

**Summary of External Evaluation
conducted for Family Matters of Plymouth
by Mary Roddick
June 2005**

Local context

Further to establishing a three year contract with Plymouth tPCT, Family Matters were asked to undertake an external evaluation of the service. Mary Roddick a UKCP registered family Therapist working partly in private practice, an Association of Family Therapy accredited supervisor, and a trainer for Family Therapy at all levels, was chosen. The evaluation is necessarily modest in scale and scope but will hopefully create a starting point for future work.

National context

There have been few formal evaluations of Family Therapy services, but this situation is starting to change. The most frequently used approach is to use client satisfaction questionnaires (either parents or children, rarely both) and to ensure that the questions asked cover both symptom improvement and satisfaction with the service. I am not aware of any Family Therapy evaluations which also include referrers and team members. This wider approach has been used in East Sussex by the Options service (1), and in Wales by Dr McBride evaluating the *Counselling* service in G.P. surgeries for Cardiff and Vale N.H.S. Trust.(2)

Design of evaluation

In line with the goals described in the Family Matters information leaflet, it was decided that this report should focus on the areas of accessibility, usability or user-friendliness, effectiveness and satisfaction with the service. The views of both referrers and family members were canvassed and the team members' experience of running the service was taken into account. To this end 4 brief questionnaires were produced: 2 for referrers (a prediction form and a retrospective evaluation form), 1 for team members and 1 for families (with an adult section and a child section) who had completed therapy. Given the 30% return of the normal satisfaction questionnaire sent out by the clinic by post on completion of therapy, it was agreed that the questions would be best put directly to family members by telephone survey. A small sample of 12 was selected - the first 6 closed at the start of the financial year 2004 and the 6 most recent cases to close at the start of this project in September 2004. Questions were asked to a parent and if possible to the referred child.

RESULTS

A. Evaluation of materials

The first step was to review the material sent to referrers and families. Comparison with materials used by other clinics demonstrates that the Family Matters material is particularly accessible, easily understood, consistent in presentation and easily used both from the point of view of referrers and that of the clinic and families. Checking at the referral stage on the possibility of transport difficulties preventing the family keeping appointments, is both "user-friendly" and likely to increase efficient attendance. An Exeter GP's comment on the referral form was that it was the best he had ever seen.

B. Responses from Referrers

[2 Health Visitors, 2 GPs, 1 School Nurse & 3 Unknown]

8 out of 40 referrers contacted responded with information and an additional five had left the service or were on prolonged leave. This means that the information collected was based on a small sample and the forms did not identify a family *by name* so probably reduced recall of full details and so response rate.

1. Prediction Questionnaire

- **All** of them considered that they would need to **increase their support** of the family if Family Matters were not available to work with them (75% certainly, 25% probably).
- 100% of the identified health professionals would either certainly or probably have **referred the families on** to Erme House or the PCLT. Of the remainder 50% would certainly have done so, 25% might possibly have done so and 25% would not have referred on to a secondary health service.
- **All** respondents would **consider referring on to an alternative local service** such as the behaviour support team or Jeremiah's Journey.
- All respondents predicted **spending less time** with the family over the following 6 months once Family Matters were working with them.
- The involvement of Family Matters was not predicted to have any impact on the prescribing of medication.

2. Referrers' Opinion Survey

Overall referrers were very satisfied with the service:

- easy or very easy to refer
- waiting time appropriate
- length of therapy about right
- unanimously considered helpful (very or fairly) to the families and to the referrers' practice or school

More than half thought that **they did not receive enough information about the ongoing therapy.**

Other comments regarding improvements:

- *Very difficult to speak to anyone e.g. left several ansaphone messages but no response.*
- *Is there a good time to talk to a member of the team for advice?*
- *Perhaps it would help if the person/family referred could sign the form regarding motivation to attend.*
- *If I knew there were more resources I would probably refer more often.*
- *Responds more promptly & seems more acceptable to clients than CAMHS.*
- *More feedback please.*
- *Report at end usually good.*

C. Responses from the Families

Twelve families were selected for the telephone survey consisting of 12 questions for adults and 8 for children. In the event one family was impossible to contact as both telephone numbers were found to be “unavailable”. All other parents were happy to talk about their experience with Family Matters and I was also able to talk to almost all of the referred children.

1. Parental responses

All the parents were very positive about Family Matters, even those who thought that it had not been helpful with the problem they went with, said that they felt understood and that they would go back if another problem arose.

Questions about information about the service

Of the 11 replies only one indicated not having received an explanation of the way the service worked from the referrer. Nine said they had received the printed explanatory leaflet and eight had found the information in it helpful or very helpful.

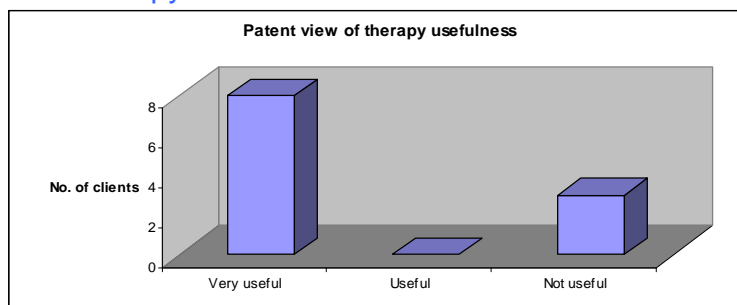
Waiting time

10 of the 11 respondents considered the waiting time to be about right with only one finding it too long.

Feeling understood

Only one parent said they had not felt understood by the team with 8 saying they felt well understood and 2 that they felt understood. Interestingly the parent who had not felt understood found the meetings very useful, very helpful in dealing with the identified problems which she said had improved a lot.

Usefulness of the therapy

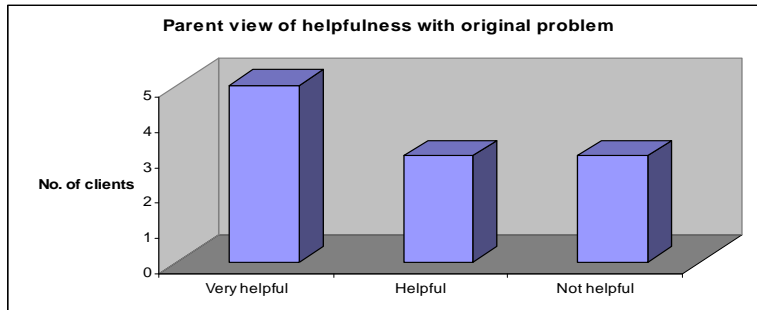


Amelioration of the problems

Six parents thought the problems had improved a lot, two that they had improved somewhat, two that there had been no change and one that they had worsened since.

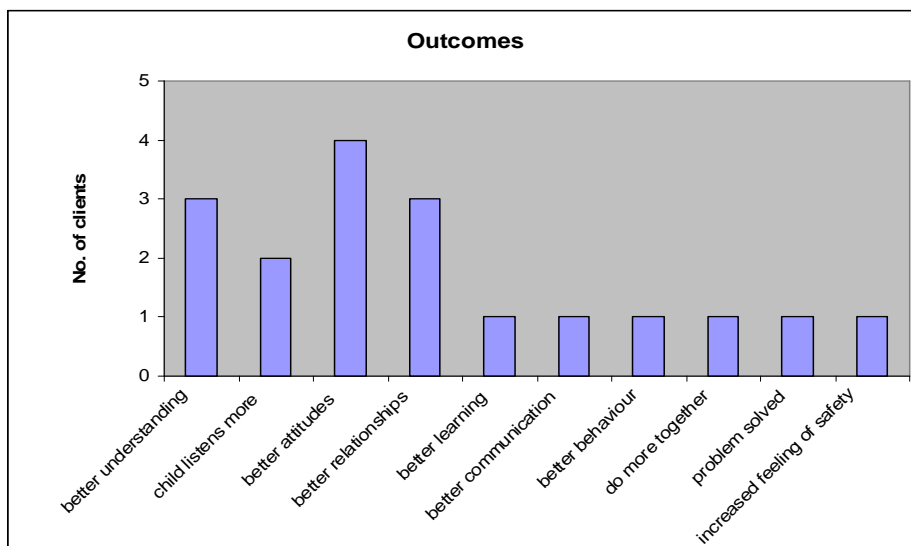
Helpfulness in dealing with the problems originally referred for

The same three parents who found therapy not useful found it also unhelpful although one of the children from this group disagreed saying that she thought the meetings had helped her family to sort things out and that the problems had got better.



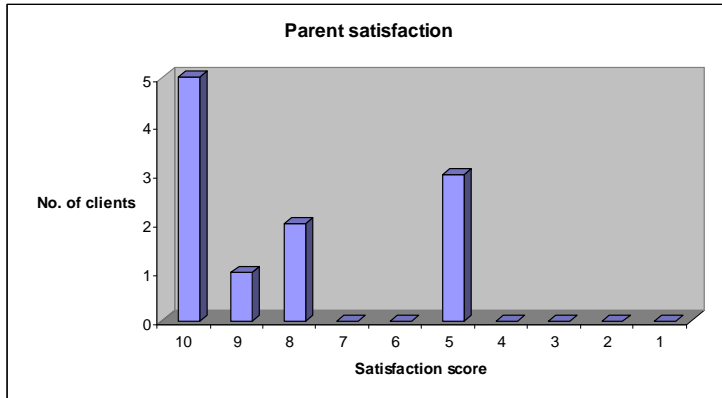
Can you say something about what has been different and has coming to Family Matters helped your family make any important changes?

The following themes developed out of this open-ended question:



Satisfaction at the quality of the service rated out of 10

One parent said she had experienced 'a severe booking muddle' over her first appointment. Suggestions for improvement included one to make appointment times more flexible and one for more specific advice.



Willingness to use the service again

All the adults said that they would choose to return to Family Matters if they felt in need of help again, with just one qualifying that with “maybe”.

2. Children’s responses

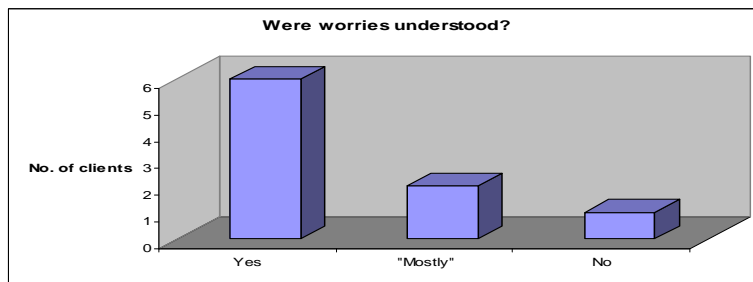
I spoke to ten out of the possible eleven children whose parents participated in the survey. However one four year old could not answer any of the questions as she could not remember going. Responses are therefore from 9 children. All the children seemed happy to talk to me and gave the impression of being able to answer honestly and consistently.

Taken seriously

Seven said they felt taken seriously with one saying “kind of” and one “no”.

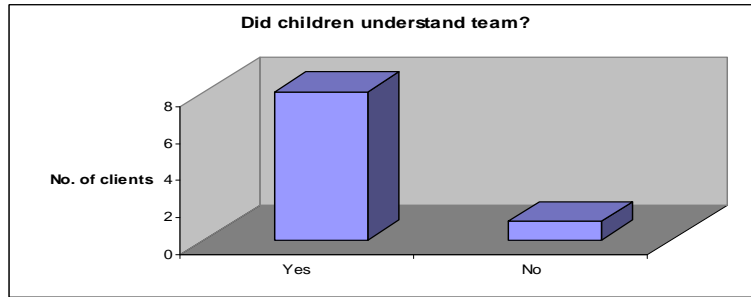
Worries understood

Six children felt the team understood their worries, two that they mostly understood their worries and one that they did not, adding that “they listened to my parents.”



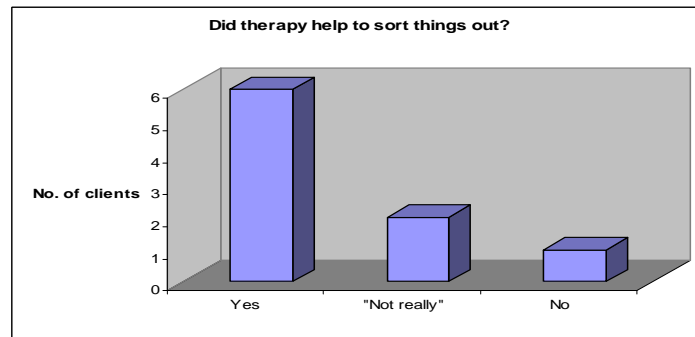
Did you understand what the team said to you?

Eight children were definite in answering yes, one child equally definite in answering no.



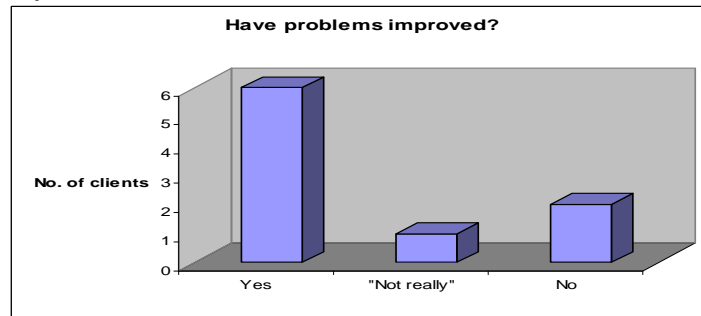
Did going to the meetings help your family to sort things out?

Interestingly in the case of the one child who said No, his mother thought that the problems had improved somewhat, attitudes and relationships were better, they now dealt with things differently as parents and the family was happier overall.



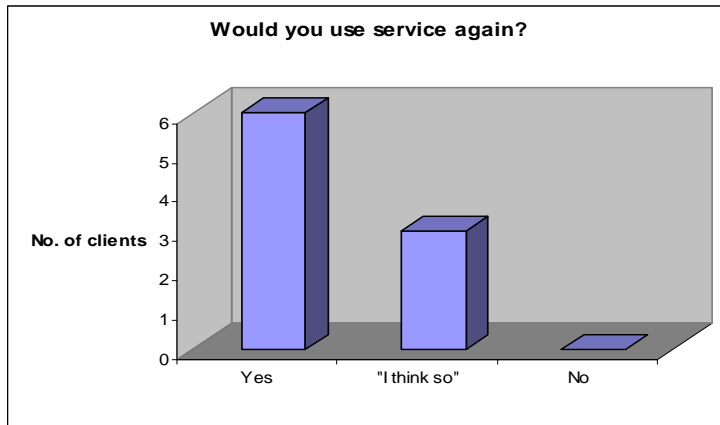
Problems improved

The same six thought so with one adding "a lot." Of the other three two said no and one not really.

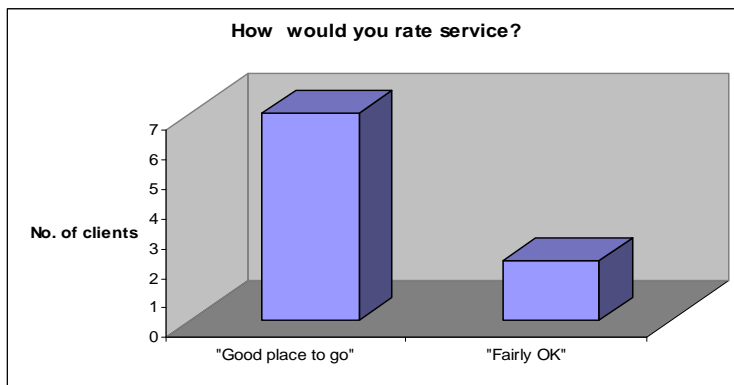


Would you use the service again?

None chose maybe or definitely not.



What **rating** would you give Family Matters if a friend asked you about it?
 None said it was not good although they were given this choice.



Suggested improvements

Two children made suggestions: one was that the team should have asked him more questions and the other that access and parking should be improved.

It is clear that the interviewed children's satisfaction with the service is extremely high even where their problems do not seem to them to have been resolved.

D. Team Members' Survey

All six members returned the questionnaire. The Team comprises of two GPs, two Surgery Counsellors, one Health Visitor and one Social Worker and all work in pairs 3½ - 4 hours a week for Family Matters since its onset. Four said that this threw up no dilemmas for them, one had some **difficulty** finding the additional time outside clinic hours to **complete necessary administrative tasks** and one found the managerial responsibilities somewhat onerous.

New skills

All six said that being part of the Family Matters team had enabled them to develop new skills including the ability to ask more open questions and use systemic and family work skills in other settings; ease in co-working in a tightly knit team; being able to draw on a wider repertoire of clinical skills.

Overall impact on working life

All six said that the impact was positive with specific mention being made of its helpfulness in other areas of clinical work both directly with client families and with supervision of colleagues. One said the impact was therapeutic, another enriching and intellectually stimulating.

It is encouraging to note the unanimously enthusiastic responses given rather low morale in some areas of the NHS.

Discussion

It was possible to obtain a high level of response from both clients and team members and the children seemed to find the telephone method both safe and easy. It may well also be that this method had a lesser bias in that those who do chose to send back written questionnaires may be the more satisfied whereas this selection was random

More than half of the referrers who responded asked for more feedback from the team. Suggestions for achieving this were realistic and the Family Matters team will need to decide which of these can be immediately implemented and audit this. Similarly the reliability of communication by telephone including replies to answer-phone messages should be addressed.

Both parents and children expressed unusually high levels of satisfaction and described levels of symptom improvement slightly above average for a psychotherapeutic intervention. However, this evaluation lacks a solid basis for comparison. It is worth looking at reports from Southern Derbyshire (3) and Hampshire (4) covering similar areas of client satisfaction with services and perception of symptom change. There is a growing feeling in the field that evaluation and outcome results need to be better co-ordinated and I am recommending to the Family Matters team that they seriously consider taking part in the SCORE project which is piloting an outcome measurement specifically for use in Family Therapy.

References

1. Moss, Duncan (2004) Private communication.
2. McBride, Jenny (2004) Private communication.
3. Baker, Nita and Sura, Bobby (2000) Reviewing a service feedback project. *Context* **50**.
4. Fee, Jason and Hendra, Theresa (2000) Survey of Family Therapy Feedback in Hampshire *Context* **50**.