Goal setting within family care planning: families with complex needs

Many children live in families where there is parental addiction and/or mental health problems. It is thought that 21%–23% of Australian children live with at least one parent with a mental illness, and 12% of children live with at least one parent who has a substance use problem. The well-documented issues for these families include reduced parenting capacity, poorer family dynamics and lower child wellbeing.

While there is a clear need for multifocused services and interventions, few evidence-based programs have been developed to meet the needs of all family members living with such parental problems. Family care plans, integrated within a case-management model, have the potential to provide an inclusive intervention for families with dependent children. Principles underlying the approach include being family centred, strength based and case-management focused. Care plans mobilise a family’s formal and/or informal support networks, provide a means of managing sometimes fragmented and uncoordinated service responses, and ensure monitoring and evaluation of treatment goals.

Goal setting has been suggested as a vital element of service coordination and recovery support for people who have psychiatric disability, with important benefits to all family members. The goal-setting information outlined here emanated from the non-government organisation Northern Kids Care On Track Community Program. The family care planning approach was developed specifically for families with multiple problems and needs. To prompt goal setting, it employs 11 pre-established domains relevant to such families (Box 1). The goals formed the basis of each family member’s case-management plan and were behavioural, measurable, and short- and long-term. They were reviewed by case managers every 3–4 months, and where necessary, revised in light of new challenges or goal completion.

This article reports on the goals identified by the children and parents, and the level of progress made towards these goals. It offers a service consumer’s perspective, particularly insights into the goals and strategies employed by children. The perspectives and needs of such children have been shown to be quite different from those of parents and clinicians, and are important for designing future services.

Method

The data outlined here were from a retrospective review of records of families completing care plans in the program period from 2008 to 2010. Records from families who provided informed consent were reviewed in June 2011 by D M and M H.
an important area for clinicians to target in families with complex needs.

However, parents appeared to make less progress than children in regard to goal achievement. This could be because goals for children were less demanding or parents were more motivated to assist children in achieving their goals rather than their own. Alternatively, it could be because change is more difficult for parents than for children, due to their age, motivation, cognitive ability or current use of medication hampering goal achievement. Research should be undertaken to examine this further.

From a broader perspective, goal setting appears to be an important approach to direct and motivate parents and children where parents have psychiatric or other disabilities. The approach outlined here might also be an important method of measuring change and progress according to the goal areas that matter most to the family member. Our findings indicate that, in families with complex mental health and substance use problems, goal setting can be an important component of a family care planning approach.

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16 Clarke SP, Crowe TP, Oades LG, Deane FP. Do goal-setting interventions improve the quality of goals in mental health services? *Psychiatr Rehabil J* 2009; 32: 292-299.