Family Partnership Model

Landscape, dissemination and the lessons learnt

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Our Work

- Family Partnership Model
- Antenatal/Postnatal Promotional Guide System
- Helping Families Programme
- Empowering Parents, Empowering Communities
- Health Services Research
- CHASE
- Bump Buddy
- Adoption & implementation

Practitioner interpersonal qualities, skills, relationships and goals: Science and evidence

- Best predictors of child and youth outcomes (Herman et al., 2006)
- Engagement, drop-out & outcomes whatever the intervention (see, e.g., Garcia & Wexler, 2006; Kammer et al., 2010; Keesler, 1997; Shirk, 2001; Shirk & Kammer, 2008)
- Structured interventions effective for clients with long standing interpersonal/personality difficulties (Kirkpatrick et al., 2007; Barlow et al., 2005; Day & Doherty, in prep; Jack et al., 2005)

Parents at the heart of effectiveness

An essential partnership

- Help-seeking & engagement with services
- Use clinical knowledge and experience (e.g., Shirk, 2001)
- Shape interventions & effective care
- Better reflect users concerns & priorities
- Particularly important for excluded & marginalised service users
- Significant discrepancies between parents & practitioners (Hawley & Weisz, 2003; Yeh & Weisz, 2001)

What do you see?: Practitioner and parent constructs

- "When I first started seeing the people at ... I didn’t get on very well with them because I felt that they talked down to me. And the woman she would treat me like I was about five."
- "She talks to you like a human being, she doesn’t treat you like you don’t know anything."

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Experiences, expectations & needs: Parents and practitioners

- Active, feeling & thinking people
- Valued and respected
- Beliefs, desires, motivations & priorities understood
- Social & complexity gradient
  - Wider family and social circumstances
(Kirkpatrick et al., 2007; Barlow et al., 2005; Jack et al., 2005; Day & Doherty, in prep)

Practitioner qualities, skills and partnerships: Observations from practice

- Often not systematised in practice – non-specific
  - Parents’ experiences vary from practitioner to practitioner
  - Practitioners’ experiences vary from parent to parent
- Assumptions about practitioner skills and effects
  - Underestimates
  - Overestimates
- Parents’ & family views not systematically sought or acted upon in practice
  - Avoid drift and maintain focus

The Family Partnership Model
Concepts & Evidence

Family Partnership Model:
Evidence-based, goal-orientated practice

- Multiple, personalised goals & outcomes
- Ecological model of child and family development
- Future, goal-orientated
- Family hopes & aspirations with practitioner expertise
- Family strengths and expertise not blind optimism
- Explicit, structured helping process
- Practitioner skills, qualities, roles & knowledge
- Service & community context (FPM, Davis & Day, 2010)

Family Partnership Model
Construction Processes

Helper Qualities
Helper Skills
Characteristics of Parents and Children
Helping Process
Outcomes
Service & Community Context

FPM evidence base:
Outcomes tested through research

- Parents of children with severe and multiple disabilities (Davis & Fawcett, 1991, RCT)
- Parents of children with emotional and behavioural difficulties (Davis & Spurr, 1998, RCT)
- Premature infants (Avon Premature Infant Project, 1998 RCT)
- Promotion of early parental adaptation and infant outcomes (Davis et al., 2005; Davey et al., 2010)
- Prevention of childhood neglect and abuse (Barlow et al., 2005; Barlow et al., 2007; Kirkpatrick et al., 2007; Greenhalgh et al., 2009; RCT)
- Maternal Early Childhood Sustained Home-visiting (MECSH, Kemp et al., 2011; RCT)
FPM Outcomes: A personalised & multi-dimensional approach

- Applicable across different problems & difficulties
- Reflects complexity of real lives
- Numerous outcomes compared with a singular disorder approach
- Need to focus on key realistic outcomes, hopes & aspirations
- Clear about purpose of helping
- Confident in strategies, progress and effectiveness

FPM Outcomes: 

- Build & sustain relationships with parents: 
  - Expert
  - Friendship
  - Dependent
  - Adversarial
  - Avoidant
  - Partnership

The FPM Helping Process

Outcomes

- Spontaneous, Unpredicted, Broad

- Focused, Intended, Planned

Relationships with parents: FPM partnership and roles

- Expert
- Friendship
- Dependent
- Adversarial
- Avoidant
- Partnership

FPM Partnership in practice: Attitude, role & behaviour

- Active & mutual participation/ involvement
- ‘giving and receiving’ rather than ‘knowing and telling’
- Complementary influence, expertise & roles
- Share open decision-making power not equal
- Share aims and process of helping and intervention
- Agreements and disagreements
- Avoid shift to expert judgement

FPM: Essential qualities of the helper

- Respect & acceptance
- Empathy & understanding
- Genuine warmth & enthusiasm
- Humility & realism
- Personal strength & integrity
- Belief in and commitment to parents’ & children’s futures
- Constructive & supportive judgment
- Emotional & intellectual attunement
- Facilitate & influence rather than direct & control

FPM: Skills of helpers

- Listening, communication and partnership skills
  - Conversationative listening
  - Engaging, explorative and summarising
  - Empathic-regarding
  - Enticing & encouraging
  - Ability to communicate openly & challenge constructively
  - Being purposeful and focused
- Helping parents to change their feelings, ideas and actions
  - Generative hope and motivation
  - Problem-solving & goal-setting
  - Priority & prioritising
  - Strategy-selecting, selection & implementation
  - Review progress
- Technical expertise
  - Case management: strategies & resources
  - Problem/disorder-specific intervention & case work and skills
  - Teaching, learning and teaching in understandable ways

(Fegley, 1999; Karver et al, 2006; Davis & Day, 2009; Day & Davis, 2009)
Family Partnership Model:  
**The underpinning skills and qualities**

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FPM Skills & Qualities:  
**In the eye of the beholder**

- Listened to and heard
- Empathised with and appreciated
- Summarise parent experiences and priorities
- Shared understanding of strengths, concerns, goals & process
- Strategies and actions planned, implemented and reviewed

The Family Partnership Model  
**Adopting FPM Practice**

FPM Training and sustained practice

- FPM manualised evidence based training
- Foundation
- Supervisor
- Facilitator
- Reflective practice handbook & practice tools
- Strategic and operational requirements
- UK Community of Practice
- Close partnership with Australian states and territories
- 1000s of practitioners trained

Bring FPM Alive  
**Adoption in four steps (Kirkpatrick, 1994)**

FPM Foundation training:  
**Research and evaluation outcomes**

- More than 90% recommend training (CPCS, 2008; Jaskierowicz, 2004)
- Sig. improvement in practitioner skills, qualities and self-efficacy (Rahman & Deen, 1997; Davis et al., 1997)
- More accurate at identifying family needs (Papadopoulou et al., 2008)
- Significant improvements in FPM knowledge, commitment & confidence (About FPM, p=.000, Day, 2007)
- High levels of knowledge acquisition in core FPM concepts and skills
The Family Partnership Model

Practice Integration, Challenges & Dilemmas

What it takes

- Engage the mind and the heart but not take it personally
- Redefine & manage professional expertise, for example:
  - Become a partner by relinquishing expert role
  - Listen and exercise wisdom
  - Facilitate the helping process rather than give advice and solutions – the righting reflex
- Personal strength to openly examine practice:
  - Learn from doing, learn from practice, learn from parents and learn from peers
  - Manage the desire to guard, protect and reaffirm existing knowledge, constructs and skills
  (Fowler et al., 2012, Harris & Day, 2013, Rossiter et al., 2013, Hopwood et al., 2013)

FPM Practice: Challenges

- Doubtful
  - Uncertain, hesitant, lacking confidence
- Reactive
  - Impulsive, instinctive, unconsidered
- Laissez-faire
  - Ever-changing, unpredictable, improvised
- Selective
  - Parts not whole
- Fixed
  - Rigid, inflexible, unbending
- Frozen
  - Stuck, trapped, frozen in past experience

Living FPM Practice:

Effective, quality, fidelity & enjoyment

- Alive & alert
- Flexible & considered
- Confident, consistent constructs & practice
- Know practitioner strengths
- Purposeful partnership and quick wins
- Use FPM practice tools and Reflective Practice Handbook
- Manage practice dilemmas

Dilemmas in FPM Practice:

- Influencing and challenging parents without risking the partnership
  - Relationship and capacity for change construed as fragile
  - To go beyond ‘being nice’
- Maintaining focus and momentum and still being parent led
  - The complexity of families’ lives & difficulties
- Using practitioner expertise while working in partnership
  - Parent-led or practitioner led, trying not to be an expert
(Fowler et al., 2012, Harris & Day, 2013, Rossiter et al., 2013, Hopwood et al., 2013)

FPM Practice Tools:

Sharing the tasks and the partnership

- Aim & Goal Stars
- Exploration using Promotional Guides
- Strategy planning together
- Implementation
  - Putting it into practice
  - Recipe for success
- Review tools
  - Goal star
  - Parent feedback
  - Multiagency tools
FPM Promotional Guide System: Guided exploration & understanding

FPM Promotional Guide & Prompt Cards

FPM Practice Tools: Sharing the tasks & living the partnership

- Openness about FPM and helping process from the start
- Explicit reminder of content & process of FPM
- Clear summary of key FPM content & process
- Keep on track and reinforce purpose
- 3rd space between parent and practitioner
- For parent and practitioner to keep

The Family Partnership Model
Sustaining living practice

Growing and Sustaining FPM in Practice: Model features

- FPM practice & service conditions are inextricably bound together
- FPM has to be a clearly described & replicable
- Coherent methods for dissemination, adoption and sustained implementation not train and hope
- Training programmes
- Practice tolls
- Reflective practice handbook

(Greenhalgh et al., 2004)
FPM Reflective practice handbook

- Summarises FPM
- Contact structure
- Summary sheets and reflective practice sheets
- Complete after every contact
- Personal/team reflection
- Bring to supervision for discussion

Growing and Sustaining FPM in Practice: Service features

- FPM has to have clear clinical and service advantages
- Resources & support for FPM throughout the organisation
  - Practitioner time, resources & commitment
  - Practice tools to support implementation
  - Support & supervision, peers & managers
- Clear evidence of FPM value, outcome & effect
  - Multiple & varied evidence
  - (Greenhalgh et al., 2004)

Sustained implementation of FPM: Practitioner views

- Strong practitioner support for FPM
  - 87.0% FPM will make them more effective
  - 82.0% Families will benefit from FPM
  - 76.0% Practitioners will regularly use FPM
- Practitioners are less certain about managerial support
  - 62.0% Active support from manager
  - 50.3% Senior manager championed FPM
  - 36.2% Manager allocated time and resources
  - 26.7% Receive regular supervision

FPM Sustainability: An example

- 3 yr programme
  - Began with initial visit to meet senior managers
  - FPM Foundation training for senior practitioners
  - Multidisciplinary group with personal and professional impact
  - Trained FPM supervisors
  - High impact – set up reflective practice meetings
  - Trained FPM facilitators
  - High impact – identify key pracs to support and organise plan for achieving take-up
  - Stories of initial dissemination
  - Across organisation
  - Open and non-defensive approach by practitioners
  - Assistant Director champion
  - Support from senior clinicians
  - Consistent with policy and service aims
  - Identified resources and money
  - Set up Family partnership team
  - Change in documentation and procedures of practice
  - Informal diffusion by AD and other champions
  - Training certificates handed out by CEO
  - Regular, active and good relationship with CPCS

FPM Landscape & Dissemination: Lessons learnt

- FPM is an effective evidence based model
- Explicit, open and shared practice
- Achieves effective outcomes for families
- Excellent initial adoption and well supported by practitioners
- Requires sustained, collective organisational cultivation to live and be sustained