Working in partnership

As a child and family health nurse, ‘working in partnership’, ‘strengths-based working’ and ‘family-centred’ approaches are likely to be familiar. Working in partnership has been an accepted and popular approach in healthcare for many years and has well-recognised benefits for health and children’s developmental outcomes.

Child and family health nursing comes with multiple competing challenges, which can make working in partnership difficult to incorporate into usual practice (Keatinge et al, 2007). Training and a supportive work environment can help you to develop your partnership skills to an advanced level, and move more fully towards the more consultative and power-sharing method that working in partnership promotes.

**Reflection question**

How well do you feel that you are trained and supported to work in partnership with the families you see?

The practice of working in partnership

A concept analysis of partnership with clients (Bidmead and Cowley, 2005) proposed the following definition for working in partnership in the context of health visiting:

‘Partnership with clients in health visiting may be defined as a respectful, negotiated way of working together that enables choice, participation and equity, within an honest, trusting relationship that is based in empathy, support and reciprocity. It is best established within a model of health visiting that recognises partnership as a central tenet. It requires a high level of interpersonal qualities and communication skills in staff who are, themselves, supported through a system of clinical supervision that operates within the same framework of partnership.’

Establishing a trusting relationship with families is essential to the child and family health nurse’s role; without the basis of a trusting relationship your practice cannot be effective at engaging clients and meeting their aims (Kirkpatrick et al, 2007). Striving to work in partnership with the families that you see is fundamental to establishing a trusting relationship with them.

In a study of working in partnership in nursing practice, Splaine Wiggins (2008) wrote ‘The nursing professional has extensive knowledge of health care information and the patient knows their own life story, interests and purpose.’ Balancing these considerations is at the core of the challenge of working in partnership.

Effective working in partnership starts from your very first phone call to a family with a new baby and continues through the developing relationship. It is common for new mothers to feel judged rather than supported in their early experiences of motherhood, particularly mothers who are young and those who are more vulnerable (Keys, 2008; Kirkpatrick et al, 2007). Attride-Stirling et al (2001) found that parents wanted their ‘position valued and understood, to be treated as capable human beings and to be facilitated in their role as carers’ (as cited in Bidmead and Cowley, 2005). A nurse who had adopted working in partnership in her practice reported in Fowler et al (2012):

‘I really enjoy doing admissions now. When we do the admissions we’re bringing in that mum with all her hopes and her expectations and everything...as the admission person, it’s up to you to be able to listen and get her to tell you everything she needs and you set up the whole program for her. That’s where you really use your partnership skills...’

We know that the early years ‘set the base for competence and coping skills that will affect learning, health and behaviour throughout life’ (McCain and Mustard, 1999, p.5). The quality of a child’s relationships with their primary caregivers has a decisive impact on the architecture of the brain (Oberklaid, Goldfeld, Moore, 2012). All aspects of a child’s social, emotional and physical development are dependent on the quality of relationship the child has with the
key adults in their life (Bornstein, 2004). Positive early relationships, experiences and environments provide a foundation for sturdy brain architecture and for a broad range of skills and learning capacities (National Scientific Council on the Developing Child, 2007).

By engaging and empowering parents through working in partnership, you can develop a cohesive and effective model of care delivery that has a positive impact on children’s early development, safety, satisfaction and outcomes for the family, as well on your own job fulfilment (Splaine Wiggins, 2008; Ministry of Social Development, 2003).

Effective partnerships in healthcare are associated with:

• improved clinical outcomes
• improved delivery of preventive care services
• improved adherence to treatment regimes (ACSQHC, 2014).

Working in partnership is also critical to supporting parents’ capacity to promote a positive parent-child relationship (Fowler et al, 2002). The positive parent-child relationship is at the foundation of good early brain development, which has significant life-long effects.

**Australia’s Safety and Quality Health Service Standards**

The Australian Commission on Quality and Safety in Health Care has set Partnering with Consumers as Standard 2 of the National Safety and Quality Health Service Standards (ACSQHC, 2014). In a report released in 2014 into the application of Standard 2 in practice, their survey respondents indicated that Standard 2 was a challenging one to implement, citing the following specific challenges:

• executive and management support and leadership
• resources for partnering with consumers
• policy framework for partnering with consumers
• engaging consumers in partnerships
• involving consumers in governance
• strategies for partnering with consumers (ACSQHC, 2014).

When consumers are involved in the planning, delivering, monitoring and evaluation of healthcare services, it can have a positive impact on information development and dissemination, service planning and development and the attitudes of healthcare providers. To support these positive outcomes, the report noted four strategies to help embed partnerships in healthcare. Focus on:

• the purpose of the partnership
• having strong leaders who communicate a strategic vision of partnering with consumers
• identifying and developing strategies for partnering with consumers that are appropriate for your organisation
• working towards establishing an organisational culture which values partnering with consumers as part of core business (ACSQHC, 2014).

**The Family Partnership Model**

The Family Partnership Model (Davis and Day, 2010) is the model most commonly associated with working in partnership in Australia. It is an integrated framework that offers an opportunity to address three key problems that affect provision of family support:

• identification of unmet mental health need in the community
• barriers to inter-agency collaboration
• the need for frontline practitioners to have skilled clinical supervision (Ministry of Social Development, 2003).

Family Partnership Model training is offered as a five day short course (www.learninghub.org.au/course/category.php?id=30). The training is for all those interested in partnership working, whether community members or staff. Family Partnership Model training offers a way to enhance communication skills, allowing people from all backgrounds to develop their ability to work effectively in their own communities. The training emphasises six key traits that are essential to working in partnership:

• respect
• genuineness
• humility
• empathy
• personal integrity
• quiet enthusiasm (Fowler et al, 2012).

The need for access to skilled supervisors is a common sticking point in the application of this style of working in partnership because of the costs and time involved in skilled supervision. However, it is increasingly recognised that it is vital for healthcare professionals engaged in working in partnership to have that access:

‘Supervision is crucial to service provision in which psychological and social issues are involved. Helping can be a difficult task, in which the practitioner is frequently exposed to the stress of others and [there is] uncertainty about the outcome achievable.’ (Braun, Davis and Manfield, 2006, p.21)

Acquiring the appropriate skills to work successfully in partnership requires nurses to extend their knowledge and practice capabilities (Fowler et al, 2012), an extension that needs education and support.

Strengths-based training (www.stlukes.org.au/File.axd?id=5cb92661-ad32-4cd8-a7cf-969831341ebb) and family-centred practice (www.learninghub.org.au/course/category.php?id=35) are also models of working in partnership that are popular in Australia.

**When there is poor engagement**

A particularly important time for clear communication and recognising parents as ‘active, competent co-participants in health care encounters’ (Fowler et al, 2012), is a situation where you feel that referral to a specialist is required. A US study has
demonstrated that, in the paediatric community health setting, rates of incomplete referral can be as high as 30 per cent (Zuckerman et al, 2011). The families surveyed in the Zuckerman et al study were primarily low-socioeconomic status and from CALD (culturally and linguistically diverse) backgrounds. The reason given for the high rate of incomplete referrals was a lack of agreement between providers and parents as to ‘the necessity of referral and the seriousness of referred children’s health problems’ (Zuckerman et al, 2011). While some level of incomplete referral is inevitable – some of the children may have had resolving or less severe conditions and providers indicated that around 10 per cent of referrals were unnecessary – a greater focus on working in partnership may help to avoid such a high rate. McWilliam (2010) notes that a lack of follow through on referrals can be due to the solution offered by the professional not being acceptable to the parent. This can then lead to parents accepting the referral with no intention to follow through to avoid looking like a ‘bad parent’ (McWilliam, 2010).

Through working in partnership, parents and providers can better ensure that each has a full understanding of the others’ assessment of the seriousness of a problem, which can lead to referrals that are seen as equally important by all concerned.

The elements of working in partnership

One of the keys to working in partnership effectively is a work environment that empowers and supports staff to pursue that style of work. Partnership working goes beyond your relationship with the families you see and into your relationship with your colleagues and to other health professionals in your community. The professional nursing role will ultimately be one that relates to other healthcare providers and to clients as partners in a way that is cooperative and mutual (Splaine Wiggins, 2008).

An advantage of working in partnership is the opportunity for better links between child and family health nurses and other health professionals in the community: ‘...an essential way to address complex social problems and achieve better outcomes for citizens’ (Ministry of Social Development, 2003, p.2). Through working in partnership, greater collaboration among the range of professionals involved in child and family health and development can be achieved, and outcomes for children and families can be improved.

Working in partnership with both families and other professionals involved in the lives of the children and families that you work with, helps everyone to:

- feel welcome, respected and valued
- feel comfortable, confident and supported in their roles
- feel a sense of satisfaction from the trust others place in them
- work through differences, allowing adults to continue working together to support children
- benefit from the resources, ideas and energy that others provide
- benefit from shared decision-making
- see things from other people’s perspectives
- develop strong connections with children
- feel a sense of satisfaction when children explore, learn and develop their skills
- have more opportunities to discuss child development (KidsMatter, 2012).

Nurses who had adopted working in partnership reported in Fowler et al (2012) that their practice had shifted from telling the parent what to do to working with the parents to achieve what the parent wanted. Partnership working requires a shift from working to find a solution every time, to ensuring that parents feel listened to and supported.

Partnering with families

As well as training and supporting child and family health nurses to include working in partnership as part of their practice, families need to be supported to be involved. The Australian Commission on Safety and Quality in Health Care provides these tips for services that are seeking to partner with their communities:

- acknowledge that you will need time to establish effective partnerships
- find the champions at your service who can promote the value of working in partnership
- draw on case studies and personal experience
- start small with achievable and measurable projects
- consider whether there are existing activities that could be adapted
- consider the nature of your service and your community in order to think of good ways to start
- chat with users of your service to find out what they need from your practice
- consider new technologies that could offer a non-traditional way to achieve partnerships (ACSQHC, 2014).

Incorporating working in partnership into your practice

The different stages of working in partnership in child and family health nursing practice – developing, embedding and sustaining – require three levels of response:

- support and education for child and family health nurses who are working to remake their practice
- purposeful engagement with the challenges that will inevitably accompany practice change
- engaging and supporting parents as part of the process of practice change (Fowler et al, 2012).

Young children can flourish when the adults who care for them work well together. By incorporating working in partnership into your practice you can enhance the way that you work with families and other health professionals in order to support happy, healthy children and families.
Emergent literacy

The years before school – from birth to five – are a critical time for the brain development that will enable children to develop their literacy skills.

It can be challenging to promote the message that daily reading with babies and children from birth is fundamental to the skills those children will need for life. Some parents might not see the value in making reading with babies and young children part of their daily routine. Some parents might feel they don’t have the resources for regular reading, or might feel uncomfortable or lack confidence with literacy. Each family will respond differently to the idea that they might read regularly with their baby.

Child and family health nurses have been identified as ‘influential others’ who can help to inspire parents and carers to bond with their baby through books and share the joy of reading every day from birth (Colmar Brunton, 2012). Working in partnership with the families that you see can help you to determine the best way to introduce them to the topic.

Emergent literacy and the early years

The young child’s brain undergoes its most dramatic development in the first three years of life (Kupicha-Szren, 2011), establishing the structure that will form the basis for all of children’s learning, health and behaviour (Gable and Hunting, 2011).

This brain architecture creates the neural pathways that influence subsequent skill development, including reading and writing.

The foundations of literacy are developed from birth during this period of dramatic brain development. In order for children to develop strong literacy skills through formal education at school, they need to have developed particular cognitive, non-cognitive and social skills – including persistence and self-confidence – prior to school (Farva, Goldfield and Moore, 2007).

These skills are acquired before the school years through experiences, relationships and social interactions (Halfon et al, 2001). The relationships young children form with their caregivers are fundamental to the development of these pre-literacy skills.
Reading together from birth offers a great opportunity for parents and caregivers to develop children’s emergent literacy skills.

The elements of emergent literacy

The term emergent literacy was first introduced by Clay (1972). Emergent literacy refers to the skills, knowledge and attitudes that are thought to be developmental precursors to reading and writing, as well as the environments that support these attitudes and knowledge (Brown et al., 2012; Lonigan and Shanahan, 2010).

Emergent literacy has independent, identifiable components that are predictive of children’s later reading success. They are:
- oral language and vocabulary
- alphabet knowledge
- phonological awareness
- conventions of print
- literacy environments (Shoghi et al., 2013).

There is a strong relationship between developing emergent literacy skills and later success in reading (Whitehurst et al., 1999; Duncan et al., 2007; Lonigan and Shanahan, 2010). When parents can foster their children’s emergent literacy skills at home before formal schooling begins, the child is more prepared to ‘crack’ the alphabetic code, and to successfully learn how to read (Lonigan, Allan and Lemers, 2011; Puranik and Lonigan, 2011).

The benefits of reading together

When you’re encouraging parents and caregivers to foster children’s emergent literacy skills, there are two messages in particular that might help. Market research for the Let’s Read early literacy initiative1 found that these were the messages that were most effective:

- **Love and learning** - promote that reading will provide more opportunities for ‘special time’ bonding and building a closer relationship with children, and improve future literacy skills and social and emotional development.

- **Feeling proud and respected** for being a good parent - promote the way that reading with children can offer the opportunity for parents to feel proud of themselves and be respected by other parents (Colmar Brunton, 2012).

The research also identified perceived costs and barriers associated with reading with children from birth: being time poor; a lack of awareness of the importance of reading with children from birth; and low literacy and confidence (Colmar Brunton, 2012). When child and family health nurses are aware of the perceived parental barriers parents, you can offer strategies that can help:

- **Emphasise environmental print** and that there doesn’t need to be a devoted ten minutes of daily reading time – words are everywhere. Things as simple as a trip in the car, a walk to the park, or a supermarket visit can all be an opportunity for reading.

---

1. Let’s Read is a national, evidence-based early literacy initiative that promotes reading with children from birth to five years. Let’s Read was developed by the Centre for Community Child Health at the Murdoch Childrens Research Institute and The Royal Children’s Hospital. The Murdoch Childrens Research Institute (MCRI) and The Smith Family (TSF) have partnered to implement Let’s Read with communities across Australia.
• Encourage parents to join their local library and take advantage of story time and rhyme time sessions as well as the wide range of books that the library has available at no cost.
• Share the benefits of reading together, both for the parent or caregivers’ relationship with the child and for the opportunity to support the child’s brain development.

While some parents and caregivers will readily take to reading with their baby, others may need a little more convincing of the importance of reading together. As an ‘influential other’ with opportunity to inform the lives of families, child and family health nurses can help to share knowledge about the significant benefits that stem from developing children’s emergent literacy skills from birth.

Reflection questions
How do you discuss reading and literacy with families?
How do you encourage families who are more reluctant to try reading with their children, to give reading together a go?
What links can your service create with literacy-promoting outlets, such as local libraries, in your area?

References
Let’s-Read-Campaign-Market-Research-2012-Executive-Summary.pdf


About the Centre for Community Child Health
The Royal Children’s Hospital Centre for Community Child Health (CCCH) has been at the forefront of Australian research into early childhood development and behaviour since 1994.
The CCCH conducts research into the many conditions and common problems faced by children that are either preventable or can be improved if recognised and managed early.

Community Paediatric Review
Community Paediatric Review supports health professionals in caring for children and their families through the provision of evidence-based information on current health issues.

Editorial panel
Carolyn Briggs
Karen Coffield
Libby Dawson

Production editors
Vikki Leone
Eliza Metcalfe

Enquiries and subscriptions
To see past editions and to subscribe go to www.rch.org.au/ccch/cpreview

Centre for Community Child Health
EMAIL publications.ccch@rch.org.au
www.rch.org.au/ccch

ERCS50073 February 2015
Reading with babies and young children

Newborn babies have lots of growing and developing to do. Babies are adding new skills and knowledge all the time. That’s not just a result of a growing body, but also a growing brain.

In the first three years of life your child’s brain will develop more dramatically than at any other time, forming connections and pathways. One way to think about that development is that your child is laying the foundation for their brain architecture. The structure that’s established in those first years forms the foundation for all of your child’s learning, health and behaviour – throughout their whole life! Their brain architecture forms the pathways that influence how they will respond to experiences in the future.

First steps towards reading and writing

Emergent literacy is the name for the skills, knowledge and attitudes that need to develop as your child takes their first steps towards reading and writing skills.

The key components are:
- speaking and learning new words
- recognising letters
- recognising sounds
- learning about books, writing and how they work
- an environment with lots of language, books and stories.

When you can help your child’s emergent literacy skills in the years before school – by making time to read together – you are developing the building blocks that help your child to be ready to successfully learn to read and write.

Reading together

Love and learning are two special benefits of reading together regularly. Reading together provides more opportunities for ‘special time’ with your child, as well as improving their future literacy skills and social and emotional development.

Words are everywhere

Lots of parents find barriers between them and reading regularly with their child. You might think you haven’t got enough time to fit in reading – being a parent is busy! Perhaps you’re not super confident about reading out loud. Remember:
- You don’t need to find quiet reading time – words are everywhere. Things as simple as a trip in the car, a walk to the park, or a supermarket visit are all opportunities for reading.
- Join your local library and take advantage of story time and rhyme time sessions as well as the wide range of books that the library has available at no cost.

Reading together benefits your relationship with your child and your child’s brain development. By fitting in a little bit of reading every day, from as early in life as you and your baby are comfortable, you can help your child to get the best start possible and put in place the building blocks for reading and writing.
As a parent, you are your child’s first educator and carer. You are the expert on your child. When you work in partnership with your child and family health nurse, you can strike a balance between the nurse’s extensive knowledge of health information and your expertise in your own life story, interests and purpose.

When families and nurses work in partnership, you can experience:

• better clinical outcomes
• better service delivery in terms of preventive care
• referrals and treatment that are more acceptable to you because you and your nurse reached the decision together.

Great communication

Sometimes you and your child and family health nurse might experience a difference of opinion about the best decision to make about your child. This can make communication difficult. When you feel comfortable with your nurse, it can be easier to communicate well. To help build great communication:

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you’re not comfortable with your nurse</td>
<td>Think about what’s happening that’s making you feel uncomfortable. Is there a way to change that? Getting to know one another can help you to feel more comfortable. Share information about how things are going and what you’re interested in. Is there another way to communicate – over the phone, via email – that would be more comfortable for you?</td>
</tr>
<tr>
<td>When you have different values or opinions</td>
<td>Try to consider things from your nurse’s perspective. Can you find any common understanding? If you can’t, it’s still important to acknowledge and accept your differences. Try to always show that you respect your nurse’s values or opinions, even when you don’t agree. Ask some questions that increase your understanding of their position.</td>
</tr>
<tr>
<td>If you’re a bit hesitant because of body language and voice.</td>
<td>There are lots of messages we communicate without words. Think about whether your tone of voice or posture (such as crossed arms) is welcoming or not.</td>
</tr>
<tr>
<td>When you just can’t find the right words</td>
<td>Make a note of the questions you want to ask before your visit and the best ways to ask them. Chat about your thinking with someone you trust. Consider bringing a support person if it is a planned meeting. Take your time. It’s okay to come back to the conversation later if you need to. Check if the other person understands – make sure you are conveying information effectively.</td>
</tr>
<tr>
<td>If you don’t feel clear on what you’re being told</td>
<td>Ask for clarification and examples if you need to; try rephrasing and summarising in your own words.</td>
</tr>
</tbody>
</table>