Familiar Faces

A multi-agency framework to support vulnerable people in the community and individuals suffering mental health crisis.

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Key details

Does it work?	Promising
Focus	Prevention
Topic	Vulnerability and safeguarding
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Region	North East
Partners	Police Health services Local authority
Stage of practice	The practice is implemented.
Scale of initiative	Local
Target group	Adults

Aim

- To improve outcomes for vulnerable people in the community such as their access to appropriate services and their experience of being involved with services.
- To improve the sharing of, and access to, appropriate and relevant information between professionals to better support this vulnerable cohort.

Intended outcome

- Reduced death or injury in vulnerable people.
- Reduce repeat demand for service, measured through assessment of randomly selected 20 people.

Description

Background

Police calls associated with mental health crisis have risen internationally. In Durham, there was a number of people going missing from a local mental health hospital. A neighbourhood inspector went to the hospital to figure out how to reduce the number of individuals going missing. However, from this conversation it was evident that there was a barrier between the mental health hospital/practitioners and the police force. An issue was identified in how the police and mental health organisations were working together, with a lack of understanding around what each role could do for the individual and a missed opportunity to share information effectively.

Problem-solving

Practitioners from nine agencies, representing the police, health and care professions formed a core working group and held problem-solving partnership events. Within these meetings the nine agencies followed the OSARA methodology (Objective, Scanning, Analysis, Response and Assessment) to highlight the various obstacles which were impacting the quality of service for vulnerable individuals aware to multiple agencies. The OSARA problem solving methodology is used as a guide to problem solving, to understand what a problem is, why it is recurring, what is to be achieved, how it can be addressed and whether it worked. After several workshops following the OSARA structure, themes were identified:

- lack of understanding of health terminology and procedures

- manipulation by some service users who wanted specific action
- an inability to access appropriate health advice out of hours
- ineffective care plans
- disputes surrounding the identification of priority patients
- lack of information sharing
- no coordination of agencies
- no effective referral mechanism
- no evaluation

Familiar Faces

The Familiar Faces programme was launched in 2019 to take a multi-agency approach to the problems identified above. It is NHS led, with a dedicated coordinator and administration. The programme is supported by a core group representing nine police, health and care agencies such as:

- the police force
- local authority
- Mental Health Trust
- ambulance service
- housing providers
- mental health practitioners

The core group work with a systematic, tiered referral system. At the start of the programme, Familiar Faces just worked with high-intensity users who were prevalent across multiple agencies. However, it was identified that this was missing individuals who were just starting to become known to services. Due to this, the group created a phased approach:

1. Early intervention, details of an individual brought to a service are shared across the group to see if they are known to other services. If two or more services are aware of the individual, a stakeholder meeting takes place and they are referred to Familiar Faces.
2. A full panel of practitioners, usually a PC, sergeant or police community support officer (PCSO), and mental health practitioners put a plan in place and decide whether bespoke support needs to be brought in, for example a consultant psychologist.

3. If the individual continues to be identified by multiple services then it can be reviewed at a higher level where the high-intensity user is discussed with the managers at respective services to problem solve and figure out a better way to reinforce plans.

Central to the programme is an agreement to make no decisions without both health and police representation present, known as the 'Green and Blue' model. This was important to the roll out of Familiar Faces as a lack of joined-up decision making was identified as a reason for the previous breakdown of multi-agency work. When appropriate, other stakeholders can be brought in such as care workers. Sometimes even the individual themselves attends smaller meetings to ensure their voice is heard throughout the process.

Once the group feel that the care plan is effective in helping the individual, and they are no longer being identified by multiple partners, the Familiar Faces profile is deleted from all service internal systems.

Information sharing

The group share a formal agreement to share information based on the Crisis Care Concord act. Within the stakeholder panel, there were multiple conversations with what agencies could and could not share. It was specifically stated that only relevant information should be shared across agencies, such as the nature of their condition – unnecessary information such as what medication someone was taking did not need to be shared at this stage. Processes were put in place so that information sharing was automatic through an information sharing hub. The information is shared with a Familiar Faces coordinator who is a mental health practitioner, and then it would be disseminated to relevant agencies. Information sharing is done digitally on various services' management platforms. A plan owner is assigned to the Familiar Faces profile, usually the police officer who is attending the planning meeting. The Familiar Faces profile acts as guidance for the officer when working with the individual. Mental health practitioners have the same profile on their own internal system. If relevant, other agencies like A&E will also have the Familiar Faces profile on their system. If the Familiar Faces work ends for an individual, due to them no longer needing the service, each agency is contacted to remove the plan from their internal systems. The Familiar Faces profile is in addition to the care plan that will already be in place for the individual.

Evaluation

HEAR Evaluation

The HEAR study was led by Dr Jason Scott and Celia Mason from Northumbria University, as part of the North East and North Cumbria Applied Research Collaboration. The study aimed to understand how different types of High Intensity User (HIU) interventions are implemented into practice.

Qualitative data was collected from staff working within and with three diverse HIU programmes in north east England. Analysis of data followed the thread of police and HIU staff working together to respond to mental health calls made by people who frequently use urgent and emergency care.

Participants shared that cross-organisational working between police and mental health staff provided extra support to individuals in the community. Three main themes were identified: shared frustration, embedding change and business as usual.

In relation to shared frustration, services shared similar challenges and barriers, finding common ground and moving away from working in a silo. The theme of embedding change found information sharing, mutual respect and professional development. Business as usual stemmed from a shared acknowledgment that the intervention and co-working within HIU services is now normal practice, offering enhanced and consistent support to individuals and sharing resources between services.

Key points generated from the study were:

- Police and HIU services benefited from sharing of pertinent information and an increased mutual understanding of roles and standpoints in other organisations.
- Person-centred care plans enabled police staff to support individuals in the community with insight and understanding.
- The enhanced offer of support to people who frequently access services was notable to staff, increasing confidence in their methods of support.

Findings from the HEAR study are being submitted for publication in an academic journal, details of which will be provided on release.

Overall impact

1. Improved outcomes for vulnerable persons in the community, while reducing the risk of death or injury

Several case studies illustrate how care management plans have improved lives. Examples include previously socially isolated individuals suffering with depression now involved with volunteering and engaged in employment. Further examples include individuals who frequently used services no longer using services because of their underlying issues being addressed. A systematic evaluation was conducted on a random selection of 20 Familiar Face repeat subjects, by an officer from the force who was unrelated to Familiar Faces. Following data cleansing and the removal of those who had left the area, this left a sample of 14. The evaluation compared six months before the intervention with a six-month period a year later, finding a 69.4% reduction.

2. Improved sharing of, and access to, appropriate and relevant information between professionals to better support this vulnerable cohort

Information sharing is in place. Police and NHS take part in joint planning and action around individuals and support services, and the individuals themselves are involved in this process. This has improved relationships between partners. The police and mental health practitioners have an improved working relationship and have recently presented talks together at conferences to share this practice. The intervention has removed the barriers between the police and NHS and has improved understanding between the sectors. The services have also learnt from each other, which has improved the quality of the service vulnerable individuals are receiving.

3. Reduced repeat demand for service

The systematic evaluation looking at 14 randomly selected service users in Familiar Faces demonstrated a:

- 69.4% reduction in police incidents
- 73.7% time saved
- 581.01 police hours saved
- 73.3% reduction in cost to police, with £14,525.42 saved

Learning

- As we are dealing with people, it is impossible to account for each circumstance. We learn with every plan and close those loopholes. Some particularly high-demand users cross services and have had several plan cycles.
- Time: people were busy and making time to work through it was difficult.
- It was really important to slow the process down and not jump straight into response. Spent the first session with an introduction to problem solving, using OSARA, objectives, scanning – we were very careful to not just jump to response.
- A learning curve was thinking about assessment right at the beginning, so the right procedures are in place to manage the assessment. None of the agencies had bought into assessment and therefore the assessment was hard and focused more on professional opinions rather than the opinions of the service users.
- A large contributing factor to the success of Familiar Faces was identified as the structure of Durham's force and the lack of a specialist team. Familiar Faces was rolled out across the force and worked with PCSOs who were responsible for their communities and therefore had the best understanding of their communities. If it was a specialist team of a smaller number, they would not have had the same level of impact and the programme would not be so effective.

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Tags

Mental health