Practice example: NI - standardised screening questions

(Recommendation 2 - screening)

Background

The five Project Locality Teams (PLTs) had representation from a range of departments within the health and social care trusts and voluntary sector organisations. The project wanted to ensure that the Think Family model was embedded from the outset of engagement with a family. It was important to ensure that screening processes elicited the right information, reliably identify and record that information to ensure where appropriate referral or support could be offered to meet families' needs.

Intended outcomes

The aim was to have in place a system which routinely and reliably identifies and records information about adults with mental health problems who are parents, and their children and family members, thus promoting a Think Family approach when engaging service users and their families. This includes gathering information about:

- family composition e.g. name, relationship, age/D.O.B., occupation/school/nursery
- impact of parent/carers mental health upon children and on family life/routines
- is there a child/young person undertaking caring.

By revising the screening format it will provide a more accurate assessment of need, and promote early intervention/support if required. Furthermore, it was envisaged that this approach should reduce the need for crisis intervention and risks to children, and may alleviate the fear that service users may have about asking for help.

Practical actions

We asked all services involved to review their current screening and assessment templates to ensure that the topics identified above were included. The aim was to try to develop a shared 'form of words' when obtaining information needed to take a family approach. This included addictions, maternity, health visiting, A&E, mental health, children's social work services and voluntary organisations, and involved in-patient and community services. Gaps and examples of good practice were identified and shared.

What actually happened

Some organisations identified that they weren't asking the right questions about the family/children, which resulted in them not knowing whether a person had a family or not. Subsequently, amendments were made to organisations'/departments'

screening processes. Participating voluntary sector organisations also reviewed their systems, and made changes to promote the Think Family approach. Organisations were able to insert their own format for retrieving that information. This allowed for a flexible approach fitting with the ethos and specific service aims of different organisations.

Now that information is being collected, this will prompt services to look beyond the adult service user/patient to consider the links and needs of their children and family. It will also help professionals to recognise the interplay between the family's situation in the provision of treatment and care, consider the impact of illness on family life, and identify potential need which should appropriate a service response. We also developed a monitoring system which will screen the effectiveness of changes made. These actions were part of the overall methodology to help promote and embed a Think Family approach within health and social care services. To ensure that we support staff to more effectively work in partnership, an Adult and Children's services joint protocol was developed. The protocol sets out the principles and best practice guidelines (Social Care Institute of Excellence, SCIE Guide 30: Think child, think parent, think family: a guide to parental mental health and child welfare. 2009) that staff must consider when responding to the needs of parents with mental health issues (including substance misuse), their children and families.

It is set in the context of promoting a whole-family model through a collaborative approach to service delivery and effective communication between all relevant stakeholders. The protocol promotes that families affected by mental health issues may benefit from the provision of support and intervention at an earlier stage, thus preventing children becoming 'at risk' and enhancing recovery.

Advice for others

- We were surprised at how many services providing assistance to adults that didn't ask or consider children and other family members. It is important not to assume that this is being undertaken: you need to explicitly review screening templates and processes with this in mind.
- Making changes to screening templates may require the backing of senior management commitment to make formal procedural/policy changes.
- It is also useful to put in place a monitoring system to see if screening is effective. This could be undertaken through an audit of case files, embedded in supervision, as quality assurance mechanisms are important to ensure that effective screening is being achieved.
- It is important to support staff in making these changes and give them the understanding and skills to do it.
- It is important to also consider impact of existing information sharing protocols.

- Whilst service user/patient confidentially is important, it should not be misinterpreted as a mechanism to reduce working in partnership with other organisations. Staff may need to be supported in how they work within and across professional boundaries, and recognise that the needs of the family are an important consideration and that fears about sharing information may be an issue for individuals.