



Developing the Welltree Model of Care

Social Care Ireland

December 2020

The **Green** and **Burning** Tree



**Wellbeing On Admission
“Developing”**



**Wellbecoming During
Placement
“Consolidating”**



**Wellbeing On Transition
“Flourishing”**

<http://www.welltree.info>

Welltree Online Training Ltd

Post Traumatic Growth

“So I am here to tell you – there is life after so much damage, there is life after so much trauma. There is life after people have told you that you are nothing, that you are worthless and that you will never amount to anything. That there is life – and I’m not talking about a little bit of life. There is a lot of life”.

Brenda Myers-Powell Trauma Survivor 2015

www.dreamcatcher.org

Asking the right questions

**Do we need a
standardised
model of care
to guide our
practice?**

**How will we
know that its
having an
impact?**

Beyond the rhetoric: What do we mean by a “Model of Care?”

Davidson et al 2005

- Frameworks and Models tend to be used interchangeably leading to confusion
- Social care models are primarily “Conceptual models (that tie together many ideas to explain a phenomenon or event”
- “Conceptual model or theoretical framework provides a coherent, unified and orderly way of envisioning related events or processes relevant to a discipline” (Fawcett 2005)
- “Having a clearly defined and articulated model of care will help to ensure that all health professionals are all actually ‘viewing the same picture’, working toward a common set of goals and, most importantly, are able to evaluate performance on an agreed basis.”

Benefits of a Standardised Model of Care

Improve knowledge base of staff

Provide theoretical structure for staff decision making

Improve planning, timing and support for children's transitions

Standardise wellbeing domains, indicators & measures

Promote greater consensus in identifying wellbeing goals and outcomes

“Therapeutic approaches to social work in residential childcare settings”

Professor Geraldine Macdonald, Dr Sharon Millen and Dr Mark McCann Institute of Child Care
Research Hannah Roscoe and Dr Shirley Ewart-Boyle
Social Care Institute for Excellence 2012

- Different Models of Care were trialled in each of N.I.'s Health Trusts residential childcare settings
- Research was conducted to try to establish which one was most effective
- Outcome data in relation to effect on children was limited but positive
- Staff agreed that *all* models had positive effect on morale and practice
- Evidence strongly supports the value of providing staff with the necessary tools to do their job and an organisational context that allows a positive approach to children and young people

Benefits of *any* Model of Care

- Staff reported increases in job satisfaction, morale and consistency of approach. It gave them better understanding of how ACE's negatively affected young people in "here and now" and de personalised challenging behaviour
- Children reported life was less confrontational, were better understood, relationships improved and fewer serious incidents
- All five models reminded staff of their original reasons for working in residential care namely, to help young people who have had troubled lives and experienced considerable trauma
- Most staff thought the models complemented other approaches used across the trust, including Therapeutic Crisis Intervention and Restorative Practice
- Staff were well aware of their connectedness with other services, such as CAMHS, but were equally clear that their training in each of the models allowed them to *think* more clearly and more strategically about their work
- If we are to improve outcomes for children looked-after in residential care, the day-to-day tasks have to be essentially therapeutic, and we have to make sure that staff can approach their work in this way

Significant Issues

- **No single model covered the entire range of children's needs, behaviours or situations staff faced day-to-day so it was important to incorporate techniques and interventions specifically designed for issues that a model might not be sufficient to deal with, such as physically threatening behaviour or self-harm**
- **Despite extensive initial training residential care staff generally struggled to describe the model in any detail**
- **Staff felt that some of the language did not feel comfortable for themselves or the children**
- **Could changes be made to a model without threatening its integrity or breaching a franchise, and does it matter?**

Core Competences of all 5 Models

- Identifies role of Childhood maltreatment and its impact on young people
- Attachment and the impact of attachment disorders
- Importance of self-regulation and how it develops
- Identity, Self-esteem and competence
- In training terms, these building blocks are probably more important than the models themselves
- They probably give a framework that is important to organisational change, leadership and implementation
- These are equally important for success. One possible advantage of a structured approach is in quality assuring practice, but this is not the only route to achieving this

Comparisons between the Models (in terms of explicit statements)	Sanctuary	Social Pedagogy	ARC	CARE	MAP	Welltree Model
Attachment theory	☒		☒	☒	☒	☒
Trauma theory	☒		☒	☒	☒	☒
Competencies		☒	☒	☒		☒
Neurodevelopmental/ bio- psychosocial theory	☒	☒		☒	☒	☒
Systems Approach	☒			☒		☒
Family Work as core principle				☒		☒
Relationship Based		☒		☒		☒
Wellbeing Informed						☒
Risk Informed						☒
Explicit Theory of Change				☒		☒
Standardised Outcomes Measurement						☒

Issues of significance	Sanctuary	CARE	Social Pedagogy	ARC	MAP
	South Eastern	Northern	Belfast	Southern	Western
Comprehensive training delivered to all staff with supporting materials	✓	✓	✓	x	x
Other systems work in a supportive manner, e.g. placement panels, planned admissions, small units	✓	✓	✓	✓	✓
Opportunity for reflective practice and provision of emotional support for staff	✓	✓	✓	x	✓
Good fit of the model with existing culture or language	x	x	✓	x	✓
Buy-in from fieldwork staff (social workers working outside the residential child- care environment)	x	x	x	x	✓
Risk-accepting work environment (encourages enabling young people to take “safe” risks)	✓	✓	x	✓	✓

Conclusion

- Interviews showed that all staff were taking on board a different way of thinking about the children they cared for. They also began to understand how the histories of the young people had shaped them and how they should use this information to understand their behaviour, assess their needs and respond to them
- This perhaps explains the fact that, even though the trusts practiced different models, the effect on staff seemed to have more similarities than differences. The shared emphasis across the models on key concepts like trauma, attachment and competence, also added to this confidence

Questions?

Characteristics of the Welltree Model of Care

The Welltree Model of Care

1. Approach

Unifying concepts that guide the way that care is delivered

- Attachment/Trauma theory used to inform all decisions by staff/Managers and in relation to the development of physical environment that meets child's needs
- Development of child's sense of agency through promotion of Rights based/Participative processes in living environment
- Continuous focus on promotion of a strength-based approach towards children and staff
- Development of a strong Therapeutic Alliance as theoretical framework for relational approach to delivering interventions
- Balancing Risk & Restrictive Practices with consideration of the impact on the Child's short/medium- & long-term Wellbeing of the child to counter balance lifelong effects of Adverse Childhood Experiences
- Skills development prioritized in relation to Behaviour management

2. Framework

Provides structure for implementation of approaches linked to Model

- Provides common set of goals framed within Irish Government's National Outcomes for Wellbeing
- Provides common language for professionals to evaluate progress and guide their judgement

3. Index

Ascribes a numeric value to analysis of outcomes linked to Model

- Evaluates outcomes according to agreed basis/procedure
- Standardises domains, indicators and measures to provide consistency of determining progress
- Facilitates comparative analysis of individual progress and aggregate outcomes for service development
- Graphic representation allows for ease of understanding for children, families and stakeholders

Welltree Model of Care

Welltree Wellbeing Outcomes Framework

Staff appraisal of child's wellbeing and what they can do to improve it

Child's appraisal of their wellbeing and what they can do to improve it

Family's appraisal of their child's wellbeing

Other Professional's appraisal of the child's wellbeing

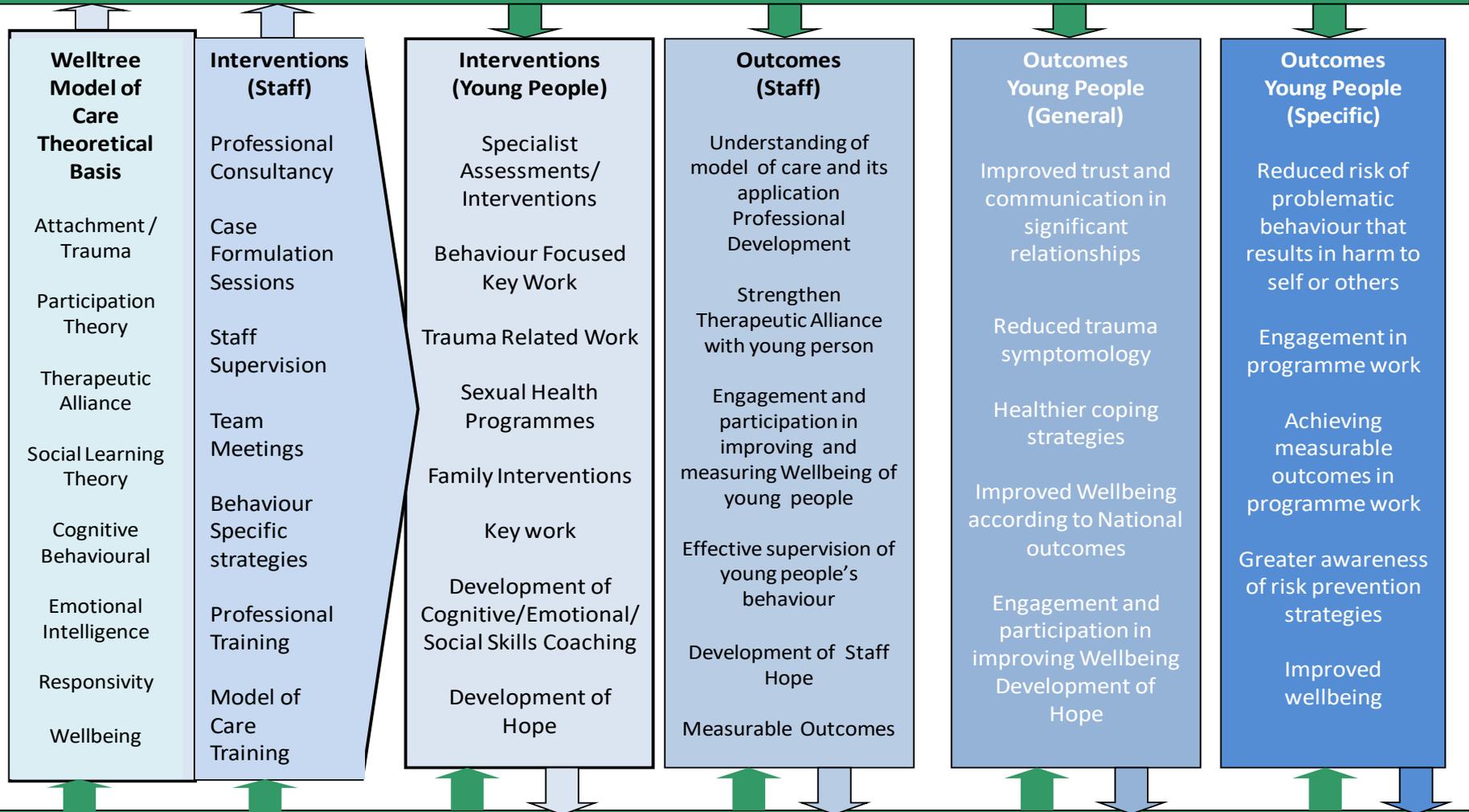
Therapeutic Approach

Attachment Trauma Risk & Wellbeing informed

Therapeutic Alliance

Therapeutic residential life space

Structure, Consistency, Modeling Pro Social Behaviour, Nurturing Interactions, Teaches Skills and provides Unconditional Positive Regard



Evaluation

Ongoing assessment of wellbeing using Staff observation of behaviour / development of skills, Young People's feedback, Families feedback. Social Work, Data based on aggregate basis and Quarterly use of Welltree Wellbeing Outcomes Framework to measure progress in placement



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Principles that guided the development of the Welltree Model of Care

ACEs are

ADVERSE
CHILDHOOD
EXPERIENCES

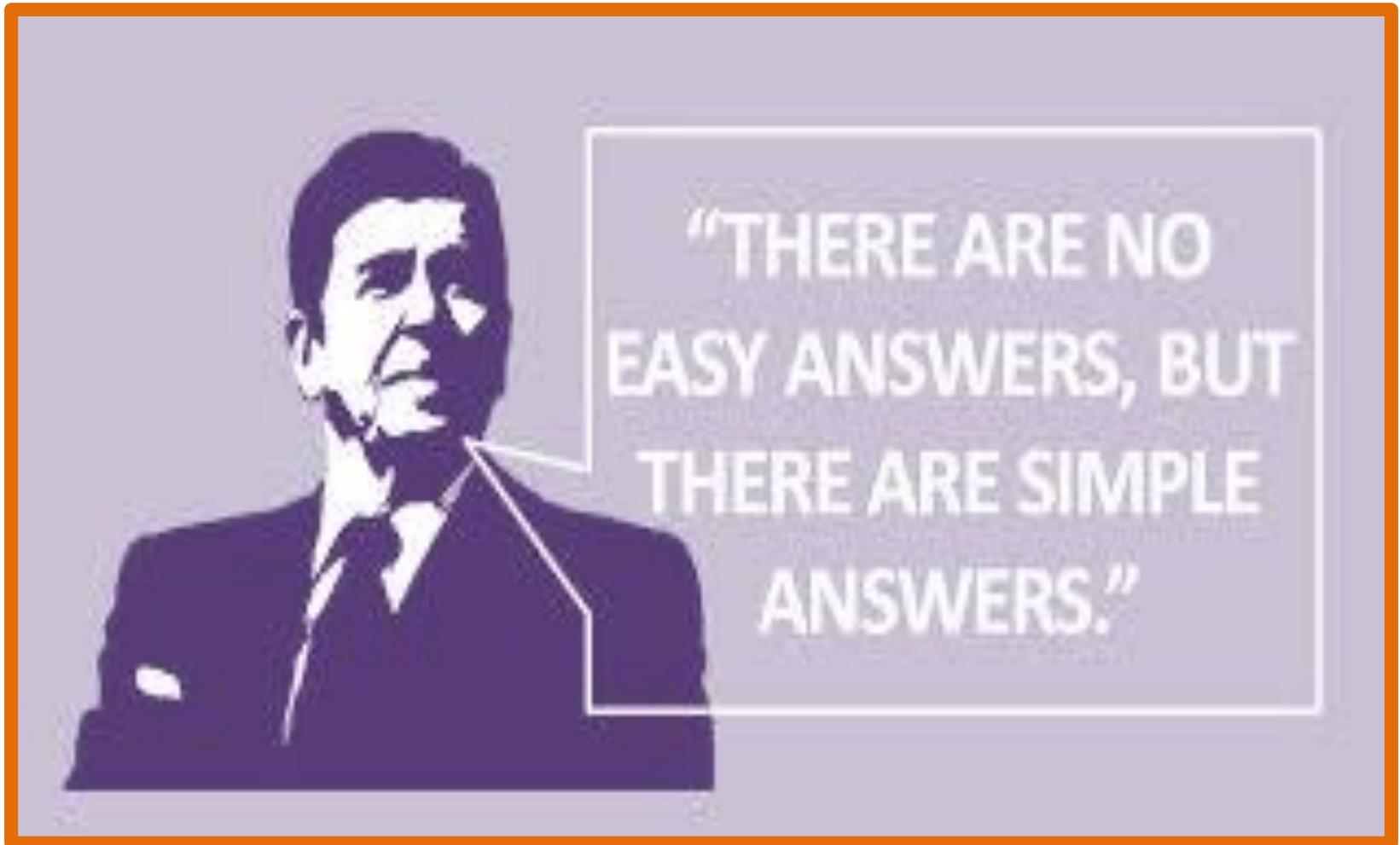
Adopting a Collaborative Approach

**None of us are as
smart as all of us.**

~ Ken Blanchard

@UserOne / boldomatic.com

Promote memory retention aid understanding



Relationship Focused

- Psychosynthesis was regarded by Assagioli as more of an orientation and a general approach to the whole human being, and as existing apart from any of its particular concrete applications. This approach allows for a wide variety of techniques and methods to be used within the Psychosynthesis context
- 'Dialogue, sand tray, art therapy, body work; cognitive behavioural and other techniques are all powerful tools for integration', but 'the attitude and presence of the guide are of far greater importance than the particular methods used'

Dr. Roberto Assagioli, M.D.

Constructive Non Conformity

“If you want engaged employees let them break the rules”

Francesca Gina



Let your workers rebel_b87d0da9-de68-45be-a026-22dee862e6e4.pdf

But it doesn't tell you what to do!



Actively Encourage Trial and Error



Weighing up the Welltree Model

Downside

Upside

It doesn't tell us what to do

It is too generic to be useful

It doesn't advocate any specific technique

It's really simple

It can be used in any service

It can be adapted without losing fidelity

It relies on staff judgment

Summary

- **We want staff to focus on developing their creativity by adapting the principles and the model to each child in their care**
- **Encourage staff to focus on the impact of their interventions not their outputs**
- **To help staff develop the child's knowledge and skills rather than behaviour modification**
- **Model "nudges" staff to take the least restrictive approach by emphasising holistic concept of wellbeing in short/medium/long term**
- **Try to help staff develop their professional judgement by making "good" rather than "right or wrong" decisions i.e. take account of all four principles of the model in as many day-to-day decisions as possible**

Questions?



Measuring Outcomes

Measurement based Care

- A shared measurement system that uses organisational level data from a common set of indicators to answer important questions about the effectiveness of residential care
- If reassessments are being done to measure progress, and the results are used as a springboard to look at strengths as well as areas of struggle, young people and their parents will be more likely to engage
- The ability to show, in a graphic presentation, how measures on a particular scale have changed, can make parents and young people feel included instead of being subjected to an arbitrary process and develop hope
- Data driven improvements arising out of feedback can help to set organisational goals, aid strategic planning and develop hope in the staff team

MEASURING OUTCOMES

(It's a piece of cake!)



Level 3 Outcome

Young People give regular feedback about their experience of our Services and describe how it has helped to change their thoughts, feelings and behaviours

"The young people agree it tastes good"

Level 2 Outcome

Organisation is able to provide evidence that the young people have engaged with their services and have been observed to have changed their thoughts, feelings and behaviours

"We all think that it tastes good"

Level 1 Output

Organisation is able to provide evidence that it has provided a range of services that meet the requirements of regulators and match the needs/risks of the young people

"We baked a cake and we think it looks good"

Developing an Outcomes Framework

- Establish baseline level when they are start to work with us
- Agree on how often and ways we will re assess
- Standardise indicators and measures to reassess each young person
- Distinguish between outcomes and outputs
- Identify mixture of “Live” and “Lag” outcomes
- Develop records / data bases that can be used as evidence of outcomes

Drawbacks of an Outcomes Framework

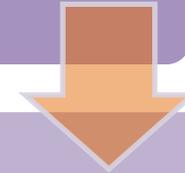
- The score doesn't reflect the complexity of a young person – needs to be used in context of wider assessment of wellbeing
- It isn't a risk assessment
- It can take time to complete and might not feel relevant to front line staff
- It has to use generic domains, indicators and measures to achieve standardisation
- Its still subjective

Measuring Wellbeing

Identify Domains



Identify Indicators



Identify Measures

VISION

Our vision is to make Ireland the best small country in the world in which to grow up and raise a family, and where the rights of all children and young people are respected, protected and fulfilled; where their voices are heard and where they are supported to realise their maximum potential now and in the future.

NATIONAL OUTCOMES



AIMS:

Children and young people are or have ...



Children and Young People have a voice and influence in all decisions affecting them

Welltree Wellbeing Outcomes Framework

National Outcomes

Active & Healthy, physical & mental wellbeing	Achieving full potential in all areas of learning & development	Safe & Nurtured	Economic opportunity & Life skills	Connected, respected & contributing to their world	Hope Goal setting & planning for the future
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Welltree Wellbeing Index

Developing			Consolidating		Flourishing	
Scoring within this range indicates that the young person is still developing an understanding of the factors that could affect their wellbeing. They occasionally express or demonstrate evidence of wellbeing and require a high level of support			Scoring within this range indicates that the young person is consolidating their learning in relation to the factors that could affect their wellbeing. They often express or demonstrate evidence of wellbeing and require a moderate level of support		Scoring within this range indicates that the young person is flourishing in terms of their wellbeing. They have achieved a good understanding of the factors that could affect their wellbeing, consistently express or demonstrate evidence of wellbeing and require a low level of support	
0	1	2	3	4	5	6

Welltree Wellbeing Outcomes Framework ©

Indicators

1. Active & Healthy	
1 (a)	The young person <i>understands</i> the importance of healthy sexual attitudes and <i>demonstrates</i> healthy sexual behaviours (including online)
1 (b)	The young person <i>understands</i> the importance of and <i>experiences</i> a good quality and age appropriate quantity of sleep
1 (c)	The young person <i>understands</i> the importance of having a positive body image and <i>demonstrates</i> healthy attitudes and behaviours
1 (d)	The young person <i>understands</i> the importance of developing their emotional intelligence and <i>demonstrates</i> these skills
1 (e)	The young person <i>understands</i> the benefits of taking part in regular physical activity and <i>demonstrates</i> healthy attitudes and behaviours
1 (f)	The young person <i>understands</i> the range of potential consequences of using alcohol, tobacco and other drugs and <i>demonstrates</i> healthy attitudes and behaviours
1 (g)	The young person <i>understands</i> the importance of healthy eating and <i>demonstrates</i> positive attitudes and behaviours
1 (h)	The young person <i>understands</i> the effects of trauma and <i>demonstrates</i> this through their positive attitudes and healthy coping strategies

Good evidence from multiple sources

- **Up to 3 significant pieces of evidence required for each measure**
- **Scoring depends on quality of evidence used**
- **Evidence based on staff observation of behaviour and comments made by young person**
- **Need as many different views as possible to overcome subjective i.e. observability bias**
- **Guided professional judgement using multiple sources**

Indicator

1 (b) The young person *understands* the importance of and *regularly experiences* a good quality and age appropriate quantity of sleep

Measures

<ul style="list-style-type: none"><i>The young person understands the importance of sleep in relation to their wellbeing</i><i>They understand that taking naps during the day and using stimulants such as caffeine can disrupt sleep</i>	1	Developing
<ul style="list-style-type: none"><i>They are willing to discuss ways in which they could improve the quality of their sleep</i><i>They understand that using ICT or computer games close to bedtime can disrupt sleep patterns</i>	2	
<ul style="list-style-type: none"><i>They exercise to promote a good quality of sleep</i><i>They ensure that their sleep environment is comfortable</i>	3	Consolidating
<ul style="list-style-type: none"><i>They avoid emotionally upsetting conversations before going to sleep</i><i>They have identified more than one activity that they can use to settle themselves at bedtime</i>	4	
<ul style="list-style-type: none"><i>They put their sleep hygiene routines into practice</i><i>They fall asleep quickly i.e. within 10-20 mins</i>	5	Flourishing
<ul style="list-style-type: none"><i>They experience 8 to 10 hrs of unbroken sleep</i><i>They have a good quality of sleep on at least 4 nights per week</i>	6	

Good evidence from multiple sources

- **Up to 3 significant pieces of evidence required for each measure**
- **Evidence based on staff recognition of behaviour**
- **Need as many different views as possible to overcome subjective i.e. observability bias**
- **Guided professional judgement using multiple sources**

Questions?



Outcome Data

HIQA Data Quality Assessment Tool

Accuracy &
Reliability

Relevance

Timeliness &
Punctuality

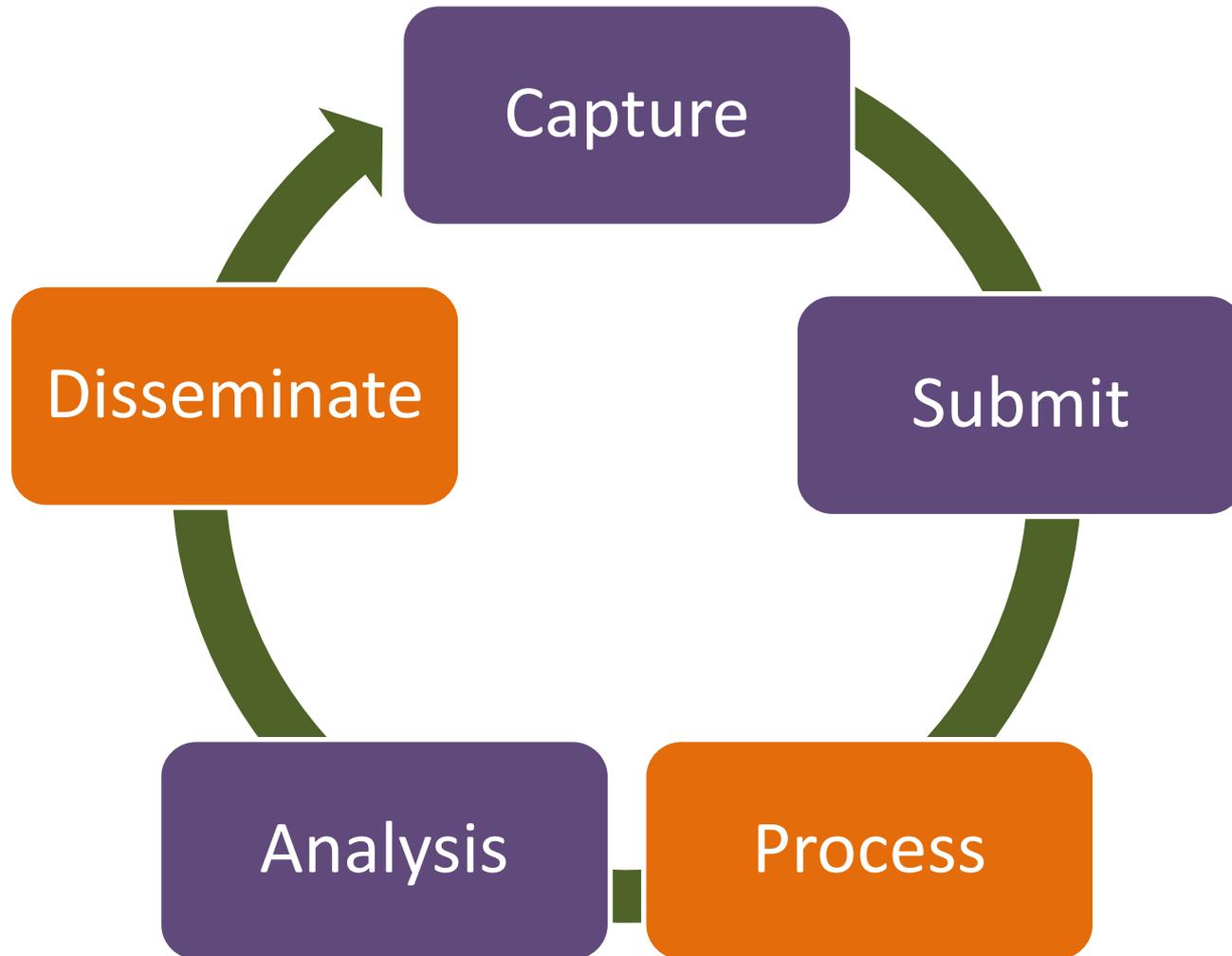
Accessibility
& Clarity

Coherence &
Comparability

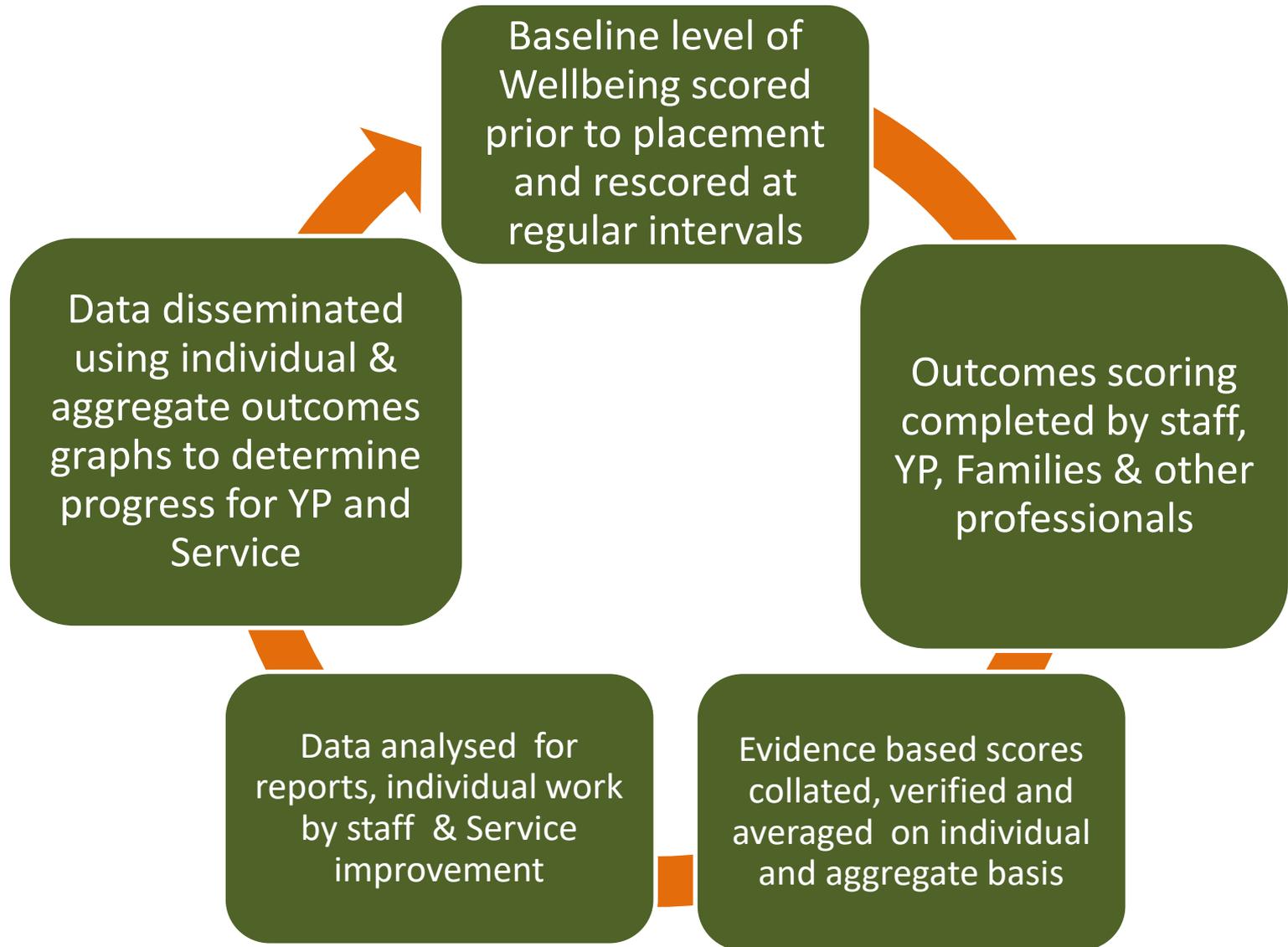
HIQA Data Quality Framework

A target for health and social care organisations is to produce data that is sufficiently accurate, timely and consistent to make appropriate and reliable decisions, rather than aiming to produce perfect data

The data and information cycle



Welltree Outcomes Framework





Questions?