The Family Partnership Model

*Theory, Dissemination and Implementation*

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Aims

• To describe the Family Partnership Model
• To describe recent developments that support reflective FPM practice
• To describe new applications of the FPM
Families who have multiple needs: 
*Policy, practice and evidence priority*

- **Families**
  - Significant levels of multi-faceted problems, fewer protective factors
  - Severity and number of needs
  - Multiple, adverse outcomes for child, parents, family, social & community
- **Policy**
  - Personal, family, social and economic costs
  - Better and earlier recognition and targeted support
- **Practice**
  - High levels of need, complexity and diffs in engagement
  - Lower service uptake, increased likelihood of drop-out & poorer immediate & long-term outcomes (Bradby et al., 2006; McKay, 2004)
    - Esp black and minority communities
    - May reflect service organisation and availability/Health insurance status
  - Families with multiple complex needs are less likely to benefit from problem specific evidence-based parenting interventions

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South London and Maudsley NHS Foundation Trust
Families who have multiple needs:
Perceptions of help

‘They just came and told me stuff, but I didn’t really take it in… I just didn’t think about it that much, I didn’t really listen to what they told me because I wasn’t interested in it’

‘I wasn’t sure what ‘support’ meant, because all I really needed was a hand, physically, with stuff…… (They) said it would be someone talking to you… I needed that like a hole in the head.’

“I didn’t get help because I was scared…… I delayed seeking help because I didn’t want to be judged ..”

‘I don’t want (them) to get in my face about my daughter. Don’t tell me to do things that I am already doing! Instead, start by asking questions to find out what I am doing and why I am doing it.

“You really do feel like they intimidate ‘cos you’re a Mum, you’re a parent and you’re sitting in doors and they’re outdoors. They try and like, just pushing it down you’re throat till like it makes you feel like more of a bad parent.”

‘People shouldn’t go around asking people how they are to say ’there, there dear, I’m sorry you feel upset….. And they go back on with their smart life and their nice car and their nice children and their nice home…..’

Families who have multiple needs: *Implications for practitioners*

- Judgemental and stigmatising
- Intimidating, threatening and adversarial
- Lacking authenticity and commitment
- Fail to communicate respect & interest
- Unable to listen or understand
- Unpredictable and untrustworthy
- Ignore parents’ priorities and needs
- Remote, bureaucratic and administrative
Challenges for engagement and assessment

- Can be difficult to develop and sustain constructive relationships
  - Protecting self and inhibiting relationship building
  - Easy to move adversarial and expert models esp. in the face of risk and threat

- Parents worry about how they and their difficulties will be seen
  - Fear of surveillance, negative judgements and their consequences
  - Reluctant to be open about dissatisfaction
  - Try to measure up and ‘play along so that they leave me alone’
  - Easier to see problems, more difficult to see strengths, easy to lose sight of needs

- Hard to achieve genuine, accurate and helpful picture
  - At times, can be very difficult to genuinely understand
  - The offer of help needs to be genuinely meaningful and make sense to individual parents
Challenges for achieving effective progress and change

- Hard to identify goals and easy to lose them in the complexity
- Multiple problems, priorities, crises and flux
- Differences of view about what will be most effective
- Complexity makes it difficult to make things happen, and to maintain constructive enthusiasm
- Easy to lose the focus and purpose
- No matter what we wish we will be seen as we are perceived
Providing effective help and support: Qualities, skills and process

‘She talks to you like a human being, she doesn’t treat you like you don’t know anything’

‘She was interested in not just (my baby) but me, and I found I was able to open up to her’

‘I feel now, no matter what my problem was that she wouldn’t judge me….. She knows me, she knows me really well…. I trust her, I trust her’

‘They are not just listening to what you say, they are hearing what you’re saying as well as listening although they sound very much the same …. They are not.’

“I think the most important thing is that you work together. Not them coming in and saying ‘This is what we do’, or the parent saying ‘This is what I want you to do

“Understanding is like listening to people and like knowing what their situation is like … if you can’t understand someone or they can’t understand you they can’t help you ‘cos they don’t know what you’re talking about”

Therapeutic skills, qualities & relationships: *The evidence for highly specific factors*

- Correlations between process/relationship variables and outcomes range from modest to strong (e.g., Karver et al., 2006; Shirk & Karver, 2003).
  - Close similarities between adult and child populations, and between children and young people (Shirk & Karver, 2003)
  - Similarities across treatment modalities
- Quality of therapeutic relationship is related to treatment drop-out (e.g., Garcia & Weisz, 2002; Kazdin, Holland & Crowley, 1997; Shirk, 2001)
- Structured interventions effective for clients with long standing interpersonal/personality difficulties (Castonguay & Beutler, 2006)
- Shared decision-making and active involvement assoc. with better outcomes for long term conditions (Joosten et al., 2008; Michie et al., 2004)
- Best predictors of youth outcomes (Karver et al., 2006):
  - Child and parents’ characteristics eg. willingness to participate in treatment
  - Practitioner direct influence & interpersonal skills and qualities,
  - Relationship quality and nature of alliance
FNP evaluation: The first year

Barnes et al. (2008)

- Intensive home visiting programme to reduce risks and build resilience (Olds)
- Young expectant mothers (<20yrs) with multiple needs
- Programme length 2.5yrs
- Clients who are well engaged describe FNs as
  - Friendly, understanding and good listeners
  - Being seen as approachable, non-threatening and non-judgemental secures initial access and engagement
    - ‘I am not judged, she doesn’t make me feel bad’
- Clients value
  - FNs being trustworthy and mutually respectful
  - The practical guidance in the programme and FNs health expertise
  - Commitment and time given to dealing with housing problems, overcoming communication barriers (ESL) and engaging fathers
Relationship to parental views, outcomes and problem types

• Test retest reliability $r = .72$

• Qualities and skills of practitioner and outcomes correlated
  – Child SDQ (adapted) $r = .60, p = .000$
  – Parent SDQ (adapted) $r = .38, p = .000$
  – Clinician SDQ (adapted) $r = .37, p = .000$
The Family Partnership Model
Family Partnership Model

- Helper Qualities
- Helper Skills
- Parent Characteristics
- Helping Process
- Partnership
- Outcomes

Service & Community Context

Construction Processes
Intended outcomes of helping

- Do no harm
- Help parents and children to identify and build on strengths
- Help to clarify and manage problems
- Foster resilience & problem anticipation
- Foster development and well-being of children.
- Facilitate social support and community development
- Enable service support
- Compensate where necessary
- Improve the service system
Essential qualities of the helper

- Respect
- Genuineness
- Empathy
- Humility
- Quiet enthusiasm
- Personal strength and integrity
- Constructive and supportive judgment
- Intellectual and emotional attunement
  - Seek to understand families, parents & children, their vulnerability & how wider concerns affect their needs
  - Showing genuine understanding
Skills of helpers

- Listening and relationship skills
  - Concentration/active listening
  - Prompting, exploration and summarising
  - Empathic following and responding
  - Quietly enthusing and encouraging

- Partnership skills

- Problem management
  - Prioritisation
  - Goal setting
  - Strategy planning and implementation

- Enabling change in feelings, ideas and actions

- Technical expertise
  - Sharing knowledge and expertise in understandable, meaningful and useful way

Expectations and needs of parents & children

- Nature of parent and child strengths, concerns and problems
  - Services often take problem orientated approaches
  - Understand strengths and capabilities
  - The match between priorities of parent/child and services/practitioners

- Beliefs, expectations and concerns about help seeking, services,
  - Influence attendance, engagement & relationship building
    helping process and outcomes

- Desires and concerns about change
  - Priorities, goals and managing the process of change

- Wider family, social circumstances and culture
The Helping Process

RELATIONSHIP BUILDING

EXPLORATION

UNDERSTANDING

GOAL SETTING

STRATEGY PLANNING

IMPLEMENTATION

REVIEW

END
Working with Families: 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
  - To have some bearing on, to inspire and to change
- Being purposeful
  - To be focussed, determined and persistent
Partnership

- Work together with active & mutual participation/involvement
- Share decision making power
- Recognise and use complementary expertise and roles.
- Share and agree aims and process of helping
- Negotiate agreements and disagreements
- Show trust and respect
- Openness and honesty
- Clear, direct and thoughtful communication
- Requires pacing - ‘giving and receiving’ rather than ‘knowing and telling’
- Avoid shift in models to one of risk, judgement and expertise or avoidance and friendship

(Davis, Day & Bidmead, 2002, Hawley et al, 2001)
Family Partnership Model

- Helper Qualities
- Helper Skills
- Parent Characteristics
- Helping Process
- Partnership
- Outcomes

Service & Community Context

Construction Processes
Service and Community Context

• Support for staff
  – Training & support for practitioners
  – Adopt & take on innovation
  – Time & resources
  – Open communication & collaboration

• Characteristics of service
  – Joined up & localised
  – Stable & proactive
  – Open, reflective culture
  – Leaders with commitment, vision & autonomy

• Characteristics of population
  – Level of need
  – Experience of services
  – Diversity
  – Culture

• Geographical characteristics
  – Urban/Rural
  – Transport
A parent is crying and a child is shouting

What’s going on?
Constructivism

- Humans take in and process information for meaning all of the time (parents, children & practitioners)
- Construct a model of ourselves, others and the world around us
- Helps to anticipate, make sense and adapt to our experiences (including the helping process)
- Constructions derive from previous experience
- Unique to the individual
- Automatic, not necessarily conscious or verbal
- Constant process of testing, clarification and change based on the usefulness and accuracy of constructs
- Easier to see and believe experiences that confirm our ideas and beliefs
- Social perceptions, interaction and feelings determined by constructions of others

Kelly (1991), Mahoney (1990)
FPM Applications and Research Outcomes
Examples of FPM applications: Some research collaborations

- Child disability and child mental health research programmes (Davis & Rushton, 1991; Davis & Spurr, 1998)
- Prevention of early childhood abuse and neglect (Oxford/EEPP)
- Collaborations with parenting programmes
  - Family Nurse Partnership (Olds)
  - Parents Under Pressure (Harnett & Dawe)
  - Incredible Years
- National Academy of Parenting Practitioners:
  - High need families research programme
  - Collaboration with Paul Harnett (UQueensland), Mark Dadds (UNSW) & Sharon Dawe (Griffith)
Examples of FPM applications: Some service developments

- Service implementation within UK, Europe and Australasia (Day, Davis & Hind 1998; Day & Davis, 1999)
  - Universal, targeted and specialist
- UK DH Child Health promotion Programme
  - Ante/Post Natal Promotional Interview training
- SureStart Children’s Centres
  - National SureStart Unit: PSED Training materials
- National Academy of Parenting Practitioners:
  - Post qualification parenting training for social workers & health visitors
- Family mental health strategy implementation
  - Adaptation of FPM for CMHT social workers and CPNs
Practitioners Trained

- Health Visitors, 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
- Social Workers
- Educational psychologists, Educational welfare officers, Learning mentors
- Parents and Voluntary Agency Staff
- Police
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)
  - Parenting stress (PSI)
  - Parental mental health (GHQ)
  - Parental self esteem
  - Parental relationship (FG)
  - Home environment (HOME)

(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
  – Parental self esteem
  – Parental relationship
  – Parental social support
• See www.cpcs.org.uk for more outcome studies
Putting Family Partnership Model into Practice
Putting Family Partnership Model into Practice in the UK

Service organisation and context
- Adopting the Family Partnership Model
- Putting the Family Partnership Model into practice
- Achieving Effective Outcomes with the Family Partnership Model

Family Partnership Model
- Family Partnership Training
- Family Partnership Support

Centre for Parent and Child Support

(Greenhalgh, 2004)
Centre for Parent and Child Support: 
*Dissemination, implementation and support*

- Based within CAMHS Directorate of South London & Maudsley NHS Foundation Trust
- Start up funding through Guy’s & St Thomas’ Charitable Foundation 2001-2004
- Now funded through income generation and research grants
- Training, consultation and implementation of FP model
  - Advise on effective implementation and infrastructure requirements
- Manualised training programmes
  - Practitioner Foundation course
  - Supervisor course
  - Training for Facilitators course
  - Training for Trainers course
- Research and development
Centre for Parent and Child Support:  
*Effective development and dissemination*

- FPM has to be fit for purpose
  - Relevant and answer challenges that strategy, services and practitioners face
  - Clear and straightforward approach
  - Be flexible enough for practitioners to adapt and use

- FPM training has to be good
  - Training quality and outcomes

- The FPM developers have got to be available and responsive to service/practitioners needs
  - Family Partnership Australasia
  - Trained trainers, facilitators and supervisors
  - Yahoo FPM group
FPM: Cultural applicability

• Developed as a theory of the helping process
• UK – inner city populations multiple needs, diverse cultures and ethnicity
• Implementation in UK, Finland, FRYugoslavia, Greece, Cyprus
• Australia and New Zealand
• Universal intent but derived from white N.European & N.American traditions
  – Shared core FPM values and skills consistent expression across cultural groups
  – Shared core FPM values and skills difference in expression across cultural groups
  – Variation in core values across cultural groups
• Explore and enable FPM variations to develop across cultural groups (Day et al., 2006, IP)
Impact of Family Partnership Model: *Training outcomes*

- Practitioner training outcomes supported by outcome studies and course evaluation (eg Rushton & Davis, 1991, Davis et al., 1997; Jackiewicz, 2004; Papadopoulou et al, 2005, Day, 2008)

- 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)

- Added value
  - Operationalises strategy and policy
  - Multiagency training creates common language
  - Practitioners apply FPM model to multiagency relationships
FPM Training: Course feedback

Not at all  A little  A lot  Very much

Encouraged

Not at all  Quite  Interesting  Very interesting

Interesting

Not at all  Quite  Useful  Very Useful

Useful

Not likely  Not/sure  Recommend  Highly

Recommend

Data from 1007 participants (CPCS, 2008); See also Jackiewicz, 2004
FPM Training: *Outcomes*

About Family Partnership: Pre/post score $p=.000$
Putting FPM into Practice: *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
  - to support practitioners and supervisors
  - to improve effective use of the Model
  - to predict and manage strengths and problems that occur during the helping process
- Developing and maintaining the commitment of service leaders, managers and supervisors
  - Use FPM for service improvement and better outcomes
  - Supervisor & Facilitator trainings, manager briefings
- Routine monitoring of implementation, progress and outcomes
  - With families and with practitioners
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
- 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
FPM Reflective Practice: Pilots

• Examine and evaluate the benefits of its use in practice and during supervision
  – Pilot projects in UK and QEC, Victoria
  – Increases personal support and reduces isolation
  – Links FPM training directly to practice
  – Increases awareness of consciously using FPM
  – Focuses on practitioners’ contribution and practice

“The contact plans really captured the model and helped me see where my partnership interactions were going well and if not, why not.”

“The reflective practice sheets prompt me to pay more regard to the helping process and self-reflection from the outset with new families.”
FPM Effective progress: 
*Three reflective questions*

For families
- How are we getting on?
- Are you achieving what you want?
- Am I being helpful?

For practitioners
- How am I seen by this family?
- Where are we in the helping process?
- What do I need to do to improve the partnership with this family?
Family Partnership Model: An explicit model of the helping process

- Clear and explicit model of the process of helping
  - Practitioner qualities and relationship skills facilitate change in their own right
  - Provides a framework for sharing and using practitioner and parent expertise/problem specific techniques and methods
- Consistent with and embedded in user experience, partic. those of families with complex needs
- Child and family impact supported by outcome studies
- Practitioner training outcomes supported by outcome studies and course evaluation
  - Multiagency training creates common language
  - Practitioners apply FPM model to multiagency relationships
- FPM Reflective Practice Handbook offers resource to
  - Support practitioners and supervisors to improve effective use of the Model
  - Predict and manage strengths and problems that occur during the helping process
Providing effective help and support:

‘She talks to you like a human being, she doesn’t treat you like you don’t know anything’

‘I feel now, no matter what my problem was that she wouldn’t judge me….. She knows me, she knows me really well…. I trust her, I trust her’

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Further information

www.cpcs.org.uk
www.fpta.org.au

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