



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

Executive Summary

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Anne Grant, Susan Lagdon, John Devaney, Gavin Davidson, Joe Duffy, Oliver Perra, Karen Galway, Gerry Leavey, Aisling Monds-Watson

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Principal Investigator Dr Anne Grant (Lecturer, School of Nursing & Midwifery, QUB) and the Research Team;

Dr Susan Lagdon (Research Fellow, School of Nursing & Midwifery, QUB)

Dr John Devaney (Centenary Professor of Social Work at Edinburgh University)

Dr Gavin Davidson (Senior Lecturer, School of Social Sciences, Education and Social Work, QUB)

Dr Joe Duffy (Lecturer, School of Social Sciences, Education and Social Work, QUB)

Dr Oliver Perra (Lecturer, School of Nursing & Midwifery, QUB)

Dr Karen Galway (Lecturer, School of Nursing & Midwifery, QUB)

Professor Gerard Leavey (Director of the Bamford Centre for Mental Health and Wellbeing)

Dr Aisling Monds-Watson (Lecturer in Social Work, Ulster University)

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Executive Summary

What is the issue?

Parental mental illness (PMI) and, or substance use problems, are major public health issues as they may negatively impact children. Conversely, children's experiences and difficulties may impact parents' mental health. Consequently, family relationships should be an important focus for clinicians, managers, researchers and policy makers (Beardslee, Solantus, Morgan, Gladstone & Kowalenko, 2012). Based on United Kingdom (UK) estimates, Hansson, O'Shaughnessy and Monteith (2013) suggested that there are between 60,000–75,000 children in Northern Ireland (NI) living with a parent who has a mental illness. **For the purpose of this report when we refer to PMI we are also including parents with substance use problems.**

What is Northern Ireland (NI) doing about it?

At a broad systems level, initiatives have been introduced in NI to promote Health and Social Care (HSC) professionals' response to families when parents have a mental illness through the promotion of Family Focused Practice (FFP). For the purpose of this report, FFP refers to interventions which attempt to identify and address the needs of parents and children in relation to child welfare and parental mental illness. Early intervention to promote family functioning is also a key component. Foster, O'Brien and Korhonen (2012) and Goodyear et al. (2015), recommend a continuum of family focused activities for professionals when working with service users who are parents. At minimum, professionals should establish the parenting status of service users, ascertain the number and age of children and encourage parents to discuss their family and parenting role during treatment. Other family focused practices include providing appropriate information and resources on PMI and, or parenting to the family, with a view to preventing and resolving family issues from arising (Liangas & Falkov, 2014). Supporting children directly or indirectly (i.e. via supporting parents) to cope with PMI is also key (Grant, 2014). Another component of FFP is to liaise with other services to provide parents and children with additional support as required (Falkov, 2012; Goodyear et al., 2015).

From 2009, and in line with international and wider UK developments in FFP and in response to specific inquiry reports (i.e. O'Neill Inquiry, 2008), 'Think Family' has become a priority for the Health and Social Care Board (HSCB); who shape strategic direction to influence FFP within established forums at Department of Health (DoH), HSCB and HSC Trust level. Since 2012, Think Family NI has been developed and implemented within a regional action plan under the structure of the Children and Young Peoples Strategic Partnership (CYPSP) (a committee of the HSCB), and reports progress to the Outcomes and Regional chairs group. The ultimate aim of Think Family NI initiatives, at a Regional and Trust level, is to improve outcomes for parents, their children and families by establishing a whole family approach to the planning and delivery of services (in line with the SCIE Guide 30, Think Child, Think Parent, Think Family Guidelines, 2011). Overall it was intended that regional and local initiatives would help to improve the extent to which assessment, planning and intervention in adult mental health and children's services are family focused. More specifically, it was anticipated that communication would be enhanced between HSC professionals and families and that as a consequence families will get greater

access to early intervention and family support services (Donaghy, 2014). (See p.37 - 39 of Main Report for further detail of key initiatives).

What did we do?

In 2016 the HSCB commissioned Queen's University Belfast (QUB), in conjunction with Ulster University, to conduct a two-year baseline study to examine HSC professionals' FFP in adult mental health and children's services regionally. The study set out to measure;

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

In addressing these core areas, the perspectives of both HSC professionals and parents who have mental illness were sought.

The research questions included:

1. What is the extent of HSC professionals' FFP in adult mental health and children's services with parents who have mental illness, their children and families?
2. What are the significant differences, if any, between HSC professionals' FFP in adult mental health and children's services?
3. What are the significant predictors of HSC professionals' FFP?
4. What is the nature and scope of HSC professionals' FFP?
5. What are parents' experiences of HSC professionals' FFP?
6. What factors, if any, facilitate and, or hinder HSC professionals' FFP? And if so how?
7. How might FFP be further developed in Northern Ireland?

How did we do it?

The first part of the study entailed conducting a systematic review of the literature (see p.26 of Main Report) and development of a logic model in order to present contextual information underpinning the wider project. We then conducted a mixed methods study to examine HSC professionals' FFP in adult mental health and children's services from multiple perspectives (i.e. HSC professionals and service users). A sample of 868 health and social care professionals from across the five HSC Trusts (including professionals from both adult mental health (number (n) = 493) and children's social care services (number (n) = 316) completed the survey. We then conducted in-depth interviews with HSC professionals (n = 30) and service users (n = 21), in adult mental health and children's services, to obtain their perspectives of (1) the nature and scope of HSC professionals' FFP with parents, who have mental illness, their children and families, (2) enablers and barriers of FFP and (3) future potential developments in FFP.

What did we find?

- While Think Family NI is a widely recognised initiative within some parts of the HSC system, levels of knowledge and understanding of FFP are variable and patchy.
- Overall, survey findings indicate that HSC professionals participating in the current research study and who appear representative of the wider HSC adult mental health and children's social care workforce report low levels of FFP.
- Over a third of HSC professionals recorded high scores on at least three of the six FFP behavioural subscales as measured by the FFPMHPQ. So while the average FFP score is low, there are a large group of HSC professionals who understand and practice in ways which are family focused.
- Those who spend at least some of their time delivering services in the home environment and practicing in community settings had higher FFP scores than those in acute in-patient settings.
- Think Family Champions also recorded higher FFP scores compared to others, particularly in relation to skills and knowledge of the impact of PMI on children.
- Some differences in the extent of FFP were also noted across disciplines and services. Social Workers recorded higher FFP scores whilst Psychiatrists recorded lower scores.
- Compared to adult mental health services, children's services reported a greater number of higher scores on a number of FFP subscales.
- Across all Trusts, lowest scores were associated with time and workload, indicating the perceived negative impact on FFP of large caseloads and less time for FFP.
- The results of statistical analysis also indicated that the level of skills and knowledge relating to the impact of PMI on children is the most important predictor of both adult mental health and children service professionals' FFP.
- The majority of HSC professionals reported they had not received Family Focused, Child Focused or Think Family training.
- Of those who had received such training, a greater number of adult mental health professionals had received Family Focused training and Think Family training. A greater number of children's service professionals had received Child Focused training. The majority of those who had received Champion's training practiced within the community setting.
- Only 19% of the sample ($n = 173$) are aware of The Family Model (TFM), (Falkov, 1998; 2012) and even fewer use it to guide their FFP ($n = 85$, 10%). (See p.16 of this report for further detail on TFM).
- Other key reported barriers to FFP included HSC professionals' limited knowledge and skills to support parents who have mental illness (children's services) or children whose parents have mental illness (adult mental health services).
- Parents' fear of temporarily or permanently losing custody of their children was identified by service users and HSC professionals as a further important barrier to HSC professionals' capacity to engage in FFP.
- Service users conveyed the need for recognition of parental status within services and the importance of addressing parenting issues along with mental illness and, or substance use problems, as part of service delivery. Service users also highlighted the stress of PMI on the wider family and the need for greater family supports.

- The relationship that HSC professionals have with parents is crucial to enabling FFP as usually parents can only be effectively supported through a partnership with professionals.
- Individual interviews highlighted the complexities of HSC professionals' FFP, particularly when delivering services to families with multiple adversities.
- HSC professionals and service users emphasised the importance of early intervention and prevention with families in order to mitigate potential adverse impacts of multiple adversities for both parents and children.
- Interviews also highlighted variation in initial family assessments, with focus, depth/ comprehensiveness and family involvement varying across disciplines, sectors and services. In particular, those working within in-patient or clinic based adult mental health services predominantly engaged with parents to identify issues, whilst those working within community based services seemed to actively engage both parents and child(ren) where possible.
- Service users and HSC professionals highlighted the importance of communication and collaborative working, within and across sectors and services (including voluntary services), regarding PMI and substance use problems.
- Service users and HSC professionals suggested that support provided by voluntary services can meet some of the more complex needs of families which may not be addressed by statutory services. The combination of statutory and voluntary service support allows for a holistic approach to treatment.
- A number of organisational enablers of FFP were also identified, including a positive organisational culture towards FFP, support from management and policy and procedures (i.e. UNOCINI and child protection protocols); which aim to encourage family focused approaches to professional practice.
- HSC professionals and service users offered a number of suggestions regarding future developments in FFP, including child and family focused training, improvements within adult mental health and children's services in the availability of psycho-educational resources and support groups for the whole family, including children.
- It was also emphasised, by both service users and professionals that better understanding of service roles and responsibilities among professionals in supporting families when parents have mental illness was important; along with more opportunities to engage in joint working and inter-agency co-operation.
- Service users and professionals also indicated that an improvement to service environments was required so that they are child friendly.
- In developing the logic model it was clear that the initial aim for Think Family NI was focused on improvements in the working of the HSC system. There is an immediate need to assess the impact of these developments on outcomes for the children and parents using HSC services.

What do we do now? Recommendations of the baseline study include:

1. The HSC Board should develop a Think Family NI Strategy and consider how this will be taken forward as part of the transitional arrangements for the embedding of Think Family NI within HSC Trusts. In doing so it would be important to provide an overarching theory of change and the specific, intended outcomes for the overall strategy and the associated elements.
2. The new Think Family NI Strategy should include an integrated plan for service development and guidance on how it should be implemented.
3. The new Strategy should also include a governance and performance management framework. This will allow senior managers to monitor the implementation and effectiveness of the various initiatives under Think Family NI.
4. Each HSC Trust should formally adopt The Family Model (Falkov 1998, 2012) as the basis for future development of Think Family NI.
5. The HSCB should engage in discussions with the bodies that validate qualifying and post qualifying education programmes in Northern Ireland, including the General Medical Council, the Northern Ireland Social Care Council, the Nursing and Midwifery Council, and the Health and Care Professions Council to develop a comprehensive approach to multi-disciplinary and uni-disciplinary teaching about The Family Model and family focused practice for health and social care professionals.
6. HSC Trusts should continue to provide regular in-service training on family focused practice and The Family Model to all staff in adult mental health and children's services. This should include both awareness raising and skills development, tailored to the specific needs of different staff groups.
7. Think Family NI Champions are perceived as an important resource for teams, and as such additional professionals should be trained and supported in the role by HSC Trusts.
8. Service users who have had the opportunity to engage with a Think Family Support Worker have perceived this role as a useful resource. As such, further examination of this specialist role would be useful.
9. There is a need for further development within HSC Trusts of family friendly visiting facilities in in-patient psychiatric facilities. This would support the maintenance of parent, child and family relationships and enhance staff in their FFP. A timetable should be developed as part of the new Think Family NI Strategy for when this will be completed.
10. Home visiting is an important enabler of inclusive assessments and FFP and the facilitation of a percentage of home visiting for clinic based professionals would be beneficial. The HSC Board should consider how this can be included in the commissioning of mental health and addictions services across NI.
11. To inform, support and evaluate Think Family NI, further research should be commissioned by the HSC Board and partners to assist providers in better understanding how many families require help, what types of help are most effective for whom and in what circumstances, and to trial new interventions.

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Children and Young People's Strategic Partnership

<http://www.cypsp.org/regional-subgroups/think-family/>

For Questions Regarding the Research Project Please

Contact Principal Investigator:

Dr Anne Grant

Email: a.grant@qub.ac.uk