

NSW Family Focused Recovery Framework 2020-2025

LHD/SHN component
of the Baseline Evaluation
Summary Report (June 2021)

NSW Family Focused Recovery Framework 2020-2025

A framework for NSW Health services



The Family Focused Recovery Framework aims to improve outcomes for families impacted by parental mental health issues through:

- Embedding a family focused approach
- Delivering evidence informed interventions to meet the needs of families; and
- Coordinated treatment and support.

The Framework replaces the NSW Children of Parents with a Mental Illness (COPMI) Framework for Mental Health Services 2020-2025 (PD2010_037).

The Framework guides the work of NSW Health services that provide clinical and non-clinical services impacting the mental health and wellbeing of families and will directly inform the work of:

- Perinatal and Infant Mental Health (PIMH)
- Child and Adolescent Mental Health (CAMH)
- Youth Mental Health (YMH) and
- Adult Mental Health (AMH)

This Summary Report details the Local Health Districts (LHDs) and Speciality Health Networks (SHNs) component of the baseline evaluation to support the implementation of the *Family Focused Recovery Framework (FFRF) 2020-2025*.



The FFRF was published in October 2020 and an Implementation, Monitoring and Evaluation Plan was approved in November 2020. The Plan provides a framework to support state-wide implementation and supports the on-going monitoring and evaluation of the program. The implementation of the Framework requires support at all levels for practice and service cultural change.

The evaluation plan utilises a mixed method design, using qualitative and quantitative data sources. This approach enables data triangulation to assess implementation effectiveness.

The LHD/SHN component of the baseline evaluation was undertaken by Dr Sophie Isobel from the University of Sydney. This Summary Report provides an overview of the aims, purpose, findings and key recommendations of the evaluation.



A copy of the full evaluation report is available from Mental Health-Children and Young People of the Mental Health Branch, NSW Health.

Phases of the Evaluation

Phase 1

- Establishing the evaluation
- Undertake baseline data collection
- January – June 2021
- Uptake of Framework, changes to practice/service structures

Phase 2

- Midpoint review
- Progress to date
- Identification of gaps and needs for additional and on-going supports
- January – June 2023

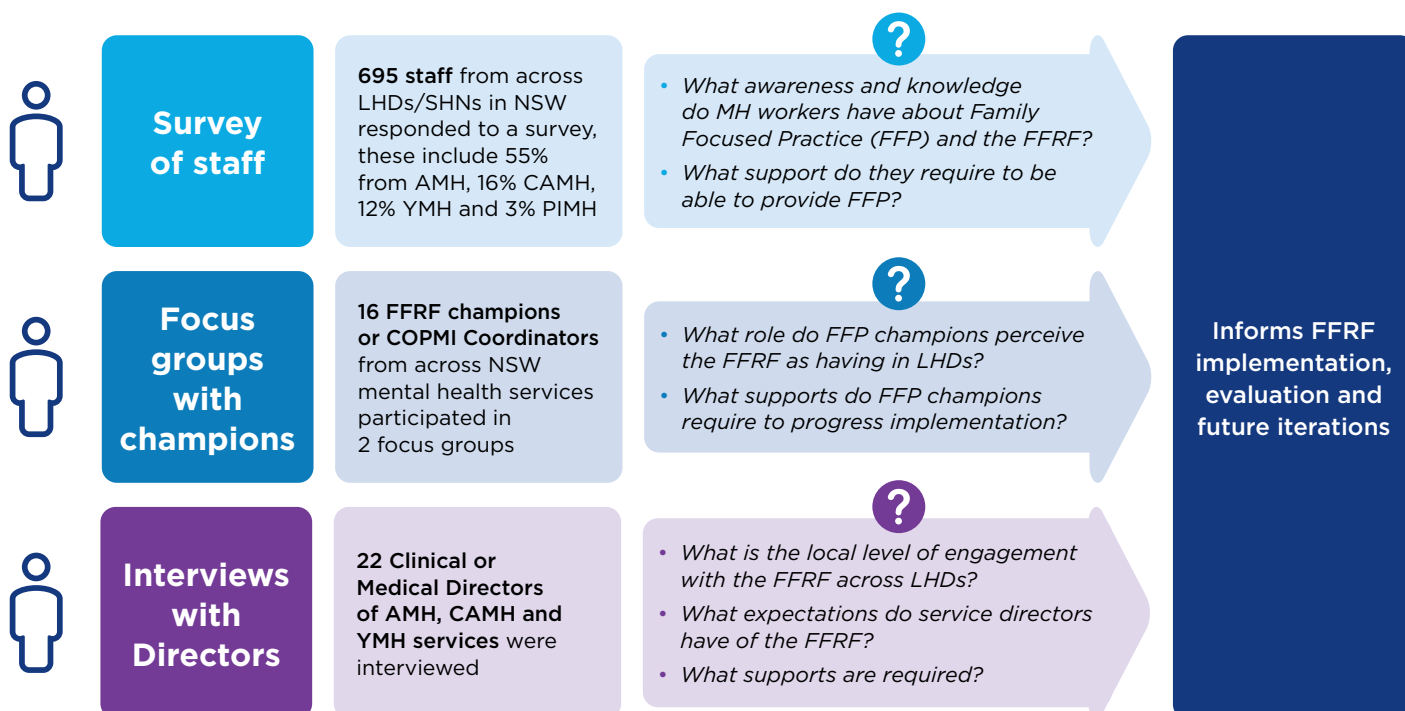
Phase 3

- Summative phase
- Are changes sustained, embedding implementation into practice
- Identification of successful initiatives and ongoing gaps/areas of need
- Inform subsequent framework development
- January – June 2025

The evaluation of the FFRF monitors the implementation of the Framework in the 15 LHDs and the 3 SHNs across NSW. The purpose of the evaluation is to develop a mechanism of observation, evaluation, communication and improvement of implementation approaches to family focused practice in public mental

health services across NSW; provide an opportunity to trial and document a process of iterative evaluation of the implementation of policy or guidelines in a health context, led by stakeholders; and inform the development of the next iteration of the Framework (2025 onwards).

Evaluation Methodology



Key Evaluation Findings



I like the fact that the FFRF is broad, I like that the responsibility is spread to everyone, that everyone has a responsibility for actually, sort of looking at everyone's wellbeing within that family and focusing on that.



I really love the framework from the point of view that this is now putting, you know, families and children in the front of what's being asked around mental health services. So I think it's a really important framework, and it's reinvigorating what we do in that space.



My real hope is that this framework is dusting off the concept of recovery... revitalising the conversation of recovery in a more modernised way. It should allow us to actually get more traction around conversations about what it's like for your partner, what it's like for you, what it's like for your children.



I welcome the idea of being more holistic and including a family focused approach that includes parenting in adult mental health care planning.



It's very positive to see this being made a priority... working with families is vital for good outcomes.



Awareness of FFRF

- At the time of the baseline evaluation, awareness of the FFRF was varied across LHDs/SHNs. Service directors were aware of the FFRF and were engaged with champions in developing early action plans.
- Amongst staff, 68% of managers were aware of the FFRF and 38% of clinicians had heard of it.



Understanding of FFRF

- Across LHDs/SHNs, staff, champions and managers described a differing understanding of what the term 'Family Focused Recovery' referred to.
- The concept of FFR was supported, as a holistic approach which includes a diversity of families and increases relevance across services.



Responsibility for FFRF

- Widespread support for the FFRF was noted although there was a variety of approaches within LHDs/SHNs including the delegation of responsibility for implementation.
- In many LHDs, responsibility sits within CAMHS services rather than Adult services. It was seen that the implementation of FFRF into adult services is critical although getting traction would be more complex.



Support required for FFRF

- Ongoing support and resources for FFRF were desired, including money, strategic guidance, project development, clinical positions, access to training, supervision and information sharing.



Wider context of FFRF

- Challenges to implementation related to the current context of LHDs/SHNs were identified including workloads, complexity, demand and staff shortages. Large geographical areas and diverse communities were also identified as challenging.
- Overall there was a commitment to progressing the FFRF and participants were enthusiastic about its potential, but expressed concerns that without associated resources, it would be difficult to drive the implementation in the way required and outcomes would be underwhelming.



Knowledge, confidence and skills

- Knowledge, confidence and skills related to FFRF were observed to be inconsistent across services, teams and individuals. The need for further education and training for staff was widely acknowledged.
- Existing education and training, and promotional materials developed alongside the FFRF were noted to be of high quality and relevant but engagement with these resources has been limited due to the work required to assist clinicians to have the time and interest to engage in the materials.



Hopes for the future

- Efforts towards implementation were diverse, ongoing and commencing, with widespread optimism about the possibilities that the FFRF may facilitate.

Key Recommendations

The research identified the following key recommendations as a strategic focus:

- Continued promotion of the FFRF including developing a clear articulation of the definition and scope.
- Support workforce development including education and training resources and training pathways.
- Continued advocacy for FFR related activities, positions and resources at a state level.
- Continuation of the small grants program (subject to funding being available).
- Review of state-wide FFRF documentation.
- Development of consumer and carer co-designed resources to support FFR practice.
- Showcasing successful implementation strategies, approaches and outputs across LHDs/SHNs.

Next Steps

- Mental Health Branch, Ministry of Health to progress activities identified in relation to the recommendations to support the implementation of the FFRF.
- Between January and June 2023 phase two of the evaluation will be conducted. This will be a mid-point review, looking at the progress to date, identification of gaps and needs for additional or ongoing support, and recommendations to sustain implementation.
- Phase three of the evaluation will focus on the summative phase of implementation including sustained changes, embedding implementation into practice, identification of successful initiatives and ongoing gaps and areas of need. This information will inform the development of the subsequent FFR Framework (2025 onwards). This phase of the evaluation will be conducted between January and June 2025.

