

COMPOSITE IMPLEMENTATION PLAN

Note: This is an anonymised composite of the implementation plans from across the English sites and Northern Ireland. The aim is to give an indication of the sort of activities the sites undertook in support of the SCIE guide recommendations. Not every site completed plans in exactly the same way, so there is some variation in style and headings in the recommendations below. Not all of these activities were completed during the life of the project.

1) Recommendation from SCIE guide: Develop a 'Think Family' strategy

Lead person: Children's commissioner

Drivers

- Serious case reviews
- Children and Young People's plan 2009-2012
- Carers' Strategy
- Transport strategy
- Mental Health and Social Exclusion report 2004
- Families at Risk review 2007-08 and Reaching Out: Think Family report 2007
- *Putting People First*
- Refocusing the Care Programme Approach (CPA) 2008
- *New Horizons*

Activity required and time frame

A Family Mental Health Strategy to be written or commissioned and signed off by LSCB/senior managers from across agencies (April 2010). The strategy should include these key areas:

- *Updating and implementing the existing Protocol between Children's Social Care services and Adult Mental Health services* (to include measures for supporting and monitoring the implementation of the protocol)
- *Workforce development to help staff to 'think family' and become familiar with other areas of work.* This should include joint training initiatives, and training in the protocol, as well as reflect existing initiatives
- *Communications strategy.* To include launch events, to ensure staff are informed of the work, aware of expectations, and generally to raise the Think Family profile
- *External communications strategy.* A vehicle to deliver the Think Family message to Lewisham residents with a view to reducing fear and stigma
- *Signposting.* Better use to be made of the Family Information Service, to ensure staff are aware of it, how to use it and how to signpost people towards relevant services. This requires services from across the Borough to have ownership of the system and provide info for updates.

- *Involvement of parents and young carers and children.* Ensure on-going consultation with families about the services available and if they are meeting the needs of the community; develop mechanisms for families to be heard and be part of the commissioning of services.
- *Update the Family Support and Practitioner guide* to reflect this work.

What actions, budget and resources are required to support this?

Allocation of staff/budget for commission to research, consult and write strategy.

- Funds for consultation with families
- Funds for a series of launch events for staff and the general public
- Inputting information into Family Information Service

Short/medium term outputs and outcomes

A completed Family Mental Health Strategy, as part of a wider Parenting Strategy, which:

- Incorporates recommendations from the SCIE guide
- Is informed by consultation with parents and children
- Has sign up from key senior members of staff from the local authority, mental health trust, and voluntary sector partners.

Longer term outputs and outcomes

Longer term health and wellbeing outcomes are not specified in the strategy but could include:

- A reduction in crisis experienced by parents with mental health problems.
- Improved wellbeing of parents with mental health problems.
- Improved wellbeing of children whose parents have mental health problems.
- A reduction in harm to children as a result of parental mental health problems.

How this will be measured/evaluated

In the short/medium term:

- An audit of a sample of cases to ensure that they have adhered to the protocol
- Ensuring that staff are adhering to protocol via supervision by managers

Evaluation of longer term outcomes to include:

- Audit of completion rates of risk screens by adults' and children's services
- Numbers of joint assessments

How will you involve users of services?

Some of this will be done indirectly, with aspects of the strategy having been informed by professionals working very closely with users, and hearing what they have to say. This is not an adequate substitute for having more user and carer input, and this needs to be addressed.

Risks and mitigating factors

- The strategy will not be completed on time – mitigated by its inclusion in wider Parenting Strategy, with existing timeframes
- The strategy will not be a 'live' document – mitigated by the senior support for wider strategy, and by launch events for that

2) Recommendation from SCIE guide: Supporting workforce development

Frontline managers and supervisors can develop and lead practice change within and across services, but staff development is needed before these roles can be used to their best advantage. Joint training can help to break down barriers and increase people's understanding of other service areas and responsibilities

Lead person: Multi-Agency Safeguarding Training and Support Officer

Drivers: Safeguarding Children's Board training programme; joint multi agency training in implementing new protocol

Activities required and time frame

- Mapping current joint training activity (**May 2010**)
- Encourage use of SCIE e-learning materials through Champions' Group and Champions' teams to contribute to aim of embedding Think Family model (**September 2010 onwards**)
- Develop and implement multi-agency Think Family workforce development strategy and training programme to ensure systematic training in Think Family approaches. This should include specific joint training for front-line managers, practitioners, third sector, families, parents and carers, and should incorporate robust evaluation methods(**June 2010 onwards**)
- Development of joint training across adult mental health and children's services, and for other professional groups such as primary and secondary care staff (**September 2010 onwards**)
- Promote existing resources for Think Family, specifically Family Intervention Service which is designed to promote better access to services and early intervention (**April 2010 on-going**)
- Ensure existing safeguarding training in adult mental health services incorporates Think Family concepts and joins up with children's services (**June 2010**)

What actions, budget and resources are required to support this?

- Pooled training budgets: multi-agency training costs £600 for 25 people
- Staff time for training

Short/medium term outputs and outcomes

- Staff develop a working knowledge and confidence in how other services operate, what they offer and how to refer to them
- Practitioners and clinicians have a greater knowledge and understanding of the issues important to taking a Think Family approach.
- Managers have a greater knowledge and understanding of the issues important to taking a Think Family approach.
- Practitioners and clinicians show improved competence in the behaviours recommended in the SCIE guide.
- Joint training helps to foster mutual respect between professionals from different disciplines.

Longer term outputs and outcomes

- Families receive a more 'joined-up' service, including:
 - Better identification of holistic needs by professionals involved.
 - Better quality guidance and signposting by professionals involved.
 - Improved information sharing and collaboration between agencies.
- A reduction in crisis experienced by parents with mental health problems.
- Improved wellbeing of parents with mental health problems.
- Improved wellbeing of children whose parents have mental health problems.
- A reduction in harm to children as a result of parental mental health problems.

How this will be measured/evaluated

- A survey for practitioners and clinicians assessing knowledge of key Think Family concepts and self-efficacy in relation to key competencies identified in the guide. This will be administered before and immediately after training, and at 9-12 month follow up.
- Where relevant, a survey for managers of key Think Family concepts and self-efficacy. This will be administered before and immediately after training, and at 9-12 month follow up.

How will you involve users of services?

- Involvement of parents and families in developing and delivering training
- Involvement of parents in evaluating the impact and effectiveness of the training.

Risks and mitigating factors

- Not linking Think Family training with adult mental health services – an agreed strategy should ensure that there is a much more joined up approach, including a multi-agency training programme
- Not linking adults and children's staff training together – the lead for training sits on the steering group and will ensure that this is addressed
- Lack of money – the guide is very clear that implementation should not require more resources, but a re-directing of existing resources. This is the same for training and pooled budgets will ensure this is surmountable

3) Recommendation from SCIE guide: Communications strategy

A communications strategy should tackle the stigma and fears that parents and children have about approaching and receiving services. It should be a priority to enable families to get the support they need as soon as possible and the focus should be on promoting good mental health and wellbeing for all family members. This strategy needs to span universal, targeted/specialist and secondary services and reach families at all levels of need.

Lead person: Project manager

Activity required and timeframe

- The 'Think Family'/Parenting Strategy consultation and implementation framework is used to develop awareness of leaders and managers within agencies, service users, their families and the community in taking forward the recommendations in the guide **(July 2010 and ongoing)**
- Local 'champions' are identified with specific responsibility for ensuring that recommendations are implemented **(July 2010)**
- Recommendations and actions are systematically and persistently communicated to operational staff with a mandate from senior staff **(July 2010 and ongoing)**
- The implementation takes account of diversity and that information is equally available across all local communities **(July 2010 and ongoing)**
- Co-ordinate series of events, workshops and bulletins for staff particularly targeting front-line managers **(July 2010 and ongoing)**.
- Link up the three local websites - children's social care, adult mental health, adults and communities **(September 2010)**

What actions, budget and resources are required to support this?

- Contact to be made with communications leads with a view to them leading and co-ordinating a strategy to support the Think Family model, make links with training, and identify media opportunities for promoting this way of working to the general public

- Consult with Parenting Strategy Project Manager to ensure coordinated development of the SCIE Guidance Pilot and the Parenting Strategy.
- Briefing of Service Directors in children's social care, adult social care, and adult mental health to identify 'champions'
- Multi-agency briefing; flyer; newsletter (post LSCB sign-off)
- Pilot Site events – e.g. SCIE all-site event, and Think Family conference
- Engagement with and awareness raising across the range of local communities, faith groups and the voluntary sector through champions and user-led organisations

Short/medium term outputs and outcomes

- Workforce aware of '*Think Child, Think Parent, Think Family*' agenda and how this impacts on their role.
- Improved awareness amongst staff of resources available to support families in which a parent has a mental health problem.
- Improved awareness amongst service users and potential service users of resources and services available to them.

Longer term outputs and outcomes

- Increased numbers of referrals of families with a parent with a mental health problem to family support services
- Increased numbers of appropriate referrals from children's services to adult mental health services
- Increased self-referral by families with a parent with a mental health problem to family support services

How this will be measured/evaluated

The short to medium term outcomes for staff will be measured towards the end of the project using a web survey of a sample of relevant staff members to gauge awareness of the '*Think Child, Think Parent, Think Family*' project and explore impact on practice.

We will also explore tracking and monitoring referral sources. This will depend on being able to identify the source of a referral – e.g. tracking the numbers of referrals from children's services to adult mental health services. A second stage could be to assess the appropriateness of referrals (for example, the proportion of referrals that go on to become part of caseload).

How will you involve users of services?

Consultant project manager to identify users who could assist communications staff in shaping the message to appeal to users

Risks and mitigating factors

The size of the local authority and health organisations makes communicating with staff and the public very difficult. Staff turnover makes this harder still. Engaging users should help make the communication strategy effective and acceptable. Tackling the problems of size and complexity will be addressed by engaging communication leads in the project, and by engaging managers at all levels, to ensure messages are communicated effectively at team level.

4) Recommendation from SCIE guide: Signposting and improving access to services

The SCIE guide places considerable emphasis on early intervention and prevention. To facilitate this it is necessary to develop a working knowledge and confidence in how other services operate, what they offer and how to refer to them. Staff need to be able to reassure parents that services will meet their needs and help them to navigate the local care pathway. They also need to reassure parents that identifying a need for support is a way of avoiding rather than precipitating child protection measures

Lead person: Advice and Liaison worker

Activity required and time frame

- Signposting and improving access to services: the local Family Information Service has comprehensive information about individual services, how to access them, how to refer, eligibility criteria, and costs. It is designed to offer a single point of entry for parents, children, young people and those working with them to find services and activities available locally. Work needs to be done to:
 - promote the service to staff and families
 - review it to ensure the information is up to date about eligibility and criteria and how the service addresses the needs of families.
 - monitor use of the website and see if there is an increase in the number of people using it as the Think Family work becomes more embedded into mainstream practice **(September 2010)**
- Development of information for pregnant women to be produced in partnership with parents and services **(September 2010)**
- Raising awareness of Think Family through development of a communications strategy for both staff and families to tackle the stigma and fears that parents and children have about approaching and receiving services **(March 2010 until end of project)**

What actions, budget and resources are required to support this?

- Identify and make links with manager of FIS, with invitation to join steering group
- Link with lead on communications strategy to ensure promotion of FIS
- Identify small groups of parents, young carers and practitioners to review contents of FIS and make recommendations for improvement
- Identify baseline numbers of staff using website with a view to testing at regular intervals
- Funding for parents' groups

Short/medium term outputs and outcomes

- Workforce aware of Think Family agenda and how this impacts on their role.
- Increased use of Family Information Service by staff.
- Improved awareness amongst staff of resources available to support families in which a parent has a mental health problem.
- Improved awareness amongst service users and potential service users of resources and services available to them.

Longer term outputs and outcomes

- Greater use of FIS by adult mental health staff
- Greater awareness of FIS among families

How this will be measured/evaluated?

- Measuring data from adult mental health electronic patient record
- Asking in parents' forums

How will you involve users of services?

In reviewing contents of website and making recommendations for change

Risks and mitigating actions

Strategy is not fully effective in reducing stigma and promoting a 'Think Family' approach – this can only be mitigated by people's combined expertise and best efforts

5) Recommendation from SCIE guide: Involvement of parents, young carers and children

The SCIE guide is very clear about the need for effective involvement of those who use services throughout this process. This should include seeking views about existing provision as well as views about how to improve services and the type of service that should be commissioned. Involvement of parents and young carers in

the delivery of training will enhance understanding for staff and give them an insight into the experience of those who use services

Lead person: Advice and Liaison worker; voluntary sector user group lead

Activity required and time frame

- Establish a Parents' Forum/Parents' Network – recruit two members of staff who are survivors and parents themselves; hold 12 monthly meetings, with referrals through CMHTs and self (**from March 2010 onwards**), with the Network running from summer **2010 - 2013**
- Explore ways to involve Parents' Forum in service design and evaluation (**September 2010**)
- Parents' film to address staff competencies, and identify parents' experiences of engaging with statutory services (**June 2011**)
- Identify Children and Young People participation projects already in existence with a view to involving young people in this work (**June 2010**)
- Re-visit Young Carers' strategy and provision for young carers (**September 2010**)

What actions, budget and resources are required to support this?

- Funding bids to be completed for £300K from various sources
- Mapping of local young carers' networks and work towards engagement in the project

Short/medium term outputs and outcomes

- Establishment of Parents' Forum
- Identification of young carers or young carers' group to involve in this project

Longer term outputs and outcomes

- Achieving user focused monitoring of mental health services used by parents by third year of Parents' Forum
- Parents have improved experiences of services.
- Parents access a more appropriate range of services as a result of the enhanced knowledge of themselves and practitioners.
- Young carers established as part of Think Family implementation project.

How this will be measured/evaluated?

The outcomes achieved by the forum will be evaluated as part of the delivery of the project.

How will you involve users of services?

- The bid for the Parents' Forum has been parent-led

Risks and mitigating factors

- Funding for Parents' Forum not received – consideration should be given to alternative sources of funding with a cheaper method of evaluation

6) Recommendation from SCIE guide: Assessment

All Organisations need to adapt existing assessment and recording processes to take account of the whole family and train staff in their use. This means developing and implementing 'family' threshold criteria for access to services to take into account the individual and combined needs of parents, carers and children. Strategies for the management of joint cases should be recorded where the situation is complex or there is a high risk of poor outcomes for children and parents.

Activity required

- Complete Baseline assessment/scope of current assessment tools/forms in use.
- Analysis of information gathered to reflect Think Family
- Adapt/strengthen information for assessment tools/forms to reflect Think Family
- Awareness-raising on use of adapted assessment tools/forms.
- Implement recommendations into existing assessment tools
- Audit use of adapted assessment tools by Team Leaders

7) Recommendation from SCIE guide: Assessment; planning and providing care; reviewing – Family-centred care

Lead person: Adult mental health service director

Drivers: Supporting disabled parents: A family or fragmented approach? (CSCI, 2009), Ofsted - Serious Case Reviews (2008/9), The Protection of Children in England: a progress report (Lord Laming, 2009)

Activity required and time frame

Develop a Family-centred care model, with initial discussion paper by **January 2010**

What actions, budget and resources are required to support this?

Re-direct existing resources

Short/medium term outputs and outcomes

Produce discussion paper for Implementation Group's consideration – Young Carers' Pathway to inform discussion paper

Longer term outputs and outcomes

To consider options and agree way forward

How this will be measured/evaluated?

Staff interviews, user surveys, customer journey mapping.

How will you involve users of services?

Engagement and participation through tested methods to ensure developments delivers what families want

8) Recommendation from guide: Reviewing care plans

Lead person: CAMHS safeguarding lead nurse

Activity required

- Reviews should consider changes in family circumstances over time, include both individual and family goals and involve children and carers in the process.
- Young carers' participation in CPA reviews to be increased
- Training arranged for staff to encourage participation of young carers in CPA reviews
- Seek agreement to consider the establishment of a pilot advocacy project to support involvement of young carers
- Increase in number of young carers' assessments

What actions, budget and resources are required to support this?

- Training in effective reviewing
- Multi-agency commitment to reviews, and to involving whole families in reviews
- Improved inter-agency communication

Short/medium term outputs and outcomes

- Greater numbers of young carers attending/contributing to reviews
- Increase in number of young carers' assessments

Longer term outputs and outcomes

Family review and care plan documents that address the changing needs of the whole family as a unit

How this will be measured/evaluated?

Baseline information regarding numbers of young carers participating in CPA reviews is collected

How will you involve users of services?

Inherent in this workstream

Risks and mitigating factors

Work is not completed on time, or fully used when completed – mitigated by the senior support for wider strategy, and by launch events/communication strategy