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

Group 3 - Deerpark
Mary Donaghy
Health & Social Care Board
and
Kerry McVeigh
Belfast Health & Social Care Trust

Think Family Social Work Assessment Pilot
SOCIAL WORK RESEARCH CONFERENCE

Regional Think Family Social Work Assessment Pilot 2017 - 2018

7th March 2018

Mary Donaghy (Mental Health & Learning Disability Lead & Think Family NI Lead HSC Board)

Kerry McVeigh (Social Work Development Lead BHSCT)
My role at HSCB is to develop family focused practice within Adult Mental Health and Children’s services when parental mental health issues exist within families.

This work has been core business for HSCB since 2012.

The Pilot has developed in partnership with SW Strategy 2010–2020 using The Family Model as the framework for the assessments.

The purpose of the pilot is to highlight the contribution SW makes within the care and treatment planning for families within Adult Mental Health Services, and the benefits this brings to parent and family recovery.
There are 10 Social workers participating in the Pilot

There are 22 families to date who have been involved with Think Family Social Work Assessments

Specific reference to the need for a TFSWA in the Regional Mental Health Care Pathway

The outcome of the Pilot will be fed back to DoH for further consideration within the SW Strategy re next steps
APPLICATION OF THE TFSWA PILOT

- Design of a Think Family Social Work Assessment Template to be used in the pilot.
- Pilot based on use of ‘The Family Model’ (TFM) (Falkov 2012).
- 7th December 2016 – Regional training session on TFSWA.
- 6TH February 2017 - Skills based training for pilot staff on TFM by Dr Adrian Falkov.
- March 2017 - Families identified for pilot – consent given.
- Aim to complete TFSWA over six months.
- April/May 2017 Awareness Raising amongst MDT’s in some Trusts.
- Regular regional support groups, use of group emails to communicate with each other, discuss dilemmas, share ideas and challenges to application of the TFSWA.
- Peer support groups in Belfast trust to provide support to pilot champions.
Referral Details
Presenting Issues
Family Composition (including genogram)
Personal History
Social circumstances
Current Services
Analysis/Synthesis
Recommendations
Time line for pilot – 6 months including review
TFSWA

- Interview with children, parent, carer, then as a family.
- Use ‘family model’ to open up conversation;
  
  Aim to:
  
  - Increase understanding of mothers illness, symptoms and impact on thinking and functioning.
  - Increase children’s resilience in coping with parental illness and impact on her presentation.
  - Increase children’s understanding of mental health and supports
  - Improve mothers understanding of the impact of mental health on the children.
  - Increase mother’s understanding of the needs of the children and child appropriate conversation.
  - Explore which services help or hinder the family- identify gaps, family focused solutions.
  - Ensure that services are engaged with the new support plan and build in review.
**CASE STUDY**

**Parent**
- Mum with long term diagnosis of schizophrenia.
- On adult child/carer, two children under 18 yrs in foster care.
- Limited functioning, limited insight into symptoms.
- Limited ability to consider impact of symptoms on the child.
- Limited ability to consider the child's perspective.
- Chronic symptoms.
- Quality of child contact impacted by PMI.
- Keen for increased contact.
- Adult safeguarding concerns.

**Children**
- Long-term foster care placement.
- Difficulties in previous placement due to discipline measures leading to mistrust.
- Worry regarding mum's mental health and functioning.
- Child's differing needs in regard to type and frequency contact.
- Child A requested supervised contact to continue.
- Both children interested in understanding mum's symptoms.
- Child B concerned regarding mum's life expectancy.
- Child A concerned there is expectation of return to mum.
THE FAMILY MODEL MUM

**Strengths**
- Helps with contact and kids enjoy contact.
- Works well with children's services.
- Flexible with contact.
- Helps to explain information.

**Children's Services**
- Discuss information.
- More time with kids.

**Mum**
- Worries:
  - Children worry mum spends too much on them.
  - Feels she should spend money on the kids.
  - Often leaves herself with no money.

**Family**
- Mum
- Children

**Support Plan**
- Mum will ask advice from S.W.
- Better communication with foster dad.
- Will talk about issues before talking to kids.

**Internet Safety**
- Knows parents worry about mum.
- Would like more time with mum.

**Adult Services**
- Budgeting
  - Talk about worries.
  - Discuss what information to give to the kids.
THE FAMILY MODEL CHILDREN

Cultural Community

Strengths

Mum's New Lockwork
- Info on Mum's Illness
- Can help settle

Family

Enjoy seeing Mum

Young People

Coping
- Coping with symptoms

Children's Services

- F.C.A.
- S.
- Dr - ADHD

Questions

- Worries
- Child A
- Mum's Contact
- Mum's Well and Fall
- Supervised Contact
- Mum speaks too much at cost

Support Plan
- Mum's Can
- Mum's Budgeting
- Info on Life Expectancy
- Info on Cost
- Contact at Mum's
- DH.C. Mun
- Info

Adult

Mum Ill
- Understanding

Family

Went to see them
- See other family
- Mum more about}

Dad.
OVERALL DATA REGIONAL OVERVIEW
(At current time)

- Families were mostly known to adult mental health only.
- Main age group of children were 0-4, 5-11, 11-15 years.
- Main reason for referral was due to parental/sibling mental health.
- Main impact was on others/children and less responses in relation to carers.
- Better off?
Child feedback – difficult to access in some cases due to age of child, times of visits, no 1-1 contact with child (work undertaken with parent only).
Adult feedback – majority advised they had better understanding of the impact of MI on child and family.
- Families were agreeable to FFP.
- Some adults felt FFP helped to improve understanding of culture and community.
- MDT feedback very positive in promoting family conversations and understanding between family members regarding MI.
BENEFITS

- Use of the A5 card/ family model/ ‘family conversation’ to encourage communication, identify concerns, improve understanding of each others needs and concerns, strengths, stressors eg debts, benefits, family resources.
- Impact of parental mental illness on the family relationships and functioning.
- Systemic assessment, identification of life events across the life span and how they relate to current PMI.
- TFSWA gives a greater understanding of family dynamics and children’s needs.
- Can be used across service groups eg. addictions, specialist interventions e.g. family centre, gender identity clinic, eating disorder, physical disability etc.
- Flexibility – model can be adapted to families needs. TFSWA also being adapted eg where the service user is not the parent.
- ‘I have enjoyed using the family model, feels like good social work practice in action’
BENEFITS

- Breaks down the stigma of mental health, allows issues to be discussed where there was lack of communication before.
- Informs MDT discharge planning due to holistic assessment-environmental contribution.
- More focus on parental interactions with their children, impact of parental mental ill health on relationships, child resilience and coping strategies.
- Working in true partnership with families.
- Learning that children are much more aware of parental mental illness and presentation than previously thought by parents.
- Learning that children need to be provided with timely, age appropriate information in order to feel secure, reassured and to understand that it is not their fault.
- In depth analysis of the service users psychiatric history, impact of family life and stressors which contributes to the team understanding of the service users needs.
- Increase understanding of the value of social work assessment and the benefit of TFSWA with the whole family.
- Has encouraged more understanding of the Think Family ethos.
**BARRIERS**

- Time commitment
- Pace of work
- Working with fluctuations in the service users mental health,
- Service user can be concerned re SW involvement in terms of the parenting role.
- The Family Model/family focused intervention needs to be fully understood and valued within the MDT.
- Referral information needs to be clear prior to commencing TFSWA.
- Keyworker commitment to undertaking the work with the pilot champion – challenging due to pressure on services.
- Recording systems.
- Service users found the questionnaire layout difficult to understand at times.
Female care leavers experience of the staff child relationship while living in an intensive support home in Northern Ireland
Female Care Leavers’ Experience Of The Staff-Child Relationship While Living In An Intensive Support Children's Home In Northern Ireland

Service Evaluation

Jenni Rice

jennifer.rice@setrust.hscni.net

07.03.18
Rationale and background

- Professional experience
- Compassionate care
- To hear their voice
- Examine the staff-child relationship in more detail
Objectives

- Literature review
- Ethical approval
- Personal construct theory
- Areas for improvement
- Share findings
Literature Review Findings

TRUST
- Role of staff
- ACE impact
- Attachment

CONTINUITY
- Good Relationships & Better Outcomes
- Care Staff

RECIROCITY
- Recognition theory
- Compassionate care
- Therapeutic Alliance
Methodology

- Self characterisation
  - Personal Construct Theory
  - Laddering and Pyramiding
- Semi structured interview
- Qualitative data
Sample

20 identified
10 consented
5 participated
Self characterisation

- Spending time with staff in and out of the home
- Trips away

‘They took time to get to know me, making cups of tea’ (009)

‘She started getting on with staff when she was taken to a wee house in the country. She started talking to staff and giving them a chance’ (017)
Semi structured interview

Time in placement
- Start
- Middle
- End

‘They looked after us, feeding, keeping safe, making sure you got washed’
(017)

‘They helped me prepare for the big bad world’
(009)
Recommendations

- Further exploration - interview all care leavers
- Use feedback during recruitment process
- Spend more time with the people we care for
‘Staff need to be relaxed around young people, spend time and have a laugh, not just paperwork’
Adult Safeguarding

5th Annual Social Work and Social Care Research in Practice Conference
7th March 2018

Deborah Hanlon
Christine Armstrong
Lorna Montgomery
Core Principles of Experience-based Design

- Partnership approach between patients, staff and carers
- Emphasis on experience rather than attitude or opinion
- Narrative and storytelling approach to identify ‘touch points’
- Emphasis on co-design of services
- Systematic evaluation of improvement and benefits
Adapting 10,000 Voices initiative for adult safeguarding

• The use of Sensemaker methodology
• First time done in Social Care
• Awareness of complexity and sensitivity of experiences of SU and carers
• Issue of re-traumatising
• Collection of the experiences
• Timeliness of point of collection
Aim of project

To identify how the adult safeguarding process can be improved to ensure the service users experience is

- rights based
- empowering
- consent driven and
- as person centred as possible.
Stakeholder planning and testing workshops

- Criteria for inclusion
- Information for participants
- Consent forms
- Process for collection
- Guidance for staff
- Consider challenges
<table>
<thead>
<tr>
<th>Signifier Question</th>
<th>Signifier Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To what extent did you feel listened to during meetings and conversations?</td>
<td>I felt I was listened to in a respectful way</td>
</tr>
<tr>
<td></td>
<td>I felt listened to but my views didn’t affect the decisions</td>
</tr>
<tr>
<td></td>
<td>I felt I was being judged</td>
</tr>
<tr>
<td>2. To what extent did you feel satisfied with how the safeguarding investigation</td>
<td>I was supported to work things through</td>
</tr>
<tr>
<td>was carried out?</td>
<td>The process dragged on</td>
</tr>
<tr>
<td></td>
<td>I didn’t know what was happening</td>
</tr>
<tr>
<td>3. To what extent were you able to understand the information given to you during</td>
<td>The information was clear and easily understood</td>
</tr>
<tr>
<td>the safeguarding investigation?</td>
<td>Someone helped me to understand the information</td>
</tr>
<tr>
<td></td>
<td>I didn’t understand it</td>
</tr>
<tr>
<td>4. To what extent were you given the information you needed at the right time</td>
<td>I got the right information when I needed it</td>
</tr>
<tr>
<td>during the safeguarding investigation?</td>
<td>I found it hard to make sense of the information</td>
</tr>
<tr>
<td></td>
<td>I was not kept up to date</td>
</tr>
<tr>
<td>5. To what extent were you satisfied with the outcome of the investigation?</td>
<td>People worked together to make things better</td>
</tr>
<tr>
<td></td>
<td>I felt more could have been done</td>
</tr>
<tr>
<td></td>
<td>I didn’t know what the outcome was</td>
</tr>
<tr>
<td>6. Do you feel that you are safer now as a result of the safeguarding investigation?</td>
<td>I feel that I am not at all safer now</td>
</tr>
<tr>
<td></td>
<td>I feel that I am not much safer now</td>
</tr>
<tr>
<td></td>
<td>I feel that I am quite a bit safer now</td>
</tr>
<tr>
<td></td>
<td>I feel that I am completely safe now</td>
</tr>
</tbody>
</table>
Q1: To what extent did you feel listened to during meetings & conversations?

- I felt I was listened to in a respectful way
- I have been happy with the care I receive..... I feel I can complain if I need to and will be listened to.
- Nobody has taken this seriously...
- I felt I was being judged
- I felt listened to but my views didn’t affect the decisions
Strengths and Limitations of sensemaker

**Strengths**
- Innovative coproduction approach to engaging service users / carers
- Limited other examples in adult safeguarding
- Rich blend of Qualitative and Quantitative information
- Gives insight into user / carer perspective for improvement
- Robust evaluation demonstrates how service users / carers can inform and influence service delivery
- Multiple formats / accessible
- Learning at local and regional level

**Limitations**
- Small no of participants -36
- Findings are preliminary and broad in scope
- Study did not capture experience of everyone involved in each situation
- Busy caseloads – competing demands
- Posted / sent out – no follow up
- Service user declined
- Not appropriate – no capacity
- “Want to forget about the whole thing”
Emerging Themes - Positive Experiences

“Social workers supported me to feel safer”

“People worked together to make things better”

• Majority of SU/carers felt they either had the right information at the right time or were supported by social workers to understand it
• 58% of pilot survey felt strongly positive /positive
• 67% felt quite a bit / completely safe now
Emerging themes - service improvement

- Communicate the purpose of adult safeguarding to SU / carers
- Provide written information for reflection
- Consider alternative approaches to investigation that result in SU desired change / action
- Building resilience of SU in protection plans
- Opportunity for post investigation support / therapeutic intervention for SU / families in closure stage of safeguarding process
Applying the learning

- Strong evidence that SU/ carers value the existing relationship with the social worker – build on this relationship to grow resilience in protection planning
- Those collecting stories should be encouraged to view this as a post investigation intervention
- The policy and procedures require evidence of service user / carer engagement – Outcomes measurement tool – Does the adult feel safer?

Thank you!
Simon Darby
CLIC Sargent and
Belfast Health & Social Care Trust

Fitness4Survivors
A pilot study examining the impact of a 10-week CrossFit exercise program on fitness and quality of life with teenager and young adult cancer survivors in Northern Ireland.

Simon Darby
Young Person’s Social Worker

@simonpeterdarby

fitness4survivors

HSC Belfast Health and Social Care Trust

YOUNG LIVES vs CANCER CLIC SARGENT
Rest is best, right?

- Cardiac services - prescriptive exercises
- Fear of the unknown - health and social care professionals.
- No one could give me a straight answer.
- What's the worst that could happen?
What does the research tell us?

• Patients who exercise:
  – Report less fatigue
  – Require fewer blood transfusions
  – Are hospitalised less frequently
  – Have better outcomes and improved sense of well being

• Exercise:
  – Promotes recovery
  – Reduces overall mortality among survivors
Aims and objectives

• To examine the impact of exercise on young adults living in survivorship from cancer.
  – Physical Fitness
  – Quality of life
  – Management of fatigue
• Bring young people together
Study design

- **Design**
  - Non randomised control trial
  - Experimental and control group

- **Recruitment**
  - CLIC Sargent.

- **Allocation**
  - 1st come 1st get

- **Delivery**
  - 10 week program
  - Twice a week in the gym

- **Training**
What was measured?

– Physical Fitness
  • Speed *(200m sprint)*
  • Endurance *(1km run)*
  • Strength *(handgrip dynometer)*
  • Balance *(20 sec single leg)*
  • Lung function *(spirometer)*
  • Cardiovascular health *(Harvard step test)*
  • Flexibility *(goniometer + sit and reach)*

– Body Composition

– Quality of life *(EORTC QLQ C36 questionnaire)*

– Fatigue *(FACIT-F INDICE)*
<table>
<thead>
<tr>
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<th>Before</th>
<th>After</th>
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<tbody>
<tr>
<td>Press Ups-</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>Pull ups-</td>
<td>4</td>
<td>22</td>
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<tr>
<td>Heart health-</td>
<td>Average</td>
<td>Above average</td>
</tr>
<tr>
<td>Lung Age-</td>
<td>52</td>
<td>28</td>
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<tr>
<td>Back flex-</td>
<td>-8cm</td>
<td>6cm</td>
</tr>
<tr>
<td>200m sprint-</td>
<td>1m 23sec</td>
<td>38.98sec</td>
</tr>
<tr>
<td>1km run-</td>
<td>9m 14sec</td>
<td>5min 57sec</td>
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<tr>
<td>Handgrip strength-</td>
<td>46kg</td>
<td>63.5kg</td>
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</table>

**Massive for someone who got bleomycin**

- Before: 6
- After: 30
- Before: 8
- After: 15

**Average**
- Before: 31
- After: 38
- Before: 23cm
- After: 36cm
- Before: 50.4sec
- After: 34.4sec
- Before: 6m 46sec
- After: 4min 59sec

**Excellent**
- Before: 23.85kg
- After: 36.2kg

**Just over 3 mins quicker**
His fastest 1KM speed ever

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<thead>
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<tbody>
<tr>
<td>Press Ups-</td>
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<td>20</td>
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<tr>
<td>Pull ups-</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Heart health</td>
<td>Above Average</td>
<td>Excellent</td>
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<tr>
<td>Lung Age-</td>
<td>31</td>
<td>19</td>
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<tr>
<td>Back flex-</td>
<td>6cm</td>
<td>16cm</td>
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<tr>
<td>200m sprint-</td>
<td>45.43sec</td>
<td>32.48sec</td>
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<tr>
<td>1km run-</td>
<td>6m 44sec</td>
<td>5min 16sec</td>
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<tr>
<td>Handgrip strength-</td>
<td>41.85kg</td>
<td>46.6kg</td>
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<table>
<thead>
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<td>Press Ups-</td>
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<tr>
<td>Pull ups-</td>
<td>12</td>
<td>20</td>
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<tr>
<td>Heart health</td>
<td>Average</td>
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<td>Lung Age-</td>
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<td>31.71sec</td>
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<td>1km run-</td>
<td>5m 32sec</td>
<td>4min 20sec</td>
</tr>
<tr>
<td>Handgrip strength-</td>
<td>46.95kg</td>
<td>52.6kg</td>
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## Quality of Life

<table>
<thead>
<tr>
<th>Domains:</th>
<th>Experimental Group</th>
<th>Control Group</th>
<th>Control Group post exercise</th>
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<tbody>
<tr>
<td>Physical Functioning (revised)</td>
<td>Improvement</td>
<td>Reduction</td>
<td>Improvement</td>
</tr>
<tr>
<td>Role Functioning (revised)</td>
<td>Improvement</td>
<td>Reduction</td>
<td>Improvement</td>
</tr>
<tr>
<td>Emotional Functioning</td>
<td>Improvement</td>
<td>Reduction</td>
<td>Improvement</td>
</tr>
<tr>
<td>Cognitive Functioning</td>
<td>Improvement</td>
<td>Reduction</td>
<td>Improvement</td>
</tr>
<tr>
<td>Social Functioning</td>
<td>Improvement</td>
<td>No Change</td>
<td>Improvement</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Reduction</td>
<td>Increase</td>
<td>Reduction</td>
</tr>
<tr>
<td>Nausea and Vomiting</td>
<td>No Change</td>
<td>Increase</td>
<td>No Change</td>
</tr>
<tr>
<td>Pain</td>
<td>Increase</td>
<td>Reduction</td>
<td>No change</td>
</tr>
<tr>
<td>Dyspnoea</td>
<td>Reduction</td>
<td>Increase</td>
<td>Reduction</td>
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<tr>
<td>Insomnia</td>
<td>Reduction</td>
<td>Increase</td>
<td>Reduction</td>
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<tr>
<td>Appetite Loss</td>
<td>Reduction</td>
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<td>Reduction</td>
</tr>
<tr>
<td>Constipation</td>
<td>No Change</td>
<td>No Change</td>
<td>No Change</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>No Change</td>
<td>No Change</td>
<td>No Change</td>
</tr>
<tr>
<td>Financial Difficulties</td>
<td>Reduction</td>
<td>No Change</td>
<td>Reduction</td>
</tr>
</tbody>
</table>
Feedback from young people

• 5 young people felt their fitness had improved ‘massively’ with a further 5 saying they felt it improved their fitness ‘a lot’. Only 1 participant felt it improved their fitness ‘a bit’.

• All participants felt the days, timing of the classes and the group format suited. Only 2 young people felt the location didn’t suit.

• All participants said they wouldn’t have wanted one on one.
Has this exercise program made you think differently about life after cancer treatment?

- I don’t think about it as much, I feel like I am moving on from it all now. I’ve new goals
- Less isolated in a way knowing there’s others the same age going through the same struggles
- I think of myself as stronger- if I could beat cancer I can do more than I think. I am more open to seizing opportunities.
- There is more to life after treatment. I am able to do more than I expected
- I think life is too short to worry about it all so much now.
- Everyone had a positive outlook on life, it rubbed off on me.
- Do anything you want to do.
"Playing with my son is now much easier. Sometimes I forget how strong I am when I lift him LOL."

Young Person