

# **Family Wellness Project**

## **Evaluation report**

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# **Introduction**

## **The Family Wellness Project**

The Family Wellness Project is a partnership between MindWise; Cause; Action Mental Health; Aware; and Parenting NI.

The partnership has been funded by the Big Lottery to work with children and families in the Western Health and Social Care Trust and Southern Health and Social Care Trust areas. The overall aim is to enhance the mental health and well-being of children under 12, their families and / or carers.

The project offers:

- One-to-one intervention for children and parents/ carers based on the Wellness Recovery Action Programme
- Parent and carer support groups and one-to-one advocacy
- School based mental health awareness programmes for children and parents / carers
- Community based programmes on mental health awareness and supporting children's emotional health
- A web-based resource for parents / carers in relation to emotional health and well-being

## **Evaluation Methodology**

The evaluation is focused on the first 3 years of the project and is based on the following:

- Documentary research of project documentation, proposals, reports, monitoring returns, planning documents etc.
- Pre-interview questionnaires for all interviewees
- Face-to-face / telephone interviews with the following:

Jim Darragh	MindWise senior manager
Carmel Rooney	FWP Co-ordinator
Karen McCoombé	FWP Child and Family Support Worker
Charmaine McCrory	FWP Support Group facilitator and Child and Family Support Worker
Seanna Connor	Family Support Hub Co-ordinator, Enniskillen
Karen McHugh	Family Support Hub Co-ordinator, Omagh
Lisa Grant	Family Support Hub Co-ordinator, Portadown
Amanda Jones	Action Mental Health
Pat Lynch	Aware
Catherine McColgan	Aware
Geraldine McCrory	WHSCT CAMHS

Lynsey Belshaw	SHSCT CAMHS (questionnaire only)
Valerie Sullivan	Cause
Maria Rogan	Parenting NI
Emma Lyttle	Parenting NI

- A focus group with 7 parents /carers attending the support group facilitated by CAUSE in Craigavon
- 22 questionnaires completed by parents / carers currently attending support groups facilitated by CAUSE
- Review of a random sample of 25 WRAP family evaluations completed by parents / carers in both SHSCT and WHSCT during the first three years of the project
- A review of summary evaluations of parents / carers attending courses / workshops facilitated by Action Mental Health and Aware

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# Statistical evidence of achievement against BIG Lottery outcomes

<b>Project Outcome 1:</b> <b>Enhanced mental health and well-being of children aged under 12, their families and/or carers</b>				
Change indicators	Year 1	Year 2	Year 3	Total
<b>500</b> young people, families and/or carers have achieved their goals as stated in their WRAP	Target: 75 <b>149</b>	Target: 100 <b>132</b>	Target: 100 <b>153</b>	Target: 275 <b>434</b>
<b>375</b> young people stepped down from Tiers 1&2 CAMHS	Target: 56 <b>57</b>	Target: 75 <b>69</b>	Target: 75 <b>82</b>	Target: 206 <b>208</b>
<b>500</b> families report enhanced skills in understanding, coping and managing family health issues	Target: 75 <b>143</b>	Target: 100 <b>132</b>	Target: 100 <b>153</b>	Target: 275 <b>428</b>

**Commentary:**

This outcome is key in determining the project's success and it is clear that the project is impressively exceeding its targets in respect of enhancing mental health. Some of this is due to the fact that the project has been successful in encouraging family members of the referred child to complete the WRAP programme.

<b>Project Outcome 2:</b> <b>Reduction in the number of young people under 12 developing significant mental health problems which require Tier 3-5 specialist CAMHS interventions</b>				
Change indicators	Year 1	Year 2	Year 3	Total
<b>75%</b> of young people supported will not move from Tiers 1&2 CAMHS to Tiers 3-4	<b>97%</b>	<b>100%</b>	<b>100%</b>	Average <b>99%</b>
<b>5000</b> families/carers will access on line support materials which provide increased skills/knowledge	Target: 500 <b>2,441</b>	Target:1000 <b>3,965</b>	Target:1000 <b>9,485</b>	<b>15,891</b>

**Commentary:**

The project is more than meeting its aim of reducing the number of children who are in need of more intensive CAMHS support. Indeed, over the life of the project only nine children have been re-referred to CAMHS.

In relation to the on-line activity of families and carers, the web-site hosted by Parenting NI has been hugely successful. By the end of year three the target for the whole life of the project had been exceeded by a multiple of 3.

**Project Outcome 3:**

**More children and their families will be part of the community that they live in as they become activists / mental health champions and ambassadors**

Change indicators	Year 1	Year 2	Year 3	Total
<b>500</b> young people / families / carers become an activist / peer mentor / mental health champion / ambassador	Target: 75 <b>110</b>	Target: 100 <b>338</b>	Target 100 0	<b>448</b>
<b>500</b> young people / families / carers participating in annual event	Target: 75 <b>80</b>	Target: 100 <b>260</b>	Target: 100 <b>392</b>	<b>732</b>
<b>500</b> young people / families / carers participate in communicating information online about their activities	Target: 50 <b>80</b>	Target: 100 <b>260</b>	Target: 100 <b>392</b>	<b>732</b>

**Commentary:**

The first change indicator in relation to this outcome has been problematic. In years one and two, the measure reported was that families said that they would be more confident in speaking out about mental ill health. By year 3 it was agreed that the measure did not correlate to becoming an activist / peer mentor etc. Indeed the change indicator is rather unrealistic given the short-term nature of the intervention with families. Supporting children and families to become mental health champions or ambassadors would require the investment of significant resources that the project does not have at its disposal.

In relation to the other targets Parenting NI has been very successful in creating resources that are attractive to families and in encouraging participation in the annual on-line survey.

**Project Outcome 4:**

**Reduction in the stigma and discrimination affecting those experiencing a mental health problem**

Change indicators	Year 1	Year 2	Year 3	Total
<b>500</b> young people / families / carers are no longer afraid to speak out about mental health needs	Target: 75 <b>139</b>	Target: 100 <b>132</b>	Target 100 <b>392</b>	<b>663</b>
<b>5000</b> families / carers will access online support materials to increase skills and knowledge	Target: 500 <b>2,441</b>	Target:1000 <b>3,965</b>	Target:1000 <b>9,485</b>	<b>15,891</b>

**Commentary:**

Greater numbers than anticipated are reporting a willingness to speak out about mental health, thus countering stigma and discrimination.

As seen previously, the investment of time and commitment from Parenting NI is paying off in relation to the large numbers of parents and families availing of their on-line support materials.

## Workshops, groups and parents advocacy

	Year 1	Year 2	Year 3	Total
<b>AWARE</b>				
Living life to the full Well-being programmes Direct beneficiaries	28	17	15	<b>60</b>
School based Mindfulness Well-being Programmes Direct beneficiaries	-	38	94	<b>132</b>
Mindfulness Well-being Programmes Direct beneficiaries	12	12	-	<b>24</b>
Mood matters / Supporting children with anxiety Well-being Programmes Direct beneficiaries	15	192	119	<b>326</b>
<b>Action Mental Health</b>				
Provoking Thought workshops	349	485	263	<b>1,097</b>
Healthy Me workshops	237	455	1,068	<b>1,760</b>
Mensana Mental Health Awareness Training (Adults)	27	128	324	<b>479</b>
<b>CAUSE</b>				
Equine therapy courses – number of families participating	-	6	7	<b>13</b>
One to one advocacy sessions with parents	-	-	37	<b>37</b>
Parents attending support groups	-	-	93	<b>93</b>

This table provides an overview of what has been achieved in each year. An important caveat is to acknowledge that there appear to be some minor variations in how figures are recorded and compiled in each year. It is also important to note that figures may not always be exact as, due to a number of personnel changes, it was not always possible to verify some data entries. However, this table represents the minimum work carried out – there may have been additional work undertaken.

It is important to note that some of the workshops are one-off sessions while others are more substantial courses offered over a number of weeks. The data does not allow for direct comparison between one workshop and another, but is useful as an illustration of the extensive and increasing reach of the project.

Indeed, the numbers of children and parents/carers who benefit directly from increased awareness of mental health and learning practical skills to increase well-being, is impressive.

This despite the struggle to get people to attend and that some planned open recruitment workshops have had to be cancelled.

The CAUSE support groups and parent advocacy only came into play during the second year of the project.

Stakeholder's views of the delivery and quality of these aspects of the Family Wellness Project are discussed in the next section of the report.

# **Evidence of participant satisfaction with Family Wellness Project services**

This section of the evaluation is based on the following data:

- A focus group with 7 parents attending the support group facilitated by CAUSE in Craigavon
- 22 questionnaires completed by parents currently attending support groups facilitated by CAUSE
- A random sample of 25 WRAP family evaluations completed by parents in both SHSCT and WHSCT during the first three years of the project
- Summary evaluations of parents attending courses / workshops facilitated by Action Mental Health and Aware

There is a considerable body of evidence that parents are extremely satisfied with all aspects of the Family Wellness Project. They have provided substantial, and often moving, testimony that the project is not only meeting its target outcomes but is making a significant difference to the lives of those involved.

## **Focus group**

Seven parents attended a focus group in Craigavon and contributed enthusiastically to a wide-ranging discussion on their experience of attending parental support groups.

A major theme for the parents was around how **safe** they felt in the group.

“It’s a very safe place to be. Everyone can talk and nobody is higher than anyone else and nobody is lower.”

“At home you have to be strong and hold it all together but here it’s ok not to be ok.”

A number of comments highlighted the **learning** gained in the group, through the strategies taught by the group leader but also from each other.

“Personally, for me, I was able to bring home things that I learned here and talk to my husband about different approaches.”

“Initially I thought it was about getting the child into that box that every child is in, whereas the group gives you more ideas and suggestions as to what to try.”

“I’m the child’s granny and before I wouldn’t have really known what was wrong with the child. I have learned so much from printouts that we got and from what Charmaine explains and from listening to other people. I now know how to look after my grandchild properly.”

Parents also spoke about how they had developed skills, learned information and gained the confidence needed to be able to **advocate on their child's behalf**.

"Coming here you learn about other professionals. You get signposted to other people who can help."

"When I came here first I was withdrawn, but it's given me the confidence to put my hand up and say, 'I need help or he needs help' – I can be his advocate."

"We're their voice, we're their advocate."

"If we're on the floor there's no one else. Now we've got the training, it builds us up and we can speak up for them."

One of the most important aspects of belonging to the parents support group, as illustrated by the participants contributions, was the way in which being a member of the group **countered feelings of isolation**.

"The first time I came to group, at the end I started crying and it was the relief of knowing I wasn't alone."

"To find out that there's other parents in the same situation and know the problem isn't you or your parenting skills."

"Before I came to the group, I was starting to cut myself off from everybody. Coming here was a game changer."

Another common theme from parents was how much being part of the group **supported their own mental health**.

"Keeps us out of the system. If I wasn't here my GP would be giving me more tablets."

"It's a real lifeline. If this group was taken away I don't know what I'd do. This is our therapy."

"If it wasn't for this, you would go back to your doctor and he would say, 'here's another wee tablet' – and that doesn't help at all"

Finally, they clearly appreciated the support they got from the **group facilitator** and the role she played in making the group a positive experience.

"The one to one with Charmaine before you join the group makes a huge difference in explaining what it's about and giving you the confidence to come along."

"Charmaine isn't just textbook and theory. She really knows what she's talking about. She really understands what we're dealing with."

"Charmaine really does keep you on track because at every group there is a purpose and she has a message to deliver."

When asked if there was anything they didn't like about the group the parents said they weren't able to think of anything.

In relation to things they might change about the group they said they would like to meet fortnightly rather than monthly. A number had been particularly enthusiastic about family days out they had enjoyed and mentioned that it would be good to bring their children along every few months as their children had enjoyed the experience so much.

It was clear that attendance at the support group had an impact not only on the participant, but also on other family members. Focus group members described the impact as set out in the following table:

<b>Impact on the parent</b>	<b>Impact on the child</b>	<b>The impact on the family</b>
I am better able to pick myself up when things go wrong and restart with the strategies again	I have more understanding so the child is more willing to talk to me	Our home is calmer – for everyone
Going on the help and advice from the girls here has made me more patient	He benefits from me being more confident – I've got him an Independent Education Plan	It has made us all more aware and more confident, not just with my son but also with the professionals
I don't feel as alone or overwhelmed – my mental health has improved	The strategies I use mean he is less anxious	It has helped us to work together as a family
Group has given me faith again in my own parenting skills	Using the strategies with both children (not just the one with issues) has relieved stress all round	We're more at ease going places as we now have the tools to help our child cope and to help ourselves manage
Training days at group are life saving – literally!! Group is a safe haven and a godsend	He is a lot calmer and more at ease	Discussing strategies at home has helped my husband – his approach has changed, he's more patient

### **Questionnaires**

Twenty-two questionnaires were completed by parents / carers currently, or recently, attending support groups.

They were asked to rate their experience of the service and to assess the impact on themselves, their child and their family.

- On average the project worker received a rating of 98.6%
- The monthly group meetings were rated at 98.6%
- On average, parents rated the improvement in their child's emotional health and well-being at 75.4%
- On average, parents rated the improvement in their own emotional health and well-being at 85.4%
- On average, parents rated the improvement in their family life at 80%
- Comments provided mirrored those from parents in the focus groups

These very high ratings provide compelling evidence that not only are the support groups valued by the parents but they are also successful in delivering the aims of the Family Wellness Project.

### **WRAP evaluations**

A random sample of 25 parental evaluations of WRAP interventions were selected. These ranged over the life of the project and included work from both Health and Social Care Trusts. All of these referenced work with children and most also included work with parents.

A review of these indicated that this aspect of the service is also highly effective and very much valued by parents.

**100%** of the parents felt that the aim of enhancing the emotional health and well-being of their child had been met.

In commenting, parents drew attention to changes in their child's behaviour, their own confidence and skills development and the importance of the family learning and working together.

“This has helped us on a weekly basis and has helped [child] to express his feelings more. This has educated us as a family and [child] as an individual.”

“Yes, I definitely feel the sessions helped me. I’m so much more confident. It really helped me to talk through ways to help [child] and myself.”

“Yes, [child] has been in much better form and is happier in herself, being able to deal with her emotions better.”

“Yes, the intervention helped my son develop his skills and confidence in himself. It also helped me recognise stress I was feeling and to begin to take steps to manage this.”

“I do feel this aim was met as [child] is able to control himself better. It has made me go on to do a course in child care.”

“Yes, it has been met because our family now has the tools to tackle behaviour issues.”

“Yes, I really do think our aim was met because we learned that talking to each other really helps.”

Parents were asked what were the most important things they learned from participating in the Family Wellness Project. They highlighted a range of practical strategies, adjusting perspectives, the importance of seeking help and greater understanding”.

“To let the children take on more responsibility for themselves.”

To complete activities in steps – not get overwhelmed by the big challenge.”

“It’s okay to be unsure of yourself and to take the time to talk it through.”

“Anxiety is a part of life – how we manage it dictates its impact, no family is perfect and no-one can do it all.”

“I now see that I have been and am able to be of great support to my child.”

“To use external support and agencies for help and to not always feel it is just yourself dealing with [child’s] problems.”

“Setting targets for myself, for example contacting other services, completing forms.”

“Better understanding of anxiety.”

“Understanding the needs of a child.”

Parents were asked what they had enjoyed about the Family Wellness Project. Responses indicated that they valued charting their children’s progress, and their own learning

“Coming back the next week and being able to give positive feedback when [child] achieved something she had found difficult to cope with before.”

“Seeing my daughter grow in confidence.”

“I enjoyed seeing [child] get better every time.”

“Learning the different techniques to handle challenging behaviour and the homework we were given each week.”

“I enjoyed learning new ways of thinking.”

“Analysing what I have been doing to date with my child.”

“Learning the new ways to help [child] cope when he has fear.”

Parents were also asked if they had any suggestions to make in relation to improving the project. Almost all the parents either had no suggestions or used this as an opportunity to reinforce how much they valued the project.

“I’ve no suggestions because I feel the programme was just right.”

“The project is short – but very effective.”

“I have no suggestions for improvement – I enjoyed the project.”

“The Family Wellness Project is excellent.”

Only one parent made suggestions, commenting that it would be good if there was a shorter waiting list for the project and that they would welcome the opportunity to do some physical exercise together rather than always being inside talking.

#### **Evaluation summaries of Action Mental Health and Aware courses/ workshops.**

As evidenced in the statistical section of this report, both Action Mental Health and Aware courses have drawn large numbers of participants.

Both organisations collate course evaluations and provide summaries each year.

A review of Year 3 evaluation summaries indicates that both organisations are successfully meeting target outcomes.

For example those attending **Aware** Mood Matters / Supporting children with anxiety Well-being programmes, during 2017 / 2019 rated the achievement of programme objectives as follows:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Have better understanding of the importance of mental health	100%	-			
Have better understanding of the signs of poor mental health	90%	10%			
Feel more able to seek help in relation to mental health	80%	10%	5%		
Have a greater awareness of sources of support for mental health issues	80%	20%			
Training has given confidence to direct others to sources of support	90%	10%			

The course is clearly very successful in meeting the objectives of increasing awareness and understanding of mental health, and equipping participants to seek support for self and others.

Participants commented positively on a range of features of the programme including the trainers ability; the interactive nature of the learning; the opportunity to learn from other parents and realise that others are dealing with similar issues;

the course materials; practical suggestions offered; and clear easily understood information on mental health.

Aware has recently introduced before and after course measures in relation to Patient Health Questionnaire (module 9 depression) and General Anxiety Disorder. While only a small number have been collated it is impressive that 100% of participants showed a positive reduction on both scores.

The evaluation summaries of **Action Mental health** courses show similarly positive results.

For example, 153 primary school pupils completed evaluations of “Provoking Thought” workshops illustrating the following outcomes.

Outcome	%
Had improved knowledge	98%
Would recognise signs and symptoms	95%
Would be confident in getting help	95%
Would help a friend or family member	94%
Would know where to get help	93%
Would like further Mental Health Awareness training	93%

Furthermore, 95% of adults participating in Mental Health Awareness training reported improved outcomes.

Over 1,000 children completed “Healthy Me” workshops. Pre and post session evaluations show increased understanding of the components of good health. As a result of the training children were also able to identify a number of strategies for keeping healthy, including:

- Talk to friends and family
- Do fun things to keep happy
- Feel good about yourself
- Take care of yourself
- Feel good – don’t worry
- Think about other people
- Be kind to others

Clearly, the training and awareness-raising component of the Family Wellness Project is effective in terms of reaching impressive numbers of participants but also in relation to the quality of the work delivered and the high level of successful outcomes reported.

# Strengths of the Family Wellness Project

All respondents had a very positive view of the project and cited a range of strengths.

Those making referrals to the project through **CAMHS** appreciated the success of the project in reducing the numbers of children being accepted into core CAMHS.

“Evidence of the projects success is the low percentage of children being referred into CAMHS following input from the Family Wellness Project”

“I feel very strongly that the service is viable, useful and pertinent.”

Mention was made of the diverse range of programmes and particularly the fact that the project offers support to parents.

“The focus on the emotional health and well being of parents is really valuable – we can’t do that ourselves because it takes away from clinical time”

“What families need is a bit of bolstering and support. The Family Wellness Project does that beautifully with both child and parent – the outcomes speak for themselves. It’s a win for everyone.”

Those involved through the **Family Support Hubs** were equally positive. All felt that a particular strength was the fact that the project provided a locally based service in a rural area and that the Child and Family Support workers undertook home visits.

“Regional services don’t reach as far as Fermanagh.”

“Workers get more engagement and more information when they work with families in the home – you get a real picture of how things are.”

“The home visits are essential because its such a wide spread rural area.”

“The home based support is crucial and really very valuable”

For the Hubs in the Western Trust the contribution that Family Wellness Project staff made to the hubs was seen as a major strength. This was felt to promote partnership work and add to the advice and support available to hub members.

“Carmel sitting on the Hub is really good for collaboration.”

“FWP attending the Hub gives them great links with other professionals, they bring their expertise – you can ask a question at the Hub meeting and get immediate information.”

“Actually having them there means they can contribute to conversations about what families need and what’s available.”

The Western hub staff also cited the speed of accepting referrals, the work the project undertakes in schools and the communication and liaison with the hub as strengths.

“We signpost to both FWP and our own Early Intervention service but FWP is so much quicker.”

“If we lost FWP it would have a massive negative impact – especially given their relationship with schools – no-one else in Fermanagh or Tyrone offers it.”

“FWP staff are better than most hub members at getting back to us and keeping us updated.”

**Partner agencies** all referred to the Family Wellness partnership itself as a major strength. For some it was around increasing knowledge and the opportunity to work with a different target group, others felt it strengthened their offer to the community.

“The partnership means we’re always learning – it’s a new target group for us, we’re becoming more aware of issues facing carers coping with young people with increasingly complex needs”

“We’re able to access parents we otherwise wouldn’t be able to reach.”

“This increases our reach to our target beneficiaries but this is also the only programme we have that reaches parents.”

“ We are able to work with a wider group – children and families who don’t reach the CAMHS threshold.”

“The work we do in schools is complemented and bolstered by the work the other partners are offering around that.”

“Those who attend our training can access our wider support.”

All the partners viewed the partnership positively and appreciated how MindWise had functioned as the lead partner.

“The collaborative nature of this project benefits all the partners.”

“The other partners are fantastic and its great for us to share in the learning – we all complement each other and we all get a benefit from being a partner.”

“It’s a very well structured partnership and MindWise has provided a good service as the lead partner. Given the level of personnel changes that had to be navigated, the communication has been handled really well. The steering group is very well managed.”

“Partnership meetings are well managed with minutes, agenda, and action plans. It’s all clear and transparent about what programmes are being delivered, how many people show up – the number of referrals through CAMHS etc.”

“It’s being well managed – having the co-ordinator as the lead person rather than a senior manager works – the person on the ground usually knows more and can answer any questions straight away – that has been an asset.”

“It’s been a good partnership – a good complement of organisations there for a similar cause. Its good for everyone round the table”

One partner felt that more attention could be paid to exploiting the benefits of the partnership.

“More joined-up working across the partnership itself would allow more awareness raising and more promotion of the project and potentially reach more of the target beneficiaries.”

The Family Wellness **Project staff** also identified a number of strengths of the project. They felt the partnership approach provides additionality, they highlighted the importance of working with the family in an holistic way, and overall, the numbers of families being helped suggested that the project was meeting a specific need. Unsurprisingly, the staff were most keenly aware of the positive impact the project is having on the children and families”.

“Marina from AWARE came in and did a session with the parents support groups, it was really informative, they still rave about it.”

“The links with other agencies is important, it allows an holistic approach – the whole family system is supported, which can help tie up all the other interventions.”

“Working with both the parent and the children – that 2-way approach works very well.”

“The up-take levels tell us that we are meeting a real need out there – the need to address mental health before it becomes an issue – parents are getting support through the child’s referral – it’s prevention and intervention for the family”

“It reduces their isolation, they feel less judged and not so hard on themselves. Coming to the group helps them to accept and self-advocate. It empowers them to be more confident in being in the child’s corner.”

“The really big thing is the change in the children’s level of emotional awareness – they can recognise and talk about their feelings. The parents become more aware of how to respond – it changes the whole family dynamic.”

Other strengths were highlighted from a range of perspectives. It was clear that the **staff were highly regarded.**

“We hear great positive feedback from families but also professionals working with families – they tell us that the kids speak of the FWP staff in very complimentary ways.”

“The workers are very approachable, you can easily lift the phone to have a chat about a case coming up.”

“They are small teams but they do a lot of good and reach a lot of parents in quite a short space of time, which is excellent.”

“Any of the workers I’ve met definitely come across as very well qualified, very professional and they’re very enthusiastic and keen to help.”

“They think flexibly when they’re making suggestions in case discussions.”

Respondents also felt that a key strength of the project was that it was successfully **meeting previously unmet need.**

“What this project does is catch those kids who have behaviour emerging that looks as if it could be problematic and putting some strategies in place that stop that clinical emergence, that prevent them reaching the Tier 3 threshold.”

“Sometimes short term focussed intervention is all a child or family needs – they don’t need a mental health service – it’s lovely now to have Family Wellness Project as an option to meet those needs.”

“You’re working at the coal face and asking – what’s the need? And it’s parents who are under great duress – we have a lot of children coming through who are ASD or ADHD – the parents are stressed with 24/7 management – they need somewhere to go – a group even every few weeks to offload and feel supported.”

“We get a fantastic service, children needing early intervention support with emotional well-being was one of the biggest gaps in this area and one of the

biggest trends in terms of support needs was for children. Three quarters of our referrals are around children's emotional health."

"When MindWise came in we were able to reduce a six months waiting list down to an awful lot less."

The **Parenting NI website** was highlighted as a critical element of the project's success.

"The information from Parenting NI has been really good for us – the website is another route to get key messages out."

"Our parents are going on the website all the time – the information is so well laid out and the language is very user friendly."

"I look up the website myself to get information and I'm always recommending it to our families."

"The numbers of parents getting help from the Parenting Ni site beggars belief – simply huge numbers.

This valuable aspect of the Family Wellness Project has potential to be sustainable in the longer term.

"This issue is so important – mental health of primary school children will continue to be an issue – the website is a legacy resource that can still be used – a great asset to keep."

Finally, many respondents commended the **effectiveness and quality of the work** delivered by the project.

"The project has had a huge positive impact on families down here."

"Their courses book up very quickly – there is a real demand for them. They get full attendance and that tells you there's a need for it."

"Feedback from families has been very positive, other professionals speak very highly of Family Wellness Project – they very quickly got a good reputation."

"Its valuable to any family and we will keep signposting to them – I would never be in any doubt as to the quality of the service they provide."

# Issues raised by respondents

All professional respondents were acutely aware of a critical issue impacting on the project. Everyone spoke of the lack of funding for **staff mileage** and the pressure this put on the project budget. MindWise has already taken on board the learning that meeting the support needs of families in a widespread rural community involves a great deal of travel, and that this has repercussions for both mileage claims and the amount of time staff spend journeying from one appointment to another. Steps have been taken to deal with the resulting overspend.

It is interesting to note that MindWise has developed a sister project called the Mum's Wellness Project, which focuses on perinatal infants and those aged up to 2 years old, and operates in a similar rural community. Mum's Wellness is based on a similar model of partnership as the Family Wellness Project and had the advantage of being designed in the light of learning from the original project. The new project has addressed the issue of properly resourcing family outreach work in a rural area. There is close collaboration and mutual support between the two projects and the Mum's Wellness project is flourishing.

Other issues in relation to the Family Wellness Project budget were highlighted by both staff and referral agents. The first concerned the lack of budget for **language translation services**, felt to be particularly critical given the increasing number of families from other countries. As things stand these families cannot be offered a service.

"There is a need for interpreters – we have increasing numbers of families from Poland - Syrian refugees – they will need a service and that's going to take additional money. Otherwise those families are being discriminated against. They're slipping through the net."

A similar situation pertains to children or parents who are deaf or hard of hearing and would need the support of **sign language** interpreters.

Those making referrals to project all spoke of the limited **capacity** of the project, which on occasion meant that the project had to close for referrals.

As one staff member put it, the project is the victim of its own success:

"That the waiting list became longer than was ever anticipated is a huge tribute to the workers – it says something about the referral agencies faith in the project."

It would appear that referral agencies who work most closely with the project understand that referrals have to be closed when the project is at capacity. Indeed some have commended the practice.

"I understand that they have to close referrals at times – it means they have well managed case loads."

However all those referring expressed disappointment that referrals sometimes closed and waiting lists were sometimes protracted. They unanimously felt that increased resources for additional staff would be welcome to address that situation.

It is important to note that due to key personnel moving on, the project has not always been operating at full capacity. While staff should be commended for what has been achieved with limited capacity, this undoubtedly has had an impact on the stress levels of staff managing inflated workloads. This may also have an impact on issues of staff retention.

While acknowledging issues in relation to capacity a number of respondents felt that, given additional funding, the project could usefully extend its remit. Some would like to see the project work in future with older children.

“Because of the need we’re seeing it would be great if they could increase the age range to 17 – particularly for kids who are going through transition to secondary school. There’s such a big gap here and their type of work would be great with that age range.”

Some also felt that work with the siblings of children who are experiencing emotional and behavioural difficulties would have a beneficial and preventative impact.

“You’ve another child in there who also needs attention but the reality is that because parents are meeting the demands of the ill child, it takes its toll on the ‘well child’. The impact of a child with autism affects the family on a daily basis – that child’s needs around social anxiety or sensitivity to noise impacts on the whole family – ‘well children’ can feel frustrated and overlooked – they need support too.”

“In working with parents, you see that their focus is on the child with difficulties, the one with the diagnosis – siblings can feel left out and go on to develop problems themselves. A programme with a focus on the impact on the wider family would be important to help parents balance their attention.”

Partners drew attention to a number of factors, which they felt were placing limitations on the Family Wellness Project. One related to the fact that data protection means that it is not possible to track where families are getting the “whole package” of services. It may be that children and parents are availing of the one-to-one WRAP intervention, and parents are attending support groups. In this same family, children might be attending courses in school and parents attending courses in the community. However, it is not currently possible to tie all this together. Being able to do so could, for example, refine the targeting of schools for courses.

It is difficult to see how this could be addressed, given issues of confidentiality and the time it might take to develop a coding system of sufficient complexity to track participation in all aspects of the project.

Another difficulty raised was the time and effort required for **recruiting participants** for “open” programmes delivered by Aware. The amount of local engagement and relationship building required in order to ensure the right people are targeted and encouraged to attend courses has been underestimated. It has become clear that neither Aware nor MindWise has the capacity to devote sufficient time to this. In the meantime, numbers are falling and some courses have had to be cancelled. This leads to lack of income for the host agency and impacts very negatively on their tutors who may have kept diary dates closed needlessly.

Potential ways of addressing this issue were discussed. It might be possible to make small pockets of funding available to local organisations for recruiting onto the courses – a few hours funding per week for a worker could ensure buy-in and prioritising of the task. It might also be possible to offer training to existing groups rather than pursuing open recruitment. The training could be delivered to groups established already by, for example, CAMHS.

It is interesting to note that the project **referral pathways** have developed slightly differently in each Trust area. There are clearly closer relationships between the project and Family Support Hubs in the Western Trust where the Project sits on the Hub, compared to the Southern Trust, where it does not have a place at the table. There are clear advantages to the close working relationship between the two. Not least in the fact that the FSH undertakes thorough screening of referrals, although that also has an impact on the FSH staff workloads.

However the system of taking referrals directly from CAMHS in the Southern Trust appears to work well and is valued by staff.

“It’s more advantageous for us to go through CAMHS, it’s good that we didn’t go for the Western Trust model.”

“CAMHS are aware of our criteria and we’re getting appropriate referrals – it’s also better for tracking outcomes – CAMHS knows those children we work with don’t go back to them.”

It seems there are advantages and disadvantages to both referral models, and both appear to be working well.

There also seems to be a differential **up-take of the Cause Parent Support groups** between the two Trust areas. For a time parents in the Western area were less likely to avail of the offer to attend groups. This is unfortunate given the very enthusiastic feedback of those parents who do attend and their clear articulation of the many benefits accruing to themselves, their children and their families.

However, the Cause worker has begun working on WRAP with families in the Western area, and this may change the situation. As highlighted by a referral agent:

“Now that the group facilitator is in situ with us, seeing children here, it gives her access to the families and she will be in a great position to bond with them and encourage parents to join a support group.”

An issue for some of the project staff concerned some perceived **limitations of the WRAP model**.

“Not every family is going to be able to engage with the WRAP booklet format. The set programme of WRAP is limited – there are other things you have to draw in as well. We should incorporate other approaches like CBT – or using a group format. Bringing parents together when you have a wide geographical spread is economical but it also means they can learn from each other, it would help normalise their difficulties.”

“Is WRAP the most effective plan? There’s nothing authored for our age group – I’ve had to adapt all the materials for working with the children.”

While WRAP is clearly a valuable tool and has been of great benefit to families, it may well be advantageous to explore some additional, more creative methods that don’t depend on literacy skills. Indeed, one parent suggested that it would be good to incorporate more physical activity in to the sessions rather than simply talking indoors. A review of the WRAP methodology is something the project might undertake if substantial longer term funding is secured.

Staff also raised the issue of the increasingly complex nature of the cases they are dealing with. These are requiring more sophisticated clinical responses. The project is fortunate in having recruited staff whose qualifications exceed the minimum required and are therefore able to meet more complex clinical need than might have been anticipated. However, this also underscores the need for professional clinical supervision to support the staff and meet the agencies responsibilities.

# Conclusions and recommendations

The Family Wellness Project is clearly meeting, indeed often exceeding, its aims and objectives. As a collaboration between a number of diverse agencies it would appear to have created an integrated service for children and families that offers more than the sum of its parts.

The available evidence indicates that each aspect of the service is making a unique and effective contribution to the partnership. As a result, families with children who are experiencing emotional and behavioural difficulties, in the Western and Southern areas, are availing of high quality, tailored, one-to-one and group interventions, as well as skills and awareness training. Children and families in the wider community are also accessing courses designed to help prevent the development of mental ill health and inculcate skills to enhance well-being. In addition, all concerned are given access to supportive, up-to-date, and attractive user-friendly web-based information on emotional health and well-being.

The work of the Family Wellness Project is highly valued by both professional colleagues and the families who benefit from the services. The parents in particular are perhaps the most vocal advocates of the service and provide moving testimony about the impact the project has had on their lives, their children's lives and their family life.

Partner agencies all felt they benefitted from being involved in the partnership and were keen that the project should continue beyond its present funding.

The partners could usefully consider the following steps, many of which were suggested by respondents, to address some of the issues raised during the course of the evaluation, or to think through potential developments in the project's future.

1. In the short term the Family Wellness Project partners should consider the possibility of:
  - a. Scheduling parents support groups every fortnight
  - b. Providing further opportunities for support group families to have more family days out
  - c. Identifying funding for interpreters and exploring the potential need for sign language expertise
  - d. Identifying funding to pay local organisations to undertake recruitment for open courses and / or
  - e. Exploring the possibility of offering courses to existing groups
  - f. Providing staff undertaking complex cases with external clinical supervision
  - g. Developing a pack with information and signposting details that can be given to parents attending training
  - h. Hosting a conference to disseminate learning from the Family Wellness Project, at the end of the project

2. In the longer term, the partners should consider the potential of:
  - a. Extending the remit of the project to work with children up to 17 years old and developing programmes to support parents with siblings of referred children
  - b. Reviewing the efficacy of WRAP and appraising other methodologies
  - c. Identifying and supporting staff to undertake training to extend their skills in dealing with increasingly complex cases
  - d. Revising job specifications in future recruitment to ensure that new staff have the qualifications necessary to undertake complex cases
  - e. Developing outcome measures that can be applied in each aspect of delivery