Of Hearts and Minds: the Practice of Relationships

Irish Association of Social Workers
National Social Work Conference & AGM 2017

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Pathways and Outcomes
A Study of 335 referrals (540 children and young people) to the FWC Service in Dublin, Kildare and Wicklow

Family Welfare Conferencing

Aims of the study
- To provide, through a file audit, a profile of 335 (540 children) cases referred to the FWC Service 2011-2013.
- To capture outcomes arising in cases
- To use the findings to help in planning future FWC Service provision.

Methodology and limitations
FWC is known internationally as Family Group Conferencing. It is a process that implements the principles of partnership, participation and empowerment by fully involving family groups in decision-making and planning for children and their care.

“The families are united in wanting to face the problems together – good for the children, everyone got to share their opinions and offer help.”
(family member)

File audit + evaluation data collected previously.
Capturing data in respect of goals, concerns, categorisation of cases and change requires a level of interpretation.

It was not possible to de-aggregate the file data per individual child.

Outcomes explicated only for those cases that got to a review stage (73 cases).

Process Outcomes:
- Attendance at FWCs – average 11.8 family / 9 professionals
- Family Plans – 95.5% of FWCs
- Agreements/actions in family plans – 19.06
- Commitments made by family / by professionals and follow up

Outcomes Relating to Children:
- 90.7% of cases had an improvement in concerns (overall in 54.8% of cases + somewhat improved in 35.6% cases)
- 35.6% of cases with no concerns
- In 70.6 % of cases the goal was achieved in full + partially in 14.7% of cases (fully in 80.5% of child protection cases and 84.6% of alternative care cases)
- Movement of children in relation to placements
- Reduction of children in care
- Cases where care was avoided

Outcomes Measured
Process outcomes
a. FWC meeting
   • Family and professional attendance
   • Number of family plans and commitments made
b. Review
   • Follow-through on commitments
   • Whether goals set were achieved

Outcomes relating to children/young people
• Changes in concerns identified by the referrer;
• Changes in children’s placements;
• Legal procedures avoided;
• Changes in legal care status of children.

“Process was a wonderful support to the child, parents and extended family. This process has been a great lead in showing how complex difficult situations can have positive outcomes when sensitive thinking and creative planning is part of the process. The conference atmosphere was supportive and helpful tone and allowed a relaxing atmosphere to tackle difficult issues.”
(advocate)

“We are all now fully informed and aware of the problems and how they impact on the child. We will ensure the child is looked after.”
(family member)

“This process was wonderful support to the child, parents and extended family. This process has been a great lead in showing how complex difficult situations can have positive outcomes when sensitive thinking and creative planning is part of the process. The conference atmosphere was supportive and helpful tone and allowed a relaxing atmosphere to tackle difficult issues.”
(advocate)

“I find it helpful that there is a specialised service to support families to empower themselves to formulate their own plan. This takes the focus off professionals telling the family the best plan and encourages them to take responsibility for the plans in place”
(referrer)
Mater Misericordiae University Hospital

Development of Health Inclusion Meetings to address the needs of our homeless patients

- Julie Wynne, Senior Medical Social Worker-

Our inclusion meetings were developed as a response to the rising concerns over the health and wellbeing of the most vulnerable members of our society; people without homes experiencing poor health and finding it difficult to access the appropriate services to meet their needs. Homeless patients attend the Emergency Department (ED) or receive inpatient care and are then inappropriately discharged into one night only accommodation and without appropriate health care follow-up in the majority of cases.

* Increased access to health and support services
* Enhanced advocacy for patients requiring stable accommodation
* Vulnerable patients highlighted
* On-going IT improvements and development of quality initiatives
* Development of National Hospital Discharge plan
* Agreement reached for appointment of Homeless Inclusion Nurse

* Based on model in place in St James Hospital
  * Developed in partnership with Safetynet, community services and hospital staff
  * Frequent attenders to the ED and complex inpatient discharges discussed with care plans proposed and reviewed
  * Our Inclusion Plan to have joined MMUH & St James meetings

* Greater knowledge of local support services and their roles
* Improved communication and co-working between hospitals and Community
* Deeper appreciation of the multifaceted issues affecting our patients and putting in place more cohesive and holistic care plans to try to meet these

* Positive Outcomes & the Future

* Enhanced Inter-disciplinary work

* MSW Role
  * Strong advocacy role
  * Delivering patient focused recommendations on basis of psychosocial and risk assessments
  * Lobbying for service improvements on local and national level
  * Liaising with housing services for placement, linking with addiction services and other supports
  * Co-developing improved communication and case planning pathways

Mater Misericordiae University Hospital Development of Health Inclusion Meetings to address the needs of our homeless patients - Julie Wynne, Senior Medical Social Worker-

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Family Carers Support Group: An Opportunity to Engage
Kate Diamond, Senior Social Worker
St Francis Hospice Dublin

Introduction
In St Francis Hospice Day Care, a four week Family Carers Support Group was developed. The group offers family carers an opportunity to engage with their peers and hospice staff whilst making sense of the experience of being a family carer in a palliative context.

The Family Carers Support Group was designed by a social worker and a nurse, both experienced in palliative care. Social work skills such as engagement, creation of therapeutic relationships, communication, knowledge of family and systems therapy, and group facilitation are combined with the nurse’s medical and future care planning knowledge to create a conversational space – a space where there is sharing of experiences, knowledge and skills between family carers and hospice staff.

Aims
To provide practical information and further developing coping skills
To facilitate an environment of support including peer support
To enhance staff relationships with carers

Objectives
Clearer understanding of the palliative care context
Increase knowledge, skills and communication in the management of the illness
Aware of the supports available and how to access them
Enhance awareness of their own resilience and the importance of self-care during their journey

“They need to receive information that prepares them for supporting their relative, they also need to know how to mobilize the burden placed on them and how to survive the experience.”
– CSPC White Paper 2010

5-Week Structure

Session 1
- Story of illness journey

Session 2
- Relational context of illness - what could be better?

Session 3
- Attempting solutions
- Using new skills

BREAK

Session 4
- Reporting results and receiving feedback from their peers and professionals
- Identifying change
- Facing into the future

Session 5
- Post-group assessment

Model of Intervention

Exploring issues:
- Palliative care context
- Symptom management
- Opening up conversations
- Future care planning
- Managing uncertainty/anxiety
- Death and the dying
- Self care

Evaluation

Pre & Post Group Self-assessment Scale
Score where you are with regard to:
- Symptom management
- Providing personal care
- Accessing support
- Talking about illness
- Future care planning
- Self care

Qualitative Feedback Form

References

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Key Learnings

When family carers have lived experience validated, their confidence in their role increases, and they are able to engage more fully in conversations and interventions within palliative care as well as acknowledge their own needs for care and respite.

Family carers benefit from on-going opportunities to meet with their peers.

Family carers can feel an increased medical responsibility due to their interpretations of medical advice and instruction.

Outcomes

Development of a monthly drop-in group for family carers.

Hospice staff have a better understanding of the impact of illness on the patient in the wider context of their lives.

Higher quality, more focused interactions between family members and hospice nurses due to the strengthening of relationships.

Results

5 Groups
34 Family Carers Participated

“I know nobody can be in the same boat as me, but I know that there are others in their own boats floating along together.”

“Thank you, I was panicking but now I know what to expect, I’m not frightened.”

Quotes from Participants
INTRODUCTION

Previous initiatives by our service have focused on developing inreach mental health care for sentenced mentally ill prisoners. When these individuals come to the end of their sentence there is an increased risk of morbidity and mortality. A pre-release planning (PreP) programme with social work expertise was established to improve transfer of care.

AIMS

To evaluate the first 18 months of the Mountjoy Prison Pre-Release Planning (PreP) Programme by:

1. Measuring the success of the programme at reintegrating mentally ill prisoners with a community mental health team (CMHT).
2. Comparing agreed pre-release mental health and housing plans with actual post-release outcomes.

METHODS

Setting

Mountjoy Prison (MJP) is a medium security sentenced male prison with capacity for 554 prisoners. It is the main sentenced prison for Dublin city and county, Ireland.

Study Design

A process of participatory action research was used to develop, evaluate and improve the PreP Programme, throughout the study period.

Participants

All those under the care of the MJP Inreach Mental Health Service who were released between 1/3/15 and 31/08/16.

The PreP Programme

In March 2015, the MJP Inreach Mental Health Service gained social work expertise (1.5 FTE) and the PreP Programme was established. The key interventions by the PreP Programme social workers included:

1. Mental Health Liaison - facilitating relationships between patients and community supports e.g. CMHT, Addiction services, GP.
2. Advocacy - securing accommodation, treatment programmes, vocational opportunities.
3. Family Work - support, psychoeducation, relapse prevention.
4. Release Planning - co-ordinating pre-release planning appointments (Fig. 1), collaborative development of individual release plans and relapse prevention plans.
5. Post-release follow up - time limited support for patients and families.
6. Data Collection and analysis.

RESULTS

32 commitments (29 individuals) were supported by the PreP Programme (Fig. 2). This represented 13% (32/252) of all commitments seen by the MJP Inreach Mental Health Service. Pre-release planning meetings were held for 22 commitments (69%).

Demographics and offence type

Mean age was 38 years (SD = 9.6; range 21-69). At the time of commitment, 53.1% (n=7) were homeless. Most commitments (59.4%; n=19) were convicted of non-violent offences.

Diagnoses and Previous Contact with CMHT

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A co-morbid diagnosis of polysubstance abuse was found in 87.5% (n=28) of individuals seen, and 56.3% (n=18) had a history of self-harm. Most (51.3%; n=28) were known to a CMHT prior to their commit.

Mental Health & Housing Outcomes (Fig. 3 & 4)

28 commitments were referred for CMHT follow up. Of these referrals, 89.2% (n=25) were accepted. The PreP Programme confirmed that 88% (n=22) of these individuals ended their first appointment at the time of release, 15 commitments (46.9%) remained homeless.

DISCUSSION

This service innovation has supported mentally ill prisoners in accessing care in the post-release period. Most pre-release mental health plans were accomplished, however satisfactory housing outcomes were often not. The high rate of acceptance by CMHTs was not easily achieved. Nearly all referrals were met with initial resistance. The stigma of recent imprisonment was a major barrier for CMHTs in accepting transfer of care. Future studies will assess the efforts made by the PreP Programme in improving transfer of care for mentally ill prisoners translates into improved future risk management. The cost effectiveness of this project should not be evaluated until it is fully operational.
Working with child relatives of adults with acquired brain injury: a resource for an interdisciplinary rehabilitation team
Phil Butler & Anne O’Loughlin, Social Work Dept

“Working with child relatives of adults with acquired brain injury: a resource for an interdisciplinary rehabilitation team
Phil Butler & Anne O’Loughlin, Social Work Dept

“I don’t like the way my dad forgets things now” (12 year old boy)

Aims and Objectives:
The project was designed to:
❖ Strengthen the family centered approach to rehabilitation
❖ Support staff to be more inclusive of child relatives in their interventions
❖ Provide ideas and suggestions on working with children
❖ Provide information on child development and how this impacts on their understanding of brain injury
❖ Provide resources for further information and onward referral

Pilot Phase:
Pack is currently being trialed with one ABI team and will be reviewed following feedback.

Content:
➢ Literature review/rationale
➢ Effects of ABI on Child relatives
➢ Impact of ABI on parenting
➢ Helping children cope – tips sheet
➢ Common questions asked by children and teens about ABI
➢ Resources for child relatives
➢ Handouts for parents
➢ Child support agencies

“I didn’t know how to explain it to my friends”
(8 year old boy)

“I worry that I’m not doing enough to mind my mum”
(9 year old girl)

Why include child relatives?
➢ Leads to more meaningful and practical rehabilitation life goals
➢ Reduces the emotional and behavioural difficulties for children
➢ Facilitates family adjustment & wellbeing

Why include child relatives?

➢ Improves outcomes for rehabilitation
➢ Lead to more meaningful and practical rehabilitation life goals
➢ Reduces the emotional and behavioural difficulties for children
➢ Facilitates family adjustment & wellbeing

“I worry that I’m not doing enough to mind my mum”
(9 year old girl)
“Mastering wellness”
LGBT People’s Well-being through Interest Sharing

Nerilee Cieatha
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Aims
- An alternative perspective to the consensus of increased LGBT mental health risk is forwarded
- The lack of research on LGBT well-being through interest sharing is puzzling in light of research with general populations on social well-being through community involvement.
- This qualitative research is aligned with emergent research trends problematising the dominant ‘at risk’ representation.
- Qualitative methods in exploratory studies are considered particularly effective in researching areas that are under-researched or subject to misconceptions.

Findings
- Mastering wellness emerged as a theme from the data with participants spoke of:
  - developing an awareness of well-being and actively promoting positive mental health through shared interests
  - the breadth of well-being with interest sharing as developing and maintaining positive mental health
  - promoting self-esteem through involvement in shared interests
  - creating balance where interest-sharing with like-minded peers provides a resource for everyday

Discussion
- The sense of vitality that emerges suggests that LGBT people are active agents in mastering wellness on their own terms.
- In contrast with the general population’s representation as confident and comfortable discussing mental health and well-being.
- It is generally understood that anyone may have times of mental ill-health and equally have times of well-being.
- This suggests that participants simultaneously challenge the stigmatising representation of LGBT-identities and mental health as binary constructs of normal/abnormal.

Key Messages
- The openness and ease of LGBT participants in discussing mental health has important policy and practice implications:
  - recognise and affirm LGBT agency in mastering wellness
  - recognise the cultural and social capital embedded within LGBT networks
  - recognize the breadth of LGBT diversity by problematising the dominant ‘at risk’ representation and destigmatising mental health with LGBT communities
  - learn from LGBT communities’ through practice that explores the benefits of interest sharing with like-minded peers.

Method and Methodology
- Ten in-depth interviews were conducted with 11 people:
  - Lesbian (5), gay (4), bisexual (1) or transgender (1)
  - aged 22 – 56 years
  - in relationships including civil partnerships (4) with 2 married (1 heterosexual marriage)
  - 3 have children
  - 9 are from Ireland, 1 from Europe and 1 from North America
  - 10 completed 3rd level education
- Diversity was sought to ensure the breadth of sporting, creative, and social interests, in and outside LGBT groups.
- Interviews were transcribed and coded using thematic analysis.
- Ethics approval was granted from TCD Research Ethics Approval Committee

Acknowledgements:
- thanks to my thesis supervisor, Dr. Paula Mayock, TCD
- thanks to the 11 participants and the LGBT communities

The benefits are enormous - I am a much nicer person, a much happier person... it ticks all those boxes... keeps me healthy, gives me time to reflect - that’s the private meditation and processing part.

Sunday... I call my “mental health day” - the day set aside for clearing my head. I tend to go out with the group... I deeply need that counterbalance.

1. e.g. Hare, A. F. et al. (2010). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: review and recommendations. Review of Sexual & Relationship Therapy 7, 297-323.
Creative Techniques in Contemporary Family Therapy: All Fun and Games?

Background
Creative techniques such as Satir’s *family sculpting* and Minuchin’s *enactments* have been a central feature in family therapy since its origins in the 1960’s (Wiener and Pels-Roulier, 2005). This qualitative study explored their place and role in contemporary family therapy and revealed that while they have multiple proven benefits, they are underutilised. This case study used semi-structured interviews to gather the views of eight family therapists.

Findings
The findings revealed that: therapists do not feel confident in using creative techniques primarily due to lack of focus on them in training programmes; organisational backing and good supervision is important in supporting therapists with developing a creative practice; creative techniques can be grounded in both positivist and constructivist paradigms and are therefore suited to contemporary family therapy practice; creative techniques are tools to develop good therapeutic relationships which are a key factor in influencing the outcome of therapy (Flaskas, 2003); creative techniques by pass cognitive and verbal defences, they are experiential and elicit multisensory responses which accelerate the therapeutic process; creative techniques can be applied to a wide range of presenting problems and situational issues such as addiction, anxiety, bereavement, depression, eating disorders, selective mutism and relationship difficulties; there are multiple other benefits to creative techniques that are illustrated in the graph below.

![Creative techniques benefits diagram]

The findings also revealed that therapists can engage their *use of self* to develop a creative practice: therapists should integrate creative techniques into their own individual style of working rather than trying to imitate ‘experts’; therapists should prepare their therapy space so that creative techniques can be drawn upon spontaneously in session; novice family therapists can develop a creative practice by practicing one model of family therapy in an orthodox fashion, once confident in the model therapists can experiment with creative techniques; therapists can engage with music and the arts to draw inspiration for creative practice.

Conclusions
• Family therapists who are skilled in creative techniques have a wider therapeutic repertoire which enables them to deliver efficient, high quality therapeutic services to clients with diverse needs.
• Creative techniques accelerate therapy thus providing cost saving opportunities for organisations.

References
‘TESTING TIMES’

Social Worker’s Role in Managing Conflict in Families in a Palliative Care Setting
Aoiife Coffey—Senior Medical Social Worker in Palliative Care
Our Lady’s Hospice and Care Services, Harold’s Cross, Dublin 6W

PURPOSE

• To increase understanding of family conflict as one of their members approaches death by examining a Case Study.
• To develop interventions that are helpful in ensuring that patient care is optimised.
• To illustrate how Social Work intervention can contribute to managing conflict within a family in a Palliative Care setting.

SOCIAL WORK INTERVENTIONS

• Permission from Jack to hold Family Meeting— he identified who should attend the meeting and specified that wife should attend.
• Diane decided not to go to this meeting as was very anxious about hostility and was updated separately.
• Very clear guidelines set about negative comments and accusations within the context of the Family Meeting.
• Clarified with the Team importance of not being drawn into taking sides.
• Ensured that Jack had protected quiet time daily as was his wish.
• Suggested a rota for family visiting.

METHODS

• Review Case Study and the relevant literature.
• This case was selected due to the impact of conflict on the Patient, Family and Team which in turn significantly affected patient care.

CASE STUDY

WHAT HELPED

• Clear ground-rules and boundaries.
• Clear and consistent communication – regular updates.
• A realistic aim of limiting distress to Jack and family and to expect that we could not solve long standing issues.

CONCLUSION

• Conflict that is deep rooted in families can often become more pronounced as families come together for a dying relative.
• Social workers have an important role in managing this conflict.
• It is useful to develop some understanding of this conflict while accepting that we will not resolve long standing family dynamics.
• Limiting emotional damage to a family at this time can have significant benefits.

REFERENCES
‘Working with Families in Palliative Care: One Size does not fit all’— Deborah Aiking and Timothy Quill, 2006.
‘Advancing Theory of Family Conflict at the end-of-life: A Case Study’— Amy I Bolk and Betty Kramer, 2012

“IDENTIFYING DETAILS OF THE FAMILY HAVE BEEN ALTERED”

ISSUES FOR JACK

• Very frail and tired.
• Advised Medical Social Worker of a lot of family distress.
• Very anxious about family distress but did not know how to manage it.
• Wanted to keep the peace.

ISSUES FOR THE FAMILY

• Diane left Jack’s family very angry with her and were not allowing her time with Jack.
• Jack expressed a strong wish to divorce Ann and marry Diane before his death.
• Children very strongly opposed to this.

Daughter’s

• Believed Diane was withholding information.
• Alleged that Diane had been interfering with medications.
• Very angry about the breakup of their parents’ marriage.
• Felt their mother was being excluded despite Ann and Jack maintaining a close relationship.

ISSUES FOR THE TEAM

• Considerable time spent managing the distress of the family.
• Uncertainty regarding Jack’s needs being met.
• Pressure/stress on team arising from family’s constant questioning of interventions.