Family Partnership Model: 

*Developments and Innovations*

Dr Crispin Day  
Centre for Parent and Child Support, South London & Maudsley NHS Trust  
CAMHS Health Service Research Unit, Institute of Psychiatry, King’s College, London  
University of Technology, Sydney  
Friday July 30th, 2010
The Centre for Parent & Child Support
Goals for the day

• To (re)connect with FPM
• To briefly overview the Family Partnership Model and developments in practice, training, and sustainability in the UK
• To explore the challenges of using FPM in practice
• To introduce the FPM Reflective handbook and have the chance to use it
Outline of the day

Morning Session
• Introducing the Family Partnership Model
  – Overview and reflections on Family Partnership Model
  – Developments in Family Partnership Practice, Training and Sustainability
  – Identifying the Strengths and Challenges of FPM in Practice
• Australasian FPM research

Afternoon session
• Advancing and Sustaining FPM Practice
  – Addressing the Challenges of FPM in Practice
  – Introduction to the FPM Reflective Practice Handbook
  – Using FPM RP handbook in Practice:
  – Summarise, Review and Finish

South London and Maudsley NHS Foundation Trust
What are the key components of the Family Partnership Model for you?
Family Partnership Model

Helper Qualities

Helper Skills

Helping Process

Outcomes

Parent Characteristics

Service & Community Context

Construction Processes
The Helping Process

- Relationship Building
- Exploration
- Understanding
- Goal Setting
- Strategy Planning
- Implementation
- Review
- End
Model

- Family strengths and expertise
- Experience and understanding of skills and qualities eg respect, judgement
- Roles of the helper
- Balance between relational and problem management tasks of the FPM Helping Process
- Points of change for families during the FPM
- Clearer view about review
  - Are you making progress towards your goal?
  - What sort of relationship do we have?
  - Am I being helpful?
- Learn more about how it is actually used and incorporated into practice
Relationships and roles

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

- **Being supportive**
  - To sustain, encourage, care & shore up
- **Being connected**
  - To hit off, hook up with and to get along
- **Being facilitative**
  - To make possible, make easy, to make happen
- **Being influential**
- **Being purposeful**
  - To be focussed, determined and persistent
FPM Practice and outcomes
The Spread of FPM

- Integration into national, state and local area health and social care policy, for example,
  - UK DH Healthy Child Programme (DH, 2009)
  - Action on Health Visiting – Model of Practice (DH/CPHVA, 2010)
  - Child safety and safeguarding (Barlow 2010)
  - Australasian state policies
- Service implementation within UK, Europe and Australasia (Day, Davis & Hind 1998; Day & Davis, 1999)
  - Universal, targeted and specialist
- UK
  - Active dissemination across many NHS community health, social care, early years and children’s centre services
- Australia
  - FPM Australasian Board
  - Every Australian State and Territory
  - Community Health, Child Safety and NGOs
  - Indigenous communities
- National programme in New Zealand
  - Community health
  - Plunckett Society
  - Work and Incomes
Practice

- FPM Reflective practice handbook
- Limits of core training esp problem management, review, ending
- New adaptations of FPM
  - Helping Families Programme
  - Adult mental health practitioners
  - Adult learning disability
  - Schools and education
- Partnerships with communities – EPEC
- Practical tools as well as principles of practice
eg goal star
Examples of FPM applications

• Child disability and child mental health
• Encopresis manual for children with learning disability (Lawes et al, 2008)
• People with severe learning disability and challenging behaviour
• Promotion of early parental adaptation and infant well-being and prevention of early childhood abuse and neglect (Oxford/EEPP)
  – Ante/Post natal Promotional Interview training
  – National SureStart Unit:- Personal, Social and Emotional Development (PSED) Training materials
• Collaborations with other parenting programmes
  – Nurse intensive visiting programme/FNP (Olds)
  – Parents Under Pressure (Harnett & Dawe)
  – Incredible Years
Examples of FPM applications II

• National Academy of Parenting Research:
  – High need families research programme (Day et al, in press)
  – Collaboration with Paul Harnett (UQ), & Sharon Dawe (Griffith U)

• Parents with severe mental health disorders
  – Adaptation of FPM for CMHT social workers and CPNs

• Partnerships with communities – EPEC
Outcomes

- Parents of children with severe and multiple disabilities (Davis & Rushton, 1991), RCT
- Parents of children with emotional and behavioural difficulties (Davis & Spurr, 1998), CT
- Preterm infants (Avon Premature Infant Project, 1998)
- Promotion of early parental adaptation and infant outcomes: European Early Promotion Project (Davis et al., 2005; Puura et al., 2005)
- Prevention of childhood neglect and abuse: Oxford Home Visiting Project (Barlow et al., 2003; Barlow et al., 2007; Brocklehurst et al., 2004, Kirkpatrick et al., 2007)
- Children with severe behaviour problems and risk of school exclusion living in families with complex psychosocial difficulties (Day et al., 2010; in prep)
- Community partnerships – EPEC (Day et al, in prep)
Impact of Family Partnership Model: Child and Family Outcomes

- Controlled evaluation of intervention with pre-school children with emotional and behavioural problems
- Inner city population, high levels of family need, low incomes, low educational attainment
- Sig. improvements in
  - Child behaviour (CBCL) (EF=0.8)
  - Parenting stress (PSI) (EF=0.6)
  - Parental mental health (GHQ) (EF=0.6)
  - Parental self esteem (FG) (EF=1.0)
  - Home environment (HOME) (EF=1.0)
- High levels of engagement and reduction in wider service use

(Davis & Spurr, 1998)
Impact of Family Partnership Model: 
Child and Family Outcomes

• Controlled evaluation of intervention with children with disabilities
• Bangladeshi population in East London
• Sig. improvements in
  – Child behaviour (EF=0.6)
  – Child development (EF=0.3)
  – Parental self esteem (EF=1.1)
  – Parental relationship (EF=1.5)

• See www.cpcs.org.uk for more outcome studies
FPM Training
Practitioners Trained

- Health Visitors, Child and Family Nurses, Paediatric and School Nurses
- Therapists: Speech, Physios, & OTs
- Paediatricians, Clinical psychologists, Psychotherapists
- Teachers: All Ages and Special Needs
- Early Years and Child Care managers and staff
- Youth Workers
- Child and family Social Workers
- Educational psychologists, Educational welfare officers, Learning mentors
- Parents and Voluntary Agency Staff
- Police
- Adult mental health community nurses and social workers
- Community and in-patient adult learning disability nurses
Impact of Family Partnership Model: *Training outcomes*

- Sig. improvement in practitioner skills, qualities and self-efficacy (Rushton & Davis, 1991, Davis et al., 1997)

- More accurate at identifying family needs (Papadopoulou et al, 2005)
Training

- FPM Reflective Practice Handbook and integration into training
  - Paper describing use
- Developing training methods eg seminar tasks
  - Session 10 planning tasks
- Goal orientated approach to participant progress
- Measurement
  - About FPM - Knowledge quiz,
  - Feedback and Evaluation forms
  - FPM in Practice EOT/FWU
- Advanced practice sessions
- Accreditation – positive impact
- Supervisor course 3+2
- Facilitator training reflect changes in Foundation Course
FPM Training: Outcomes

About Family Partnership: Pre/post score $p=.000$

All increases $p=.000$
FPM Training: Course feedback

Data from 1007 participants (CPCS, 2008); See also Jackiewicz, 2004
FPM sustainability
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 train and organised plan for achieving take-up
- Stories of impact disseminated 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
- Press coverage

South London and Maudsley NHS Foundation Trust
Using FPM to work effectively with families who have multiple needs: *What works*

- Ensuring time & resources are available for practitioners to adopt & use FPM effectively
- Maintaining a culture of open, reflective practice
- Easy practitioner access to FPM support & supervision
  - FPM Reflective Practice Handbook
- Developing and maintaining the commitment of service leaders, managers and supervisors to use FPM to bring about service improvement and better outcomes for children and families
  - Supervisor & Facilitator trainings, Manager briefings
- Routine monitoring of implementation, progress and outcomes
  - With families and with practitioners
What are the strengths and challenges of using FPM with parents and families?
– What are the outcomes that you want to achieve in relation to the challenge?

– Use the FP Model, its components and processes to think through how that outcome can be achieved, concentrating on what you in your position as a prac/facilitator/manager/etc. can achieve

– What are the skills and processes involved in achieving this outcome?
The Outcomes of Reflective FPM Practice

- My FPM Model
- My work tasks and practice
- (My) Self as an FPM practitioner

- Do no harm
- Know and build on my strengths and to know my challenges
- Help to clarify and manage problems and challenges
- Build and participate in reflective relationships
- To have a better understanding
- To be more knowledgeable
- To be more skilful and capable
- To feel more comfortable and confident
- To have great sense of efficacy

- Skills and qualities of a reflective practitioner
Family Partnership Model: Reflective Practice Handbook

- Developed as part of materials available to people trained in FPM
- Fits in between the Foundation course and ‘Working in Partnership’ (2002)
- Support for practitioners
  - Help to make FPM tangible and focussed
  - Reflect on the use of FPM with parents
  - Reflect on the process & progress
  - Review FPM work
  - Plan sessions with parents
  - Use as a framework in supervision and case discussion
  - Predict and manage strengths and problems that occur during the helping process
Family Partnership Model: Reflective Practice Handbook

- Handbook contains details of the Family Partnership Approach
  - Session plans
  - Family Partnership Session sheet
  - Reflective Practice sheets
- Examine and evaluate the benefits of its use in practice and during supervision
• Think of a parent/family/colleague/with whom you have had a recent contact
• Complete the summary sheet by thinking about tasks on which you spent your time and effort in the contact
• Now complete the relevant reflective practice sheets
• Three goals for using the Family Partnership Model in my practice
• Choose one goals, either the easiest or the most important, what are the possible strategies that you could use to help reach
• Put together a plan of the steps involved that you need to take to achieve the goal you’ve chosen.
• What help or support you need from your colleagues, managers or others to help you complete the steps involved.
Further Information

www.cpcs.org.uk

Centre for Parent and Child Support
South London & Maudsley NHS Trust
Guy’s Hospital
Snowsfields
London SE1 3SS
Tel: +44 (0) 203 228 9751