Room 4 – Fisherwick – PM
Chaired by Maxine Gibson
Health & Social Care Board

6th Annual Social Work & Social Care Research in Practice Conference
SONIA PATTON

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Student

Researcher

Final year MSc Co-Production & Development of Social Care Research

CHANGING IDENTITIES
The Social Work Research & Continuous Improvement

**Priority 1**
Improve outcomes for service users & carers through attention to research and evidence informed decision making at policy, commissioning & practice levels

**Priority 2**
Research & evidence availability & relevance to social work in Northern Ireland supporting an overall model of continuous improvement and excellence

**Priority 3**
To increase investment in research, evaluation & audit activity

**Priority 4**
To increase social worker engagement, participation & visibility in partnership with other professionals; in research, evaluation & audit activities

**Priority 5**
Promoting the distinct features of N. Ireland Social Work research and ensuring its’ compliance with ethics & governance

**Priority 6**
Ensure experience & knowledge of staff along with service user & carer used to inform commissioning proposals & investment in research, evaluation & audit activities

**Priority 7**
All activities promote the principles and practice of personal and public involvement and equality and human rights

AIM OF STUDY

Qualitative evaluation study asked the question.

‘Does Service User & Practitioner Training In Co-production Enable Service Improvement Within Health & Social Care?’
Focus Of Study

- Involving People (Co-production) programme, funded by the HSCB & facilitated by Stellar Leadership.
- Perception of co-production by health & social care staff who participated in the training.
- Did training enable participant to become a change agent?
- Identification of key enablers & barriers for co-production in service improvement.
- Suggestion for furthering co-production opportunities to support continuous improvement.
METHODODOLOGY

- Purposive sampling of course participants
- Stratified across N. Ireland geographical spread
- Semi-structured interviews, all fully transcribed

- Ethical approval via HSCB Commissioner of training
- Representative of Statutory Community & Voluntary

- Informed by Braun & Clarke (2006), phases of thematic analysis
- Manual Coding: 516 notable comments reduced to 6 themes

1. Co-Production
2. Knowledge transfer
3. Change agent & Catalyst
4. Challenges
5. Organisational impact
6. Data Integrity
**FINDINGS**

**Does Service User & Practitioner Training In Co-production Enable Service Improvement Within Health & Social Care?**

- Yes, evidence of Knowledge transfer & value of co-production training.
- Most effective when service user embedded within organisation, using experiential & professional knowledge to drive strategic change.
- Results highlighted many challenges faced by change agents (more so within Statutory)
- Need to support change agent to enable change and service improvement.
- Challenging the organisational barriers and engaging with the community and voluntary sector.
Co-production Views - Challenges

This is the way we do business. To see people, professionals, who are ‘clunky’ at co-production or feel that it sits outside their remit and that there’s nothing really to do - **You really need to work at it!**

Visiting organisations sometimes see our SU’s as helpless & passive. It’s all very patronising and it drives me absolutely nuts because we have clients with some incredible skills.

Constraints Mon-Fri, 9-5pm, that certainly reduces our capacity & capability to further co-production opportunities.

You are always afraid of audit scrutiny, in that you are off doing something different. You know you are here to serve the greater good of the people, but it doesn’t tick the right box!

It’s not just for service users, it’s for everyone, it is supporting the service user and having everyone including statutory managers and chairpersons round the table.

It is frustrating when the course facilitator talked about you being a Change Agent, and I would certainly identify as that, but you can become very jaded because ‘the system’ doesn’t move, is very hard to navigate.
**CO-PRODUCTION VIEWS – ENABLERS**

When management has put forward that they are doing co-production, I feel enabled to speak up and say, well actually we are not, having been on a course, that is not co-production and we are only scratching the surface.

We could learn a lot from the Community & Voluntary sector as they are going ahead and doing Co-pro and we are feeding into that which is great.

Having the support to carry out co-production and to build it into day to day work.’

This is the right way to work with people, the best concept to ensure that you are delivering a service that meets the needs of your people.

Because of the course, co-production has been written into our strategic planning. Staff have been asked to provide a paper in support of the project & its highly likely that this is going to be rolled out across the organisation.

There is no top table hierarchy. It allows inclusion with everyone having a voice & being able to talk. You want to enter a meeting room & be unable to differentiate between staff & the service user. Everyone on the same level.
CONCLUSION

1st study of its kind undertaken in N. Ireland

Informative & valuable to measuring outcomes of training commissioned

Platform for further discussion on evidence based recommendations a local & strategic level

Intended that such an evaluation approach be adopted as an integral element of future training initiatives
Leadership. New & shared language around a co-created and shared vision requiring collective leadership at all levels.

Increase Community engagement. Encourage flexibility & collaborative working with Community & Voluntary sectors.


Ensure social values of diversity & inclusion. Recruitment of service users into organisations, taking positive steps to include underrepresented groups.

Invest in Co-production training. An iterative programme bringing Statutory, Community & Voluntary sector co-production champions together.
I dedicate this presentation to the memory of the late Jacqueline Magee; she was one of a kind.

An inspirational leader and a fierce advocate for meaningful service user engagement and Co-Production.
Unity “is strength... when there is teamwork and collaboration, wonderful things can be achieved”.
Mattie Stepanek
Ulster University & Partners

PgDip/MSc Development and Co-Production of Social Care Research (7798)

thank you!

Special thanks to:
• Anne Mc Glade, my tutor and mentor
• Joe Elliot, my practice assessor
• Brian Taylor, Johanna O’Shea & Campbell Killick, my University tutors
• My classmates, Elaine, Sue, Jane, Robbie and Robyn
Keeping Safe

Protecting Communities No Matter Where You Live

Elizabeth Craig & Scott Fleming
Mentor: Caroline McGonigle
So What’s the Problem?

Why is this important to Service Users and Carers?
From our initial research service users were not engaged in the process and often did not understand what it was about.

“This forum includes residents, staff and families”

“Need a forum like this for a start to help”

“Communication works both ways”

“Some Homes don’t report things...relatives need to know what to do”

“I hadn’t heard of the adult safeguarding policy before”
Applying the IQI model....

**Aim**
To improve the Understanding and Engagement of Service Users, Carers and Staff in Adult Safeguarding in a Nursing / Residential Home setting in the Northern Health and Social Care Trust (NHSCT).

**What are we doing and why?**
- Engaging in focus groups to raise awareness of adult safeguarding issues.
- Providing training to improve understanding.
- Co-production and co-design of a leaflet and poster to provide information to communities.
- Helping service users, families and staff prioritise keeping every person safe.

**Form project team with service users to identify the problem.**

**Plan**

**Act**

**Do**

**Study**

Feedback questionnaires to measure improvement

Develop ideas for user friendly leaflet and co-produce leaflet

Information and awareness raising training and focus groups

**Quality Improvement**
In Social Work & Social Care
Making sense of measures...

Improvement in the level of understanding of the Adult Safeguarding Process

Improvement in the level of Service User Engagement in the Adult Safeguarding Process

Quality Improvement
In Social Work & Social Care
Service Users said about the project:

“The training scenarios were useful to relate knowledge to real life”.

“Proud and honoured our Home was picked and involved”

“My opinion counts”

“Team took note of our input”

“ Took on my ideas”
Next Steps

- Share the idea- Local Community Engagement across all sectors.
- Roll out training to other Homes and Providers.
- Present to NHSCT Senior Managers for progression.
- The project will focus on prevention - educating and helping communities to keep themselves safe through Alternative Safeguarding strategies, i.e. Alternative Safeguarding Clinics to discuss issues.
Identifying the trauma of maltreated children: supporting front line staff to use a screening tool
The issue

There have been improvements in assessing and documenting childhood maltreatment.

However the responses are so varied that we don’t fully understand the impact of trauma or how to best support young people who have experienced trauma (Duncan et al., 1996; Devaney et al. 2012; 2013).
There have been a lot of efforts recently to understand the impact of some forms of abuse such as CSA but, there are significant gaps around our understanding of other types of maltreatment and the impact on children (McMullan et al., 2013).
It is estimated that 75–80% of young people with a diagnosable disorder are not able to access services that could reduce their symptomatology (Kataoka et al., 2002).
The impact on young people

Post-traumatic stress disorder (PTSD) is a complex and chronic disorder (DSM-V).

PTSD can cause substantial distress to a YP and interferes with social and educational functioning on both the immediate and longer term (Trickey et al., 2010).

The key symptoms of PTSD are re-experiencing symptoms (e.g. flashbacks, nightmares); avoidance of reminders of the trauma; hyper-arousal; and emotional numbing (Morris et al., 2015).
The impact on young people

- Attachment
- Social Skills
- Relational
- Attainment

Elevated without therapeutic supports

Reduction over time

Porsche et al, 2011 Wamser-Nanney & Steinzor, 2017
The impact on young people

A dose response affect exists where the more traumas that are experienced, the worse the mental health outcomes (Ateka et al., 2018).
The impact on young people

Many children who experience trauma and develop PTSD also present with co-occurring psychiatric symptoms (Howe, 2005; Cohen et al, 2010).

(Foa & Rothbaum, 1998; Kolko et al., 2010; MacDonald et al., 2010).
The impact on young people

Some studies have found associations between maltreatment experienced and behavioural responses (van der Put et al., 2015).

- Substance Abuse (Leenarts et al, 2013).
- Aggression (Silvern & Griese, 2012)

- Behavioural Interventions (Stevens et al., 2003).
  E.g. Mentoring, Diversionary activities
The potential response

Evidence based treatments (EBT’s) are available

Evidence based assessment tools have been developed

But only a minority of young people who need EBT’s, access them (Devaney et al., 2012; O’Brien et al., 2016)
The potential response

Screens identify young people who require a more in depth assessment.

The utility of screening tools as a resource enabling practitioners to accurately identify mental health difficulties can be useful in ensuring that young people get access to the treatments they need (Morris et al., 2015).

Screening tools can enable practitioners to more accurately assess the nature of problems or challenges facing children and their carers (Morris et al., 2015).
The Impact of Events Scale (IES) was originally developed by Horowitz *et al.* (1979) to monitor the main phenomena of re-experiencing the traumatic event and of avoidance of that event and the feelings to which it gave rise.

An updated version of the PTSD screening tool was designed for use with children aged 8 years and above who are able to read independently (Morris *et al.* 2015).

It consists of 4 items measuring Intrusion and 4 items measuring Avoidance - ‘Do you think about it [the specific trauma] even when you don’t mean to?’ and ‘Do you try not talk about it?’ (Salari *et al.* 2017).
## Revised Child Impact of Events Scale

Below is a list of comments made by people after stressful life events. Please tick each item showing how frequently these comments were true for you during the past seven days. If they did not occur during that time please tick the ‘not at all’ box.

Name: .......................... Date: ........

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
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<tbody>
<tr>
<td>1. Do you think about it even when you don’t mean to?</td>
<td>[ ] [ ] [ ] [ ]</td>
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<tr>
<td>2. Do you try to remove it from your memory</td>
<td>[ ] [ ] [ ] [ ]</td>
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<td>3. Do you have waves of strong feelings about it</td>
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<td>4. Do you stay away from reminders of it (e.g. places or situations)</td>
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<tr>
<td>5. Do you try not talk about it</td>
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<td>6. Do pictures about it pop into your mind?</td>
<td>[ ] [ ] [ ] [ ]</td>
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<td>7. Do other things keep making you think about it?</td>
<td>[ ] [ ] [ ] [ ]</td>
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<td>8. Do you try not to think about it?</td>
<td>[ ] [ ] [ ] [ ]</td>
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QUB Screening Study

Whilst evidence based assessment is so critical to practice (Beidas et al., 2015), there have been few studies that have sought to explore how mental health assessment screens could be implemented into routine practice (Cross, 2012).

Aim:
To explore the feasibility and acceptability of training and supporting non-mental health practitioners delivering services to vulnerable children to incorporate a screening tool for PTSD, anxiety and depression into routine assessment processes.

Objectives:
To train non-mental health specialist practitioners in administering a validated measure
To assess the accuracy of the screens administered
To undertake a process evaluation to explore the feasibility and acceptability of using the tool within non-clinical service settings.
Staff working in a large third sector organisation called Extern

Children mostly referred by statutory services.

Extern works with vulnerable children e.g. on edge of youth justice system, in care/edge of care, subject to a child protection plan.

Employ staff with a wide range of professional qualifications.
Recruitment (May 17)

Training (June 17)

Pilot (July 17)

Study commences (Oct 17)

Results (anticipated July 18)

Review and refinement phase

Coaching and support phase

Initial engagement phase
Training and Coaching

• Initial half day workshop:
  - What is trauma?
  - Why is screening potentially beneficial for young people?
  - How to use the screening tool
  - The nature of being involved in a research study

• Follow up half day workshop
• Attendance at individual team meetings
• Quality assurance process and feedback loop
Process

Screen

• During a routine assessment a staff member uses the CRIES-8 (Perrin et al, 2005) to ask a young person a series of questions about their experience of any traumatic incidents in their life, and the impact of this.

Review

• Staff members score the information which is then uploaded to an anonymised database, along with some information about the child.

Assess

• A sample of young people screening positively for PSTD have a full clinical assessment carried out by an independent therapist.
### Preliminary Findings

- 87 screens have been completed to date
- Average age of YP = 12.83
- M Score = 22.17 (above threshold of 17)
- M Trauma Types = 3.13
- 76% of young people screening positively for PTSD (validation ongoing circa 85% = 64)
- 41% no previous mental health contact
- 53% current or previous CPR
**Early Findings**

### Preliminary Findings Contd.

- >30 staff engaged in the project orientation training
- 40% (12) staff undertook at least 1 screen
- 36% of screens completed by only 4 staff
- Some evidence that role of the project manager mediates level of staff engagement, even when senior management are supportive
- If project manager is supportive-staff engage
- Staff concerns around the process (“I’m not a mental health worker”, the objectives (“Is this a diagnosis?”) and outcomes (“how will the screen benefit the young people?”)
Conclusions

Methods of understanding the complex needs of young people have improved

When identified and provided with EBT’s, young people can recover from impact of trauma

Many young people in this study were referred to services due to behavioural concerns when in fact, they had undiagnosed PTSD (also high levels of comorbidity)

There is a role for front line services to help identify young people with these complex experiences.

Short screens can help to facilitate this.

Whilst feasible, more attention needs paid around how to make the process more acceptable to workers
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