

# External Evaluation - CAMHS Parent Liason Ambassador

Report prepared for Dr Tony Romero



# Executive Summary

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**Delphi Care Solutions were pleased to be commissioned by Cygnet Health Care to conduct an external evaluation into the role of Parent Liaison Ambassador at three of their Children and Adolescent Mental Health Services; Cygnet Hospital Bury, Cygnet Joyce Parker Hospital and Cygnet Hospital Sheffield.**

**Cygnet Health Care offer a range of specialist child and adolescent services, focused on supporting young people aged between 12 and 18. The aim of Cygnet's CAMHS services is to help young people stabilise and return home as soon as possible. All services are supported by a full and diverse Multi-Disciplinary Team.**

The evaluation conducted reviewed all aspects of the Parent Liaison Ambassador role. The investigating team spoke with six parent liaison ambassadors, with at least one representation from each site. Surveys were sent out to Young People detained within Cygnet CAMHS services, their parents or guardians and Cygnet Staff.

It is our findings that the role of Parent Liaison Ambassador varied across all three sites; in structure, responsibilities, tasks and personnel appointed. This is likely a result of not having a job role description, core responsibilities or processes for staff to follow. Despite this, interview feedback was mostly positive across the board; highlighting improved communication and relationships and young people feeling greater supported from admission. Where enhanced support has been required to reassure, educate and support parents, additional provisions have been made where possible. All Parent Liaison Ambassadors interviewed clearly demonstrated the five Cygnet values and showed a clear passion for their role and the young people and parents they work with.

Developing standardisation of role, process and KPIs, whilst retaining the ability to be flexible to the changing needs of young people and their families would mitigate errors, repetition of documentation and ensure the quality and standards of the role are maintained. Routine auditing and monitoring of parental engagement would enable staff to trend, analyse and be proactive where service provision amendments or additional training needs are identified.

Overall, data received from the surveys has been largely positive. Of parents who engaged, the majority were happy with their child's care and treatment; believe it to be safe, and would recommend CAMHS services to others. Qualitative information indicates that communication between parents and staff is good, although consistencies with this could be improved. YP feedback highlights that most were aware of and feel supported by their PLA. Cygnet staff describe the importance of parental contact and the value that the PLA role brings in respect of this.

This report has identified opportunities for improvement at the end of the report. Top level survey results below.



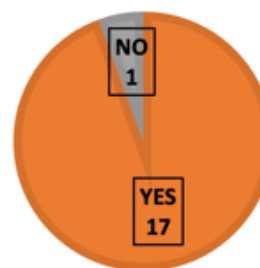
# Survey Results

## PARENTS

■ Are you happy with the care and treatment your child is receiving?

■ YES

■ NO

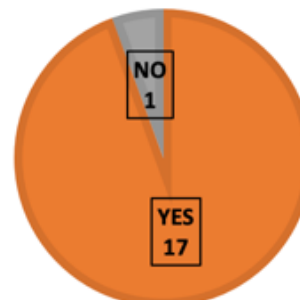


## PARENTS

■ Are you happy with the type and frequency of communication between Cygnat and yourself?

■ YES

■ NO



## PARENTS

■ Would you refer people to our service?

■ YES

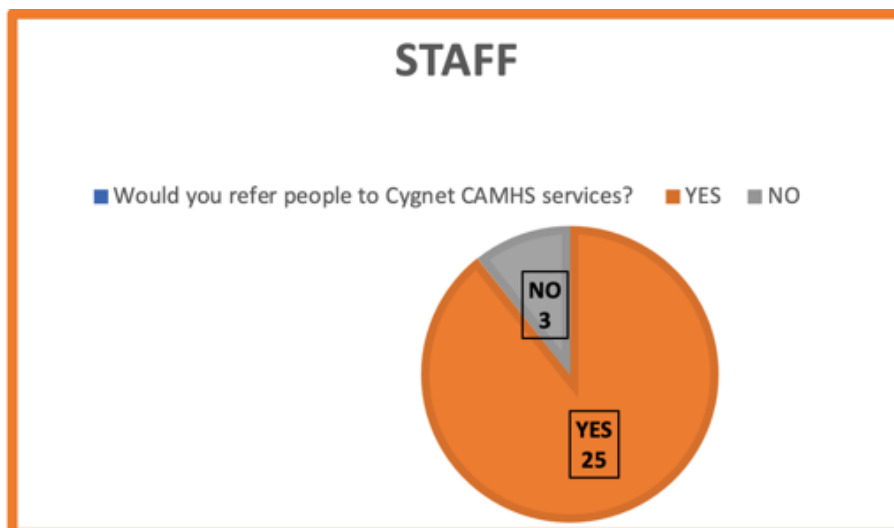
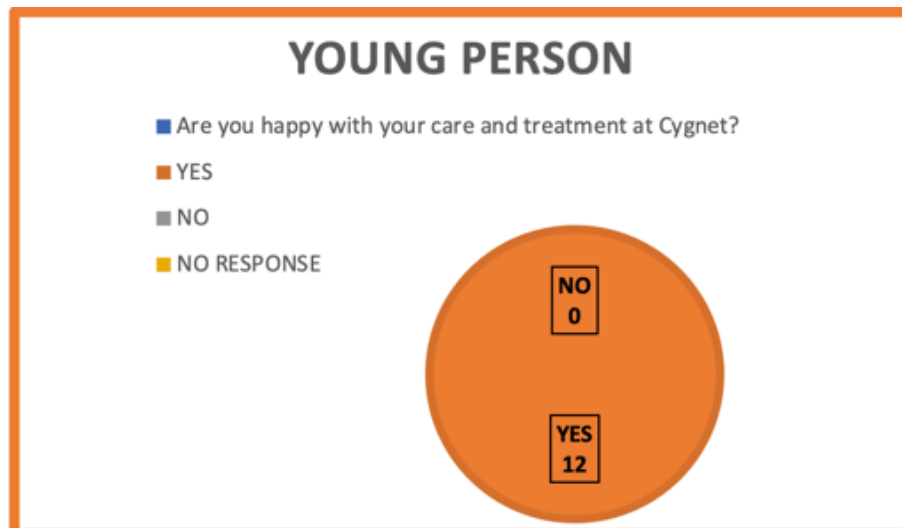
■ NO

■ DON'T KNOW

■ NO RESPONSE



# Survey Results



*HCooper*

Helen Cooper  
**Director**

Delphi Care Solutions Ltd.

# Investigation report

## Introduction

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### Investigation authorised by:

- **Dr Tony Romero** - Chief Executive Officer
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### Investigation team

- **Helen Cooper** – Director, Delphi Care Solutions
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### Acknowledged by

**Helen Cooper**

OT, BSc (Hons), BA (Hons)

Director

Delphi Care Solutions Limited

Date: 21.1.2022

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## Scope of work

- **Project objectives:** To conduct an evaluation of the Parent Liaison Ambassador role at three Cygnet Health Care CAMHS sites – Cygnet Hospital Bury, Cygnet Joyce Parker Hospital and Cygnet Hospital Sheffield.
- To gain feedback regarding the role of Parent Liaison Ambassador from parents and guardians, Cygnet CAMHS staff and young people detained within Cygnet CAMHS Hospitals.
- To report on current practice; identify what works well and any opportunities for improvement that offer a long-term solution.
- **Timeline:** Due to the nature of the project, flexibility with timeline was given to allow for greater feedback from stakeholders and to accommodate for annual leave, absence and workloads from key Cygnet staff involved in the project.
- **Required:** • Access to information relevant to the evaluation (phase 1), Family, staff and young people questionnaires to be completed (Phase 2) scheduled interviews with Parent Liaison Ambassadors (phase 3), additional information gathering if required following interviews (phase 4), evaluation and report writing (Phase 5).
- **Limitations:** Cygnet Hospital Bury had submitted the staff questionnaire to parents in error – no harm or negative impact was caused to the cohort and all qualitative feedback remains detailed within the report. We received no Young Person survey feedback from Cygnet Hospital Bury.

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Cygnet Joyce Parker – Role Review  
Conclusion and Opportunities for Improvement

### Appendix:

- A) Parent Liaison Ambassador – Job Role Description
- B) Cygnet Hospital Sheffield – Parent, Young Person and Cygnet Staff surveys
- C) Cygnet Hospital Bury – Parent and Cygnet Staff surveys
- D) Cygnet Joyce Parker – Parent, Young Person and Cygnet Staff surveys

### Abbreviations used within this report:

CAMHS: Children and Adolescent Mental Health Service(s).  
YP: Young People  
PLA: Parent Liaison Ambassador  
CTL: Clinical Team Lead  
NIC: Nurse in Charge  
PICU: Psychiatric Intensive Care Unit  
LSU: Low Secure Unit  
RC: Responsible Clinician.  
GAU: General Admission Unit.  
RMN: Registered Mental Health Nurse  
DRA: Daily Risk Assessment  
ECP: Emergency Care Practitioner  
DBT: Dialectical Behavioural Therapy  
DPF: Discussion Point Form



## Evaluation Background:

Over recent years there has been increased interest into the attendance and participation of parents in their child's mental health recovery. Studies have identified that parental engagement is critically important to treatment outcomes and maintenance of mental wellbeing. Parental engagement in their child's recovery can also positively impact on the implementation efforts aimed to improve the quality and effectiveness of the young person's care and treatment, particularly in preparation for discharge from an inpatient setting.

The parent liaison ambassador role was introduced to Cygnet CAMHS services as a result of direct feedback. Cygnet CEO Dr Romero has asked for an evaluation of the parent liaison role to understand its impact on maintaining connections between the child and their family during admission, and if there are any opportunities for improvement to ensure engagement and treatment efforts remain proactive, and outcomes for the young person and their family are positive.

## Purpose of the Parent Liaison Ambassador role (PLA):

The Parent Liaison Ambassador is the key point of contact for families and young people within Cygnet services. At present there is no formal job description, though there is a draft (*see appendix A*).

### Was a job role / description available?

- Cygnet Hospital Bury: Yes, in draft
- Cygnet Hospital Sheffield: No
- Cygnet Joyce Parker: No

Job descriptions ensure the role will meet the needs of the organisation and recruit the appropriate talent for the position. A complete job description assists the employer to know where a new employee falls short in terms of knowledge, skills, qualifications and training and if the employee's performance doesn't meet the required standards. Conversely, this can also give the employee a sense of purpose in their role and highlight where staff are going above and beyond.



# Cynet Hospital Sheffield

## Parent Liaison Ambassador role review:

Cynet Hospital Sheffield have three parent liaison ambassadors (PLA), one for each CAMHS ward; Griffin (low secure), Unicorn (Tier 4 PICU) and Pegasus (Tier 4 General Assessment). The role of PLA has been merged over time with that of Lead Support (*Appendix 2 – Lead support job description*). Parent liaison responsibilities were previously part of the Clinical Team Lead (CTL) role; however, this was merged with Lead Support owing to other commitments of the CTL. All PLA at Cynet Hospital Sheffield have worked within mental health services for no less than three years and have all been in a support worker role previously. None of the current PLA's are clinically trained or have had specific training for the role.

The Lead Support job description includes some general responsibilities that could be associated with the role of PLA; although these are none specific in regard to core PLA responsibilities or accountability – example:

1. To record and observe the progress of the service users within the Hospital and notify the manager of their progress / change as necessary.
2. Encourage and assist service users to exercise personal choice and preference in all aspects of their daily lives.
3. Encourage and assist service users to develop and maintain links with relatives, carers and significant others in their lives.
4. To assist the Hospital Manager in the maintenance of good professional relationships with the people attending the Home, their parents and other professionals.

PLA's we spoke with identified that it would be helpful to have an outline of the responsibilities, expectations and accountability associated with the role. Examples provided below (Fig1 and Fig2):

Fig1 – Role responsibility requirements / expectations.

*"It would be helpful to know who should be doing what and for the clinical team to support more with calls to family members, especially when there are difficult conversations to be had. I once had to make a call to a parent following alleged abuse raised against an extended family member. As you can imagine it was a really difficult conversation, and one I feel could be better delivered by Social Workers or another member of the MDT. I got on with it and it was okay in the end, but knowing where our role stops and when calls are to be passed over would be really helpful"*

Fig2 – Role responsibility requirements / expectations.

*"I have had difficult conversations with parents in the past following the death of a young person on the ward. This was really hard. I called parents to give reassurance that their child is safe and gave support to the young people remaining on the ward. Some calls can be really hard and upsetting and whilst we are happy to make the calls and do the work, without the proper training I feel this is above my pay grade" –*

*"Bereavement training of some sort, even e-learning, would be beneficial for us as we'd be better equipped to deliver difficult information and provide greater reassurance and support if required".*

Although there is no formal role profile, the service has established a process for the PLA to contact parents / carers twice weekly (Monday and Friday) to update with their child's presentation, engagement and progression during the week. Additional phone calls requested by parents are facilitated either by the PLA, or communication is handed over to other senior staff members via emails, or use of the communication book if the PLA is not on shift. Alternative methods of communication, i.e., emails, are also offered if preferred by the family. All individuals on the call / email list have been approved for contact, with some being care planned if parents have specific requirements or if there is restricted access to information at the young persons' request.

A standardised Discussion Point Form (DPF) is completed following each call. DPF's are then handed over to the MDT each week for any actions or feedback.

Discussion points for Friday calls are:

- Ward round, forthcoming CPA's
- Overview of presentation since last update
- Any incidents since last update
- Review of care plans and risk assessments – any ideas parents would like including?
- Any assessments taken place or booked in
- Physical health – any appointments booked or needed, any physical health concerns from parents?
- Any changes to MHA status
- Named staff member parents / carers can contact on the ward for the weekend or if you have leave coming up
- Provide details of the plan in place for their child for the weekend
- Inform if a referral has been made for an alternative service

➤ Any action points

Discussion points for Monday calls are:

- To follow on from Friday's call,
- Provide a summary of the weekend,
- Confirm ward round
- Requests from the YP.

➤ Any action points

One PLA highlighted that the form is a useful tool, however it is often a duplication of pink notes and can be a lengthy process to complete for each YP following every call. All PLA's informed that the parent liaison role takes no less than 25% of their daily tasks, sometimes much more depending on the needs / actions required.

#### **PLA First contact:**

Cygnet offers assessment, safe care and treatment to young people experiencing emotional, behavioural and mental health difficulties. During the initial assessment Cygnet aim to establish effective methods of working and communicating with the young person and their parents or carers. Initial assessments are conducted by either the Ward Manager and/or Consultants with an additional assessment / report from Social Workers. Once completed, the Form 1 and Social Work report is shared with the staff team to ensure all are aware of the YP's needs prior to admission.

The PLA's on Griffin and Pegasus have their first contact with the YP and their family once the YP is admitted to the ward. On Unicorn Ward the PLA is occasionally able to meet with the family and young person at their home prior to admission.

All PLA's told us they believe it would be beneficial to meet with the family and young person in their own environment, when possible and appropriate, in order to gain an understanding of the YP's usual surroundings. One PLA told us this would aid rapid rapport building with parents and YP right from the start and would help them to better understand the YP when they talk about 'home'. Another PLA told us this may also lessen the stress and anxiety of the parent and young person by having met their main point of contact prior to admission.

PLAs told us that if they're not on shift when a YP is admitted, one of the senior nurses will call the parent to update. Once on shift, the PLA will call the parent to introduce themselves as their main point of contact. During this time parents are also given alternative methods of communication should they not be able to get hold of the PLA. We were told that parents will often ring the ward throughout the day to speak with the Nurse in Charge (NIC)

### Measuring family contact:

In addition to pink notes, DPFs and logging family visits and outings, the service also offers YP and family members surveys following CPA / CTR's. Once completed, these are given directly to the Quality Assurance team for review and any actions to be taken. When asked if the PLA had seen any positive change from their role, or as a result of survey outcomes, we were told;

Fig 3 – Positive change made from parent surveys.

*"Yes – communication! What was happening was that parents weren't always being informed when their child had to go to hospital following an injury. I spoke with the ward manager and responsible clinician and an email was sent out to all. Now it is part of the CTL or the Nurse in Charge responsibilities to ensure those conversations are had".*

*"Another, is documentation. Calls were sometimes missed or not logged properly; this became a frustration to parents having to repeat their requests. I now do a pink note review/audit every morning to look at incidents, de-briefs being completed, what needs doing and how the pink notes are written to make sure they're capturing all the necessary information. If required, following an incident for example, I will follow up with the YP to gain their perspective and understanding of what happened to see if there is anything else we can support with".*

Another PLA told us that although there have been positive outcomes from the surveys, the uptake in completing them is quite poor, with many parents possibly not seeing the value or benefit.

Fig 4 – Parent survey uptake.

*"The admin team send out the parent surveys but the uptake in completing these is quite poor. It is possible that it could be due to the timing of the survey being sent out – Example given; parents often want their children to be discharged following CPA or CTR, if this doesn't happen, the last thing they'll want to complete is a survey as the decision has already been made, therefore they may not see the value or benefit. I think if we tell parents of the importance of the surveys and send them out outside of CPA's etc, we might get a better return – we might not, but it's worth a try".*

To date there has been no measurement of family engagement in relation to positive outcomes for YP at the service. A short quantitative and qualitative study to measure parental engagement; for example, in ward rounds, phone calls made, family visits etc, could prove beneficial for promoting parental participation for improved outcomes for their child.



### Signposting:

PLAs are able to suggest that family therapy might be beneficial to a parent, YP or both. We were told that there is no specific threshold for referral, but if the PLA believes an initial chat with the family therapist might be of benefit, they will pass onto the MDT for consideration. The YP or parent is also able to request support from the Family Therapist.

We were told that the family therapist role is highly valued with parents; particularly for those who are struggling to manage the changeable presentation or behaviours of their child when they're in distress or in crisis. One PLA told us a family member said to them, "Family therapy is the best thing they've ever done".

We were told that the PLA's are able to signpost additional support for parents, example:

Fig 5 – Signposting example:

*"A family member told me they were struggling with finances. I was able to signpost them to the social workers for advice with any benefits available to them. We have some YP with us that are out of area due to there not being any beds available within their home town – money can become tight with lots of travel to and from the hospital. We appreciate the importance of family visits for both parents and YP, if we can help make that happen, we will."*

Fig 6 – Signposting example:

*"It would be great to have either a designated space within the hospital or an online space for printable resources for families, say like with different leaflets on diagnosis, medication, self-injury, MHA and sections and external groups that we could either send via email or print off for them – we could also share useful information across CAMHS sites with other PLAs"*

### Support for Parent Liaison Ambassadors:

Two of the three PLAs have a designated colleague as 'back-up' for if they fall sick or are on annual leave. Additionally, there are contingencies in place where emails are sent to the ward manager, CTL and ward-based nurses to cover calls and additional YP or parental requests as required. Communication books on the ward are also used to handover and mitigate information / requests being missed. Where planned leave is due to be taken, the PLA will arrange a call with parents on an alternative day to retain as much consistency with their named contact person as possible. Each PLA also has a company mobile phone to respond to calls if required. As per the Lead Support job description, there are on-call responsibilities as part of the role.

There is currently no specific training for the PLA role. Staff told us that they are trained in Trauma Informed Care and such like, which is transferable to their role, however more specific training, such as bereavement support / counselling, has been requested. All were open to any training available to enhance the role and for personal growth and development.

When ask about the support for PLAs available, we were told;

Fig 7: Support for PLA's

*"Tom (Hospital Director) is always available if we need anything, his door is always open. I work in the same office as the ward manager, we're a close team, I am very well supported"*

*"I don't really need anything; having a clear job role would be helpful for clarity and a bit more support here and there with difficult phone calls, but I know if we really needed anything, the whole team would be behind us to support"*

We were told that communication with parents whose first language is not English can sometimes be a challenge. Parents are offered a translator for MDT, CPA meetings etc where possible. Outside of meetings, PLA's use online tools such as Google Translate to communicate with the parent. We were told that some parents are happy to receive an update via email as the PLA's are able to 'Google Translate' the document prior to sending, however they are aware that sometimes the translation might not always be 100% accurate. We were also told that having a tablet or iPad would be helpful for visits with parents, due to some visiting rooms not having computer access and staff having to use their personal phones to help with communicating / translating information to parents.

As part of Delphi recommendations, it would be useful to translate the Welcome Pack into the top five most prevalent languages on the wards; ensuring parents who speak different languages have instant access to information and so the ward remains pro-active in this regard.

There are no monetary benefits of taking on the role of PLA. We were told that staff engagement in additional roles, such as PLA, are considered by management for if/when staff are looking to progress to a higher-grade position within the company. We were told by one PLA that some of the work they do is outside of their pay grade and training, with that they have requested a pay review. Despite there being no monetary benefits of the role, all PLA's we spoke to shared their passion for the position and spoke of the job satisfaction the additional role gave them.

The PLAs on site are happy to share information and documentation with each other. All agreed it would be beneficial to have a routine meeting, once per month or bi-monthly, with a set agenda as a form of peer supervision. The aim would be to share information and experiences and to learn and develop. There is currently no contact between PLAs across Cygnet CAMHS sites. We were told;

Fig 8 – Signposting and sharing information.

*"We (PLAs) know each other on site. We don't meet up but have shared information before. It would be good if we could have a regular day/time to meet up so we can share best practice and learn from each other. I don't know any of the PLAs from the other CAMHS sites, maybe it would be possible for us to have an annual meeting, or one every six months so we're keeping up to date and learning from each other. This could also link in with the online resource centre and sharing information between us all".*

The PLAs are unaware of any external family liaison support groups, forums or events that might be of benefit.

Delphi information: 'Family Lives' is an online forum for parents to share experiences with others. There is also an 'in your area' section for parents to connect with those local to them and a 'professionals' section to help with signposting. 'Family-Action' is another support service, with a total of 165 services nationally, providing a range of services from Emotional Health and Wellbeing, Benefits, Education and Friendship networks etc.

### **Job Role Satisfaction:**

All PLA at Cygnet Hospital Sheffield shared their passion for the role and supporting YP and their families. We were told;

Care and such like, which is transferable to their role, however more specific training, such as bereavement support / counselling, has been requested. All were open to any training available to enhance the role and for personal growth and development.

When asked about the support for PLAs available, we were told;

*Fig 9 - Job satisfaction*

*"I love my job, sometimes it's hard, especially if family members are upset or struggling with understanding the mental and/or emotional distress their child is experiencing – but we get through it and understand the importance of the role. I can't imagine having a child in hospital, especially over Christmas and New Year, hopefully between us we can make things just that little bit easier".*

*"I try to make sure I split my time between the YP and their family, it goes a long way to making sure that both parties are understood and are kept informed – I think the YP is more likely to remain well if everyone is working from the same page".*

*Fig 10 - Job Satisfaction*

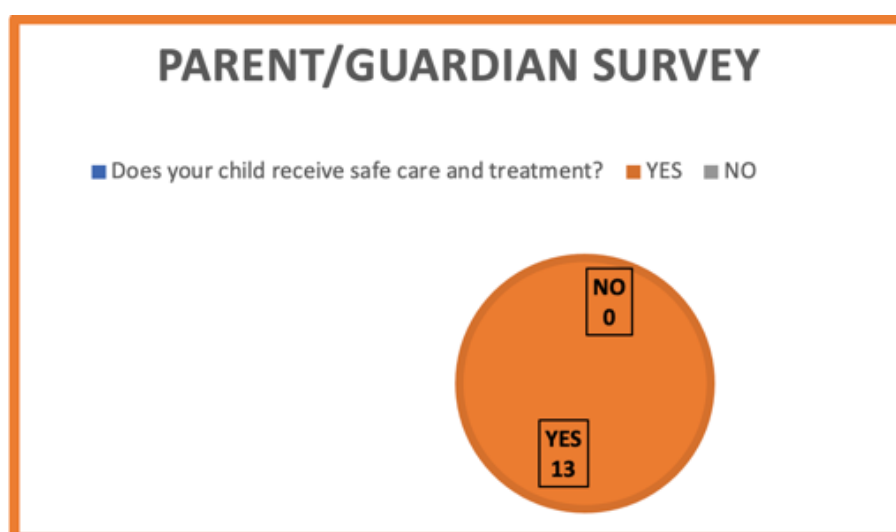
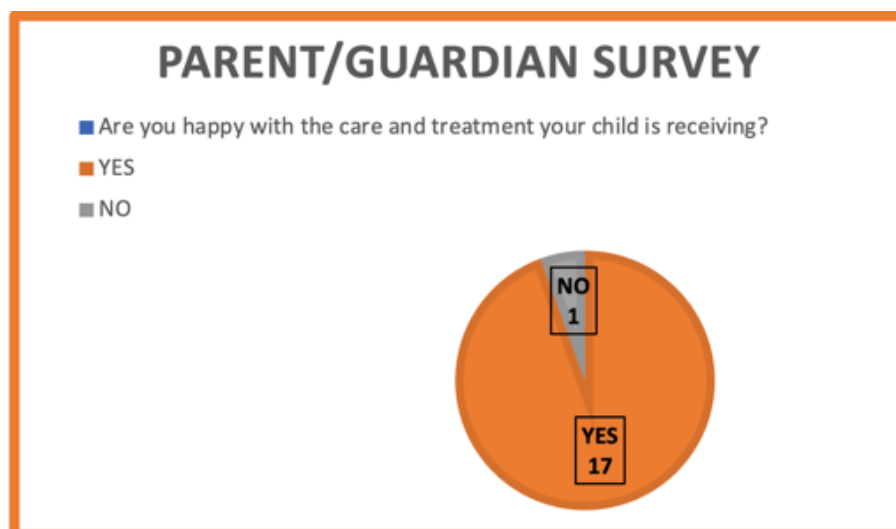
*"During my interview (Lead Support Role), the interviewer said they wanted parents to be treated as if it was 'us' who had our own children in the service – that has remained with me and underpins everything I do; hand on heart we really are a great team".*

*"My role is so varied, I really enjoy it, just a simple 'thank you' makes it all worthwhile. You go home and think – 'I made a difference today' – you can't ask for more than that".*



# Cygnets Hospital Sheffield Surveys:

As part of the Parent Liaison Ambassador role evaluation, we sought feedback from all parties involved; parents/guardians, young people and Cygnets staff. Where there are fewer responses, this is where questions remained blank.





## Parent/Guardian Survey

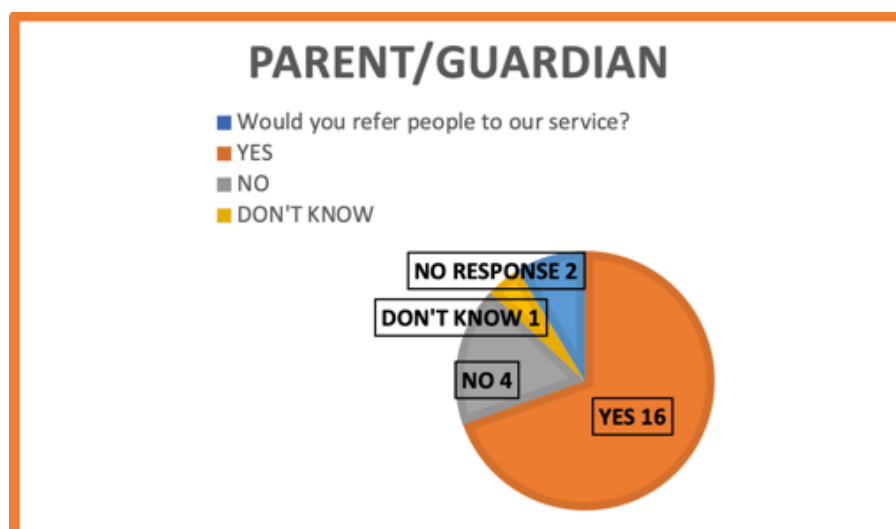
### Is there anything Cygnet do particularly well?

1. Not let her down, she (YP) can be difficult.
2. Communication. Lead support / nurses really professional. Good relationship with staff.
3. Care and support.
4. Comms with lead support weekly, staff always there.
5. General supporting XXXX (YP), even education, you do very well – XXXX (YP) is doing really well.
6. Every time I ring nurses or you as family liaison, you're always very happy to help.
7. Communication with carers / parents is exceptional. We are always invited to ward rounds and CPA's. We also feel we can contact staff if we have any questions or concerns and can input into the care of our adolescent.
8. Kept my daughter alive.
9. Communication good, daily calls from lead support, staff very informative, explanations given when I call the ward.
10. Everything, my son would not be here today if it was not for you guys. You all do an amazing job.
11. I don't know how to answer that as I don't know what you do, day to day.
12. Communication is amazing, invites to meetings and lead support contact is the best I have experienced.
13. Stress me out *(laughing)*
14. Some amazing staff who have supported my daughter throughout.
15. Everything.
16. The way you talk to my daughter in a way she understands. Staff make an effort with her and they listen to her.
17. Yes – keeping parents updated.
18. Yes – managing my son's behaviour and aggression in a correct manner.
19. Yes – keeping me up to date with the process.
20. The nursing team and support workers spending time with my daughter, and having a good rapport with her.
21. The nursing team and support workers spending time with my daughter, and taking her to the shops and spending time with them engaging in games on the ward.
22. Keeping in touch and keeping XXXX (YP) safe.

## Is there anything Cygnet could do better?

1. Don't know – but if had concerns would let us know.
2. Springs in pens – ring pulls. Learning curve – mindful of XXXX (YP) as individual.
3. No.
4. More parent support – networking.
5. Communication from ward hit & miss.
6. More updates following incidents. Finding a way to see my child after a big incident.
7. No.
8. Not at the moment.
9. No.
10. More proactive with communication, that is my only issue.
11. More DBT therapies would be helpful.
12. Communication, looking after personal property better, clothing goes missing.
13. No.
14. Yes – communication could be better.
15. No.
16. No.
17. Not that I can think of.
18. Risk assessing before going on leave.
19. Yes – communication.
20. No.

## Parent/Guardian Survey



### Additional comments?

1. You guys deserve truly deserve medals for the work you do for YPs.
2. I didn't want my child to be admitted to a PICU so I don't really know how to answer the last question.
3. Keep going on, and doing what you do.
4. Back to communication, did not receive any leaflets when my daughter was admitted to the hospital, if I would have received these leaflets I would have had more of an understanding about the service and what to expect.
5. No – grateful for what you are all doing.
6. Happy with the care.
7. XXXX (YP) has done so well and this is because of the ward.
8. ECP – not robust – seems incidents at night can't be managed by them.
9. Both Unicorn and Pegasus wards have given our daughter very good care. Staff on both wards have developed relationships with her and have contributed in helping her with her illness from all levels of staff (i.e., from support workers to psychiatry). They truly care about her. The Phoenix School has also been very beneficial in XXXX (YP) treatment and the Occupational Therapists do a fabulous job with the range of activities they do with the service users.

## Describe your admission:

1. Can't remember really. Staff not welcoming.
2. Very quick, felt confused, don't know why transfer was so quick.
3. Can't remember – Scared but relieved to be at less restrictive place.
4. Scary, overwhelming, excitement.
5. Scared, not sure what (it) was like.
6. Good, staff, no worries.
7. When I first got admitted to Unicorn Ward, I was scared to even get out of the secure transport. When I had my admission Dr XXX and XXX (staff members) were really friendly. I felt that I would be judged by staff as well as patients, when I eventually came onto the ward I felt like I fitted in like a missing jigsaw piece. Because of previous admissions in the first week or two, I had the mind frame of why this admission is going to be any different to this one and now I feel like it has helped me more this admission than my previous admission.
8. I ran away from the situation. I was nervous and scared and I had loads of mixed emotions.

## What helped you most during your admission?

1. Dunno.
2. Nurses good at explaining things.
3. MDT very good, video call done prior to call.
4. Staff support – kind, chatted to me.
5. Meeting Donna before I came onto the ward. She came to Unicorn to introduce herself.
6. Staff introduction prior to coming onto the ward. Donna brought welcome booklet.
7. Actually, engaging with therapy and therapists more than in the rest of previous wards. Well, I didn't engage at all in previous wards. And how supportive staff genuinely are.
8. The staff being supportive.



## Young Person Survey

### What helped you least?

1. Don't know.
2. Lack of shared information, so had to tell staff.
3. Noise – other young people howling. Incidents. Staff provided ear defenders.
4. Not sure.
5. Nothing.
6. Therapeutic silence makes me a million times worse than how I am originally feeling when I am struggling or in crisis.
7. Just being in a new place, it was scary.

### Who is your family liaison support and how do they help you?

1. Keep my dad up to date.
2. Donna. You make my mum feel better about stuff – lots of things.
3. Donna. Don't know, you help dad. She's talkative, explains 'shit', friendly. Doesn't talk to me like a six-year-old.
4. Donna. Always supportive, she's loud and funny. Keeps me informed.
5. Donna. (She) Contacted mum, keeps her updated and sent her welcome booklet.
6. If this means family, they give me some people to moan about or two.
7. I don't know.

**Is there anything that Cygnet can do better to support contact with family / carers whilst you are in hospital?**

1. Don't know.
2. (Tell me) What (you're) going to share with family.
3. No – (They) done as I want.
4. No.
5. No – Mum is happy. Donna always rings.
6. Manage to arrange more visits.
7. No.

**Are you happy with your care and treatment at Cygnet? Y / N (Prompt, what do we do well, what could we do better?).**

1. Yes – (*what do we do well?*) Try to give us leave.
2. I want my leave back.
3. Yes – support, make me laugh.
4. Yes.
5. Yes. Staff supportive, friendly and happy.
6. As happy as I can be.
7. Yes, nothing.

## Young Person Survey

**Is there any information that you think other YP would find beneficial before coming into services or on admission?**

1. I don't know.
2. Don't know.
3. Video calls prior *(to admission)*.
4. Welcome pack, Video calling.
5. No.
6. Internal: staff coming down to see (us) i.e., nurses. Donna came down to see me with the welcome booklet. External: Video calls, ward visit.
7. Go with the system and it will work out.
8. Bring told what it gonna' be like so they're not going in without a clue especially if it's their first admission.

*(Feedback sought from all care disciplines; RMNs, OT's, Social work,*

## Describe family involvement at the service:

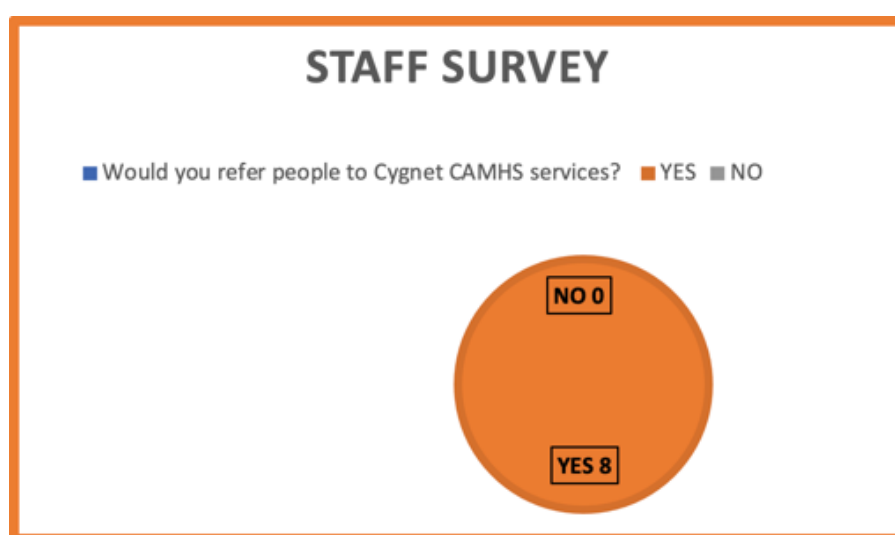
1. Families are contacted a minimum of twice a week with some families receiving daily calls if this is agreed (individually planned). Families are encouraged to attend meetings about their young person and are often asked for their feedback/suggestions for improvement.
2. They are involved with all the ward rounds and other meetings as long as the patients want them to be and the ward also calls them.
3. Regular contact with parents / carers from ward staff (minimum x2 weekly) to give updates. Invited to meetings (ward rounds, admission, CPA, discharge) Can phone the ward and speak to staff at any point. Visits can be arranged.
4. Families are invited to all young person's meetings to be involved in their care (unless young person does not wish for this to occur). This includes weekly ward rounds, formulation meetings, CPA meetings. Weekly contact with lead support and regular updates regarding how their young person is managing. Involved in planning for the future & discharge.
5. Via ward round, CPA's. Daily / weekly phone contact. Can be missed if the ward staff are busy and our lead support is not on shift.
6. Family are involved in meetings, contacted by family liaison, invited to visit, given welcome packs, home assessment.
7. Families are involved in various different ways. Regular phone contact. Ward Rounds / CPA's.
8. Families are invited to be as involved as possible in their children's care at the service. At a minimum they receive twice weekly phone calls and participate in ward round – involvement increases either by request or if needed due to presentation of young person.

## Could this service be improved, if so, how?

1. No.
2. I feel that involvement could be improved if there was more like for staff to be able to do this it would be good to chair a meeting with the families like the young people's council.
3. Some parents work irregular hours. Communication plans to be completed and followed by staff on ward.
4. Specific family liaison officer who is lead on family contact without many other commitments.
5. Parent reps at management meetings! Full time family liaison worker.
6. Courses for parents to learn about mental health etc. Parent drop-in sessions. Family / friends days to see the hospital almost like an induction for families.
7. No, I think the family involvement is right for the needs of the YPs.
8. More staff could potentially make it easier for ward staff to contact families as required.

## Is there anything Cygnet do well in relation to YP family involvement?

1. Families are involved in most discussions about their young person and often kept up to date. Visits are encouraged if it is safe for them to go ahead.
2. Trying to set up a meeting like the YPC to get families involved more.
3. Keeping family updated and have regular discussions around any concerns parents may have. Gaining parent views in regards to care plans in place for young person.
4. Regular contact from the ward and involvement in YP meetings.
5. Family liaison calls.
6. Family liaison, inclusion in decision making.
7. Family therapy, visits, phone contact.
8. Cygnet have now introduced family therapy which has made a big difference, particularly transferring back to community and easing YP anxieties. Families are actively encouraged to participate in all relevant meetings.



## Additional Comments:

None given.

# Cynet Hospital Bury

## Parent Liaison Ambassador role review:

Cynet Hospital Bury has one Parent Liaison Ambassador appointed, however PLA provision is shared between the Lead Social Worker (appointed PLA) and their line manager; each covering two wards. The appointed PLA covers Buttercup Ward (Tier 4 Adolescent low secure) and Mulberry Ward (Tier 4 Adolescent Low Secure); whilst their line manager covers Wizard House (Acute), Primrose Ward (PICU).

## Appointment of PLA role

An expression of interest request regarding the PLA role was emailed to the staff team. The now 'Lead' Social Worker, who's title was Social Worker at the time, expressed an interest and a job description was requested to better understand the role, its requirements and potential impact on workload; nothing was heard following this. After being appointed to Lead Social Worker, the merge of the PLA role followed. The Lead Social Worker told us that she was more than happy to take on the role as it was very similar to the work of social work anyway – liaising with families, managing enquiries and providing additional support needs and such like. The Lead Social Worker has recently had sight of the PLA draft job description, although this has yet to be finalised.

## PLA role:

It is the responsibility and duty of the support workers on the ward to make daily phone calls to parents to update on their child's presentation and engagement during the day (not PLA as per Cynet Hospital Sheffield). We were told;

Fig 11 - PLA role:

*"YP family members receive daily phone calls from the ward. The support workers make the calls; these are in the evening near teatime and then again before bed if required. This is something the ward staff do so I don't need to, it is standard for them to make the daily calls"*

*"If a YP is in seclusion or if there has been an incident on the ward it is the NIC responsibility to call the parent to update".*

We were told that the PLA mostly offers support with complex cases; those whose family members need additional support, reassurance or if the relationship with the ward has broken down. The PLA offers weekly calls with the parent if required to work with them to address any issues or concerns. Example;

Fig 12 - PLA role / Support

*"I offer weekly calls with parents if this is required. One of the parents we are working with, their relationship broke down with the ward due to continuous phone calls being made to the ward. I am now working with them to support, reassure and to provide an update for their child".*

*"Myself and the Hospital Director also meet with this parent following family visits with their child. This time gives them time and space to discuss how the visit went; we offer additional support if required and provide feedback to the ward if there are any issues or concerns to be addressed".*

We were told that the additional support was working well for this particular parent and is helping to rebuild the relationship with the service and staff.

Parents are invited to attend ward round review meetings via Teams on the LSU wards. If the parent does not attend the RC will contact the parent via phone to discuss ward round outcomes, this is documented on pink notes. Where possible, parents are offered the opportunity to attend in person. If there is anything of concern following daily phone calls with parents, or if parents wish to raise something as part of ward round, either the NIC or PLA will feed this back on their behalf.

### First Contact and Admission:

The Ward Manager and Dr's conduct the initial assessments. This is followed by the referral being sent to the social work team where they complete what is called 'Milestones'. We were told;

Fig 13 - First Contact

*"Milestones is where we (Social Workers) speak with family members to find out more about the YP, understand their history; what led them to require mental health services and what their challenges and strengths are (from the parent's perspective) and to better understand their family dynamics".*

*"This gives an insight into the needs of the YP and also gives us an indication of what we're dealing with (YP needs and parent support and communication management) before the YP is admitted".*

Following the Milestones work, the MDT and support staff hold a formulation meeting to discuss if the YP is appropriate for the service and to ensure the service can meet their needs. The YP background and family history is shared to ensure staff are informed of all support needs and any worries raised from the family, or if there are any concerns regarding family dynamics.

We were told that on admission, the YP receives a Welcome Pack and is informed of the assessment process and what they're entitled to, dependent on their current risks. Parents also receive either a printed Welcome Pack or an electronic version via email. The PLA aims to meet and introduce themselves to the YP within 24 hours of admission (during the working week).

Fig 14 - Admission

*"I aim to meet with the YP within 24 hours of admission, unless it is the weekend – then I pick up with them on a Monday. There is often a lot for the YP to take in when they arrive, lots of different faces, meeting their peers and staff, we try not to flood them with too much information. The Welcome Packs allow the YP to review at their own pace - we continue to work in the background until they've settled in, unless immediate support from PLA / Social Work is required".*

### Documentation:

A record of all phone calls made to parents is logged on My Path in the Pink Notes section. If support workers are documenting calls, the NIC will review the note to check for any actions or follow up requirements prior to signing off the note. The team has daily handover sheets for all care staff; this covers YP daily interactions, meaningful engagement, any contact with parents etc. to ensure all are informed and updated with any actions required for the shift.



The service completes a 'Communication Plan' for each new admission – this includes clinical update, daily updates, incidents (major and minor) and outlines who (which staff grade) is going to speak with the parent and how the parent is to be notified – this correlates with information given in Fig 11 regarding incidents / seclusion. Having a clear outline of who is to contact parents clearly defines responsibilities and parents preferred communication methods.

### Complaints:

If a parent or YP makes a formal complaint, this goes to the complaints department. If required, an investigation is launched by a staff member who has had no involvement with the ward or their staff members. The parent and YP are kept up to date with progression of the complaint and are informed of the outcome once the investigation is complete. If a parent does not wish to make a formal complaint but would like to raise a concern, the PLA will check in with the family to try and resolve in the best way possible.

The Hospital Director does not get involved with calling parents unless concerns reach the point of escalation and/or if there is dissatisfaction or other issues.

We were told that a reoccurring theme from parents on the PICU ward is 'time constraints', particularly because the ward is very fast paced; admissions and transfers are often rapid and can leave family members confused and unsure. On GAU and LSU, the PLAs are able to build a better relationship and rapport with family members and YP as there is more time available to reassure, support and signpost.

### Support and benefits of PLA role:

The PLA has ongoing support from their line manager. If the PLA is away from work for any reason, i.e., off sick or on annual leave, their responsibilities would be covered. Routine phone calls to parents would remain in place as it is the responsibility of the ward staff. Additionally, we were told that if there is a particularly challenging parent, the PLA and their line manager take it in turns to provide the support.

Fig 15 - Support and benefits

*"Occasionally we have a parent who can be really challenging, constantly calling the ward and not wanting to work with us. This can be hard for staff to manage, particularly when it is busy on the ward, so we work as a team and support each other".*

Family Therapy provision remains predominantly with the LSU. Requests for family therapy on PICU and GAU can be made, although we were told that due to work commitments the Therapist capacity to take on additional family members is often quite low. It was unclear if signposting for external support is offered during these times or if site have considered provisions for an additional family therapist.

The PLA also spoke of high workload and often not having enough time in the week to meet demand. As Lead Social Worker / PLA cover their two wards, but also oversee their colleagues' wards also. We were told;

Fig 16 - Support and benefits

*"I love my job, though there is often not enough hours in the week to do everything to meet service demand, this means I sometimes don't reach the ward"*

*"I don't get any additional pay for the PLA role, but the benefit for me is being able to help others and for my own personal development. No family is the same. We adapt our skills to meet the changing needs of the YP and their family. I was a standard Social Worker before; I have now stepped up to Lead and am happy more than happy to take on the PLA role as part of this"*

The PLA has no contact with other PLAs within Cygnets services, but told us a support group would be helpful, particularly for sharing events and forum ideas with.

### **Carers' events / forums:**

We were told that the low secure CAMHS wards have recently initiated carers events where parents are able to meet, share their experiences and provide parent-to-parent support. Parents of children who have been in service for lengthy periods often find it beneficial to speak to those whose children are nearing discharge – this allows for shared celebration and additional reassurance that there is 'light at the end of the tunnel'. Carers meetings are kept informal. A summary of the meeting is shared between the staff team. It is unclear if this is shared with family members in attendance, but has since been advised.

Family members have recently asked to review the CAMHS welcome packs for parents. This is to ensure that the information within is relevant to the parents of new admissions, particularly those who are new to mental health services.

The CAMHS wards recently held a Christmas event for parents to join. Sadly, a couple of the wards went into lockdown due to Covid-19 and just one parent was able to attend via Teams. The PLA told us that events are work in progress, but they have a number of ideas for the future.



# Cynet Hospital Bury Surveys:

As part of the Parent Liaison Ambassador role evaluation, we sought feedback from all parties involved; parents/guardians, young people and Cynet staff. Where there are fewer responses, this is where questions remained blank.

## Parent/Carer Survey

### Describe family involvement at the service:

1. Yes we are happy, but there is a bit of issues about contacts with our child. Apart from that everything is fine.
2. We are happy, we always managed to get hold of someone when we need to do and we are kept updated. We feel we are listened to when we raise concerns. And we are explained things that aren't possible.
3. Yes, I am happy with professional and receiving daily updated from ward staff.
4. I have been involved from the start, I get invited to all the meetings and if I am unable to attend, I get feedback and I get My Say form. This really helps and everyone is good to giving their contact details.
5. Members of staff are in touch with me on a regular basis and update me. I am invited to all the meetings and receive feedback when I am unable to attend.
6. I generally get updates daily and if I don't get I can ring and speak to someone. We also join the ward rounds and I feel listened to by staff.
7. I am not involved as much as I would like and Covid has played a part in that and I would like to attend meetings face to face.
8. I get updates every now and then from ward staff but most of the updates I get from my child. I do not attend meetings I get updates from my child. I am happy with this level of involvement don't want it to change.
9. The hospital do really well in keeping us involved, sometimes the updates are too short depending who is doing them. Medical sec is sufficient with CPA meeting. Booking a visit can be an issue sometimes due to availability or miscommunication.
10. Not as good as I like it to be, we could visit more we don't get any help with costs of visit. Distance play a part in this. We don't get longer time due to risks. We feel listened to when we raise concerns and response from the team. But in relation to missing items, we feel not enough has been done about this. In relation to medication – we would like things to be emailed for reference for when they come home. Carer's meeting has been helpful.
11. I am unable to attend meetings virtually but I get phone calls to joint meetings. There was an issue with room bookings but now it's going okay. I get phone calls from the ward for updates.
12. I feel like I am an external part of the team, I am consulted about how my child is doing and any changes to medication. I feel included. And I attend all the meetings, I get updates from the ward staff.

## Parent/Carer Survey

### Describe family involvement at the service:

13. We get updates from staff twice a day every day, no we don't attend meetings. We feel listened to whenever we raise concerns.
14. At first I didn't feel involved, I wasn't getting the updates I am supposed to. But in the last few weeks things have improved. I get notified with what is happening with my child. I attend most of the meetings that go on. I am now being listened to more than I did before.
15. I don't attend any meetings. I haven't been asked to attend any meetings and I get very short updates from staff and the consultant twice a week. I have not met anyone face to face. Only thing I get is phone calls. The community has not contacted me. I don't know what medication my son is on, maybe this is due to me being vulnerable. I am struggling with my head I don't know how I am surviving; I haven't been able to talk to anyone.
16. We are not involved much, partly our choice due to history and partly not being invited. We get phone call twice a day from ward staff, sometime it's helpful sometimes it's not.
17. Phone calls from the ward staff. It's not every day, attends ward rounds and cpa meetings.
18. We attend meetings and get phone calls, however we don't know what is happening with our daughter, and what the next plan is. When we get told someone will ring us, we never get this call we have to chase them up.
19. We are happy now the hospital gets us involved. We get invited to all meetings and we feel listened to. Wards ring us every day for updates.
20. The team communicates with us really well. We get invited to meetings and our questions get answered. At times phone calls are missed when we are told we would get them. Our child is being discharged soon and thanks to the team.
21. The team are really supportive, even though my daughter hasn't made much progress I know this is not due to the team fault they are doing their best. I get invited to meetings and have my questions answered. I get the report sent over to me.

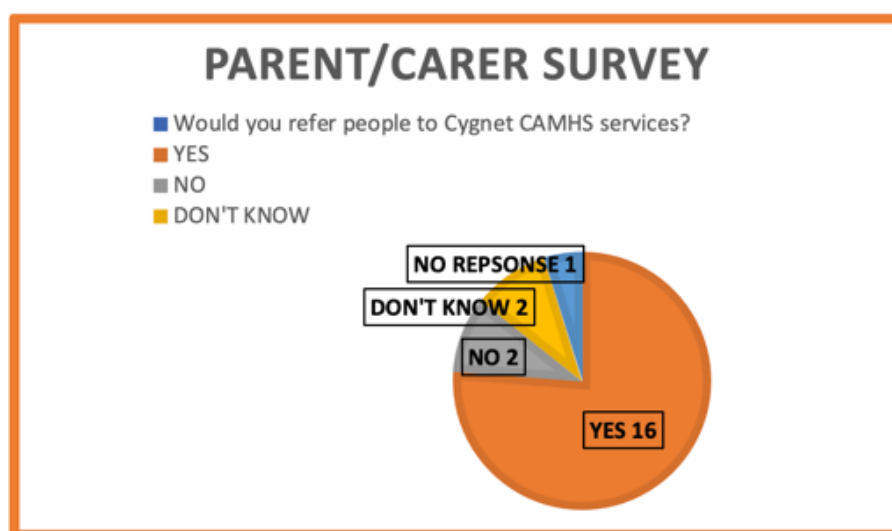
## Could this be improved, is so, how?

1. Sometimes having short notice for visits makes it harder to book a room. If it was possible we would prefer to have longer hours for visiting time.
2. None.
3. Little incidents are not being reported but we would like to be informed when these occur.
4. It can be difficult to book a room for visits, there have been times when we had the room booked and when we came it is not available. Maybe having the booking system available to wards staff to avoid double bookings.
5. Nothing I can think of.
6. Some messages don't get passed on and this can be very frustrating. I am concerned that a PCR test is required every week instead of LFT.
7. Communication from staff is not enough. I have been asked for dentist appointment and I get asked for address last minute and there is never a driver for appointment. In regards to appointment being put in the diary it should be initialled. Food isn't great and CQC report recommended improvement for the patient and the food is still bad. Food is not varied, there is not enough fresh food/vegetables.
8. No, I am happy with how this is.
9. No suggestions.
10. Communicate via email more i.e., any changes made in medication.
11. I could be rung on my mobile to join meetings.
12. None, the team is quite happy to speak to me to address any concerns.
13. No, we struggle with attending meetings online but we get phone calls anyway.
14. The team could listen to me more as I am her mum and I know what is best for my child, even though I am not a professional I still need to be listened to.
15. I would like to have reports sent over to me and also be contacted via email.
16. We are to be called on mobile to get updates and being sent reports after meetings.
17. I would like to be informed of any changes straight away.
18. We need to be told what the next plan is. We want our daughter closer home and her being far away is detrimental to our relationship with her.
19. Nothing as we feel involved.
20. Actions to be followed by the team.
21. Currently I am happy with everything how the team involves me in the care.

## Parent/Carer Survey

### Is there anything Cygnet do particularly well in relation to YP family involvement?

1. We attend all the meetings and we are happy to be part of this.
2. At times when XXXX has been struggling, staff has made extra effort to keep us updated with what's going.
3. Daily updates are fantastic.
4. Members of staff are amazing and the RC is quick to respond to our emails and phone calls.
5. Keeping me informed, I always know how XXXX is getting on. Nothing is ever done without my knowledge.
6. Everything is going well, I am kept involved and I can ask a lot of questions when I need to and 90% of the time I get answers.
7. Staff are happy and they really care. This is the 3<sup>rd</sup> hospital and other 2 have not been too good.
8. No, I am sure I don't know.
9. The communication between ward consultant and ward manager when I have been going to parent sessions has been really useful.
10. How the team interacts with our child gave us confidence in the care provided.
11. I get updates often.
12. The ward staff are really helpful with facilitating visits and updates. And I find ward staff more helpful in the general.
13. We are happy with the phone calls we receive from ward staff to update us.
14. Getting updates more regularly.
15. None really, because I don't know what is going on with my son, how he is being looked after. I know he hasn't made any progress, he is still doing the same thing he was doing when he was at home. I would like to be told what is happening with my son, what the hospital are doing for him to make him better because no one tells me.
16. Twice a day phone call.
17. Telling me how my child is and looking after her and I am happy.
18. Daily updates from ward staff.
19. The daily updates are really helpful.
20. The RC is good in giving explanations and having the time to talk on the phone with us.
21. Getting my questions answered and giving time to speak to me.



## Additional comments?

1. When we came for a visit, XXXX had self-harmed and we weren't told she had marks on her face, her younger sister was with us, we would prefer her not to see XXXX like that. Moving forward, we need to be notified in cases like this.
2. Dr Ali is fantastic.
3. We are really lucky that XXXX is being looked after by this team as I think they are really good.
4. My child is doing really well and thank you to the Mulberry team.
5. They have in the service for 18 months and I feel not much progress is being made.
6. The staff have done the best they could. Nothing bad to say to ward staff.



## Staff Survey

*(Feedback sought from all care disciplines; RMNs, OT's, Social work, Consultant and HCW's):*

### Describe family involvement at the service:

1. Team work well with individual's family. Getting them involved in decisions – ward round.
2. Family therapies, phone calls home, visits, social work contact.
3. I think that family involvement is good on Mulberry. We contact families every day to ensure that they are updated. We also include families in ward rounds and CPA's. When families come to visit, we have positive interactions with them.
4. Family are involved across board quite well. They are invited to attend most meetings about YP's care, including ward round and CPA's.
5. Families are actively involved in Cygnets services when the situation allows. They get twice daily updates and family visits are also available.
6. Regular visits to hospital from families. 2 x daily updated by ward staff. 2 x weekly updated by MDT, involvement in ward round, CPA etc.
7. Good.
8. Family are always informed on a daily basis regarding their child's day and how they have been. They are also allowed to visit their child when possible outside of education and their therapies, both as a family visit and also as part of family therapy.
9. Family involvement in ward round.
10. I feel the CAMMS family involvement is good and relevant.
11. Family are called daily by the ward and come to the meetings using zoom links.
12. Staff give daily updates on the phone and encourage family time off the wards when possible.
13. Patient's families are given updates on each shift and in ward round (where possible given safeguarding etc.)
14. Part of ward round, twice daily updates.

## Could this service be improved, if so, how?

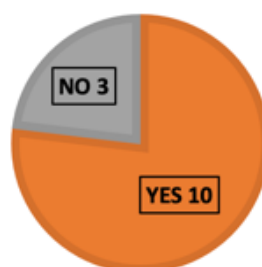
1. Think works well.
2. More family therapy, open days for family.
3. More family days for them to come in (open days). Sometimes there can be misunderstandings so more effective communication. Better room booking system for visits.
4. It may benefit family & relatives to set up weekly meetings with MDT where they can ask questions or request support.
5. No, they are generally involved in the highest capacity that the situation allows.
6. More frequent updated by MDT.
7. No.
8. I feel like there could be more involvement from families, where possible having more family days out for the YP's that can have unescorted leave.
9. MDT liaise with family not just support staff / nurses.
10. More visits if could facilitate this and support for families having to travel a long way.
11. Face to face again.
12. There's always room for improvement.
13. Ask families how they prefer to be updated by the nursing team e.g. either phone call or email.
14. Involve interpreters when families 1<sup>st</sup> language is not English.

## Is there anything Cygnet do well in relation to YP family involvement?

1. Ward staff and MDT work well with the families using ward round, leave etc.
2. Family contact at end of shifts. Social workers are great.
3. Daily updates are generally really positive and families are thankful for the team. The families are grateful to be involved in meetings.
4. Family are invited & encouraged to attend meetings & discussion and I think Cygnet do this well.
5. Daily updates, visits, escorted leave opportunities, the provision of overseeing unescorted leave plans.
6. Improvement with translation services if not English as first language. More than 1 family room.
7. 2 phone calls a day. Invites to ward rounds & CPA's.
8. They allow the family as a whole to have family therapy with the YP, I think this is amazing as we are not only helping the YP in our care but also their families who need the help and support.
9. Ensure family is informed daily.
10. More events for the families to come to the ward and see the place their child is being kept.
11. Try and update the family as much as possible. Staff reassure family members.
12. Patient families are consistently kept up to date.
13. Ward provides two updated daily and provide email to families who find this easier.

## PARENT/CARER SURVEY

■ Would you refer people to Cygnet CAMHS services? ■ YES ■ NO



### No response feedback:

- Wouldn't want family members admitting to a CAMHS unit
- YP don't always receive sufficient psychological intervention and 'could' possibly get more in the community'

### Additional Comments:

None given.

## Cygnnet Joyce Parker

### **Parent Liaison Ambassador role review:**

Cygnnet Joyce Parker have two parent liaison ambassadors; one for Mermaid Ward (PICU) who has been active in the PLA role for two months, and the other for Pixie Ward (Acute). Both PLAs are Registered Mental Health Nurses (RMNs).

### **Appointment of role:**

Both PLAs had been approached by the unit manager regarding the role. We were told that the ward manager had identified both individuals as having particularly strong skills in this area and appeared to enjoy supporting family members and ensuring that the transfer of their child to the ward environment was as seamless and as stress-free as possible.

### **Role responsibilities and YP admission:**

We were told that there was no job description available, however that both understood the role involved liaising with parents / family members and to ensure that they were kept well informed and involved in their child care.

We were told that it is the responsibility of the PLA to make the daily calls to parents to update regarding their child's presentation, engagement and generally how they're doing. When PLAs are off duty, the responsibility falls to the NIC of shift. If there is a new admission, the PLA or CTL would speak with the parents. They ensure parents are given information regarding sections and what they need to do if they wish to appeal the child's section (If the child is on a section). They also provide information about which disciplines make up the MDT, ward rounds, visiting arrangements and how to contact the ward etc. Following this the PLA gives a daily update, if on shift, usually between 5-7pm unless there is a specific request from the parent, i.e., an alternative call time owing to work commitments.

The PLA has no involvement with the YP or parent prior to admission. For the PICU ward we were told that most of the YP admitted from within or are being transferred from another hospital; with not many YP arriving directly from the community. It is also usually a quick transition with YP being in mental health crisis when they arrive on the ward.

The service has recently created a Welcome Pack for new admissions, which includes information about the ward. There is no Welcome Pack for parents as information is given over the phone, however the PLA's informed they would look at creating one, as they're aware that taking on so much information following their child's admission is likely to be challenging for a parent.

As part of new staff inductions, the PLA will talk them through the call process to parents and ensure this responsibility is handed over, particularly to new nurses who will pick up this role in the absence of the PLA.

### **Documentation:**

All calls made are logged on My Path, in the Pink Notes section. If there are any specifics from parent phone calls that require discussion from MDT, these will be emailed out the team for discussion in the Daily Risk Assessment (DRA) meeting. Additionally, if for example a child's family member would like to visit the next day, this information is passed over to the MDT the subsequent day's NIC via email for planning.

The PLAs were unsure of parent surveys, but were aware that a parent survey was being conducted as part of this evaluation. The PLAs don't measure or audit parental engagement. It is unclear if engagement is audited by the service.

### Role Benefits:

There is no change to current title or monetary benefits as part of the PLA role, we were told;

Fig 17 - Role Benefits

*"Although there is no change in pay or title, when I am wanting to progress, having this behind my belt will really help. I don't really see it as an additional role. It is something that I genuinely enjoy, it's just more of a formal role now. The families know who I am, they pick up the phone and automatically know it's me without having to say who it is, they just say 'oh hello XXXX'; this I believe provides some reassurance and consistency for them at a time that is likely to be unsettling"*

Fig 18 - Role Benefits

*"It is reassuring for the service users (YP) to know that there is someone that will ensure their family is in the know of information pertaining to their care, regular contact with parents has helped me build good rapport with them".*

Both PLAs we spoke with told us about how much they enjoyed the role and how much joy it gave them to see parents with their children, particularly recently during the festive season and a number of YP being able to go home.

We were also told that the PLA role has helped build better relationships with families, helping them to understand the rationale behind certain decisions made regarding their child's care.

### Support for PLA role:

We were told that all MDT members have/share an office on the PICU ward. If the PLA is struggling with a parent's request, or if the parent has asked for support outside of the PLA's remit, they're easily able to find a member of the MDT to support. One PLA also informed that they are very well supported by the Ward Manager and that they can take any concerns or parental complaints straight to them.

When speaking about the challenges of the PLA role we were told;

Fig 19 - Support for PLA role

*"We have had challenging calls with family members, but because I'm able to build quick rapport with them and 'listen', by the end of the call they're generally happy"*

Fig 20 - Support for PLA role

*"We had one new admission and their parent didn't understand their behaviours. When they were attacking staff the parent blamed us, verbally attacking and naming numerous staff members, it was awful. We worked with the parent to reassure and educate them about their child's diagnosis, now they understand. We have to remain neutral but empathetic, it's difficult to explain, they're now apologetic for their behaviour towards staff"*

If the PLA is on annual leave, parents are usually informed in advance. Calls otherwise continue as planned and are made by the NIC of shift.

Requests from parents are taken to ward round on their behalf if they are not able to attend. If parents require additional support, the PLAs can signpost them to Social Worker or another member of MDT, but generally we don't need to signpost. All parents receive a ward round summary via email in addition to the daily call – Additional calls from MDT members are made if this is required / requested.

The service currently does not have a Family Therapist, although the position has been advertised.

### **Parent / Carers events and forums.**

There are currently no parent events or forums held at Cygnets Joyce Parker. We were told that this could be a possibility in the future however the PLA roles are relatively new the wards – both PLAs had been in post for less than three months at the time of interview.

The Cygnets Joyce Parker PLAs are not in contact with any other CAMHS PLAs or have any connections with external groups for support. Both informed that they would be happy to meet or have contact with other PLAs to learn and share ideas.

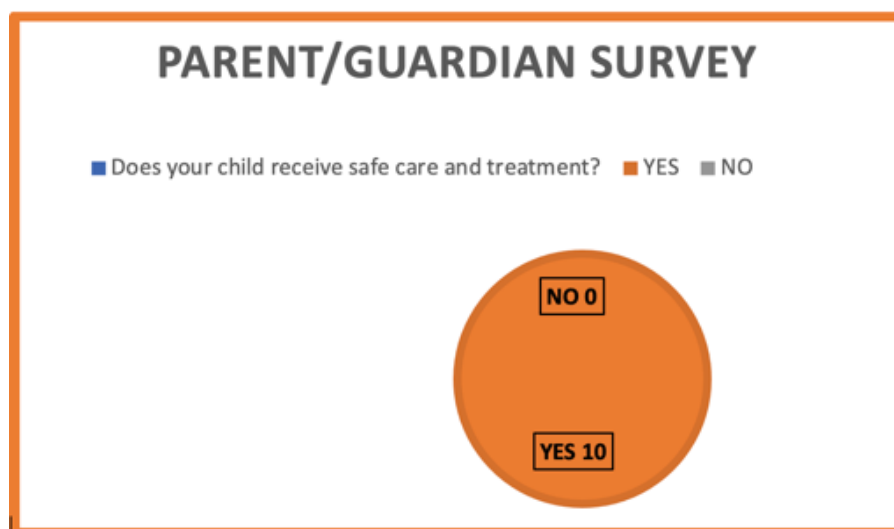
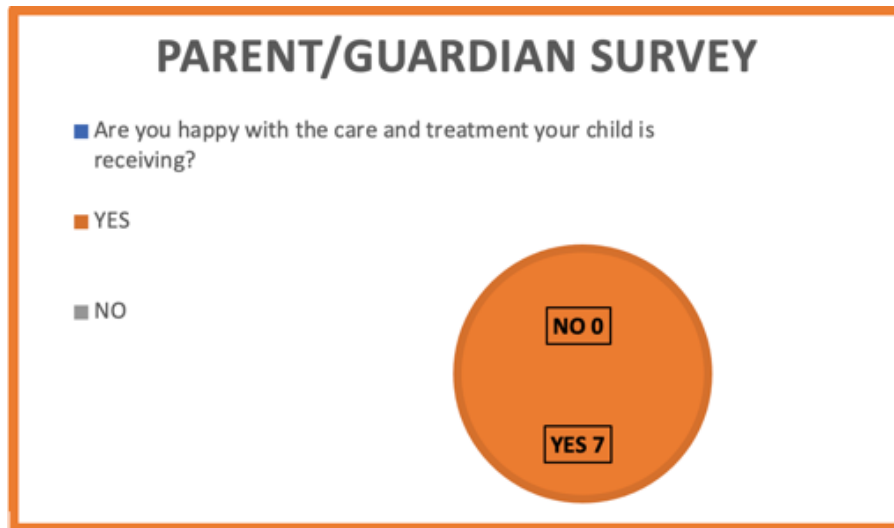




# Cygnnet Joyce Parker Surveys:

As part of the Parent Liaison Ambassador role evaluation, we sought feedback from all parties involved; parents/guardians, young people and Cygnnet staff. Where there are fewer responses, this is where questions remained blank.

## Parent/Guardian Survey



## Parent/Guardian Survey

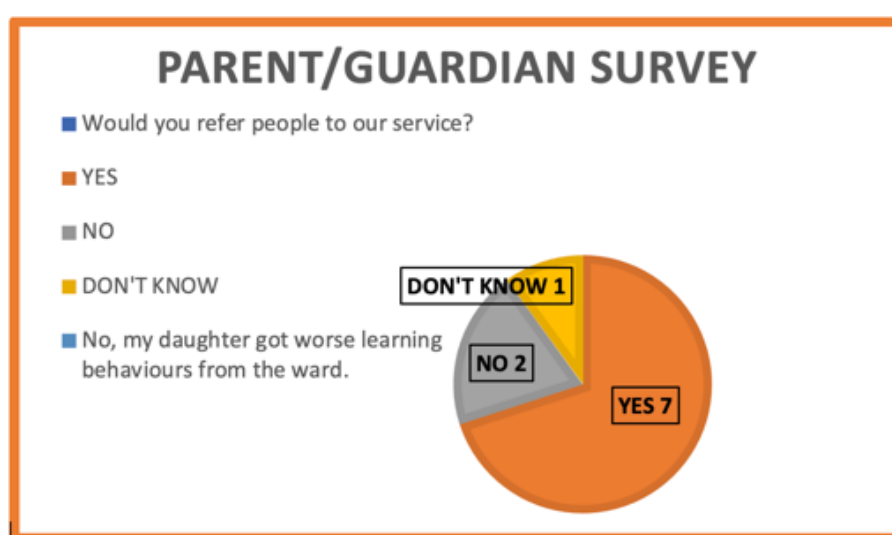


### Is there anything Cygnet do particularly well?

1. Responsive when giving feedback
2. Yes, they have done well with medicating my child.
3. Communication, I always feel part of the conversation.
4. Communication with me.
5. Regularity of the daily updates, video dial in for ward rounds and CPA's.
6. Happy with everything other than my child not eating.
7. When my child came to the hospital, he wasn't well and within a month he was much better.
8. The consultant is amazing.
9. Communication with us to let us know the risk of the patient and what they are like (*feedback from placement*).
10. Getting my child on the right medication. The input of the consultants.

## Is there anything Cygnet could do better?

1. Not able to think of anything.
2. Moving my child closer to home because this is affecting our relationship.
3. Family therapist please.
4. No.
5. Management of things like access to mobile phones. Review visitation policy.
6. Be more insistent that my child eats food from the ward.
7. Nothing.
8. Listening to parents and patients.
9. No.
10. Staffing, lack of, using agency and how individual staff approach things.



## Additional Comments:

Suggestion – put patients in long term segregation when they first come into hospital because they are picking up behaviours.

## Young Person Survey

### Describe your admission: (prompts – thoughts, feelings, worries)

1. Can't remember.
2. Scary but staff were nice and ward is good.
3. I have been here before.
4. Nervous, big drive, ward nice.
5. I don't know, ok I think.
6. Ok.

### What helped you most during your admission?

1. Having my stuff. (sensory)
2. The nurse.
3. Stacey, the ward manager.
4. Having mum and dad with me.
5. Staff. Keeley was nice.
6. Nothing.

### What helped you least?

1. Nothing, it was ok.
2. The ward was noisy and busy.
3. It was ok.
4. When they left.
5. No response.
6. Nothing.

## Who is your family liaison support and how do they help you?

1. Kelechi.
2. Louise. She is nice.
3. Louise, listens to me, rings my mum.
4. Kelechi, she's ace.
5. Louise. Rings family I think.
6. Don't know.

## Is there anything that Cygnet can do better to support contact with family / carers whilst you are in hospital? (prompt, more calls, visits?)

1. No.
2. We had Covid so that was hard as mum couldn't come in more than once.
3. No I don't think so.
4. No.
5. Don't know – more visits/home leave.
6. No.

## Are you happy with your care and treatment at Cygnet? Y/N (prompt, what do we do well, what could we do better?)

1. Yes but I would like to be closer to home.
2. Yes.
3. Yes, I am getting out soon!
4. Yes.
5. Yes.
6. Yes. More food and takeaway.

## Young Person Survey

**Is there any information that you think other YP would find beneficial before coming into services or on admission?**

1. Welcome book easier to read.
2. No.
3. It's not as scary as you think.
4. Ask for help when you need it.
5. No.
6. No.

## Staff Survey

*(Feedback sought from all care disciplines; RMNs, OT's, Social work, Consultant and HCW's):*

**Describe family involvement at the service:**

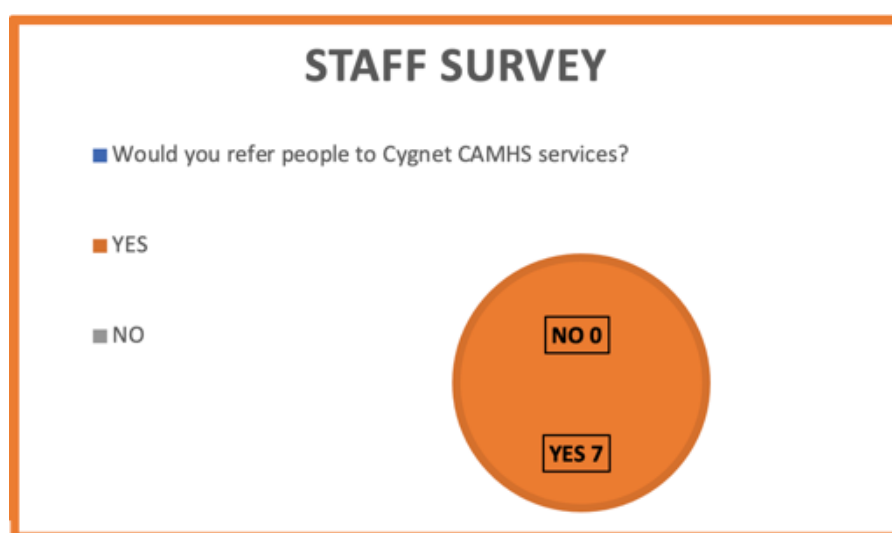
1. They speak over the phone and attend MDT.
2. Families are invited to ward round, CPA meetings, have daily update from nursing staff, regularly have discussions with ward manager, consultant psychiatrist and other members of the MDT.
3. Parents are called daily and updated on patient's progress. Parents are invited to ward round and their sentiments implemented where possible.
4. Approved family are contacted every shift by the shift on shift and given a daily update regarding service users presentation on the day. Also, family are invited to meeting concerning young people.
5. Family involvement is crucial at Cygnets. Here at Cygnets parents / Carers are contacted daily regarding YP and invited to ward round weekly.

## Could this service be improved, if so, how?

1. I think we should have more forums for parents to interact with wider nursing team more, also parent / carer events.
2. No.
3. So far no.
4. More family events – such as sports days / games where families can join.

## Is there anything Cygnet do well in relation to YP family involvement?

1. Give family members a call every day which is really good.
2. Regular daily updates to families. Invite families regularly to ward round.
3. Invite families regularly to the ward round.
4. Polite and accurate.
5. Yes, always keeping the family updated about their child's care.
6. Daily nursing updates with the family in AM and PM.



## Additional Comments:

1. Well done team at Cygnet.
2. Whilst I always think there is room for improvement, I think we offer families good levels of engagement / responsivity. However, sometimes our systems let us down and information is not communicated, we could get better at this.
3. We need to ensure communication is communicated efficiently and effectively.



## Conclusion and Opportunities for Improvement

The Parent Liaison Ambassador role is clearly valued by the young people, parents and staff at all three Cygnet CAMHS sites. Following the appointment of the PLA role, family members are now being updated a minimum of twice weekly and in a communication format that, for the majority, works for them. All PLAs express a clear passion for the role and ensuring parents are treated with dignity and respect and that their requests / wishes for their child are heard, and where possible, adhered to.

To ensure consistencies of role expectations, responsibilities, accountability and standards across sites, a job role description would be advised. In addition, monthly KPI's and specific PLA bi-monthly supervision would mitigate deterioration in service provision and provide additional support for those appointed to the role. Where PLA staff are non-clinical, a designated clinical team member as back up would be encouraged; particularly to support with upsetting or challenging conversations with parents and/or YP and to provide clinical rationale as/when required.

Whilst there are inconsistencies across sites regarding the role expectations and responsibilities, daily/ weekly tasks and tools to assist the role appears to have been created to good effect. The Discussion Point Form used at Cygnet Hospital Sheffield and the Communication Form used at Cygnet Hospital Bury have proven effective and could be standardised and shared across sites. Additionally, creating a CAMHS online resource centre for PLAs to access and share information with parents and YP, such signposting for external agencies, education material i.e.; psychiatric medications, what is EUPD, self-injury etc, and events information could also improve standardisation across the three sites and enhance service provision.

Where welcome packs for YP and parents were available, the quantity and quality of information varied. In general, the welcome packs provide useful information about the ward environment which has been written without jargon and is easy to understand. The wording of certain content could be improved to mitigate misinterpretation; example one section regarding enhanced observations read "Arm's length: They (YP) must remain within an arm's reach of their observing staff at all times", this could imply that there are restrictions to the YPs movements and that they (YP) are required to 'move with staff', rather than the other way around. It is therefore important that the wording and completion of the welcome packs and other information given to YP and parents is crossed checked and signed off. One welcome pack provided local hotel information which we were told had been beneficial to parents travelling out of area.

For parents whose first language is not English, having pre-translated information readily available could improve communication and information giving and lessen anxieties during their child's admission.

Overall, the data received from the surveys has been largely positive. Of parents who engaged, the majority were happy with their child's care and treatment; believe it to be safe, and would recommend CAMHS services to others. Qualitative information indicates that communication between parents and staff is good, although consistencies with this could be improved. YP feedback highlights that the majority were aware of and feel supported by their PLA. Cygnet staff also describe the value and importance of parental contact for the YP and the value that the PLA role brings in respect of this.

## For Consideration - Opportunities for Improvement

Opportunities for Improvement	Implement (Y/N)	Responsibility	Date to be completed
Job role description: Profile, responsibilities and expectations, accountability, benefits.			
KPIs for PLA role.			
Parental engagement KPIs for CAMHS services locally / nationally.			
PLA – minimum standard process across sites (example only): <ul style="list-style-type: none"> <li>➤ Welcome pack given to YP and parent on admission.</li> <li>➤ PLA introduction to YP and parent within 72 hours of admission (prior to admission if possible).</li> <li>➤ Communication Form to be completed by staff with clearly defined roles within 72 hours of admission (who will call parents in case of emergency / incident / seclusion; when and how, considering parents preferences of communication).</li> <li>➤ Minimum parental contact – 2 x per week (consistent days/time where possible, whilst allowing for flexibility i.e., parent request or if parent works until 5pm, calls would be made at an agreed time)</li> <li>➤ Discussion Point Form, once reviewed, to be completed and taken to YP ward rounds.</li> <li>➤ Monthly audit of parental engagement (phone calls, emails logged, family visits).</li> <li>➤ Parent survey – (consider being sent prior to CPA / CTR meeting, or after a specific timeframe from YP admission)</li> </ul>			
Where PLAs are non-clinical, provide clinical PLA as back up to support with challenging, upsetting calls and clinical rational of decisions made for parents as/when required.			
Review possible training needs for PLA staff members. (i.e., e-learning bereavement support).			
Review 'Discussion Point Form' from Cygnet Hospital Sheffield, reduce duplication of pink notes. This could also be used as part of monthly audit. To be adopted across CAMHS services.			
Develop an online resource for PLA information, external signposting (hearing voices network, Harmless etc), events, leaflets for families; diagnosis and medication information – this to be shared between sites.			
Consider an off ward I-pad or tablets to enhance communication and translations with parent those whose first language is not English.			
Consider parent surveys to be sent out prior to CPA / CTR meetings.			
Consider sending CPA / CTR reports to parents minimum 24 hours prior to the meeting – currently parents are receiving these post meeting and have asked to be greater informed and involved.			
Track and trend parental engagement – 3 Questions to be added to pink notes following calls (2 x ticks, one comment). <ul style="list-style-type: none"> <li>➤ Was the call with parent positive (Y/N), if no provide reason.</li> <li>➤ Are there any actions to be taken following the call? Y/N? If yes, list</li> <li>➤ Have actions been completed? Y/N</li> </ul>			
Audit parent engagement per month. Number of contacts made, trend complaints and compliments – actions required to be linked in with local and national KPIs.			
Individually risk assess the possibility of parental visits following high risk incidents.			
Monthly call from ward manager and bi-monthly call from Hospital Managers for YP parents who have lengthy hospital stays			
Family therapist at each site – with referral thresholds for the wards.			
Inform YP of what will be discussed with parents prior to calling (if appropriate and requested by YP).			
Parent support, networking sessions, events. Carer's forums and events (Document sessions, with summary of information sent to the Ward Manager and parents in attendance).			
Consider parent council or parent representatives for each CAMHS service.			
PLA role to be included as part of appointed staff members monthly / bi-monthly supervision			
Six-monthly PLA peer supervision / learning session (remote or on-site) – all CAMHS PLAs to meet, build networks, share best practice, ideas and experiences for greater learning.			
Consider national / clinical guidance for parental support / family therapy – what is offered, how PLA can signpost, what can be improved			
Review visitation policy. Times of parental visits, these seem to vary across sites.			
Find, document and share support groups for parents and PLAs of YP in MH services (Family Lives and Family Action).			
Consider additional communication methods for parents and YP who's first or chosen language is not English (i-Translate Voice 3, Say Hi, Text Grabber (when receiving emails) – all application options).			
Seek parental involvement in the development / review of welcome packs			
Review each welcome pack for appropriate wording and content prior to sign off			
Translate the welcome pack into most common languages used in each CAMHS service (top 3, in addition to English).			
Review room booking system for family visits to site – some visits get double booked owing to poor communication between wards.			
Ensure signposting for community or private family therapist is available where provision is restricted or not available on site.			
Pre-recorded virtual tour of the ward for families and YP prior to admission (where appropriate) – walk through of communal areas, therapy areas, education rooms and 1 x bedroom. Idea shared from YP to make admission to the environment 'less scary'.			

# Appendix

Appendix A - Parent Liaison Job Description

Appendix B – Cygnet Hospital Sheffield – Parent, Young Person and Cygnet Staff surveys

Appendix C – Cygnet Hospital Bury – Parent and Cygnet Staff surveys

Appendix D – Cygnet Joyce Parker – Parent, Young Person and Cygnet Staff surveys

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