



“Raising the Village to Raise the Child”: The Village Approach - Supporting Children of Parents with a Mental Illness

Practice Approach (Version 2.0, 2023)

**For Healthcare Providers, Social Care Providers, and Village
Facilitators**

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Purpose of this document

This document describes a practice approach to support you in your work with children of parents with a mental illness and with the parents themselves. It describes a systematic approach on how to integrate new practice elements into existing practice and routine procedures. A practitioner could adopt the approach in working with a parent or child in a range of contexts. In particular though, this framework focuses on practice steps to identify (hereinafter referred to as “Sensitive Screening” SENSE) the children of parents with mental health issues early within adult treatment services; and to build a collaborative village of support around the child to enhance their formal and informal support network (further described as the Collaborative Village Approach, CVA).

This framework is targeted at adult mental health practitioners, primary health clinicians, and village facilitators [40]. This document has been created to provide you, as the practitioner, all the tools required to understand and implement the practice framework, in a way that meets your needs. It includes the values, attitudes and beliefs that underpin the framework, the knowledge and rationale behind the framework, as well as a practical step by step guide to illustrate how the framework can be used in practice.

This framework is based on research and development in the area of early intervention for children of parents with a mental illness and their families. It is informed by the work of Tytti Solantaus on the Let’s Talk About Children Intervention (Finland); Joanne Nicholson on the Parenting Well Program (USA), Emerging Minds – National Workforce Centre for Child Mental Health (Australia), and the COPMI National Initiative (Australia). This framework is also informed from research into practice approaches to support parents and children – and draws on the research literature on family group conferencing, child aware practice, and motivational interviewing.

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1. BACKGROUND

1.1. Parents with mental illness and their children

International studies estimate that one in four children worldwide currently grows up with a parent with a mental illness [1] [2] [3] [4] [5]. Mental illness can be an intergenerational issue, as children whose parents have mental illness can have an increased risk of developing behavioural, academic, and/or mental health problems due to a range of genetic, environmental, and psychosocial factors [1]. These children may experience reduced parental attention and role reversal issues, where they take on the role of parenting and caring for siblings or their parents [2]. Increased awareness of the risks of these children among the staff of psychiatric services and institutions can help to promote the healthy development of the children. This includes active cooperation with parents and children to support them in their daily lives.

In adult mental health services, evidence indicates that between 12-45% of all clients are parents with mental illness [3]. These parents face similar parenting issues as other parents, and while not all parents with a mental illness struggle, there are many that do. However, due to the poverty and social isolation, stigmatisation and discrimination that often accompany the illness, as well as the lack of targeted support in parenting (especially in crisis situations), these parents may face greater challenges. Parents benefit from emotional and practical support, and mental illness information and education from practitioners for themselves and their children. This enables them to talk about the potential impact of mental illness on them as parents, their child, and their family. Offering support to parents and their children may break the cycle of intergenerational transmission of mental illness and reduce the undesirable consequences for children of mentally ill parents.

1.2. The role of mental health services with parents and family

Adult mental health services are ideally placed as a first contact with families and an opportunity to initiate support when a parent is mentally unwell. However, many such services can be dominated by an individualistic, patient-centred approach in their treatment. In contrast, a family-focused approach to care takes into account the needs of the family as a whole. Family-focused practices include assessing and understanding family needs, providing social, emotional and practical support, family psychoeducation, family care planning and goal setting, coordination of care, and referral to other services to support not only the patient but the family as a whole [4].

For parents with mental illness and mental health practitioners, there may be challenges to having open and supportive conversations about parenting and children. Parents with mental illness are often fearful of having these conversations that may leave them feeling judged in their parenting or fear losing custody of their children.

Engaging parents in these conversations during their healthcare journey can be an issue in the adult mental healthcare system given the dominant care paradigm guiding these services. Challenges to family-focused practice also exist for practitioners, who may not feel they have the time or particular skills to talk to parents about the well-being of their children. In

addition, the parents themselves are not always willing to talk about their children and family. However, there is increasing evidence that supporting parents with mental illness and their children is an important intervention point that can help alleviate the impact of mental illness on the family, improve children's mental health outcomes, and reduce barriers to parents' recovery [5]. Engaging parents can be the catalyst of change for the family to alleviate the impacts of mental illness on children and the family.

1.3. The Village Project

The four-year research project from the Ludwig Boltzmann Society and the Medical University of Innsbruck "How to raise the village to raise the child? Supporting children who have parents with a mental illness" (short: "The Village Project") addresses the support of children and families in the region of Tyrol (2018-2022). It aimed to improve the health and well-being of the children concerned. This was designed to be achieved by improved identification of children and adolescents whose parents have a mental illness (SENSE) and by enhancing the support networks around the child and their family of informal and formal resources (CVA). The focus of the approach is on the children's perspective and a collaborative, strength-based support approach. The practical approaches were developed together with local stakeholders and have been implemented and evaluated in parallel.

1.4. Evidence-Informed Practice

The practical approaches described in this guide are based on the following sources, which were gathered in the context of a situation analysis by the Village project: (1) *Literature review* on successful practical approaches of working with children affected by family mental illness, integrated or collaborative care models and on the possibilities and effects of social support for children; and (2) Expert knowledge on living practice models based on *local and international interviews*. These extensive findings were transferred into concepts for Tyrol in a co-development process that brought together key stakeholders, practice leaders and people with lived experience in several workshops. A scientific publication provides an overview of the methods and approaches generally underlying the Village project [17] and further references that have been published since the project began can be found in the reference section (Section 9).

The practice approaches are also heavily drawn from existing evidence based interventions such as: Let's Talk About Children [6] [7], Family Talk [8], ParentingWell [9], Social Network Conference [6] [7], and other evidence-based practice elements described in research in adult mental health settings [10]. The practical approaches drawn from the literature on motivational interviewing are to assist in outlining rapid engagement techniques that can support practitioners in talking with parents and their children, particularly where there may be hesitancy [11] [12] [13].

1.5. Support for Implementation

Organisations may wish to draw upon Implementation Science theory to help in transitioning to implementation of the Village Approach in their service. The implementation process is expected to involve consultation with staff, leadership, key local organisations and partners

including health services, mental health services, child protection, social care, and family support services, particularly in relation to increased coordination and integration that might result from the Village Approach.

Tailored implementation guidance (see Appendix 8) has been prepared to support organisations implementing the Village Approach, focusing on the key implementation drivers of Leadership, Organisation and Competency.

We recommend as a beginning stage to understand how the Village Approach may work within your current operations and then a 'Cycle of Learning' approach needs to be adopted to plan, act, and review changes. This approach enables the organisation to problem solve when challenges are identified and to ensure the organisation will be delivering the new way of working consistently, according to its principles.

Implementation of the Village Approach may require an investment in project support and implementation teams that continue to drive and reflect on data over the implementation period.

1.6. The Co-designed Village Approach

This guide describes two main practical approaches: 1) an approach to improve the recognition of children who have mentally ill parents when parents come into contact with the care system (Sensitive Screening: SENSE) 2) activating professional and informal social support for the children according to individual needs (Collaborative Village Approach: CVA) The process steps are shown in (Figure 1 and 2)

Key Steps in the practice model are:

1. Identifying parenting status, and child and family characteristics and responsibilities (SENSE 1)
2. Exploring with a parent about the child's adjustment – strengths and challenges (SENSE 2)
3. Developing a shared understanding with parents and children on the day-to-day life of the child and the supports in place and needs to strengthen these supports (CVA)
4. Develop a support plan to strengthen and maintain the child's supports through a network meeting (CVA)
5. Review the support plan, troubleshooting and addressing issues for sustainability into the future (CVA).

Figure 1: Codesigned Sensitive Identification Process in a Health Setting (SENSE)

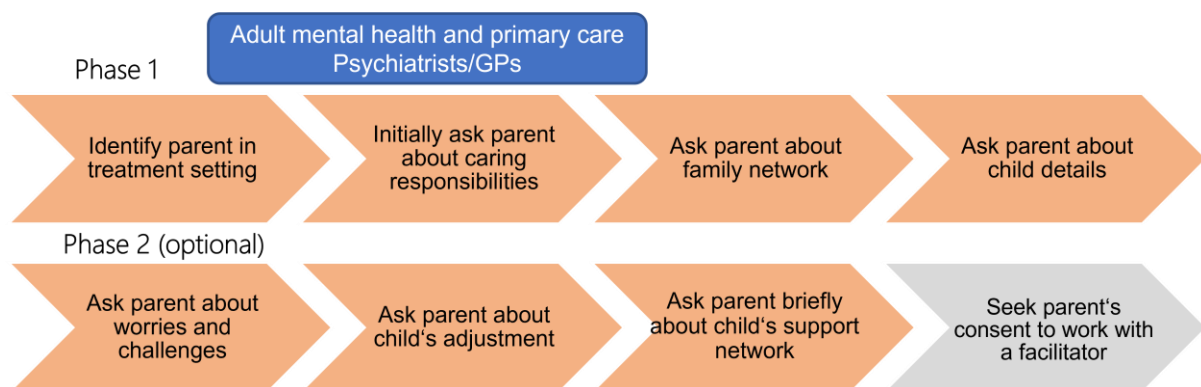
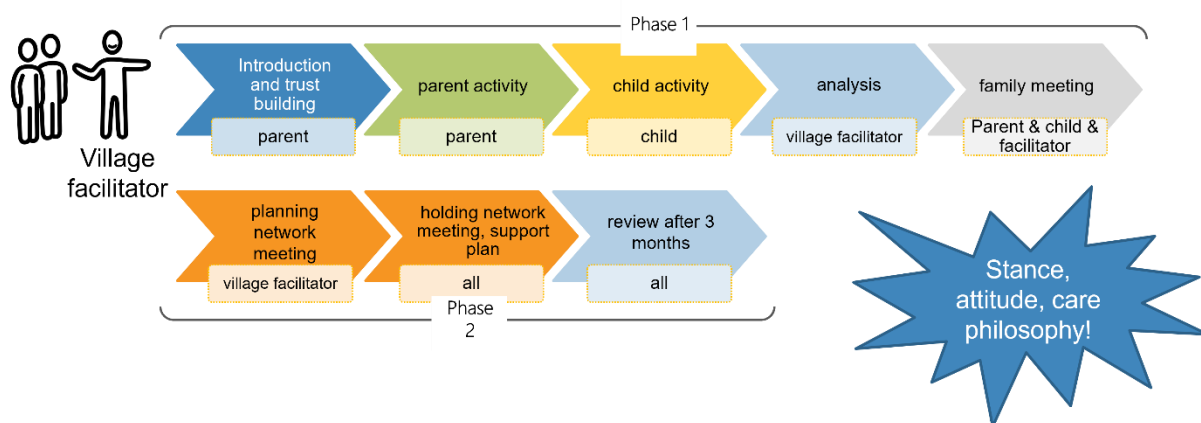


Figure 2: Codesigned Collaborative Village Approach in a Community Setting (CVA)



More detail about these steps is explained in Chapters 6 and 7. The following chapters are concerned with the philosophy, stance, and practice competencies needed to deliver the steps of the approach.

2. THEORETICAL FOUNDATIONS OF THIS MANUAL

1. Motivational interviewing

This therapeutic style and stance [11] is one of the common elements to effective strengths-interventions for vulnerable families. It supports an approach that addresses possible hesitancy and issues where stigma and shame may influence engagement with parents.

2. Capacity building

The guideline is based on supporting parents and children in recognising their personal power of action, as well as strengthening their competence and self-confidence to be able to cope with everyday life with a mental illness. The focus here is on a strength-based approach that promotes the problem-solving competence of parents and children, aims to enhance their personal independence and coping with their own lives, as well as supporting self-regulation, individual decision-making competence and the problem-solving capacity of a person [41].

3. Social determinants of health

The social determinants of health are the conditions under which people are born, grow, live, work and age. These conditions are characterized by the distribution of money, power and resources at global, national and local levels and include things like financial situation, education, employment status or social networks. The social determinants of health are mainly responsible for health inequalities - preventable differences in the health status of people within and between countries. Especially for children, well-tested scientific evidence shows that social determinants have a major influence on their later health and overall well-being [14] [15] [16].

4. Sociology of childhood

Childhood is a social construct and evolves around broader social changes. The sociology of childhood describes the current interpretation of childhood that sees children as competent and empowered to act, and that assumes that they are capable of being actors in their own lives, influenced by their social environment as well as influencing it themselves. In recognition of the UN Convention on the Rights of the Child (especially Article 12, Participation of Children), conditions must be created in which the contributions and views of children are recognized and included in decision-making. Children communicate their needs and preferences from birth and can express their ideas and thoughts verbally from the age of three [17]. To investigate the personal experience of children means to also acknowledge them as active actors in their own lives.

5. Self-regulation

The conceptual framework for this guide is the therapeutic approach of Kanfer and Schefft [18], which was designed for work with adults. Further theoretical foundations of this guide are social learning, cognition and behavioral theories, including functional

assessment [19], cognitive behavioral therapy [20], self-effectiveness [21], and acceptance and commitment therapy [22]. Self-regulation can underpin positive child mental health and help both parents and their children cope with stressors in their lives.

6. Theory of self-determination

According to the theory of self-determination, health behaviour is driven by a variety of motivations that vary along a continuum of autonomy [23] [24]. Taking responsibility for one's own behaviour leads to greater well-being and sustainable changes in behaviour are possible [25]. A more independent motivation is made possible by satisfying three basic psychological needs of the individual:

- Autonomy (the feeling of being empowered and having freedom of choice),
- Competence (the feeling of being efficient and competent) and
- Connectedness (the feeling of being close to others and being appreciated by others) [26].

3. PRINCIPLES IN THIS GUIDE

An essential aspect in the implementation of the described practice approaches is the fundamental stance you adopt in the delivery of the tasks of this approach. It highlights the values that underlie the practical action and determines *why* you do something in a certain way when working with parents and their children.

3.1. General Principles

The approach is based on the following principles of practice:

- Orientation on strengths of the family (members) instead of weaknesses
- Recognition of the decision-making competence of parents
- Trauma Sensitivity¹

The aim of the described practices is to develop a sense of trust and a feeling of confidence for the concerned parents and children. All elements of the described practice approach open up the possibility that the parenting experience with a mental illness, and growing up in a family where one parent is mentally unwell, will be normalized (with the experience of not being alone) and recognized. The focus is on a nonjudgmental, interested stance towards families, which helps to create a trustful and supportive atmosphere for parents and children, and which helps you as a mental health professional, general practitioner or village facilitator to have a meaningful conversation with parents and children.

Another central principle of all the practice steps described below is that, whenever possible, the viewpoint of the children and the parents is integrated into all processes and decisions. The perspective of the families concerned serves as an essential basis for understanding their needs and developing a common social support network for the children.

3.2. The Stance

The way we engage parents and children about the impact of mental illness will be guided by the way we conceptualise the relationship we are attempting to build with them. This usually involves developing our working relationship in relation to our beliefs and values. The stance is the belief system behind the what-we-do, which will ultimately drive practice and skills.

This stance will be important for the rapid engagement of parents seeking treatment for mental health issues, as well as when there are opportunities for discussing with children themselves the impact mental illness has on their daily life (Table 1).

We will now discuss the principles for rapid engagement which will help you deliver the practice following the described stance.

¹ Awareness of the effects of traumatic events in families and children and creating an atmosphere in which all persons feel safe, welcome and supported

Table1: Principles for rapid engagement

Principles for rapid engagement	Definition
Curiosity	Shows the parent and children we are genuinely interested in their life and their family - helps parents feel more connected to us.
Collaboration	Shows the parent their contribution is important to the work we do – helps parent feel more autonomous.
Strengths, hope and vulnerability	Shows the parent we genuinely think they are capable of making their own change – helps parent feel more autonomous and effective as a parent.

1. Curiosity

A curious stance involves taking a genuine interest in a family's experience of their current situation and its impact upon parenting and family relationships. This is perceived as a different conversation by parents to an enquiry into symptoms, solutions to problems, or even our own concerns as a health professional. Part of our own concerns might be obtaining information about the child and asking more about parenting, children, and family relationships. In general, the attitude here is about being curious about the person in front of us. Despite the fact that pushing our safety concerns aside might go against a curious stance, it important to note that this stance should be complemented by the stance below, such as collaboration, which requires us to put forward our ideas and experience, only where needed.

In practice, to take this stance, a practitioner would be curious about emotions and feelings behind the parent's experience (positive or negative), not just the details of the experience itself. *What is the parent's experience of the interaction with you / the time in hospital? What is their experience of parenting with a mental illness?* In this sense, practitioners would also be curious as to what is behind their decision-making and behavior that they see in themselves and their children, even ones that might be challenging to hear.

a. How does it link to improving our conversations with parents?

This stance will help parents feel connected to practitioners. Parents are likely to talk to you about parenting, children, and families if they think you are genuinely curious and wanting to connect on a human level, not because it is part of your job or a box you need to tick. This helps you focus on supporting a parent's autonomy.

b. Possible challenges

However, parents can also be curious about you. This can be beneficial in some circumstances but can impede on engagement in others. For those practitioners who do not have children, it may be important to consider the issue of parents being curious about the practitioner's parenting status. A practitioner with a curious stance would be interested in the thoughts and feelings of that parent. For example, being curious about understanding whether the parent holds concern about the practitioner's background and experience. In this case, a practitioner might reply with a curious stance asking more about this e.g. "No, I don't have kids. It sounds like you're wondering why I'm asking about your family".

2. Collaboration

This practice framework is premised on the idea of beginning with a genuine collaboration between you as practitioner and parent and their child. This stance needs to underlie the type of relationship we need to build with parents and children, and the attitudes and beliefs and skills that are needed to do this.

Those who live this cooperative approach understand the parent as an equal part of a team, which plays an indispensable role in achieving child development goals. A lived cooperative approach means that you share a common interest in the child's welfare with the parents, and as such, you work together with the parents rather than for them. In a cooperative relationship, there is a commitment to learn from one another and a sharing of power which is evident in the absence of criticism, judgement, need for control, and possessiveness (27).

A practitioner with a collaborative stance believes there is value to teamwork with parents and makes sure the parent is a true participator in conversations and making sure parents have opportunities to showcase ideas and expertise about their own family and mental illness. They are also of the belief that no point of view (either from you or parent) holds more weight than the other. In this way, the small sentence "This is what I think, what about you?" might sum up collaboration. Importantly, collaboration has nothing to do with making decisions for the parent. For example, decisions such as what to talk about, about whether to share information about the family, about what is best for the parent in terms of support and education – are reserved for parents to make, to maintain their own autonomy. As someone with a cooperative attitude, you make this distinction between cooperation and decision making clear to parents.

a. What supports cooperative work?

- An environment where parents make their own decisions.
- An environment where parents provide their own opinions, particularly about parenting, children, and family.
- Respecting the parenting experience - their knowledge and understanding of their own child

- Offer parents your own expertise and information on the topic of "mental illness in a family", but not forcing information on them (see also Chapter 7.1.3 and Appendix 6: Literature list for Children of a Parent with a Mental Illness).
- Starting from a parent and child's identified hopes and concerns about their family

b. How does it link to improving our conversations with parents?

Taking a collaborative stance helps communicate the message that parents are both autonomous and effective – by collaborating with parents you are telling them they are effective at things, such as parenting and decision making, and recognise their expertise (in their own family and their mental illness). It is telling them that they are a meaningful part of the process. This is important, given that some parents, due to many factors, will have experienced many things being directed to them rather than discussed in a collaborative manner (e.g., custody matters). This is not always the case, but it can be particularly relevant for parents who may have had contact with child welfare in the past. It is also telling them that their decisions, for example in what they think their child might need, are trusted and valuable.

3. Working with Vulnerability, Strength, and Hope

Focusing on parental strengths and hopes means believing that all parents, no matter what situation they find themselves in, have strengths that they can use. With such an attitude, you always start from the assumption that parents want the best for their children and that they are capable of giving children what they need. You approach your work with the conviction that parents have what they need to be effective in things related to parenting, children, families, and their own own mental health. By taking this approach, you can more easily identify, highlight, reinforce and build upon the hopes (e.g., wanting to be a good parent, or wanting the best for their children) and strengths (i.e., efforts, capabilities, and positive qualities) of the parents, and the resources available to them as evident within their stories.

a. How does it link to improving our conversations with parents?

If we consider a parent with a mental illness who has spent several years navigating the system, being scheduled by others and feeling powerless over their mental illness, having at least one strengths-based voice in a room may be an important motivator. And if we consider that even the parent's family and friends may also feel hopelessness, you may be the only one in the room (including carers and children) who believes this parent possesses such internal resources.

b. Possible challenges: when parents feel hopelessness and may not think they have strengths

In a conversation with parents about their strengths, they will learn about the vulnerability of their child. This will give you an idea of the parent's concerns. Such information can easily lead you to question your own beliefs (e.g., believing in the strengths and resources of the family). It is precisely here, where parents need your trust and belief in their strengths the most. Only by contributing their strengths will it be possible to classify the parent's worries or concerns more reliably. This creates a balanced view - something that is fundamentally important to parents. On the one hand, it is important to know about the importance of the strengths, and on the other hand to acknowledge vulnerability.

3.3. Parent work is relation work

The relationship between you as an expert, the parent and, the child is of particular importance in this guide. The process of building a relationship begins as soon as the parent takes advantage of your adult-initiated offer. Trust is crucial in this process. The practice approach is based on the approach of an equal relationship between you as an expert and one parent. This implies that you basically assume that parents are able to take responsibility for their own lives and have resources and strengths that can be used to master any challenges in life. This approach challenges you to work in a credible and cooperative manner with families and to recognize parents, along with other important supporters of the child, as important partners with whom desired results for the children can be achieved. In this practice approach, the importance of close relationships is recognized as a central prerequisite for the well-being of people. The ultimate goal, and the cornerstone of your actions, should be to enable both the family and the family support network to promote the child's development.

The practice approaches also recognize that all parents bring their own personal histories when accessing mental health services. However, they may often be reluctant to share their story with you. They may have strong feelings of guilt, or there may be misunderstandings or misinformation, which in turn may affect their willingness to cooperate effectively, or their agreement that you or other professionals can work with their children. Parents may also feel that they are seen as 'bad parents' as soon as they share their concerns about their children, or they may feel saddened when they need treatment for their illness but are separated from their child.

However, parents can also be very open to conversations such as those presented in this practice approach, and may even have been waiting to be able to freely share the situation with their children. Many parents are very concerned about the possible effects of their illness on their children, but they often experience the way these conversations are conducted, and the way questions are asked, as difficult or threatening.

4. WHAT IS THE GOAL OF THESE ACTIONS?

4.1. *Supporting a shared understanding between a parent and a child*

Another key aim of the Village Approach is developing a shared understanding, which means that parents and their children have a similar understanding of the family's situation. The parents understand their children's experiences, behaviours and emotional reactions, and the children receive an age-appropriate explanation for what happens in the family and for the parent's behaviour and actions. A common understanding builds a feeling of connection and belonging and lays the foundation for co-operation and a smooth day-to-day life.

While having a common understanding is important in any family, it is especially important in families facing challenges that are difficult to talk about. Examples of this are fatigue, tension caused by stress, impacts of medication or substance abuse, unemployment, social isolation, financial problems, or symptoms of the mental illness, etc. They will affect the parent's behaviour and the family's life in a way that could make the children insecure, maybe even fearful, and unsure of how they should be. Children can at times form their own interpretation or narrative about the situation or difficulties at home, often mistakenly attributing their parent's symptoms to their own (mis)behaviour. When faced with difficulties, a common understanding and co-operation are essential for the family's resilience, and for children to understand their world.

The conversations between a parent and practitioner in the practice approach can facilitate this shared understanding and help model to parents how they can have a collaborative conversation with their children. These collaborative skills will also be useful for you as a practitioner in talking with children in the collaborative village approach (CVA).

4.2. *Understanding the strengths and vulnerabilities of the child*

A series of conversations are designed in this practice approach to understand the child's day to day life, in order to understand their current support network and any outstanding needs. These conversations need to be a natural part of the analysis of the child's and the family's situation and serve as a basis for the support plan. The focus of these discussions is to understand the viewpoints of the parent(s) and the child on their strengths and vulnerabilities.

Strengths or vulnerabilities in the child's and the family's day-to-day life.

1. **A strength is something that works in the child's day-to-day life.** Putting focus on strengths fosters the child's resilience. Note that strengths are not only particular skills or talents. For example, a strength might be a social group membership or close relationship with a grandparent.
2. **A vulnerability is something that already is a problem, plus anything that can become a problem** if nothing is done. Any actions in this area are aimed to prevent problems for the child. For example, the child may find it hard to make friends and spend time with other children outside of school.

3. **Strength and vulnerabilities stem from the interplay that exists between the child and its environment.** They are rooted in the actions of the family and of people outside the family that are important, which means that adults have the power to influence them.

5. CORE COMPETENCIES

5.1. Practice Skill “Reflective Listening”

Reflective listening is your most important tool for creating a collaborative environment, allowing you to come across as curious and aiming to give a parent a sense of connection with you. When we break it down, there are several steps and processes to effective communication, but there are two key elements to reflective listening:

1. At the heart of reflective listening is first summarizing and interpreting what someone is saying and how they are feeling in this moment (in which you are listening).
2. Reflective listening also requires you to **be aware of your own agenda and expectations**. This agenda might be a worthy cause, such as wanting to find solutions for the parent or child, but it may also interrupt our own ability to listen.

The basic litmus test for reflective listening is often said to be that if you are hearing what the other person is saying, but thinking about what you will say next, you are not really listening.

Reflective listening requires to do three things: 1) identify the client’s story; 2) reflect parental experience and emotions of the story; and, while doing so, 3) avoid offering solutions to the problems described by the parents themselves.

To 1: This is about recognizing the parent’s experience of the topic of conversation, in that moment. In simple terms, you need to identify and listen to the parent’s story, both in terms of the details, but most importantly the emotions that sit behind the story. If you are truly listening to the parent’s story, you will get a sense of what statements might be an appropriate reaction.

To 2: The next step requires you to respond actively (not passively) to the parent’s story by either directly reflecting back a) the words they are saying, or b) the emotion they are experiencing (usually via our interpretation) in that moment. Reflections are easy to learn, but hard to master, see skill ‘Reflections’ for more information regarding reflections (see chapter 5.4 Practice Skill “Reflections and Reframing”).

To 3: This is all done while avoiding problem-solving on behalf of the parent. Here, you should avoid solving negative feelings the parent may have during the conversation or practical dilemmas the parent might be facing.

In this way, during the very first sentence you exchange with a parent, it is hoped the parent might tell another, “this person listened to me”. But more importantly, it is a good way of helping you offer parents a sense of autonomy, effectiveness and connection, the core components of promoting self-determination (see chapter 2. Theoretical foundations of this manual).

5.2. Practice Skill “Clarifying Roles”

For parents, talking about parenting, children and families with a mental health professional can be an intimidating experience. Feeling connected with you as a worker can help alleviate some of that fear. In the absence of time (to build a trusting relationship) or the ability to share personal details, it can be hard for parents to know how the counterpart might react to personal information they share. Clarifying your role is a good way for parents to see your values and gives them insights about how you will respond to their information. In this sense, when clarifying roles, it’s important to focus on helping the parent understand the *nature* of the collaboration, rather than focusing on or listing consequences.

Talk about how you work, your expectations

Several studies in the helping profession suggest that honesty and openness are important for building a good relationship with patients [28]. Again, this helps parents to see who you are and what you value. Some families have been, or are currently, working with multiple services, honestly talking about the nature of how *you* work can be a great way to counter any unhelpful assumptions. It also helps the engagement process by making it a little more personal. In simple terms, people tend to work better with you if you are transparent; they know who you are, how you work, and what to expect.

Example

“...if you’re happy to talk about your family, I’d like to hear from you about how they fit into the picture... Before we get started, I just wanted to tell you a little about how I operate. I value honesty and open communication. I’m straight forward. If there are issues, I’ll bring them up as soon as they appear. Obviously, that means I would encourage you to let me know if there is anything you disagree with or would like to change or add to the conversation. What about you? How do you operate?”

5.3. Practice Skill “Seeking Permission”

It is important to obtain the parent’s verbal agreement to talk about an issue or topic regarding parenting, children, and families, even if they have inferred that they would like to talk about that issue. Without an explicit consent to talk about a topic or concern there is little mandate to continue the conversations with parents, particularly if you expect to live up to a collaborative practice position where you support the parent’s need for autonomy. Therefore, seek agreement as often as possible to raise a new topic (concerning parenting, children, and family).

At times this may seem a redundant step with parents, especially if you feel you have a good relationship already, yet it serves the purpose of making conversations explicit. And, more importantly, it is a way to continually assert the parent’s autonomy by giving them ownership over what they share.

Paradoxically, this often leads to parents being more willing to raise sensitive or difficult issues because they know you respect their right to end the conversation whenever they feel it is

necessary. Moving forward cautiously, coupled with obtaining consent, is an excellent way to live a cooperative stance.

5.4. Practice Skill “Reflections and Reframing”

Reflections show you understand what the parent is thinking and feeling by reflecting what the patients think or feel (paraphrasing, i.e., summarising what is said again in other words, not in the form of a question). For example, “*You’ve tried everything to get your parents to listen, but you feel nothing works, you’re exhausted*”. This simple sentence is an example of a reflection that is perfect for showing a parent that you are listening.

Reflections can be *simple*, such as when a parent says they’re angry we can reflect the words they are saying (e.g., Ariane: “I’m am angry at my parents interfering in my child’s life...” Practitioner: “You’re angry at your parents”). Reflections can also be made by inferring what a parent may think and feel by what was said, without them directly saying it (e.g., Parent: “I don’t know why the kids don’t listen to me!” Practitioner: “It sounds like your frustrated”).

Example 1:

Parent: “I don’t think my children need to know why I am in hospital”.

Practitioner: “You’re not really sure you want to start talking to your kids about your mental illness”

Example 2:

Parent: “I know I need to talk it through with her, it’s just really hard”

Practitioner: “It will be hard, but sounds like it’s been something you’ve been thinking about doing, especially given you’re away”

What to do when parents are in doubt?

When parents are in two minds, instead of asking a question, we can present a *double-sided reflection*.

Example:

Parent: “I know I should get some more help at home, but even getting out of bed to call you know”

Practitioner: “On one hand it feels like the toughest job in the world, getting stuff done around the house, but on the other hand, you know that if you can take the pressure off a bit, you might feel better about your home life”

This example shows how you can use reflection to address both the parent's discomfort and the possible ways out of this situation This can be especially helpful when parents are talking about the importance of helping their children but are at the same time worried.

Reframing when parents lack optimism about a challenge or cannot see strengths - Inviting the parent to view a different perspective.

Importantly, reframing must come from somebody who utilises the collaborative stance to help the parent view a situation from a different perspective. In this way, it is more about inviting a different perspective, rather than challenging the parent's perception.

Example:

Parent: "I just feel like I'm a big disappointment, a bad mother."

Practitioner: "You've managed to get through a lot, Kathy, and also continue to hold your child in mind, what you do takes a lot of strength".

6. PRACTICE APPROACHES

6.1. Overview

As mentioned above, this guide describes two main practical approaches: 1) an approach to improve the identification of children who have mentally ill parents when parents come into contact with the care system (SENSE), and 2) activating professional and informal social support for the children according to individual needs (CVA). The process steps are shown in figure 1 and 2, which are repeated below.

Key Steps in the practice model are:

1. Identifying parenting status and child and family characteristics and responsibilities (SENSE; **Error! Reference source not found.**)
2. Exploring with a parent about the child's adjustment – strengths and challenges (SENSE; figure 1)
3. Developing a shared understanding with parents and children on the day-to-day life of the child and the supports in place and needs to strengthen these supports (CVA; figure 2)
4. Develop a support plan to strengthen and maintain the child's supports through a network meeting (CVA; figure 2)
5. Review the support plan, troubleshooting and addressing issues for sustainability into the future (CVA; figure 2).

Figure 1: Co-designed Sensitive Identification Process in an Adult Health Setting (SENSE)

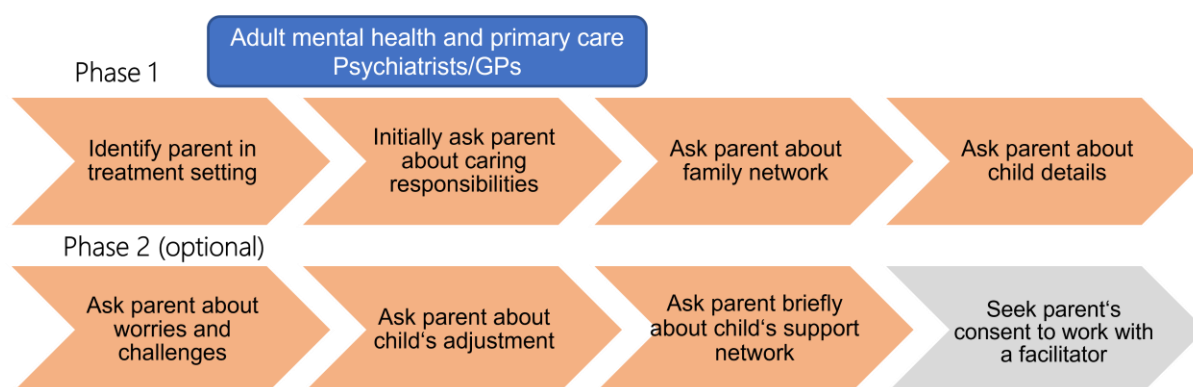
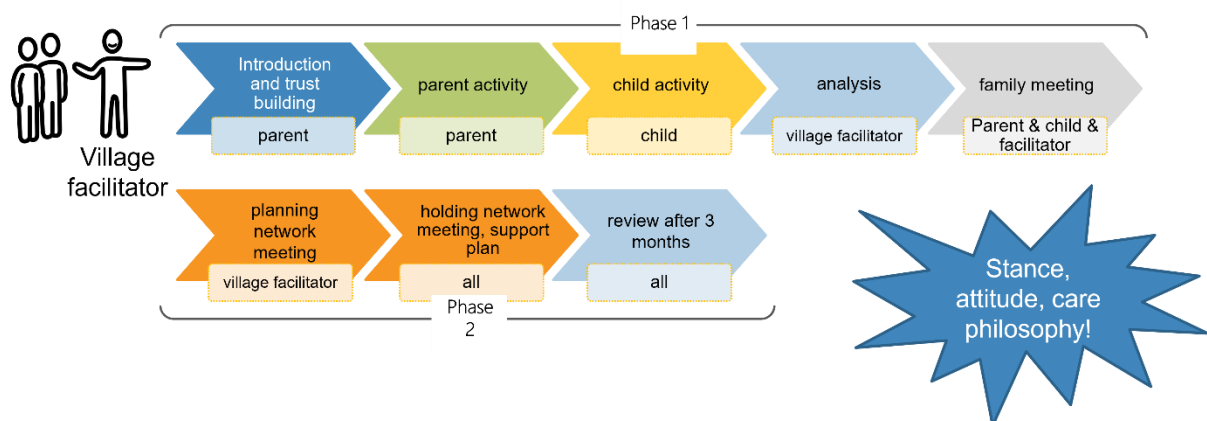


Figure 2: Co-designed Collaborative Village Approach in a Community Setting (CVA)



6.2. Accompanying Research

The practice approaches have been evaluated in a small sample, showing indications of positive impacts on children and their parents. To continue to understand the benefits of this Village approach, we recommend evaluation and data collection should be considered alongside implementation of the model. More details about the research are available on our website www.village.lbg.ac.at

7. SECTION 1: SENSE: THE SENSITIVE SCREENING APPROACH

7.1. *Identifying patients as parents: The SENSE Approach*

The described activities on SENSE are designed to be integrated into the existing practice and routine procedures in adult psychiatric care, as well as primary care (general practice). The heart of the SENSE approach is that mental health professionals and General Practitioners talk to the parent who is seeking treatment for their mental health issues about their parenting and children. The SENSE guide supports you as a professional in three areas:

- It helps you to establish a basis for talking to patients about their role as parents.
- It helps you to have a first conversation with the patients about parenting, the family, and the everyday life of the children.
- It helps you to conduct a focused (approx. 15 minutes), in-depth conversation with the parents about their children based on a conversation guideline that can lead to tailored support through a referral to the Collaborative Village Approach (CVA).

The main goal here is to consciously perceive the possibility that patients may have children - in other words, that they may be parents at the same time - through a safe and engaging conversation. Information about the family, as well as about the child's caregivers, must be documented in the clinical file.

The second key outcome is for the parent receiving treatment to feel supported to discuss their own understanding of their child's strengths, as well as adjustment issues, and to safely express any worries they may have for their child. In this phase, you can also offer immediate support to the unwell parent and their family members by providing information material (e.g., child-oriented information on mental illness, information on further support options; see also 10.5. Appendix 5: List of Support Providers ; 10.6. Appendix 6: Literature list for Children of a Parent with a Mental Illness), encourage the parent to maintain contact with the child and refer them to existing support providers (including the further support offered by the Village project) (see chapters 7.1.3 and 8.1).

To recognise the patient in their parental role means to document the information about the parental status as early as possible - ideally during the admission - as part of the routine intake questions (see 10.1. Appendix 1: SENSE 1 and 2 – Question/Checklist). In those cases where parenting documentation does not occur at admission, the issue of parenthood should be actively addressed during the treatment session(s) where possible. Creating a safe environment for the patient may be important in making it easier for parents to share information with you about their children.

Practice tip 1: Starting a conversation about parenthood

- Explain the reasons why you are raising the issue: that you are interested in understanding what it is like to have a mental illness as a parent and what parents need for their children.
- An introduction could be: "I always ask the people who are treated here questions about their family". This is important, because it helps us both in the conversation, we are having right now, to understand your needs and the plans we are working on.
- Be clear in your role in the discussion: that it is up to you as a professional to find out how you can best support the family (see 5.2 Practice Skill "Clarifying Roles"). Make it clear that you are not making an assessment of parenthood (parents may already have experience that such an assessment has been made and that they found it unfair). Such a conversation can be challenging, as you also need to make it clear that you may need to discuss safety issues if the conversation reveals this. Be honest about this and address both. Occasionally, you may need to interrupt the conversation and address parental insecurities: "What was it like for you to talk about this topic in the past? What could we change this time to make sure it was different for you?"

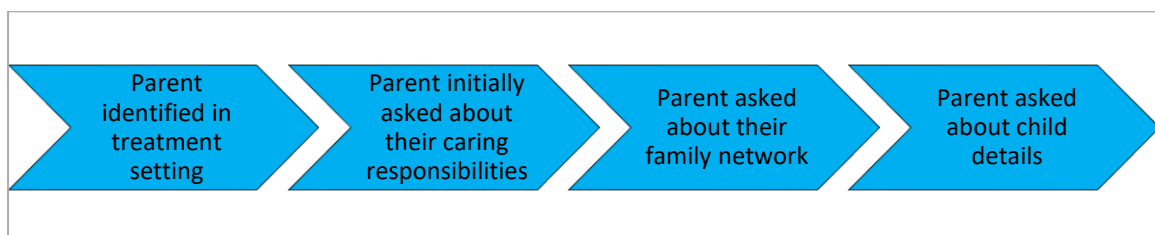
The SENSE approach can be divided into two phases, which are described below.

7.1.1. SENSE – Phase 1: First information and building trust

The goal of phase 1 of the SENSE approach is to identify whether a patient has children and is therefore a parent (Figure 3: Practical elements of SENSE phase 1). The practice elements are intended to be used during admission, or during the visit of the treating physician or general practice.

The initial outcome required from this SENSE approach is the recording of the **parenting status** of the adult patient, their **family caring roles**, and their **children's gender** and **age and living situation** (SENSE Part 1, see Appendix 1: SENSE 1 and 2 – Question/Checklist).

Figure 3: Practical elements of SENSE phase 1



These steps in Phase 1 are premised as information gathering steps and need to be aligned with existing intake and recording procedures undertaken already in routine care. The key to these steps is in the 'how-to', or the way in which, the information is collected with the parent. The 'How-to' approach is underpinned by principles of strength-based practice (see chapter 3.1) and reflective listening (see chapter 5.1) that will assist in **rapid engagement** of parent-clients to begin to discuss their children in a safe and supportive manner. Practical support consists of elements from the implementation of "motivational interviewing" (see chapter 2).

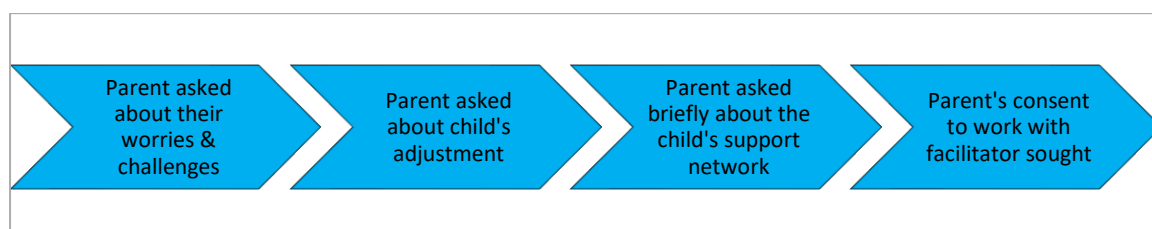
7.1.2. SENSE – Phase 2: Short, goal-focused conversation about parenting and the daily life of the child

You may wish to proceed with the second phase of the SENSE approach immediately or during a follow-up conversation.

The outcome of phase 2 of the SENSE approach (Figure 1: Practical elements of SENSE phase 2) is a more in-depth conversation with parents about their parenting **strengths and challenges**, strengths and vulnerabilities for their **child's adjustment**, and a brief understanding of the **child's existing social support network**. The parent can also be asked about any immediate needs and wishes they may have for enhancing the strengths of their child, or in relation to their parenting strengths and challenges. The final step is to move on to a referral to the Village facilitator to deliver the Collaborative Village Approach. At this stage, your organisation might require you to obtain consent to provide the Village Facilitator with contact information, so that the parents can be contacted by them at a later stage.

Again, the key here is in the '**how-to**', like phase 1, of this conversation with the parent. The 'How-to' approach is underpinned by principles of strength-based practice and reflective listening that will assist in **rapid engagement** of parent-clients to begin to discuss their children in a safe and supportive manner. Practical support consists of elements of conducting "motivational interviewing" (see chapter 2), e.g., to seek agreement for emotionally challenging topics ("Is it okay for you to share some of your thoughts?").

Figure 1: Practical elements of SENSE phase 2



SENSE Phase 2: Practice elements 1 to 3

In those cases where you were not already involved in SENSE 1, it is important to proceed in a sensitive way, and start with some open questions to understand the current living situation of the parents and the child: Can you tell me a little about your parenting and caring roles at the moment in your life?

- Can you tell me something about your current role as a parent and your care responsibilities?
- Who is part of your family? (May wish to use a genogram). Can you tell a little about your family?
- Who supports you in your daily life to care for your child (e.g., parent/grandparent/neighbour)?
- Do you have a partner living with you? What role do they have in supporting your child?

If you have already done SENSE 1, SENSE 2 is mainly about gaining a deeper insight into the life of the child/family. This will succeed if you remain curious and respect the parent as an expert in his or her own family situation. The parents are motivated to think about what works well for them and what the more difficult aspects might be for them and their child.

- Can you describe your child/ren to me?
- What is it like being a parent to them?
- What is an average day with your child/ren?
- What is working well in your child's daily life?
- What is working well for you as a parent?
- What is working well for your partner?
- What tells you your child is doing well? How can you tell when they are worried or not doing so well?
- Do you have particular worries or concerns about your child's daily life?
- What do you think that your child needs to know about your situation?
- How might your child be feeling in this experience?
- What impact might the illness be having on your child's daily life? Is that something you are worried about?
- What do you think that your child needs to know about how the illness impacts on her daily life?
- Do you have any immediate needs for the impact of mental illness on parenting?

Whenever difficulties are brought up, you should ask whether this has always been the case or whether there has been a change. If there has been a change, ask when this was noticed and what a possible reason could be.

Recording

The following information regarding the patient's parental status should be documented (ideally in the patient's medical history) A documentation sheet can be found in Appendix 1: SENSE 1 and 2 – Question/Checklist.

- Important family relationships
- Characteristics, living situation, and developmental stage of each child
- Support network for parents and children
- Strengths and burdens of the family, the parents and the child.
- Immediate concerns of the parent (if present)
- Effects of mental illness on the child (if this is known)
- Any goal for parents regarding their relationship with their child

Example of a first interaction: Susanne Mayer is admitted to hospital

P: someone from the psychiatric team

S: Susanne (patient)

P: Welcome, Ms. Mayer. My name is ... I am on this ward [social worker ...]. The records say that you have two children who are currently at home with their father. For our department here it is very important to know when our patients have children. We assume that being a parent can make a valuable contribution to their recovery. Would it be possible to ask you a few questions about your family?

S: Ahm...; I think so

P: You are unsure whether you want to share such information with me [Reflection]?

S: I don't know why you want to know all this.

P: You are unsure why a social worker is interested in your family matters [reflection]? We ask a lot of questions.

S: You usually have certain underlying motives.

P: I guess your time here at the clinic was not very pleasant for you [reflection]?

S: Yeah, you can say that again.

P: More than unpleasant [reflection]? I would like to emphasize that it is not my job to force you to answer my questions [role clarity]. You can always decide for yourself which questions you want to answer [promote autonomy]. I am sorry that you are having a difficult time here. It may sound strange to you, but parents often tell me that their children and their family as a whole play a very important role in getting well. So, if you would like to tell me something about your family, I would be very happy to hear it.

S: *nods

P: Could you tell me a little about your experience as a mother before the hospital stay? Just everyday things.

S: good and bad

P: there were ups and downs [reflection]? **P takes a short break, but the mother doesn't seem to want to elaborate further.*

P: Before we go into this in more detail, may I ask who is in your family?

S: I have two daughters, 7 and 9 years old. My mother lives 20 minutes away from home, but she lives in a nursing home. She tells me that she can't look after the children anymore, it's too much for her. No wonder, they are really exhausting sometimes.

P: It sounds as if you have lost an important support for your everyday life [reflection]? And in addition, your children are sometimes quite challenging [reflection]?

S: Yes, especially Mia. She has these attacks of screaming, like she's possessed. Then I just have to leave, because I can't handle that. Just the thought of these situations already stresses me out. Those are the moments when I call my mother to get out of it, you know.

P: These screaming attacks are stressing you? You need support when they occur [reflection]?

S: I used to call my mother, until recently. Also, my best friend lives nearby. She has a daughter who is about the same age. But I haven't had any contact with her for a while now. Somehow, I don't want to burden her with this topic. I don't know...

P: You mean you have less contact with your closest friends when you are not doing so well?

S: Yes

P: Thank you for telling me this, Mrs Mayer. I was wondering if you would like to know about a support (it is called "Village") and it is about understanding the situation of children and their families when one of the parents has a mental health problem, as well as organising support when needed. My task in this program is to have more detailed discussions with you and your family and if it turns out that you might need help, we will organize it together with you.

S: How many questions do I have to answer?

P: Let me repeat – this is very important: we ask many questions, I know, but if you join the project, you decide how much or how little information you want to share with us [role clarity]. We have prepared a series of questions and exercises to help us get to know you and your family better.

S: You ask the questions?

P: I would ask the questions, but I am also accompanied by researchers who have also prepared some questions. Would you like to know more about them? What do you think if you take some time to think about it now, and I will come back later and you can decide by then whether you are interested in participating? [Promoting Autonomy]

SENSE Practice Element 4: Introducing the Village Project

At the end of the SENSE approach, a final key step is to ask the parent about their interest in further support (see 6.2). This could be the Village Approach or any other type of strengths building program for families. You have a key role here in describing possible support in such a way that as many parents as possible are encouraged to seek support for their families. For further information please see 10.7. Appendix 7:

Example: A Potential Blurb for referral to the Village Approach

All parents can find parenting challenging from time to time. Many parents who experience mental health issues have questions or concerns about their child and may worry about how their issues impacts on their child and family.

The Village Approach is about working with you as the parent to explore your child's needs. It is about exploring and supporting you and your child through a social support network.

The Approach involves three components: a preliminary discussion with a Village Facilitator with you and your child to develop a mutual understanding of your child's strengths and vulnerabilities; a social network mapping step that will involve some activities with you and your child to understand their existing 'Village' of support; a Network Meeting led by the family to describe and reach agreement on ways to enhance the Village of support for your child.

The next steps would be to pass on your contact details to the Village Facilitator who can contact you to explain a bit more about the Village Approach and answer any questions you may have.

Would you like to be contacted by the Village Facilitator?

Let's work through this referral form together.

Practice tip 2: Checking Understanding

An important step is to make sure that the discussed contents are understood. The underlying idea is that the repetition of information and ideas by parents helps to consolidate what has been learned or discussed. This is best done towards the end of a conversation or before a new topic is started, such as the end of a short SENSE conversation. It is also suitable as part of a specific conversation technique, which will be explained in a later chapter (see 7.1.3).

Therefore, before the SENSE conversation ends, motivate the parent to summarize the SENSE conversation to reflect the most important thoughts of the conversation. You can check if there are any ambiguities and add if the parent or you have forgotten something important. At the same time, you will learn whether the parent has understood the next step in the "Village Process" (the referral to the Village Facilitator).

Checking Understanding requires practitioners to do two things:

1. Have the parent recall information in a way that highlights that it is about *checking the practitioner has explained it well enough*, rather than the parent's comprehension. This involves asking them to explain again the important parts of the conversation e.g. "I have explained a lot today, I just wanted to make sure that I have explained it clearly enough so you understand. Could you repeat it back for me?"
2. Check back in with potential questions. Ask if they have any questions: "Do you have any questions about that?"

7.1.3. Additional possibilities

SENSE Phase 2 is particularly suitable for providing the parent with direct support in their parenting and/or further information material about support services - in addition to the Village Approach. These supports can include: 1) Keeping in Touch with your children during a hospital stay; and 2) Ways to talk to your child about mental illness.

Keeping in touch - Promoting contact between parents and children during an inpatient stay

A parent can express a desire to keep in contact or find a way to communicate with their child when they are unwell. There are different forms of staying in contact during a psychiatric hospital stay of a parent, such as reading a book to the child via an audio recording, sending cards or pictures, or making well-prepared telephone calls. It is important to actively offer the options and to discuss them together, in order to find a method that works for them and their child. This process is about mutual understanding of wishes and possible challenges (e.g., necessary communication skills) that may arise. For example, it may be necessary to discuss conversation topics for a phone call, or to even set up the conditions as to when the parent feels comfortable to have this conversation. You can also practice the conversation situation in advance in a role play if the parent feels insecure.

Talking to your child about mental illness

A parent may also express a desire to talk more openly with their child about mental illness. This can also be a daunting task for parents, as they feel they do not wish to over burden their children with feelings of worry or concern. An approach that helps open up developmentally

appropriate conversations between a child and a parent is the use of storybooks and information guides developed for children of different ages to understand more about mental illness. The Village Project has selected and translated (into German) several psychoeducational resources that we will have available to SENSE practitioners, and Village Facilitators (see Appendix 6: Literature list for Children of a Parent with a Mental Illness).

Practice tip 3: Conversation technique "Elicit-Provide-Elicit" (EPE)

In offering support and information to a parent (e.g., providing practical assistance or providing information about talking about parental mental illness with a child), we are actually asking them to take on or adopt a change, no matter how small. In this sense, it is important to consider parents' motivation to change when offering support or psychoeducation. Considering that people are more likely to be motivated when the idea for change comes from within, any new information and ideas can potentially hinder a parent's motivation and threaten their need for *autonomy*.

With this in mind, the Elicit-Provide-Elicit skill (29) (30) is relevant when providing support and education to position the information as *suggestions*, from a range of options, for the parent to make the decision to adopt themselves. Simply, when providing support or education (coming from the practitioner or someone else), the practitioner sandwiches it between questions that seek the parent's ideas and input on the subject, making it clear that it is the parent's choice to adopt a change or take on information.

1. Elicit: Encourage the parent to share knowledge, ideas, thoughts, methods, values, goals and strengths related to a particular challenge before making an offer of support or explanation. You may identify this by asking questions about what the parent already knows or what their interests are (e.g., "Have you ever read anything about talking to children about schizophrenia?").
2. Provide: Match the support and psychoeducational materials you offer to the parent's perspective, situation and context. This will give the parent a sense of security and help them take the next steps.
3. Elicit: Finally, take up the parent's thoughts and ideas again (e.g. "What do you think of the book, Ariane?"), so that it will become clear that the offer is a proposal but not mandatory.

Further questions you can ask:

- Do you think this children's book we've just looked through would be helpful for your 8-year-old? How would you use it?
- There was a lot of information in that website video we just looked at. What were the things that stood out to you?
- How do you think your children would respond to that?
- Did that help you find the words you were looking for to explain how your 'bad days'?

- What parts of that do you think you might use at the school to explain how it is for the children?

Example

Elicit: “Have you used any books like this before?”

Provide: “I wonder how you feel about reading this to your child, I know children are quite interested to understand what might be happening for their parents”

Elicit: “what’s your thoughts on that?”

8. SECTION 2: THE COLLABORATIVE VILLAGE APPROACH

8.1. Enhancing the social network: The Collaborative Village Approach (CVA)

In this section of the manual the second practice approach of the Village Project - the "collaborative village approach" (CVA) - is described. The idea is to help build a day-to-day life that ensures the best possible support for the child/youth in their local support network, or 'village' and thereby promote a healthy development. In this part, the Village Facilitator takes on a key role. The Village Facilitator works together with the family and their social network to strengthen the social support around the child and their family.

Why is it important to focus and work to enhance the child's social network?

Children predominantly experience their world in the context of their relationships, and these relationships affect virtually all aspects of their development – intellectual, social, emotional, physical, behavioural, and moral. The quality and stability of a child's human relationships in the early years lay the foundation for a wide range of later developmental outcomes (self-confidence and good mental health, motivation to learn, school achievement) and can help with emotional regulation, knowing the difference between right and wrong, in sustaining friendships and intimate relationships, and ultimately to be a successful parent oneself. Stated simply, relationships are the "active ingredients" of the environment's influence on healthy human development. Relationships engage children in the human community in ways that help them define who they are, what they can become, and how and why they are important to other people (30).

The starting point for CVA is that parents and their children are identified through the SENSE process (within the treatment of the parent in adult psychiatry or primary care) (see 7.1. SENSE). The CVA approach draws on the following processes conducted during the SENSE approach:

- Identification of parenting status and caring responsibilities.
- Details of child age, gender and living situation identified.
- A brief conversation about the parent's view of their child's strengths and vulnerabilities, and current adjustment.
- Optional: Parents' consent to participate in the Village Approach (this includes consent to work with the Village Facilitator); if this consent is not yet available, it must be obtained at the first interview with the Village Facilitator.
- Optional: provide materials that promote parent-child communication or other immediate forms of support identified as urgent and important in the SENSE process.

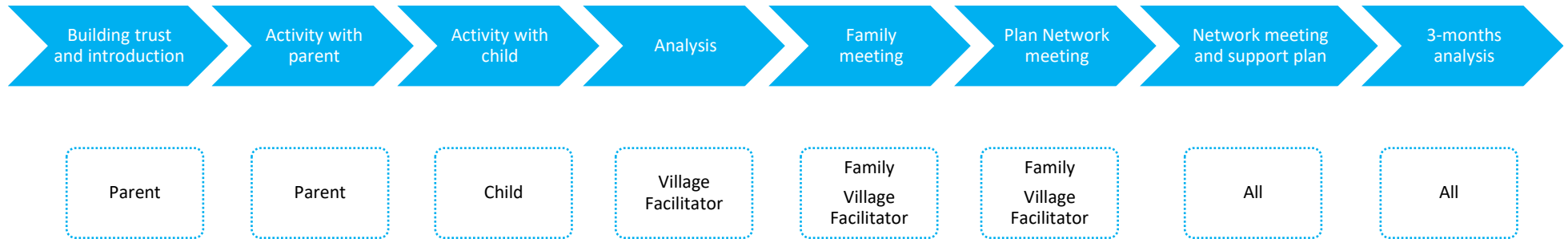
Key Learnings regarding the implementation of SENSE from the Village Project in Tyrol Austria (2022):

We learnt the following supports were needed in supporting the practice in a health setting:

- Adapt SENSE sheet (where possible) – make it shorter (1 page) and easier for treating doctors to support a strengths-based conversation about parenting in adult mental health
 - Opening up referring pathway to social/mental health organizations e.g., Pro Mente, the health professional allocates a responsible person to support the parent with the mental illness (seek referrals beyond the hospital system and involve community-based organisations)
 - Set up regular exchange meetings between doctors and Village Implementation Team members to ensure ongoing encouragement of doctors to offer the Village Approach
 - Create internal structure to address referral progress in the weekly doctors meeting at the hospitals
 - Seek to involve social workers at hospitals to conduct the extended SENSE (Phase 2)
 - Collaborate with governing bodies (GPs, hospitals, state governments) to ensure support through regulation is in place.
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Practice elements for Village Facilitators implementing the CVA

Figure 2: Practice steps for Village Facilitators



8.1.1. CVA Element 1: Introduction and engagement

This first step of CVA involves the Village Facilitator engaging with a parent for the first time in the role of the Village Facilitator. The primary focus of this first interaction is to build engagement and the beginnings of a collaborative relationship between the parent and you, to promote the well-being of the parent's child. It is important in this stage to consider the basic stance described earlier in the practice framework (see chapter 3.2 for competences for rapid engagement). This step is also an opportunity to re-visit any discussions parents previously had about their child in 7.1.2 SENSE – Phase 2: Short, goal-focused conversation about parenting and the daily life of the child (Practice elements 1-3).

Learning and examples from the Village Facilitators - The Village Project in Tyrol/ Austria (2022):

Village Facilitators highlighted the need to be patient and slow with this process as you need the time to get to know each other. Some families at times were at first sceptical about the program and what it could offer them. There was also a lot of perceived fears about what may come of the program and what involvement child and youth welfare may have.

Facilitators found they needed to invest in the relationship work at this stage to establish themselves as an 'ally' to the family and to help build trust. Key to this step was in explaining to the family that you are there as a worker to 'try and support the family needs as best you can, and for all family members to be support and ask themselves "who can support us?"

Sometimes it might mean starting with a small need first and let conversations develop over time. Sometimes it "needs an initial spark and when it starts, it is like a little plant that can grow, it just needs a lot of time and then a mother can become more open to what she can learn from her child."

8.1.2. CVA Element 2: Parental perspective on the child's social network (Parent Meeting)

The aim of this practice step is to learn about the child's social network from the parent's perspective, and it is the beginning of a series of activities together. This should ultimately lead to a common understanding of the child's everyday life, existing support, and possible gaps and potential for improvement. As with all previous steps, it is important that you show genuine interest and strive for a cooperative collaboration in which you respect the fact that parents and children are experts in their own lives (see principles in chapter 2). We also recommend using the approaches described in SENSE to quickly build trust (see chapter 3.2). The role of the Village Facilitator is to identify the parent's view of the child support network and ask specific questions, when needed, to understand missing persons or institutions who are capable to close potential network gaps for the child.

Option 1: Parent interview

Common questions you can ask:

- Who in your family or community helps you to support your child's daily life?
- What does your child like doing?
- Who does your child enjoy spending time with? (Prompt – Do they have a close relationship with another adult?)
- How does your child get along with other children?
- Who supports you as a family? Would they talk to you if they noticed that your child was worried or concerned?
- Does your child see their grandparents or aunts and uncles?
- Are you and your child part of any groups or communities that provide support?
- What does your child enjoy the most/least about school? How is your child progressing with school work? How confident is your child in their learning?
- How does your child get along with children at school?
- How would you describe your relationship with the teachers at the school? Do you meet with them?
- Does your child have a close friend or group of friends? Do you think your child would be able to talk to them if they had worries? What makes you think this?

Exploring the impact of adversity

- Who helps you when you are going through tough times or feeling unwell?
- Who else knows about your experience of adversity? Can they help to support your child when things are tough?
- How do you support your child to stay connected to activities at home when you are going through tough times?
- Have you talked to your child's teacher about some of your experiences? Can they help to support your child when things are tough?
- Who do you think would notice if your child was struggling?

Option 2: Network activity with parents

Alternatively, you can do a more interactive exercise with the parent (see 10.2. Appendix 2: Network activities with Parents – implementation guide).

The Parent Network activities described in 10.2. Appendix 2 and summarised below aim to make visible the already existing support network of the child/adolescent and to identify existing "gaps" in this network. As with the whole collaborative village approach, an essential practical approach is to remain curious and collaborative and to respect at all times that the child/adolescent and his/her parents are experts in their own lives.

The role of the Village Facilitator is to identify the parent's view of the child's/adolescent's support network and to ask specific questions, when necessary, to understand missing persons or institutions capable of filling potential network gaps for the child/adolescent.

Give or send a copy of the results to the parent and document the results in the workbook (10.4. Appendix 4: Village Facilitator – Workbook).

The Parent Network Activity: see 10.2. Appendix 2 for more detail (for parents of children aged 4-17 years of age)

Procedure:

1. Introduction - explain the activity and the expected results of the activity
2. Capture the everyday life of the parent and the child/adolescent
3. Identify key people in the life of the parent -> Identify the strengths of important persons/support in the life of the child/adolescent
4. Visualize network -> mapping -> reflect mapping -> adapt if necessary
5. Concretize emotional and instrumental support -> identify gaps
6. Completion: close gaps in understanding; if necessary, supplement visualized network
Say thank you and goodbye.

The questions in this activity are designed to stimulate narratives - they should enable the parent to speak freely within the set framework. Pay attention and be present during the conversation and **take notes on relevant people, groups, situations, institutions**, or other parts of the narrative that seem relevant (use the **workbook**). While the parent is narrating, also note down where something is unclear, what needs to be asked and ask for this at the end of the narrative. Questions should focus on the following areas throughout the activity:

- Relationships (strength, quality, quantity)
- Situations the child experiences and enjoys
- Places where the child and their family go

A distinction is made between three dimensions in the course of the activity:

Dimension 1) SUPPORT IN EVERYDAY LIFE

Regular activities and appointments, routines during a normal week. Is the child a member of a sports, music or cultural club? Do the children meet regularly with friends/neighbours, ...? Do the children have regular appointments with doctors? Do they go to tutoring, afternoon care, lunch? It is important to find out whether the activities take place with certain people, in a certain setting (e.g. at the playground) or in a certain environment (e.g. sports club center).

Dimension 2) INSTRUMENTAL SUPPORT

This dimension is intended to help determine to whom the child can turn in everyday practical matters. (With whom does it do the homework? Who prepares the school snack? Who accompanies the child to appointments - such as playgroup, doctor's appointments, music lessons, etc.)

Dimension 3) EMOTIONAL SUPPORT

This dimension helps to understand the child's needs (both on a practical and emotional level), the role played by different people in supporting the child (education, crisis management, people with whom they can have fun, people with whom they can connect to a social network, people with whom they can stay when needed in times of crisis).

Variation: Parent Network Activity for an infant or toddler

There may be sensitive moments when talking to a parent about the care they provide to their baby. While this time of a parent's life is also a great opportunity for change, this time can also be that of greatest stress. Parents with mental illness can think they might be doing a bad job as a parent, just because they are struggling with their illness. Often the exhaustion and lack of sleep can also aggravate symptoms they might be experiencing.

Asking questions about the parent and child relationship is a sensitive topic, regardless of managing a mental illness. The parent might be hesitant to discuss their relationship, but more easily able to talk about routines, and the baby's daily life. The first set of questions are about how the parent helps the baby in their daily life, and what else and whom might the baby connect with or need.

The second set of questions really ask the parent to think about the baby's experience of the world around them. What preferences do they show, what is their temperament, how do they communicate – questions below are designed to be asked in way that might get at this information but asked in a way that is more sensitive to the parent.

Dimension 1) Support in everyday life

The daily life of an infant or toddler is heavily connected to a parent's daily life. In conducting this activity with a parent as part of the CVA approach, keeping in mind the developmental stage of the baby or infant is important in terms of the questions you ask.

Tell us about.... What do you enjoy about _____

Tell us about the baby's day....

What is feeding/dinner time like? What is the child's favourite foods?

What are nap times like? How does the child sleep at night? Is there a time of the day they like to sleep more? Do they have a favourite toy or book that helps them settle?

What are bath times like? Does the baby like to play in the water? Do they like particular toys or bubbles? Who normally bathes them?

Who supports you as a parent to care for your baby? Who can take the pressure off during those stressful times with your child?

What people are in the baby's life? Who do they feel comfortable going to?

Are there childcare or other supports in place?

→ it is important to consider here whether it may be important for an activity to be done with a specific person or within a specific group setting i.e., playgroup; or within a specific environment e.g., cultural or sports centre, for example

Dimension 2) Instrumental support

Dimension 3) Emotional support

Both these dimensions help us think about the child's needs – both practically and emotionally, the role that people play in supporting the child (nurturing, times in crisis) and when the child is young – then who supports the parent in caring for their child.

These questions are designed to help the parent think about the mind of the child/baby? From this, it helps both the parent and yourself understand how they baby may experience the world, and how it communicates. This can help us understand what support is needed in their daily life.

Playtime

How do they like to play? Who might they like to play with? What toys do they like?

- o Stories/songs they like?*
- o Games/toys they like playing with?*

Interpersonal/social

People they enjoy spending time with? Grandparents, friends, neighbours, friends?

How do they go being held by other people?

How might they get your attention when they want something?

Mood/emotional

Are there times they are more settled/less settled?

If upset, what helps them calm down? Can they use a toy or something to soothe themselves? Are there particular people the child goes to for a cuddle when they have hurt themselves?

Are they generally cheerful, friendly...?

It is important to finish this exercise reflecting with the parent about what you both may have learned today, and where possible, offer affirmations to the parent. Even knowing their child's likes and dislikes can be a strength you can mention.

It can also be good to notice how the parent is beginning to see their child as a person – how they are appreciating their child's unique competencies and vulnerabilities and learning about them. This is an important step for the parent to understand and respond to their child in a way that meets the child's unique developmental needs.

Together, you can move to the next stage of CVA in reflecting on the positive things going on and how to enhance that, and the more stressful or vulnerable times for the parent and baby. The next stage is to look at ways to support the parent/child dyad to create a supportive environment for the child to grow. The social support network of the parent is just as important during these times of the child's life.

Learning and examples from the Village Facilitators - The Village Project in Tyrol/ Austria (2022):

Village facilitators explain this activity as exploratory, far reaching and about seeking clarification. They describe the process as examining the support network (for the parent and child) and exploring what the child needs in general, if not immediately. VFs focus on “what is actually going well” and “go through a normal week and explore how it goes”: “How many people are there? Who cooks? Who helps with the homework? When is the child where?”. Additionally, they look out for “any rituals in families” and what “they like to do together”. Furthermore, they help parents to define their own perspective: e.g. “The mother does want support, but not from her immediate environment ... from people who have had similar experiences, networking with other parents, or more professional help”.

Parents also get the chance to get a perspective on their own social network: “There are some friends you can totally rely on, but you just haven't talked yet with them, you haven't dared.” And the VF can help support them to take that step of opening-up to potential support people. Their children who might be observing this process in their parents can also benefit from this activity. According to VFs, the children can pick up “some form of confidence that things could get better”.

Village facilitators aim for families to find out how they can see themselves” in the future, that experts or services don't always have to get involved, but that they can communicate how they feel themselves”.

A crucial area of change is in the acquired knowledge as to “how they can help their children ... without traumatizing them with the information they burden them with”. To gain “understanding of how their parents are” and dismantle “the concept of guilt, which is already very common in parents with mental illness”.

8.1.3. CVA Element 3: The child's perspective on their social network (Child Network Activity)

The previous step (the parent's perspective) was about the parent's view of their child's social network. In this step, the children themselves have the opportunity to contribute their own understanding of their social network. This step is also necessary in order to create a common understanding with parents and children about the child's everyday life and existing support, as well as to identify what is needed to improve the situation. The activities described are aimed for children from four years of age².

The aim of the activities is to hear directly from the children about their support. The aim is to visualize the existing networks and to identify gaps in support. As with the previous activities, the aim is to show genuine interest, to adopt a cooperative attitude and to recognise at all times that the children know best about their own lives. Ultimately, the child should help define what their "village" looks like and this network should be made visible during this activity.

A guide for the implementation of the activities for the age groups 4-6, 7-13 and 14+ can be found in **10.3. Appendix 3: Network activity with children and youth** Choose the method that best suits the child's stage of development. You may also need to combine several of the options listed to get the information you need.

The activity is based on the structure of the Parent Network Activity, however age-appropriate activities are undertaken to understand the network of the child, promoting their voice throughout the process. The general procedure is as follows:

1. Introduction
2. Child draws him/herself
3. Capture the child's everyday life -> ask for people who play a role -> ask for painting these persons or select a picture/doll - arrange
4. Capture extended social network -> ask for people who play a role -> ask to paint or draw persons or select picture/doll - arrange
5. Emotional and instrumental support -> ask for people who play a role -> paint/draw person or select picture/doll – arrange
6. Completion: repeat network, add people, if necessary, thank and say goodbye

At the end of these activities, you should have specific information about what the child likes to do and what is happening in the child's everyday life. From this information, identify the most important relationships within the family and caregiving relationships, and identify which other social relationships, groups (e.g., football group) or settings (e.g., sports club) play an important role in the child's daily life. In the exercises, the child will be encouraged to tell you something about these relationships and what they find more or less good about them.

Certain techniques can be used to help them understand their perspective. This includes, for example, children drawing themselves, areas of their everyday life, and what they enjoy doing.

At the end of this step, it is important to obtain consent from the children to determine which parts of this information can be documented and to whom the information can be shared. It is therefore particularly important that you explain to the child how the information will be used in the next steps (family meeting, network conference, etc., see CVA practice steps 4 etc.) and that the child agrees to its use in this form. Here the practical tip "Checking Understanding" (described in Chapter 7.1.2) is advisable to consult. Also, it is important that you give the children a copy of the materials produced (e.g., drawings) and document the results in the workbook (see 10.4. Appendix 4 Village facilitators` workbook).

Learning and examples from the Village Facilitators - The Village Project in Tyrol/ Austria (2022):

According to the Village facilitators, children really enjoyed the children network activities. VF describe the activity as: "It has always been very, very well accepted by the children, it was fun for them, and also a bit creative."

"Younger children found it to be a more playful approach to drawing out information about ""Who is that? What are you doing with this person?" or "Why is this person so close to you?"

Bringing parental and a child`s perspective on their actual network together was experienced as a task "that all families like to do. And that is also easily acceptable for the families".

This child led approach and the parent activity worked together to open up conversations within families. The child describes people in their lives and explores their roles. Putting this information down is interesting for families, both as informative for the children and their parents alike.

8.1.4. CVA Element 4: Family meeting

The aim of this step is to bring together the various pieces of information from the parent activity and the child network activity in order to develop a common idea of how the subsequent network meeting should be organized. The key outcome for the family meeting is a shared understanding of the perspectives of the child and their parent and an agreed pathway forward for the enhancement of the social network of the child. The following steps are necessary for this:

1. Analysing and making sense of the network activities from the perspectives of the child and parent.

Analyze and make the network activities understandable from the point of view of the child and the parents.

Write down the commonalities and any differences from their perspectives, as it will be important to include a summary of these points at the family meeting. The key findings from the activities with the parent and the child need to be integrated – use the CVA Workbook for VFs for more guidance.

2. Facilitating a Family Meeting

A family meeting to discuss the findings of the network activities can be potentially anxiety-provoking for all involved, including parents, their children, and practitioners as well. Some key steps will help in facilitation of a meeting that is based on respectful, trusting, and helpful relationships.

Principle 1 – Come prepared.

Consider beforehand who will be present, where the meeting will take place and what should be documented.

Principle 2 – Seek a shared understanding on the aim of the meeting.

Generally, the meeting will be to share the parent and child views of the child's social network, who is important in that network, and what gaps might be identified for enhancement in preparation for the network meeting.

Principle 3 – Agree on key topic areas.

The conversation should focus on the areas of the child's daily life, favourite activities and who provides practical and emotional support in their lives.

Principle 4 – Collectively set some ground rules for the meeting.

The purpose of the discussion is to reach a common understanding of the respective points of view and to agree on a plan for the network meetings. Talk about the roles of the participants in the network meeting and get agreement on how to share information and how to talk about the information. Explain what your own role in the network meeting will be, e.g., that you will facilitate the process and thereby encourage mutual understanding between different points of view. Finally, gather the information you need to prepare for the network meeting.

At this point it can be helpful if you know strategies for dealing with intra-family conflicts and how to handle different opinions. Ask the family how they would like to handle certain problems if they arise during the meeting.

Principle 5 - set the meeting agenda.

You may wish to begin with the child network activity, then the parent network activity, identify shared views and differing views, summarise (and where needed prioritise) key areas for the child social network (the child's "village") that exist and identify points of potential enhancement.

3. Plan the network meeting

An essential part of the family meeting is the planning of the network meeting. Two potential areas can be focused on in planning the network meeting: 1) the existing social network for the child; and 2) the area for enhancement. Several issues need to be addressed for the planning:

- **Explain the purpose of the network meeting:** The aim is to get (more) people to carry out the action plan of supporting the child, or in other words, to build a broader network of support around the child.
- **Explain how the meeting will go.**
- **Agree on the topics which should be discussed within the meeting and those the family does not wish to discuss:** Agree on the topics, choose strengths and vulnerabilities of the child's current support network.
- **Determine the participants:** Decide together who should be invited and by whom. The aim is to strengthen the existing network, as well as to identify possible additional people who could expand the network. Which people should participate in the network meeting depends on the individual circumstances of the family. It can be important to invite representatives of professional services that are helpful in supporting the child. Equally, it will most likely be important for the child to have people with whom the family has a good relationship and whom the child trusts. Experiences with such meetings in other areas have shown [19] that more ideas and solutions are generated when the group is larger, but the organisational and preparation effort increases with the size of the group. It may be worth considering inviting family members / relatives who are considered critical if they are very influential in the family.

Note regarding the presence of the children: In principle, the children should be present at the network meeting. However, it must be ensured that children feel supported and strengthened during the meeting and that they are perceived as equal participants (whereby attention must be paid to the age-specific developmental stage of the children). However, children must not be forced to participate if they do not wish to. If the children are not present in person, their needs and wishes can also be expressed in other ways (e.g., through their parents, in writing, as drawings, etc.).

- **Define roles of the participants:** Who is chairing/moderating the meeting? Who makes sure that the children's point of view is incorporated? Who informs about the purpose of the meeting at the beginning? Etc.
- **Set a date and place**

Finally, ask for approval of the agreed steps and write down the contact information of the participants mentioned so that you can prepare the network meeting well. Check that all important information is documented in the workbook (see Appendix 4: Village Facilitator – Workbook).

Learning and examples from the Village Facilitators - The Village Project in Tyrol/ Austria (2022):

Village facilitators highlighted the important step for the family meeting to broaden the focus on the whole family system: Where everyone sits down together and where you look not only at the parent I am looking after, but also at the children. How is the whole family doing? “.

This situation, at times allowed families to recognize their resources more positively and reach a common understanding about strengthening and further building their family's resources. At times, it might be useful for the facilitator to offer some feedback, providing insight into: “what a good network you have already and how can you use it again when you need it? “.

Family meetings were greatly welcomed by children because they saw the opportunity to experience change and action in their family: “She wanted something to happen. That such a meeting would take place and she had already planned it like a birthday party “.

During the meeting it is important that the Village facilitator remains as the child's advocate and may need to on occasion put the child's situation in the center by asking them directly: "Do you have an idea or what's there, what's your impression of what could help?" to “make sure that the children are well supported in the whole network”.

8.1.5. CVA Element 5: Organize network meeting

Once a date for the meeting with the family has been set, and an agreement on the topics and key participants has been reached (from the family meeting), you can organise the network meeting by contacting and preparing the network meeting participants. The aim of the preparation is to ensure:

- That the participants know the situation of the family (according to the agreement with the family) and understand why they were invited to the network meeting.
- That they know the objectives of the meeting (including how the process is documented).
- That they understand how they can prepare themselves for the meeting and can think in advance how they can contribute to the support plan.
- That, if the person agrees to participate, they know the main strengths and potential for improvement that have been developed in the previous steps with the family.
- That they understand the basic cooperative attitude towards the children and the family.

It is advisable to ask again and repeat, if necessary, in order to find out whether the most important points have been understood (see the practical tip "Checking Understanding" in Chapter 7.1.2).

Identifying the 'right' professionals

It may be the case that a place or group of people are identified, rather than a specific individual. For formal support services, this means finding employees from services who have relevant information to give about the child/family and about what resources their service can offer to the family. It may be helpful to do some investigation or ask the service or setting to find this appropriate person to attend the meeting.

Secondly, the challenge to address is finding an identified person that will be sensitive to the child and their parent and is able to provide specific information in a way that is understandable to everyone, without too much technical jargon and without negative judgement. It is important that they actively participate in the meeting with a curious and non-judgemental stance, and not necessarily lead with their own solutions based on their own assessment of the situation. Where possible, it would be great to work with people who have a sense of empathy for the situation faced by families where a parent has a mental illness, and a good understanding of the limited resources these families have to draw on at times. It might be useful to provide potential identified people a helpful website or books or pamphlets where they help understand some of the challenges faced by families where a parent has a mental illness, as well as their strengths that families can often draw on in these situations.

The third challenge faced by the Village Facilitator is inviting service employees or community members to the network meeting where they may not have the right understanding and background training to support the child and family at this meeting. Where possible, you may need to check with these people over several occasions to check their understanding on the network meeting process and outcome, and to discuss what is expected and realistic for them to offer the family in terms of support.

Learning and examples from the Village Facilitators - The Village Project in Tyrol/ Austria (2022):

Village facilitators describe the benefits of network meetings for families in that “they notice that others are taking part, or are there and want to support them, and simply make concrete arrangements for supporting them “. It can be helpful, according to VFs to explain to the family what the benefits may be for them of attending the network meeting, especially if families are feeling resistant to what might occur in the network meeting.

VFs describe to parents that they have the opportunity to learn “how helpful it can be to be part of something “, and that they don’t “have to shoulder everything“ on their own, reducing some of the burden they carry as a parent. Additionally, a child can get released from a burden or responsibility through knowing that ... “there are several adults who know about the situation and are there when the child needs it “. The child also develops confidence in expressing their situation openly, for example, as one child said: “I have a problem, my mummy is not well “.

The support plan developed is expected to function as “a kind of safety net” to “ensure that the normal development of the children can somehow continue to be guaranteed “. “The children's lives can continue; the child can still visit the friend and spend the night there or go to music school or be taken to the sports field or be picked up “. Essentially, the everyday life of the child is supported by the plan.

8.1.6. CVA Element 6: Conduct network meeting

The concept of the network meeting is derived from the 'Family Group Conferencing' practice (other common names: Social Network Conference, Family Group Conference, Family Council, Relatives Council). The concept has originally been developed in New Zealand and has since been applied in a wide range of fields (e.g., child protection, domestic violence, youth justice), including mental health [32] [33] [34].

Through an independent coordinator (in our case, the "Village Facilitator") these informal and formal support systems are brought together, while at the same time the family, and especially the children, are encouraged to take responsibility for decision-making. In other words, the Village Facilitator is solely responsible for the process, but not for the outcome of those meetings [35] [34] [36]. The underlying ethos of the network meeting is based on the principle that the family and its social network are capable of finding their own solutions to support children with mentally ill parents (they have control over the solutions and are recognised as experts in their own lives).

This approach is underpinned by research, which has highlighted the need for professionals to move towards a power sharing approach and acknowledges the strengths and skills and resources in families, and results in an exchange of information and ideas towards resolving issues and making effective decisions with families. The ability of the participants to build honest and genuine relationships with family members echoes the findings in research [32] [34] [37] [38].

The roles of professional service providers and community members are to facilitate and resource plans and decisions that are consistent with securing and supporting a child's resilience in their daily life. The focus is in supporting the child's day to day activities, and the provision of practical, emotional and social support.

The meeting is to be conducted through the following steps:

1. Welcome and introduction by meeting leader (role of meeting leader was agreed defined preparation) – Why is everyone here to participate in this meeting?
2. Village Facilitator (or other predetermined person) explains the purpose of the meeting: to build on the strengths and vulnerabilities in the child's social network, or in other words, to build a broader network around the child.
3. Village Facilitator explains the procedures agreed to by the family for the meeting: What is to be discussed and where needed, what is not to be discussed? How decisions will be made throughout the meeting? The Village Facilitator may also wish to describe how the meeting has been prepared as part of this discussion.
4. The family and the child describe as far as possible on their own their shared understanding of the strengths and vulnerabilities in their existing network, and their ideas about possible ways forward first.
5. The leader of the meeting facilitates a discussion on the key areas for development for the support plan. Several steps may be needed for this:
 - a. Clarifying questions and points of view.
 - b. Ideas on how to proceed on each item.
 - c. Turn the ideas into concrete actions and agree on them.

6. The leader of the discussion documents the agreed actions (= developing support plan). This can first be done on a flipchart and should then be transferred into the available document, the 'support plan' (see 10.4. Appendix 4: Village Facilitator – Workbook). All participants will receive a copy of the plan (task of the Village Facilitator). The plan contains all professional supports, as well as supports from the social network and family members.
7. The Village Facilitator will set a date for a follow-up meeting together with the participants and ask everyone to give a short summary of what they think will change/improve until the next meeting based on their own contributions.

Other key points to consider [32]:

- The perspectives of children/youth/adults in need of support are at the centre of the network meeting and must be actively included and heard throughout the meeting. The atmosphere should be such that the meeting is perceived by the children as encouraging and supportive and that they are seen as equal members of the group (taking into account their age). However, children should not be forced to contribute anything if they do not wish to.
- The Village Facilitator has the task of ensuring that the wishes and feelings of the children/youth/vulnerable adults are taken into account. If necessary, advocates (e.g., child and youth advocates, informal “advocacy groups”) can be organised.
- Participation in a network meeting is a voluntary process for the child/young person/vulnerable adult and the social network members involved.
- The Village Facilitator ensures that the views and ideas of people who cannot attend the meeting in person are also brought in, and that they are informed of the results. Creative methods can be used (e.g., letters, video messages, etc.) The absent children or parents concerned should have the opportunity to make changes on the plan.
- The Village Facilitator, at the end of the process, will ensure that all participants have understood what has been decided, and receive a copy of the plan as soon as possible after the meeting.
- The Village Facilitator can help the group to specify the support activities if the commitments of the participants are very vague or not specific enough; he/she documents the plan (if not already documented by the network) and confirms professional support if it is part of the plan. However, it is important to be careful not to change the plan on one's own authority or to reformulate it in one's own interest. The network, and the family in particular, must be assured until the end that it is their plan based on a joint decision-making process [39].
- It is important that the facilitator and any other professionals have an unprejudiced stance, are sensitive to uncertainties and are optimistic that the network will succeed in creating and implementing a support plan (= believe in the strengths of the family and its network and its potential to find solutions) [38] [34] [35] [39].

As the facilitator, you will also have the task of recording the results of the meeting in the workbook (see 10.4. Appendix 4: Village Facilitator – Workbook) and ensuring all participants have a copy of the developed plan.

Learning and examples from the Village Facilitators - The Village Project in Tyrol/ Austria (2022):

Network meetings can be an occasion to adjust support systems to changing needs of children and parents. It can also be an opportunity to change some of family dynamics and responsibilities in the care arrangements of the child.

According to Village facilitators, network meetings can function as game changer to let parents open up to their children`s needs, strengths, and expertise: “They listened more to what the children were saying and did not protect them so much from information that they thought? might harm their development. But also, to allow the children to talk about the fact that it is a bad day and that they need a rest and be confident about it. And then the children know how to deal with it “.

While the external support network is an important component, the project found that often the immediate family situation was addressed in the network meeting. Village facilitators highlight the fact, that network meetings can be an occasion to (re)connect as a family: “We all sit together there and/ or it just becomes so natural and so normal. They actually just thanked each other for helping so well together and always being there for each other. But I don't think it's only families with mental illness that need (connecting like this) in our society”. Everyone could benefit from such a reflection opportunity.

8.1.7. CVA Element 7: The follow-up review

The follow-up meeting is an opportunity to come together with the Village Facilitator and reflect on how the support plan has worked or not worked. It is an opportunity to bring together the key support personnel to help address any potential hurdles and to reflect on the successes of the plan. It can also be an opportunity to develop a new plan moving forward, and importantly, a plan for the Village Facilitator to hand over the organisation to a member of the network. The follow up meeting can be undertaken between 1-4 months following the initial network meeting, depending on the circumstances. The primary responsibility for reviewing the plan rests with the group that developed it (as it is their plan) [32].

The Village Facilitator begins with the original plan, which is also the working document for the follow-up meeting. The follow-up meeting is set up by the VF with the purpose of evaluating the plan, making amendments if required, and discussing any problems with implementation of the previous plan) (if they have occurred). The meeting follows the same structure as the first network meeting but is usually briefer. The following steps are proposed to be undertaken:

Prior to the review meeting

Step 1 – Find out how the family is getting on. This may be beneficial to do prior to the review meeting, as they may be able to talk frankly with you first before the group situation.

Step 2 – Go over the courses of action that were decided in the network meeting (the support plan). Talk to the family about how the actions have been implemented, in what way the children have been involved and how have the parents felt about the other people in the support network and actions taken.

Step 3 – Decide with the family the next course of action. Make a new action plan or plan another network meeting. Follow the previous steps with the family, and chosen participants, to set-up the new network meeting:

- Who needs to be present?
- What roles will people have in the meeting?
- Who might lead the meeting?
- What would be successful outcome of the meeting:
 - new support plan?
 - or new implementation plan for the previous support plan (what would people do differently)?

If another meeting is not an option, make sure that the children and parents know who to contact if necessary for any additional supports they may need in the future (see 10.5. Appendix 5: List of Support Providers and 10.6. Appendix 6: Literature list for Children of a Parent with a Mental Illness).

During the review meeting

Re-visit the procedure undertaken with the previous network meeting. Begin with a short outline of the current situation and state whether the plans have been put into action as agreed. Then, discuss what everyone has learned for the future while implementing the plan.

At this point, it is important to highlight the feelings of success and ensure that all participants are heard. The specific competencies of a confirmative and reflective conversation (see chapter 5.1) are sometimes helpful here.

If further actions are identified, create a new support plan. This plan describes once again the steps that have already been decided, and which are to be continued, and also, defines exactly what will be added. At this stage, it may be important consider whether another follow-up meeting is needed and appoint a nominated person to lead the next follow-up meeting. The idea of this approach is to build capacity within the existing network to continue with opportunities for monitoring and reflection and its own problem solving moving forward.

Learning and examples from the Village Facilitators - The Village Project in Tyrol/ Austria (2022):

VFs talked of the challenges and benefits of creating a sustainable network for the family to draw on after their role is completed. They mentioned the importance of their work to “help (families) to help themselves”. They aimed for families to “regain so much strength and confidence in the course of working with the coordinator that they feel strengthened enough to take on their role as a responsible parent”. To ensure that any supports by a specific informal or formal person worked as planned, there was a need to ask, “so how is it going, or what does it look like, or do we need have a meeting again, do we need to sit down together again?”.

VFs described several creative processes to formally finish the collaborative work together with the family. They mentioned handing over a collection of photos documenting the Village process for the family or handover plans to support the transition process for families and their ongoing supporters.

At times though review meetings revealed unresolved issues leaving families and facilitators contemplating: “OK, these and these things are still open, who can actually support us?”. It was important here for VFs to recall that “not everything can be done in the Village project, or it can't all be done at the same time.” But it was good to see that they had made some change in the family's ability to help themselves. Some families made good use of accomplishments of the Village process: “but then she said straight away that she had called her friend to ask if she would take her son to kindergarten. She might not have been able to accept it at first, but then she thought about it the next moment (and made the call) “.

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10. APPENDIX

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10.1. Appendix 1: SENSE 1 and 2 – Question/Checklist

SENSE 1: Sequence of questions and documentation	
Questions	Documentation
<p>1. Perceive parent in treatment situation</p> <p><i>“Do you have children?”</i></p>	<p>Do you have dependent children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How old is the child/children? Are/ is it male (m)/ female (f)/ other (o)?, Do you have custody of the child?</p> <p>Date of birth: _____ <input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/> o <input type="checkbox"/> Custody</p>
<p>2. First ask parents about childcare responsibilities</p> <p><i>“Do you have children at home to care for?”</i></p>	<p>Date of birth: _____ <input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/> o <input type="checkbox"/> Custody</p> <p>Date of birth: _____ <input type="checkbox"/> m <input type="checkbox"/> f <input type="checkbox"/> o <input type="checkbox"/> Custody</p> <p>If no: Who has legal guardianship for the child/children?</p> <p>_____</p>
<p>3. Ask parent about family network</p> <p><i>“Who belongs to your family?”</i></p>	<p>Is one parent or close relative pregnant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is your child/children being cared for or are you currently being supported in the care of your children?</p> <p><input type="checkbox"/> Yes, from _____</p> <p>_____</p> <p><input type="checkbox"/> No</p> <p>Who else belongs to the family of your child?</p> <p><input type="checkbox"/> Partner</p> <p><input type="checkbox"/> Grandparents of the child</p> <p><input type="checkbox"/> Uncles/aunts of the child</p> <p>Other: _____</p>
<p>4. Ask parent about child data</p> <p><i>“Can you tell me something about your child(ren)?”</i></p>	

SENSE 2: Sequence of questions and documentation

Questions	Documentation						
1. Ask the parent about their concerns and challenges <i>"Do you have any immediate concerns?"</i>	Burdens on the family: _____ Strengths of the family: _____ Information about the child(ren) on his/her/their characteristics, life situation and stage of development:						
2. Ask parent how the child copes with situation <i>"How does the disease affect the daily life of your child?"</i>	<table border="1"> <thead> <tr> <th>1. Child</th><th>2. Child</th><th>3. Child</th></tr> </thead> <tbody> <tr> <td style="height: 100px;"></td><td></td><td></td></tr> </tbody> </table>	1. Child	2. Child	3. Child			
1. Child	2. Child	3. Child					
3. Ask the parent for an initial assessment of the child's support network	<p>Important persons in the child (and parents') support network:</p> <p><input type="checkbox"/> Partner <input type="checkbox"/> Grandparents of the child</p> <p><input type="checkbox"/> Uncles/Aunts <input type="checkbox"/> Parents' friends</p> <p><input type="checkbox"/> Neighbours <input type="checkbox"/> Teachers</p> <p>Other Persons: _____</p> <p>Central goal for parent regarding his or her relationship with the child:</p> <p>_____</p>						

Does the parent agree to work with the Village Facilitator?

☐ Yes → Name _____

Phone number: _____

Date of birth: _____

☐ No, reason for decline: _____

10.2. *Appendix 2: Network activities with Parents – implementation guide*

General information:

The planned activity is aimed at a better understanding of the existing support network of the child/adolescent from the parent's perspective. The activities described below aim to make visible the already existing support network of the child/adolescent and to identify existing "gaps" in this network. As with the whole collaborative village approach, an essential practical approach is to remain curious and collaborative and to respect at all times that the child/adolescent and his/her parents are experts in their own lives.

The role of the Village Facilitator is to identify the parent's view of the child's/adolescent's support network, and to ask specific questions, when necessary, to understand missing persons or institutions capable of filling potential network gaps for the child/adolescent.

Procedure:

1. Introduction - explain the activity and the expected results of the activity.
2. Capture the everyday life of the parent and the child/adolescent.
3. Identify key people in the life of the parent -> Identify the strengths of important persons/support in the life of the child/adolescent.
4. Visualize network -> mapping -> reflect mapping -> adapt if necessary.
5. Specify emotional and instrumental support -> identify gaps.
6. Completion: close gaps in understanding; if necessary, supplement visualized network
7. Say thank you and goodbye.

Material to be prepared for the activity:

- Camera
- Colorful moderation cards (unlined, different colors and sizes)
- Pens
- Mapping templates on A2 (circles/spider web)
- Workbook
- Eco-Map

Notes on the guide/background:

The questions serve the Village Facilitator as a guide for those areas to be explored together with the parent and any other relevant people. This guide is not an assessment, it is an orientation and does not need to be completed as a questionnaire. Rather, the questions should be asked in a manner appropriate to the situation during the interview.

The questions in this activity are designed to stimulate narratives - they should enable the parent to speak freely within the set framework. The facilitator's task is to follow this narrative as far as possible, to "swim" in the narrative flow and to ask questions at those points that are important for understanding the network or the narration in general. This requires a certain degree of flexibility. For example, it may be that questions or topics which, according to the guidelines, come later are dealt with at an earlier point in the conversation. They should be

taken up when they emerge from the respondent's narrative "by themselves" through the stimulus. These questions do not need to be taken up again later. In order for this to work, it is **very helpful to have a good understanding of the objectives and structure of the guide** during the activity.

Hints and support for conducting the conversation:

Start with a detailed introduction - explain the purpose of the activity, your role, and how the information will be used. It is important to make sure that the parent has understood everything and give him or her the opportunity to ask questions.

In some cases, parents can talk about coping strategies that are stressful for the children, e.g., a coping strategy of the parent could be to withdraw, while a child experiences this as rejection. In these cases, it is important to confirm to the parents that the strategy is appropriate for them, but also to encourage them to reflect on how this strategy might be perceived by the children, and what options are available to prevent adverse effects on children. It is important throughout to integrate "reflection" and "confirmation" (see chapter 5) in the conversation to build trust and make parents feel comfortable during the activity.

If the respondent has difficulties getting into a narration or answers very briefly and succinctly and does not really get into talking, the following tips may be helpful:

- Be able to **endure phases of silence**. Do not ask a question immediately, if nothing is said for a few seconds.
- Use **body language** (nodding, eye contact) and verbally confirm that it is perfectly okay if someone needs to think, if something doesn't occur to them immediately, or if there is a phase of irritation because a question is not immediately understood.
- Stress that everything the respondent tells us is important and interesting for us. **So he/she cannot do anything "wrong"**. To mention this at the beginning supports the respondents usually in the process of freely telling something on their own initiative.
- In some cases, it may be important to **normalize the situation** described by the parent. Mental illness in families can affect family relationships and access to support may be limited. Usually, these families feel socially isolated and sometimes available resources are limited.

Pay attention and be present during the conversation, and **take notes on relevant people, groups, situations, institutions** or other parts of the narrative that seem relevant (use **workbook**). While the parent is narrating, also note down where something is unclear, what needs to be asked and ask for this at the end of the narrative.

General information on questions and question focus:

Questions should have the following focus, "scan" the following areas:

- Relationships (strength, quality, quantity)
- Situations
- Places

Questions could be like this, for example:

(always, depending on what the parent has already told - you can "hook" into that)

- *"Who is in the situation, at the activity (at breakfast, in the music lesson, ...) otherwise?"*
- *"Who is doing this with your child? Who is not there, but should be there?"*
- *"Why is this object, this thing, this XY important?"*

Dealing with time:

The guide is intended to help the respondent to get into a narration well and in as much detail as possible. However, this can quickly lead to a shortage of time and the feeling of not being able to get through the whole guide. Sometimes you have to juggle a little with time.

The most important orientation to which areas are central is outlined in the **workbook**, which is filled in by the Village Facilitator during the activity and shown to the parent. It is used to indicate which persons in the network of the respondent and the child/adolescent are important and why. The aim is to have addressed each of the areas listed there. (This does not mean that a network person has to be named in each area - because there may be gaps in the network). It is important that the parent receives a copy of the results of the activity (either directly or document will be sent later).

Information on the conceptual structure:

A distinction is made between three dimensions, which are scanned fluently in the course of the activity:

Dimension 1) SUPPORT IN EVERYDAY LIFE

Regular activities and appointments, routines during a normal week. Is the child a member of a sports, music or cultural club? Does the child meet regularly with friends/neighbours, ...? Does the child have regular appointments with doctors? Do they go to tutoring, afternoon care, lunch?

It is important to find out whether the activities take place with certain people, in a certain setting (e.g., at the playground) or in a certain environment (e.g., sports club centre).

Dimension 2) INSTRUMENTAL SUPPORT

This dimension is intended to help determine to whom the child can turn in everyday practical matters. (With whom does it do the homework? Who prepares the school snack? Who accompanies the child to appointments - such as playgroup, doctors' appointments, music lessons, etc.)

Dimension 3) EMOTIONAL SUPPORT

This dimension helps to understand the child's needs (both on a practical and emotional level), and the role played by different people in supporting the child (education, crisis management, people with whom they can have fun, people with whom they can connect to a social network, people with whom they can stay when needed in times of crisis).

Presentation and introduction

- Explain why this meeting is taking place today and what is planned
- What are we doing today?
- How long will that take, approximately? (about 50 min. to 1h)
- Does the respondent have to go somewhere, does he/she have an appointment?
- Clarify and if necessary, keep an eye on time!

PHASE 1

What we want to know:

What is the everyday life of the family like?

Question/Task:

- a) *"Please tell me what a week normally looks like for you. What usually happens in the morning, noon, afternoon, and evening? Are there days on which you or your child have regular obligations or appointments (e.g., doctors' appointments, tutoring, game meetings, after-school care, etc.)?"*

Supplementary questions:

- *"Are there any activities your child likes to do that he or she might like to do more often?"*
- *"What works very well in daily life for a) the parent, b) the child and c) the partner? Where are the challenges for a, b, c?"*

What we want to know:

Who are important people in the life of the respondent and why? Who are important people in the life of the child and why? With whom does the child spend his/her time?

Note on background:

In the first step, important people in the life of the parent are addressed here - thus the focus of the respondent is first directed towards his/her own network and his/her own relevancies. On this basis, the respondent can then think ahead with regard to the child. The own network can thus be brought into a better relationship with the perception of the child. What overlaps are there? Which possible differences? The path leads from "one's own" to "the other" - the conscious reference to the perception of the parent's own network supports the process of putting the parent in the presumed/perceived network of the child.

Question/Task:

- b) *"Please tell me, which people are important for you and your family in your everyday life and why? (Which people play an important role in your life?) Please write the names of these people on the moderation cards. Please use a separate card for each person."*

Supplementary question:

"Who is important for you as a parent and supports you, for example, in upbringing and/or in the household, etc."?

Notes on how to conduct the conversation:

If the interviewee begins to say something to the named persons during the writing, do not interrupt this narrative straight away. Listen attentively and note down which persons are named and why they are named (use **workbook**). Reflect on the conversation, so that you can let the parents know that you are listening and hear what they are saying.

TIME:

When the explanations become very long and time is running out, do not cut off the narrative abruptly, but gently lead back to the topic. However, if something is unclear (for example, who is the named "Paul"), ask specifically who he is and why he is important.

Then ask the respondent to spread the labeled cards in front of him or her on the table (if this has not already happened during the labeling process), so that all names are visible.

Question/Task:

- c) *"Now please think about your child and which people you think are important (play a role) in your child's everyday life. Take your time to look at the names you have already found for yourself. Are there perhaps still people who need to be written down? If so, please write the names again on a separate card."*

Question/Task:

- d) Show both mapping templates (A2 diagram templates)
- "Please choose one of the two templates here that appeals to you most (the one you like best). With this template we will now try to arrange the cards."*
- *"Please write your child's name on a card and place this card in the middle of the template."*
 - *"Now place the cards with the names on the template like this, that the people you think are most important to your child (play a big role in your child's life) are close to your child and those who are a little less important are further away."*
 - *"If the people on the cards have something to do with each other (or some of them are in the same places, in similar situations) then please place these cards close together. Those that have little or nothing to do with each other, you can put further apart. Depending on the situation. Just try out how this works. Until you feel that it fits well."*

After all the cards have found their place:

Question/Task:

- e) *"Please tell me a little bit about the "puzzle"/"picture" that you have now laid. Why are the cards lying the way they are now? Why, for example, is XY lying here so close to your child?... Why is XY lying farthest away/almost at the edge?"*

Supplementary question:

- "Which of these people can help your child when you (the family) are going through difficult times or you feel uncomfortable? And how?"

Ask for gaps:

- "Where do you think your child would need someone else? Who might be positioned further away, but could offer more support?"

Notes on how to conduct the conversation:

If the narrative flow "jolts", at this point, please refer to the inquiries or the questions from phase 2 (g). This can stimulate and support a narrative flow.

By talking about the "puzzle" that has been laid, it may become clear that something must change in the structure that has been laid, that something is not "right" after all. Therefore, **ask at the end of the conversation whether the picture is still correct.** (Maybe a card has to be placed in a different place, or a person has to be added or has to be taken off the map). Invite the respondent to change the picture in a way that it is correct again. It is often helpful to change the perspective for this. Encourage the respondent to stand up, look at what has been placed on the map from all sides, look at it after standing up, and then decide whether something needs to be changed. If this is the case, **ask after the change why something was laid or repositioned.**

Photograph the result of the mapping

PHASE 2

What we want to know:

Who can give the child/adolescent answers to possible questions? (psychoeducation)?

Who can take care of the child/adolescent, if the parent cannot?

Question/Task:

"You have already told me a lot about the people who are important in your life and in the life of your child. Thank you for that! I have brought along a few more questions myself, so that I can understand your situation and that of your child even better."

- *"With which of the people in this picture does your child enjoy spending time, and how much time do they spend together? What does your child do when he/she meets XY? And what do you think your child enjoys doing (Activities, leisure activities, doing homework together, ...)?"*
- *"Is there someone among these people who knows you and your family very well and who could (or is) perhaps something like a confidant for your child?"*
- *"Is there someone among these people who can sometimes answer (difficult or unpleasant) questions for your child? (Someone who makes your child feel that he/she can ask also unpleasant questions? Who can perhaps give your child some good advice if he or she feels bad at times)? What kind of questions might those be?"*

- *"What do you think your child needs to know about your situation? Who can give the child this information?"*
- *"How do you think your child copes with your illness in everyday life?"*
 - *"Does your child need support here?"*
 - *"Who could give your child this from the persons shown here?" (->Question also whether the child needs professional support)*
- *"Is there anyone among these people who can help your child with something at short notice? Where he/she can perhaps just drop by or whom your child can simply call if he/she wants to talk about a problem or difficulty?"*
- *"What impact could the illness have on your child's daily life? Is this something you are concerned about?"*
- *"If you are not doing so well yourself and you cannot take care of your child well for a while, is there someone who can take care of him or her? (What could he/she take care of?) Maybe someone who could take care of your child and give him or her a place to stay? Where your child can go for lunch? Someone who can drive your child somewhere? (sports club, music practice, ...)"*
- *Etc...*

Final phase/Adoption

Ask at the end before saying goodbye:

"Is there anything else that is important to you that we haven't addressed? Did we forget something (or someone)?"

Farewell

10.3. *Appendix 3: Network activity with children and youth*

Implementation guide for children between 4 and 6 years

General information:

The planned activity aims to better understand the existing support network of the child (4-6 years). The activities described below aim to make the existing child support network visible and identify existing "gaps" in this network. As with the whole collaborative village approach, an essential practice approach is to remain curious and collaborative and to respect at all times that the child and their parents are experts in their own lives.

This activity is strongly focused on the child's perspective in his or her own network. The role of the Village Facilitator is to identify the child's own view of his or her support network and to ask specific questions, if necessary, to find out the child's perspective, to understand missing persons or institutions that are able to fill potential network gaps for the child.

Procedure:

1. Introduction
2. Child draw him/herself or selects picture/ doll
3. Capture the child's everyday life -> ask for persons who play a role -> ask for painting these persons or select a picture/doll - arrange
4. Capture extended social network -> ask for persons who play a role -> ask for painting persons or select picture/doll - arrange
5. Emotional and instrumental support -> ask for people who play a role -> paint person or select picture/doll - arrange
6. Completion: repeat network, add people, if necessary, thank and say goodbye

Material to be prepared for the activity:

- Audio device
- Camera
- Colorful moderation cards (unlined, different colors and sizes)
- Pens
- Picture cards
- Dolls
- Neutral materials (stones, pinecones, etc.)
- A2 sheet empty
- Eco-Map
- Workbook

Safety notice:

The prepared materials vary in size. Children must not be left alone with them due to the danger of swallowing!

Additional information on material and use of material:

- **Different types of paper** (smooth, normal writing paper, with structure, various thicknesses and/or colors, different sizes): The possibilities to be able to choose from different types of paper strengthen the feeling of control and may have empowering effects on the child, and supports the individual creative process of drawing and the resulting narration;
- **Various pens** (pencils, colored pencils, felt-tip pens, ballpoint pens, fine liners): Are seen as "controlled drawing instruments" - opposed to finger - or watercolors; support a feeling of control in the drawing situation and over the drawing itself;
- **Audio device**: The child decides for himself/herself where the device is placed and when it is switched on and off. Also serves to strengthen a feeling of control in and over the situation;
- **Language**: suitable for children, not patronizing
 - o Simple words, short sentences
 - o Figurative language, calling things by name
 - o Speak slowly

Notes on the guide/background:

The questions serve as a guide for the Village Facilitator for those areas to be explored together with the child along his/her relevancies. This guide is not an assessment, it is an orientation and does not need to be completed as a questionnaire. The questions should rather be asked in the course of the interview in a way appropriate to the situation.

The questions in this activity are designed to stimulate narratives - they should enable the child to share freely within the set framework. The facilitator's task is to follow this narration as far as possible, to "swim" in the narrative flow, and to ask questions at those points that are important for understanding the network or the narrative in general. This requires a certain degree of flexibility. For example, it may be that questions or topics which, according to the guidelines, come later are dealt with at an earlier point in the conversation. They should be taken up when they emerge from the child's narrative "by themselves" through the stimulus. These questions do not need to be taken up again later. In order for this to work, it is very **helpful to have internalized the objectives and structure of the guide** during the implementation.

Hints and support for conducting the conversation:

If the child has difficulties getting into the narrative or answers very briefly and succinctly and does not really get into talking, the following tips:

- Be able to **endure phases of silence**. Do not ask a question immediately, if nothing is said for a few seconds;

- Use **body language** (nodding, eye contact) and verbally confirm that it is perfectly okay if someone needs to think, if something does not occur to them immediately, or if there is a phase of irritation because a question is not immediately understood;
- Stress that everything the child tells us is important and interesting for us.
So he/she cannot do anything "wrong". To mention this at the beginning supports children usually in the process of freely telling something on their own initiative.
- In some cases, it may be important to **normalize the situation** described. Mental illness in families can affect family relationships and access to support may be limited. Usually, these families feel socially isolated and sometimes available resources are limited.

Pay attention and be present during the conversation and **take notes on relevant people, groups, situations, institutions** or other parts of the narrative that seem relevant (use **workbook**). While the child is narrating, also note down where something is still unclear, what still needs to be asked and ask for this at the end of the genuine narrative.

General information on questions and question focus:

Questions should have the following focus, "scan" the following areas:

- Relationships (strength, quality, quantity)
- Situations
- Places

Children in this age group can probably distinguish 2 dimensions well:

- *"Who do you see often?/ Who do you not see so often? (Or with whom do you play often/not play often?)"*
- *"Who do you like?/ Who do you don't like? (Or with whom do you like to play /dislike to play?)"*

Questions could be like this, for example:

(always depending on what the child himself has already told - you can "hook" into that)

- *"Who is in the picture/the situation (at breakfast, on the playground, ... – depending on what has been drawn or told), with you? Do you like him/her? Who is doing this with you? Do you like him/her? Who would you like to have with you and why?"*
- *"What do you do when you meet XY? Are with XY? XY happens?"*

Dealing with time:

The guide is intended to help the children get into the narrative well, and in as much detail as possible. However, this can quickly lead to a shortage of time and the feeling of not being able to get through the whole guide. Sometimes you have to juggle a little with the time.

The most important orientation to which areas are central is the **workbook**, which is filled out by the Village Facilitator during the activity. This booklet indicates which people in the child's

network are important and why. The aim is to have addressed each of the areas listed there. (This does not mean that a network person has to be named in each area - because there may be gaps in the network).

Information on the conceptual structure:

A distinction is made between three dimensions, which are scanned fluently in the course of the activity:

Dimension 1) SUPPORT IN EVERYDAY LIFE

Regular activities and appointments, routines during a normal week. Is the child a member of a sports, music, or cultural club? Does the child meet regularly with friends/neighbors, ...? Does the child have regular appointments with doctors? Do they go to tutoring, afternoon care, lunch?

It is important to find out whether the activities take place with certain people, in a certain setting (e.g., at the playground) or in a certain environment (e.g., sports club center).

Dimension 2) INSTRUMENTAL SUPPORT

This dimension is intended to help determine to whom the child can turn in everyday practical matters. (With whom do they do their homework? Who prepares the school snack? Who accompanies the child to appointments - such as playgroup, doctors' appointments, music lessons, etc.)

Dimension 3) EMOTIONAL SUPPORT

This dimension helps to understand the child's needs (both on a practical and emotional level), and the role played by different people in supporting the child (education, crisis management, people with whom they can have fun, people with whom they can connect to a social network, people with whom they can stay when needed in times of crisis).

Introduction and explanation:

- Explain why this meeting is taking place today and what is planned
- What are we doing today?
- How long will that take approximately? (about 30-45 minutes)
- Where does the child/parent/reference person have to go afterwards?
 - > Clarify and if necessary, keep an eye on the time!
- Explain audio device

"You and XY (caregiver) are here today so I can get to know you a little better. I would like to understand what you like to do and what you don't like to do.

So that I don't forget anything you tell me today, I would like to record this. This machine here can record everything we say and I can listen to it again later. You can press here and then it starts. Can you see the light? That means it records what we say."

PHASE 1) EVERYDAY-LIFE

What we want to know:

What does the child's everyday life look like?

Who are important people in the child's life and why?

With whom and where does the child spend his/her time?

Who can give the child answers to possible questions? (psychoeducation)

Who can take care of the child if the parent cannot?

Put a large sheet of paper (A2 or even larger) as a base for mapping - but if the child draws or selects a lot of pictures, the whole table can be used as a base - without the A2 sheet. But it needs a frame for the mapping, so that the distances between the pictures can be laid out in the correct relations.

Question/Task:

- a) *"Please take a look at the things I brought along (show prepared pencils and paper). As I said before, I want to get to know you a little better. Please draw a picture of yourself. Who are you (today)? Please choose a piece of paper and pencils with which you would like to draw a picture of yourself."*

Note on how to conduct the conversation:

If the child does not know exactly how to draw this, emphasize that there is **no right or wrong** on it. That he/she can take time for it. That it does not have to be "nice" and that there are no rules for it. The self-portrait **can also consist of words, symbols, colors, patterns** – there are no rules for that.

- If the child already starts telling or explaining something while drawing (this can be different) – let this happen in any case. Then a few questions can already be asked while drawing.
- If the child prefers to draw in silence, calmly, let this happen and do not interrupt. Ask the questions after the drawing phase.

After the self-portrait is finished:

Question/Task:

- b) *"Please tell me a little bit about the picture you just drew of yourself."*
(For example: *"What are you wearing in this picture? Red pants, is red your favorite colour?"*)

TIME: In case of time shortage, cuts can be made here: Only ask a very brief question about the self-portrait - then don't ask any further questions, don't stimulate it any further and proceed quickly to the next step.

- c) *"Now you can put the picture of you here in the middle of the sheet"*

Everyday life:

- *"Please tell me, what happens first thing in the **morning** with you? What's the first thing you do? Who wakes you up?"*
- *"Okay. So XY wakes you up in the morning. Then you can draw him/her now if you like or I brought picture-cards with people on them (show cards). I also brought dolls. (Show dolls) If there is someone who looks a little bit like XY, you can choose a picture/doll for her. What you like better."*
- *"Now you can add the picture of XY to yours. If you like XY very much, or if you see her often, put her very close to you. If you don't like her very much, or you don't see her very often, put her further away from you."*
→ **Ask the child if you can add the person's name. (Otherwise, note it down for yourself) This is helpful for your own overview.**
- *"After you get up, what happens next? Who do you have breakfast with, for example?"*
- Ask the child to draw XY too and/or choose a card/doll for XY and to put the drawing/card/doll also on the base. (*"If you like XY, put him close to you, if you don't like him so much, put him further away from you"* - same as above)
- Repeat the procedure for all important persons the child names.
- *"What happens next? Do you go to kindergarten, for example?"*
- *"Do you like being there? Who do you like to play with? What do you like to play with?"*
- *"What happens or what do you do before you have **lunch**? And where and with whom are you having lunch?"*
- *"What happens in the **afternoon**/What do you do in the afternoon?"*
- *"How do you get to your friend XY? How do you get to soccer practice/kid gym/music school...?"*
- *"What happens in the **evening**/What do you usually do in the evening?"*
- *"Are there other things you like to do? Are you with a club or learning an instrument?"*
- *"Or are there things you'd like to do more often?"*
- *"Who's XY?"*
- *"What are you doing with XY?"*
- *"Where/when/how often/ do you meet XY?"*
- ...

While the network card is growing slowly, **repeat what has already been said** and put down and ask questions. But preferably based on something that the child has already told. So, start from the experience/narration of the child. Take this seriously and take it up in the questions. This helps the child to find other people or to remember them.

"So, this is XY, a neighbor of yours. And she often comes over to play with her son, XY. Is there anybody else who often comes over to play?/ Somebody who lives near you and whom you often meet?..."

Expanded network:

- Repeat what has been said and all the people already pictured: *"So now you have already told me that XY wakes you up, that in kindergarten you like to play with XY in*

the construction corner, that in the afternoon you like to play with XY outside and also play with your hamster and in the evening XY always reads you a story..."

- *"Now, think again about who comes to visit you or your family sometimes? Or who else do you visit sometimes?"*
 - *Let the child think about it and give examples if necessary: "People from your family, siblings, grandma, grandpa (also ask if they still have a grandma/grandpa), aunts, uncles, godfathers/godfathers, friends, neighbors, parents' friends, teachers or anyone else."*

→ Use an **Eco-Map** as a guide for you as facilitator

- **Draw person(s) again/select picture/doll - arrange on the map - ask questions**

PHASE 2) EMOTIONAL-INSTRUMENTAL SUPPORT

Question/Task

a) "Now we're getting to the end, and I just have a few more questions."

Emotional-instrumental support:

- *"Is there someone who can look after you when mum or dad are at work, for example?"*
- *"Is there someone who comforts you when you've hurt yourself? Or when you are sad? Or when you're afraid?"*
 - *"Is there someone you can ask all your questions to? Maybe someone who can give you advice if you have a problem with something or if you feel unwell? (For example, what kind of questions would these be?)"*
- *"Maybe if your parents aren't doing so well and they can't take care of you for a while, is there someone who can look after you?"*
 - *"Would you also feel ok to spend the night with him/her? Have you ever slept there before?"*
 - *"Where you can go for lunch? Who can drive you with the car? (sports club, music sample, ...)?"*
- *Etc. ...*

Final phase/Adoption

"Thank XY for telling me so much about yourself now. You did a really great job. Now let's get up on that chair and look at your work from above."

→ Repeat the whole network once again and call all members by name.

"Did I understand it right? Is this arrangement still right for you?"

→ Change arrangement if necessary

"Is there anything else that's important to you that we haven't addressed? Did we forget something (or someone)?"

At the end take a photo from the overall result. Then give the drawings to the child if he/she wishes.

Adoption

Implementation guide for children between 6 and 14 years

General information:

The planned activity aims to better understand the existing support network of the child (6-14 years). The activities described below aim to make the existing child support network visible and identify existing "gaps" in this network. As with the whole collaborative village approach, an essential practice approach is to remain curious and collaborative and to respect at all times that the child and its parents are experts in their own lives.

This activity is strongly focused on the child's perspective in his or her own network. The role of the Village Facilitator is to identify the child's own view of his or her support network, and to ask specific questions, if necessary, to find out the child's perspective, to understand missing persons or institutions that are able to fill potential network gaps for the child.

Procedure:

1. Introduction
2. Child draws him/herself or selects a picture/ doll
3. Capture the child's everyday life -> ask for people who play a role -> ask for painting these persons or select a picture - arrange
4. Capture extended social network -> ask for people who play a role -> ask for painting these persons or select picture - arrange
5. Emotional and instrumental support -> ask for people who play a role -> paint person or select picture - arrange
6. Completion: repeat network, add, if necessary, thank and say goodbye

Material to be prepared for the activity:

- Audio device
- Camera
- Colorful moderation cards (unlined, different colors and sizes)
- Pens
- Picture cards
- Dolls
- Neutral materials (stones, fir cones, etc.)
- A2 sheet empty
- Eco-Map
- Workbook

Safety notice:

The prepared materials vary in size. Children must not be left alone with them due to the danger of swallowing!

Additional information on material and use of material:

- **Different types of paper** (smooth, normal writing paper, with structure, various thicknesses and/or colors, different sizes): The possibilities to be able to choose from different types of paper strengthen the feeling of control and may have empowering effects on the child and supports the individual creative process of drawing and the resulting narration;
- **Various pens** (pencils, colored pencils, felt-tip pens, ballpoint pens, fine liners): Are seen as "Controlled drawing instruments" - opposed to finger- or watercolors; support a feeling of control in the drawing situation and over the drawing itself.
- **Audio device**: The child decides for himself/herself where the device is placed and when it is switched on and off. Also serves to strengthen a feeling of control in and over the situation.

Notes on the guide/background:

The questions serve as a guide for the Village Facilitator for those areas to be explored together with the child and along his/her relevancies. This guide is not an assessment, it is an orientation and does not need to be completed as a questionnaire. The questions should be asked in the course of the interview in a way appropriate to the situation.

The questions in this activity are designed to stimulate narratives - they should enable the child to tell freely within the set framework. The facilitator's task is to follow this narrative as far as possible, to "swim" in the narrative flow, and to ask questions at those points that are important for understanding the network or the narrative in general. This requires a certain degree of flexibility. For example, it may be that questions or topics which, according to the guidelines, come later are dealt with at an earlier point in the conversation. They should be taken up when they emerge from the child's narrative "by themselves" through the stimulus. These questions do not need to be taken up again later. In order for this to work, it is very **helpful to have internalized the objectives and structure of the guide** during the implementation.

Hints and support for conducting the conversation:

If the child has difficulties getting into the narrative or answers very briefly and succinctly and does not really get into talking, the following tips:

- Be able to **endure phases of silence**. Do not ask a question immediately, if nothing is said for a few seconds;
- Use **body language** (nodding, eye contact) and verbally confirm that it is perfectly okay if someone needs to think, if something doesn't occur to them immediately, or if there is a phase of irritation because a question is not immediately understood;
- Stress that everything the child tells us is important and interesting for us.
So he/she cannot do anything "wrong". To mention this at the beginning supports children usually in the process of freely telling something on their own initiative.

- In some cases, it may be important to **normalize the situation** described. Mental illness in families can affect family relationships and access to support may be felt as limited. Usually, these families feel socially isolated and sometimes available resources are limited;

Pay attention and be present during the conversation and **take notes on relevant people, groups, situations, institutions** or other parts of the narrative that seem relevant (use **workbook**). While the child is narrating, also note down where something is still unclear, what still needs to be asked and ask for this at the end of the genuine narrative.

General information on questions and question focus:

Questions should have the following focus, "scan" the following areas:

- Relationships (strength, quality, quantity)
- Situations
- Places

Questions could be like this, for example:

(always depending on what the child himself has already told - you can "hook" into that)

- *"Who is in the picture/the situation (at breakfast, in the music lesson... depending on what has been drawn or told), with you? Who's not there, but maybe should be there? Who would you like to be there and why?"*
- *"What exactly do you do when you're with XY? Doing XY or XY happens?"*
- *"Why is this object, this thing, this XY important to you?"*

Dealing with time:

The guide is intended to help the children get into the narrative well and in as much detail as possible. However, this can quickly lead to a shortage of time and the feeling of not being able to get through the whole guide. Sometimes you have to juggle a little with the time.

The most important orientation to which areas are central is the **workbook**, which is filled out by the Village Facilitator during the activity. This booklet indicates which persons in the child's network are important and why. The aim is to have addressed each of the areas listed there. (This does not mean that a network person has to be named in each area - because there may be gaps in the network).

Information on the conceptual structure:

A distinction is made between three dimensions, which are scanned fluently in the course of the activity:

Dimension 1) SUPPORT IN EVERYDAY LIFE

Regular activities and appointments, routines during a normal week. Is the child a member of a sports, music or cultural club? Does the child meet regularly with friends/neighbors, ...? Does the child have regular appointments with doctors? Do they go to tutoring, afternoon care, lunch?

It is important to find out whether the activities take place with certain people, in a certain setting (e.g., at the playground), or in a certain environment (e.g., sports club center).

Dimension 2) INSTRUMENTAL SUPPORT

This dimension is intended to help determine to whom the child can turn in everyday practical matters. (With whom do they do their homework? Who prepares the school snack? Who accompanies the child to appointments - such as playgroup, doctors' appointments, music lessons, etc.)

Dimension 3) EMOTIONAL SUPPORT

This dimension helps to understand the child's needs (both on a practical and emotional level), and the role played by different people in supporting the child (education, crisis management, people with whom they can have fun, people with whom they can connect to a social network, people with whom they can stay when needed in times of crisis).

Introduction and explanation:

- Explain why this meeting is taking place today and what is planned
- What are we doing today?
- How long will that take, approximately? (about 50 min. to 1h)
- Does the child/adolescent have to go somewhere afterwards?
- ->Clarify and, if necessary, keep an eye on time!
- Explain audio device:
"You (and XY - caregiver) are here today so I can get to know you a little better. I would like to understand what you like to do and what you don't like to do. So that I don't forget anything you tell me today, I would like to record this. This machine here can record everything we say and I can listen to it again later. You can press here and then it starts. Can you see the light? That means it records what we say."

PHASE 1) EVERYDAY LIFE

What we want to know:

What does the child's everyday life look like?

Who are important people in the child's life and why?

With whom and where does the child spend his/her time?

Who can give the child answers to possible questions? (psychoeducation)

Who can take care of the child if the parent cannot?

Put a large sheet of paper (A2 or even larger) as a base for mapping - but if the child draws or selects a lot of pictures, the whole table can be used as a base - without the A2 sheet. But it needs a frame for the mapping, so that the distances between the pictures can be laid out in the correct relations.

Question/Task:

- a) *"Please take a look at the things I have brought along (show prepared pencils and paper). As I said before, I want to get to know you a little better. Please draw a picture of yourself/chose a picture or doll. Who are you (today)? Please choose a piece of paper and pencils with which you would like to draw a picture of yourself."*

Note on how to conduct the conversation:

If the child does not know exactly how to draw this, emphasize that there is **no right or wrong**. That he/she can take time for it. That it does not have to be "nice" and that there are no rules for it. The self-portrait **can also consist of words, symbols, colors, patterns** – there are no rules for that.

- If the child already starts telling or explaining something while drawing (this can be different) – let this happen in any case. Then a few questions can already be asked while drawing.
- If the child prefers to draw in silence, calmly, let this happen and do not interrupt. Ask the questions after the drawing phase.

After the self-portrait is finished:

Question/Task:

- b) *"Please tell me a little bit about the picture you just drew of yourself."*
(For example: *What are you doing in this picture? Do you like doing that? What is important to you about this picture? Why do you have XY in your hand, ... Why is it raining on the picture, is the sun shining, ...? Where are you? ...*)

TIME: In case of time shortage, cuts can be made here: Only ask a very brief question about the self-portrait - then don't ask any further questions, don't stimulate it any further and proceed quickly to the next step.

Question/Task:

- c) *"Now you can put the picture of you here in the middle of the sheet"*

Everyday life:

"As I said, I would like to get to know you better and understand what you like to do and what you don't like to do. So, I brought some questions about that."

- 1) *"Please tell me, what is the first thing that happens to you **in the morning**, what is the first thing you do?"* (Example: *Who wakes you up? How do you get up? Where and with whom do you have breakfast?*)
- *"Okay. You have breakfast with XY. Then you can draw XY now, if you want, or I brought cards with people on them (show cards). Or I have dolls with me, too (show dolls). If*

there is someone who could be XY, you can also choose a picture for her. Or write her name on a card."

- *"And now please add the picture of XY to your picture. If XY is especially important for you, or you spend a lot of time with her, then please put her close to you. If she's not so important to you, or you don't like her very much, or you don't spend much time with her, then please put her further away from you."*
- **In case the child does not write the name, ask if you can write it down. This is helpful for your own overview.**
- *"What do you do after you have breakfast? What happens afterwards? Okay, then you go to school. How do you get to school? Are you walking with someone or is someone taking you?"*
 - *"So, you walk to school with XY...."*

Ask the child again to draw XY/choose a card/doll for XY or write his name and then to put it back on the base. (*"If XY is especially important to you, or you spend a lot of time with him, please put him close to you. If he is not so important to you, you do not like him so much, or you spend little time with him, then put him further away from you - same as above"*).

→ **Repeat the procedure for all important people the child names.**

- 2) *"What happens or what do you do before you have **lunch**? Where and with whom are you having lunch?"*
- *"How do you get to your friend XY? What do you do together? How do you get to football training/kids gym/music class ...? Are you there every week?"*
- 3) *"What happens in the **evening**, what do you usually do in the evening?"*
- *"Are there other things you like to do? Are you in a club, or do you learn an instrument?"*
 - *"Or are there things you'd like to do more often?"*
 - *"Who is XY?"*
 - *"What are you doing with XY?"*
 - *"Where/when/how often/do you meet XY?"*
 - *Etc...*

Taking notes (workbook) - capturing the child's people of relevance;

While the network card is growing slowly, **repeat now and then what has already been said and laid** and ask **questions**. Preferably based on something the child has already told. So, start from the experience/narration of the child. Take this seriously and take it up in the questions. This helps the child to find other people or to remember them.

"So, this is XY, a neighbor of yours. And she often comes over to play with her son, XY. Is there anybody else who often comes over to play?/ Someone who lives very close to you and whom you meet often?" ...

Extended Network:

- *"Now please look at the pictures/dolls/cards in front of you and think about whether there are other people who are important to you, with whom you like to spend time and who are not included here yet."*
 - Let the child think about it and give examples: *"People from your family, siblings, grandma, grandpa (also ask if they still have a grandma/grandpa), aunts, uncles, godfathers/godmothers, friends, neighbors, parents' friends, teachers or anyone else."*

→ Use the enclosed **Eco-Map** for orientation - directly for the Village Facilitator or, if the child is old enough, show the Eco-Map to the child as an "idea-giver".

- Again: **draw people/select picture/doll - arrange on the map - ask questions**

PHASE 2) EMOTIONAL-INSTRUMENTAL SUPPORT

Question/Task:

- d) *"You already told me a lot about people you care about and why. Thanks for that! We are coming to an end, and I only have a few more questions for you."*

Emotional-instrumental support

- *"Is there someone who could take care of you when your parents are at work for example?"*
 - *"Could you stop by XY's for lunch and do the homework? Could you spend the night there?"*
- *"Is there someone who can help you do the things you like to do? (Like drive you to soccer practice, drop you off at a friend's house, ...?)"*
- *"Is there someone you can ask all your questions? Maybe someone who can give you advice if you have a problem with something or if you feel unwell? (What kind of questions/advice/tips/help would that be, for example?)"*
- *"Is there someone who can help you with something spontaneously/quickly? Where you can just come by or who you can just call if you want to talk about a problem?"*
- Etc.
 - Again: **draw people/select picture/doll - arrange on the support - ask questions**

Take a photo of the result of the mapping.

Final phase/Adoption

- *"Thank you XY for telling me so much about yourself now! Please take a look again at the 'picture' you have put here. Stand up and take a look at it from all sides. Or get on a chair and look at it from above. Is this picture right for you or do you want to change anything?" (Add or take away a person - correcting distances)*

→ If there are changes to be made let those happen. If there's any uncertainty, ask for one last time.

- *"Is there anything else that's important to you that we haven't addressed? Did we forget something (or someone)?"*

At the end **take a photo** of the overall result. Then give the drawings to the child, who can take them with him/her if he/she wishes.

General information:

The planned activity aims to better understand the existing support network of the adolescent (14-18 years). The activities described below aim to make the existing adolescent support network visible and identify existing "gaps" in this network. As with the whole collaborative village approach, an essential practice approach is to remain curious and collaborative and to respect at all times that the adolescent and its parents are experts in their own lives.

This activity is strongly focused on the adolescent's perspective in his or her own network. The role of the Village Facilitator is to identify the adolescent's own view of his or her support network and to ask specific questions if necessary to find out the adolescent's perspective, to understand missing persons or institutions that are able to fill potential network gaps for the adolescent.

Procedure:

1. Introduction - explain the activity and the expected results of the activity
2. Capture the everyday life of the adolescent
3. Identify important people in the life of the adolescent
4. Visualize network -> mapping -> reflect mapping -> adapt if necessary
5. Concretize emotional and instrumental support -> identify gaps
6. Completion: close gaps in understanding, if necessary complete visualized network, say thank you and goodbye

Material to be prepared for the activity:

- Audio device
- Camera
- Colorful moderation cards (unlined, different colors, shapes, sizes)
- Pens
- Mapping templates (circles, spider web)
- A2 sheet empty
- Workbook
- Eco-Map

Additional information on material and use of material:

- **Different types of paper** (smooth, normal writing paper, with structure, various thicknesses and/or colours, different sizes): The possibilities to be able to choose from different types of paper strengthen the feeling of control and may have empowering effects on the adolescent and supports the individual creative process of drawing and the resulting narration;
- **Various pens** (pencils, colored pencils, felt-tip pens, ballpoint pens, fine liners): Are seen as

"Controlled drawing instruments" - opposed to finger- or watercolors; support a feeling of control in the drawing situation and over the drawing itself.

- **Audio device:** The adolescent decides for himself/herself where the device is placed and when it is switched on and off. Also serves to strengthen a feeling of control in and over the situation.

Notes on the guide/background:

The questions serve as a guide for the Village Facilitator for those areas to be explored together with the adolescent and along his/her relevancies. This guide is not an assessment, it is an orientation and does not need to be completed as a questionnaire. The questions should be asked in the course of the interview in a way appropriate to the situation.

The questions in this activity are designed to stimulate narratives - they should enable the adolescent to talk freely within the set framework. The facilitator's task is to follow this narrative as far as possible, to "swim" in the narrative flow, and to ask questions at those points that are important for understanding the network or the narrative in general. This requires a certain degree of flexibility. For example, it may well be that questions or topics which, according to the guidelines, come later are dealt with at an earlier point in the conversation. They should be taken up when they emerge from the adolescent's narrative 'by themselves' through the stimulus. These questions do not need to be taken up again later. In order for this to work, it is very **helpful to have internalized the objectives and structure of the guide** during the implementation.

Hints and support for conducting the conversation:

If the adolescent has difficulties getting into the narrative or answers very briefly and succinctly and does not really get into talking, the following tips:

- be able to **endure phases of silence**. Do not ask a question immediately, if nothing is said for a few seconds;
- use **body language** (nodding, eye contact) and verbally confirm that it is perfectly okay if someone needs to think, if something doesn't occur to them immediately, or if there is some frustration or awkwardness because a question is not immediately understood.
- Stress that everything the adolescent tells us is important and interesting for us.
So, he/she cannot do anything "wrong". To mention this at the beginning supports adolescents usually in the process of freely telling something on their own initiative.
- In some cases, it may be important to **normalize the situation** described. Mental illness in families can affect family relationships and access to support may be felt as limited. Usually, these families feel socially isolated and sometimes available resources are limited.

Pay attention and be present during the conversation and **take notes on relevant people, groups, situations, institutions** or other parts of the narrative that seem relevant (use

workbook). While the adolescent is narrating, also note down where something is unclear, what needs to be asked and ask for this at the end of the genuine narrative.

General information on questions and question focus:

Questions should have the following focus, "scan" the following areas:

- Relationships (strength, quality, quantity)
- Situations
- Places

Questions could be like this, for example:

(always depending on what the child himself has already told - you can "hook" into that)

- *"Who is in the picture/the situation (at breakfast, in the music lesson... depending on what has been drawn or told), with you? Who's not there, but maybe should be there? Who would you like to be there and why?"*
- *"What exactly do you do when you're with XY? Doing XY or XY happens?"*
- *"Why is this object, this thing, this XY important to you?"*

Dealing with time:

The guide is intended to help the adolescent get into the narrative well and in as much detail as possible. However, this can quickly lead to a shortage of time and the feeling of not being able to get through the whole guide. Sometimes you have to juggle a little with the time.

The most important orientation to which areas are central is the **workbook**, which is filled out by the Village Facilitator during the activity. This booklet indicates which persons in the adolescent's network are important and why. The aim is to have addressed each of the areas listed there. (This does not mean that a network person has to be named in each area - because there may be gaps in the network).

Information on the conceptual structure:

A distinction is made between three dimensions, which are scanned fluently in the course of the activity:

Dimension 1) SUPPORT IN EVERYDAY LIFE

Regular activities and appointments, routines during a normal week. Is the adolescent a member of a sports, music or cultural club? Does the adolescent meet regularly with friends/neighbours, ...? Do they have regular appointments with doctors? Do they go to tutoring, afternoon care, lunch?

It is important to find out whether the activities take place with certain people, in a certain setting (e.g., at the playground) or in a certain environment (e.g., sports club center).

Dimension 2) INSTRUMENTAL SUPPORT

This dimension is intended to help determine to whom the adolescent can turn in everyday practical matters. (With whom do they do their homework? Who prepares the school snack? Who accompanies the adolescent to appointments - such as doctors' appointments, music lessons, etc.)

Dimension 3) EMOTIONAL SUPPORT

This dimension helps to understand the adolescent's needs (both on a practical and emotional level), and the role played by different people in supporting them (education, crisis management, people with whom they can have fun, people with whom they can connect to a social network, people with whom they can stay when needed in times of crisis).

Introduction and explanation

- Explain why this meeting is taking place today and what is planned
- What are we doing today?
- How long will that take, approximately? (about 50 min. to 1h)
- Does the adolescent have to go somewhere afterwards?
- ->Clarify and, if necessary, keep an eye on time!
- Explain audio device

"You are here today so I can get to know you a little better. So, I understand what you like to do and what you don't like to do.

So that I don't forget anything you tell me today, I would like to record this. This machine here can record everything we say and I can listen to it again later. You can press here and then it starts. Can you see the light? That means it records what we say."

PHASE 1) EVERYDAY LIFE

What we want to know:

What does the adolescent's everyday life look like?

Question/Task:

- a) *"I've brought along a few questions to get to know you a little better and understand what you do.*

Please tell me what a normal week looks like for you. What do you usually do in the morning, at noon, in the afternoon and in the evening? Are there some days when you usually meet up with friends? Or with family members? Or are you a member of a club or something like that?"

Suggestions for structured requests:

- 1) *"Please tell me what happens first thing in the **morning**, what do you do first?"*
- 2) *"What happens or what do you do before you have **lunch**? And where and with whom do you usually have lunch?"*
- 3) *"What happens to you in the **afternoon**, what do you do in the afternoon?"*
- 4) *"What happens in the **evening**, what do you usually do in the evening?"*

Take notes (workbook) - capturing the adolescent's relevancies;

What we want to know:

Who are important people in the adolescent's life and why? With whom do they spend their time?

Question/Task:

- b) *"Please take a look at the material I brought along (show prepared pens and cards). Please tell me, which people are important to you in your everyday life? Which people play an important role in your life? Please write the names of these people on the moderation cards here. Please use a separate card for each person - and choose which card fits which person."*

Note on how to conduct the conversation:

- Instead of writing the names of the persons on moderation cards also symbols, colors or patterns could be drawn on the cards.
- If the adolescent has difficulties in identifying people offer **Eco-Map** as support.
- If the adolescent likes to write and think in silence, please don't interrupt. Ask questions afterwards. If he/she starts with a narration during the writing make notes and also ask questions.

Question/Task:

- c) Show both templates for mapping (circles & spider web)
- "Please choose one of the two templates here that appeals to you the most at the moment/that you like the most/that you like best. With this template we will now try to arrange the cards you have just described."*
- *"Please write 'ME' (or your name) on a card and place the card in the middle of the template."*
 - *"Now place the cards with the names on the template so that the people who are most important to you, are close to you and those who are a little less important are further away."*
 - *"If the people on the cards have something to do with each other (or you meet or see some of them in the same places, in similar situations) then please put them close together. Those who have little or nothing to do with each other, you can put further apart. It depends. Just try out how it works. Until you feel it's right for you."*

After all the cards have found their place:

Question/Task:

"Please tell me a little bit about the 'puzzle'/'picture' you just made. Why are the cards lying the way they do? Why, for example, is XY lying so close to you here?... Why is XY lying farthest away/more at the edge?"

Notes on how to conduct the conversation:

When the adolescent has finished his/her own narration (or has difficulties in forming a narrative), please use the impulse questions suggested under **g)** in order to stimulate or concretize a narrative.

Take a photo of the result of the mapping

PHASE 2) EMOTIONAL-INSTRUMENTAL SUPPORT

What we want to know:

Who can give the adolescent answers to possible questions? (psychoeducation)

Who can take care of the adolescent if the parent cannot?

Question/Task:

- d) *"You've already told me a lot about the people you care about and why. Thank you for that! I have now also brought along a few more questions myself, so that I can understand you and your situation even better."*
- *"With which of the people here in your picture do you like to spend time and how much time do you spend together? What do you do when you get together? And what do you enjoy most (leisure activities, doing homework together, ...)?"*
 - *"Is there anyone among these people who can answer difficult or uncomfortable questions for you? Who makes you feel you can ask uncomfortable questions? (What kind of questions would those be, for example?) Someone who knows you and your family well?"*
 - *"Is there anyone among these people who can help you at short notice with something? Where you can just come by or who you can just call if you want to talk about a problem?"*
 - *"Maybe if your parents are not doing so well and they can't take care of you for a while, is there someone who can take over? Maybe someone you can stay with? Where you can go for lunch? Someone who can drive you somewhere? (sports club, music rehearsal, ...)?"*
 - *Etc...*

Note on implementation:

During or after talking about the "puzzle" the adolescent may want to change something. At the end of the narration ask again if the "puzzle" is still right for him/her, or if he/she wants to change something. If so, have the change made and then ask again why it has changed now. Maybe a person has to get off the map or someone new is joining.

Take a photo of the changed mapping.

Final Phase/Adoption

Ask at the end before saying goodbye:

"Is there anything else that's important to you that we haven't addressed? Did we forget something (or someone)?"

Adoption

VILLAGE PROJECT

“It takes a village to raise a child”



Family

Health site

Name Village-Facilitator

FIRST MEETING WITH THE FAMILY

Goals:

- ☐ Get to know the family
- ☐ Eliminate uncertainties

Who attended the meeting?

- ☐ Mother
- ☐ Father
- ☐ Child_____
- ☐ Child_____
- ☐ Child_____
- ☐ Researchers
- ☐ Other people _____

Date and place of the meeting _____

Duration for preparation/travel/meeting (note separately)

Notes

SOCIAL NETWORK – FROM THE CHILD’S PERSPECTIVE

Name parent & child

Dimension 1) Support in everyday life

(Regular activities and appointments, routines during a normal week – besides school activities. Is the child a member of a sports, music or social club? Does the child meet regularly with friends/neighbours...? Regular appointments with doctors? Do you go to tutoring, afternoon or lunch care?)

→ it is important to consider here whether it may be important for an activity to be done with a specific person or within a specific group setting i.e., playgroup; or within a specific environment e.g., cultural or sports center, for example

Regular activities of the child Organization/setting/clubs the child belongs to	Important people – Who is involved in the activity?	What does this person do? Why is this person important? Further comments
Mornings		
Middays		
Afternoons		
Evenings		

Notes – Special features in everyday life

SOCIAL NETWORK – FROM THE CHILD’S PERSPECTIVE

Dimension 2) Instrumental support

Dimension 3) Emotional Support

Name parent & child

Both these dimensions help us think about the child’s needs – both practically and emotionally, the role that people play in supporting the child (nurturing, times in crisis), someone who they can ask for help, have fun with, connect with community with, and have somewhere to stay with when needed.

Who are the important people/organizations in the life of the child/adolescent and why? With whom does the child spend the most time?

Who supports the child in the everyday life? Who can take the child to their hobbies, help with homework etc.?

Who can answer potential questions from child/adolescent? Who can the child call if they need to talk about something? (Psychoeducation)

Who can take care of the child/adolescent when the parent cannot?

SOCIAL NETWORK - FROM THE PARENT'S PERSPECTIVE

Name parent & child

Further important persons/institutions in the life of the child:

Childcare facility: _____

Phone number: _____

School: _____

Phone number: _____

Important teachers: _____

Phone number: _____

Health related needs and information:

Doctor (name): _____

Phone number: _____

Any special conditions? Allergies? Regular intake of medication?

SOCIAL NETWORK - FROM THE PARENT'S PERSPECTIVE

Name parent & child

Dimension 1) Support in everyday life

(Regular activities and appointments, routines during a normal week – besides school activities. Is the child a member of a sports, music or social club? Does the child meet regularly with friends/neighbours...? Regular appointments with doctors? Do they go to tutoring, afternoon, or lunch care?)

→ it is important to consider here whether it may be important for an activity to be done with a specific person or within a specific group setting i.e., playgroup; or within a specific environment e.g., cultural or sports centre, for example

Regular activities of the child Organization/setting/clubs the child belongs to	Important people– Who is involved in the activity?	What does this person do? Why is this person important? Further comments
Mornings		
Middays		
Afternoons		
Evenings		

Notes – Special features in everyday life

SOCIAL NETWORK - FROM THE PARENT'S PERSPECTIVE

Name parent & child

Dimension 2) Instrumental support

Dimension 3) Emotional support

Both these dimensions help us think about the child's needs – both practically and emotionally, the role that people play in supporting the child (nurturing, times in crisis), someone who they can ask for help, have fun with, connect with community with, and have somewhere to stay with when needed.

Who are the important people in the life of the child/adolescent and why? With whom does the child spend the most time?

Who support the child in the everyday life? Who can take the child to their hobbies, help with homework etc.?

Who can answer potential questions from child/adolescent? Who can the child call if they need to talk about something? (Psychoeducation)

Who can take care of the child/adolescent when the parent cannot?

FOLLOW-UP OF THE CHILD AND PARENT NETWORK ACTIVITY

Identified important persons/organizations/places in the life of the child

Perspective of parent	Perspective of child

Identified needs of the child in current support network (e.g., gaps that might be filled by others)

Perspective of parent	Perspective of child

Identified strengths of the child in current support network (coping-mechanisms, joyful activities...)

Perspective of parent	Perspective of child

People invited to Network Meeting

Name	Relation to the child	Relation to the parent	Contact details

Family meeting

Aim: Discuss the results of the network activities and plan the network meeting together

Participants:

- | | |
|--|--|
| <input type="checkbox"/> Child: _____ | <input type="checkbox"/> Village Facilitator |
| <input type="checkbox"/> Child: _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Child: _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Mother: _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Father: _____ | <input type="checkbox"/> _____ |

Date and place of the meeting _____

Duration for preparation/travel time/time of the meeting in minutes (note separately)

Checklist for the preparation of the network meeting

- ☐ Comparing network from perspective of child with the one from parent
- ☐ Discuss the perspectives together with the parent and child and prioritize together areas to strengthen and gaps to address

- ☐ Decide together with the family who should participate at the meeting and who should lead the meeting
- ☐ Discuss the opportunities for the child to participate in the meeting (how, when)
- ☐ Decide on a neutral place to meet
- ☐ Find suitable time for the meeting
- ☐ Invite persons from informal social network of the family
- ☐ Invite persons from formal social network of the family
- ☐ Prepare persons from informal and formal social network of the family for the meeting
- ☐ VF prepares the family for the meeting: Who will take on what role?
- ☐ Prepare room
 - ☐ Chairs
 - ☐ Flipchart, poster-board
 - ☐ Network sheets
 - ☐ Water

NETWORK MEETING

Date and location of meeting: _____

Meeting lead by: _____

Duration in Minutes: _____

List of participants and their relations to the child/parent + contact details

Name	Relation to the child	Relation to the parent	Contact details

List of all invited people who could not attend

Name	Relation to the child	Relation to the parent	Contact details

List of people who receive the plan

Name	Relation to the child	Relation to the parent	Contact details

NETWORK MEETING – SUPPORT PLAN

ACTION POINTS

Support/Care: Who in the group will do what, when, for how long, why

→ orientated on the identified needs of the child

→ Considering Support in Daily life, Instrumental Support, Emotional Support

WHO	WHAT	WHEN & HOW LONG	WHY

Crisis Support: Who in the group could take care of the child and the child needs, if the parent is not able to do it

Name	Relation to the child	Relation to the parent	Contact details

Contact: Preferred option of the participants to maintain the contact and relationship between the child and the parent, if the parent is not at home

- ☐ Child comes to visit the parent
 - Who takes care of the meeting? _____
- ☐ Child can call the parent if it is feeling well enough
- ☐ Child gets pictures from the parent regularly
 - Who shows the child the pictures? _____
- ☐ The child and the parent find a possibility to text each other
- ☐ Others _____

Responsibility: Who will check that things agreed are being done & Which professionals have responsibility for ensuring the plan is implemented

→ First Follow-Up is done by the VF on _____ (date)

→ Who can do this in future?

Name	Relation to the child	Relation to the parent	Contact details

REVIEW OF THE SUPPORT PLAN

Date and place of the review meeting: _____

Duration for preparation / travel time / duration of meeting (note separately)

The support plan was

- ☐ Successfully implemented.
- ☐ Partly implemented.
- ☐ NOT implemented at all.

Course of action:

- ☐ Made new plan
- ☐ Changed original plan
- ☐ Set another meeting

Please describe key messages

CONCLUSION OF PARTICIPATION IN THE RESEARCH PROJECT

Family is meeting with the research team to fill in the questionnaires.

Date of next meeting: _____

Date and location of goodbye meeting: _____

Who joined the meeting?

- ☐ Mother

- ☐ Father
- ☐ Child _____
- ☐ Child _____
- ☐ Child _____
- ☐ Researcher _____
- ☐ Someone else _____

10.5. Appendix 5: List of Support Providers for families in your area (updated 2021)

		Name	Was ist das für ein Angebot	Für welche Probleme/bei welchen Fragen?	Wie kann Kontakt aufgenommen werden?
KINDER					
A K U T E K R I S E N	T E L E F O N I S C H - O N L I N E	Rat auf Draht	Kostenlose Telefonberatung für Kinder, Jugendliche und deren Bezugspersonen für alle Themen, die Kinder und Jugendliche betreffen. Wenn du dort anrufst, kannst du anonym bleiben! Du musst nicht sagen, wie du heißt oder wo du wohnst. Der Anruf erscheint auch nicht auf der Telefonrechnung.	Alle Themen, die Kinder und Jugendliche betreffen (Liebe, Freundschaft, Sexualität, Familie, Schule, Persönliches etc.)	Telefonisch unter der Nummer 147; online auf https://www.rataufdraht.at/onlineberatung per Chat (Mo, Mi, Fr 18-20 Uhr)
		Ö3 Kummer Nummer	Kostenlose Telefonberatung (Zuhören, Kontakt zu fachlichen SpezialistInnen) an 365 Tagen jeweils zwischen 16 und 24h von ausgebildeten Rot-Kreuz MitarbeiterInnen	Bei Kummer und Sorgen aller Art;	Hotline 116 123
		Telefonseelsorge	Kostenlose und vertrauliche Begleitung von Menschen in schwierigen Lebenssituationen	Bei Krisen aller Art;	Hotline 142 (rund um die Uhr) Onlineberatung (Chat Dienstag: 17-19 Uhr Freitag: 19-21 Uhr) oder per Mail: https://onlineberatung-telefonseelsorge.at/mailberatung.html

A K U T E K R I S E N		Telefonische Gesundheitsberatung Tirol	Geschulte Gesundheits- und KrankenpflegerInnen sind m Schichtbetrieb tätig und geben eine kostenlose telefonischen Ersteinschätzung bei gesundheitlichen Problemen aller Art; bei Bedarf erfolgt die direkte Lotsung der PatientInnen in eine ärztliche Ordination oder ein Krankenhaus.	Alle (akuten) gesundheitlichen Probleme einschließlich psychischer Probleme (z.B. große Angst, Panik, große Traurigkeit)	Hotline 1450
		"Verrückte Kindheit": (online) Beratung der Selbsthilfegruppe "Hilfe für Angehörige psychisch Erkrankter" (HPE)	Kostenlose und anonyme (online) Beratung für Kinder in Familien mit einem psychisch erkrankten Elternteil	Bei Fragen und schwierigen Situationen, wenn du in einer Familie aufwächst, in der dein Vater/deine Mutter eine psychische Erkrankung hat	Beratungsstelle in Wien Brigittenauer Lände 50-54/Stiege 1 / 5. Stock 1200 Wien; telefonische Terminvereinbarung unter 01 / 526 42 02 Online Beratung: https://www.verrueckte-kindheit.at/de/angebote/online-beratung/
	P E R S Ö N L I C H	Kriseninterventionszentrum KIZ: Hilfe für Kinder und Jugendliche in Not	Kostenlose rund um die Uhr Beratung, Hilfe, Notschlafstelle	Wenn du nicht mehr weiterweißt; wenn es zu Hause kracht; wenn dir Arbeit und Schule stinken; wenn du nicht mehr leben willst; wenn alles hoffnungslos erscheint	Telefonisch unter der Nummer 0512 580059 E-Mail: info@kiz-tirol.at persönlich: Pradlerstraße 75, 6020 Innsbruck
		Krisenwohngruppe neMo - Sozialpädagogisches	Krisen-WG für Kinder und Jugendliche von 6-14 Jahren	Schutzraum, wenn du kurzfristig von dort, wo du normalerweise wohnst, weg möchtest; wenn du in schwierigen Lebensphasen Orientierung brauchst	Tel: 05242/62402 20; St. Martin 16 nemo@spz-stmartin.tsn.at

		Zentrum St. Martin			
A K U T E K R I S E N	P E R S Ö N L I C H	Turntable Kriseneinrichtung Kufstein	Krisenwohngruppe mit fünf Plätzen für Kinder und Jugendliche im Alter zwischen 12 und 18 Jahren (bis zu 12 Wochen)	Unterstützung, wenn du in einer Krisensituation nicht mehr weiter weißt, du dich neu orientieren musst/willst; du neue Perspektiven erarbeiten willst; du zwischen 12 und 18 Jahr jung bist	täglich von 6 bis 22 telefonisch erreichbar unter 0664 882660 64 oder per E-Mail: info@turntable-kufstein.at
Allgemeine Beratungs- und Orientierungshilfen		Chill Out (Anlaufstelle, Sozialberatungsstelle und Übergangsbereich)	Niederschwellige Anlaufstelle Vertrauliche und kostenlose Sozialberatung (zusätzlich: Übergangsbereich 10 Plätze, rund um die Uhr Betreuung; für Jugendliche und junge Erwachsene zwischen 14 und 21 Jahren)	Bei Problemen und Krisen aller Art	Tel: 0512/572121 E-Mail: chillout@dowas.org www.dowas.org Öffnungszeiten: Mo, Mi, Do, Fr 9.00-12.00 und 17.00-19.30 sowie nach Terminvereinbarung
		Kinder- und Jugendanwalt schaft Tirol	Ombudsstelle und parteiliche Interessensvertretung für Kinder und Jugendliche (Information, Beratung, Hilfe, Vermittlung); kostenlos, vertraulich	Alle Fragen, Anliegen und Probleme, die Kinder und Jugendliche haben können	Tel: 0512/508 3792 E-Mail: kija@tirol.gv.at www.kija-tirol.at

		z6 streetwork	Sozial-, Kultur- und Freiraumarbeit mit Jugendlichen von 12 bis 21 Jahren im Stadtgebiet von Innsbruck	Allgemeine Ansprechmöglichkeiten für Themen aller Art	<p>Viaduktbogen 42; 6020 Innsbruck; Tel: 0512 563768 E-Mail: office@z6-streetwork.com www.facebook.com/z6-streetwork</p> <p><u>Team west:</u> Viktor-Franz-Hess –Straße 5 (zwischen M-Preis und Kolpinghaus) A-6020 Innsbruck Du rufst an und wir machen etwas aus! Lucia 0699 12 12 81 35 Moritz 0699 12 12 81 95</p> <p><u>Team Mitte</u> Viaduktbogen 42; A-6020 Innsbruck Telefonisch, SMS, WhatsApp oder du rufst an und wir machen etwas aus! Farnaz 0699 12 12 81 85; 0699 12 12 81 45 Falls Du uns nicht erreichst, rufen wir verlässlich zurück!</p> <p><u>Team Ost</u> (Stadtteil Reichenau oder O-Dorf) Du rufst an und wir machen etwas aus! Sarah 0660 724 25 37 Domi 0660 377 48 44 Falls du uns nicht erreichst, rufen wir verlässlich zurück!</p>
Allgemeine	P E R S	Jugendräume, Jugendzentren, Jugendclubs	Sozial-, Kultur- und Freiraumarbeit mit Jugendlichen	Allgemeine Ansprechmöglichkeiten für Themen aller Art	<p>https://www.pojat.at/oja-in-tirol/standorte/</p>

	Ö N L I C H	ARENA Mädchenzent- rum	Kostenloses Angebot für Mädchen zwischen 10 und 19 Jahren zum Chillen, Besprechung von Fragen/Sorgen, Hilfe bei Schulaufgaben	Wenn du ein Mädchen zwischen 10 und 19 Jahren bist, Fragen aller Art besprechen möchtest (Liebe & Sexualität, Zukunftsplanung, erwachsen werden, Familienkonflikte, Schulprobleme etc.), zwanglos chillen oder Hausaufgaben machen möchtest oder dafür Hilfe brauchst	Mo 16-20 Uhr (JuZe Space) Di 16-20 (Arena Homepage) Mi 15-20 (FabLab) Fr 14-15.30 (Arena unterwegs) 1x/Monat Sa 12-18 Uhr Workshops Büro Mo, Di 13-15 Uhr https://aranea.or.at/was-ist-aranea/
		EVITA Frauen- und Mädchenbera- tungsstelle Kufstein	Kostenloses, auf Wunsch anonymes Beratungsangebot, um Frauen und Mädchen (14-17 Jahre) in schwierigen Lebenssituationen zu unterstützen und begleiten	Bei Problemen mit Familie, Arbeitsplatz, Schule, Beziehungen, Partnerschaft, Krisen und psychischen Problemen und Vieles mehr	Telefonische Voranmeldung erwünscht Tel: +43(0)5372/63616 E-Mail: evita@kufnet.at www.evita-frauenberatung.at Mo-Fr 8.00-12.00 Uhr, Mi/Do 12.30-16.00

Allgemeine Beratungs- und Orientierungshilfen	P E R S Ö N L I C H	Erziehungsberatung Tirol	Vertrauliche und kostenlose Information und Beratung für Eltern, Kinder und Jugendliche zu schulischen, familiären oder erzieherischen Themen	Bei Fragen und schwierigen Situationen im erzieherischen, familiären oder schulischen Alltag	<p>Tel: 0512/508 2972 E-Mail: erziehungsberatung-innsbruck@tirol.gv.at www.tirol.gv.at/erziehungsberatung Mo-Do 9.00-12.00 und 14.00-16.00; Fr 9.00-12.00 Brixlegg: Telefon: +43 (0) 512 508 - 6065; DO 10:00 - 12:00 Uhr Imst: Schustergasse 9; +43 (0) 5412 66314 Kitzbühel: Im Gieß 31; +43 (0) 5356 62440 Kufstein: Maderspergerstraße 8; +43 (0) 512 508 - 6067; +43 (0) 512 508 - 6066; +43 (0) 512 508 - 6065 Landeck: Innstraße 15; +43 (0) 5442 6996 5436 oder +43 (0) 5412 66314; Termine nur nach tel. Vereinbarung Lienz: Schweizergasse 26, +43 (0) 4852 63605 Reutte: Bahnhofstraße 15; +43 (0) 5672 6996 2988 Schwaz: Johannes-Messner-Weg 11; +43 (0) 512 508 2976; MO 12:00 - 20:00 Uhr sowie tel. Vereinbarung Telfs: Kirchstraße 12; +43 (0) 5412 66314; MO 09:00 - 12:00 Uhr und 14:00 - 16:00 Uhr sowie tel. Vereinbarung</p>
	P E R S Ö	Mannsbilder - Männerzentrum in Tirol für Bildung,	Kostenlose Beratung und Gesprächsangebot für Männer und männliche Jugendliche	Bei Lebenskrisen, Erziehungsfragen, Schwierigkeiten in der Schule	<p>Tel: 0512/576644 E-Mail: beratung@mannsbilder.at www.mannsbilder.at Mo, Mi 17.00-20.00; Fr 10.00-13.00 und nach Vereinbarung</p>

	N L I C H	Begegnung und Beratung			
		INSIEME Beratung - Gemeinsam Krise bewältigen	Psychologische Beratung und Psychotherapievermittlung für Jugendliche ab 16 Jahre und Erwachsene (Erstberatung kostenlos)	Bei psychischen Problemen, Lebens- und Sinnkrisen	Tel: 0650/2563894 E-Mail: insieme.beratung@verein-insieme.at http://insieme-beratung.at Mo-Do 8.00-8.30; tel. Terminvereinbarung
ELTERN					
A K U T E K R I S E N	Telefonisch - online	Telefonische Gesundheitsberatung Tirol	Geschulte Gesundheits- und KrankenpflegerInnen sind m Schichtbetrieb tätig und geben eine telefonischen Ersteinschätzung bei gesundheitlichen Problemen aller Art; bei Bedarf erfolgt die direkte Lotsung der PatientInnen in eine ärztliche Ordination oder ein Krankenhaus.	Alle (akuten) gesundheitlichen Probleme einschließlich psychischer Probleme (z.B. große Angst, Panik, große Traurigkeit)	Hotline 1450
		Ö3 Kummer Nummer	Kostenlose Telefonberatung (Zuhören, Kontakt zu fachlichen SpezialistInnen) an 365 Tagen jeweils zwischen 16 und 24h von ausgebildeten Rot-Kreuz MitarbeiterInnen	Bei Kummer und Sorgen aller Art	Hotline 116 123
A K U T E		Telefonseelsorge	Begleitung von Menschen in schwierigen Lebenssituationen	Bei Krisen aller Art	Hotline 142 (rund um die Uhr) Onlineberatung (Chat Dienstag: 17-19 Uhr Freitag: 19-21 Uhr) oder mail: https://onlineberatung-telefonseelsorge.at/mailberatung.html

K R I S E N		(Online) Beratung der Selbsthilfegruppe "Hilfe für Angehörige psychisch Erkrankter" (HPE)	Beratungsangebote für Angehörige psychisch Erkrankter		Telefonische Terminvereinbarung für Einzelberatung: 0699 1723 8060, E-Mail: hpe-tirol@hpe.at Telefonberatung: 01- 526 42 02 Erreichbarkeit: MO, MI, DO 10:00 - 15:00; DI und FR 10:00 - 12:00 Online Beratung: https://www.hpe.at/online-angebote/online-beratung.html
	P E R S Ö N L I C H	Psychiatrische r Krisendienst	Erstabklärung, Krisenintervention bis hin zur Weiterbehandlung durch PsychiaterIn und einer psychiatrisch geschultes diplomierte Pflegeperson Freitag 16.30 Uhr bis Montag 8 Uhr bzw. an Feiertagen von 7 Uhr bis 8 Uhr des darauffolgenden Tages	Menschen in psychischen Krisen	kann nicht direkt kontaktiert werden; Kontaktaufnahme erfolgt über die Leitstelle der Tiroler Blaulichtorganisationen. (Notrufe 122-, 140- 144)
Allgemeine Beratungs- und Orientierungshilfen		Beratungsstelle des Psychosozialen Pflegediensts Tirol	Anonyme und kostenfreie Beratung über Hilfsangebote innerhalb und außerhalb des PSP Tirol	Beratung bei psychischen Problemen; ist für alle Interessenten (z.B. auch Angehörige) offen	Kontaktstellen für Erstberatung https://www.psptirol.org/adressen.html ! PSP Innsbruck: Anichstraße 4, 2. Stock Telefon: 0512 / 572750 PSP Hall: Schmiedtorgasse 5, 2. Stock Telefon: 05223 / 54911 PSP Schwaz: Innsbrucker Straße 5, 2. Stock Telefon: 05242 / 67881 PSP St. Johann: Bahnhofstraße 7 Telefon: 05352 / 67642

					<p>PSP Wörgl: Bahnhofstraße 42a, 2. Stock Telefon: 05332 / 70511 PSP Telfs: Obermarktstraße 43, 2. und 3. Stock Telefon: 05262 / 62571 Imst: Floriangasse 19, 6460 Imst Tel. Anmeldung: +43 650 / 9677448 Beratung: MO & MI 17-19 Reutte: Krankenhaus Reutte Tel. Anmeldung: +43 650 / 6712374 Beratung: DI & DO 09-11 BH: Bahnhofstraße 15, 6600 Reutte Tel. Anmeldung: +43 650 / 6712374 Beratung MI 09-11 DO 17-19 Lienz: KH Lienz Tel. Anmeldung: +43 4852 / 60682106 MO-DO 07.30-08.15 Beratung DI & DO 15-18</p>
Allgemeine Beratungs- und Orientierungshilfen	P E R S Ö N L I C H	Gesundheitspsychologische Beratungsstellen des Landes Tirol	Kostenlose Anlaufstelle für alle Bürger und Bürgerinnen bei seelischen Belastungen	Psychischer Leidensdruck, wie beispielsweise Depressionen, Ängsten, Stress, psychosomatischen Beschwerden oder Burnout Symptomen	https://www.tirol.gv.at/gesundheitsvorsorge/lds-sanitaetsdirektion/gesundheitspsychologie/beratungsstellen/
		Tiroler Landesverband für Psychotherapie	Kostenlose Beratung und Information, Überblick bei der Suche nach PsychotherapeutInnen	Psychische Gesundheit von Kindern, Jugendlichen und Erwachsenen, Einzel-, Paar- und Familientherapie, PsychotherapeutInnen in Tirol im Überblick	Telefon: 0512- 561734 www.psychotherapie-tirol.at Wöchentliche Sprechstunde: Donnerstag, 16:00-17:00

Allgemeine		Beratung Pro Mente Tirol	Kurzfristige Beratungen	Beratung bei psychischen Problemen;	Karl-Schönherr-Straße 3; 6020 Innsbruck Tel: 0512 585129 E-Mail: direktion@promente-tirol.at
		Psychosoziale Beratung der Tiroler Gebietskrankenkasse	Kostenlose Orientierung für Behandlungssuchende bei psychischen Problemen in Zusammenarbeit mit der Gesellschaft für psychotherapeutische Versorgung Tirols	Menschen mit psychischen Problemen oder deren Angehörigen	Tel: 436641991991 Mo-Fr 10-12.00 Servicestellen: https://www.tgkk.at/cdscontent/?contentid=10007.719970&portal=tgkkportal&viewmode=content Innsbruck: Geschäftsstelle der Gesellschaft für psychotherapeutische Versorgung Tirols Museumstraße 23 Wörgl: Poststraße 6c Telefon: +43 (0) 59160 – 3612 Schwaz: Dr.-Körner-Straße 3 Telefon: +43 (0) 59160 – 3512 Kitzbühel: Achenweg 16 Telefon: +43 (0) 59160 - 3812 MO-FR 07:30 – 14:00 Uhr Imst: Dr.-Carl-Pfeiffenberger-Straße 24 Telefon: +43 (0) 59160 – 3312 Reutte: Dr. Machenschalk-Straße 1 Telefon: +43 (0) 59160 – 3212 Lienz: Bründlangerweg 1 Telefon: +43 (0) 59160 - 3912
	PER	Caritas Beratungszentrum	Kostenlose Sozial- oder Familienberatung bei schwierigen Lebenslagen	In schwierigen Lebenslagen aller Art	Tel: 0512/727015 E-Mail: beratungszentrum.caritas@dibk.at

	S Ö N L I C H	INSIEME Beratung - Gemeinsam Krise bewältigen	Psychologische Beratung und Psychotherapievermittlung für Jugendliche ab 16 Jahre und Erwachsene (Erstberatung kostenlos)	Bei psychischen Problemen, Lebens- und Sinnkrisen	Tel: 0650/2563894 E-Mail: <a href="mailto:insieme.beratung@verein-
insieme.at">insieme.beratung@verein- insieme.at http://insieme-beratung.at Mo-Do 8.00-8.30; tel. Terminvereinbarung
		Zentrum für Ehe und Familienfrage n	Vertrauliche, anonyme und kostenlos Beratung, unabhängig von finanziellen oder weltanschaulichen Situation	Bei Krisen und Problemen aller Art	Anichstraße 24, 6020 Innsbruck Tel: 0512/580871 E-Mail: kontakt@zentrum-beratung.at www.zentrum-beratung.at Mo -Do 9.00-12.00 u. 15.00-18.00; Fr 9.00-12.00 und nach Vereinbarung
		Familienberat ung des Eltern-Kind- Zentrums Innsbruck	Vertrauliche und kostenlose Beratung bei pädagogischen, psychologischen, sozialen und rechtlichen Fragen/Problemen; Unterstützung und Begleitung herausfordernder Lebenssituationen	Bei familiären Fragen und Problemen aller Art	Tel: 0512/587270 familienberatung@ekiz-ibk.at www.ekiz-ibk.at ; Mo 8.30-13.30; Di 8.00-12.30; Mi 13.30-18.00; Do 8.30- 13.00
Allgemeine Beratungs- und Orientierungshilfen	P E R S Ö N L I C H	Kinder- und Jugendhilfe; Stadtmagistra t Innsbruck	Beratung in Erziehungsfragen	Bei Erziehungs- und Unterhaltsfragen	Tel: 0512/5360-9228; Ing.-Etzel-Straße 5 E-Mail: post.kinderhilfe@innsbruck.gv.at Mo-Do 8.00-12.00 und 14.00-17.00; Fr. 8.00-12.00 <u>Bezirkshauptmannschaft (BH) Imst</u> Tel: 05412/6996-5361; Stadtplatz 1 E-Mail: bh.imst@tirol.gv.at MO 08:00-12:00 Uhr und 14:30-16:30 Uhr; DI-DO 08:00-12:00 Uhr und nach Vereinbarung; FR 08:00-12:00 Uhr <u>BH Innsbruck</u>

					<p>Tel: 0512/5344-6212; Neuhauserstraße 7</p> <p>E-Mail: bh.innsbruck@tirol.gv.at</p> <p>MO-FR 08:00-12:00 Uhr und nachmittags nach Vereinbarung</p> <p><u>BH Kitzbühel</u></p> <p>Tel: 05356/62131-6342; Josef-Herold-Straße 10</p> <p>E-Mail: bh.kitzbuehel@tirol.gv.at</p> <p>MO 08:00-12:00 Uhr und 14:30-16:30 Uhr; DI-FR 08:00-12:00 und nach Vereinbarung</p> <p><u>BH Kufstein</u></p> <p>Tel: 05372/606-6102; Bozner Platz 1</p> <p>E-Mail: bh.kufstein@tirol.gv.at</p> <p>MO 08:00-12:00 Uhr und 13:30-16:30 Uhr; DI-DO 08:00-12:00 Uhr und nach Vereinbarung; FR 08:00-12:00 Uhr</p> <p><u>BH Landeck</u></p> <p>Tel: 05442/6996-5462; Innstraße 5</p> <p>E-Mail: bh.landeck@tirol.gv.at</p> <p>MO-DO 08:00-12:00 Uhr und 14:00-16:30 Uhr; FR 08:00-12:00 Uhr</p> <p>BH Lienz</p> <p>Tel: 04852/6633-6582; Dolomitenstraße 3</p> <p>E-Mail: bh.lienz@tirol.gv.at</p> <p>MO 08:00-12:00 und 14:30-16:30 Uhr; DI-FR 08:00-12:00 Uhr</p> <p><u>BH Reutte</u></p> <p>Tel: 05672/6996-5672; Obermarkt 7</p> <p>E-Mail: bh.reutte@tirol.gv.at</p>
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					MO-DO 08:00-12:00 Uhr und 13:30-16:00 Uhr u. nach Vereinbarung; FR 08:00-12:00 Uhr <u>BH Schwaz</u> Tel: 05242/6931-5831; Franz-Josef-Straße 25 E-Mail: bh.schwaz@tirol.gv.at MO 08:00-12:00 Uhr und 14:00-17:00 Uhr; DI-DO 08:00-12:00 und nachmittags nach Vereinbarung; FR 08:00-12:00 Uhr
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Allgemeine Beratungs- und Orientierungshilfen	P E R S Ö N L I C H	Erziehungsberatung Tirol	vertrauliche und kostenlose Information und Beratung für Eltern, Kinder und Jugendliche zu schulischen, familiären oder erzieherischen Themen	bei Fragen und schwierigen Situationen im erzieherischen, familiären oder schulischen Alltag	<p>Tel: 0512/508 2972 E-Mail: erziehungsberatung-innsbruck@tirol.gv.at www.tirol.gv.at/erziehungsberatung</p> <p>Brixlegg: Telefon: +43 (0) 512 508 - 6065; DO 10:00 - 12:00 Uhr Imst: Schustergasse 9; +43 (0) 5412 66314 Kitzbühel: Im Gries 31; +43 (0) 5356 62440 Kufstein: Maderspergerstraße 8; +43 (0) 512 508 - 6067; +43 (0) 512 508 - 6066; +43 (0) 512 508 – 6065 Landeck: Innstraße 15; +43 (0) 5442 6996 5436 oder +43 (0) 5412 66314; Termine nur nach tel. Vereinbarung Lienz: Schweizergasse 26, +43 (0) 4852 63605 Reutte: Bahnhofstraße 15; +43 (0) 5672 6996 2988 Schwaz: Johannes-Messner-Weg 11; +43 (0) 512 508 2976; MO 12:00 - 20:00 Uhr sowie tel. Vereinbarung Telfs: Kirchstraße 12; +43 (0) 5412 66314; MO 09:00 - 12:00 Uhr und 14:00 - 16:00 Uhr sowie tel. Vereinbarung</p>
		AEP Familienberatungsstelle	Psychologische Beratung (Unterstützung und Begleitung) in herausfordernden Lebenssituationen	bei herausfordernden Lebenssituationen aller Art	<p>Tel: 0512/573798 E-Mail: familienberatung@aep.at Mo 17.00-20.00; Di 17.00-19.00; Do, Fr 9.00-12.00</p>

	L I C H	EVITA Frauen- und Mädchenberatungsstelle	kostenloses Beratungsangebot, um Frauen und Mädchen in schwierigen Lebenssituationen zu unterstützen und begleiten	bei Krisen, psychische Probleme und psychische Erkrankungen, Suizidgedanken, und vieles andere, z.B.: Konflikte: Familie, Arbeitsplatz, Kinder, Beziehungen, Partnerschaft Trennung und Scheidung Gewalterfahrungen: Körperliche, seelische, ökonomische, sexualisierte Gewalt und Missbrauch	telefonische Voranmeldung erwünscht Tel: +43(0)5372/63616 E-Mail: evita@kufnet.at www.evita-frauenberatung.at
		FIB-Frauen im Brennpunkt	Beratung bei Suche und Vermittlung von Kinderbetreuung	wenn Sie eine Kinderbetreuung suchen	Tel: 0512/587608 E-Mail: info@fib.at www.fib.at Mo-Fr 8.00-12.00 und nach Vereinbarung
		Mannsbilder - Männerzentrum in Tirol für Bildung, Begegnung und Beratung	kostenlose Beratung und Gesprächsangebot für Männer und männliche Jugendliche	bei Lebenskrisen, Erziehungsfragen, Schwierigkeiten in der Schule	Tel: 0512/576644 E-Mail: beratung@mannsbilder.at www.mannsbilder.at Mo, Mi 17.00-20.00; Fr 10.00-13.00 und nach Vereinbarung

10.6. Appendix 6: Literature list for Children of a Parent with a Mental Illness

These books and brochures are available for the Village Facilitators and can be given to the families if needed. If you can't find a suitable book or brochure for the family, the child you are looking after, on this list? Then have a look if you can find a suitable book or brochure on our website <https://village.lbg.ac.at/resources> and we can get it for you.

Information on helpful literature in Australia:

<https://www.copmi.net.au/parents/helping-my-child-and-family/talking-about-mental-illness-with-your-child/>

https://www.copmi.net.au/?sfid=4066&sft_copmi_resources_type=parents-family-and-carers

Some good websites include:

- [SANE Australia](#) – factsheets, books and podcasts
- [beyondblue](#) – depression and anxiety information
- [Mental Illness Fellowship of Australia](#) – factsheets about mental illness
- [COPMI's kids and young people's pages](#) – simple information (designed for young people) which is very easy to read
- [Multicultural mental health](#) – translated information in different languages

Books

Age	Title	Author	Disorger
2 – 5	Warum ist Mama traurig?	Susanne Wunderer	Depression
Ab 5	Mamas Monster – was ist nur mit Mama los?	Edmunte von Mosch	Depression
Ab 5	Mama, Mia und das Schleuderprogramm	Anja Offermann, Christiane Tilly	Borderline-personality disorder
Ab 6	Papas Seele hat Schnupfen	Claudia Glieman, Nadia Faichney	Depression
Ab 6	Sonnige Traurigtage	Schirin Homeier	Depression

Ab 8	Annikas andere Welt	Sigrun Eder, Petra Rebhandl-Schartner	Addresses in general the mental illness of one parent
Ab 8	Flaschenpost nach irgendwo	Schirin Homeier, Andreas Schrappe	Alcohol addiction
Ab 8	Eichhörnchenzeit oder Der Zoo in Mamas Kopf	Brigitte Minne	Schizophrenia?
Ab 11	Erde an Pluto oder als Mum abhob	Gwyneth Rees	Bipolar disorder and alcohol addiction
Ab 11	Mit Kindern redet ja keiner	Kirsten Boie	
Ab 11	Ihr kriegt mich nicht!	Mikael Ekström	Alcohol addiction
Ab 14	Tattoo Mum	Jacqueline Wilson	Bipolar disorder
Ab 14	Wer fängt mich, wenn ich falle	Rosie Rushton	Bipolar disorder
Ab 14	Verdeckte Blicke	Kaye Gibbons	Bipolar disorder
Ab 16	About a boy	Nick Hornby	Depression
Ab 16	Leben zwischen den Seiten	Corinna Soria	Schizophrenia

Additionally recommended materials

Age	Title	Author	Disorder
Ab 4	Zwischen dir und mir Between you & me	Village-Team	One part of the flip book is for parents and gives them tips on how to explain mental illness to children. The other part is for the children and explains different disorders.
Ab 14	Verrückte Kindheit	Verrückte Kindheit – HPE	Affected adolescents tell short situations about their parents, which explains different disorder patterns.
	Die Alleskönner. Sind wir das?	Singen Förderverein Sozialpsychiatrie e.V.	Affected children and young people have created pictures and texts with which they want to help others to understand the mental illness of their parents.

10.7. Appendix 7: Implementation Guidance

Implementation Guidance for the Village Approach

Creating readiness for change is a critical factor in supporting the use of new practices. Readiness for change is not a pre-existing condition waiting to be discovered; it is something that needs to be developed, nurtured, and sustained. It can be difficult for new ways of working to be introduced and also to be sustained in practice. We know many organisations may struggle with the delivery of a new practice over time or a lack of integration into routine practice.ⁱ

To address the challenges to creating readiness to change, an implementation framework is recommended to scaffold the introduction of the Village Approach. As part of this, we suggest that organisations adopting the Village Approach develop an Implementation/Change Management Plan and will include clear consultation processes, which will provide opportunities for staff, leadership and other stakeholders to contribute to further implementation planning, refinement of the approach, piloting, and testing components, and evaluation of its effectiveness in supporting families.

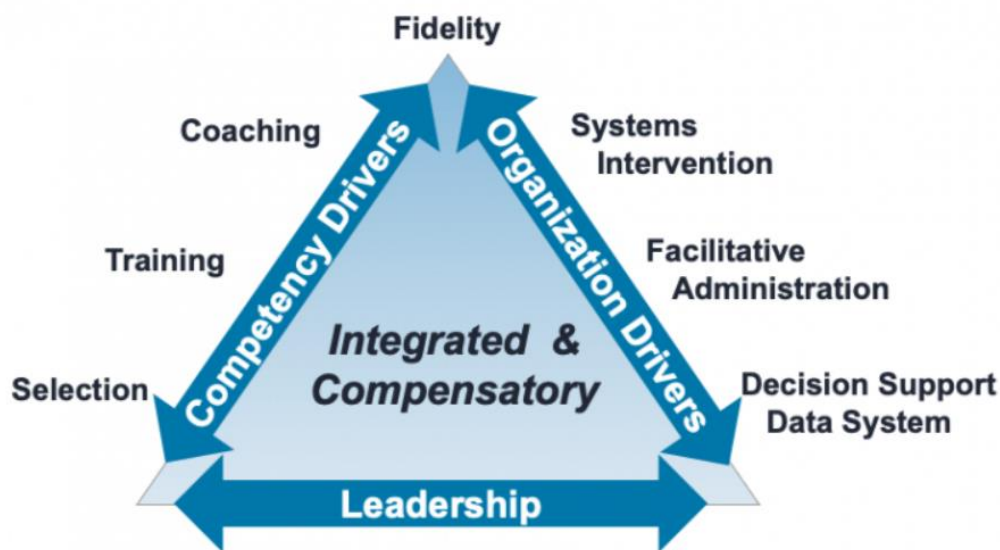
In the early stages of implementing a new program or practice, it is important that there are conditions created within organisations (Installation of the Village Approach) that help integrate a new practice more smoothly. These conditions are informed by the research from implementation science, known as implementation drivers.ⁱⁱ

What are Implementation Drivers?

Implementation drivers are activities and processes for building the capacity and infrastructure of an organisation to influence a program's success and are the 'engine of change' needed to initiate and support changes to achieve positive outcomes for children, families, and community.ⁱⁱⁱ Drivers fall into three broad categories – competency, organisation and leadership drivers – which are recognised in the literature as supporting sustained change (Figure 11). The concepts discussed under each driver are likely to be familiar and/or already in place to some extent within your organisation. The process of planning for implementation of the Village Approach should identify how to optimise these existing frameworks to lead to practice change.

Exploring these drivers within an organisation's context of existing structures and systems, will help identify *how* practice change and service delivery improvements can be planned for and made. More detail regarding the drivers is outlined below, followed by an overview of how an organisation can progress with planning for implementation.

Implementation Drivers



©Fixsen & Blase, 2008

Figure 11: Drivers of implementation (adapted from Fixsen and Blasé 2008)

Competency Drivers are mechanisms to develop, improve, and maintain staff and supervisor ability to implement the Village Approach as intended, to benefit children and families. This can include providing required training and on-the-job support to staff to help them implement new ways of working.

Key components of building workforce competency

1. Training for staff to skill them in the Village Approach (*an on-going training schedule and induction training*)
2. Coaching for staff to develop/enhance skills in the new ways of working (*a coaching and supervision framework*)
3. A process that supports the future effective recruitment of staff (*e.g., embed the Village Approach in position descriptions*)
4. Performance assessment (*Embed data reporting mechanisms that advise of the implementation outcomes e.g., Are staff implementing the Village Approach? How are they using it? How many families are completing the program? Amount/type/quality of coaching to Village practitioner by their supervisor? Amount/type/quality of external coaching and training where needed?*)

Organisation Drivers create and maintain an environment within an organisation that will enable the implementation of the Village Approach. This includes your processes and procedures, collection of data to support decision making, and resources staff need to embed the Village Approach in the organisation. It may also include working

with other organisations on referral processes and collaborative care to establish guidelines that support the Village Approach in operation.

Key components in creating organisation drivers

1. Create a supportive organisation environment for the Village Approach (*Facilitative Administration: policies, procedures and resources staff need to implement the approach*)
2. Create a data driven decision making system (*consider monitoring indicators*)
3. Create strategies to inform and manage the broader organisation or system factors/influences (*Stakeholder communication and management*)

Leadership Drivers reinforces the importance of employing the right leadership strategies for the different types of challenges. Technical leadership strategies are needed when the issue and solution is relatively clear (e.g., assign tasks, clarify roles and responsibilities). Adaptive leadership strategies respond to issues where the solution is less clear and requires learning and reaching a consensus in decision making.

Key components of building leadership drivers

1. Assign tasks, clarify roles and responsibilities for specific leadership staff
2. Assign roles for leadership to address challenges to the implementation (*e.g., as part of an implementation team*)
3. Develop procedures to highlight and support staff to be Village champions in their adoption of the new way of working (*staff communication*)

Underpinning these drivers are the level of **acceptance and buy-in by staff**, including middle management and leadership, to the Village Approach. When attention and action is paid to these key drivers, we are much more likely to see the workforce change implemented as designed, resulting in change to practice and therefore improvements in family and child outcomes.

Key steps in acceptance and buy-in by staff:

1. Communication with staff and families, so they are aware that the change is happening, why it is happening, when it is going to happen and how they will be supported. As much as possible utilising existing communication platforms.
2. Alignment of the Village approach with existing policies and procedures that guide staff on the way they work.

It can be useful for organisations, when implementing change, to undertake a phased implementation of a new way of working. It might begin with a **Scoping and Co-design stage** where you work within your organisation and with stakeholders to determine the need for the Village Approach and seek staff input at the beginning and throughout this process to engage staff in the change process. The next stage is **Installation**, where the organisation can help create the favourable conditions for the Village approach to be implemented. This would include addressing some of the drivers outlined above.

It is recommended that organisation undertake a staged implementation of this new approach. Once some of the favourable conditions are created during the installation phase, organisations may wish to trial implementation within a core group of staff or program area or seek to trial some of the initial components of the Village approach first, with opportunities created that reflect and respond to data from this **initial implementation**.

Once some of the initial issues are addressed in the initial implementation stage, a **full implementation stage** can follow where it is expected that at least 70% of the organisation are delivering the new way of working consistently.

This may require an investment in **project support and implementation teams** that continue to drive and reflect on data to address challenges over several years.

Implementation teams are a useful way to ensure data is processed and reflected on, and leadership and staff champions can problem solve and address challenges to the new way of working, alongside putting in place mechanisms to support the sustainability of the Village Approach over time.

Cycle of learning

Embedding structural and practice changes is an iterative and ongoing journey, building on what already exists within an organisation. Changes could be focused, such as introducing a champion, or overarching, such as embedding a new model of care. The Cycle of Learning (COL) approach enables organisations to carry out short-cycle tests of changes before deciding to make larger scale, longer-term changes. A COL approach can be used by organisations as part of the implementation plan to progressively introduce components of the Village Approach that would benefit from initial piloting or testing.



Figure 12: Cycle of Learning diagram³

To guide organisations through the journey, the change process is divided into three repeating phases

- Gathering information: *collect information to identify what you are doing and where you can improve*
- Making plans: *prioritise areas for change and use the organisational structures and strengths to make a tailored action plan*
- Taking action: *carry out action plan and monitor outcomes.*

Key to this approach is using data to inform decision making, and when making a plan, consider the drivers of leadership, workforce development or competencies, and the use of processes and procedures to help you support the change to happen (see implementation drivers above).

ⁱ Wiltsey Stirman S, Kimberly J, Cook N, Calloway A, Castro F, Charns M. (2012). The sustainability of new programs and innovations: a review of the empirical literature and recommendations for future research. *Implementation Science*, 7(17). [Available here](#).

ⁱⁱ Fixsen DL, Naoom SF, Blasé KA, Friedman RM, Wallace F. (2005). *Implementation Research: A synthesis of the literature*. University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231). [Available here](#).

ⁱⁱⁱ Fixsen DL, Naoom SF, Blasé KA, Friedman RM, Wallace F. (2005). *Implementation Research: A synthesis of the literature*. University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231). [Available here](#).

^{iv} Allchin, B., Goodyear, M. & Taylor, E. (2022), Final Report: Emerging Minds Organisational Development Project, Monash University, Rural Health, Medicine, Nursing and Health Sciences, Australia

³ Allchin, B., Goodyear, M. & Taylor, E. (2022), Final Report: Emerging Minds Organisational Development Project, Monash University, Rural Health, Medicine, Nursing and Health Sciences, Australia