

Livewell Southwest

Family Therapy Viewing Suites Policy

Version No 1.3

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Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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Reader Information

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Equality analysis checklist completed	Yes

References/sources of information	<p>Livewell Southwest Disclosure of Health Records Policy</p> <p>Livewell Southwest Consent to Treatment Policy V3.</p> <p>Livewell Southwest Audiovisual Recordings of Patients/Visitors /Staff Policy</p>
Associated documentation	<p>Consent for the making of visual and audio recording as part of therapy when using a family therapy viewing suite.</p> <p>The consent form in Appendix A must be completed before each assessment or intervention session that takes place in a family therapy viewing suite and that will result in a visual and audio recording.</p>
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Document review history

Version no.	Type of change	Date	Originator of change	Description of change
0:1	New Document	6 th June 2011	Interim Director of Operations for Children and Families.	Initial draft for consultation.
0.2	Amendments following initial consultation.	7 th June 2011	Interim Director of Operations for Children and Families.	<ol style="list-style-type: none"> 1. Amendments to disposal schedule. 2. Input title of information leaflet. 3. Determining the responsible group. 4. Including definitions. 5. Finalising consent form.
0.3	Amendments following further consultation.	10 th June 2011	Interim Director of Operations for Children and Families.	<ol style="list-style-type: none"> 1. Some use of language 2. Inclusion of clinical coding 3. Inclusion of numbering duplicate copies.

0.4	Amendments following attendance at ratification panel	7 th July 2011	Modern Matron Tier 4 CAMHS	Amendments as requested
1	Ratified	30 th June 2011	Policy Ratification Group.	Final version
1.1	Extended	December 2012	Family Therapist	Extended no changes
1.2	Extended	July 2014	Family Therapist	Extended no changes
1.3	Extended	May 2016	Information Governance, Records, Policies & Data Protection Lead.	Formatted to LSW and Extended

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Family Therapy Viewing Suites Policy

1. Introduction

This policy sets out the arrangements for the clinical use of family therapy viewing suites in Livewell Southwest and most specifically the creating, sharing with the family and storage of visual images.

This policy is to be used across Livewell Southwest.

2. Purpose

A family therapy viewing suite comprises of two adjoining rooms. One room is a clinical space in which therapy takes place. This most often means that the family or on occasions an individual member of a family, is joined by a professional for the purpose of engaging in assessment or therapeutic practice.

The types of therapies that most often takes place in a family therapy viewing Suites are:-

Family Therapy.

Family Therapy views an individual's problems in the context of their family and wider systems, and as such it focuses on the relationships in families and networks. Family therapists work collaboratively to develop relationships that promote problem-solving, social development, stronger communities and improved outcomes.

Attachment Therapies

1. Developmental Psychotherapy addresses trauma, neglect and loss by creating a safe setting where these issues can be explored through the therapeutic relationship. It re-creates a nurturing environment similar to the early parent-infant bond as a safe context for approaching early trauma.

2. Parent Infant Psychotherapy teaches and develops attunement between parents and infants and is often used where the parental bond has been disrupted by a parents own mental health struggles.

Clinical Coding

This is an assessment activity and is about using specific assessment tools for clinical coding. The two main examples are Story Stem Attachment and the Autism Diagnostic Observation Kit (ADOS). This work sometimes takes place outside of a viewing suite as a camera may be set up in an ordinary interview room or some other setting (such as a school) as appropriate. This policy should

be used when recording images for the purpose of clinical coding.

The second room is a viewing suite with a one way screen and visual and audio recording equipment. Professionals and trainees will be located in the viewing room and may be joined by members of the family or the family and team may, for a period, swap rooms. The purpose of viewing and recording is:

1. To enable family members to observe themselves in action to promote reflection and alternative perspectives of their interactions, and to provide a reminder for family members of things said and done that merit preserving or disseminating.
2. To enable family members who were not present at a meeting to observe and be engaged in the work when they can't physically be present.
3. To enable young people to share information with parents which they are not able to tell them about directly.
4. To enable family therapy teaching to use live material to engage students in real dilemmas and solutions.
5. To enable the supervision of therapy on a moment-by-moment and stop/start basis. This focus on the micro-skills of practice and the possibilities for intervention in specific situations provides multiple options and supports concrete skills development for supervisees.
6. To enable detailed work to be considered in the professional's own supervision.

The family will be offered the opportunity to take home a copy of the DVD of their work in the therapy room. This will be a recording of the visual image and the audio content of the work.

The ultimate aim when using the family therapy viewing suite is to improve the practice skills of professionals and the therapeutic experience of service users, ensuring that the highest standards of care are delivered by professional staff who are confident, competent and well supported in their work.

3. Duties

The **Chief Executive** is ultimately responsible for the content of all policies, implementation and review.

3.1 Responsibility and Accountability for the use of viewing suites in Livewell Southwest

Livewell Southwest has responsibility to ensure that the organisation has structures in place to support the use of family therapy viewing suites including the making and sharing of visual recordings and it expects directly employed health professionals to work within them.

3.2 Responsibilities of the Steering Group for Supervision

This group works on behalf of and is accountable to the Provider Governance Committee, a sub-committee of the Board of Livewell Southwest. Live supervision and reflective practice is central to the purpose of a family therapy viewing suite.

The Steering Group has a responsibility to:

- Ensure that training is developed and put in place for all professionals and trainees to ensure proper use of the family therapy viewing suites.
- Ensure that structures and systems are in place to facilitate the creation and storage of visual recordings.
- Ensure that core standards are adhered to in relation to the practice of live clinical supervision. Additional requirements from the various professions and services involved will be linked to make sure that these core standards are met.
- Monitor, evaluate and audit the practice of creating, sharing with the family and storing visual images.
- Ensure that regular reports of progress are acted upon and submitted to the Provider Governance Committee.
- Liaison with training and other organisations outside Livewell Southwest

Routinely:

University of Plymouth Doctorate in Clinical Psychology Programme
Professional Organisations and Royal Colleges
British Psychological Society
Association of Family Therapy

- Informing the Lead Director and Livewell Southwest Provider Governance of proposals for developments (e.g. extensions of the use of family therapy viewing suites to cover staff from other Trusts and staff that are not directly managed by Livewell Southwest; or training enhancements).

3.3 Responsibilities of Health Professionals

All individuals are required to follow the practice guidelines of their profession and the policies of their employing Trust (e.g. Nursing and Midwifery Council, April 2008). This applies to the practice of their clinical work with families and the creation of, providing duplicate copies to the family and trainees, and storage of visual images.

4. Definitions

4.1 Family Therapy Viewing Suites are based across Livewell Southwest in settings such as Plym Bridge House which is an in-patient adolescent unit that can take 12 young people for admission at any one time. Other settings will be found in community services. A family therapy viewing suite comprises of two adjoining rooms. One room is a clinical space in which therapy takes place. The second is a viewing suite with a one way screen and visual and audio recording equipment.

4.2 Assessment is the process by which one or more health professionals engage with a person and sometimes their family who has been referred to a particular service with the purpose of understanding the underlying causes and nature of that person's presentation. This can include clinical coding.

4.3 Therapy is the process by which one or more health professionals engage with a person and sometimes their family in working towards an improvement of their health and an understanding of how that improvement may be maintained. Best evidence and guidance such as that from the National Institute for Clinical Excellence will be employed in this process, as will a range of therapeutic modalities.

4.4 Family Therapy (is an example of the above) and specifically views an individual's problems in the context of their family and wider systems, and as such it focus on the relationships in families and networks. Family therapists work collaboratively to develop relationships that promote problem-solving, social development, stronger communities and improved outcomes.

5. Use of Family Therapy Viewing Suites in Livewell Southwest

The practice that will take place in a family therapy viewing suite and the purpose of making and providing duplicate copies for use by the family and trainees and storing visual images is described in Section 2 above.

5.1 Recording of visual images

Recordings should always be made with due regard for patient sensitivity, codes of professional conduct and the principle of confidentiality.

Staff must always seek their Director's permission before proceeding with any publication involving patients.

5.2 Definition of recording includes

- Video Tape;
- Audio Tape or;

- Any of the above stored electronically.

5.3 Consent

Before recording commences written consent should be obtained from :-

- The patient in the case of individual work that is being recorded.
- In the case of family therapy, all members of the family present must provide written consent.
- In the case of children under 16 years of age, written consent should be obtained from a parent or guardian. In cases where the child or young person is considered able to make informed consent, their written consent should be sought.
- If the child or young person is unable to give consent, the next of kin or carer's consent should be sought.
- If the child or young person is subject to a child protection order and is in the care of the local authority their allocated social worker should provide written consent on their behalf.
- Staff members will need to provide their written consent to be recorded and for the family to take home any image or recording that identifies them.

5.3.1 **The following must be explained to the patient/family/next of kin prior to completing the consent form and they should be provided with a copy of the leaflet *Family therapy Viewing Suites-Information for Service Users*.**

- The purpose of the recording
- Who the recording might be shared with
- The time period the recording may be used for prior to erasure/destruction
- Confirmation that recordings and any duplicates will be erased/destroyed
- That consent may be withdrawn at anytime
- A copy of the consent form must be kept in the patient's written health record and a second copy kept with the original recording. A copy of the form should also be provided to the patient and/or anyone else who has signed their consent.

5.4 Recordings may be used for the purposes below

- To create a record of the progress of assessment and intervention and which may be used for that purpose by the family and/or professional.
- Training purposes for professionally involved Trust staff (including clinical supervision).
- Training purposes for professionally involved staff from partner agencies who are engaged in family therapy training with the Trust.
- For the professional's own supervision.

Recordings may not be used for commercial sale or used to demonstrate clinical practice outside of Livewell Southwest e.g. at conferences. They may not be used or shared for training purposes outside of those training schemes that are delivered from Livewell Southwest or an academic body to which Livewell Southwest has a formal and contractual collaboration.

5.5 Livewell Southwest staff working at 'Family Matters'

Family Matters is an independent, non-profit making organisation funded by donations by other organisations including Livewell Southwest. They provide a service to individuals and families who may self-refer or be referred by a health or social care agency. There are times when staff from Livewell Southwest may work jointly with Family Matters or be in attendance at family therapy sessions held at Family Matters All Livewell Southwest staff in this position will need to adhere to the contents & process of this policy

5.6 Sharing the recording with the family.

The family will be offered the opportunity to take home and retain a copy of the work that takes place in their sessions. The purpose (as in Section 2 above is to)

- To enable family members to observe themselves in action to promote reflection and alternative perspectives of their interactions, and to provide a reminder for family members of things said and done that merit preserving or disseminating.
- To enable family members who were not present at a meeting to observe and be engaged in the work when they can't physically be present.
- To enable one family member to share information with other family members which, they are not able to tell them about directly. An example would be a young person who can be helped to share information with parents or carers.

5.7 Storage of Records.

Health Records should be stored and accessed in line with Livewell Southwest Clinical Record and Note Keeping Policy v 5.1.

5.7.1 In the **community or outpatient services a copy of the recording must be**

stored in a locked cupboard at the community or outpatient base.

5.7.2 At Plym Bridge House or any other **in-patient setting**, individual recordings will be stored in a locked cupboard in the family therapy viewing room and will be transferred to the health record upon discharge.

5.7.3 Each DVD retained as part of the health record will be stored in an individual pouch that includes

- The name, date of birth and NHS number of the patient
- The names of each family member present
- The names of each staff member present
- The date and time of the recording
- The number of duplicate copies and who holds those duplicate copies
- The name and signature (dated and timed) of the lead worker for that specific assessment or intervention.
- A copy of the signed and dated consent form.

5.8 Duplicate Copies

Duplicate copies are those that are additional to the copy that is stored as part of the health record. Only two duplicate copies should be made and each duplicate copy should be numbered. One for the family if required and one for the purposes of a trainee is appropriate and required for the training programme. A record must be kept with the original stating where any numbered duplicate is. If the duplicate is with a professional for the purposes of training this must be returned to the main health record once the training requirement is complete.

5.8.1 Duplicate copies may be made for the following purposes

- To provide a copy to an individual patient or family for the purposes outlined in Section 2 and Section 5.3.1 above.
- For a trainee who requires the copy as part of the training programme.

In each instance the duplicate copy is to be handed to the recipient and a receipt signed for. Duplicate copies are not to be sent by post.

Duplicate copies should not be made for the purposes of clinical supervision. As all work is included within the health record it is appropriate to use the copy stored in that record for supervision.

5.9 Disposal

The recording will be disposed of in line with Livewell Southwest disposal record. For children and young people this will be their 25th birthday or 26th birthday if the young person was 17 at conclusion of treatment.

Recordings relating to persons receiving treatment for a mental disorder within the meaning of the Mental Health Act 1983 should be disposed of 20 years after the date of the last contact; or 10 years after patient's death if sooner.

For adults receiving care for mental health issues, recordings should be disposed of 20 years from the date of last contact. Retention period for records of deceased persons is 8 years after death.

5.10 Family therapy Trainees

All family therapy trainees working for or with Livewell Southwest as part of their clinical training will be on placement or taking part in supervised practice in various clinical areas throughout the trust, all trainees are to adhere to this policy. When using recorded sessions of their clinical practice all trainees are to ensure that families have consented to this by signing the relevant part of the consent form.

All trainees using recordings part of their clinical training will sign the relevant part of the consent form.

All trainees using recording as part of their clinical training will only share these recordings with their clinical supervisor, training assessors and immediate training colleagues. Trainees will not make any further copies of any recordings made in their family therapy training with Livewell Southwest and will return any recordings that are made during their clinical work at Livewell Southwest at the completion of their training.

6. Monitoring Compliance and Effectiveness

6.1 Audit

Audits will be conducted regularly and as a minimum biannually by each service that uses family therapy viewing suites and will include but is not limited to

- Training for professionals using the suites
- Seeking of consent
- Appropriate use of duplicate copies

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed:

Date:

Appendix A

CONSENT FORM FOR MAKING CREATING AND SHARING VISUAL AND AUDIO RECORDINGS OF PATIENTS WHEN USING A FAMILY THERAPY VIEWING SUITE

I/We have received an explanation regarding the purpose of this recording and that consent can be withdrawn at any time.

I/We give permission for a visual and audio recording (a DVD) to be made and for Livewell Southwest to keep a copy of this recording for the following purposes

Purpose (tick those categories that apply to you)

1. Record of the progress of the work that we are doing with the staff.
2. For the purpose of clinical coding.
3. Training purposes for professionally involved Trust staff including clinical supervision
4. Training purposes for professionally involved staff from partner agencies that are in training with Livewell Southwest and as such involved in the work with our family.
5. We agree that should we take home a copy of the DVD and where the DVD shows images of the staff or trainees that we are working with, we shall protect their privacy by not sharing the DVD with people outside of our family or placing it in a public domain. This includes the internet and social networking sites.

Name of child, young person or adult (please print).....

Home Address (please print)

.....
.....
.....

Signature.....Date.....
(or that of next of kin/carer/advocate)

If signed by next of kin/carer/advocate:

Name (please print)

Relationship to child, young person or adult.....

If others family members are present in the DVD please sign consent below

Parent/Carer..... Date.....

Parent/Carer..... Date.....
Spouse..... Date.....
Other..... Date.....
Other..... Date.....
Other..... Date.....

Signature of the staff member seeking informed consent

Signed.....Date

Name (please print) Job Title

Staff members and trainees who will appear in this recording are asked to sign to evidence their consent that the DVD which includes their image will be offered to the family to take home.

I give consent that the family may take home this DVD and which includes my image. I understand that the family have been requested to safeguard my privacy by not sharing the contents of the DVD outside of the family or placing it in the public domain. This includes the internet and social networking sites.

Name (please print).....Date.....
Signature.....

Name (please print).....Date.....
Signature.....

Name (please print).....Date.....
Signature.....

Trainees using Recordings in their Clinical Training

Name (please print).....

I agree to only use this recording as part of my clinical training, I will only share this recorded material with my clinical supervisor/s, training assessor/s & immediate training colleagues.

I agree not to make any further copies of this recording.

I agree to return any recordings in my possession to Livewell Southwest on completion of my clinical training.

I agree to adhere to this policy.

Signature..... Date.....

This form must be filed in the health record and a copy given to the family.

A copy of the form should be retained together with the DVD in the central store at any in-patient setting, outpatient clinic or community team base.

APPENDIX B CHECKLIST FOR USE OF VIEWING SUITES WHEN MAKING RECORDINGS

- Check that the purpose of the recording complies with those laid out in this policy
- Staff should be asked if they agree to being recorded. Being involved in any recording is voluntary and staff members are not obliged to participate. A copy of their agreement should be made in person in the health record.
- Obtain written consent of the child, young person or adult (or their next of kin as appropriate)
-
- If other family members are also being recorded, their written consent must also be obtained.
- Prior to written consent a full explanation must be given as to

The purpose of the recording;

Who it will be shared with;

Time period it will be kept;

Advise that consent can be withdrawn;

Erasure/destruction of recordings

- A copy of the consent form must be kept in patient's notes and with the original recording and a duplicate copy offered to the child, young person or adult and/or next of kin/carer as appropriate.
- Recordings must be stored securely in line with Livewell Southwest policy.
- Avoid making duplicates if possible. Only two duplicates are permissible and a record must be kept with the original stating where those duplicates are. If the duplicate is with a professional for the purposes of training this must be returned to the main health record once the training requirement is complete.