

# Whole family approaches to reablement in mental health

## Summary of findings

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## Project summary

This project looked beyond the individual to explore how more inclusive service approaches that engage with families may enable people with mental health difficulties to lead fuller lives. The fieldwork comprised:

1. **A national survey** to establish what ‘whole family’ practice models were being used in England and their prevalence.
2. **Case studies:** finding out from service users, family members and practitioners their perceptions of whether and how a family inclusive approach may have helped to bring about positive social outcomes in terms of improved family relationships, mental wellbeing and reablement – for definitions of key terms, see Box 1.

## Key findings

1. Although rarely embedded as a core service option available to all mental health service users, some family inclusive practice activity was taking place in many areas in England. Four distinct practice models were identified as being offered in one of more geographical areas (see Box 2):
  - Systemic family therapy (SFT)
  - Behavioural family therapy (BFT)
  - Family group conferencing (FGC)
  - Integrated systemic / behavioural approach (ISB)
2. The accounts elicited from service users and (independently) from family members and practitioners demonstrated that whole family approaches can contribute to the reablement of people with mental health difficulties – although no one approach worked for everybody in all situations. In turn, reablement outcomes were closely associated with reported improvements in wellbeing.
3. The Case Studies suggested different mechanisms of change both between models and for different families receiving the same service model. Where they were successful, whole family approaches enabled the family to provide a more effective ‘safe base’ from which service users could venture outwards and (re)engage with mainstream community life.

### Box 1 – Definitions

#### Reablement

Within the context of mental health services, reablement was defined as regaining control over one’s life (empowerment) and being able to engage in mainstream social activity (social inclusion). This also connects with more socially oriented conceptions of ‘recovery’ developed by mental health service users (Slade, 2009).

**A whole family approach** was defined as one in which

- The focus is on “relationships between different family members and uses family strengths to limit negative impacts of family problems and encourages progress towards positive outcomes” (Cabinet Office, 2007 p.30).
- Family members are included in the process as people in their own right – with their own lives inside and outside the family - and not just in their roles as parents or carers.
- There is a flexible definition of who is to be considered ‘family’ which may include a range of ‘significant others’ who are not necessarily relatives.

## **Box 2 - The models:**

**Systemic Family Therapy (SFT)** - invites family members to focus on relationships and interactions, and their ways of understanding these. Difficulties are resolved through finding new ways of perceiving situations and acting towards one another, using such techniques as circular questioning and narrative reframing (Dallos and Draper, 2000).

**Behavioural Family Therapy (BFT)** - is a psycho-educational approach, taking the format of a course over a set number of sessions (Fadden, 2006). It starts with sharing what it is like to live with a mental health difficulty and how to manage challenges or stresses more successfully – with a focus on family members learning enhanced communication and problem-solving skills. It is recommended in NICE guideline CG178 for the treatment of psychosis and schizophrenia.

**Family Group Conferencing (FGC)** - is an inclusive meeting in which key decisions about care and support are made by the person and their family – with professionals on hand to provide information and advice, but not to make the decisions (Wright, 2008). Although the main focus is on the meeting, the independent facilitator may undertake preliminary work with family members, organise subsequent review meetings and help to support and follow up decisions afterwards.

**Integrated systemic / behavioural approach (ISB)** - also termed a ‘cognitive interactional’ model - incorporates some ideas and practices from BFT (and also cognitive behavioural therapy) within a wider systemic/family focus. It can incorporate a psycho-educational component as well as an emphasis on understanding and improving family relationships (Burbach and Stanbridge, 1998).

While BFT and FGC approaches focus on briefer and more intensive (weekly or fortnightly) interventions, usually over a period of 3 – 6 months, SFT and ISB interventions could typically be for between 6 months and five years – but often with the frequency of meetings tapering off to monthly or three monthly.

## **Findings**

### ***1 Prevalence and availability of family inclusive services***

In our national survey, we found that some form of a family service for adults with mental health difficulties was available in approximately 75% of all the Mental Health Trusts in England. However, this was rarely part of the mainstream service 'offer', with access typically only by specialist referral where specific family difficulties had been identified – apart from some Early Intervention services where family approaches were more embedded. In some areas, more than one service model was available – although these would typically be located within separate parts of the service, rather than providing an opportunity for choice for service users and their families.

Family inclusive services were mostly offered within the NHS mental health trusts (65%) and primary care organisations (21%), with only one service being located within a Local Authority. The remainder (12%) involved partnership arrangements between NHS, Local Authorities and voluntary sector organisations.

As a model, BFT was most widespread (24 Mental Health Trusts and 10 Primary Care Trusts) – probably due to its specific mention in NICE guidelines. SFT was offered in 16 Mental Health Trusts and 2 Primary Care Trusts. FGC and ISB approaches were only operational in one or two areas – and were usually located in health and social care partnership Trusts. In addition, 2 areas offered a model of intensive family support for families where a parent had mental health difficulties and this was seen as affecting their ability to look after dependent children. However, as the focus of these services was primarily on parenting, these were not seen as providing a sufficient focus on adult reablement to justify inclusion within the remainder of this study.

### ***2 Outcomes***

Although the research design did not allow for any direct comparison of effectiveness between models (see Box 3), we found that, for each model, there were instances where substantial reablement outcomes had been achieved and where these changes were explicitly attributed to the family work. In some instances but not all, these were associated with positive reported changes in family relationships. In almost all instances, positive reablement outcomes were associated with reported improvements in wellbeing.

Good outcomes could be achieved when family work (or preparatory work leading into it) was started when the person was still quite unwell (and in hospital) – and no-one expressed the view that it had been started too early. It was reported that it could be reassuring to have a sense of having family around even if one still could not communicate one's thoughts and wishes very easily. For some, life-changing reablement outcomes (such as achieving independent living and entering employment or full-time study) were achieved through a slow and incremental process that took place over a number of years - particularly where mental health difficulties had been severe. While enabling this fitted more easily with the more

long-term approach of SFT and ISB models, similar results were also achieved where a more intensive, shorter-term involvement had been followed up with ongoing support (e.g. where one of the practitioners involved in the family work was also the care co-ordinator). For others, substantial reablement outcomes were achieved through more intense, shorter-term 'bursts' of activity - and the briefer BFT and FGC models were best placed to provide a focus and structure for enabling this.

Where no (or very little) positive change was reported, no association emerged between lack of progress and the severity of a person's distress or their diagnosis. Instead, factors that militated against a family inclusive approach being helpful included:

- the service being offered later on after the service user had been 'in the system' for some years
- family relationship difficulties pre-dating the onset of a person's mental distress (particularly an issue for briefer FGC and BFT models)
- the service user or a key family member failing to engage with the family meetings early on in the process. (Within the sample, continuing with ongoing work with the rest of the family did not lead to significant change or better subsequent engagement.)

### **3 *Mechanisms of change***

Although the narratives from each of the Case Studies were very different, certain common themes emerged across models where reablement outcomes were achieved:

- Bringing families together could be an effective way of mobilising and sustaining energy and motivation – for the service user and family members. With its focus on the 'event' of the Conference meeting, the FGC approach seemed to be particularly successful in this regard.
- Although using different techniques and strategies, all models could enable families to provide a more supportive 'safe base' (physically and/or emotionally) from which the service user could start to engage with their wider world. This applied both when service users were living with wider family and when they lived separately but benefited from the availability of support and encouragement from family members.
- Across all models, a focus on inter-personal relationships (particularly with SFT) or communication (particularly with BFT) could be seen by family members as a key step towards creating a 'safe base' for wider social engagement and empowerment. However, family relationships were not necessarily seen as an issue - and, particularly with the FGC approach, a more practical focus could also be effective. Conversely, in families where improved relationships were reported (particularly with SFT), service users were not always enabled to use this as a safe base from which to re-engage in the wider world.
- Sometimes the best outcomes were achieved by practitioners willing to step outside their particular model – particularly in supporting family members to connect into wider social activities and networks, and to help people sustain change (or deal with setbacks) beyond the prescribed periods of intervention.

### Box 3 - Research Design

For each service model studied, providers were asked to provide a cross-sectional sample of five or more families (22 in total), including some they saw as 'successes' and others where they did not think that the model had been effective. Using a Realistic Evaluation approach (Pawson and Tilley, 1997), the study employed a Comparative Case Study design to examine the association between outcomes and mechanisms of change. After completion of the intervention, separate semi-structured interviews were undertaken with the service user, family member(s) and a practitioner - and participants were also asked to rate their perceptions of how things were before and after the intervention using 5 point Likert scaled questions relating to the following domains:

- personal and family relationships
- empowerment
- social inclusion
- wellbeing.

For the first three of these domains, participants used bespoke Scorecards devised for the study. For wellbeing, service users completed the 14 item WEMBWS scale (Tennant et al, 2007). While the quantitative data was only descriptive of the samples studied, it was nevertheless helpful in identifying more precisely and consistently across the Case Studies where participants considered that change had or had not taken place. Interestingly, the scores for each domain, given independently by each informant, rarely differed by more than one Likert scale point.

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## **Appendix 1: Notes on methods used**

### **Research design**

Using a Realistic Evaluation approach (Pawson and Tilley, 1997), we used a Comparative Case Study approach in order to examine the association between context, outcomes and mechanisms of change. Particularly as we were looking for change at the scale of the family as well as the individual, we sought to bring together multiple sources of evidence (the perspectives of service users, family member(s) and practitioners) and also to use a mixed methods approach in which more free-flowing semi-structured interviews were complemented by scaling questionnaires.

This resulted in a design which was 'tailor-made' for this research project. We are not aware of a similar design being used elsewhere. Although it was quite complex, we found that each component delivered added value in terms of additional data that aided our understanding.

### **Obtaining samples that included the 'failures'**

As the focus of the research question was on evaluating 'what works and for whom', rather than a comparison of effectiveness across methods, we deliberately sought a cross-sectional sample of families for each identified approach, with equal representation of what services identified as those families where the approach had and had not been successful – thereby allowing context / mechanism / outcome comparisons within as well as between models. The fact that we were not seen as setting approaches in competition with one another resulted in services being remarkably open about their 'failures' and being willing to put us in touch with families where the approach had not been very successful.

### **Interview topic guide**

By using a generic topic guide that was not tailored to any particular model of intervention, participants had space to use their own language to describe what they saw as significant. Unlike model-specific evaluations, this gave an opportunity to hear what service users and family members had seen as 'making a difference' irrespective of whether this was supposed to be part of the model.

### **Scaling questions – a 'soft' quantitative approach**

In supplementing the interview accounts, we sought to find a way of capturing, in a more consistent way, the domains in which change may or may not have occurred. Due to non-random construction of the samples, the use of inferential statistics would not have been valid. However, in a somewhat experimental way, we sought to use scaled questions on scorecards as way of capturing a clearer description of outcomes and perceptions of change – in a way which also enabled a triangulation between the perceptions of service user, family member(s) and practitioner.

As these were completed at the end of each individual interview, it was important that they were brief and easy for the participant to complete. From the literature, we identified four domains of activity and experience that were relevant to reablement – *empowerment, social inclusion, personal relationships* and *wellbeing*. However, we only found one already existing scale that we judged to have face validity and which was suitably short to administer – the 14 item Warwick-Edinburgh Mental Well-being

Scale (WEMWBS) (Tennant et al, 2007). For the other domains, we devised and piloted bespoke scales based, where possible, on relevant questions from any existing scales that related to each domain. The service user versions of the three new Scales are appended – the versions for family members and practitioners used essentially the same wording of questions – but asked the respondent to rate their perceptions of the service user.

As many of the WEMWBS questions enquired about the internal subjective experience of the respondent, it was not appropriate to try to create versions of these questions for family member and practitioner versions to rate their perceptions. Instead, family members and practitioners were asked just to respond to two general questions about how the service user appeared to be feeling in themselves and flourishing (or otherwise) in the world around them. For this domain, the service users self-report was judged to be inherently more valid than the impressions of family members and practitioners – although the latter was helpful in providing corroboration.

For consistency, all scales were constructed as 5 point Likert scales.

### **Triangulated Case Studies**

We considered that relying on the perspective of just one participant would not be sufficient in order to gather valid and reliable evidence in relation to outcomes and processes of change. Conducting separate interviews with service users, family member(s) and practitioners enabled us to corroborate and compare different perspectives. In the majority of instances, the narrative accounts of different participants were complementary – providing additional depth and understanding which could be useful in ‘bottoming out’ key questions such as whether it was primarily the family intervention, or other things that were going on at the time, that may have been key to bringing about change. However, in some instances, the separate interviews opened up ‘the other side of the story’ so that we became privy to experiences and perspectives that had not been shared in the ‘public sphere’ of shared interaction between participants.

In relation to the scoring data, we were concerned that there might be evidence of consistent sources of bias, with certain participants seeking, consciously or unconsciously, to present a very different picture of the change process (or lack of it). However, the general picture that emerged was one of consistency and corroboration, which very few instances where there was more than an 1 Likert scale point difference in the rating of change for any particular domain. There were no instances where one participant reported positive change in relation to a particular outcome domain with another reporting a negative change. Instead, there emerged some more subtle inflections of perceptions - for example there were instances in which practitioners consistently rated less (or more) change across the range of domains than the service user or family member.

Comparing the interview data with the scorecard data provided an additional check on the validity and reliability of each. In most instances, the two sources of data complemented one another, with the interview data supplying an additional basis for interpreting what lay behind particular scores, and the scores sometimes helping to ‘fill in the gaps’ where it was unclear from the interview account whether or not

significant change had taken place with respect to a particular domain. However, in a few instances, interesting differences did emerge, with substantial positive changes reported in the narratives of all parties not being reflected in scorecard ratings. On closer examination this revealed an issue around timing. Although prompted by the family work, certain changes only came to fruition some time after its formal ending – so these were captured in the narratives but not in scaling questions which had asked for ratings more immediately after the work had been completed.

## **Appendix 2: Scorecards for Service Users**

### **Empowerment, choice and control – Service User**

**Below are some statements.**

- I PARTICIPATE IN MAKING DECISIONS THAT AFFECT MY LIFE**

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Quite often</b>	<b>Most days</b>

**Please tick the box that best describes your experience before you received the .... service**

<b>This statement applies....</b>	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Quite often</b>	<b>Most days</b>

- I AM CONFIDENT IN DEALING WITH THE CHALLENGES OF EVERYDAY LIFE**

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Quite often</b>	<b>Most days</b>

**Please tick the box that best describes your experience before you received the .... service**

<b>This statement applies....</b>	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Quite often</b>	<b>Most days</b>

- I DEPEND ON MENTAL HEALTH OR OTHER SERVICES TO SUPPORT ME IN MY EVERYDAY LIVING

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before you received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- I AM ABLE TO CHOOSE WHAT SERVICES AND SUPPORTS I WISH TO HAVE (IF I NEED ANY)

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before you received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- FAMILY MEMBERS AND FRIENDS VALUE MY OPINIONS AND TREAT ME AS AN EQUAL

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before you received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

## Personal relationships – Service User

Below are some statements.

- MY CLOSE PERSONAL RELATIONSHIPS ARE SUPPORTIVE TO ME.

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before you received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- I AM ABLE TO CONFIDE IN FAMILY OR CLOSE FRIENDS

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before you received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- I AM ABLE TO GIVE SUPPORT TO OTHERS

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before you received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- I AM ABLE TO SORT OUT EVERYDAY DIFFICULTIES WITH FAMILY AND FRIENDS

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before you received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

## Social inclusion – Service user

Below are some statements.

- I AM ABLE TO VISIT PLACES WHERE I MEET PEOPLE OUTSIDE OF THE MENTAL HEALTH SERVICES

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before you received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- I SPEND TIME WITH FRIENDS, ACQUAINTANCES AND / OR RELATIVES OUTSIDE OF MY IMMEDIATE FAMILY

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before you received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days



- I GET INVOLVED IN SPORT, CULTURAL, RELIGIOUS OR LEISURE ACTIVITIES?

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before you received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- I AM ABLE TO UNDERTAKE VOLUNTARY OR PAID WORK (INCLUDING INFORMAL CARING) OR EDUCATIONAL ACTIVITIES?

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before you received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- I FEEL LIKE I HAVE A PLACE AND BELONG IN MY LOCAL COMMUNITY

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Often	Most days

**Please tick the box that best describes your experience before you received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Often	Most days

## ***Appendix 3: Scorecards for Family Members***

### **Empowerment, choice and control – Family member**

Below are some statements.

- [ ] IS ABLE TO PARTICIPATE IN MAKING DECISIONS THAT AFFECT THEIR LIFE

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before the family received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] SEEMS CONFIDENT IN DEALING WITH THE CHALLENGES OF EVERYDAY LIFE

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before the family received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] IS DEPENDENT ON MENTAL HEALTH OR OTHER SERVICES TO SUPPORT THEM IN THEIR EVERYDAY LIVING

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before the family received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] IS ABLE TO CHOOSE WHAT SERVICES AND SUPPORTS THEY WISH TO HAVE (IF THEY NEED ANY)

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before the family received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- FAMILY MEMBERS AND FRIENDS VALUE [ ]'S OPINIONS AND TREAT THEM AS AN EQUAL

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before the family received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

## Personal relationships – Family member

Below are some statements.

- FAMILY MEMBERS AND FRIENDS ARE ABLE TO BE SUPPORTIVE TO [ ]

Please tick the box that best describes your experience over the last 2 weeks

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

Please tick the box that best describes your experience before the family received the .... service

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] IS ABLE TO CONFIDE IN FAMILY OR CLOSE FRIENDS

Please tick the box that best describes your experience over the last 2 weeks

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

Please tick the box that best describes your experience before the family received the .... service

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] IS ABLE TO GIVE SUPPORT TO OTHERS

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before the family received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] IS ABLE TO SORT OUT EVERYDAY DIFFICULTIES WITH FAMILY AND FRIENDS

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before the family received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

## Social inclusion – Family Member

Below are some statements.

- [ ] IS ABLE TO VISIT PLACES WHERE THEY MEET PEOPLE OUTSIDE OF THE MENTAL HEALTH SERVICES

**Please tick the box that best describes your experience over the last 2 weeks**

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before the family received the .... service**

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] SPENDS TIME WITH FRIENDS, ACQUAINTANCES AND / OR RELATIVES OUTSIDE OF THE IMMEDIATE FAMILY

**Please tick the box that best describes your experience over the last 2 weeks**

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before the family received the .... service**

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] GETS INVOLVED IN SPORT, CULTURAL, RELIGIOUS OR LEISURE ACTIVITIES

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before the family received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] IS ABLE TO UNDERTAKE VOLUNTARY OR PAID WORK (INCLUDING INFORMAL CARING) OR EDUCATIONAL ACTIVITIES

**Please tick the box that best describes your experience over the last 2 weeks**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before the family received the .... service**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

## Wellbeing – perspective of family member

Below are some statements.

- [ ] SEEMS TO BE CHEERFUL AND CONFIDENT IN HER / HIMSELF

**Please tick the box that best describes your experience over the last 2 weeks**

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before the family received the .... service**

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] SEEMS TO BE OUTGOING AND WANTING TO ENGAGE WITH OTHER PEOPLE

**Please tick the box that best describes your experience over the last 2 weeks**

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your experience before the family received the .... service**

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days



## ***Appendix 4: Scorecards for Practitioners***

### **Empowerment, choice and control - Practitioner**

**Below are some statements.**

- [ ] IS ABLE TO PARTICIPATE IN MAKING DECISIONS THAT AFFECT THEIR LIFE

**Please tick the box that best describes your impression when you last saw .....**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your impression before the .... family service was delivered**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] SEEMS CONFIDENT IN DEALING WITH THE CHALLENGES OF EVERYDAY LIFE

**Please tick the box that best describes your impression when you last saw .....**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your impression before the .... family service was delivered**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] IS DEPENDENT ON MENTAL HEALTH OR OTHER SERVICES TO SUPPORT THEM IN THEIR EVERYDAY LIVING

**Please tick the box that best describes your impression when you last saw .....**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your impression before the .... family service was delivered**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] IS ABLE TO CHOOSE WHAT SERVICES AND SUPPORTS THEY WISH TO HAVE (IF THEY NEED ANY)

**Please tick the box that best describes your impression when you last saw ...**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your impression before the .... family service was delivered**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- FAMILY MEMBERS AND FRIENDS VALUE [ ]'S OPINIONS AND TREAT THEM AS AN EQUAL

**Please tick the box that best describes your impression when you last saw ...**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your impression before the .... family service was delivered**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

## Personal relationships - Practitioner

Below are some statements.

- FAMILY MEMBERS AND FRIENDS ARE ABLE TO BE SUPPORTIVE TO [ ]

Please tick the box that best describes your impression when you last saw ...

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

Please tick the box that best describes your impression before the .... family service was delivered

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] IS ABLE TO CONFIDE IN FAMILY OR CLOSE FRIENDS

Please tick the box that best describes your impression when you last saw ...

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

Please tick the box that best describes your impression before the .... family service was delivered

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] IS ABLE TO GIVE SUPPORT TO OTHERS

**Please tick the box that best describes your impression when you last saw ...**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your impression before the .... family service was delivered**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] IS ABLE TO SORT OUT EVERYDAY DIFFICULTIES WITH FAMILY AND FRIENDS

**Please tick the box that best describes your impression when you last saw ...**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your impression before the .... family service was delivered**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

## Social inclusion - Practitioner

Below are some statements.

- [ ] IS ABLE TO VISIT PLACES WHERE THEY MEET PEOPLE OUTSIDE OF THE MENTAL HEALTH SERVICES

Please tick the box that best describes your impression when you last saw ...

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

Please tick the box that best describes your impression before the .... family service was delivered

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] SPENDS TIME WITH FRIENDS, ACQUAINTANCES AND / OR RELATIVES OUTSIDE OF THE IMMEDIATE FAMILY

Please tick the box that best describes your impression when you last saw ...

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

Please tick the box that best describes your impression before the .... family service was delivered

This statement applies....	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] GETS INVOLVED IN SPORT, CULTURAL, RELIGIOUS OR LEISURE ACTIVITIES

**Please tick the box that best describes your impression when you last saw ...**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your impression before the .... family service was delivered**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] IS ABLE TO UNDERTAKE VOLUNTARY OR PAID WORK (INCLUDING INFORMAL CARING) OR EDUCATIONAL ACTIVITIES

**Please tick the box that best describes your impression when you last saw ...**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your impression before the .... family service was delivered**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

## Wellbeing – perspective of practitioner

Below are some statements.

- [ ] SEEMS TO BE CHEERFUL AND CONFIDENT IN HER / HIMSELF

**Please tick the box that best describes your impression when you last saw .....**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your impression before the .... family service was delivered**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

- [ ] SEEMS TO BE OUTGOING AND WANTING TO ENGAGE WITH OTHER PEOPLE

**Please tick the box that best describes your impression when you last saw .....**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days

**Please tick the box that best describes your impression before the .... family service was delivered**

<b>This statement applies....</b>	None of the time	Rarely	Some of the time	Quite often	Most days