in promoting multi-agency working in the context of the education of LAC
Study Sample

Premised on the DE 2015/16 School Census Report 449 LAC were identified at Key Stage 2 across 271 primary schools in Northern Ireland (Inclusive of 21 Special Schools).

**Table one:** provides a breakdown of sample schools by Education Authority (EA) office.

<table>
<thead>
<tr>
<th>Education Authority (NI)</th>
<th>Numbers of Schools</th>
<th>Number of Looked after Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western</td>
<td>55</td>
<td>91</td>
</tr>
<tr>
<td>North Eastern</td>
<td>63</td>
<td>105</td>
</tr>
<tr>
<td>Belfast</td>
<td>41</td>
<td>70</td>
</tr>
<tr>
<td>South Eastern</td>
<td>53</td>
<td>95</td>
</tr>
<tr>
<td>Southern</td>
<td>59</td>
<td>88</td>
</tr>
<tr>
<td>TOTAL</td>
<td>271</td>
<td>449</td>
</tr>
</tbody>
</table>
Survey of the effectiveness of multi-agency working procedure

**Definition**: Coxon (2005) “bringing together different disciplines in a virtual way to collaborate at service user level” and SCIE (2010) ‘providing seamless consistent service responses’.

- questionnaire administered to staff through 6 workshops convened between October 2016 and March 2017
- professionals were invited to attend workshops designed to provide information about the project and the objectives of the survey
- staff unable to attend the seminars were followed up by letter and a link to the questionnaire which was completed online via Survey Monkey
Findings Survey of the effectiveness of multi-agency working

- 146 responses were received from 271 schools. 47 schools responded out of a sample of 55 from the Western area
- 36 out of 63 from the Northern area
- 19 of 59 in the Southern area
- 20 out of 53 in the South eastern area
- 24 out of 41 in the Belfast area these figures included
- 8 of the 21 special schools across NI.
Findings Survey of the effectiveness of multi-agency working

- 211 to the survey in total
- 161 were from the education sector (76.3%)
- 50 (23.7%) from health and social care organisations
- 170 respondents were female
- 41 were male

the profile of the staff who responded to the survey included teachers, school principals, education welfare officers, school nurses, social workers, LAC psychologists, service leads and commissioners.
Survey of the effectiveness of multi-agency working data analysis

- all responses were anonymised using an identifier code
- data from the open ended survey questions was analysed and recurring themes and data groups were identified in relation to the research questions (Braun et al 2006)
- these were then coded into SPSS for quantitative analyses.
- analysis by variable and by respondent did not reveal any significant trends in missing data
- using non directional two tailed tests the data was analysed in respect of the a range of hypotheses
Survey of the effectiveness of multi-agency working Findings

- there WERE differences in the perceptions of the effectiveness of multi-agency working in the context of LAC between the two sectors of education and health and social care
- health and social services staff tended to perceive multi-agency working more positively than their colleagues in education
- while staff working in health and social care tended to be more positive in their perception of the effectiveness of multi-agency working with LAC the strength of this relationship was fairly weak.
Findings perceptions of the effectiveness of Multi-agency working

- 45.5% of participants rated the current position of multi-agency effectiveness as average
- 53% of respondents identified the need for significant improvements in multi-agency working practice
- in total 96.3% of the survey participants perceived the need for some improvement
Findings Barriers to multi-agency working

Three main barriers;

- time and resources (37.9%, n=80)
- better understanding of respective roles and responsibilities (26.5%, n=56) and
- lack of communication and joined up working (17.1%, n=36)
Findings measures to enhance multi-agency working

- 41.2% (n=87) of respondents sought more regular multi-agency meetings
- 14.2% (n=30) sought improved joint training and
- 13.7% (n=29) felt equally strongly about the need for improved information sharing and improved joined up working to enhance multi-agency working
- (15.2%, n-32) of respondents highlighting the need for greater training and support of staff
FINDINGS multi-agency focus group discussions

Table two: Breakdown of attendees at focus groups
138 ATTENDED engagement and awareness raising workshops between October 2016 and March 2017

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Schools invited</th>
<th>Number from Health invited</th>
<th>Number from Education Authority invited</th>
<th>Total number of attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western</td>
<td>51</td>
<td>5+</td>
<td>5+</td>
<td>61</td>
</tr>
<tr>
<td>Southern</td>
<td>58</td>
<td>5+</td>
<td>5+</td>
<td>68</td>
</tr>
<tr>
<td>Belfast &amp; South Eastern</td>
<td>82</td>
<td>10+</td>
<td>10+</td>
<td>102</td>
</tr>
<tr>
<td>Southern</td>
<td>59</td>
<td>5+</td>
<td>5+</td>
<td>69</td>
</tr>
<tr>
<td>Total</td>
<td>250</td>
<td></td>
<td></td>
<td>210</td>
</tr>
</tbody>
</table>
FINDINGS multi-agency focus group

Perceived enablers and Barriers to the success of the Project

The complex needs of LAC in education, to increase professionals’ understanding of the needs of LAC and the need for trauma informed nurturing practice in schools

- **number of home and school placement moves** experienced by LAC, the impact of this instability on educational outcomes and lack of Social Work continuity

- The ‘**value placed on education**’ in different families and the priority given to education within social care and throughout the LAC Review Process, the need for PEP training and to raise the profile of education for LAC

- dedicated person for LAC ,Advisers to schools \build capacity
FINDINGS multi-agency focus group discussions

Overcoming Barriers to LAC education

- Effective information sources on the existing available services and support for LAC; one point of contact (regional base) and role to signpost to local services.
- CPD – jointly for social care and education; training on a range of relevant issues including trauma and attachment, foetal alcohol syndrome, special educational needs and their impact on development.
- Therapeutic services offering strategies for school and education.
- Adjusted curriculum – realistic expectations – social and emotional behavioural difficulties (SEBD) prioritised;
Foster Carers focus group discussions

- Fostering Network facilitated a workshop with foster carers on 1 April 2017
- 16 foster carers attended
- The workshop elicited the views of foster carers on key issues impacting on the education of LAC
- Survey monkey questionnaire was completed by foster carers who had LAC placed with them aged (8-11) and who did not attend the event
- Responses were received from 24 foster carers and a further 10 surveys were completed by participants at the event.
FINDINGS Foster Carers focus group discussions

Barriers/challenges to LAC education encountered as a foster carer?

- Educational delay evident at KS1
- Some Foster carers Lack confidence in how to help LAC with school work
- Lack of access to Educational Psychology
- Schools have low academic expectations for LAC
- Schools limited understanding of the needs of LAC
- Impact of multiple placement changes
- Impact of family contact
- Court delays in respect of education decisions
- Absence of PEP
- Changes of Social Worker
FINDINGS Foster Carers focus group discussions

What promotes LAC education?

- Fostering Achievement
- Homework clubs
- Tailored use of Pupil Premium funding/tuition/ therapy/ipad
- Training on trauma and attachment
- Home tuition
- Teamwork - the team around the child

What supports LAC to engage with education and to progress in Key stage 2?

- Baseline of IQ academic ability
- Foster carers recognised within schools as first educators
- Multidisciplinary PEPs training
- Named supports for LAC in schools
- Pupil Premium
FINDINGS Foster Carer Survey

Barriers to education and learning/support /information:

- 47.06% (16) had not experienced barriers
- 5.88% (2) had perceived barriers to LAC education.
- 1 (3.03%) experienced barriers to obtaining support
- 21 (63.64%) stated no difficulties
- 73.53% (25) had not experienced barriers to accessing information
- 11.76% (4) had difficulties accessing information
FINDINGS Foster Carer Survey

- Lack of awareness of supports available to LAC and carers
- Concern was expressed about the capacity of the Educational Psychology service.
- Foster Carers expressed the need for teachers to be trained in understanding the needs of LAC and to consider the trauma contributing to negative behaviour,
- the value of Classroom Assistants was emphasised.
- Home and school based one to one praise and encouragement and fun were deemed important when Foster Carers assist in LAC homework.
- Creating routines and taking time to listen encourage and support essential.
- Extra tuition and access to laptop or computer were regarded as beneficial.
Smaller classes and group work were advocated
Communication perceived as critical
group based physical activity and outdoor activities essential.
LAC need school placement where they are nurtured and supported
Good policies and practice in schools are vital
repeating the foundation learning that they have missed out on is critical
It can be done.
Looked After Children focus group discussions

- Voice of Young People in Care (VOYPIC) facilitated workshop with LAC on 1 April 2017
- attended by 13 children (seven boys and six girls aged from 8-11)
- VOYPIC were asked to engage with Key Stage 2 children to examine what they hope to achieve at school
- a school you learn best in; what does it looks like
- 11 LAC completed a short survey asking about their experience of school and who helps them at school.
Findings Looked after Children focus group discussions - continued

- Friends were particularly important to the children in our workshop. They spoke of how tough it would be at secondary school if they could not make friends. All of the children said they have friends at school and 82% of children get on with their classmates.
- All children at the workshop said they feel safe at school.
- The majority of the children who participated in the workshop enjoy school and believe they do well in their education.
- It was felt by most of the children that they get too much homework.
- The importance of sports, play time and class pets / animals was apparent during this workshop.
- Class teachers, classroom assistants and foster carers were identified as the top three people who help children to do well at school.
Benchmarking of current service delivery to LAC and Desktop review of what works in promoting the education of LAC

Methodology

- A series of focus group discussions were facilitated by the LAC Champion
- A semi-structured Interview schedule was developed and formed the basis of the interview questions
- A common data collection tool for purposes of the benchmarking exercise used
- The structured Interview explored the range of service models currently being delivered in the area of LAC education in NI.

Description of intervention and link with KS2 service delivery model and rationale

Evidence of evaluation/review of service outcomes
Findings: Benchmarking of current service delivery to LAC and Desktop review of what works in promoting the education of LAC

- Evidenced some positive approaches to multi-agency working
- Clear and unambiguous commitment to getting it right for LAC
- Commitment to cooperating with the LAC Education Project across all interviewees
- Little evidence of rigorous evaluations of LAC education initiatives in NI
- Evaluated services
  - PEP
  - Letterbox
  - Nurture Groups
  - Virtual School Head (VSH)
  - The Attach Project
  - Tuition
  - Pupil Premium
Benchmarking of current service delivery to LAC and Desktop review of what works in promoting the education of LAC

Literature review of what works in promoting LAC education

- little is known about the effectiveness of programmes designed to support the education of LAC (Stevens et al 2009; Liabo et al 2013)
- based on existing research, it is not only premature to suggest that educational outcomes are amenable to intervention, but it is impossible to draw conclusions about the types of interventions that might work best”, Evans et al (2017).
- Desktop review of what works in promoting multi-agency working in the context of the education of LAC
- UNCRC encourages multi-agency working across all levels of state agencies and departments
- child protection inquiries (Laming’s 2003 and 2009) concept of the “Corporate Parent” in service delivery for LAC in the UK.
- integrated working across agencies is a pre-requisite for the academic success of children (Taliaferro et al 2009; Gilligan 2007)
Desktop review of what works in promoting multi-agency working in the context of the education of LAC

- social work staff constrained in managing educational needs of LAC, with limited understanding of the education system, Fletcher-Campbell (1997).
- schools capacity to address the complex factors underpinning children’s educational underachievement challenged, Timpane and Reich (1997)
- a culture of “commitment” to the education of LAC and overcoming competing professional priorities needed, Harker et al, (2004)
- The perceived separation between care and education has been identified as a major factor in the poor attainment of LAC (Jackson, 1987; 2013; Franklin et al, 1997; Bowen et al, 2002; Jackson et al).
- “interagency antagonism” and “distrust” between education and welfare systems cited as greatest barrier to academic achievement, Ferguson et al (2012).
- poor definition of roles and confusion about responsibilities and accountability for the educational needs of children as major difficulties
Desktop review of what works in promoting multi-agency working in the context of the education of LAC

Key requirements for effective and rights-based interagency and cross-departmental working (Byrne et al 2015; Roaf 2002)

- clear mandates
- shared vision for multi-agency working.
- agreed outcomes
- shared training guidance on joint working
- mutual understanding of roles and responsibilities
- effective communication structures
- effective information sharing approaches
- clear lines of monitoring accountability
- outcome measurement and performance tracking.
CONCLUSION and RECOMMENDATIONS

The findings of the study have informed the interventions being introduced to support and improve outcomes for Looked-after Children at Key Stage 2:

Key Theme 1: Promote the role of the LAC Champion in Northern Ireland

- develop an integrated approach to enhance the delivery of services at a regional level
- ensure the educational needs of LAC are properly identified and supported by schools and health & social care and is rigorously tracked and monitored.
- develop protocols and guidance for a new joint working model of information sharing between EA and HSCTs
CONCLUSION and RECOMMENDATIONS

- Key Theme 2: Improved oversight of PEP Guidance to build multi-agency capacity to support LAC in education
  - train all multi-agency personnel in PEP arrangements
  - train all multi-agency personnel in multi-agency working arrangements derived from findings of survey
  - establishment of multiagency PEP meetings
  - consideration of PEP meetings prior to any decision to move school
Key Theme 3: Improve support for LAC in schools

- Identify and train named key contacts for LAC in sample schools
- Provide whole school awareness training on ‘TheAttach Project’ (TAP)
- Provide key adult and back up key adult training on TAP
- Dedicated clinical psychology and education/social work support to identify, plan and intervene in high need cases
- Formulation of attachment support plan for LAC as necessary
- TAP interventions to address LAC education support needs
CONCLUSION and RECOMMENDATIONS

- support key staff in schools through a multiagency consultative model of practice
- develop a supporting resource for LAC educators
- conduct research on outcomes of TAP (PHD Studentship)
- identify measures for assessment of TAP outcomes
CONCLUSION and RECOMMENDATIONS

- establish and manage a multi-agency resource panel and test a central fund for LAC in Northern Ireland
- improve the understanding of the therapeutic needs of LAC
- A transition support programme will be put in place to support Primary 7 Pupils and LAC moving between Key Stage 1 & 2
- Establish a Stakeholder Reference Group of Key Stage 2 LAC and Foster Carers
- inform a service delivery model for LAC across Northern Ireland at project end
Mental health issues facing women who offend and in conflict with the Criminal Justice System in Northern Ireland
‘Women with Mental Health Issues in the Criminal Justice System in Northern’

Elizabeth Craig-PhD Student
NHSCT/University of Ulster
Aims Of the Presentation

- To heighten awareness of women who offend with mental ill-health issues, particularly in the west of Northern Ireland.
- To explore these issues within the presentation.
- To highlight the complexity of women who offend.
Experience of working with women who offend both in my police and social work career.

An understanding of the multiple oppressions faced by women who offend and who have mental health problems from gender, mental health and criminological perspectives.

The need for appropriate service provision which is gender responsive and meets the holistic needs of women.

The requirement to recognise the impact of lack of service provision for women with mental health problems who offend

The recognition of the long-term effects of lack of effective services not only on women but the detrimental impact on their families and societal as a whole.

The lack of research in Northern Ireland and particularly regarding community-based programmes.

The requirement to examine rural service provision to understand the specific needs in such areas from a client and key-worker and professional perspective

The need to recognise the importance of dealing with mental health issues and how often women offenders enter the criminal justice system because of the lack of adequate service responses.
The Issues

- Multiple oppressions faced by women who offend with mental health problems.
- Need for services which are gender responsive and meet women’s holistic needs.
- Impact of lack of services on women with mental health problems.
- Effects of the lack of services not only on women but on families and society.
- Few community-based programmes in Northern Ireland which address this particular group.
Gender

- Negative labelling of women who do not represent the societal stereotypes of nurturer or carer and who because of negative social environments and abuse often ‘run away’ and are stereotyped as ‘deviant’ (Ussher, 1991:168).
- Biological differences eclipsed by socially constructed social and political beliefs, where men perform the dominant roles in society.
- Women who don’t fit the cultural ‘norms’ are labelled ‘crazy’, ‘hysterical’, ‘mad’ &/or ‘bad’ (Prior, 1999).
Mental Health

- Becker (1963) highlighted that people who are labelled ‘different’ by society, often perform the role that is socially constructed for them – self fulfilling behaviours.
- Scheff (1966) detailed stereotyping of those with mental ill-health being discriminated against by society because of the socialisation of the population through the media and cultural ‘norms’ i.e stereotypes = lunacy, madness.
- Tew (2005) emphasises how situational factors can cause mental ill-health, e.g unemployment and relationship breakdown.
- Depression is a major issue in society with 1 in 6 people in society suffering from depression &/or anxiety (Office of National Statistics, 2010)
- People’s identities become embroiled with their mental illness and society often perpetuates this through seeing them as their illness.
Women & Mental ill-health

- Women often experience mental health problems because of their devalued roles in society and situational factors such as victimisation which permeates their lives from childhood to adulthood.
- Feelings of worthlessness can lead women to accept abusive and exploitative situations (Patzel, 2001)
- Women can experience multiple oppressions e.g. domestic violence, sexual assault, socio-economic deprivation and homelessness – these multiple disadvantages can lead to mental ill health and crime as a means of survival.
Women’s Mental Health

- Women are more likely to experience Depression and Post Traumatic Stress Disorder than men and as a result of living longer women are more likely to develop Dementia & Depression in old age (WHO, 2000).
- Biological gender differences in men and women, e.g. post-natal depression after child birth and emotional issues surrounding menstruation and the menopause (Edge and Rogers, 2005).
- Depressive disorders represent almost 41.9% of neuropsychiatric disorders among women compared to 29.3% among men (WHO, 2000)
- Double Jeopardy – women’s mental ill-heath impacts upon family functioning and their roles as main carers/nurturers in society.
The Problem
Why Study/Research Women who Offend?

- They are a small marginalised group, yet the impact of their issues have profound effects.
- The impact of structural frameworks upon the lives of women, including health and Criminal Justice systems.
- The economic and social impact of children being taken into ‘CARE’ or subject to Child Protection Proceedings when women are imprisoned or given community-based orders.
- The ongoing issues faced by the Criminal Justice System, e.g Police, Probation, Courts and Prisons, if women’s mental health issues are not addressed and they continue to offend with the related socio-economic issues as described.
Mental ill-health & Women who Offend – The International Perspective


- ‘Revolving door’ situation, where issues continue to arise because they are not addressed.

- Long-term impact for families e.g. children in ‘Care’ = demoralisation for women, further dysfunction.

Mental Health & Women who Offend cont’d


- Gilfus’ qualitative study of 20 imprisoned women’s lives in the USA = 65% were subject to sexual abuse as children, 50% suffered neglect.

- 13 of the women ran away from their childhood homes in order to escape violence and often resorted to prostitution to survive and abused drugs as a means of self medication.
Mental ill-health & Women who Offend Cont’d

- Fawcett Society’s Report (2009) ‘Engendering Justice’, focuses on how issues such as mental ill-health are overlooked because services are not tailored to the needs of women.
- Leads to a ‘revolving door’ situation, where issues continue to arise because they are never truly addressed, women who do not meet the criteria for comprehensive mental health care continue to offend because their issues are never truly addressed.
- Long-term impact for families of women who offend, children may be placed in CARE, creating more demoralisation for the women involved.
- The issues of depression, post-traumatic stress disorder and anxiety in the lives of women who offend related to victimisation in early life which continues into adulthood (Zlotnick et al, 2008).
"They'd all love me dead …"

- Disturbed, heard voices, destroyed property, aggressive towards prison staff, self-harmed, refused food and water, lacerated her arms, banged her head, inserted metal objects under her skin and strangled herself with ligatures until she lost consciousness.
- Incidents between 10 July 1997 and 29 July 2002 shows 30 assaults on staff, four on other prisoners, 40 incidents of selfharm, 52 wrecked cells, 17 threats and 42 ‘miscellaneous’ incidents.
- Psychiatric assessment found no ‘organic’ impairment or mental illness. Diagnosed as having attitudinal problems arising from a personality disorder.
- In the community she had a background of heavy drinking and anti-social behaviour and a dysfunctional family (Scraton & Moore, 2004).
Issues reference Women Offenders

- Women with history of being victims of violence and abuse over-represented in Criminal Justice System.
- Negative experiences within the Criminal Justice System.
- Women commit lower level offences, more acquisitive/survival type crimes.
- Relationship problems feature in women’s pathways into crime e.g. domestic violence.
- Victimised women can become offenders because of substance misuse, coercion by partners, mental health issues.
- Often primary carers for young children and this can lead to issues reference care proceedings etc.
- More likely to be poor, unemployed, socio-economically deprived and single parents.
Women’s Pathways into Offending

- Homelessness and accommodation issues.
- Lack of training, education and employment opportunities.
- Health - notably Mental Ill-Health.
- Alcohol and Substance Misuse.
- Finance, Benefits and Debt.
- Children and Families.
- Attitudes, thinking and behaviours.
- Abusive backgrounds
- Prostitution (DOJ, 2010).
Mental Health the Northern Ireland Context

- Tomlinson (2006) states in N.I there is 30% higher psychiatric morbidity than in the UK in general.

- NIAMH (2009) found that mental illness in N.I costs £2.7 billion per year.

- Social Exclusion is a major issue in the development of mental ill-health.

- NIAMH stress the cycle of deprivation that impacts generationally – lone parenthood, lack of education and employment, abusive environments greater mental health disorders and higher risk of suicide (Brent et al, 2008).
Cont’d N.I. Context

- Impact of being in ‘Care’, low educational attainment, 4 times more likely to be unemployed and 60 times more likely to be imprisoned = situational mental ill - health.
- 30-40% of women in UK prisons have been in ‘Care’ (The Home Office, 1997).
- 80% of N.I prison population has a long-term mental or emotional problem which impacts on their lives (NIPS, 2009).
- Limited community services outside Belfast & little research to evaluate need and provision.
- Women more likely to be lone-parents, unemployed, mentally ill, carers and be on benefits than men in N.I (Hillyard, 2005).
- Most social deprivation is concentrated in the west of N.I and in Belfast (NIMDM, 2010).
- The need to understand and the situational oppressions that can impact on both the lives of women and their families. The introduction of ‘Think Child, Think Parent , Think Family’ (SCIE, 2012).
- The importance of Art 8 of the ECHR and the right to a family life which can be undermined by the problems faced by many women (BIHR, 2012).
The Probation Board for Northern Ireland (2010) examined the needs of women on Probation - 44% have mental ill health issues (DOJ, 2010)

The report emphasised the need for further research into the experiences & needs of community based women in the criminal justice system.

DHSSPS ‘Northern Ireland Personality Disorder Strategy’ (2010) – 60-80% of women prisoners have a personality disorder.

Report stated women in prison more likely than men to commit suicide.

5 times more likely to self harm than men.

‘Strategy to Manage Women Offenders’ (DOJ, 2010)-9 Pathways into crime- Mental Health- need for interventions to address issues.
Women are a small marginalised group, impact of their issues have profound effects, domestic violence, childhood abuse etc.

The economic and social impact of children being taken into ‘Care’ or subject to Child Protection Proceedings.

The ongoing issues faced by the Criminal Justice System, if women’s mental health issues are not addressed and they continue to offend with the related socio-economic issues.

The emphasis in the CJS on public protection (PPANI) and the dilution of the social work role in Probation.
Current Provision & Issues in N.I.

- Services in the CJS disjointed and ‘piecemeal’.
- Reliance on voluntary agencies to ‘pick up’ marginalised women.
- Inspire Project multi-disciplinary approach but limited in geographical catchment and resources.
- NIACRO have now appointed a female worker to link with women in the Derry, Magherafelt and Limavady areas.
- Women in CJS no secure base - poor self esteem, prevalence of alcohol and drug misuse- self medication, domestic violence, stress, anxiety, depression, self-harm, personality disorder.
Synopsis of Issues facing Women who Offend with Mental ill-Health in N.I

- Socio-economic deprivation/poverty.
- Lack of education and employment opportunities.
- Abusive backgrounds which often leads to adult abusive relationships.
- No secure life base.
- Disempowerment.
- Mental ill-health, self-harming and suicide.
Methodology of the Research

- The sample size of approximately 40-60 participants reflects the qualitative approach which does not necessitate large numbers of research participants to achieve the research objectives.
- The numbers facilitates the researcher gaining a range of personal and professional perceptions and experiences relating to women who offend and who have mental ill-health difficulties in the west of Northern Ireland within the time frame of the project, which is due for completion in October 2013.
- There is a distinct lack of gender-responsive service provision for women with mental ill health within the Criminal Justice System in the west of Northern Ireland.
- This is exacerbated by higher levels of socio-economic deprivation (NIMDM, 2010).
- The research aims to focus upon the actual opinions and experiences of women in this cohort and those of the workers who support them.
Completed interviews highlighted a number of issues facing women:

- Backgrounds of sexual abuse
- Addiction problems
- Familial dysfunction and breakdown.
- Domestic violence
- Homelessness
- Care backgrounds
- Isolation and lack of attachment.
The Way Forward

- Diversion at arrest stage.
- Greater Social Work input across the life stages
- Integrated support post-arrest, holistic women’s support.
- Court advocacy and support.
- Appropriate disposals which provide mental health support.
- Custodial settings which evaluate women’s needs and are gender responsive.
- Rehabilitative services post arrest/custody which are holistic and geographically responsive to need.
Many thanks for listening
Emma O’Neill
Action for Children

Think Family Social Worker
Think Family Support Worker

Think Family Pilot

South Eastern Trust, Down Sector
January 2015 - August 2016
Setting the Context

• Stage 1
• Stage 2
• Stage 3
Key Partnerships

- Community Mental Health Services
- Mental Health Inpatient Services
- Addiction Services
- Children’s Services (Family Intervention Team)
- Action for Children
- CAUSE
- Action Mental Health
- Mindwise
Think Family Criteria

• Individual with mental health issues with children or adult carers
Interventions

• One-to-one working
• Holistic family support
• Education
• Signposting to other relevant services
• Identification of risk
• Dedicated support to lead case worker
• Face to face and remote contact with case workers and families
Raising Awareness of the Family Model

- 494 staff directly engaged in awareness raising, applying and promoting the Model in their practice
## Action for Children Practice Experience

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Number of Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Services</td>
<td>23</td>
</tr>
<tr>
<td>Including FIT, Gateway and Sure Start</td>
<td></td>
</tr>
<tr>
<td>Adult Services</td>
<td>15</td>
</tr>
<tr>
<td>Including Acute, Community, Psychology &amp; Addictions</td>
<td></td>
</tr>
<tr>
<td>Voluntary</td>
<td>6</td>
</tr>
<tr>
<td>Including Mindwise</td>
<td></td>
</tr>
</tbody>
</table>
Key Benefits

- Identified appropriate families
- Facilitated child friendly conversations
- Supported communication between CS & MH
- Enhanced working relationships
- Increased resources
- Joint training
- A5 cards
- Empowered service users
- Joint Protocol 2011
“If it was not for you and your 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...”
Staff Feedback

“I found that the Think Family Project has been beneficial to patients, carers and staff. It has increased staff 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 families. Overall I feel that this was a very worthwhile project and staff continue to recognise the importance of ‘Think Family’.”
Belfast Trust

- 1.5 Year Secondment
- Acute Mental Health & Children's Services
- Social Work Assessment
Thank you

Emma O’Neill
Brian Taylor
Ulster University

Afternoon session only

Dementia Study
Synthesising, Conceptualising, Measuring: a Study of Risk Communication in Dementia

Brian Taylor
Professor of Social Work
Ulster University
Aims:

1) Explore concepts of risk used by professionals, family carers and people with mild to moderate dementia

2) Identify risks encountered and addressed most commonly in community dementia care decisions in Northern Ireland

3) Measure use of words, numbers and visual methods in community dementia care professional risk communication

4) Create a knowledge base to inform practice
Synthesise the literature on risk communication in dementia care

Understand the concepts used by people with dementia, families and professionals in communicating about risks in NI

Measure key aspects of professional communication about risk in dementia care
Identifying Relevant Research

- 12 bibliographic databases
  - & 1 online search engine
- Retrieved 31 relevant studies
- ‘Communication’ too narrow
  - concepts AND communication
- Wide range of study designs


**NB:** Come on the: Evidence-Informed Professional & Organisation module within the Research Methods post-qualifying Programme
Synthesising Relevant Research

- Synthesised by four recurring themes identified:
  1. **types of risk**: physical safety & psychosocial risks
  2. **perceptions and social constructions of risk**
     including concept of ‘care crises’ and congruence of risk perceptions with reality
  3. **approaches to dealing with risk**
     including risk tolerance and acceptable risk taking
  4. **making decisions involving risk**

How do people with mild-moderate dementia conceptualise & communicate risks?

- Individual interviews with 17 people with mild-moderate dementia
- Recruited through the five HSC Trusts
- Needed to have dementia diagnosis, understand that they had dementia and that they were participating in research
- Recently been involved in making a decision regarding their care (medical or social) or daily life activities that required them to weigh up information about risks


NNNB: Come on the Research Methods to Inform Social Work module within the Research Methods Programme
VALUE-ADDED!: Involving people with mild-moderate dementia in the analysis of the interview data

- Four co-researchers who recognised that they had dementia
- Recruitment:
  - Alzheimer’s Society Service User Review Panels
  - Two-hour session, attended by SURP facilitators
  - Communication of risk: considered interview extracts across range of respondents relating to discussions about one health-based (medications) & one social care-based (driving) risk to elicit views on what was most interesting & how ideas connected together


NNNNB: We now have parallel service user and carer modules within the Research Methods Programme
How do family members of people with dementia conceptualise & communicate risks they face?

• One focus group with family members in each HSC Trust area (22 participants) - recruited through Alzheimer’s Society support groups

• One focus group with professionals in each HSC Trust (35 participants) - recruited through Trust managers


NNNNNB: Focus Groups are FUN!
Measuring risk communication

- Online survey - community dementia staff in the five HSC Trusts
- Used expertise of the Harding Centre for Risk Literacy, Berlin
- 70 complete & 55 partial responses of 270 staff
- Use of numbers in practice (assessment tools, etc.)
- Words used to express numerical probabilities
- Numerical understanding of verbal expressions (‘likely’, etc.)
- Subjective judgement of probability of harm (case scenarios)
- Estimates of how often 16 commonly-identified risks occur
- Accuracy of perception of frequency of risks with severe outcomes (home fire; driving collision; hospitalised after fall; missing person’s report)
- Views on visual aids to communicate risk
  - new PhD student now started on using big data to create computer visualisation of dementia care risks

Many, many thanks to:

- The Health and Social Care Research and Development Division, Public Health Agency for Northern Ireland and Atlantic Philanthropies for funding the project 2014-17
- Miss Mabel Stevenson, Research Assistant, Ulster University
- The managers of dementia services in the five Health and Social Care Trusts
- Miss Beverley Savage and colleagues of the Alzheimer’s Society
- Dr Michelle McDowell & colleagues, Harding Centre for Risk Literacy, Max Planck Institute for Human Development, Berlin
- The people with dementia, family members and professionals who participated
- The service users who collaborated in data analysis
- PHA & HSC Board staff & service users who collaborated in producing the public leaflet

>
What did we find?!

- PHA-HSC Board public leaflet
- 4-page professional summary
  - UU website > Decision, Assessment, Risk and Evidence Studies
- 7 journal articles
  - access through HONNI
- Information to teachers
  - social work, nursing, medicine, psychology at QUB & UU
- Incorporated into post-qualifying social work education & training:
  - Initial Professional Development Programme module & its text book
  - Adult Safeguarding Programme
Risk Communication in Dementia

THE END

.... or perhaps just the end of the beginning....