

## **Practice example: Assessment, care planning and review – Liverpool family-centred care pilot**

### **Background**

Liverpool's implementation group established a number of sub-groups to address specific areas of whole-family working. One, the Family-Centred Care Group, looked at how effectively systems and services worked together to support families affected by parental mental health, and what the frontline barriers were to joined-up working.

The sub-group set out various options to improve things, including employing care 'navigators' to help families and professionals find their way around the care system, and a discrete team for whole-family working. In order to limit expenditure, but also to ensure that the Think Family message became widespread, the group decided to focus their efforts on enhancing current provision by making systems and care pathways more amenable to whole-family approaches.

### **Intended outcomes**

Parents and children had consistently fed back to professionals that they valued staff who worked collaboratively with one another, and with them. The Common Assessment Framework (CAF) was cited as a tool that helped professionals work well together, while keeping their focus on the family.

With this in mind, Liverpool decided to seek better outcomes for families by piloting a new approach to the CAF in one Community Mental Health Team (CMHT) in the city. The intention was to test out on the ground what gets in the way of joined-up working, and whether the increased use of the CAF, especially amongst adult mental health staff, was one way to surmount these obstacles. Focusing on the CAF was favoured because it is a holistic assessment with the potential to address the issues faced by all family members. Liverpool planned to then evaluate the project, and use what was learnt to inform the development of a joint working protocol for supporting parents with additional needs and their children.

### **Practical actions**

The pilot ran for six months in 2011. CMHT staff received training in the SCIE Think Family approach in children's services thresholds and in the CAF. From there, the CMHT piloted a system whereby if professionals had any concerns about children or families, they would complete a pre-CAF. The pre-CAF is a two-sided form which captures basic information about a family, and adult mental health staff would send this to Liverpool's CAF coordinator, who would then liaise with children's services in order to have the full CAF completed. The adult mental health worker then would join with the children's staff to work collaboratively with the family.

## What actually happened

The initial stages of the pilot saw 10 pre-CAF referrals from the pilot CMHT, which represented a very strong engagement with children's services, and the formation of a 'Team around the Family' in a number of cases. There were some initial procedural glitches with IT, and with CMHT staff not getting an acknowledgment of their referrals, but these are just the sort of issues pilots are designed to pick up on.

CMHT staff found the pre-CAF a manageable means to link up with children's services, and more importantly, using it meant that their referrals and their concerns were addressed. In the past, referrals to the main children's social services line were often bounced back as not meeting thresholds. By making use of the CAF system, adult staff found a way to access support for the families they were working with that they had not made use of before. The success of the early pilot stages has led to interest within the council of rolling the model out to adult occupational therapy, physical disability and sensory impairment services.

## Advice for others

Training, and then supporting the workforce to apply their learning, was essential to the pilot. The training gave adult staff a much clearer sense of the intervention thresholds in children's services, and helped dispel some myths about the barriers faced by adult professionals in accessing services. The training also provided practitioners with the evidence for them to understand the benefits of undertaking pre-CAFs and engaging in 'Team around the Family' meetings, not only for them as practitioners but also for families.

Identifying that improving joint working with children's services involved only a small change to working practices – merely altering where a referral was directed – was a significant element in the pilot's success.

It was also important that the council and the mental health trust were very clear in their commitment to this work, learning from it\* and making changes as a result of the learning. Senior managers within the mental health trust recognised that for family-centred work to flourish, their processes needed to be compatible with it. They therefore championed the pilot, and championed too the CMHT team manager in his work of supporting staff, through supervision and team meetings, to take a family perspective. This senior backing helped create a sense that the efforts expended putting the pilot in place would be worth it, because the pilot was clearly only one of a number of Think Family initiatives in the city.

The focus of the pilot was very much on how adults' staff link up with children's services to foster whole-family approaches. Work may also need to be done on easing the referral pathway from children's staff to adult services.

\*At the time of writing, the full evaluation report on the pilot is not available. This practice example will be updated when the evaluation is complete.