



Working Effectively to Support Families who have Multiple Needs: Recent Developments in the Family Partnership Model

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Aims



- To examine experiences of families with multiple needs
- To describe the Family Partnership Model
- To describe recent FPM developments that support work with families with multiple needs

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
 - Families with multiple complex needs are less likely to benefit from problem specific evidence-based parenting interventions

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.”

Kirkpatrick et al (2007), Barlow et al (2005), Day et al (2006), Jack et al (2005)

Working with families who have multiple needs: *Engagement and assessment*



- Difficult to develop and sustain constructive relationships
 - Easy to create adversarial and expert models esp. in the face of risk and threat
 - Parents fear of surveillance, negative judgements and their consequences
 - Reluctant to be open about dissatisfaction 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

Working with families who have multiple needs: *Effective progress*



- Hard to identify goals and easy to lose them in the complexity
- Multiple problems, 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

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

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”

Kirkpatrick et al (2007), Barlow et al (2005), Day et al (2006), Jack et al (2005)

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



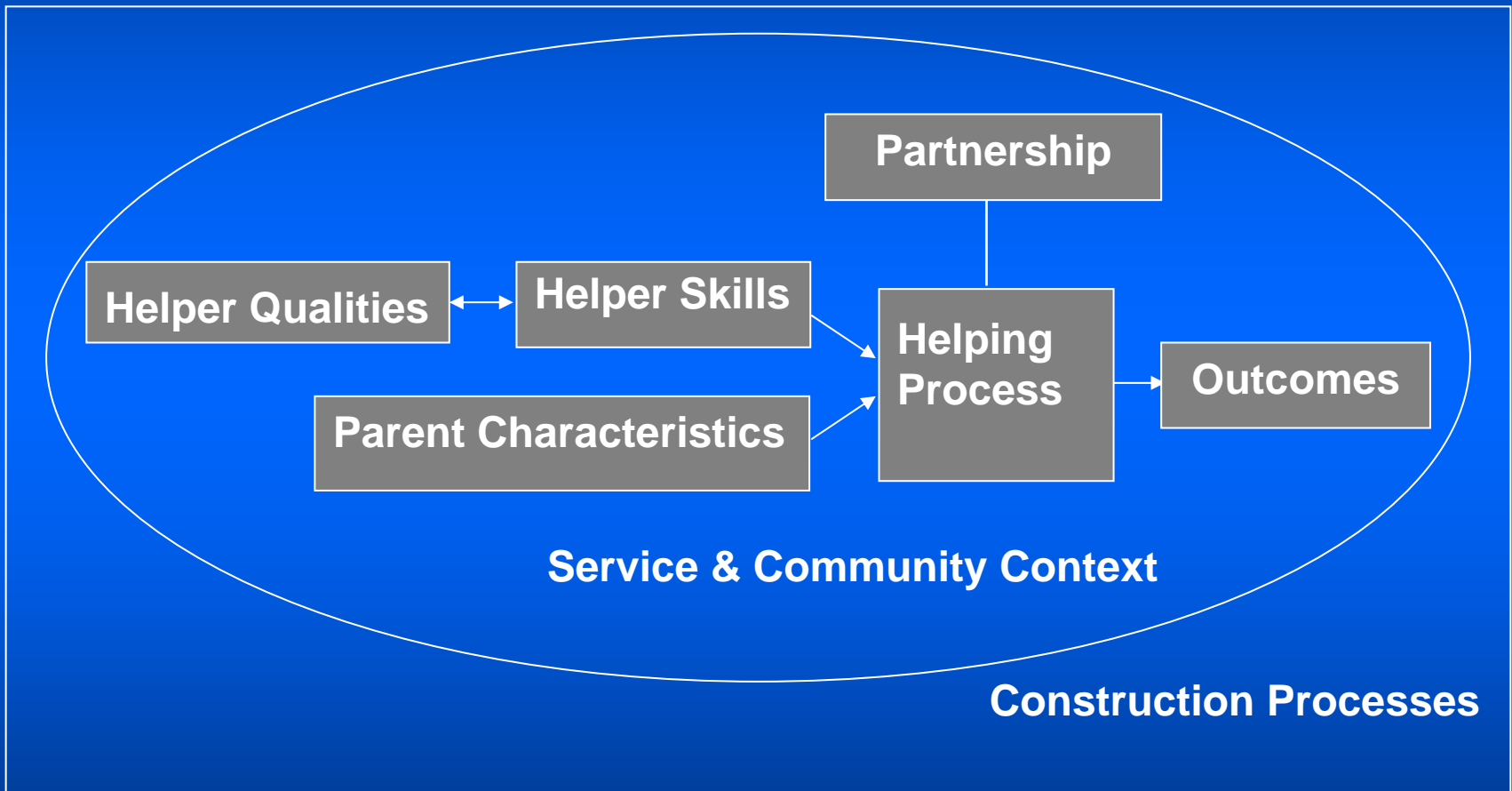
- Correlations between process and relationship variables and outcomes range from modest to strong (eg. Karver et al, 2006; Shirk & Karver, 2003).
 - Close similarities between adult and child populations, and between children and young people (Shirk & Karver, 2003)
 - Similarities across treatment modalities
- Quality of therapeutic relationship is related to treatment drop-out (eg. Garcia & Weisz, 2002 Kazdin, Holland & Crowley, 1997, Shirk, 2001)

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



- 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

Family Partnership Model



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* parents, their vulnerability & how wider concerns affect their needs
 - *Showing genuine understanding* for parents

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
- (eg. Egan, 1990; Karver et al, 2006)



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 parent/child and priorities those of 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

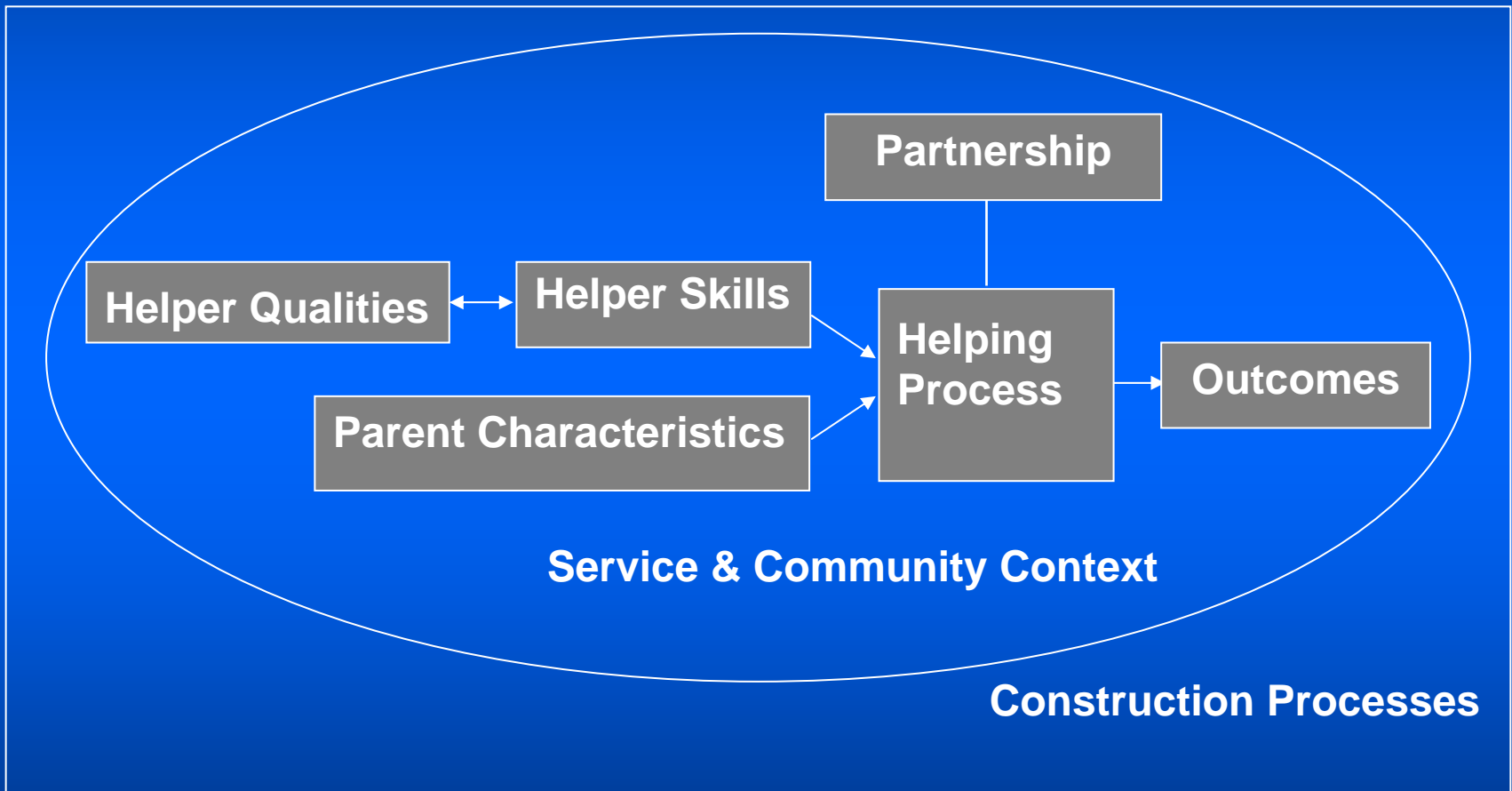


Partnership

- 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 communication
- Difficult to achieve synchrony & reciprocity
- Requires pacing - 'giving and receiving' rather than 'knowing and telling'
- Avoid shift in models to one of risk, judgement and expertise

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

Family Partnership Model





FPM Applications and Research Outcomes

Families with complex needs: *Examples of FPM applications*



- Child disability and child mental health research programmes (Davis & Rushton, 1991; Davis & Spurr, 1998)
- Service implementation within UK, Europe and Australasia (Day, Davis & Hind 1998; Day & Davis, 1999)
- Prevention of early childhood abuse and neglect (Oxford/EEPP)
 - UK DH Child Health promotion Programme
 - Ante/Post natal Promotional Interview training
- 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)
- Post qualification parenting training for social workers
- Encopresis manual for children with learning disability (Laws et al, 2008)

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

Practitioners Trained



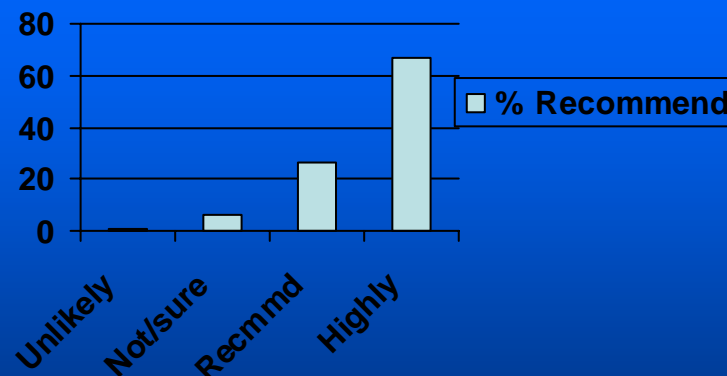
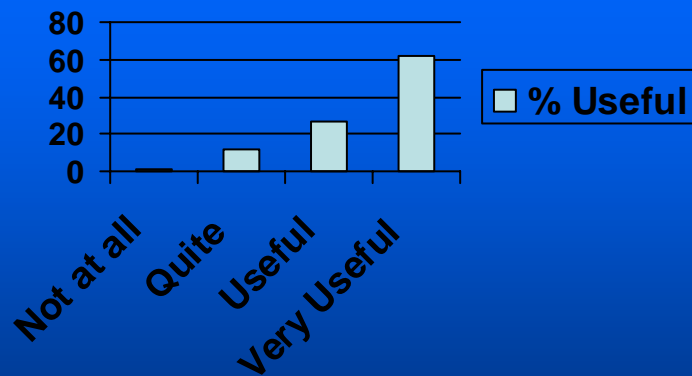
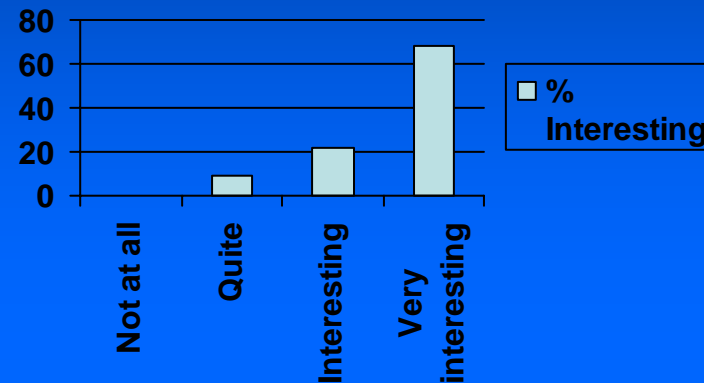
- Health Visitors, Paediatric and School Nurses
- Therapists: Speech, Physios, & OTs
- Paediatricians, Clinical psychologists, Psychotherapists
- Teachers: All Ages and Special Needs
- Early Years and Child Care managers and staff
- Youth Workers
- Social Workers
- Educational psychologists, Educational welfare officers, Learning mentors
- Parents and Voluntary Agency Staff
- Police

Impact of Family Partnership Model: *Training outcomes*



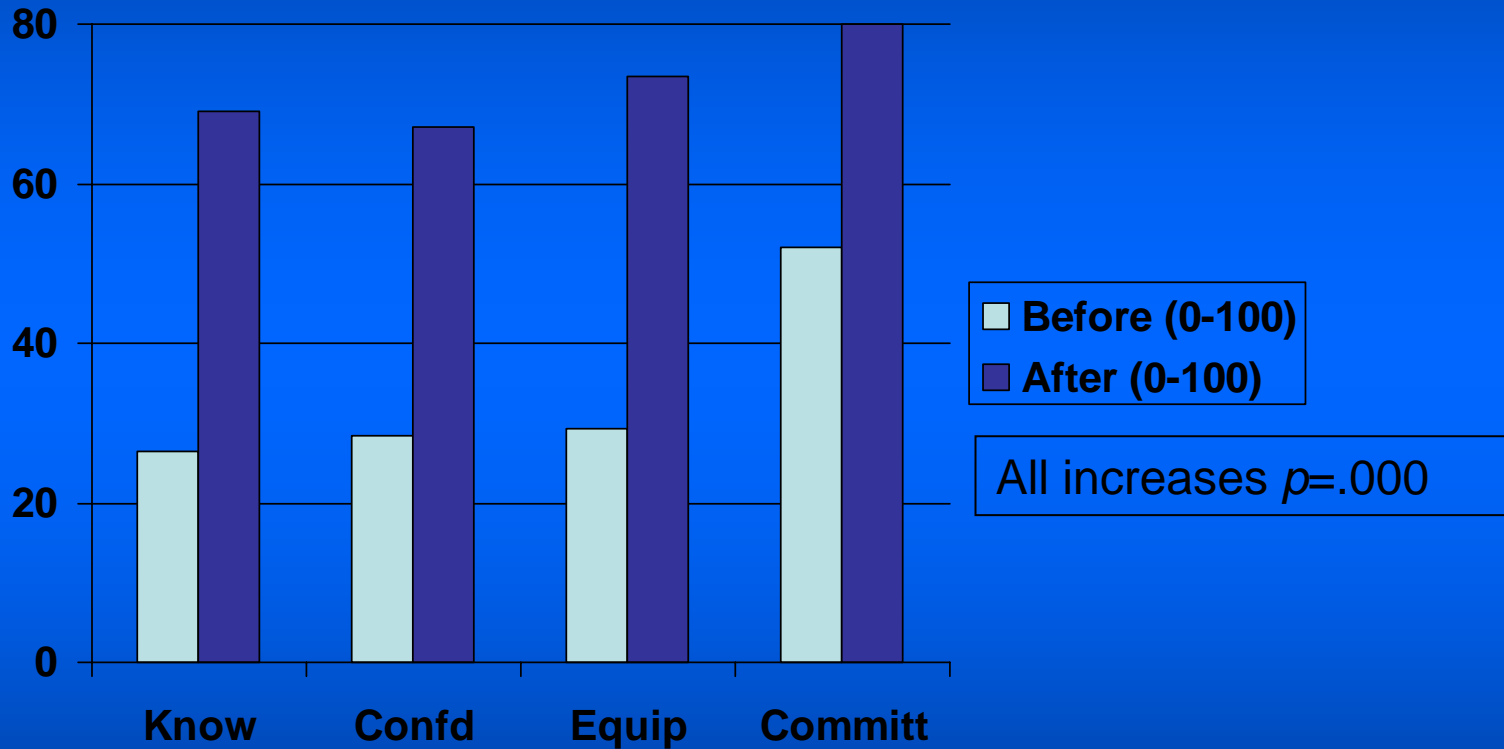
- Sig. improvement in practitioner skills, qualities and self-efficacy (Rushton & Davis, 1991, Davis et al., 1997)
- More accurate at identifying family needs (Papadopoulou et al, 2005)

FPM Training: *Course feedback*



Data from 1007 participants (CPCS, 2008); See also Jackiewicz, 2004

FPM Training: *Outcomes*



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

National Academy for Parenting Practitioners: *Post qual training for social workers*



- 12 qual. social workers mainly working in child safety
- 12 day course
 - Child and parenting development
 - Family Partnership Model
 - Social learning theory parenting strategies
- Learning outcomes
 - 100% Very useful for practice
 - 90% Great deal of increase in knowledge & skills
 - *'this should be a mandatory course for all social workers because it gives a wider view on our work and it helps us to be reflective on the work we do. It also develops self-confidence because it starts from our own experience and it uses that in order to help us learn and develop new strategies'*

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

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
- 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

Practitioner responses during piloting



“Well explained and the reasons for using specific qualities and skills consolidate what was discussed and explained in the course.”

“Reading it through reminded me of the many wonderful discussions we’ve had about working in partnership.”

“The summary sheet has been helpful with my thinking in particular with supervision.”

“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 have helped me to be clearer about where in the process I am with the family. The questions elicit further thought and reflection.”

“The reflective practice sheets prompt me to pay more regard to the helping process and self-reflection from the outset with new families.”

“The sheets are good for structuring your questions and guiding you through helping process. Reminds you and keeps you on track of the goals you are trying to achieve.”

QEC: Reflective Practice Pilot: *Background*



- Commitment to implementing FPM and improving effective staff support
- 17 staff
 - 8 facilitators/9 practitioners
 - Outreach and residential programmes
 - Worked in pairs
- Meet fortnightly for 12 week period
- Focus on casework including use of video material
- FPM Reflective Practice Handbook

QEC: Reflective Practice Pilot: *Progress*



- Practicalities
 - Meetings 3-4 weeks
 - Committing time and managing competing demands
- What works:
 - Easier to embed within a 'whole team approach'
 - Be flexible - reflective practice is the aim, work with and around organisational constraints
 - Importance of facilitators/practitioners dyads and parallel process between RP and FPM
- Early outcomes
 - Valued exploration and affirmation of casework
 - Increases personal support and reduces isolation
 - Links FPM training directly to practice
 - Increases awareness of consciously using FPM
 - Focuses on practitioners' contribution and practice
- Next steps
 - Incorporate reflective practice into regular practice and promote it's status
 - Increase use of video to explore practice
 - Disseminate pilot to promote value of reflective practice

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
 - Supported by outcome studies
 - Derived from sound evidence
 - 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
- FPM Reflective Practice Handbook offers resource
 - 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

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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