# Family Wellbeing Service





# Background to Development

Testing a new approach to addressing the "crisis" in children's "mental health?"



Problem statement: High numbers of children and young people across East Renfrewshire are distressed and services are overwhelmed Goal: To improve the emotional wellbeing of children and YP in East Renfrewshire **Outputs Outcomes** Inputs Short Activities Medium Long **Participation** Staff Agree model with partners Children and Address immediate Improved wellbeing of Reduced number of Volunteer Mentors young people wellbeing needs of childchild and voung person young people Recruit skilled team referred to GP reduce risk of harm experiencing Time distress across Source evaluation Parents/carers **HSCP** children Address family issues -**Funding** Recruit and support Peer what is really going on? Improved school Improvements in Community Mentors to link into community attendance and **Project Base** family relationships stakeholders activities and functioning attainment including GP. Engage GP's, CYP and Partners across CAMHS, school. Improve understanding Sustained **HSCP** families to shape model of social work. practice resilience and and communication Changed practice culture and emotional wellbeing within whole family Co-production with leisure . local across the HSCP to Deliver individual and family Stakeholders groups more child centred support session s in family home Opportunity to /family minded and and community settings. spread this working Reframe the presenting Creative resources **Decision makers** restorative Peer support groups for across East e.g. heads of issues children and YP and their Renfrewshire and education, Practice and families beyond health, council Reduce demand for research evidence Use FGDM principles to develop GP/CAMHS support plans Systemic practice Capture stories Out of hours shift to early and feedback to cultural shift in families. support help/not clinical support evaluation schools and wider system Reflective supervision and intervention and service support to staff development Assumptions: External Factors: Whole Family engagement is key National pressure on CAMHS A focus on courageous conversation about what led to the distress Increasing need The HSCP remains committed to developing this model of practice if the outcomes are sustained National Taskforce on mental health Increased evidence and understanding of ACEs and Trauma

#### Recovery Network Scotland – Qualitative feedback from families, Quantative Data from acros HSCP

# The challenges

Increasing numbers of distressed children and young people

Overwhelmed professionals and systems

Anxious parents and families

Poor reported outcomes

Continued presentations for help



# The hypotheses

The emotional wellbeing and resilience of children and young people is built, compromised and recovered within family relationships.

# The Approach

- Time to Listen and Hear
- Relationships
- Restorative
- Trauma sensitive/responsive
- Child/YP centred
- Family Minded
- Connect before Content

- Attachment
- Systemic Family work
- Courageous conversations based on trust
- Family Group Decision
  Making (FGDM)
  Children 1st
- Mindfulness

## The Model

- Based in health alongside GP's
- Families with a child/YP between the age of 8 and 18
- Child or Young person is displaying signs of emotional distress
- A whole family approach
- Relationship based
- Response within 2 weeks.



# The stories of our Young People

- 72% experience anxiety
- One fifth have self harmed
- 49% have experienced loss or bereavement
- 49% experience lack of parental emotional availability
- 67% are impacted upon by their parents own adversity
- 74% have difficulty managing their emotions

- 44% have/are being bullied
- 65% have experienced family relationship conflict and/or breakdown
- One fifth feel under pressure to achieve
- One third emotional distress is responded to as a behavioural problem in school

#### The stories of our Parents

- Unresolved childhood trauma
- Family relationship breakdown
- Loss/bereavement/grief
- Problematic use of alcohol
- Mental and physical health



## Cont'd

- Care experienced
- Domestic Abuse
- Debt/financial pressure
- Work Pressure
- Impact of Racism



no confidence low self esteem rejection alone frightened under pressure Lack of self worth sad **Cant regulate feelings Substance misuse** worried afraid Help!!! aggression and anger **Suicidal thoughts** stressed being bullied embarrassed Identity struggles **Self Harm** Isolation tired confused desperate **Relationship difficulties** different **Caring for family members** Lack of belonging paralysed missing school Ionely misunderstood Struggle with everyday things – bus, café, shops 6



#### Family Wellbeing Service – Being With Families

Hear the family's story – what has happened? What do you want to change? How can we help?

Helping the family to make sense of their story and the impact on family members.

Developing a shared understanding and setting goals for improved health, wellbeing and relationships.

- Relaxation, regulation and mindfulness
- Positive coping strategies/more positive responses Children 1st
- **Emotional literacy**
- **Psycho-education**
- Promoting and supporting communication

#### **Whole Family Approach**





#### **The Outcomes**

- Confidence from GP's in a non clinical approach
- Evidence from schools
- Reduced presentations to GP and early resolution
- Reduction in self harm
- Improved family relationships.



C's mum approached her GP numerous times for support as her daughter was experiencing anxiety which was at times paralysing for her. She was unable to go out, her confidence and self esteem were low; she was very critical of herself and found friendships and social situations a real struggle.

One year later -

"C is doing amazing. I'm so happy she has had your support. She has got back into a sport she enjoys and has started uni. The help and support from Hannah has been amazing. She has made some great friendships at uni – she wouldn't have been able to do this without Hannah and the Family Wellbeing Service. The help came at the perfect time – she was feeling so low. I was worried about her. But now she is just doing great."

## Feedback from families

- The swift response and feeling heard
- The "human connection" less formal than CAMHS
- Empowering and not diagnostic
- At the families pace
- Out of hours support

