Headspace
The Family Inclusive Practice Project 2013-15

✅ Critical success factors and ✗ inhibitors

Across the four sites participating in the Family Inclusive Practice (FIP) project a number of factors were identified as variously contributing to high levels of adoption of Single Session Family Consultation (SSFC) by practitioners and constraining uptake of this model.

Success factors
Provision of onsite training and supervision in SSFC.
Management support in ‘authorising’ and encouraging uptake of SSFC.

Inhibitors
Use of the site lead position as a means of providing a direct specialist service to families, rather than to build the capability of colleagues and overall capacity of the centre.
Workload concerns associated with seeing families being in addition to existing core role.
Lack of availability of consulting rooms that could accommodate families (rather than two people).
Practitioner's attitudes in relation to including families in care and their comfort in meeting with families.

Focus on clients

Project governance included reporting to the family and friends established at headspace National Office.
The implementation of SSFC included the incorporation of client and family feedback on SSFC sessions. This provided an opportunity for clients and family members to provide feedback to practitioners on their experience of sessions. Interestingly, both clients and family members rated sessions highly, with family member feedback being slightly higher than that of clients.

Participant perspectives

“Well I think that within our Headspace centre it has been implemented completely. Every practitioner would - or clinician would be using it, our youth workers are encouraged to use it. It’s something that each person is encouraged to use....”
(Practitioner)

“I think probably some of the other barriers that we’ve had is in staff training and confidence, more so early on and also some ideological views that, as a youth worker or a youth service, we should be seeing young people on their own.”
(Practitioner)