Family Wellbeing Service

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

SCOTLAND’S NATIONAL CHILDREN’S CHARITY
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

Inputs
- Staff
- Volunteer Mentors
- Time
- Funding
- Project Base
- Partners across HSCP
- Co-production with Stakeholders
- Creative resources
- Practice and research evidence
- Out of hours support

Activities
- Agree model with partners
- Recruit skilled team
- Source evaluation
- Recruit and support Peer Mentors to link into community activities
- Engage GP’s, CYP and families to shape model of practice
- Deliver individual and family support sessions in family home and community settings. Peer support groups for children and YP and their families
- Use FGDM principles to develop support plans
- Reflective supervision and support to staff

Participation
- Children and young people referred to GP
- Parents/carers children
- Community stakeholders including GP, CAMHS, school, social work, culture and leisure, local groups
- Decision makers e.g. heads of education, health, council
- Capture stories and feedback to support evaluation and service development

Outputs
- Short
  - Address immediate wellbeing needs of child
    - reduce risk of harm
  - Address family issues – what is really going on?
  - Reframe the presenting issues.
  - Cultural shift in families, schools and wider system

- Medium
  - Improved wellbeing of child and young person
  - Improved school attendance and attainment
  - Changed practice across the HSCP to more child centred /family minded and restorative
  - Reduced number of young people experiencing distress across HSCP

- Long
  - Improvements in family relationships and functioning
  - Sustained resilience and emotional wellbeing
  - Opportunity to spread this working across East Renfrewshire and beyond
  - Systemic practice shift to early help/not clinical intervention

Assumptions:
- Whole Family engagement is key
- A focus on courageous conversation about what led to the distress
- The HSCP remains committed to developing this model of practice if the outcomes are sustained

External Factors:
- National pressure on CAMHS
- Increasing need
- National Taskforce on mental health
- Increased evidence and understanding of ACEs and Trauma

Recovery Network Scotland – Qualitative feedback from families, Quantitative Data from across 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)
- Mindfulness

SCOTLAND’S NATIONAL CHILDREN’S CHARITY
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
Help!!!

- low self esteem
- lack of self worth
- rejection
- sad
- substance misuse
- substances
- afraid
- aggression and anger
- hated
- being bullied
- helpless
- identity struggles
- relationship difficulties
- tired
- confused
- self harm
- Cant regulate feelings
- stressed
- suicidal thoughts
- embarrassed
- isolation
- desperate
- paralysed
- lonely
- different
- misunderstood
- missing school
- lack of belonging
- paralysed
- Struggle with everyday things – bus, café, shops
- caring for family members
- alone
- under pressure
- worried
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
- Emotional literacy
- Psycho-education
- Promoting and supporting communication
Whole Family Approach

- respectful
- available
- flexible
- compassionate
- honest
- predictable
- curious
- reliable
- kind

emotional safety ➔ emotional wellbeing ➔ resilience
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